

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
AMERICAN BAR ASSOCIATION
LAW STUDENT DIVISION

PROCESSOR STAMP DATE RECEIVED HERE



2004-336-1 & 2004-336-2

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

MAILING ADDRESS: _____
House/Building Number and Street Name

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

PERMANENT 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.**

STUDENT'S SIGNATURE: _____ DATE: _____

AMERICAN BAR ASSOCIATION LAW STUDENT DIVISION

2004-336-1 & 2004-336-2

CAMPUS/SCHOOL ATTENDING: AMERICAN BAR ASSOCIATION
Please Print Name of College or University Must be completed in order for application to be processed.

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

PLEASE CHECK ALL APPROPRIATE BOXES

INSURED CATEGORY: All

PERIOD CODES	Annual (A-) cannot be purchased after 11-1-2004	Semi Annual (IX) cannot be purchased after 05-01-2005	Quarterly (QX) cannot be purchased after 08-01-2005
ID CODES - Plan I 2004-336-1			
Under Age 35 - Basic			
A Student	<input type="checkbox"/> \$ 1,144.00	<input type="checkbox"/> \$ 583.00	<input type="checkbox"/> \$ 292.00
B Student & Spouse/Domestic Partner	<input type="checkbox"/> \$ 4,641.00	<input type="checkbox"/> \$ 2,366.00	<input type="checkbox"/> \$ 1,184.00
C Student & Children	<input type="checkbox"/> \$ 3,234.00	<input type="checkbox"/> \$ 1,649.00	<input type="checkbox"/> \$ 825.00
D Student, Spouse/Domestic Partner & Children	<input type="checkbox"/> \$ 6,731.00	<input type="checkbox"/> \$ 3,432.00	<input type="checkbox"/> \$ 1,717.00
Under Age 35 - Basic + Major Medical			
G Student	<input type="checkbox"/> \$ 1,387.00	<input type="checkbox"/> \$ 707.00	<input type="checkbox"/> \$ 354.00
H Student & Spouse/Domestic Partner	<input type="checkbox"/> \$ 5,127.00	<input type="checkbox"/> \$ 2,614.00	<input type="checkbox"/> \$ 1,308.00
I Student & Children	<input type="checkbox"/> \$ 3,968.00	<input type="checkbox"/> \$ 2,023.00	<input type="checkbox"/> \$ 1,012.00
J Student, Spouse/Domestic Partner & Children	<input type="checkbox"/> \$ 7,708.00	<input type="checkbox"/> \$ 3,930.00	<input type="checkbox"/> \$ 1,966.00
Age 35 & Over Basic			
M Student	<input type="checkbox"/> \$ 1,713.00	<input type="checkbox"/> \$ 873.00	<input type="checkbox"/> \$ 437.00
N Student & Spouse/Domestic Partner	<input type="checkbox"/> \$ 6,971.00	<input type="checkbox"/> \$ 3,554.00	<input type="checkbox"/> \$ 1,778.00
O Student & Children	<input type="checkbox"/> \$ 3,803.00	<input type="checkbox"/> \$ 1,939.00	<input type="checkbox"/> \$ 970.00
P Student, Spouse/Domestic Partner & Children	<input type="checkbox"/> \$ 9,061.00	<input type="checkbox"/> \$ 4,620.00	<input type="checkbox"/> \$ 2,311.00
Age 35 & Over Basic + Major Medical			
S Student	<input type="checkbox"/> \$ 1,956.00	<input type="checkbox"/> \$ 997.00	<input type="checkbox"/> \$ 499.00
T Student & Spouse/Domestic Partner	<input type="checkbox"/> \$ 7,457.00	<input type="checkbox"/> \$ 3,802.00	<input type="checkbox"/> \$ 1,902.00
U Student & Children	<input type="checkbox"/> \$ 4,537.00	<input type="checkbox"/> \$ 2,313.00	<input type="checkbox"/> \$ 1,157.00
V Student, Spouse/Domestic Partner & Children	<input type="checkbox"/> \$ 10,038.00	<input type="checkbox"/> \$ 5,118.00	<input type="checkbox"/> \$ 2,560.00

PERIOD CODES	Annual (A-) cannot be purchased after 11-1-2004	Semi Annual (IX) cannot be purchased after 05-01-2005	Quarterly (QX) cannot be purchased after 08-01-2005
ID CODES - Plan II 2004-336-2			
Under Age 35			
A Student	<input type="checkbox"/> \$ 718.00	<input type="checkbox"/> \$ 366.00	<input type="checkbox"/> \$ 183.00
B Student & Spouse/Domestic Partner	<input type="checkbox"/> \$ 2,891.00	<input type="checkbox"/> \$ 1,474.00	<input type="checkbox"/> \$ 737.00
C Student & Children	<input type="checkbox"/> \$ 2,154.00	<input type="checkbox"/> \$ 1,098.00	<input type="checkbox"/> \$ 549.00
D Student, Spouse/Domestic Partner & Children	<input type="checkbox"/> \$ 4,327.00	<input type="checkbox"/> \$ 2,206.00	<input type="checkbox"/> \$ 1,103.00
Age 35 & Over			
G Student	<input type="checkbox"/> \$ 1,077.00	<input type="checkbox"/> \$ 549.00	<input type="checkbox"/> \$ 275.00
H Student & Spouse/Domestic Partner	<input type="checkbox"/> \$ 4,346.00	<input type="checkbox"/> \$ 2,216.00	<input type="checkbox"/> \$ 1,109.00
I Student & Children	<input type="checkbox"/> \$ 2,513.00	<input type="checkbox"/> \$ 1,281.00	<input type="checkbox"/> \$ 641.00
J Student, Spouse/Domestic Partner & Children	<input type="checkbox"/> \$ 5,782.00	<input type="checkbox"/> \$ 2,948.00	<input type="checkbox"/> \$ 1,475.00

PERIODS:

Annual	12 Months
Semi - Annual	06 Months
Quarterly	03 Months

EFFECTIVE / EXPIRATION PERIODS:

Coverage will become effective the date of receipt of this application and correct payment by the Insurance Company or August 1, 2004, whichever is later. Annual coverage expires 1 year following receipt of your premium or August 1, 2005, whichever is earlier. Semi-Annual coverage expires 6 months following receipt of your premium or August 1, 2005 whichever is earlier. Quarterly coverage expires 3 months following receipt of your premium or August 1, 2005, whichever is earlier.

Payment Instructions: Buy insurance online at 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, P. O. Box 809026, Dallas, TX 75380-9026. Your cancelled check or credit card billing is your only receipt and notification of coverage. An effort will be made to send premium renewal notices if paying by installments. **It is the student's responsibility for timely renewal payment whether or not a renewal notice is received.**

CHARGE CARD AUTHORIZATION PAYMENT INFORMATION		Expiration Date
CHARGE FULL AMOUNT \$ _____	<input type="checkbox"/> VISA or <input type="checkbox"/> MASTERCARD # _____	_____ - _____ Month Year
AUTHORIZED SIGNATURE _____	DATE _____	
OR PAID BY CHECK # _____	AMOUNT PAID \$ _____	