ENROLLMENT / WAIVER FORM
THOMAS JEFFERSON NATIONAL ACCELERATOR FACILITY

STUDENTS, GRADUATE STUDENTS,
GRADUATE RESEARCH ASSISTANTS, POST DOCTORAL RESEARCHERS

ACCIDENT & SICKNESS INSURANCE PLAN
October 1, 2016 – September 30, 2017
Policy GLMN0117308A

YOUR NAME ____
(Please Print) (Last) (First) (MI)

Address ____
(Street) (City) (State) (Zip)

ENROLLMENT [ ] Please **enroll** me and my dependents, if any, in the Accident and Sickness Insurance Plan. I understand coverage will become effective on the later of October 1, 2016, or the date the Enrollment Form and full premium are received by the ACE American Insurance Company or Program Administrator. The coverage dates for my Dependents' and me will be the same, provided the required premium is paid.

Effective Date:________________ Expiration Date:________________

Participant:	$255.00 per month	Total Monthly Premium	________
Spouse:	$510.96 per month	Number of Months	________
Child(ren)	$358.53 per month		
		Total Premium Due	_________

Make all checks payable to: ACE American Insurance Company

DEPENDENT INFORMATION (IF ANY ENROLLED)

Name ______________________________ Relationship_____________ Date of Birth____________

Name ______________________________ Relationship_____________ Date of Birth____________

WAIVER [ ] I wish to **waive** enrollment in the Accident & Sickness Insurance Plan due to the fact that I am covered by:

Name of Insurance Company____________________________ Policy #____________________

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.
My signature below certifies that I have read and understand the brochure and agree to accept the terms and conditions stated therein.

Signature ___________________________ Date: ________________

DELIVER TO: Jefferson Lab International Services Office
628 Hofstadter Rd., Suite 2
Newport News, VA 23606

Program Administered by: Administrative Concepts Inc. (ACI) 994 Old Eagle School Road
Suite 1005, Wayne, PA 19087
888-293-9229