

## **Butler University Direct Pay Petition to Add Form**

## THIS FORM MUST BE COMPLETED IN ITS ENTIRETY IN ORDER TO BE ENROLLED

Please						
Student's Name			Student ID	Student ID Number		
Address			Gend	Gender $\square$ Male $\square$ Female		
	Street	or P.O. Box City	State Zip			
Date of	f Birth	Telephone	# Email_			<del> </del>
	Check Here	Enrollment Perio	od Plan period		remium for verage Period	
		Spring/Summer	r 01/10/2013-08/14/2	013	\$596	
			Processing Fee		\$15	
			Total Payment Enclo	sed	\$611	1
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You must be eligible to enroll in the Plan and meet the enrollment deadline in order for your enrollment to be accepted by us. If it is discovered that you do not meet the requirements, your premium will be refunded.