

SAINT JOSEPH'S COLLEGE
ENROLLMENT FOR PLAN 2 — SUPPLEMENTAL ACCIDENT & SICKNESS INSURANCE

TO: Saint Joseph's College, 278 Whites Bridge Road, Standish, Maine 04084-5263

Enclosed is my check for \$550 made payable to Saint Joseph's College to enroll:

Name of Student: _____ SS #: _____
(Please Print)

Male Female Date of Birth: _____ Student ID #: _____

in the Supplemental Insurance Plan 2 provided through Saint Joseph's College, Standish, Maine 04084-5263.

Student's Address _____
(Street & Number)

(City, State & Zip)

Signature _____ Date _____

EF-J3A04