PRESBYTERIAN COLLEGE

Markel Insurance Company

2008 - 2009
Policy # 08200590

Please Print

Student Name: _____
Last (Family) name First (Given) name Middle Initial

☐ Male ☐ Female Student ID Number: _____

Permanent Address: _____
Street or PO Box City State ZIP

Mailing Address: _____
Street or PO Box City State ZIP

Date of Birth: _____ SS#: _____ E-mail: _____

Home Phone: _____ School Phone: _____ Expected Date of Graduation _____
Month Year

Complete information below for Dependents to be insured.

Spouse: _____ Date of Birth: _____ SS #: _____ ☐ Male ☐ Female
Last (Family) name First (Given) name

Child: _____ Date of Birth: _____ SS #: _____ ☐ Male ☐ Female
Last (Family) name First (Given) name

Child: _____ Date of Birth: _____ SS #: _____ ☐ Male ☐ Female
Last (Family) name First (Given) name

Child: _____ Date of Birth: _____ SS #: _____ ☐ Male ☐ Female
Last (Family) name First (Given) name

IMPORTANT: Coverage Coverage will be effective: the date the correct premium is received by the Company or a representative of the Company, or the effective date of the coverage period, whichever is later. By signing below, the student acknowledges the following: (1) He/she has carefully read the plan description and elects to enroll as indicated on this enrollment card; (2) Rates are not pro-rated other than as listed on this enrollment card; (3) He/she meets the eligibility requirements for this coverage as described in the plan description; (4) If it is later determined that the student is not eligible, the premium will be refunded; and (5) Other than eligibility, the premium is not refundable.

Signature of Student: _____ Date: _____

	Annual	Spring/Summer	Summer 1	Summer 2
	8/17/08 - 8/17/09	1/8/09 - 8/17/09	6/2/09 - 8/17/09	7/6/09 - 08/17/09
Student–Age 22 & Under	☐ $451	☐ $307	☐ $167	☐ $115
Student – Age 23 & over	☐ $660	☐ $447	☐ $240	☐ $163
Spouse	☐ $1,662	☐ $1,114	☐ $582	☐ $382
Dependent	☐ $945	☐ $633	☐ $331	☐ $217

Payment Instructions: Make check or money order payable to Collegiate Risk Management in U.S. dollars drawn on a U.S. bank. Mail this enrollment card along with premium payment to Collegiate Risk Management, 110 Athens Street, Tarpon Springs, FL 34689. Optional dependent coverage(s) must be purchased simultaneously and in conjunction with the Basic & Supplemental Medical Coverage at the time of initial enrollment.