

OPTIONAL SUPPLEMENTAL LIMIT ENROLLMENT FORM FOR GARDNER-WEBB UNIVERSITY

Student Name: _____ Telephone No. (_____) _____

Student Address: _____ City: _____ State: _____ Zip: _____

Student Date of Birth: _____ / _____ / _____

Student I.D. Number: _____

Premium enclosed: \$160 for student

Amount enclosed: \$ _____ Check or money order number: _____

Make check or money order payable to **First Agency, Inc.**

To pay online with a credit card, please go to: www.1stagency.com/college.htm

This completed form and payment must be received by us prior to: 08/31/11 Fall Semester; 01/18/12 Spring Semester.

I hereby certify that as the full-time student applicant named above, the information contained on this enrollment form is true. I understand that the effective date of my coverage under the Optional Supplement Limit is the same as under my basic plan.

Student

Signature: _____ Date: ____ / ____ / ____

Mail to:

FIRST AGENCY, INC.
5071 WEST H AVENUE
KALAMAZOO, MI 49009-8501

IMPORTANT: Injury resulting from practice or play of intercollegiate and club sports is excluded from this plan.