Elon University – School of Law
DEPENDENT ENROLLMENT FORM
(FOR DEPENDENTS ONLY)
2009-2010

Complete this enrollment form ONLY if you want YOUR dependents to have insurance coverage. This is not for students.

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**
Spouse:	$2,346	$978	$1,369	$391
Each Child:	$1,290	$538	$753	$215

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: _____