

2009-2010

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 Spring Enrollment
 \$280 Under Age 25* \$210 Under Age 25*
 \$490 Over 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 Markel Insurance Co.

This completed form and payment must be received by us prior to 9/15/09 (2/01/10 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