

BANGOR THEOLOGICAL SEMINARY—ACCIDENT AND SICKNESS INSURANCE ENROLLMENT FORM

Student's Name _____ Date of Birth _____

Address _____
Street State Zip

Social Security No. _____ Student ID No. _____ Gender Male Female

We strongly recommend that all students be covered by insurance while attending Bangor Theological Seminary. Please complete, sign, and return to the Business Office.

STUDENT INSURANCE PLAN—I wish to purchase the Basic Accident and Sickness Insurance.
Enclosed is my check for \$795 payable to Bangor Theological Seminary

DEPENDENT INSURANCE—I also wish to purchase insurance for my eligible dependents. In addition to my \$795 payment, enclosed is: \$ 475 for each dependent child, and/or
 \$1,100 for my Spouse, or
 \$1,100 for my Domestic Partner*

**COMPLETE
INFORMATION
ON REVERSE SIDE**

*Domestic Partner must complete affidavit, which is available at the business office.

THIS FORM MUST BE COMPLETED AND RETURNED TO THE BUSINESS OFFICE BEFORE 10/15/09
YOU MUST ENROLL IN THE STUDENT PLAN IN ORDER TO PURCHASE DEPENDENT COVERAGE

EF-J3A08

DEPENDENT ENROLLMENT

Spouse Name _____ DOB _____ SS # _____ Gender _____

Child Name _____ DOB _____ SS # _____ Gender _____

Child Name _____ DOB _____ SS # _____ Gender _____

Child Name _____ DOB _____ SS # _____ Gender _____

Child Name _____ DOB _____ SS # _____ Gender _____