



**Greenville College
Student Health Insurance Plan**

Underwritten by Companion Life
Administered by Consolidated Health Plans – Group Number: S215016

ENROLLMENT FORM FOR STUDENTS

Fall Enrollment Deadline: 9/7/2016

Spring/Summer Enrollment Deadline: 2/5/2017

STUDENT: Complete information below for student. **PLEASE PRINT LEGIBLY.**

****STUDENT SSN REQUIRED FOR HEALTH INSURANCE REPORTING PURPOSES TO THE IRS****

SOCIAL SECURITY #:		STUDENT ID #:	
LAST NAME:		FIRST NAME:	MIDDLE INITIAL:
GENDER: <input type="checkbox"/> Male <input type="checkbox"/> Female		DATE OF BIRTH: ____/____/____ <small>Month Day Year</small>	
MAILING ADDRESS – House/Building Number and Street Name:			
CITY:	STATE:	ZIP CODE:	
TELEPHONE #:		EMAIL ADDRESS:	

INSURANCE COSTS:			
	Annual 8/1/16–7/31/17	Fall 8/1/16-1/4/17	Spring / Summer 1/5/17-7/31/17
Student	<input type="checkbox"/> \$1,180	<input type="checkbox"/> \$507	<input type="checkbox"/> \$673

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

Payment Instructions: Please mail completed form and correct premium to: **Consolidated Health Plans, 2077 Roosevelt Ave, Springfield MA, 01104.** Payment should be made in the form of a Personal Check, US Bank Check or US Money Order and made payable to **Consolidated Health Plans.**

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:** _____

Questions? Please contact Consolidated Health Plans at (800) 633-7867.