

OHIO COLLEGE OF PODIATRIC MEDICINE
2008-2009 Dependent Enrollment Form

Date _____

Deadline for Fall Semester Enrollment is September 12, 2008. Deadline for Spring/Summer Semesters Enrollment is January 23, 2009. Deadline for Summer only enrollment is June 12, 2009.

Student's Name _____ S.S.#: _____
 (Please Print) (First) (Middle) (Last)

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

I have purchased the OCPM Student Medical Plan. I wish to apply for coverage for the following members of my family in the Dependent Medical Plan sponsored by the Ohio College of Podiatric Medicine.

Eligible dependents shall include the spouse or domestic partner of the covered Student and dependent child/ren under the age of 19 years (all eligible dependents must be residing with the covered Student).

	Annual Cost	Fall 2008	Spring & Summer 2009	Summer 2009 Only*
	8/1/08-8/1/09	8/1/08-1/2/09	1/2/09-8/1/09	6/5/09-8/1/09
Spouse or Domestic Partner Only	\$1,952	\$815	\$1,141	\$326
Spouse or Domestic Partner/Child/ren	\$3,599	\$1,500	\$2,100	\$600
Child/ren Only	\$1,647	\$685	\$959	\$274

NOTE: Send this enrollment form and appropriate check or money order (made payable to Collegiate Risk Management) to Collegiate Risk Management, 110 Athens St., Tarpon Springs, Florida, 34689. Coverage becomes effective August 1, 2008 or the date the payment is received by the Company, whichever is later. Deadline for enrollment is September 12, 2008 for Fall Semester, January 23, 2009 for Spring/Summer Semesters and June 12, 2009 for Summer Semester only. *Only students registered for classes for Summer Semester 2009 who were not registered for classes Spring Semester 2009 are eligible to enroll their dependents in the Summer Semester 2009. Medical coverage for spouse/domestic partner and dependent child/ren may not be purchased unless medical coverage for Student is purchased. **Students purchasing dependent coverage for Fall Semester only must submit another enrollment form to renew coverage for Spring/Summer Semesters. In order to maintain continuous coverage payment should be sent prior to January 23, 2009.**

Place Dependent Name(s) Below

- 1) _____ Birth Date _____ SS# _____ M F
 Spouse/Domestic Partner (circle one)
- 2) _____ Birth Date _____ SS# _____ M F
 Child
- 3) _____ Birth Date _____ SS# _____ M F
 Child
- 4) _____ Birth Date _____ SS# _____ M F
 Child

Domestic Partner Enrollment Forms are available in the OCPM Office of Student Affairs.