

MANHATTAN SCHOOL OF MUSIC

2009-2010 STUDENT INSURANCE  
UPGRADE FORM

Please read instructions on reverse side.

Student's Name: Last \_\_\_\_\_ First \_\_\_\_\_  
Home (U.S.) Address: Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Fall 2009 Address: Street \_\_\_\_\_ Apt. \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Email Address \_\_\_\_\_

Student ID # \_\_\_\_\_  
Phone # (\_\_\_\_\_) \_\_\_\_\_  
Expected Graduation (Month/Year) \_\_\_\_ / \_\_\_\_  
Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Annual (8/18/09 to 8/18/10)

Spring Semester - New Students Only (1/1/10 to 8/18/10)

Supplemental Accident and Sickness Benefit (Additional) .....  \$ 240.00

\$240.00

**OVER →**

MSM UG (7/09)

**INSTRUCTIONS**

I am covered under the Base Accident and Sickness Medical Expense Benefit of the Student Accident and Sickness Insurance Plan. I wish to upgrade my coverage by purchasing the additional optional benefit(s) checked on the reverse side.

- Mail this completed Upgrade Form with payment to: **Collegiate Insurance Resources, 172 Bechtel Road, Collegeville, PA 19426.**
- Make your check or money order payable to **Combined Life Insurance Company of New York.**
- Upgrade coverage becomes effective for Fall Semester on August 18, 2009 (or January 1, 2010 for Spring Semester) or day after the postmark date of premium payment, whichever is later and continues until August 18, 2010.
- Students wishing to purchase the optional benefits must enroll during the open enrollment period at the beginning of the Fall Semester. The Spring Semester open enrollment period is available only for new students starting academic programs at MSM for the Spring Semester.
- The last date to upgrade for Fall Semester is September 11, 2009. The last date to upgrade for Spring Semester is January 22, 2010.
- 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.
- My signature below certifies that I have read and understand the Student Accident and Sickness Insurance Plan brochure and agree to accept as applicable to me the terms and conditions stated therein.

Signature \_\_\_\_\_

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_