

Ball State University 2014-2015
VOLUNTARY STUDENT INSURANCE ENROLLMENT CARD
 (PLEASE PRINT)

BCS INSURANCE COMPANY
 POLICY # 00159

Student's Name _____
 Male Female Last First MI

Permanent US Address _____
 Street or PO Box City State Zip Code

Social Security # _____ Date of Birth _____ Phone #() _____ Email address _____

List dependents to be insured below. Dependent coverage is available only if the student is also insured under this plan.

	Last Name	First Name	MI	Date of Birth	Social Security #
Spouse:	_____	_____	_____	_____	_____
Child:	_____	_____	_____	_____	_____
Child:	_____	_____	_____	_____	_____
Child:	_____	_____	_____	_____	_____

Payment Instructions: Make check or money order payable to Collegiate Risk Management in US dollars and mail payment to: Collegiate Risk Management, P.O. Box 850001, Orlando, FL 32885-0193. Your cancelled check is your only receipt and notification of coverage. An effort will be made to send payment renewal notices if paying by installments. It is the student's responsibility for timely renewal payment whether or not a renewal notice is received.
 BSUEF 06/14

PLEASE CHECK ALL APPROPRIATE BOXES:

Basic Medical Coverage	Annual	Fall	Spring/Summer	Summer
A. Student	<input type="checkbox"/> \$ 2,712.00	<input type="checkbox"/> \$ 1,072.00	<input type="checkbox"/> \$ 1,691.00	<input type="checkbox"/> \$ 758.00
B. Student & Spouse	<input type="checkbox"/> \$ 8,826.00	<input type="checkbox"/> \$ 3,416.00	<input type="checkbox"/> \$ 5,438.00	<input type="checkbox"/> \$ 2,396.00
C. Student & Child(ren)	<input type="checkbox"/> \$ 8,895.00	<input type="checkbox"/> \$ 3,445.00	<input type="checkbox"/> \$ 5,478.00	<input type="checkbox"/> \$ 2,414.00
D. Student, Spouse & Child(ren)	<input type="checkbox"/> \$ 15,429.00	<input type="checkbox"/> \$ 5,972.00	<input type="checkbox"/> \$ 9,505.00	<input type="checkbox"/> \$ 4,186.00

Period: Annual 08-18-14 to 08-17-15 Spring/Summer 01-05-15 to 08-17-15
 Fall 08-18-14 to 01-05-15 Summer 05-11-15 to 08-17-15

NOTICE TO STUDENT: Coverage will be effective the date the correct payment is received by the Company or a representative of the Company or the Effective date of the coverage period, whichever is later, unless otherwise stated in the Master Policy. It is the student's responsibility for timely renewal payments. By signing below, the student acknowledges the following: 1) He/She has carefully read the brochure 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 brochure; 4) If it is later determined that the student is not eligible, the payment will be refunded; and 5) Other than eligibility, the payment is not refundable.

Signature of Student _____ Date _____