

**2010–2011
WOODBURY UNIVERSITY
STUDENT HEALTH INSURANCE PLAN
DEPENDENT ENROLLMENT FORM**

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA
POLICY NUMBER CHH058781

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 08/20/10 to 08/20/11 09/09/10	FALL 08/20/10 to 01/04/11 09/09/10	SPRING/SUMMER 01/04/11 to 08/20/11 01/25/11	SUMMER 05/17/11 to 08/20/11 06/09/11
SPOUSE	<input type="checkbox"/> \$ 2,223.00	<input type="checkbox"/> \$ 934.00	<input type="checkbox"/> \$ 1,289.00	<input type="checkbox"/> \$ 556.00
EACH CHILD	<input type="checkbox"/> \$ 1,334.00	<input type="checkbox"/> \$ 560.00	<input type="checkbox"/> \$ 774.00	<input type="checkbox"/> \$ 334.00
number of children	x _____	x _____	x _____	x _____
Total for children	+ \$ _____	+ \$ _____	+ \$ _____	+ \$ _____
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)	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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5. MAKE CHECK OR MONEY ORDER PAYABLE TO:

RENAISSANCE INSURANCE AGENCY, INC.

6. STUDENT SIGNATURE:

I CERTIFY THAT I AM AN ELIGIBLE STUDENT AT WOODBURY UNIVERSITY 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.

REMITTANCE IN U.S. FUNDS ONLY

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