

SAINT XAVIER UNIVERSITY  
ACCIDENT AND SICKNESS 2016-2017  
OFFLINE ENROLLMENT FORM for Graduate Students

Please Print Legibly

Student's Name \_\_\_\_\_  
(First) (M) (Last)

Student I.D. # \_\_\_\_\_

Billing Address: Street \_\_\_\_\_ Apt. No. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Male  Female Date of Birth \_\_\_\_\_

Telephone No. \_\_\_\_\_

E-mail Address (IMPORTANT!) \_\_\_\_\_

I wish to enroll in the Student Insurance Plan checked below. My check or money order for the amount shown is attached.

Make check or money order payable to **Student Insurance Plan.**  
Mail this enrollment card along with premium to:  
**609 N. Pine Street, Suite 202**  
**Burlington, WI 53105**

I wish to have my Saint Xavier Student Account charged for the insurance term selected below.

Coverage Available For	Annual	*Fall Semester Installment
Student Only	\$1,952	\$926
Coverage Available For	Spring & Summer Semester Installment	New Students Spring & Summer
Student Only	\$1,129	\$1,559
Coverage Available For	New Students Summer	*Monthly
Student Only	\$770	

Note: For term date, see page 3, Periods of Coverage.

Please charge my Saint Xavier Student Health Insurance: Coverage is not automatic. You must re-enroll in the insurance plan each term.

SAINT XAVIER STUDENT ACCOUNT  VISA  DISCOVER  MASTERCARD  AMEX

Credit//Debit Card Number \_\_\_\_\_

3 or 4 digit security code \_\_\_\_\_ Expiration Date \_\_\_\_\_

Print name of cardholder \_\_\_\_\_

Cardholder signature \_\_\_\_\_

Please Charge \$\_\_\_\_\_ for Student Health Insurance.

Student signature \_\_\_\_\_

NOTE: You may enroll "On-line" and pay your premium by electronic check or major credit card at  
[www.SaintXavierInsurance.com](http://www.SaintXavierInsurance.com)