Middlebury College Student Accident and Sickness Insurance Plan
2009-2010 Enrollment Application

All undergraduate and graduate students enrolled as full-time students of Middlebury College are eligible to enroll in the Student Accident and Sickness Insurance Plan on a voluntary basis.

Enrollment for the Annual, Fall or Spring terms can also be completed online through www.gallagherkoster.com by clicking on Student Access and selecting Middlebury College from the drop-down menu.

(Please Print)

Student Name_____
Last First Initial

Permanent US Address_____
Street City State Zip Code

On Campus Address_____
Box Number City State Zip Code

Student ID#_____ Male_____ Female_____ Date of Birth _____/_____/_____
M D Y

Phone Number_____ Email Address_____

STUDENT ACCIDENT & SICKNESS INSURANCE PLAN
$50,000 Per Condition Aggregate Maximum

Enrollment Period: Please circle your desired coverage. Applications received after the deadline will be made effective the postmark date.

	Annual	Fall	Spring
Dates of Coverage:	**(9/1/09-8/31/10)**	**(9/1/09-1/31/10)**	**(2/1/10-8/31/10)**
Enrollment Deadline:	**9/15/09**	**9/15/09**	**2/15/10**
Rate	$944.00	$396.00	$553.00

Notice to Students:
Coverage will be effective the date the correct premium is received by Gallagher Koster or the effective date of the coverage period, whichever is later. It is the student's responsibility for timely renewal payment. By signing below, the student acknowledges the following: 1) He/She has carefully read the brochure and elects to enroll as indicated on this enrollment form. 2) Rates are not prorated other than as listed on this enrollment form. 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. 5) Other than for eligibility reasons, the premium is not refundable.

Signature of Student:_____ Date:_____

PAYMENT INSTRUCTIONS: Make check or money order payable to **Gallagher Koster**; or, complete credit card authorization below

Credit Card Authorization
Charge Full Amount $_____Exp. Date____/____

Visa/Mastercard #_____

Please include an additional $10.00 Processing Fee with your enrollment form.

Signature of Cardholder

Mail enrollment form along with premium payment to:
Gallagher Koster
P.O. Box 845663
Boston MA 02284-5663
Phone: **800-430-0697**
Fax: **617-479-0860**

You must be eligible to enroll in the Plan and meet the enrollment deadline in order for your enrollment to be accepted by us. If it is discovered that you do not meet the requirements, your premium will be refunded.