

THE MEGA LIFE AND HEALTH INSURANCE COMPANY  
OPTIONAL COVERAGE ENROLLMENT FORM FOR STUDENTS

FURMAN UNIVERSITY  
Effective 9-1-2004 – 8-31-2005

2004-75-1

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ or School ID# \_\_\_\_\_

Primary Insured  
Student Name: \_\_\_\_\_

Gender: \_\_\_ Male \_\_\_ Female Date of Birth: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Expected Date  
of Graduation: \_\_\_\_\_

Permanent Address: \_\_\_\_\_  
\_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone# \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Please Check appropriate box:

- |                          |  |         |
|--------------------------|--|---------|
| <input type="checkbox"/> | Optional Major Medical/Student                   | \$60.00 |
| <input type="checkbox"/> | Optional Repatriation/Medical Evacuation/Student | \$30.00 |

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; and 4) If it is later determined that the student is not eligible, the premium will be refunded. Premium will not be refunded except for ineligibility or entrance into the armed forces.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**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# \_\_\_\_\_ Exp.Date \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

OR Paid by Check# \_\_\_\_\_ Amount Paid \$ \_\_\_\_\_