

DELGADO COMMUNITY COLLEGE
2009-2010 Student Accident & Sickness Insurance Enrollment Form

COLUMBIAN LIFE INSURANCE COMPANY • Home Office: Chicago, IL • Administrative Service Office: Vestal Parkway E., P.O. Box 1381 • Binghamton, NY 13902-1381

Student's Name _____ Date of Birth _____
 (Please Print) (Last) (First) (MI)

Address _____ City _____ State _____ Zip _____

Soc. Sec. # - - email: _____

PREMIUMS	ANNUAL	FALL SEMESTER	SPRING SEMESTER	SUMMER SEMESTER
	08-19-2009 to 08-18-2010	08-19-2009 to 01-12-2010	01-13-2010 to 08-18-2010	05-31-2010 to 08-18-2010
Student	<input type="checkbox"/> \$ 245.00	<input type="checkbox"/> \$ 103.00	<input type="checkbox"/> \$ 152.00	<input type="checkbox"/> \$ 57.00
Student & Spouse	<input type="checkbox"/> \$ 800.00	<input type="checkbox"/> \$ 328.00	<input type="checkbox"/> \$ 487.00	<input type="checkbox"/> \$ 180.00
Student, Spouse & Child(ren)	<input type="checkbox"/> \$ 1,290.00	<input type="checkbox"/> \$ 526.00	<input type="checkbox"/> \$ 779.00	<input type="checkbox"/> \$ 288.00
Student & Child(ren)	<input type="checkbox"/> \$ 735.00	<input type="checkbox"/> \$ 302.00	<input type="checkbox"/> \$ 448.00	<input type="checkbox"/> \$ 165.00

Dependents must enroll in the plan when student first enrolls.
 Coverage becomes effective on the later of: the Policy Effective Date (08-19-2009); the first day of the term for which the proper premium has been paid; or 12:01 a.m. following the date the proper premium for the period of coverage is received by the Servicing Agent. All coverage expires on 08-18-2010, or when payment is due and unpaid. **No refunds, except as provided in Master Policy.**

Please send Enrollment Form and Premium payment to: Lyman Agency, Inc. PO Box 11313, Jefferson, LA 70181-1313

Student Signature _____ Date _____

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

A276-CL(LA)

U-194LA(enr)

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A276-CL(LA)

U-194LA(enr)

DEPENDENT INFORMATION

Spouse's Name _____	Soc. Sec. # _____	Birthdate _____
		MM/DD/YY
Child's Name _____	Soc. Sec. # _____	Birthdate _____
		MM/DD/YY
Child's Name _____	Soc. Sec. # _____	Birthdate _____
		MM/DD/YY
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		MM/DD/YY
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