

MANHATTAN CHRISTIAN COLLEGE

2013-2014 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

Student's Name (Please Print) (Last) (First) (MI) Birthdate (MM/DD/YY)

Billing Address (Street) (City) (State) (Zip)

Soc. Sec. # [] [] [] - [] [] [] - [] [] [] [] Phone No. e-mail:

Undergraduate Graduate International

Table with 2 columns: Semester (Fall Semester 08-01-2013 to 01-16-2014, Spring/Summer Semester 01-17-2014 to 07-31-2014) and Premium amounts for Student Only, Spouse, and Each Child.

Premium includes an agent service fee. This plan has an enrollment period, refer to the online brochure at www.sas-mn.com. Spring/Summer may only be purchased by a new student not eligible to enroll for fall coverage or a student who purchased fall coverage and wishes to continue coverage.

DEPENDENT INFORMATION (Complete if purchasing dependent coverage)

Spouse's Name Soc. Sec. # Birthdate MM/DD/YY

Child's Name Soc. Sec. # Birthdate MM/DD/YY

Child's Name Soc. Sec. # Birthdate MM/DD/YY

Send your completed Enrollment Form with your tuition check made payable to: MANHATTAN CHRISTIAN COLLEGE 1415 ANDERSON AVE. • MANHATTAN, KS 66502

Student Signature Date (MM/DD/YY)