Boston College 2009-2010 Policy Year

Student Injury and Sickness Insurance Plan Doctoral Candidate – 6 Week Rule Enrollment Form*

* This form is used by doctoral candidates completing their defense within the first six weeks of the semester.

(Please Print)

Student Name_____
Last First Initial

Home Address_____
Street City State Zip Code

Boston College ID #_____ Male_____ Female_____ Date of Birth _____/_____/_____
M D Y

Phone Number_____ Email Address _____

ENROLLMENT PERIOD (Please circle selected coverage)

Dates of Coverage:	**First Semester** (8/7/2009 – 1/10/2010)	**Second Semester** (1/11/2010 – 8/6/2010
Enrollment Deadline:	September 18, 2009	January 29, 2010
Premium Rate:	$766.00	$975.00

Notice to Students:
Coverage will be effective the first date of the Coverage Period when the correct premium is received by Gallagher Koster by the enrollment deadline. Enrollment forms will not be accepted after the enrollment deadline has passed. It is the student's responsibility for timely renewal payment. By signing below, the student acknowledges the following: (1) He/She has carefully read the brochure and elects to enroll as indicated on this enrollment form. (2) Rates are not prorated other than as listed on this enrollment form. (3) He/She meets the eligibility requirements for this coverage as described in the brochure. (4) If it is later determined that the student is not eligible, the premium will be refunded. (5) Other than eligibility, the premium is not refundable.

Signature of Student:_____ Date:_____

PAYMENT INSTRUCTIONS:

Charge to my (check one): ___ Visa ___ Master Card

Card Number:_____ Amount Charged: $_____ Expiration Date: _____

Print Name and Address of Card holder:_____

Check or money order (International checks are not accepted.)

Make check or money order payable to **Gallagher Koster**. Mail enrollment form along with premium payment to:

Gallagher Koster
P.O. Box 845663
Boston MA 02284-5663
1-800-394-4026

Please include an additional $5.00 Processing Fee with your enrollment form.

You must be eligible to enroll in the Plan and meet the enrollment deadline in order for your enrollment to be accepted by us. If it is discovered that you do not meet the requirements, your premium will be refunded.

Prepared by Gallagher Koster
Revised March 2009