

PLEASE COMPLETE  
THIS FORM IN BLOCK  
LETTER PRINT USE  
BLACK INK

THE MEGA LIFE AND HEALTH INSURANCE COMPANY  
ENROLLMENT FORM FOR STUDENTS AND THEIR DEPENDENTS

NEW MEXICO STATE UNIVERSITY

2006-4040-2

SOCIAL SECURITY # \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_ or SCHOOL ID# \_\_\_\_\_

PRIMARY INSURED  
STUDENT NAME: \_\_\_\_\_

Last (Family) Name

First (Given) Name

Middle Initial

GENDER:  Male  Female DATE OF BIRTH: \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_ EXPECTED DATE OF GRADUATION: \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_  
Check one Month Day Year Month Year

PERMANENT 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 # \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

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

SPOUSE: \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_  Male  Female Date of Birth : \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_  
Social Security Number (Check One) Month Day Year

First (Given) Name

M/I

Last (Family) Name

CHILD: \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_  Male  Female Date of Birth : \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_  
Social Security Number (Check One) Month Day Year

First (Given) Name

M/I

Last (Family) Name

CHILD: \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_  Male  Female Date of Birth : \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_  
Social Security Number (Check One) Month Day Year

First (Given) Name

M/I

Last (Family) Name

CHILD: \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_  Male  Female Date of Birth : \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_  
Social Security Number (Check One) Month Day Year

First (Given) Name

M/I

Last (Family) Name

CHILD: \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_  Male  Female Date of Birth : \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_  
Social Security Number (Check One) Month Day Year

First (Given) Name

M/I

Last (Family) Name

**NOTICE TO 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.**

**ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.**

STUDENT'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

CAMPUS/SCHOOL ATTENDING: NEW MEXICO STATE UNIVERSITY

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

**PLEASE CHECK ALL APPROPRIATE BOXES**

**INSURED CATEGORY:**

DOMESTIC GRADUATE  
 DOMESTIC UNDERGRADUATE  
 INTERNATIONAL GRADUATE  
 INTERNATIONAL UNDERGRADUATE

**BASIC**

<u>PERIOD CODES</u> <u>ID CODES</u>	Annual (A-)	Fall (F-)	Spring (G-)	Spring Summer (J-)	Summer (S-)
01 Student	<input type="checkbox"/> \$ 971.00	<input type="checkbox"/> \$ 400.00	<input type="checkbox"/> \$ 359.00	<input type="checkbox"/> \$ 593.00	<input type="checkbox"/> \$ 234.00
02 Spouse	<input type="checkbox"/> \$3396.00	<input type="checkbox"/> \$1399.00	<input type="checkbox"/> \$1256.00	<input type="checkbox"/> \$2075.00	<input type="checkbox"/> \$ 818.00
03 Each Child	<input type="checkbox"/> \$1698.00	<input type="checkbox"/> \$ 699.00	<input type="checkbox"/> \$ 628.00	<input type="checkbox"/> \$1037.00	<input type="checkbox"/> \$ 409.00

**INSURED CATEGORY:**

DOMESTIC GRADUATE ASSISTANT  
 INTERNATIONAL GRADUATE ASSISTANT

**BASIC**

<u>PERIOD CODES</u> <u>ID CODES</u>	Annual (A-)	Fall (F-)	Spring (G-)	Spring Summer (J-)	Summer (S-)
04 Student	<input type="checkbox"/> \$ 971.00	<input type="checkbox"/> \$ 414.00	<input type="checkbox"/> \$ 327.00	<input type="checkbox"/> \$ 577.00	<input type="checkbox"/> \$ 250.00
05 Spouse	<input type="checkbox"/> \$3396.00	<input type="checkbox"/> \$1446.00	<input type="checkbox"/> \$1142.00	<input type="checkbox"/> \$2017.00	<input type="checkbox"/> \$ 875.00
06 Each Child	<input type="checkbox"/> \$1698.00	<input type="checkbox"/> \$ 723.00	<input type="checkbox"/> \$ 571.00	<input type="checkbox"/> \$1009.00	<input type="checkbox"/> \$ 438.00

**EFFECTIVE / EXPIRATION PERIODS**

<b>BASIC GRADUATES/UNDERGRADATES</b>	<b>BASIC GRADUATE ASSISTANTS</b>
Annual <input type="checkbox"/> 08-24-2006 to 08-23-2007	Annual <input type="checkbox"/> 08-16-2006 to 08-15-2007
Fall <input type="checkbox"/> 08-24-2006 to 01-17-2007	Fall <input type="checkbox"/> 08-16-2006 to 01-15-2007
Spring <input type="checkbox"/> 01-18-2007 to 05-30-2007	Spring <input type="checkbox"/> 01-16-2007 to 05-15-2007
Spring/Summer <input type="checkbox"/> 01-18-2007 to 08-23-2007	Spring/Summer <input type="checkbox"/> 01-16-2007 to 08-15-2007
Summer <input type="checkbox"/> 05-30-2007 to 08-23-2007	

**GRADUATE ASSISTANTS: Please complete enrollment through the Graduate School.**

**Payment Instructions:** Buy insurance online at [www.StudentResources.net](http://www.StudentResources.net) or make check or money order payable to Student Insurance in US dollars or refer to the Charge Card Authorization to charge your premium to Visa or MasterCard. Mail this enrollment card along with premium payment to Student Insurance, PO Box 809026, Dallas TX 75380-9026. Your cancelled check or credit card billing is your only 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**

CHARGE FULL AMOUNT \$ \_\_\_\_\_  VISA or  MASTERCARD # \_\_\_\_\_

AUTHORIZED SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Expiration Date  
 \_\_\_\_\_  
 Month \_\_\_\_\_ Year \_\_\_\_\_

**OR PAID BY CHECK # \_\_\_\_\_ AMOUNT PAID \$ \_\_\_\_\_**