

**2011-2012 BROOKDALE COMMUNITY COLLEGE ENROLLMENT FORM FOR PART-TIME STUDENTS ONLY  
VOLUNTARY ACCIDENT AND SICKNESS INSURANCE**

COMPLETE IN FULL

Student's Name: \_\_\_\_\_

First

Middle

Last

Address: \_\_\_\_\_

Street

Apt #

City

State

Zip

Check One:

- \$25.50  Annual (9/6/11-9/6/12)
- \$19.50  Spring Semester (1/18/12-9/6/12)
- \$12.00  Summer I (5/14/12-9/6/12)
- \$12.00  Summer II (5/30/12-9/6/12)
- \$12.00  Summer III (7/5/12-9/6/12)

Did you waive the fall semester  Yes  No

**Note: Applications will be accepted during the first 30 days of each semester only. Applications received later will be declined. Coverage will be in effect from the first day of the semester for which you are applying, or the date the premium is received by the Administrator, whichever is later.**

Make check payable to: "COMMERCIAL TRAVELERS MUTUAL INSURANCE COMPANY"

and mail with completed application to, the Agent: T.L. GROSECLOSE ASSOCIATES, INC., 190 TAMARACK CIRCLE, SKILLMAN, NJ 08558

*Your cancelled check will be your receipt*

11-G3A12(EF)

Date: \_\_\_\_\_

School ID # \_\_\_\_\_

Date of Birth \_\_\_\_\_

Phone # \_\_\_\_\_

Taking total # of Credits:

FALL \_\_\_\_\_

SPRING \_\_\_\_\_

SUMMER I \_\_\_\_\_

SUMMER II \_\_\_\_\_

SUMMER III \_\_\_\_\_