Aetna Life Insurance Company | **The Chickering Group, An Aetna Company**
Claims Administrator

Ross University- Dependent Insurance Plan
2007/2008 Student Health Insurance Enrollment Form

In order to enroll you must complete steps 1 through 5!

1. Complete all Student information. Incomplete information will delay processing! Contact The Chickering Group at 877-381-3551 for assistance.

APPLICATIONS WITH MISSING INFORMATION WILL NOT BE PROCESSED.

Student Name: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ ☐☐☐☐☐☐☐☐☐☐☐☐ ☐
Last Name First Name MI

Student ID:: ☐☐☐☐☐☐☐☐☐

Email address: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Mailing Address: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ : ☐☐☐☐☐☐
This address will be used for all Chickering insurance communications Apt.#

City: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ State: ☐☐ Zip Code: ☐☐☐☐☐

Phone Number: ☐☐☐-☐☐☐-☐☐☐☐ Date of Birth: ☐☐/☐☐/☐☐ Sex: ☐ Male ☐ Female
mm/dd/yy

2. List Dependents to be insured. Dependent coverage is only available if the student is covered.

Dependents	Last Name	First Name	DOB	Social Security Number	M/F
Spouse					
Child					
Child					
Child					
Child					

3. Select Enrollment Plan

Form ID: 474883-D10	**A**	**B**	**C**
Dependent Enrollment	**1st Period 9/1/07-12/31/07**	**2nd Period 1/1/08-4/30/08**	**3rd Period 5/1/08-8/31/08**
Spouse Under Age 30	☐ **$512.00**	☐ **$512.00**	☐ **$512.00**
Spouse Age 30 or Older	☐ **$667.66**	☐ **$667.67**	☐ **$667.67**
All Children	☐ **$257.66**	☐ **$257.67**	☐ **$257.67**
Enrollment Deadline:	**October 1, 2007**	**February 1, 2008**	**June 1, 2008**

PLEASE COMPLETE AND SIGN THE BACK OF THIS FORM.
APPLICATIONS WITH MISSING INFORMATION WILL NOT BE PROCESSED.
WITHOUT YOUR SIGNATURE, WE WILL NOT ACCEPT YOUR ENROLLMENT APPLICATION. →

4. Designate Payment Method.

Make check or money order payable to Chickering Benefit Planning Insurance Agency Inc. Refer to the charge card authorization to charge premium to Visa or MasterCard (please note Visa and MasterCard are the only credit cards accepted). CASH WILL NOT BE ACCEPTED.

CREDIT CARD AUTHORIZATION-PLEASE PRINT CLEARLY!!! (VISA OR MASTERCARD ARE THE ONLY ACCEPTED CREDIT CARDS)

Charge full amount: $☐☐☐☐.☐☐

Credit Card#(Visa or MasterCard only): ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ **Exp. Date:** ☐☐/☐☐

Signature of Cardholder:_____

Printed Name and Address(if different from student):

5. Notice to Student (Signature required)

Enrollment Guidelines: Covered students may enroll their lawful spouse and unmarried dependent children between the ages of 31 days and 19 years who live with, and are fully supported by the student. Children up to 23 years old are also eligible if a full-time student at an accredited institution of higher learning who are not self-supporting.

If the Dependent Application and Premium are submitted prior to the deadline date, coverage will be retro effective to the beginning of the coverage period. If the Dependent Application and Premium are submitted after the deadline date, they will not be accepted in the absence of a significant life change, and the dependent will have to wait until the next open enrollment period to apply.

I have carefully read the brochure and elect to enroll my eligible dependent(s) as indicated. Rates are not pro-rated other than as listed. I permit Ross University to provide The Chickering Group 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 for coverage, the premium will be refunded, but the premium is not refundable for reasons other than eligibility.

Signature:_____Date:_____

MAIL TO: Chickering Benefit Planning Agency, Inc. P.O. Box 15706, Boston, MA 02215-0014