

SETON HALL—UNDERGRADUATE AND GRADUATE STUDENTS

ACCIDENT AND SICKNESS INSURANCE DEPENDENT ENROLLMENT FORM—2007–2008

Student Name (Print) _____
(Last) (First) (M.I.)

Social Security Number or Student Identification Number _____

Home Address (Print) _____
(Number and Street) (City) (State) (Zip Code)

I am enrolled and also wish to enroll my dependents (spouse and/or unmarried children up to age 19), listed below, in the Seton Hall Undergraduate and Graduate Students Health Insurance Plan checked below. This form is accompanied by my check or money order payable to Security Mutual Life Insurance Company of New York. Coverage begins on the effective dates selected below, or on the date this form and payment are received, if later, and terminates January 7, 2008 for Fall coverage, and August 15, 2008 for Spring/Summer coverage.

	<input type="checkbox"/> Fall 8/15/07 to 1/8/08	<input type="checkbox"/> Spring/Summer (Returning Student) 1/8/08 to 8/15/08	<input type="checkbox"/> Spring/Summer (New Enrollees) 1/8/08 to 8/15/08
Coverage Dates:			
Spouse	<input type="checkbox"/> \$ 974.00	<input type="checkbox"/> \$ 974.00	<input type="checkbox"/> \$1,322.00
Child(ren)	<input type="checkbox"/> \$ 600.00	<input type="checkbox"/> \$ 600.00	<input type="checkbox"/> \$ 825.00
Spouse and Child(ren)	<input type="checkbox"/> \$1,574.00	<input type="checkbox"/> \$1,574.00	<input type="checkbox"/> \$2,147.00

Please sign below and return this form with your check or money order (no cash) to:
T.L. Groseclose Agency, 190 Tamarack Circle, Skillman, NJ 08558.

Dependent's Name	SS#	Relationship	Date of Birth
_____	_____	_____	/ /
_____	_____	_____	/ /
_____	_____	_____	/ /
_____	_____	_____	/ /
_____	_____	_____	/ /

Student Signature _____ Date _____