



National Guardian Life Insurance Company
2017-2018 Health Insurance Plan
Fall Dependent Enrollment Form

STUDENT HEALTH INSURANCE OFFICE
CASSIDY HALL – CAMPUS BOX 46
GREELEY, COLORADO 80639
(970) 351-1915 FAX: (970) 351-3234



Premium Amount

Fall Spouse Child(ren)
\$3,361.00* \$2,644.00*

(*The billed amount includes administrative fees, non-insured services, and certain federal, health care fees/assessments.)

Student Name: Bear#:
Date of Birth: Gender: Male Female SSN#:

Address: Street City State Zip

Telephone Number: () Email Address:

Spouse's Name: Date of Birth Social Security #

Table with 4 columns: Child's Name, Date of Birth, Social Security #, Gender. Rows 1-4.

Eligibility Requirement: Eligible students who enroll may enroll their Dependents. Dependent enrollment must take place at the time of student enrollment, with the exception of newborn or adopted children or a Qualifying Event.

CONDITIONS OF THIS ENROLLMENT:

- 1) Enrollment is open through the 10th class day of the semester.
2) Enrollment in the plan after the open enrollment period will require a change in insurance status.
3) I understand the insurance coverage will be in effect beginning and ending
If I wish coverage beyond this time, I must contact the Student Health Insurance.

I understand that the Company maintains its right to investigate student status and attendance records to verify that the eligibility requirements have been met. If the Company discovers the eligibility requirements have not been met, its only obligation is refund of premium.

I understand my information is protected by privacy laws and will be released only in accordance with these laws. My signature below certifies that I have read and understand the Student Health Insurance Plan brochure and agree to accept it as applicable to me the terms and conditions stated therein.

WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

Signature of Student Date

For Office Use Only: Comments:

Date Entered: Flag Changed:
Entered By: Eligibility: Update:
E-Mail Sent to Student: Letter:
Benefits Book: Medicat: Scanned: # of hours: