

PLEASE COMPLETE THIS FORM
IN BLOCK LETTER PRINT
USE BLACK INK

NATIONWIDE LIFE INSURANCE COMPANY
2008-2009 ENROLLMENT FORM FOR DOMESTIC
UNDERGRADUATE STUDENTS, DOMESTIC GRADUATE
STUDENTS, LAW STUDENTS AND THEIR DEPENDENTS

PROCESSOR STAMP DATE RECEIVED HERE

Policy
#903108

Florida A&M University

ID # _____ or SCHOOL ID # _____

PRIMARY INSURED

STUDENT NAME: _____
Last (Family) Name

First (Given) Name

Middle Initial

GENDER: Male Female
Check One

DATE OF BIRTH: _____ - _____ - _____
Month Day Year

STATUS: Graduate Undergraduate
Check One

EXPECTED DATE OF GRADUATION: _____ - _____
Month Year

PERMANENT U.S. ADDRESS: _____
House/Building Number and Street Name

_____ - _____ - _____
Apt. or P.O. Box # or Rural Route City County State ZIP Code

MAILING ADDRESS: _____
House/Building Number and Street Name

_____ - _____ - _____
Apt. or P.O. Box # or Rural Route City County State ZIP Code

TELEPHONE # _____ - _____ - _____ EMAIL ADDRESS: _____

Complete information below for Dependents to be insured. Dependent coverage is available only for Students insured under the Plan.

SPOUSE: _____ - _____ - _____
ID # (Check One) Male Female Date of Birth: _____ - _____ - _____
Month Day Year

First (Given) Name

Middle Initial

Last (Family) Name

CHILD: _____ - _____ - _____
ID # (Check One) Male Female Date of Birth: _____ - _____ - _____
Month Day Year

First (Given) Name

Middle Initial

Last (Family) Name

CHILD: _____ - _____ - _____
ID # (Check One) Male Female Date of Birth: _____ - _____ - _____
Month Day Year

First (Given) Name

Middle Initial

Last (Family) Name

CHILD: _____ - _____ - _____
ID # (Check One) Male Female Date of Birth: _____ - _____ - _____
Month Day Year

First (Given) Name

Middle Initial

Last (Family) Name

NOTICE TO STUDENTS AND ACKNOWLEDGEMENT BY STUDENT: Coverage will be effective the date the correct premium is received by the Company or a representative of the Company or the effective date of the coverage period, whichever is later, unless otherwise stated in the Master Policy. By signing, the student acknowledges the following: 1) He/She has carefully read the brochure and elects to enroll as indicated on this enrollment card; 2) Rates are not pro-rated other than as listed on this enrollment card; 3) He/She meets the eligibility requirements for this coverage as described in the brochure; and 4) If it is later determined that the student is not eligible, the premium will be refunded. **Premium will not be refunded except for ineligibility or entrance into the armed forces.** NOTICE: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of Insurance Benefits.

STUDENT'S SIGNATURE: _____ DATE: _____

Florida A&M University for Domestic Students

Policy #903108

I elect to purchase Injury and Sickness insurance coverage under the student insurance plan.
Below are the choices I have made.

PLEASE CHECK ALL APPROPRIATE BOXES

Insured Category Domestic Undergraduate Domestic Graduate Law

PERIOD CODES:	<u>Annual (A-)</u>	<u>Fall (F-)</u>	<u>Spring/Summer (J-)</u>	<u>Summer (S-)*</u>
<u>ID Codes</u>				
A. Student	<input type="checkbox"/> \$595.00	<input type="checkbox"/> \$232.00	<input type="checkbox"/> \$375.00	<input type="checkbox"/> \$168.00
B. Spouse	<input type="checkbox"/> \$2,785.00	<input type="checkbox"/> \$1,082.00	<input type="checkbox"/> \$1,759.00	<input type="checkbox"/> \$786.00
C. Each Child	<input type="checkbox"/> \$1,391.00	<input type="checkbox"/> \$540.00	<input type="checkbox"/> \$879.00	<input type="checkbox"/> \$393.00

EFFECTIVE/EXPIRATION PERIODS:

Annual 08-17-2008 to 08-16-2009

Fall 08-17-2008 to 01-02-2009

Spring/Summer 01-03-2009 to 08-16-2009

Summer 05-07-2009 to 08-16-2009

*Only new enrolling students in the Summer session are eligible to purchase coverage under the "Summer Period".

Payment Instructions: Make check or money order payable to Nationwide Life Insurance Company in U.S. funds or refer to the Charge Card Authorization to charge your premium to Visa or MasterCard. You may also sign up via the Internet at www.gmsouthwest.com. Mail this enrollment card along with premium payment to P.O. Box 6000, Frisco, TX 75034. Your cancelled check, credit card billing, or email confirmation is your receipt and notification of coverage. It is the student's responsibility for timely renewal payments whether or not a renewal notice is received.

CHARGE CARD AUTHORIZATION PAYMENT INFORMATION OR VISIT www.gmsouthwest.com

CHARGE FULL AMOUNT \$ _____ VISA OR MASTERCARD # _____ CVS # _____ Expiration Date _____
Month Year

AUTHORIZED SIGNATURE _____ DATE _____

OR PAID BY CHECK # _____ AMOUNT PAID \$ _____