

**2010–2011
SNOW COLLEGE
STUDENT HEALTH INSURANCE PLAN
ENROLLMENT FORM**

UNITED STATES FIRE INSURANCE COMPANY BY FAIRMONT SPECIALTY
POLICY NUMBER: US002606

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 08/18/10 to 08/18/11	FALL 08/18/10 to 01/04/11	SPRING/SUMMER 01/04/11 to 08/18/11
DEADLINE DATE	09/03/10	09/03/10	01/21/11
STUDENT	<input type="checkbox"/> \$ 1,072.00	<input type="checkbox"/> \$ 446.00	<input type="checkbox"/> \$ 626.00
SPOUSE	+ <input type="checkbox"/> \$ 1,747.00	+ <input type="checkbox"/> \$ 726.00	+ <input type="checkbox"/> \$1,021.00
EACH CHILD	<input type="checkbox"/> \$ 1,062.00	<input type="checkbox"/> \$ 442.00	<input type="checkbox"/> \$ 620.00
Number of children	x _____	x _____	x _____
Total for children	+ \$ _____	+ \$ _____	+ \$ _____
TOTAL AMOUNT DUE	\$ _____	\$ _____	\$ _____

4. CHECK HERE IF THIS IS A "LAYOUT" SEMESTER:

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
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

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6. 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													

7. STUDENT SIGNATURE:

I CERTIFY THAT I AM AN ELIGIBLE STUDENT AT SNOW COLLEGE.

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.

REMITTANCE IN U.S. FUNDS ONLY

RENAISSANCE INSURANCE AGENCY, INC.