

**UNITED STATES FIRE INSURANCE COMPANY
BOWIE STATE UNIVERSITY – BASIC STUDENT ACCIDENT AND SICKNESS INSURANCE PLAN 2011-2012
DOMESTIC PART TIME AND GRADUATE STUDENT ENROLLMENT FORM**

STUDENT'S NAME: _____
(Please Print) (Last) (First) Gender Date of Birth

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

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

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

	<u>Annual</u>	<u>Fall</u>	<u>Spring/Summer</u>
	08/30/11-08/30/12	08/30/11-01/23/12	01/23/12-08/30/12
Graduate & Part-Time Students (Includes Administration Fee)	[] \$61.36	[] \$30.68	[] \$30.68

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, 2011 for full year enrollment. Please return this enrollment form prior to March 15, 2012 for spring enrollment.

Form# AHU-27261

Policy No. **UEL2900S**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

UNITED STATES FIRE INSURANCE COMPANY
BOWIE STATE UNIVERSITY – BASIC & OPTIONAL STUDENT ACCIDENT AND SICKNESS INSURANCE PLAN 2011-2012
DOMESTIC PART TIME AND GRADUATE STUDENT ENROLLMENT FORM

STUDENT'S NAME: _____
(Please Print) (Last) (First) Gender Date of Birth

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

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

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

	<u>Annual</u>	<u>Fall</u>	<u>Spring/Summer</u>
	08/30/11-08/30/12	08/30/11-01/23/12	01/23/12-08/30/12
Graduate & Part-Time Students <i>(Includes Administration Fee)</i>	[] \$811.36	[] \$405.68	[] \$405.68

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, 2011 for full year enrollment. Please return this enrollment form prior to March 15, 2012 for spring enrollment.

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