



**Notre Dame of Maryland University Student Accident and Sickness Insurance Plan
2012 Spring Semester Graduate, College of Adult Undergraduate Studies, and PHD
Students Voluntary Enrollment Form**

Student Enrollment can also be completed online through www.gallagherkoster.com/ndm and clicking on "Student Direct Pay Enroll".

(Please Print)

Student Name _____

Home Address _____

Student ID # _____ Male _____ Female _____ Date of Birth ____/____/____

Phone Number _____ Email Address _____

_____ Graduate / Weekend / Accelerated / PHD
Please Circle*

***If you are an undergraduate, pharmacy or foreign exchange student, you must complete the online enrollment form by clicking on the "Student Waive/Enroll Forms" and entering in your information. This is not the correct form and your enrollment will not be processed.**

STUDENT ENROLLMENT Please circle selected coverage.

Dates of Coverage	Spring Rate (01/01/2012 – 07/31/2012)
Enrollment Deadline	January 31, 2012
Student Only	\$702
Spouse	\$1,542
Each Child	\$1,050

Dependent coverage is available only:

- A) When the student is also insured under this plan. Students need to purchase coverage for their eligible dependent(s) at the same time of their initial plan enrollment and must purchase the same period of coverage as the student's period of coverage and cannot exceed coverage purchased by the student. For example, a student enrolled for annual coverage cannot purchase dependent coverage for the spring semester unless a qualifying event, as defined below, occurs
- B) When the Dependent Enrollment Form is received by the deadline stated on this form above.
- C) Students can add eligible dependent(s) if they experience one of the following qualifying events: (a) marriage (b) birth of a child, (c) divorce or (d) if the dependent is entering the country for the first time. If dependent enrollment meets one of these qualifying events, this Dependent Enrollment form, supporting documentation, and payment must be received by Gallagher Koster within 31 days of the qualifying event. If not received within 31 days of the qualifying event, the effective date of coverage will be the date this form and payment are received at Gallagher Koster. Once a dependent is enrolled, coverage cannot be terminated unless the student loses eligibility.

List Dependent(s) to be insured below:

	First Name	M. I.	Last Name	Gender	Date of Birth
Spouse					
Child					
Child					

Notice to Students: Enrollment Forms will not be accepted after the Enrollment Deadline has passed unless submitted due to a qualifying event. It is the student's responsibility to re-enroll their eligible dependents. Gallagher Koster is under no obligation to send a reminder notice to the student; the student is responsible for timely premium payment and dependent enrollment.

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 form. 2) Rates are not prorated other than as listed on this enrollment form. 3) Enrolled Dependent meets the eligibility requirements for this coverage as described in the brochure. 4) If it is later determined that the Dependent is not eligible, the premium will be refunded. 5) A Dependent cannot be insured under this Plan if the Insured Student loses eligibility under the Student Accident & Sickness Insurance Plan. 6) Once dependent coverage is purchased, coverage is non-renewable within the same policy year. 7) Other than for eligibility reasons, the premium is not refundable.

Signature of Student: _____ **Date:** _____

PAYMENT INSTRUCTIONS:

Charge to my (check one): ___ Visa ___ Master Card

Card Number: _____ Amount Charged: \$ _____ Expiration Date: _____

Name and Address of Card holder _____

Check or money order (International checks are not accepted) Make check or money order payable to **Gallagher Koster**. Mail or fax enrollment form along with premium payment and a **\$10.00 processing fee** to: **Gallagher Koster, P.O. Box 845663, Boston MA 02284-5663 Fax: 617-479-0860**