

**COMBINED INSURANCE COMPANY OF AMERICA  
BOWIE STATE UNIVERSITY  
INTERNATIONAL STUDENT ACCIDENT & SICKNESS INSURANCE PLAN  
2002-2003**

**ENROLLMENT FORM**

Social Security Number: \_\_\_\_\_ or Student ID#: \_\_\_\_\_

Name: \_\_\_\_\_  
(Please print) Last First MI

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Male: [ ] Female: [ ]

Home Country or Country of Regular Domicile: \_\_\_\_\_

FALL SEMESTER	8/30/02 - 1/23/03
[ ] Student	\$258.00
[ ] Spouse *	\$976.00
[ ] Child(ren) *	\$488.00

Total \_\_\_\_\_

SPRING SEMESTER	1/23/03 - 8/30/03
[ ] Student	\$258.00
[ ] Spouse *	\$976.00
[ ] Child(ren) *	\$488.00

Total \_\_\_\_\_

***These rates include an administrative fee.***

\* Coverage for dependent spouse and child(ren) is optional.

Dependent Information:

Spouse Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Child Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Child Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Child Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

STUDENT SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

Your check or money order must be made payable to The Allen J. Flood Companies, Inc. Mail your completed form with the appropriate payment to The Allen J. Flood Companies, Inc., Two Madison Avenue, Larchmont, NY 10538 no later than October 15, 2002 for annual coverage and March 15, 2003 for spring coverage.

CUH200319