

ACE AMERICAN INSURANCE COMPANY  
Philadelphia, PA. 19106

ENROLLMENT / WAIVER FORM  
THOMAS JEFFERSON NATIONAL ACCELERATOR FACILITY

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

ACCIDENT & SICKNESS INSURANCE PLAN  
October 1, 2008 – October 1, 2009  
Policy GLM N0117308A

**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, 2008, 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:	\$185.00 per month	Total Monthly Premium _____
Spouse:	\$362.00 per month	Number of Months X _____
Child(ren)	\$260.00 per month	Total Premium Due = _____

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

Make all checks payable to: ACE American Insurance Company