

ELCA (07-08)

ENROLLMENT FORM FOR DEPENDENTS/POST GRADS/EXTENDED BENEFIT

Please complete and return this form to start insurance coverage for your spouse and/or children, and/or for yourself if you are a post graduate student.

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Student Last Name

Male

Female

Student First Name

MI

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Mailing Address

Apartment/Unit No.

Date of Birth

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City

State

Zip

Soc. Sec. No.

Seminary Name _____ City _____ State _____ Zip _____

PREMIUM

ANNUAL

1ST SEMESTER

2ND SEMESTER

OPTION: To Increase the Base Plan

(9/1/07-8/31/08)

(9/1/07-2/28/08)

(2/28/08-8/31/08)

Maximum from **\$100,000 to \$200,000**

Post Grad

\$3450

\$1725

\$1725

Indicate Below

Annual

Per Semester

*Spouse

\$3437

\$1719

\$1719

Student/Post Grad

\$178

\$ 89

*Children

\$2197

\$1099

\$1099

*** List Dependents on the back of this card!**

Make check payable and mail to: **American Management Advisors, P.O. Box 366, Langhorne, PA 19047**

Student Signature X _____ Date ___/___/___ Phone (_____) _____

