	Troy University Student Health Insurance Plan Underwritten by Nationwide Life Insurance Company - Policy Number 302-071-0113 Administered by Consolidated Health Plans – Group Number S212414 **ENROLLMENT FORM FOR STUDENTS AND DEPENDENTS** ***Annual and Fall Only Enrollment Deadline: 9/15/2015*** ***Spring Only and Spring/Summer Enrollment Deadline: 2/1/2016*** ***Summer Only Enrollment Deadline: 6/28/16***

STUDENT: Complete information below for student. ***PLEASE PRINT LEGIBLY.***		
SOCIAL SECURITY #:	**OR STUDENT ID #:**	
LAST NAME:	**FIRST NAME:**	**MIDDLE:**
GENDER: ☐ Male ☐ Female	**DATE OF BIRTH**: _____/_____/_____ *Month Day Year*	
MAILING ADDRESS – House/Building Number and Street Name:		
CITY:	**STATE:**	**ZIP CODE:**
TELEPHONE #:	**EMAIL ADDRESS:**	

INSURANCE PREMIUMS – NOTE: dependent premiums are in addition to the student premium.					
	Annual* 8/15/15-8/14/16	**Fall Only* 8/15/15-12/31/15**	**Spring Only* 1/1/16-5/27/16**	**Spring/Summer* 1/1/16 – 8/14/16**	**Summer Only* 5/28/16– 8/14/16**
Student	☐ $1,910	☐ $725	☐ $772	☐ $1,185	☐ $413
Spouse	☐ $1,910	☐ $725	☐ $772	☐ $1,185	☐ $413
Each Child	☐ $1,910	☐ $725	☐ $772	☐ $1,185	☐ $413
3 or more Children	☐ $5,730	☐ $2,175	☐ $2,316	☐ $3,555	☐ $1,239

***Rates above include a Service Fee paid to the servicing broker.**

DEPENDENTS: Please list Dependents to be insured below. *Note: Dependent coverage is available ONLY if the student is also covered by the Plan. Please keep in mind that ANY change to student status (e.g. full-time to part-time) can affect your coverage and your dependents' coverage. For questions, please contact Consolidated Health Plans at 800-633-7867.*					
	LAST NAME	**FIRST NAME**	**MI**	**DATE OF BIRTH**	**GENDER**
Spouse					
Child					
Child					
Child					

***Add information for additional children on the back**

Payment Instructions: Please mail completed form and correct premium to: **Parker Waller Insurance – P.O. Box 249, Greenville, AL 36037.** Payment should be made in the form of a Personal Check, US Bank Check or US Money Order and made payable to **Parker Waller Insurance, LLC**.

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) He/She meets the eligibility requirements for this coverage as described in the brochure; and 3) 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:______________________________