



Health Insurance Application 2010-2011

Student's Name _____ Date of Birth _____

Social Security # _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Email _____

	Annual	Fall	Spring/Summer	Summer
	8/25/10 - 8/25/11	8/25/10 - 1/10/11	1/10/11 - 8/25/11	5/16/11 - 8/25/11
Student Only	\$1,182	\$449	\$745	\$331
Spouse	\$4,692	\$1,783	\$2,956	\$1,314
Per Child	\$2,316	\$880	\$1,460	\$648

_____ I am purchasing health insurance through American Jewish University and their provider, National Union Fire Insurance, for **ONLY** myself. I have included a check made payable to *American Jewish University*.

- | | |
|--|---|
| <input type="checkbox"/> Annual (\$1,182) | <input type="checkbox"/> Spring/Summer ONLY (\$745) |
| <input type="checkbox"/> Fall ONLY (\$449) | <input type="checkbox"/> Summer ONLY (\$331) |

_____ I am purchasing health insurance through American Jewish University and their provider, National Union Fire Insurance, for myself and dependent(s). I understand that I must enroll my dependent(s) on the same date as myself. I understand that I must be enrolled in the university insurance to enroll my dependent(s). I have included a check made payable to *American Jewish University*.

- | | |
|------------------------------------|---|
| <input type="checkbox"/> Annual | <input type="checkbox"/> Spring/Summer ONLY |
| <input type="checkbox"/> Fall ONLY | <input type="checkbox"/> Summer ONLY |

Student @ \$_____ Spouse @ \$_____ Total # Children _____ @ \$_____ Total to be billed \$_____

Signature

Date

Check #

Return application and payment to: American Jewish University, 15600 Mulholland Dr., Attn: Margarita Shab, Los Angeles, CA 90077. Check made payable to: *American Jewish University*
Memo: Health Insurance

Students who have not provided proof of other health insurance will be automatically enrolled in the university insurance plan as of Fall Semester- September 28, 2010. Students must also renew their health insurance in the Spring Semester.