

**2010-2011
GOLDEN GATE UNIVERSITY
STUDENT HEALTH INSURANCE PLAN
ENROLLMENT FORM**
NATIONWIDE LIFE INSURANCE COMPANY
POLICY NUMBER 302-101-0408

COMPLETE THE INFORMATION BELOW. PLEASE PRINT CLEARLY.

1. COMPLETE THE STUDENT INFORMATION

STUDENT'S LAST NAME			
STUDENT'S FIRST NAME			MIDDLE INITIAL
STUDENT'S PERMANENT U.S. MAILING ADDRESS—NUMBER AND STREET NAME			APT#/PO BOX#
CITY	STATE	ZIP	
STUDENT'S PHONE NUMBER	STUDENT'S DATE OF BIRTH (MM/DD/YY) / /		<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE
STUDENT'S SOCIAL SECURITY NUMBER	STUDENT'S SCHOOL ID NUMBER		
STUDENT'S E-MAIL ADDRESS			

2. HAVE YOU EVER BEEN INSURED WITH THIS COMPANY BEFORE? NO YES

3. PLEASE SELECT THE COVERAGE YOU WOULD LIKE TO PURCHASE

	ANNUAL 08/29/10 to 08/28/11	FALL 08/29/10 to 01/05/11	SPRING 01/05/11 to 05/01/11	SUMMER 05/01/11 to 08/28/11
DEADLINE DATE	10/17/10	10/17/10	02/13/11	06/04/11
STUDENT	<input type="checkbox"/> \$ 2,109.00	<input type="checkbox"/> \$ 703.00	<input type="checkbox"/> \$ 703.00	<input type="checkbox"/> \$ 703.00

ENROLLMENT FORM AND PREMIUM WILL NOT BE ACCEPTED AFTER THE DEADLINE DATES LISTED ABOVE.

5. MAKE CHECK OR MONEY ORDER PAYABLE TO:

RENAISSANCE INSURANCE AGENCY, INC.

6. STUDENT SIGNATURE:

I CERTIFY THAT I AM A STUDENT AT GOLDEN GATE UNIVERSITY AND I ELECT TO ENROLL AS INDICATED. I HAVE READ, UNDERSTAND, AND AGREE TO THE TERMS AND CONDITIONS OF COVERAGE AS OUTLINED IN THE PLAN BROCHURE.

SIGNATURE X _____ DATE _____

7. STUDENT MUST RETURN THIS FORM WITH PAYMENT TO:

RENAISSANCE INSURANCE AGENCY, INC.
P.O. BOX 2300
SANTA MONICA, CA 90407-2300

MUST BE POSTMARKED BY THE APPLICABLE DEADLINE DATE.

REMITTANCE IN U.S. FUNDS ONLY

CA LICENSE NO. 0655426, RENAISSANCE INSURANCE AGENCY, INC.