

List dependents to be insured below. Dependent coverage is available only if the student is also under this plan and cannot exceed coverage purchased by the student.

Last Name	First Name	MI	Date of Birth
Spouse: _____			
Child: _____			
Child: _____			
Child: _____			

NOTICE TO STUDENT: Coverage will be effective the date the correct premium is received by Koster Insurance Agency or the effective date of the coverage period, whichever is later. It is the student's responsibility for timely renewal payment. By signing below, the student acknowledges the following: 1) He/She has carefully read the brochure and elects to enroll as indicated in this enrollment card. 2) Rates are not prorated other than as listed on this enrollment form. 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 premium will be refunded. 5) Other than eligibility, the premium is not refundable.

Signature of Student _____ Date _____

PAYMENT INSTRUCTIONS: Make check or money order payable to Koster Insurance Agency. Mail enrollment form along with premium payment to:
Koster Insurance Agency, PO Box 692059, Quincy, MA 02269

Charge Card Authorization: Charge Full Amount \$: _____ Exp. Date: _____

Visa/Master Card #: _____ Signature of Cardholder: _____

ACE American Insurance Company
 Philadelphia, PA 19103

Roosevelt University 2002-2003 Policy Year Student Accident and Sickness Insurance Plan Enrollment Form

Student Name: _____
Last First Initial

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

SSN # or 9-digit ID # _____ Male Female Date of Birth _____ / _____ / _____
M D Y

Phone Number: _____ Email Address _____ Expected Graduation Date _____

Rates:	Annual	Fall Term	Spring Term	Summer Terms
Period of Coverage	(8/24/02 - 8/24/03)	(8/24/02 - 1/22/03)	(1/22/03 - 8/24/03)	(5/20/03 - 8/24/03)
Enrollment Deadline	9/24/02	9/24/02	2/8/03	6/15/03
Student	\$ 867.00	\$319.00	\$ 601.00	\$296.00
Spouse	\$1,675.00	\$588.00	\$1,139.00	\$539.00
Child(ren)	\$1,356.00	\$481.00	\$ 927.00	\$441.00

All Herman Crown Center residents are required to have health insurance while attending Roosevelt University. If you are insured under another insurance plan you must provide proof of coverage on or before the first day of classes.

**YOU MUST COMPLETE THE BACK OF THIS FORM IN ORDER FOR YOUR ENROLLMENT FORM TO BE PROCESSED.
 AN INCOMPLETE FORM WILL BE RETURNED TO THE STUDENT.**

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