

**MANHATTAN CHRISTIAN COLLEGE 2011-2012 STUDENT ACCIDENT & SICKNESS INSURANCE ENROLLMENT FORM**

COLUMBIAN LIFE INSURANCE COMPANY • Home Office: Chicago, IL • Administrative Service Office: Student Assurance Services, Inc., P.O. Box 196 • Stillwater, MN 55082

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

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

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

Undergraduate  Graduate  International

**Fall Semester** 08-01-2011 to 01-13-2012      **Spring-Summer Semester** 01-14-2012 to 07-31-2012

**STUDENTS AGE 31 & UNDER**

Student Only	\$ 290	\$ 370
Student and Spouse	\$ 1,162	\$ 1,478
Student, Spouse and Child(ren)	\$ 1,742	\$ 2,218
Student and Child(ren)	\$ 1,016	\$ 1,294

**STUDENTS AGE 32 & OVER**

Student Only	\$ 436	\$ 554
Student and Spouse	\$ 1,740	\$ 2,215
Student, Spouse and Child(ren)	\$ 2,614	\$ 3,326
Student and Child(ren)	\$ 1,522	\$ 1,938

Premiums are not prorated. The total premium must be paid for the term you enroll in even though the term may be in progress. Coverage becomes effective on the later of: the Master Policy effective date 08-01-2011; 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 College. All coverage expires on the earlier of: the Master Policy expiration date 7-31-2012, 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.

**DEPENDENT INFORMATION** (Complete if purchasing dependent coverage)

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

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

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

Send your completed Enrollment Form with your tuition check made payable to:  
 NO REFUNDS, except as provided in the Master Policy.

**MANHATTAN CHRISTIAN COLLEGE**  
**1415 ANDERSON AVE. • MANHATTAN, KS 66502**

Student Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
 (MM/DD/YY)