

2002 - 2003 ILLINOIS INSTITUTE OF TECHNOLOGY
STUDENT INSURANCE ENROLLMENT FORM

Name of Student to be insured _____

Home Address _____

ID Number _____ Date of Birth _____

☐ Please enroll me in the Basic Plan at a cost of \$605.00

☐ Please enroll me in the Comprehensive Plan at a cost of \$847.00

I understand that I am enrolling in the IIT Student Health Insurance Plan for the entire school year and that my student account will be billed. Please enroll me in the insurance plan I have selected.

Signature _____ Date _____