

PLEASE COMPLETE THIS FORM  
IN BLOCK LETTER PRINT  
USE BLACK INK

THE MEGA LIFE AND HEALTH INSURANCE COMPANY  
ENROLLMENT FORM FOR  
SPOUSE/DOMESTIC PARTNERS & DEPENDENT CHILDREN BASIC PLAN  
AND OPTIONAL INSURANCE ENROLLMENT FORM

PROCESSOR STAMP DATE RECEIVED HERE



RUTGERS UNIVERSITY

2006-519-1

SOCIAL SECURITY # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ and RU ID# \_\_\_\_\_  
PRIMARY INSURED STUDENT NAME: \_\_\_\_\_  
Last (Family) Name

\_\_\_\_\_ First (Given) Name \_\_\_\_\_ Middle Initial

GENDER:  Male  Female DATE OF BIRTH: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ EXPECTED DATE OF GRADUATION: \_\_\_\_\_ - \_\_\_\_\_  
Check one Month Day Year Month Year

PERMANENT ADDRESS: \_\_\_\_\_  
House/Building Number and Street Name

\_\_\_\_\_ Apt. or P.O. Box # or Rural Route \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Code

MAILING ADDRESS: \_\_\_\_\_  
House/Building Number and Street Name

\_\_\_\_\_ Apt. or P.O. Box # or Rural Route \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Code

TELEPHONE # \_\_\_\_\_ - \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

**Complete information below for Dependents to be insured. Dependent coverage is available only for Students insured under the Plan.**

SPOUSE: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  Male  Female Date of Birth : \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Social Security Number (Check One) Month Day Year

\_\_\_\_\_ First (Given) Name \_\_\_\_\_ M/I \_\_\_\_\_ Last (Family) Name  
CHILD: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  Male  Female Date of Birth : \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Social Security Number (Check One) Month Day Year

\_\_\_\_\_ First (Given) Name \_\_\_\_\_ M/I \_\_\_\_\_ Last (Family) Name  
CHILD: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  Male  Female Date of Birth : \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Social Security Number (Check One) Month Day Year

\_\_\_\_\_ First (Given) Name \_\_\_\_\_ M/I \_\_\_\_\_ Last (Family) Name  
CHILD: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  Male  Female Date of Birth : \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Social Security Number (Check One) Month Day Year

\_\_\_\_\_ First (Given) Name \_\_\_\_\_ M/I \_\_\_\_\_ Last (Family) Name  
CHILD: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  Male  Female Date of Birth : \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Social Security Number (Check One) Month Day Year

\_\_\_\_\_ First (Given) Name \_\_\_\_\_ M/I \_\_\_\_\_ Last (Family) Name

**NOTICE TO STUDENT:** Coverage will be effective the date the correct premium is received by the Company or a representative of the Company or the effective date of the coverage period, whichever is later, unless otherwise stated in the Master Policy. By signing, the student acknowledges the following: 1) He/She has carefully read the brochure and elects to enroll as indicated on this enrollment card; 2) Rates are not pro-rated other than as listed on this enrollment card; 3) He/She meets the eligibility requirements for this coverage as described in the brochure; 4) If it is later determined that the student is not eligible, the premium will be refunded; and 5) Other than eligibility, the premium is not refundable. Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

STUDENT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**CAMPUS LOCATION:**

- New Brunswick  Newark  Camden

I elect to purchase Injury and Sickness insurance coverage under the University's student insurance plan. Below are the choices I have made.

**PLEASE CHECK ALL APPROPRIATE BOXES**

**OPTIONAL COVERAGES**

**BASIC INSURANCE MUST BE PURCHASED IN ORDER TO PURCHASE OPTIONAL MAJOR MEDICAL COVERAGE**

**INSURED CATEGORY:** Domestic Students (non-international)

\*Spouse/Domestic Partner and Dependent Children Optional Insurance cannot be purchased unless the Basic Insurance Plan is also applied for.

|                                    | Annual (A-)                       | Fall (F-)                         | Spring/Summer (J-)                |
|------------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|
| <b>Optional \$50,000 Coverage</b>  |                                   |                                   |                                   |
| 4. Student                         | <input type="checkbox"/> \$577.00 | <input type="checkbox"/> \$241.00 | <input type="checkbox"/> \$353.00 |
| 5. Spouse/Domestic Partner         | <input type="checkbox"/> \$577.00 | <input type="checkbox"/> \$241.00 | <input type="checkbox"/> \$353.00 |
| 6. Each Child                      | <input type="checkbox"/> \$577.00 | <input type="checkbox"/> \$241.00 | <input type="checkbox"/> \$353.00 |
| <b>Optional \$100,000 Coverage</b> |                                   |                                   |                                   |
| 7. Student                         | <input type="checkbox"/> \$782.00 | <input type="checkbox"/> \$323.00 | <input type="checkbox"/> \$476.00 |
| 8. Spouse/Domestic Partner         | <input type="checkbox"/> \$782.00 | <input type="checkbox"/> \$323.00 | <input type="checkbox"/> \$476.00 |
| 9. Each Child                      | <input type="checkbox"/> \$782.00 | <input type="checkbox"/> \$323.00 | <input type="checkbox"/> \$476.00 |

**Periods:**

|   |   |   |
|---|---|---|
| Annual  | Fall  | Spring/Summer                                     |
| <input type="checkbox"/> 09-01-2006 to 08-31-2007 | <input type="checkbox"/> 09-01-2006 to 01-15-2007 | <input type="checkbox"/> 01-16-2007 to 08-31-2007 |

(Fall is for Students graduating in December or not attending the Spring Semester. Renewal notices will not be sent.)

**BASIC INSURANCE COVERAGE FOR SPOUSE/DOMESTIC PARTNER & DEPENDENT CHILDREN**

**INSURED CATEGORY:** Domestic Students (non-international)

|                            | Annual (A-)                        | Fall (F-)                         | Spring/Summer (J-)                 |
|----------------------------|------------------------------------|-----------------------------------|------------------------------------|
| 2. Spouse/Domestic Partner | <input type="checkbox"/> \$1920.00 | <input type="checkbox"/> \$780.00 | <input type="checkbox"/> \$1140.00 |
| 3. Each Child              | <input type="checkbox"/> \$ 953.00 | <input type="checkbox"/> \$381.00 | <input type="checkbox"/> \$ 572.00 |

**Periods:**

|   |   |   |
|---|---|---|
| Annual  | Fall  | Spring/Summer                                     |
| <input type="checkbox"/> 09-01-2006 to 08-31-2007 | <input type="checkbox"/> 09-01-2006 to 01-15-2007 | <input type="checkbox"/> 01-16-2007 to 08-31-2007 |

(Fall is for Students graduating in December or not attending the Spring Semester. Renewal notices will not be sent.)

**Payment Instructions:** Make check or money order payable to Student Insurance in US dollars or refer to the Charge Card Authorization to charge your premium to Visa or MasterCard. Mail this enrollment card along with premium payment to Student Insurance, PO Box 809026, Dallas TX 75380-9026. Your cancelled check or credit card billing is your only receipt and notification of coverage. It is the student's responsibility for timely renewal payments whether or not a renewal notice is received.

**CHARGE CARD AUTHORIZATION PAYMENT INFORMATION**

CHARGE FULL AMOUNT \$ \_\_\_\_\_  VISA or  MASTERCARD # \_\_\_\_\_

Expiration Date \_\_\_\_\_  
Month - Year

AUTHORIZED SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**OR** PAID BY CHECK # \_\_\_\_\_ AMOUNT PAID \$ \_\_\_\_\_