

**COMBINED INSURANCE COMPANY OF AMERICA
BOWIE STATE UNIVERSITY - STUDENT ACCIDENT AND SICKNESS INSURANCE PLAN 2002-2003
DOMESTIC PART TIME AND GRADUATE STUDENT ENROLLMENT FORM**

STUDENT'S NAME: _____ (Last) _____ (First) _____ (Initial)
(Please Print)

ADDRESS: _____ (Street) _____ (City) _____ (State) _____ (Zip)

STUDENT ID #: _____ SS#: _____ - _____ - _____ [] PART-TIME UNDERGRADUATE [] GRADUATE

ENROLLMENT: I hereby enroll in the Student Accident and Sickness Insurance Plan. Enclosed is my check or money order made payable to The Allen J. Flood Companies, Inc.

	Annual	Fall	Spring/Summer
[] \$78.00	[] \$39.00	[] \$39.00	[] \$39.00

These rates include an administrative fee

Signature: _____ Date: _____

Mail to: The Allen J. Flood Companies, Inc., Two Madison Avenue, Larchmont, NY 10538. Please return this enrollment form prior to October 15, 2002 for full year enrollment. Please return this enrollment form prior to March 15, 2003 for Spring enrollment.
Policy No CUH200318