Seton Hall Law School
2007/2008 Dependent Enrollment Form
In order to enroll you must complete steps 1 through 5!

1. ***Complete all Student information. Incomplete information will delay processing.***

Student Name: _____
Last Name First Name MI

Social Security#: _____ _____ Email address:_____

U.S. Mailing Address:_____
Apt. #

City:_____State:_____ Zip Code:_____

Phone Number:_____ Date of Birth_____ Sex: ☐ Male ☐ Female
mm/dd/yy

2. ***List Dependents to be insured. Dependent coverage is only available if the student is covered.***

Dependents	Last Name	First Name	DOB	Social Security Number	M/F
Spouse					
Child					
Child					
Child					

3. ***Select Enrollment Period***

697407-D10	A	B
	Annual 8/15/07-8/14/08 Deadline: September 12, 2007	**Spring/Summer Semester 1/8/08-8/14/08 Deadline: January 15, 2008**
2. Spouse	☐ **$1,723**	☐ **$861.50**
3. Child(ren)	☐ **$1,140**	☐ **$570**

4. ***Designate Payment Method.***

Make check or money order payable to Chickering Benefit Planning Insurance Agency Inc. or refer to the charge card authorization to charge premium to Visa or MasterCard (please note Visa and MasterCard are the only credit cards accepted). CASH WILL NOT BE ACCEPTED.

CREDIT CARD AUTHORIZATION-PLEASE PRINT CLEARLY!!!(VISA OR MASTERCARD ARE THE ONLY ACCEPTED CREDIT CARDS)

Charge full amount: $☐☐☐☐.☐☐

Credit card#(Visa or MasterCard only): ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Exp. Date: ☐☐/☐☐

Signature of Cardholder:_____
Printed Name and Address(if different from student):

5. ***Notice to Student (Signature required)***

I have carefully read the brochure and elect to enroll as indicated. Rates are not pro-rated other than as listed. I permit the Seton Hall Law School to provide the Chickering Group with my enrollment status for purposes of eligibility under this plan. I warrant that the information I have provided on this application form is true and I am aware that if I provide false information, my coverage and coverage for my spouse and child(ren) can be made void. I understand that if it is later determined that the student is not eligible for coverage, the premium will be refunded, but the premium is not refundable for reasons other than eligibility.
Enrollment Guidelines: If the Dependent Application and Premium is received prior to the deadline date, coverage will begin on the first date of the policy period. Under no circumstances will applications for Dependent coverage be accepted after the Enrollment Deadline Date.

Signature:_____Date:_____

MAIL TO: Chickering Benefit Planning Agency, Inc. P.O. Box 15706, Boston, MA 02215-0014