

UNITED STATES FIRE INSURANCE COMPANY
UNIVERSITY OF MARYLAND EASTERN SHORES - STUDENT ACCIDENT AND SICKNESS INSURANCE PLAN
2011-2012
DOMESTIC FULL TIME, PART TIME AND GRADUATE STUDENT ENROLLMENT FORM

PART III
VOLUNTARY OPTIONAL STUDENT ACCIDENT AND SICKNESS
ENROLLMENT FORM

Only those students who have enrolled in the Basic Accident & Sickness Insurance Plan are eligible to enroll in the Voluntary Optional Student Accident and Sickness Insurance Plan as outlined in the brochure.

Student' Name: _____ Student Identification Number: _____
(Please Print) (Last) (First) (Initial)

Date of Birth: ____/____/____ Gender: _____ Email Address: _____

Home Address: _____
(Street) (City) (State) (Zip)

Signature: _____ Date: ____/____/____

Enclosed is my check made payable to The Allen J. Flood Companies, Inc. for **\$309.00** fall/spring semester for the Voluntary Optional Student Accident and Sickness Medical Expense Benefits. I understand that I must be enrolled in the Basic Accident and Sickness Insurance Plan in order to be eligible for this coverage. **The deadline to enroll in the Voluntary Optional Student Accident and Sickness Plan is October 15, 2011 for the annual/fall semester and March 15, 2012 for the spring semester.**

MAIL TO: The Allen J. Flood Companies, Inc., Two Madison Avenue, Larchmont, NY 10538

Policy No: UEL2755S

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.