

**2010-2011
LEWIS-CLARK STATE COLLEGE
STUDENT HEALTH INSURANCE PLAN
ENROLLMENT FORM FOR DEPENDENTS**
NATIONWIDE LIFE INSURANCE COMPANY
POLICY NUMBER 302-081-1108

COMPLETE THE INFORMATION BELOW. PLEASE PRINT CLEARLY.

1. COMPLETE 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

	FALL 08/14/10 to 01/01/11 09/14/10	SPRING/SUMMER 01/01/11 to 08/15/11 02/01/11
DEADLINE DATE		
SPOUSE	+ <input type="checkbox"/> \$ 684.00	+ <input type="checkbox"/> \$ 945.00
CHILD(REN)	+ <input type="checkbox"/> \$ 587.00	+ <input type="checkbox"/> \$ 810.00
TOTAL AMOUNT DUE	\$ _____	\$ _____

THE COSTS OF COVERAGE INCLUDE INSURANCE PREMIUM AND ADMINISTRATIVE FEES.

4. 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)	GENDER
SPOUSE				<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

YOU MUST COMPLETE PAGE 2

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

RENAISSANCE INSURANCE AGENCY, INC.

CREDIT CARD AUTHORIZATION 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													

6. STUDENT SIGNATURE:

I CERTIFY THAT I AM ENROLLED AT LEWIS-CLARK STATE COLLEGE AND THAT I AM ENROLLED IN THE STUDENT HEALTH INSURANCE PLAN FOR THE SAME TERM OF COVERAGE FOR WHICH MY DEPENDENT(S) ARE APPLYING.

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 _____

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.