Presbyterian College Insurance Enrollment Form
2009-2010

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 8-18-09 to 8-18-10	**Spring/Summer 1-5-10 to 8-18-10**	**Summer 1 6-1-10 to 8-18-10**	**Summer 2 7-5-10 to 8-18-10**
Student Age 22 & Under	$493	$335	$191	$134
Student Age 23 & over	$721	$488	$276	$191
Spouse	$1,820	$1,219	$673	$455
Each Child	$1,035	$693	$383	$259

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: _____