Please check one:
☐ New
☐ Continuing from 07-08

University of Southern Mississippi
2008 - 2009
Dependent Sickness Insurance Enrollment Form
Provided by Aetna Student Health

****** YOU MUST COMPLETE THE ENTIRE ENROLLMENT FORM AND SIGN AT THE BOTTOM ******

Student's Name	Last	First		MI
Mailing Address	Street	City	ST	Zip
Telephone Number ( )	E-mail Address		Date of Birth Month -	Day - Year
Male ❑ Female ❑	Type of Visa Held J-1 ❑ F-1 ❑ Other ❑	Country of Origin	SS#	Student ID Number

LIST DEPENDENTS TO BE INSURED BELOW. Dependents must be enrolled on the date the student is enrolled or within 31 days of birth, or date of marriage.

Family Member	Last (Family) Name	First (Given) Name	M.I.	SS#	Sex F	Sex M	Date of Birth Month Day Year
Spouse							
Child							
Child							
Child							

Please Check Enrollment Period

697419-D15	Annual	Fall	Spring/Summer	Summer Only
	8/15/08-8/14/09	8/15/08-1/14/09	1/15/09-8/14/09	5/15/09-8/14/09
Deadline	09/01/08	09/01/08	01/29/09	05/29/09
Spouse	☐ $2,437.00	☐ $1,024.00	☐ $1,413.00	☐ $ 622.00
Child(ren)	☐ $1,331.00	☐ $ 559.00	☐ $ 772.00	☐ $ 268.00

Calculate Total Premium

Spouse _____

Child(ren) + _____

Total Premium = _____

Please note: Policy year ends August 14, 2009.

Enrollment Dates Must Match Student

Premium does not carry over to following year.

The Premium is not pro-rated.

Payment Information

If paying by CREDIT CARD, Please complete the following:

Total Premium_____

PAYMENT METHOD:

❑ Visa ❑ MasterCard

Account Number | Expires

IMPORTANT: *If you pay by credit card, please note that the charge will show on your credit card statement to* ***Trawick International****. If you are using someone else's credit card, PLEASE relay this information to the cardholder.*

_____
Cardholder Signature

_____
Print name of Cardholder

If paying by CHECK or MONEY ORDER, Please complete the following:

Total Premium_____

PAYMENT METHOD:

❑ Check ❑ Money Order

MAKE PAYABLE TO: Trawick International, Inc.

Mail this form with your payment to:
Trawick International
2370 G Hillcrest Rd., PMB 237
Mobile, AL 36695

OR

Fax to: 251-666-1806

YOU MUST COMPLETE ALL SECTIONS OF THE ENROLLMENT FORM AND SIGN BELOW.

I have carefully read the brochure and elect to enroll my dependents as indicated. Rates are not pro-rated other than as listed. I permit The University of Southern Mississippi to provide Aetna Student Services with my enrollment status for purposes of eligibility under this plan. I warrant that the information I have provided on this application form is true and I am aware that if I provide false information, my coverage, and coverage for my spouse and child(ren) can be made void. I understand that if it is later determined that the student is not eligible, the premium will be refunded, unless a claim has been filed. Premium is not refundable for reasons other than ineligibility. *Please note: Dependent enrollment is contingent upon the student's eligibility for enrollment with the school. If the student takes a leave of absence or does not register for classes from one semester to the next, and becomes ineligible for the plan, the dependents of that student are no longer elibibile.*

Student's Signature _____ Date_____

The plan is underwritten by Aetna Life Insurance Company (ALIC). The Plan is administered by Chickering Claims Administrators, Inc. Aetna Student Health is the brand name for products and services provided by these companies.