

RIDER UNIVERSITY

2008–2009 ENROLLMENT FORM FOR THE OPTIONAL ENHANCED MAJOR MEDICAL BENEFIT

Note: This optional benefit is subject to the enrollment conditions shown in the section of the brochure entitled “Optional Enhanced Major Medical Benefit”.

Any person who includes any false or misleading information on an enrollment form for an insurance policy is subject to criminal and civil penalties.

Please Print

Student's Name _____ S.S.# _____ Rider University Campus
 Westminster Campus

Mailing Address _____

I have enrolled in the student insurance program, and want to purchase the Optional Enhanced Major Medical Benefit for an additional \$152.00. I understand this benefit terminates on the day I am no longer eligible or August 15, 2009, whichever is sooner.

Signed _____

Make your check or money order for \$152.00 payable to: “Commercial Travelers” and mail to: T.L. Groseclose Associates, 190 Tamarack Circle, Skillman, New Jersey 08558. Purchase of this optional coverage must be made prior to October 7, 2008 for the Fall Semester or before February 27, 2009 for the Spring semester. **Enrollment requests received after these dates will not be accepted.**