

**SAVANNAH COLLEGE OF ART AND DESIGN STUDENT AND DEPENDENT ENROLLMENT FORM 2013–2014  
(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)

	<b>Annual</b>	<b>Fall</b>	<b>Spring/Summer</b>	<b>Summer (1)</b>	<b>Summer (2)</b>
	<input type="checkbox"/> 9/1/13–9/1/14	<input type="checkbox"/> 9/1/13–1/1/14	<input type="checkbox"/> 1/1/14–9/1/14	<input type="checkbox"/> 3/18/14–9/1/14	<input type="checkbox"/> 6/17/14–9/1/14
	<b>Premium</b>	<b>Premium</b>	<b>Premium</b>	<b>Premium</b>	<b>Premium</b>
<input type="checkbox"/> Student . . . . .	\$1,498.00	\$528.00	\$1,008	\$ 765.00	\$360.00
<input type="checkbox"/> Spouse . . . . .	\$2,644.00	\$933.00	\$1,779	\$1,351.00	\$635.00
<input type="checkbox"/> Child(ren) . . . . .	\$1,873.00	\$661.00	\$1,261	\$ 957.00	\$450.00

**(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, 2013 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: 10/10/13; Spring/Summer: 1/31/14; Summer (1): 4/16/14; Summer (2): 7/16/14. **No enrollments will be accepted after these enrollment deadline dates. PLEASE CHECK METHOD OF PAYMENT ON THE REVERSE SIDE.**

**I wish to extend my own coverage to include the following of my dependents (spouse & unmarried children under age 19):**

Dependent's Name	SS #	Date of Birth	Relationship to Student	Male/Female
_____	_____	_____	_____	<input type="checkbox"/> M / <input type="checkbox"/> F
_____	_____	_____	_____	<input type="checkbox"/> M / <input type="checkbox"/> F
_____	_____	_____	_____	<input type="checkbox"/> M / <input type="checkbox"/> F

**METHOD OF PAYMENT (MUST BE COMPLETED IN ORDER TO PROCESS ENROLLMENT)**

Enclosed is my check or Money Order (Make payable to Wells Fargo Insurance Services USA, Inc., and mail to: Wells Fargo Insurance Services USA, Inc., PO Box 276, Columbus, OH 43216)

I authorize you to charge my credit/debit card:  VISA  MASTERCARD Amount to be Charged: \_\_\_\_\_  
 (You may now enroll online at [www.studentplanscenter.com](http://www.studentplanscenter.com) or fax to Lana Fletcher at 877-350-5543)

Credit Card No. 

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 Three Digit Authorization Code \_\_\_\_\_  
 (on back of card)

Expiration Date 

Month		Year	

Signature of Card Holder \_\_\_\_\_ Date \_\_\_\_\_