

Rutgers University- Camden Campus
2007-2008 Part-time Student and Dependent Application

In order to enroll step 1 through 4 must be completed. Incomplete information will delay processing!

1. Student Information

Student Name: _____
Last Name First Name Middle Initial

STUDENT ID # _____ Email Address: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Tel. No. (_____) _____ D.O.B. ____/____/____ Sex M F

2. List dependents to be insured below. Dependent coverage is available only if the student is also insured.

(Newborn infants must be added within 31 days of birth.)

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

3. Select Enrollment Period. Please check the appropriate coverage selection(s):

Please Note: You must purchase the Health Service Plus Plan in order to purchase Optional Plan 1 or Plan 2.

	(A)	(B)	(C)
Health Service Plus Plan (\$5,000 maximum) 474876-10CD			
	Annual Period	Fall Semester	Spring/ Summer Semester
	9/01/07-8/31/08	9/01/07-1/21/08	1/22/08-8/31/08
Enrollment Deadlines	03/07/08	03/07/08	3/7/08
Part Time Student	<input type="checkbox"/> \$ 335.50	<input type="checkbox"/> \$ 167.75	<input type="checkbox"/> \$ 167.75
Spouse/ Domestic Partner	<input type="checkbox"/> \$ 1,370.00	<input type="checkbox"/> \$ 620.00	<input type="checkbox"/> \$ 870.00
Each Child	<input type="checkbox"/> \$ 661.00	<input type="checkbox"/> \$ 264.00	<input type="checkbox"/> \$ 397.00

<input type="checkbox"/>		(A)	(B)	(C)
<input type="checkbox"/>	Plan 1-474876-101 (\$100,000 maximum)			
		Annual Period	Fall Semester	Spring /Summer Semester
		9/01/07-8/31/08	9/01/07-1/21/08	1/22/08-8/31/08
	Enrollment Deadlines	10/15/07	10/15/07	3/07/08
1	Student	<input type="checkbox"/> \$ 424.00	<input type="checkbox"/> \$180.00	<input type="checkbox"/> \$ 261.00
2	Spouse/ Domestic Partner Only	<input type="checkbox"/> \$ 424.00	<input type="checkbox"/> \$180.00	<input type="checkbox"/> \$261.00
3	Each Child	<input type="checkbox"/> \$424.00	<input type="checkbox"/> \$180.00	<input type="checkbox"/> \$261.00

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<input type="checkbox"/>	Plan 2-474876-102 (\$250,000 maximum)	(A)	(B)	(C)
		Annual Period	Fall Semester	Spring/ Summer Semester
		9/01/07-8/31/08	9/01/07-1/21/08	1/22/08-8/31/08
	Enrollment Deadlines	10/15/07	10/15/07	3/07/08
1	Student	<input type="checkbox"/> \$552.00	<input type="checkbox"/> \$231.00	<input type="checkbox"/> \$338.00
2	Spouse/ Domestic Partner Only	<input type="checkbox"/> \$552.00	<input type="checkbox"/> \$231.00	<input type="checkbox"/> \$338.00
3	Each Child	<input type="checkbox"/> \$552.00	<input type="checkbox"/> \$231.00	<input type="checkbox"/> \$338.00

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 above. I permit Rutgers University to provide The Chickering Group with 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 the spouse and child(ren) can be made void. I understand that if it is later determined that the student is not eligible (see the brochure for eligibility guidelines), the premium will be refunded, but the premium is not refundable for reasons other than eligibility. **Enrollment Guidelines: Applications received and accepted after the effective date of the policy period and prior to the published deadline date will become effective the day of the Policy Period elected. The annual enrollment deadline is for Plan I or Plan II is 10/15/07. Applications received after the deadline date will not be accepted, unless there is a significant life change that directly affects his or her insurance coverage. When applying due to a life event please attach appropriate documentation providing proof of the loss.** *The 2007-2008 policy terminates at 12:01 a.m. on August 31, 2008

Student: _____ Date: _____

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