

**SAVANNAH COLLEGE OF ART AND DESIGN STUDENT AND DEPENDENT ENROLLMENT FORM 2011–2012
(SEE ENROLLMENT DEADLINE DATES BELOW)**

Student Social Security # or SCAD I.D. #: _____ Student Date of Birth _____

Name of Student _____ Male Female

Address _____
Street City State Zip

Phone Number or E-mail Address: _____

I am a full-time student attending the Savannah College of Art and Design and would like to participate in this program. Please enroll me (and my dependents) during the following Term: (Please Mark Appropriate Box)

	<input type="checkbox"/> Annual 9/1/11–9/1/12	<input type="checkbox"/> Fall 9/1/11–1/1/12	<input type="checkbox"/> Spring/Summer 1/1/12–9/1/12	<input type="checkbox"/> Summer (1) 3/18/12–9/1/12	<input type="checkbox"/> Summer (2) 6/17/12–9/1/12
	Premium	Premium	Premium	Premium	Premium
<input type="checkbox"/> Student	\$1,298.00	\$ 458.00	\$ 874.00	\$ 663.00	\$312.00
<input type="checkbox"/> Spouse	\$2,896.00	\$1,022.00	\$1,949.00	\$1,480.00	\$695.00
<input type="checkbox"/> Child(ren)	\$1,960.00	\$ 692.00	\$1,319.00	\$1,002.00	\$470.00

(PLEASE LIST NAMES OF DEPENDENTS ON THE REVERSE SIDE OF THIS FORM)

Coverage becomes effective on the date following the postmark date on the envelope containing your payment, but in no event prior to September 1, 2011 and will continue through the period for which premium was paid. The completed enrollment form and applicable premium must be postmarked by the following enrollment deadline dates: Annual/Fall: 10/11/11; Spring/Summer: 1/31/12; Summer (1): 4/16/12; Summer (2): 7/16/12. **No enrollments will be accepted after these enrollment deadline dates. PLEASE CHECK METHOD OF PAYMENT ON THE REVERSE SIDE.**

