



University of North Florida 2009 – 2010
Student Health and Accident Blanket Insurance Application (Please Print)

66964-0509R SU

| | | | |
|--|-----------------|---------------------------|---|
| Student's Name (Last, First, Middle) | | Date of Birth (mmddyy) | |
| Permanent U.S. Address (Street, City, State, Zip) | | Social Security # | |
| Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male | Phone #: () | Expected Graduation Date: | International Student: <input type="checkbox"/> Yes <input type="checkbox"/> No |

Dependent coverage is available only if the student is insured under this plan and the coverage periods must be the same.

List below dependents to be insured.

| | Last Name | First Name | Social Security # | Male/Female | Date of Birth (mmddyy) |
|--------|-----------|------------|-------------------|-------------|------------------------|
| Spouse | | | | | |
| Child | | | | | |
| Child | | | | | |
| Child | | | | | |

Premium Rates *Please check all appropriate boxes.*

| | Annual 8/24/09 – 8/23/10 | Fall 8/24/09-1/3/10 | Spring/Summer 1/4/10 – 8/23/10 | Summer 5/10/10 – 8/23/10 |
|-----------------------|---|--------------------------------|-----------------------------------|--------------------------------|
| Student (Domestic) | <input type="checkbox"/> \$1,105 | <input type="checkbox"/> \$399 | <input type="checkbox"/> \$706 | <input type="checkbox"/> \$319 |
| Spouse (Domestic) | <input type="checkbox"/> \$2,265 | <input type="checkbox"/> \$818 | <input type="checkbox"/> \$1,447 | <input type="checkbox"/> \$654 |
| Child(ren) (Domestic) | <input type="checkbox"/> \$1,213 | <input type="checkbox"/> \$438 | <input type="checkbox"/> \$775 | <input type="checkbox"/> \$350 |
| Seven Corners, Inc. | <input type="checkbox"/> \$36.50 (Per Person) | | | |

Payment Instructions: Make check or money order payable to Collegiate Risk Management in US dollars. Mail payment to: Collegiate Risk Management, P.O. Box 850001, Orlando, FL 32885-0184. Your canceled check is your only receipt. It is the student's responsibility for timely renewal payments. If you have questions please contact Collegiate Risk Management at 1-800-922-3420.

Notice to Students: By signing below, the student acknowledges the following: 1) He/She has carefully read the brochure and elects to enroll as indicated on this application; 2) I understand that my Benefit Booklet will only be made available online at www.collegiaterisk.com. At any time, I may request paper copies of these materials be mailed to me by contacting BCBSF's Customer Service Department at 800-664-5295. My signature on this application affirms my understanding that the Benefit Booklet will not be mailed to me, unless I contact BCBSF's Customer Service Department and request to opt out of electronic receipt; 3) Rates are not pro-rated other than as listed on this application; 4) He/She meets the eligibility requirements for this coverage as described in the brochure; 5) If it is later determined that the student is not eligible, the payment will be refunded; and 6) Other than eligibility, the payment is not refundable.

Signature of Student _____ Date _____