

CROWN COLLEGE

All full-time students are automatically covered unless coverage is waived. The insurance charge will be added to your student account unless the waiver is completed by the waiver date of September 4th, 2009. Part-time students taking 6 credit hours or more and dependents of all eligible and participating students must enroll within the open enrollment period. **Enrollment instructions are located on the back side of this form.** This completed form must be returned to the Student Billing Office if you choose to enroll.

How to Waive if you have other Health Insurance Coverage:

1. Go to First Agency, Inc. website: www.1stagency.com
2. Click on *Programs*.
3. Click on *College Student Accident and Sickness*
4. Click on the *Waive coverage* button under Crown College
5. Complete waiver form and submit
6. You will receive confirmation that your waiver has been received. Keep this for your records.
7. The insurance premium will be removed from your student account.

OR, fill out the information below and return it to the Student Billing Office by September 4th

I have other Health Insurance coverage with:

Insurance Co.: _____ Policy.Group # : _____ Date: _____

Student Name : _____ Signature: _____ Student ID#: _____

I wish to enroll in the Student Accident and Sickness Plan. I understand that the charge will be added to my student account.

Student Name _____ Student ID _____ DOB _____

List Dependents to be insured below. Dependent coverage is available only if the student is also insured under the Plan and cannot exceed coverage purchased by the student.

	Last	First	M.I.	DOB	Social Security Number
Spouse:	_____	_____	_____	_____	_____
Child:	_____	_____	_____	_____	_____
Child:	_____	_____	_____	_____	_____

FALL ACCIDENT AND SICKNESS PLAN
08/15/2009 TO 01/05/2010

- Student Only \$310.00
- Student & Spouse \$1,030.00
- Student, Spouse & Children \$1,755.00
- Student & Children \$885.00

SECOND SEMESTER AND SUMMER ACCIDENT AND SICKNESS PLAN
01/05/2010 TO 08/15/2010

- Student Only \$310.00
- Student & Spouse \$1,030.00
- Student, Spouse & Children \$1,755.00
- Student & Children \$885.00

OPTIONAL CATASTROPHIC
ANNUAL

(Basic Plan must also be purchased)

CHECK COVERAGE DESIRED:

- | | | |
|------------|-----------------------------------|-----------------------------------|
| | UNDER 25 | OVER 25 |
| Student | <input type="checkbox"/> \$200.00 | <input type="checkbox"/> \$400.00 |
| Spouse | <input type="checkbox"/> \$600.00 | <input type="checkbox"/> \$869.00 |
| Each Child | | <input type="checkbox"/> \$300.00 |