

**2010–2011  
WOODBURY UNIVERSITY  
STUDENT HEALTH INSURANCE PLAN  
VOLUNTARY 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/FAMILY NAME			
STUDENT'S FIRST NAME			MIDDLE INITIAL
STUDENT'S U.S. MAILING ADDRESS—NUMBER AND STREET NAME			APT#/PO BOX#
CITY		STATE	ZIP
STUDENT'S DATE OF BIRTH (MM/DD/YY)     /     /	STUDENT'S SOCIAL SECURITY NUMBER		STUDENT'S SCHOOL ID NUMBER
STUDENT'S PHONE NUMBER	STUDENT'S E-MAIL ADDRESS		<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE
<b>INTERNATIONAL STUDENTS ONLY:</b>	STUDENT'S HOME COUNTRY	PASSPORT VISA HELD <input type="checkbox"/> F1 <input type="checkbox"/> J1 <input type="checkbox"/> OTHER _____	

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

**3. PLEASE INDICATE STUDENT TYPE:**

- NON-TRADITIONAL STUDENT (EVENING AND WEEKEND PROGRAMS) TAKING SIX (6) OR MORE CREDIT UNITS
- GRADUATE STUDENT TAKING THREE (3) OR MORE CREDIT UNITS
- INTERNATIONAL STUDENT PARTICIPATING IN PRACTICAL TRAINING:

Students engaged in Practical Training (OPT) through the University may enroll in the plan for up to one year beyond their regular course of study, provided they were enrolled in the Student Injury and Sickness Plan in the immediately preceding term, and submit proof of Practical Training to the University.

**4. PLEASE SELECT THE COVERAGE YOU WOULD LIKE TO PURCHASE**

	<u>Annual</u>		<u>Graduating Students Only:</u>	<u>New Students Only:</u>	
	ANNUAL		FALL	SPRING/SUMMER	SUMMER
DEADLINE DATE	08/20/10 to 08/20/11		08/20/10 to 01/04/11	01/04/11 to 08/20/11	05/17/11 to 08/20/11
	<b>09/09/10</b>		<b>09/09/10</b>	<b>01/25/11</b>	<b>06/09/11</b>
STUDENT	<input type="checkbox"/> \$ 801.00		<input type="checkbox"/> \$ 342.00	<input type="checkbox"/> \$ 469.00	<input type="checkbox"/> \$ 208.00

**THE COSTS OF COVERAGE INCLUDE INSURANCE PREMIUM AND ADMINISTRATIVE FEES.**

**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 I ELECT TO ENROLL MYSELF AS INDICATED IN THE STUDENT INJURY AND SICKNESS INSURANCE PLAN.**

**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:**

WOODBURY UNIVERSITY  
C/O BUSINESS OFFICE  
7500 GLENOAKS BLVD  
BURBANK, CA 91510-7846

**MUST BE POSTMARKED OR RECEIVED IN PERSON BY THE APPLICABLE DEADLINE DATE.**