

**UNIVERSITY OF MARYLAND EASTERN SHORE POLICY NUMBER UEL2755S - STUDENT ACCIDENT AND SICKNESS
INSURANCE PLAN 2011-2012
DOMESTIC PART TIME AND GRADUATE STUDENT ENROLLMENT FORM**

STUDENT'S NAME: _____ Male ___ Female ___ DOB ___/___/___
(Please Print) (Last) (First) (Initial)

HOME ADDRESS: _____
(Street) (City) (State) (Zip)

STUDENT ID #: _____ [] PART-TIME UNDERGRADUATE [] GRADUATE

ENROLLMENT: I hereby enroll in the Student Accident and Sickness Insurance Plan. Enclosed is my check or money order made payable to The Allen J. Flood Companies, Inc.

	<u>Annual</u>	<u>Fall</u>	<u>Spring/Summer</u>
Graduate & Part-Time Students	[] \$63.18	[] \$31.59	[] \$31.59

The above rates include an administrative fee.

Signature: _____ Date: _____

Mail to: The Allen J. Flood Companies, Inc., Two Madison Avenue, Larchmont, NY 10538. Please return this enrollment form prior to **October 15, 2011** for full year enrollment or fall semester. Please return this enrollment form prior to March 15, 2012 for spring enrollment.

<p>Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.</p> <p style="text-align: right;">Policy No. UEL2755S</p>
--

