

**2008-2009**

**OPTIONAL CATASTROPHIC MAJOR MEDICAL ENROLLMENT FORM - BELMONT ABBEY COLLEGE**

Student Name: \_\_\_\_\_ Telephone No.:( \_\_\_\_\_ ) \_\_\_\_\_

Student Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Student Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Student I.D. Number: \_\_\_\_\_

Premium Enclosed: Annual Enrollment  
 \$280 Under Age 25\*  
 \$490 Over Age 25\*

Spring Enrollment  
 \$210 Under Age 25\*  
 \$368 Under Age 25\*

Amount enclosed: \$\_\_\_\_\_ Check or money order: \_\_\_\_\_  
Make check or money order payable to First Agency, Inc.

\*This Plan is underwritten by AIG

**This completed form and payment must be received by us prior to 9/15/08 (2/01/09 for spring term enrollment)**

I hereby certify that as the full-time student applicant named above, the information contained on this enrollment is true. I understand that the effective date of my coverage under the Optional Catastrophic Major Medical Coverage is the date this form and premium are received by the Company.

Student  
Signature: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Mail To:  
**First Agency, Inc.**  
**5071 West H Avenue**  
**Kalamazoo, MI 49009-8501**