

**SAINT XAVIER UNIVERSITY
AUTOMATIC PAYMENT AUTHORIZATION 2015-2016
(GRADUATE STUDENTS)**

I request and authorize COMPANION LIFE INSURANCE COMPANY and/ or its designee to obtain payment of amounts becoming due the Company by initiating charges to my account in the form of checks, share drafts, or electronic debit entries, and I request and authorize the Financial Institution named below to accept and honor the same to my account. I understand that there is no provision for cancellation unless admitted into the Armed Forces.

DRAFT DATE: _____ (Will be debited on the 11th of each month)

DRAFT AMOUNT: _____

Check One: Checking Account Savings Account

NAME OF BANK WHERE ACCOUNT IS AUTHORIZED

ADDRESS OF BANK

CITY STATE

NAME OF INSURED, APPLICANT (PRINT)

NAME(S) OF DEPOSITOR(S) IF OTHER THAN THE INSURED

DEPOSITOR SOCIAL SECURITY NUMBER

DEPOSITOR DRIVER'S LICENSE NUMBER

DEPOSITOR STATE

RELATIONSHIP TO INSURED

SIGNATURE OF DEPOSITOR DATE

AUTOMATIC PAYMENT FROM YOUR CHECKING ACCOUNT
REQUIRES A COPY OF A VOIDED CHECK
(PLEASE DO NOT SEND A DEPOSIT SLIP)

Please email or fax completed Authorization application and voided check to
office@aipstudentinsurance.com or 262-758-6344

Please automatically charge my Student insurance premiums to my account identified below for the remaining terms for the entire policy year.

VISA DISCOVER MASTERCARD AMEX

Credit/Debit Card Number _____ Expires: _____
Last 3 numbers on the reverse side of the credit card. Located within the signature box _____ (For Authorization Purposes)

Print name of cardholder _____

Cardholder phone number _____

Amount authorized to debit _____ for Student Health Insurance.

Cardholder signature _____ Today's Date

Fax or Email to: 262-758-6344 (fax)
office@aipstudentinsurance.com

FOR HOME OFFICE USE ONLY
BANK TRANSIT NUMBER _____
DEPOSITOR'S ACCOUNT NUMBER _____

**SAINT XAVIER UNIVERSITY
ACCIDENT AND SICKNESS 2015-2016
OFFLINE ENROLLMENT FORM for Graduate Students**

Please Print Legibly

Student's Name _____ (First) (M) (Last)

Student I.D. # _____

Billing Address: Street _____ Apt. No. _____

City _____ State _____ Zip _____

Male Female Date of Birth _____

Telephone No. _____

E-mail Address (IMPORTANT!) _____

I wish to enroll in the Student Insurance Plan checked below. My check or money order for the amount shown is attached.

Make check or money order payable to **Student Insurance Plan.**
Mail this enrollment card along with premium to:
**609 N. Pine Street, Suite 202
Burlington, WI 53105**

I wish to have my student account charged for the insurance term selected below.

Coverage Available For	Annual	*Fall Semester Installment
Student Only	\$1,780	\$ 843
Coverage Available For	Spring & Summer Semester Installment	New Students Spring & Summer
Student Only	\$1,016	\$1,421
Coverage Available For	New Students Summer	*Monthly Auto Debit Debited on the 11th of each month
Student Only	\$701	\$160 (Fall) \$194 (Spring) \$250 (Summer)

Note: For term date, see page 3, Periods of Coverage.

*Monthly premium is available for ANNUAL coverage. Premium will be debited on the 11th of each month through July 11, 2016. Your signature below indicates that you are aware that your are purchasing ANNUAL coverage with a MONTHLY automatic payment using your banking or credit account. **If you do not desire annual coverage, please select another term of coverage.**

*MONTHLY ENROLLEES...WHEN ENROLLING AFTER EFFECTIVE DATES SHOWN: Please indicate which month you desire your coverage to begin _____ (Month). **Initial payment is due upon enrollment.** Please complete Automatic Payment Authorization Form.

Please charge my Student Health Insurance: Coverage is not automatic. **You must re-enroll in the insurance plan each term.**

STUDENT ACCOUNT VISA DISCOVER MASTERCARD AMEX

Credit/ /Debit Card Number _____

3 or 4 digit security code _____ Expiration Date _____

Print name of cardholder _____

Cardholder signature _____

Please Charge \$ _____ for Student Health Insurance.

Student signature _____

**NOTE: You may enroll "On-line" and pay your premium by electronic check or major credit card at
www.SaintXavierInsurance.com**