

**2010–2011  
HUMBOLDT STATE UNIVERSITY  
STUDENT INJURY AND SICKNESS INSURANCE PLAN  
ENROLLMENT FORM**

UNITED STATES FIRE INSURANCE COMPANY BY FAIRMONT SPECIALTY  
POLICY NUMBER: US002604

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**

DEADLINE DATE	ANNUAL 08/16/10 to 08/16/11 11/05/10	FALL 08/16/10 to 01/12/11 11/05/10	SPRING 01/12/11 to 08/16/11 04/15/11
<b>Students Age 24 or Under</b>			
STUDENT	<input type="checkbox"/> \$ 1,045.00	<input type="checkbox"/> \$ 442.00	<input type="checkbox"/> \$ 608.00
SPOUSE/DOMESTIC PARTNER	<input type="checkbox"/> \$ 3,981.00	<input type="checkbox"/> \$ 1,675.00	<input type="checkbox"/> \$ 2,311.00
EACH CHILD	<input type="checkbox"/> \$ 1,451.00	<input type="checkbox"/> \$ 612.00	<input type="checkbox"/> \$ 844.00
<b>Students Age 25 to 30</b>			
STUDENT	<input type="checkbox"/> \$ 1,709.00	<input type="checkbox"/> \$ 720.00	<input type="checkbox"/> \$ 994.00
SPOUSE/DOMESTIC PARTNER	<input type="checkbox"/> \$ 6,569.00	<input type="checkbox"/> \$ 2,762.00	<input type="checkbox"/> \$ 3,812.00
CHILD	<input type="checkbox"/> \$ 2,373.00	<input type="checkbox"/> \$ 999.00	<input type="checkbox"/> \$ 1,379.00
<b>Students Age 31 to 40</b>			
STUDENT	<input type="checkbox"/> \$ 1,920.00	<input type="checkbox"/> \$ 809.00	<input type="checkbox"/> \$ 1,116.00
SPOUSE/DOMESTIC PARTNER	<input type="checkbox"/> \$ 7,398.00	<input type="checkbox"/> \$ 3,110.00	<input type="checkbox"/> \$ 4,293.00
CHILD	<input type="checkbox"/> \$ 2,668.00	<input type="checkbox"/> \$ 1,123.00	<input type="checkbox"/> \$ 1,550.00
<b>Students Age 41 to 49</b>			
STUDENT	<input type="checkbox"/> \$ 2,738.00	<input type="checkbox"/> \$ 1,153.00	<input type="checkbox"/> \$ 1,590.00
SPOUSE/DOMESTIC PARTNER	<input type="checkbox"/> \$ 10,610.00	<input type="checkbox"/> \$ 4,459.00	<input type="checkbox"/> \$ 6,156.00
CHILD	<input type="checkbox"/> \$ 3,814.00	<input type="checkbox"/> \$ 1,605.00	<input type="checkbox"/> \$ 2,215.00
<b>Students Age 50 or Over</b>			
STUDENT	<input type="checkbox"/> \$ 3,678.00	<input type="checkbox"/> \$ 1,547.00	<input type="checkbox"/> \$ 2,136.00
SPOUSE/DOMESTIC PARTNER	<input type="checkbox"/> \$ 14,297.00	<input type="checkbox"/> \$ 6,007.00	<input type="checkbox"/> \$ 8,295.00
CHILD	<input type="checkbox"/> \$ 5,127.00	<input type="checkbox"/> \$ 2,156.00	<input type="checkbox"/> \$ 2,976.00

**YOU MUST COMPLETE PAGE 2** →

**4. INDICATE THE COST OF COVERAGE (INDICATED ON PAGE 1) FOR THE TERM IN WHICH YOU (AND DEPENDENTS, IF APPLICABLE) ARE ENROLLING:**

STUDENT \_\_\_\_\_ \$ \_\_\_\_\_

SPOUSE/DOMESTIC PARTNER + \$ \_\_\_\_\_

EACH CHILD + \$ \_\_\_\_\_

NUMBER OF CHILDREN X \_\_\_\_\_

TOTAL PREMIUM FOR CHILD(REN) = \$ \_\_\_\_\_

TOTAL PAYMENT = \$

**5. IF ENROLLING DEPENDENTS, COMPLETE DEPENDENT INFORMATION  
DEPENDENTS MAY ONLY BE ENROLLED IF THE STUDENT IS ALSO ENROLLED.**

LAST NAME	FIRST NAME	MI	DATE OF BIRTH (MM/DD/YY)	SOCIAL SECURITY NUMBER	GENDER
SPOUSE					<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE
DOMESTIC PARTNER*					<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE
CHILD					<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE
CHILD					<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE
CHILD					<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE

\*IN ORDER FOR COVERAGE TO BE VALID, AN AFFIDAVIT OF DOMESTIC PARTNERSHIP MUST BE SIGNED, NOTARIZED AND ATTACHED. TO DOWNLOAD AN AFFIDAVIT, VISIT [WWW.RENSTUDENT.COM/HSU](http://WWW.RENSTUDENT.COM/HSU).

**6. MAKE CHECK OR MONEY ORDER PAYABLE TO (OR INDICATE CREDIT CARD INFORMATION BELOW):**

RENAISSANCE INSURANCE AGENCY, INC.

<b>CREDIT CARD AUTHORIZATION</b>													
CREDIT CARD PAYMENTS CANNOT BE ACCEPTED OVER THE PHONE OR BY FAX													
CHARGE WILL APPEAR AS "STUDENT HEALTH INSURANCE, RENAISSANCE AGENCIES" ON YOUR CREDIT CARD BILL													
MASTERCARD # OR VISA #													
EXPIRATION DATE						CHARGE AMOUNT	\$						
NAME OF CARDHOLDER (PLEASE PRINT)													
SIGNATURE OF CARDHOLDER													

**7. STUDENT SIGNATURE:**

*I CERTIFY THAT I MEET ELIGIBILITY REQUIREMENTS FOR THIS COVERAGE AS DESCRIBED IN THE BROCHURE. IF IT IS LATER DETERMINED THAT I AM NOT ELIGIBLE MY PREMIUM WILL BE REFUNDED. IN ALL OTHER CIRCUMSTANCES, I ACKNOWLEDGE THAT MY PREMIUM IS NOT REFUNDABLE. BY SIGNING THIS ENROLLMENT FORM, I HEREBY AUTHORIZE THE STUDENT HEALTH CENTER TO RELEASE TO THE COMPANY ANY INFORMATION REGARDING MY MEDICAL HISTORY AND TREATMENT NECESSARY TO PROCESS ANY INSURANCE CLAIMS.*

*I ACKNOWLEDGE THAT I HAVE READ, UNDERSTAND, AND AGREE TO THE TERMS AND CONDITIONS OF COVERAGE AS OUTLINED IN THE PLAN BROCHURE.*

SIGNATURE X \_\_\_\_\_ DATE \_\_\_\_\_

**8. 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.**