

## 2007–2008 GRADUATE STUDENT HEALTH INSURANCE ENROLLMENT FORM

	ANNUAL 8/20/07 to 8/20/08	FALL 8/20/07 to 1/3/08	WINTER/SUMMER 1/3/08 to 8/20/08	SUMMER 5/1/08 to 8/20/08
Graduate Student Only	<input type="checkbox"/> \$926.00	<input type="checkbox"/> \$463.00	<input type="checkbox"/> \$463.00	<input type="checkbox"/> \$309.00
Spouse	<input type="checkbox"/> \$1778.00	<input type="checkbox"/> \$889.00	<input type="checkbox"/> \$889.00	<input type="checkbox"/> \$445.00
Each Child	<input type="checkbox"/> \$1334.00	<input type="checkbox"/> \$667.00	<input type="checkbox"/> \$667.00	<input type="checkbox"/> \$334.00

MAKE CHECKS PAYABLE TO: **Combined Insurance Co. of America**

**MAIL PAYMENT AND ENROLLMENT FORM TO:** Administrative Concepts, Inc.  
997 Old Eagle School Rd., Suite 215  
Wayne, PA 19087-1706

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits application or files a claim containing a false or deceptive statement, may be guilty of insurance fraud.

DATE \_\_\_\_\_ SIGNATURE OF STUDENT \_\_\_\_\_

*Plan underwritten by: Combined Insurance Co. of America*

TO ANY HOSPITAL

The bearer of this Student Identification Card has purchased Medical Insurance through a program with the University identified on the reverse side hereof. This card is provided to facilitate admittance into a lawfully operated hospital, other than a government facility, during the period the bearer's coverage is in force. Benefits are payable to the Insured, but **may be assigned** upon written request. Possession of this card does not guarantee the bearer's insurance coverage is in force on the date of presentation. The Company assumes no liability unless benefits are verified in written form by:

Administrative Concepts, Inc.  
1-888-293-9229  
www.visit-aci.com



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