

Health insurance coverage is made available to all students who attend Salve Regina University on a part-time (under 12 credits) or on a graduate basis.

To enroll simply complete and sign the lower portion of this application and return to the Business Office (second floor of Ochre Court) with your payment.

APPLICATIONS WILL NOT BE ACCEPTED WITHOUT PAYMENT!

Please enroll me in the Consolidated Health Plans health plan provided through Salve Regina University for the academic year 2004-2005.

CHECK ONE:

_____ Fall Semester Only	Aug 20 – Feb 1	Cost: \$250.00
_____ Spring Semester Only	Feb 1 – Aug 20	Cost: \$300.00
_____ Annual Coverage	Aug 20 – Aug 20	Cost: \$500.00

Method of Payment:

Check for \$ _____ enclosed.

Charge my Visa/MasterCard (circle one)

Card Number: _____

Expiration Date: _____

Amount: _____

Signature: _____ Date: _____

Print Name: _____

Social Security Number: _____

Phone Number: _____