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 #

_____
City State Zip

Taking total # of Credits:

Check One:

$48.00	❑	Annual (9/4/08 - 9/4/09)
$36.50	❑	Spring Semester (1/21/09 - 9/4/09)
$21.00	❑	Summer IA (5/18/09 - 9/4/09) (6 weeks)
$21.00	❑	Summer IB (5/18/09 - 9/4/09) (3 weeks)
$11.50	❑	Summer II (5/29/09 - 9/4/09)

FALL _____
SPRING _____
SUMMER IA _____
SUMMER IB _____
SUMMER II _____

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
Your cancelled check will be your receipt

08-G3A12(EF)