RICE UNIVERSITY • SCHOLARS

2019-2020 ACCIDENT AND SICKNESS INSURANCE ENROLLMENT FORM

COMMERCIAL CASUALTY INSURANCE COMPANY • Home Office: Springfield, MA • Administrative Service Office: Student Assurance Services, Inc. • P.O. Box 196 • Stillwater, MN 55082-0196

Scholars must enroll in this plan or provide proof of comparable coverage to the International Business Office. Scholars are encouraged to submit their request for coverage in a timely manner. To enroll either complete this form and return it to: Student Assurance Services, Inc.; P.O. Box 196; Stillwater, MN 55082-0196; or enroll online <u>www.sas-mn.com</u>.

Scholar's Name		Birthdate		Gender			
(Please Print)	(Last)	(First)	(M.I.)	(MM/DD/YY)		(M or F))
Billing Address							· · · · · · · · · · · · · · · · · · ·
	(Stre	eet)	(City)	(Sta	ite)	(Zip)	
Rice University Scho	olar ID	email:		Phone	e No		
Mail to: Student As	surance Services, Inc., P. (yable to Student Assurance Services, Inc. D. Box 196, Stillwater, MN 55082-0196. • required \$15 transaction fee = \$			urd® or □Discov	ver®	
Credit Card Number			e (on back of card, 3 digits)				
				-	Credit card bi "Student Ass		
Cardholder Name/Ca	ardholder Signature				Date	1	1
				(Phone #)	MM	DD	YY
Cardinoider Address		(Street)		(City)		(State)	(Zip)
Cobolor	*Monthly Premium		North	ly Dromium - Dromi	um Amount: f		
Scholar Spouse	□\$128 □\$128	Number of Months* Coverage		iy Plemium = Plemi	JIII AMOUNI. Þ		
Each Child	□\$128	Effective Date of Coverage:		Expiration Date of (Coverage		
insurance plan, and	must enroll for the sa	ust enter the effective and expiration me coverage period as the scholar. rage or a portion of 30 days of cover					

*Month means each 30 day days of coverage or a portion of 30 days of coverage in a coverage period. The premium is charged for month or partial month while the scholar's insurance is in force. For example, coverage from November 29th through February 15th would be 3 months. **Premium includes an ad**ministrative fee.

Coverage becomes effective on the later of: the Master Policy effective date 08-15-2019; or the date of the requested effective date of coverage entered above; or 12:01 a.m. on the date the proper premium is received by the Plan Administrator. All coverage expires on the earlier of: the Master Policy expiration date 07-31-2020; or last day of the calendar month for which the premium is paid; or the date of the requested expiration date of coverage entered above.

DEPENDENT INFORMATION (Complete if purchasing dependent coverage)

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Spouse's Name		Birthdate	Gender
	Soc. Sec. #	MM/DD/YY	(M/F)
Child's Name		Birthdate	Gender
	Soc. Sec. #	MM/DD/YY	(M/F)
Childs Name		Birthdate	Gender
	Soc. Sec. #	MM/DD/YY	(M/F)
Scholar Signature			Date//

We do not accept enrollment by fax or telephone

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