

PLEASE COMPLETE THIS FORM IN BLOCK LETTER PRINT USE BLACK INK

THE MEGA LIFE AND HEALTH INSURANCE COMPANY  
ENROLLMENT FORM FOR STUDENTS AND THEIR DEPENDENTS



2005-2006  
SOUTH DAKOTA SYSTEM

2005-53-1

SOCIAL SECURITY # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ or SCHOOL ID# \_\_\_\_\_  
 PRIMARY INSURED STUDENT NAME: \_\_\_\_\_  
 Last (Family) Name  
 \_\_\_\_\_  
 First (Given) Name Middle Initial

GENDER:  Male  Female DATE OF BIRTH: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ EXPECTED DATE OF GRADUATION: \_\_\_\_\_ - \_\_\_\_\_  
 Check one Month Day Year Month Year

PERMANENT ADDRESS: \_\_\_\_\_  
 House/Building Number and Street Name  
 \_\_\_\_\_  
 Apt. or P.O. Box # or Rural Route City County State ZIP Code

MAILING ADDRESS: \_\_\_\_\_  
 House/Building Number and Street Name  
 \_\_\_\_\_  
 Apt. or P.O. Box # or Rural Route City County State ZIP Code

TELEPHONE # \_\_\_\_\_ - \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

**Complete information below for Dependents to be insured. Dependent coverage is available only for Dependents of Students insured under the Plan.**

SPOUSE: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  Male  Female Date of Birth : \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Social Security Number (Check One) Month Day Year

CHILD: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  Male  Female Date of Birth : \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 First (Given) Name M/I Last (Family) Name  
 Social Security Number (Check One) Month Day Year

CHILD: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  Male  Female Date of Birth : \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 First (Given) Name M/I Last (Family) Name  
 Social Security Number (Check One) Month Day Year

CHILD: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  Male  Female Date of Birth : \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 First (Given) Name M/I Last (Family) Name  
 Social Security Number (Check One) Month Day Year

CHILD: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  Male  Female Date of Birth : \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 First (Given) Name M/I Last (Family) Name  
 Social Security Number (Check One) Month Day Year

First (Given) Name M/I Last (Family) Name

**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) Rates are not pro-rated other than as listed on this enrollment card; 3) He/She meets the eligibility requirements for this coverage as described in the brochure; and 4) 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: \_\_\_\_\_

2005-2006

SOUTH DAKOTA SYSTEM

2005-53-1

CAMPUS LOCATION: (PLEASE CHECK THE SCHOOL YOU ATTEND)

- Black Hills State University 2005-80-1
Dakota State University 2005-220-1
Northern State University 2005-1228-1
South Dakota School of Mines & Technology 2005-232-1
South Dakota State University 2005-263-1
University of South Dakota 2005-221-1
Center for Public Higher Education 2005-1381-1

I elect to purchase Injury and Sickness insurance coverage under the University's student insurance plan. Below are the choices I have made.

PLEASE CHECK ALL APPROPRIATE BOXES

INSURED CATEGORY:

- STUDENT UNDER AGE 25
STUDENT AGE 25 - 29
STUDENT AGE 30 & OLDER
SPOUSE
EACH CHILD

Table with 5 columns: ID CODES, Annual (A-), Fall (F-), Spring(G-), Spring/Summer (J-). Rows include Student Under Age 25, Student Age 25 - 29, Student Age 30 & Older, Spouse, and Each Child.

Table with 2 columns: ID CODES, Summer (S-). Rows include Student Under Age 25, Student Age 25 - 29, Student Age 30 & Older, Spouse, and Each Child.

OPTIONAL INTERCOLLEGIATE SPORTS COVERAGE (STUDENTS ONLY)

\*AVAILABLE ONLY TO THOSE STUDENTS WHO ARE ENROLLED IN THE BASIC PLAN\*

Table with 2 columns: ID CODES, Annual (A-). Rows include Intercollegiate Football and All other sports.

EFFECTIVE / EXPIRATION PERIODS:

- Annual 08-15-2005 to 08-14-2006
Fall 08-15-2005 to 01-16-2006
Spring 01-17-2006 to 05-12-2006
Spring/Summer 01-17-2006 to 08-14-2006
Summer 05-13-2006 to 08-14-2006
Annual (Sports) 08-15-2005 to 08-14-2006

ONLINE SERVICES: Please Visit our Website at www.studentresources.com to buy insurance online or to view and print Brochures, Enrollment Cards (printable using Adobe Acrobat), Coverage Receipts, ID Cards, Claims Status and other services.

Payment Instructions: Make check or money order payable to Student Insurance in US dollars (no cash or currency) or refer to the Charge Card Authorization to charge your premium to Visa or MasterCard.

CHARGE CARD AUTHORIZATION PAYMENT INFORMATION
CHARGE FULL AMOUNT \$
AUTHORIZED SIGNATURE
DATE
Expiration Date
PAID BY CHECK #
AMOUNT PAID \$