Elon University – International
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:					

Premium Amounts 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:	$3,390	$1,413	$1,978	$848
Each Child:	$1,338	$558	$781	$335

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