HOWARD UNIVERSITY
2010 – 2011 Injury and Sickness Plan B
ENROLLMENT FORM

I am a student at Howard University and am enrolled in the Injury and Sickness coverage under the University's student insurance plan. I elect to enroll in Plan B. Eligible dependents are spouse and unmarried children to age 19, (25 if full time students).

Please Check All Appropriate Boxes:

Insured Category: ❑ Domestic or F-1 International ❑ J-1 International

Domestic, F-1, & J-1 Visa Students	Annual 8/1/10-7/31/11	First/ Semi-Annual 8/1/10-12/31/10	Second/ Semi-Annual 1/1/11-7/31/11
Student	❑ $ 699.00	❑ $ 349.50	❑ $ 349.50
Spouse	❑ $ 3,600.00	❑ $ 1,800.00	❑ $ 1,800.00
Children	❑ $ 1,560.00	❑ $ 780.00	❑ $ 780.00
Spouse & Children	❑ $ 5,160.00	❑ $ 2,580.00	❑ $ 2,580.00

STUDENT INFORMATION: Primary Insured Student Name: _____
First Name Middle Initial Last Name

Student Social Security Number_____ Student School ID Number: _____

Student Gender: Male Female Student Date of Birth: _____- _____- _____
Month Day Year

Mailing Address: _____
Number and Street

_____
City State Zip Code

Telephone Number: (_____) _____ E-mail address: _____

To enroll dependents, list dependents to be insured below. Dependent coverage is available only if the student is also enrolled in this plan.

	Last Name	First Name	MI	Date of Birth	Social Security Number
Spouse:					
Child:					
Child:					

Notice to Student: Coverage will be effective the date the correct premium is received by the Company or a representative of the Company or the effective date of the coverage period, whichever is later, unless otherwise stated in the Master Policy. By signing, the student acknowledges the following: 1) he/she has carefully read the brochure and elects to enroll dependents as indicated on this enrollment form; 2) rates are not pro-rated other than as listed on this enrollment card; 3) dependents meet the eligibility requirements of this coverage as described in the brochure; and 4) if it is later determined that the dependents are not eligible, the premium will be refunded. Premium will not be refunded except for ineligibility or entrance into the armed forces.

Student Signature:_____ Date: _____

Enrollment & Payment Procedure:
Mail this enrollment form with payment in US dollars to Summit America Insurance Services, LC. 7400 College Blvd., Suite 100, Overland Park, KS 66210. Make check or money order payable to Summit America Insurance Services. Your cancelled check or credit card billing is your only receipt and notification of coverage. It is the student's responsibility for timely renewal payment. Renewal notices will not be sent for re-enrollment. To charge your premium to American Express, Visa or Master Card, complete the charge card authorization below. Note: We cannot accept payment by phone.

Credit Card Authorization

AmEX / Visa / MasterCard # _____ Exp Date: _____ / _____

Charge Amount _____CID Code (On Back of Card) _____

Print Name of Cardholder: _____Signature: _____