

WASHBURN UNIVERSITY

2009-2010 STUDENT ACCIDENT & SICKNESS INSURANCE ENROLLMENT FORM

COLUMBIAN LIFE INSURANCE COMPANY • Home Office: Chicago, IL • Administrative Service Office: Vestal Parkway E., P.O. Box 1381 • Binghamton, NY 13902-1381

Either complete this enrollment form or enroll online for student accident and sickness insurance at www.sas-mn.com.

Student's Name _____ Soc. Sec. # _____
(Please Print) (Last) (First) (MI)

Address _____ Phone# _____
(Street) (City) (State) (Zip)

Undergraduate Graduate International Birthdate _____ email: _____
MM/DD/YY

Enclosed is my check or money order, payable to Student Assurance Services, Inc., in the amount of \$ _____

Mail Enrollment Form to Student Assurance Services P.O. Box 8126 Wichita, KS 67208-0126

Please charge \$ _____ to the following credit card: VISA® MasterCard® or Discover® Card Expiration Date
Credit Card Number Security Code (on back of card, 3 digits) (Month) (Year)

**Credit card billing will state:
 "Student Assurance Services, Inc."**

Cardholder Name/Cardholder Signature _____ Date _____
(Phone No.) MM/DD/YY

Cardholder Address _____
(Street) (City) (State) (Zip)

PREMIUMS

	Annual 08-15-09 to 08-14-10	*Semi-Annual Installment 08-15-09 to 02-14-10 02-15-10 to 08-14-10	*Quarterly Installment 08-15-09 to 11-14-09 11-15-09 to 02-14-10 02-15-10 to 05-14-10 05-15-10 to 08-14-10	Spring-Summer 01-19-10 to 08-14-10	Summer 06-01-10 to 08-14-10
--	--------------------------------	---	---	---------------------------------------	--------------------------------

STUDENTS AGE 29 & UNDER

Student Only	\$ 840	\$ 430	\$ 220	\$ 488	\$ 183
Student and Spouse	\$3,360	\$1,690	\$ 850	\$1,922	\$ 702
Student, Spouse and Child(ren)	\$5,040	\$2,530	\$1,271	\$2,878	\$1,048
Student and Child(ren)	\$2,520	\$1,260	\$ 640	\$1,444	\$ 529

STUDENTS AGE 30 & OVER

Student Only	\$1,302	\$ 661	\$ 336	\$ 751	\$ 278
Student and Spouse	\$5,208	\$2,614	\$1,312	\$2,973	\$1,083
Student, Spouse and Child(ren)	\$7,812	\$3,916	\$1,964	\$4,455	\$1,619
Student and Child(ren)	\$3,906	\$1,963	\$ 987	\$2,233	\$ 815

This plan has an Enrollment Period, refer to the brochure that accompanies this Enrollment Form.

***The Semi-Annual and Quarterly installment payment is only available to students enrolling in Annual coverage.**

Coverage becomes effective on the later of: the Policy Effective Date (08-15-2009); the first day of the term for which the proper premium has been paid; or 12:01 a.m. following the date the proper premium is received by the Servicing Agent or Plan Administrator. All coverage expires on 08-14-2010, or when payment is due and unpaid. It is your responsibility to make timely premium payments regardless of whether or not you receive a premium notice. No refunds, except as provided in the Master Policy.

DEPENDENT INFORMATION (Complete if purchasing dependent coverage)

Spouse's Name _____ Birthdate _____
Soc. Sec. #

Child's Name _____ Birthdate _____
Soc. Sec. #

Child's Name _____ Birthdate _____
Soc. Sec. #

Student Signature _____ Date _____

A276CFG(KS)

MM/DD/YY
 U-107KS (enr)