

DEPENDENT and/or OPTIONAL INTERCOLLEGIATE SPORTS COVERAGE
Enrollment Form for Accident & Sickness Insurance
SAGINAW VALLEY STATE UNIVERSITY

PLEASE PRINT - FAILURE TO PROVIDE ALL INFORMATION MAY DELAY OR VOID YOUR INSURANCE

Form fields for personal information: LAST NAME, FIRST NAME, MI, U. S. MAILING ADDRESS, APARTMENT/UNIT NO., MALE FEMALE, DATE OF BIRTH, CITY, STATE, ZIP CODE, SOCIAL SECURITY NO., TELEPHONE No., E-MAIL.

PREMIUM RATES

Table with 4 columns: Season (Fall, Winter, Spring, Summer), Coverage Type (Spouse, Each Child, Children), and Premium Amount.

\*Accident and Sickness coverage for eligible Dependents is only available if the Student/Scholar enrolls in this program, and coverage cannot begin before or extend beyond that of the Student/Scholar.

Premium rates are not pro-rated other than as listed above.

OPTIONAL INTERCOLLEGIATE SPORTS (Student/Scholar only)

Form for optional sports: Football \$1,024, All Other Sports \$630, Name of Sport.

Optional Intercollegiate Sports is only available to those participants enrolled in the Student Accident and Sickness Plan.

Indicate Total Premium Submitted (Dependent and/or Intercollegiate Sports Coverage) - \$

Signature - Student - Parent - Guardian Date. By your signature hereon, acknowledgement is made that 1) you and any insured family member meet the eligibility requirements as described within the insurance brochure; and 2) if at any time it is determined you, or any insured family member, did not meet the eligibility requirements for this coverage, the only liability the Company has is the refund of premium, subject to any claims for which benefits had been paid prior to discovery of the ineligibility.

METHOD OF PAYMENT

- Check / Money Order\* Payable To: AMA & Associates
Credit Card Payment Authorization - Please bill my credit card for my insurance

MAIL TO: AMA & ASSOCIATES, P. O. BOX 65139, SAN ANTONIO, TEXAS 78265-9570

AMOUNT CHARGED \$ MASTER CARD VISA

Form fields for credit card information: CARDHOLDER - LAST NAME, CARDHOLDER - FIRST NAME, MI, CREDIT CARD NUMBER, EXP. DATE, 3 DIGIT SECURITY CODE, CARDHOLDER SIGNATURE, DATE.

DEPENDENTS TO BE INSURED

Form for dependents: Spouse and Child information including LAST NAME, FIRST NAME, MI, DATE OF BIRTH, MALE/FEMALE.