STETSON UNIVERSITY - DELAND CAMPUS ENROLLMENT FORM FOR DEPENDENTS

					2011-200433-1	
STUDENT NAME: Last (Family) Name First (Given) Name					NA/I	
DATE OF BIRTH: • Student ID# E			n) Name -Mail Address		M/I	
Check one						
ADDRESS:House	/Building Number and Street N				Apt #	
Complete informa	tion below for Dependents t	o he insured. Dependent c	State	ole only for Students i	ZIP Code	
SPOUSE	mon below for bependents t	o be modred. Dependent o	overage is availab	ole only for olddenio i		
LAST (Family)	Name	First (Given) Name		5	M/I	
Social Security Number		☐ Male ☐ Female (Check One)		Date of Birth:	Month Day Year	
DOMESTIC PARTNER		(encor enc)				
LAST (Family) Nam		Fi	First (Given) Name		M/I	
Social Security Number		☐ Male ☐ Female		Date of Birth:		
	ty Number	(Check One)			Month Day Year	
CHILDLAST (Family)	Namo	First (Given) Name				
		☐ Male ☐ Female		Date of Birth:		
Social Securi	ty Number	(Check One)		Month Day Year		
CHILD	Nama		-inst (Circa) Name		NA/I	
LAST (Family)	name -	☐ Male ☐ Female	First (Given) Name	Date of Birth: _	M/I 	
		(Check One)			Month Day Year	
		PREMIUM RA	TES	~ .		
Period	Carrara	a Datas	*Student	Spouse/ Domestic Partner	Each Child	
	Coverag		1			
Annual	8/12/2011- 8/11/2012		\$1,024.00	\$3,343.00 [] \$2,126.00 []	
Fall Only* 8/12/2011-1/6/2012 * Student premium billed to tuition bill			\$414.00	\$1,352.00] \$860.00 []	
* can purchase Fall Only De	ependent Coverage only if Stude	ent Insured is eligible to purc	hase Fall Only (Stud	lent must have purchase	ed Fall Only and	
must be graduating in Fall 2011)						
	PREMIUM NOW DUE:			Spouse/Domestic Partner \$		
					<u> </u>	
			Child(ren)	_	\$	
ACTIVION OF PARA			Total now Du		\$ \$	
	IENT [] CHECK [] MON		Total now Du	rance [] Credit Card		
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APPLICATIONS CAN BE MAILED TO ADDRESS ABOVE OR IF PAYING BY CREDIT CARD CAN BE FAXED TO 954-772-0872