Vanderbilt University Student Injury and Sickness Insurance Plan

2008-2009 Orientation Insurance Enrollment Application

DEADLINE TO ENROLL IS AUGUST 1, 2008

Eligible students can enroll in the Student Injury and Sickness Insurance Plan for interim coverage from August 1, 2008 - August 11, 2008 on a voluntary basis. If you do not complete an online 2008-2009 annual waiver form you will be charged for and enrolled in the Student Injury and Sickness Insurance Plan for the 2008-2009 policy year, August 12, 2008 to August 11, 2009.

Please Print:

Student Name_____
Last Name First Name MI

Address_____
Street/PO Box City State Zip Code

Student ID#_____ Male____ Female____ Date of Birth _____/_____/_____
mm dd yyyy

Phone Number_____ Email Address_____

STUDENT INJURY & SICKNESS INSURANCE PLAN

Coverage Period: August 1, 2008 to August 11, 2008

Please Check: Undergraduate _____ Graduate _____

Undergraduate

Student	$36.00
Spouse/Domestic Partner	$51.00
Child(ren)	$41.00

Graduate

Student	$65.00
Spouse/Domestic Partner	$82.00
Child(ren)	$53.00

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 by the August 1, 2008 deadline. It is the student's responsibility to enroll eligible dependents for 2008-2009 annual coverage.

Last Name First Name MI Date of Birth

Spouse_____

Child_____

NOTICE TO STUDENTS: Coverage will be effective on the effective date of the coverage period. 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) Other than for eligibility reasons, the premium is not refundable.

Signature of Student:_____ Date:_____

PAYMENT INSTRUCTIONS: Charge to my (check one): ___Visa ___ Master Card ___ Check or money order (International checks are not accepted)

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

Print Name and Address of Card holder_____

Make check or money order payable to **Gallagher Koster.** Mail enrollment form along with premium payment to: Gallagher Koster, P.O. Box 845663, Boston, MA 02284-5663.

Questions? Please contact Gallagher Koster at 1-800-457-5599 or VUstudentinsurance@kosterins.com

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.