

PLEASE CHECK ALL APPROPRIATE BOXES:

Group:	<input type="checkbox"/> (A) Non-Resident Students	<input type="checkbox"/> (B) Residents/Non-Athletes	<input type="checkbox"/> (C) All Athletes
		Annual	Fall
			Spring/Summer
NON-RESIDENT STUDENTS			
Voluntary Injury & Sickness Coverage	<input type="checkbox"/>	\$598	<input type="checkbox"/> \$332
Spouse Injury & Sickness Coverage	<input type="checkbox"/>	\$1,642	<input type="checkbox"/> \$917
Each Dependent Injury & Sickness Coverage	<input type="checkbox"/>	\$1,045	<input type="checkbox"/> \$584
RESIDENT STUDENT/NON-ATHLETE			
Optional Sickness Coverage (Includes Injury Major Medical)	<input type="checkbox"/>	\$511	<input type="checkbox"/> \$285
Spouse Injury & Sickness Coverage	<input type="checkbox"/>	\$1,642	<input type="checkbox"/> \$917
Each Dependent Injury & Sickness Coverage	<input type="checkbox"/>	\$1,045	<input type="checkbox"/> \$584
ALL ATHLETES			
Optional Sickness Coverage (Includes Injury Major Medical)	<input type="checkbox"/>	\$511	<input type="checkbox"/> \$285
Spouse Injury & Sickness Coverage	<input type="checkbox"/>	\$1,642	<input type="checkbox"/> \$917
Each Dependent Injury & Sickness Coverage	<input type="checkbox"/>	\$1,045	<input type="checkbox"/> \$584

SEE THE REVERSE SIDE OF THIS ENROLLMENT CARD FOR EFFECTIVE AND EXPIRATION DATES.

NOTICE TO STUDENT: Coverage will be effective the date the correct premium is received by the Company or a representative of the Company or the Effective date of the coverage period, whichever is later, unless otherwise stated in the Master Policy. It is the student's responsibility for timely renewal payments. By signing below, the student acknowledges the following: 1) He/She has carefully read the Brochure and elects to enroll as indicated on this enrollment card; 2) Rates are not pro-rated other than as listed on this enrollment card; 3) He/She meets the Eligibility requirements for this coverage as described in the Brochure; 4) If it is later determined that the student is not eligible, the premium will be refunded; and 5) Other than Eligibility, the premium is not refundable; 6) Fall and/or Spring/Summer coverage is only available to students that have purchased the first semester or who are new to the school within 31 days of student enrollment.

Signature of Student _____ Date _____

CLAIM INSTRUCTIONS
 Claim must be submitted to the Company within 90 days after date of treatment. Mail all medical and hospital bills along with the patient's name and insured student's name, address, social security number and name of the college under which the student is insured to:

FIRST AGENCY - CLAIMS
 5071 WEST H AVENUE
 KALAMAZOO, MI 49009-8501
 (269) 381-6630 Phone
 (269) 381-3055 Fax

LEWIS UNIVERSITY
STUDENT INSURANCE ENROLLMENT CARD

GUARANTEE TRUST LIFE INSURANCE COMPANY OF ILLINOIS
POLICY # 124-125-001-N

(PLEASE PRINT)

Student's Name _____

Male Female

Last

First

MI

Permanent US Address _____

Street or PO Box

City

State

Zip

Student ID# _____ Date of Birth _____ Phone # () _____

Expected Graduation Date _____ / _____ E-Mail Address _____
Month Year

Periods: Annual 08/17/09 to 08/17/10
Fall 08/17/09 to 01/18/10
Spring/Summer 01/18/10 to 08/17/10

Payment Instructions: Make check or money order payable to Guarantee Trust Life Insurance Company in US dollars. Mail this enrollment card along with premium payment to FIRST AGENCY, INC., 5071 WEST H AVENUE, KALAMAZOO, MI 49009. Your cancelled check is your only receipt and notification of coverage. An effort will be made to send premium renewal notices if paying by installments. It is the student's responsibility for timely renewal payment whether or not a renewal notice is received.

Detach and Retain for your records
2009/2010 Identification Card
Guarantee Trust Life Insurance Company of Illinois

Insured (Name of Student)
If a premium has been paid, the Student whose name appears above
has been insured under a Policy issued to:

LEWIS UNIVERSITY
POLICY # 124-125-001-N