

2007-2008 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
Student	<input type="checkbox"/> \$ 826.00	<input type="checkbox"/> \$276.00	<input type="checkbox"/> \$550.00
Spouse	<input type="checkbox"/> \$1651.00	<input type="checkbox"/> \$551.00	<input type="checkbox"/> \$1100.00
Each Child	<input type="checkbox"/> \$1240.00	<input type="checkbox"/> \$414.00	<input type="checkbox"/> \$826.00

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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UNIVERSITY OF DETROIT MERCY DEPENDENT HEALTH
2007-2008 ENROLLMENT FORM

STUDENT'S NAME _____
Last First MI
U.S. MAILING ADDRESS _____
Street City State Zip
PHONE NUMBER _____ E-MAIL ADDRESS _____
 Female Male DATE OF BIRTH _____ SOCIAL SECURITY NUMBER _____
 Married Single International Under-Graduate
LIST DEPENDENTS TO BE INSURED BELOW. DEPENDENT COVERAGE IS AVAILABLE **ONLY** IF THE STUDENT IS ALSO INSURED.
LAST NAME FIRST NAME MI DATE OF BIRTH
SPOUSE _____
CHILD _____
CHILD _____

TEMPORARY IDENTIFICATION CARD

Underwritten by:
Combined Insurance Co. of America

STUDENT/DEPENDENTS OF
UNIVERSITY OF DETROIT MERCY

2007-2008 Policy No. CUH201257

Both the effective and termination dates of coverage are at 12:01 A.M. and are subject to verification by the Administrator.

Insured

UNIVERSITY OF DETROIT MERCY DEPENDENT HEALTH
2007-2008 ENROLLMENT FORM

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Last First MI
U.S. MAILING ADDRESS _____
Street City State Zip
PHONE NUMBER _____ E-MAIL ADDRESS _____
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CHILD _____
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