

**Please print enrollment form and mail completed form with payment to:
Macori, Inc., P.O. Box 2478, Spring, TX 77383-2478**

**UNIVERSITY OF HOUSTON – CLEAR LAKE
2007-2008 STUDENT HEALTH INSURANCE ENROLLMENT FORM
BASIC AND OPTIONAL MAJOR MEDICAL PLANS ARE UNDERWRITTEN BY:**

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, Pa., a member of the AIG CompaniesSM with its principal place of business in New York, NY

DATE _____ PHONE _____

STUDENT'S NAME _____

MAILING ADDRESS _____
Last First Middle Initial

FOR CORRESPONDENCE _____
Street City State Zip

I have read and understand the brochure, including the eligibility requirement, exclusions and pre-existing condition limitation, and elect to enroll as indicated below. I enclose my check or money order made payable to National Union Fire Insurance Company of Pittsburgh, Pa. (See reverse for charge card application and authorization)

Term of Coverage	Fall	Spring/Summer	Summer Only <small>(New Insured Students Only)</small>
Basic Plan - \$50,000	*8/20/07-1/13/08	1/14/08-8/19/08	5/29/08-8/19/08
Student Only	<input type="checkbox"/> \$420.00	<input type="checkbox"/> \$420.00	<input type="checkbox"/> \$210.00
Medical Evacuation/Repatriation	<input type="checkbox"/> \$5.00	<input type="checkbox"/> \$5.00	<input type="checkbox"/> \$5.00
Optional Major Medical Plan - \$150,000 Max (additional premium required)			
Student Only	<input type="checkbox"/> \$97.00	<input type="checkbox"/> \$97.00	Not available

*8/21/07 for students maintaining continuous coverage from the previous policy year.

Please return this card immediately to: Macori, Inc., PO Box 2478, Spring, TX 77383-2478

Student's Social Security No. _____ Date of Birth _____ E-mail address _____

Student's ID No. _____ Signature _____ Administrator Policy #AMH9073388
 Underwriter Reference #CAS9710392
 UH-CL 2007

IF PAYING PREMIUM WITH CREDIT CARD, YOU MAY ENROLL ON-LINE AT WWW.MACORI.COM OR YOU MAY COMPLETE THIS SECTION AND MAIL DIRECTLY TO MACORI, INC., PO BOX 2478, SPRING, TX 77383-2478.

I authorize National Union Fire Insurance Company of Pittsburgh, Pa. to charge my student insurance premium totaling \$ _____

Visa: _____

MasterCard: _____

Name of Cardholder: _____

Expiration Date of Credit Card: _____

Signature of Cardholder: _____

Date: _____