

Shenandoah University Petition to Add Form Full-time Undergraduate & Graduate Students

(Please Print) Student Name					
	ast	First		Initial	
Address					
	Street	City	State	Zip Code	
Student ID #	Male	Female	Date of Birth////	/YYYY	
Phone Number	Ema	il Address			
STUDENT ENROLLME	NT Please circle selected	coverage.			
Dates of Coverage	Annual (8/1/2013 – 7/31/2014)	Spring/Summer (1/1/2014– 7/31/2014)	Premiun	Premium Payment	
Full-Time Student Only	\$1474.00	\$856.00			
Omy			Processing Fee	\$15	
			Total Payment		
I understand that this lapplicable premium.	Petition is subject to the	approval of Galla	gher Koster and subject	to the payment of any	
whatever reason, you n the last date of coverag your last day of covera	ge. In order not to have a	n your previous ca a lapse in coverago ceived within 31 d	nrrier confirming loss of e, this petition must be r	rance carrier, for coverage and indicating eceived within 31 days of overage, the effective dat	
Please complete form v coverage to:	vith payment and return	it with a letter fro	om your previous carrie	r confirming loss of	
-		Gallagher Koste P.O. Box 845663 Boston MA 02284-5 Fax: 617-479-086	3 6663		
PAYMENT INSTRUCTI					
Charge to my (check one) Card Number:): Visa Master Car Am f Card holder	d ount Charged: \$	Expiration Date	:	
Check or money order (I	t Card noider nternational checks are no	t accepted)			