

WASHBURN UNIVERSITY • 2006-2007 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 \$ _____

Please charge \$ _____ to the following credit card: VISA® or MasterCard® Card Expiration Date

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

Credit Card Number

-
(Month) (Year)

Student Signature _____ Date _____
MM/DD/YY

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

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

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

<u>Annual</u>	<u>Semiannual</u>	<u>Quarterly</u>	<u>Spring-Summer</u>	<u>Summer</u>
08-15-06 to 08-14-07	08-15-06 to 02-14-07	08-15-06 to 11-14-06	01-15-07 to 08-14-07	05-26-07 to 08-14-07
	02-15-07 to 08-14-07	11-15-06 to 02-14-07		
		02-15-07 to 05-14-07		
		05-15-07 to 08-14-07		

STUDENTS AGE 29 & UNDER

Student Only	\$ 650	\$ 330	\$ 165	\$ 381	\$ 135
Student and Spouse	\$2,600	\$1,308	\$ 654	\$ 1,511	\$ 533
Student, Spouse and Child(ren)	\$3,900	\$1,958	\$ 979	\$ 2,262	\$ 799
Student and Child(ren)	\$1,950	\$ 983	\$ 492	\$ 1,135	\$ 401

STUDENTS AGE 30 & OVER

Student Only	\$ 960	\$ 485	\$ 243	\$ 560	\$ 198
Student and Spouse	\$3,840	\$1,928	\$ 964	\$ 2,228	\$ 787
Student, Spouse and Child(ren)	\$5,760	\$2,888	\$ 1,444	\$ 3,338	\$1,178
Student and Child(ren)	\$2,880	\$1,448	\$ 724	\$ 1,673	\$ 591

This plan has an Enrollment Period, refer to the brochure that accompanies this Enrollment Form
 Coverage becomes effective on the later of: the Policy Effective Date (08-15-2006); 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 08-14-2007, 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

Spouse's Name _____ Birthdate _____
Soc. Sec. # MM/DD/YY

Child's Name _____ Birthdate _____
Soc. Sec. # MM/DD/YY

Child's Name _____ Birthdate _____
Soc. Sec. # MM/DD/YY

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