Elon University Insurance Enrollment Form
2009-2010 BSA 00060

Student:_____
Last Name First Name MI
Permanent US
Mailing Address: _____
Address - Number & Street Apt. No.
_____
City State ZIP

Phone Number: _____ E-Mail:_____

Student Date of Birth:____/____/____ Sex ____
Student Social Security Number: _____

List Dependents to be insured below. Please note, dependent insurance is only available if student is also insured:

Last Name	First Name	MI	Sex	Birthdate	Soc. Sec. No.

Spouse:_____
Child:_____
Child:_____

Cost and dates of coverage:

	Annual 8-1-09 to 8-1-10	**Fall 8-1-09 to 1-1-10**	**Spring/Summer 1-1-10 to 8-1-10**	**Summer 5-1-10 to 8-1-10**
Student	$903	$300	$577	$163
Spouse :	$1,290	$484	$817	$215
Each Child:	$847	$272	$537	$141

MPT/DPT Students

	Annual 1-1-10 to 1-1-11	**Fall 8-1-09 to 1-1-10**	**Spring/Summer 1-1-10 to 8-1-10**
Student	$903	$300	$577
Spouse :	$1,290	$484	$817
Each Child:	$847	$272	$537

Payment Instructions: Place a checkmark before the amount you are enclosing. **Please make check payable to Collegiate Risk Management in U.S. dollars and mail to:**

Collegiate Risk Management
110 Athens Street
Tarpon Springs, FL 34689

Signature: _____ Date: _____

Credit Card Payment Authorization: Please bill the credit card below for my insurance:
___Visa ____ MasterCard

Credit Card Number:_____ Exp. Date:_____

Premium Amount to be charged: $_____

Signature of Card Holder: _____