

MANHATTAN SCHOOL OF MUSIC

**2009-2010 STUDENT INSURANCE
DEPENDENT ENROLLMENT FORM**

Please Print

Student's Name: Last _____ First _____ Student ID # _____
 U.S. Home Address: Street: _____ Expected Graduation Date (Mo/Yr) ____ / ____
 City _____ State _____ Zip _____ Date of Birth ____ / ____ / ____
 Address Fall 2009: Street _____ Apt. _____ City _____ State _____ Zip _____
 Email Address _____ Day Phone No. (_____) _____

In addition to myself, I wish to enroll my dependent spouse or unmarried child(ren) who are up to and including 19 of years who are not self-supporting. Annual coverage becomes effective on August 18, 2009, (or January 1, 2010 for Spring Semester) or the day after the postmark date of premium payment, whichever is later, and continues until August 18, 2010. **The dependent must be enrolled in the same plan as the Insured Student. The last date to enroll dependents is September 11, 2009 (or January 22, 2010 for Spring Semester).** Spring Semester enrollment is available only for dependents of students first entering MSM for Spring Semester.

Complete both sides of this enrollment form. Check the desired coverage. Make your check or money order payable to Combined Life Insurance Company of New York. Return your payment along with this enrollment form to: Collegiate Insurance Resources, 172 Bechtel Road, Collegeville, PA 19426. An insurance identification card will be mailed to you. My signature below certifies that I have read and understand the Student Accident and Sickness Insurance Plan brochure and agree to accept the terms and conditions stated therein.

Signature _____ Date ____ / ____ / ____

MSM D EF 7/09

COMPUTATION FORM

	(I) Base Accident & Sickness		(I) Base Accident & Sickness (II) Plus Supplemental (\$240.00 Upgrade)	
	Annual 8/18/09 to 8/18/10	Spring Semester 1/1/10 to 8/18/10	Annual 8/18/09 to 8/18/10	Spring Semester 1/1/10 to 8/18/10
Spouse Additional.....	<input type="checkbox"/> \$3,729.00	<input type="checkbox"/> \$1,865.00	<input type="checkbox"/> \$3,969.00	<input type="checkbox"/> \$2,105.00
Child(ren) Additional.....	<input type="checkbox"/> \$2,830.00	<input type="checkbox"/> \$1,415.00	<input type="checkbox"/> \$3,070.00	<input type="checkbox"/> \$1,655.00
TOTAL ENCLOSED.....	\$ _____	\$ _____	\$ _____	\$ _____

Spouse Name _____ Date of Birth (MANDATORY) ____ / ____ / ____
 Child(ren) Name _____ Date of Birth (MANDATORY) ____ / ____ / ____
 _____ Date of Birth (MANDATORY) ____ / ____ / ____

To the best of my knowledge and belief, all information I have provided is true and complete. I understand my information is protected by privacy laws and will be released only in accordance with these laws. The only people who have access to this information are employees of the Insurance Company who service my policy or claim and other third parties authorized by the Insurance Company. Information may be disclosed to those who have an insurance-related regulatory or legal need for the information. In other situations, We will ask you for written authorization to disclose information about you.