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

COMPLETE IN FULL

Student's Name: _____ Date: _____

First Middle Last

Address: _____ S.S. # _____

Street Apt #

_____ Taking total # of Credits:

City State Zip

FALL _____

SPRING _____

SUMMER I _____

SUMMER II _____

SUMMER III _____

Check One:

$29.00 ❑ Annual (9/4/09–9/4/10)
$22.00 ❑ Spring Semester (1/20/10–9/4/10)
$13.50 ❑ Summer I (5/17/10–9/4/10)
$13.50 ❑ Summer II (6/2/10–9/4/10)
$13.50 ❑ Summer III (7/6/10–9/4/10)

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: T.L. GROSECLOSE ASSOCIATES, INC., 190 TAMARACK CIRCLE, SKILLMAN, NJ 08558

09-G3A12(EF)

Your cancelled check will be your receipt