

Concordia University
Sickness and Dependent Coverage
2010-2011

Student's name: _____ ID Number: _____

Student's Address: _____

Student's Phone # _____ Student's SS#: _____

Dependent means unmarried children under age 19)

<u>Premium</u>	<u>Annual Cost</u>	
**Student	\$550	_____
**Sping Student (1/3/11-8/1/11)	\$321	_____
**Spouse	\$1090	_____
**Spring Spouse (1/3/11-8/1/11)	\$636	_____
**Dependents (per dependent)	\$294	_____
**Sping Dependent (per dependent) (1/3/11-8/1/11)	\$172	_____
	Total of check:	\$ _____

Name of Spouse: _____ Date of Birth: _____ SS# _____

Dependent(s) Name _____ Date of Birth: _____ SS# _____

Signature _____ Date Signed _____

****You, the student, must enroll in the Optional Supplemental before you can enroll your dependents****

Please mail your check to Lutheran Trust, 70 Corporate Hills Drive, Suite 101, Saint Charles, MO 63301, by 9/01/10.