

PLEASE CHECK ALL APPROPRIATE BOXES:

Student/Insured Classification: International Student Domestic Student Credits enrolled _____

NOTE: Dependent Coverage is only available to eligible students.
(Student Annual Cost includes an annual administrative fee to be retained by Pacific University.)

Optional Major Medical Coverage increases the maximum benefit from \$50,000 to \$150,000 Lifetime Maximum Benefit per Injury or Sickness. This optional coverage may only be purchased simultaneously and in conjunction with the purchase of Basic coverage at the time of initial enrollment in the Plan. Students may purchase optional coverage for themselves or for themselves and all family members.

PAYMENT INSTRUCTIONS: Make check or money order payable to ACE American Insurance Company in U.S. dollars or refer to the charge card authorization to charge payment to Visa, MasterCard, or Discover. Mail this enrollment form along with payment to Academic HealthPlans, P.O. Box 1605, Colleyville TX 76034-1605. If you have questions, please call Academic HealthPlans at (888) 308-7320. Your cancelled check or credit card billing is your only receipt and notification of coverage. It is the student's responsibility for timely renewal payment whether or not a renewal notice is received.

BASIC COVERAGE	ANNUAL COVERAGE PERIOD	CLASSIFICATION	ANNUAL COST
<input type="checkbox"/> Primary Policy Year	<input type="checkbox"/> 08/20/07 - 08/20/08	Spouse	<input type="checkbox"/> \$1,625.00
<i>(Domestic & International Students)</i>	<input type="checkbox"/> 08/20/07 - 08/20/08	Each Child	<input type="checkbox"/> \$801.00
<input type="checkbox"/> Physician Assistant Program	<input type="checkbox"/> 05/15/07 - 05/15/08	Spouse	<input type="checkbox"/> \$1,625.00
	<input type="checkbox"/> 05/15/07 - 05/15/08	Each Child	<input type="checkbox"/> \$801.00
<input type="checkbox"/> Forest Grove Masters of Arts Program	<input type="checkbox"/> 06/15/07 - 06/15/08	Spouse	<input type="checkbox"/> \$1,625.00
	<input type="checkbox"/> 06/15/07 - 06/15/08	Each Child	<input type="checkbox"/> \$801.00
<input type="checkbox"/> Lane County Masters of Arts Program	<input type="checkbox"/> 01/01/08 - 01/01/09	Spouse	<input type="checkbox"/> \$1,625.00
	<input type="checkbox"/> 01/01/08 - 01/01/09	Each Child	<input type="checkbox"/> \$801.00

\$150,000 OPTIONAL MAJOR MEDICAL COVERAGE	ANNUAL COST		ANNUAL COST
Student Under Age 25	<input type="checkbox"/> \$320.00	Student Age 25 and Over	<input type="checkbox"/> \$480.00
Spouse	<input type="checkbox"/> \$960.00	Spouse	<input type="checkbox"/> \$1,440.00
Each Child	<input type="checkbox"/> \$320.00	Each Child	<input type="checkbox"/> \$320.00

PAYMENT INFORMATION	
CHECK # _____	CHECK AMOUNT \$ _____
<input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> DISCOVER	CHARGE FULL AMOUNT \$ _____
CREDIT CARD # _____	Expiration Date _____ / _____ Month Year
SIGNATURE OF CARDHOLDER: _____	DATE _____
PRINTED NAME OF CARDHOLDER: _____	DATE _____