

Enrollment for Student Accident and Sickness Plan - Please Print

Student's Name _____ Student ID # _____ Date of Birth _____

Address _____ City _____ State _____ Zip _____

School Name _____

Check (✓) the plan you have selected. For DEPENDENT COVERAGE, complete application on reverse side.

Annual 8/15/11 to 8/14/12 (minimum of 10 credit hours)	Fall 8/15/11 to 1/11/12 (minimum of 10 credit hours)	Spring/Summer 1/11/12 to 8/14/12 (minimum of 10 credit hours)	Summer 6/1/12 to 8/14/12 (minimum of 6 credit hours)
Student Only \$912 <input type="checkbox"/>	Student Only \$400 <input type="checkbox"/>	Student Only \$530 <input type="checkbox"/>	Student Only \$195 <input type="checkbox"/>
Spouse \$2,616 <input type="checkbox"/>	Spouse \$1,110 <input type="checkbox"/>	Spouse \$1,540 <input type="checkbox"/>	
Child \$732 <input type="checkbox"/>	Child \$315 <input type="checkbox"/>	Child \$440 <input type="checkbox"/>	

Signature: _____

I understand that insurance becomes effective only when this application and full premium have been received by First Agency, Inc.
Please send premium and application to: First Agency, Inc. 5071 West H Avenue, Kalamazoo, MI 49009

SUPPLEMENTARY ENROLLMENT FOR FAMILY COVERAGE

I wish to extend my own coverage to include my following dependents (spouse and unmarried children)

Dependent's Name

Date of Birth

Relationship to Insured

Signature

Date Signed