Illinois Institute of Technology
2007-2008 General Application for Summer Enrollment

(Dependents of Graduate Business Students should not use this application)

In order to enroll you must complete steps 1 through 5

1. Complete all Student information. Incomplete information will delay processing.

Student Name: _____
Last Name First Name MI

Social Security#: _____ _____ Email address:_____

Mailing Address:_____
Apt. #

City:_____State:_____ Zip Code:_____

Phone Number:_____ Date of Birth_____ Sex: □ Male □ Female
mm/dd/yy

2. *List Dependents to be insured. Dependent coverage is only available if the student is covered.*

Dependents	Last Name	First Name	DOB	Social Security Number	M/F
Spouse					
Child					
Child					
Child					

3. Select Enrollment Period and Rates

724532-DS10	**A**
Basic Plan	**Summer 5/26/08-8/14/08 Deadline: 6/15/08**
1. Student	□ $236
2. Spouse	□ $566
3. Child	□ $281
4. Child(ren)	□ $550

4. *Designate Payment Method.*

Make check or money order payable to Chickering Benefit Planning Insurance Agency Inc. or refer to the charge card authorization to charge premium to Visa or MasterCard (please note Visa and MasterCard are the only credit cards accepted). CASH WILL NOT BE ACCEPTED.
CREDIT CARD AUTHORIZATION-PLEASE PRINT CLEARLY (VISA OR MASTERCARD ARE THE ONLY ACCEPTED CREDIT CARDS)

Charge full amount: $□□□□.□□

Credit card#(Visa or MasterCard only): □□□□□□□□□□□□□□□□ **Exp. Date:** □□/□□

Signature of Cardholder:_____
Printed Name and Address(if different from student):

5. Notice to Student (Signature required)

I have carefully read the brochure and elect to enroll as indicated. Rates are not prorated other than as listed. I permit Illinois Institute of Technology to provide The Chickering Group with my enrollment status for purpose of eligibility under this Plan. I warrant that the information I have provided on this application form is true and I am aware that if I provide false information, my coverage and my dependent(s) coverage can be made void. I understand that if it is later determined that the student is not eligible, the premium will be refunded, unless a claim has been filed, but the premium is not refundable for reasons other than eligibility. **Enrollment Guidelines: Applications received before the deadline will be back dated to the effective date. Applications received after the deadline will not be accepted in the absence of a Qualifying Event (please include supporting documentation).**

Signature:_____Date:_____

MAIL TO: Chickering Benefit Planning Agency, Inc. P.O. Box 15706, Boston, MA 02215-0014