Vanderbilt Student Injury and Sickness Insurance Plan
2009-2010 Policy Year Dependent Enrollment Form

(Please Print)

Student Name_____ **9 digit ID#**_____
Last First Middle Initial

Permanent US Address_____
Street/PO Box City State Zip Code

Date of Birth _____ **Gender**_____ **Undergraduate / Graduate** (Please Circle)
mm/dd/yyyy

Phone Number_____ **Email Address**_____

Undergraduate Dates of Coverage	**Annual Policy** 8/12/09 - 8/11/10	**Spring Semester** 1/1/10 - 8/11/10	**May Mester** 5/01/10 - 8/11/10	**Summer Term** 6/1/10 - 8/11/10
Application Deadline	September 20, 2009	February 1, 2010	June 1, 2010	July 1, 2010
Spouse/Domestic Partner	$945.00	$591.00	$276.00	$194.00
All Children	$745.00	$466.00	$218.00	$154.00
Graduate/International	**Annual Policy**	**Spring Semester**	**May Mester**	**Summer Term**
Dates of Coverage	8/12/09 - 8/11/10	1/1/10 - 8/11/10	5/01/10 - 8/11/10	6/1/10 - 8/11/10
Application Deadline	September 20, 2009	February 1, 2010	June 1, 2010	July 1, 2010
Spouse/Domestic Partner	$2,578.00	$1,608.00	$746.00	$523.00
Child(ren)	$1,618.00	$1,010.00	$469.00	$330.00

List Dependent(s) to be insured below. Dependent coverage is available only when the student is also insured under this plan and cannot exceed coverage purchased by the student. Dependents need to be enrolled within 30 days from the effective date for the period of coverage selected. In the event of a qualifying event (i.e. birth of child, marriage, etc.), this Dependent Enrollment form and payment must be received by Gallagher Koster within 31 days of the qualifying event. Dependent Enrollment forms will not be accepted after the deadlines.

	Last Name	**First Name**	**MI**	**Date of Birth**	**Gender**
Spouse					
Child					
Child					
Child					

Notice to Students:
Coverage will be effective the first date of the Coverage Period when the correct premium is received by Gallagher Koster by the Enrollment Deadline; Enrollment Forms will not be accepted after the Enrollment Deadline has passed. It is the student's responsibility for timely renewal payment. By signing below, the student acknowledges the following: 1) He/She has carefully read the brochure and elects to enroll as indicated on this enrollment form. 2) Rates are not prorated other than as listed on this enrollment form. 3) He/She meets the eligibility requirements for this coverage as described in the brochure. 4) If it is later determined that the student is not eligible, the premium will be refunded. 5) A Dependent cannot be insured under this Plan if the Insured Student loses eligibility under the Student Injury and Sickness Insurance Plan. 6) Other than for eligibility reasons, the premium is not refundable.

Signature of Student:_____Date:_____

PAYMENT INSTRUCTIONS:

Charge to my (check one): ___ Visa ___ Master Card

Card Number :_____ Amount Charged: $_____ Expiration Date: _____

Print Name and Address of Card holder_____

Check or money order (International checks are not accepted)

Make check or money order payable to **Gallagher Koster**. Students may return their form along with payment to the On-Campus Student Insurance Representative located at the Student Health Center, or mail or fax enrollment form along with premium payment to:

Gallagher Koster
P.O. Box 845663
Boston MA 02284-5663
Fax: 1-617-479-0860

Please include an additional $5.00 Processing Fee with your enrollment form

You must be eligible to enroll in the Plan and meet the enrollment deadline in order for your enrollment to be accepted by us. If it is discovered that you do not meet the requirements, your premium will be refunded.

Prepared by Gallagher Koster
Revised April 2009