

2015 - 2016 COLLEGE FOR CREATIVE STUDIES

STUDENT ACCIDENT & SICKNESS INSURANCE ENROLLMENT FORM

NATIONWIDE LIFE INSURANCE COMPANY • Home Office: Columbus, OH • Administrative Service Office: Student Assurance Services, Inc., P.O. Box 196 • Stillwater, MN 55082-0196

To apply for insurance coverage, either complete this enrollment form or enroll online at: www.sas-mn.com. Complete the credit card information or send a check or money order payment to Student Assurance Services, Inc. P.O. Box 196, Stillwater, MN 55082.

Student's Name _____ Soc. Sec. # - -

(Please Print) (Last) (First) (MI)

Address _____ Phone # _____

(Street) (City) (State) (Zip)

Undergraduate Graduate International Birthdate _____ Student ID _____ Email _____

MM/DD/YY

Enclosed is my check or money order, payable to Student Assurance Services, Inc., in the amount of \$ _____.

Credit Card: Premium \$ _____ + required \$15 transaction fee = \$ _____ charge to VISA® MasterCard® or Discover®

Credit Card Number _____ Security Code (on back of card, 3 digits) _____ Card Expiration Date (Month)(Year) _____

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**Credit card billing will state:
"Student Assurance Services, Inc."**

Cardholder Name/Cardholder Signature _____ Date MM / DD / YY

(Phone #)

Cardholder Address _____

(Street) (City) (State) (Zip)

Student Signature _____ Date MM / DD / YY

PREMIUM:

I have read the details concerning the College's student insurance plan in the brochure. I understand the College automatically enrolls all students (except those solely enrolled in continuing education courses) in a separate accident-only policy. I also want to purchase the accident and sickness coverage described in this brochure. I have indicated coverage below: (check one)

		*Installment Premium			
		Annual			Summer
	<input type="checkbox"/>	08-15-2015 to 08-14-2016	<input type="checkbox"/>	08-15-2015 to 12-14-2015 12-15-2015 to 04-14-2016 04-15-2016 to 08-14-2016	<input type="checkbox"/>
Student Only:	<input type="checkbox"/>	\$ 1,371	<input type="checkbox"/>	\$ 457	<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>	01-06-2016 to 08-14-2016	<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>	05-16-2016 to 08-14-2016	<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>	\$ 832	<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>	\$ 341	<input type="checkbox"/>

Coverage becomes effective on the later of: the Policy Effective Date 08-15-2015; the first day of the term for which the proper premium has been paid; or 12:01 a.m. following the date the proper premium is received by the Plan Administrator. All coverage expires on 08-14-2016, or when premium for the insurance coverage is due and unpaid. It is your responsibility to make timely premium payments regardless of whether or not you receive a premium notice. No refunds, except as provided in the Master Policy. Any refund provided is subject to \$25 administration fee. *The installment method of payment is only available to students purchasing annual coverage. The second installment will be billed and is due on 12-15-2015. The third installment will be billed and is due on 04-15-2016. **This plan has an enrollment period, refer to the online brochure www.sas-mn.com.** Premium includes an agent service fee.

We do not accept enrollment by fax or telephone.