UNITED STATES FIRE INSURANCE COMPANY
BOWIE STATE UNIVERSITY - STUDENT ACCIDENT AND SICKNESS INSURANCE PLAN 2011-2012
DOMESTIC FULL TIME STUDENT ENROLLMENT FORM

PART III
VOLUNTARY OPTIONAL STUDENT ACCIDENT AND SICKNESS ENROLLMENT FORM

Only those students who have enrolled in the Basic Accident & Sickness Insurance Plan with the University are eligible to enroll in the Voluntary Optional Student Accident and Sickness Insurance Plan as outlined in the brochure.

Student' Name: _____

(Please Print) (Last) (First) (Initial)

Date of Birth: _____ Gender: _____ Student Identification Number: _____

Home Address: _____

(Street) (City) (State) (Zip)

Signature: _____ Date: _____

Enclosed is my check made payable to The Allen J. Flood Companies, Inc. for **$375.00** for the Voluntary Optional Student Accident and Sickness Medical Expense Benefits per semester. I understand that I must be enrolled in the Basic Accident and Sickness Insurance Plan in order to be eligible for this coverage. **The deadline to enroll in the Voluntary Optional Student Accident and Sickness Plan is October 15, 2011.**

MAIL TO: **The Allen J. Flood Companies, Inc., Two Madison Avenue, Larchmont, NY 10538**

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.