**Membership Type:** ☐ **Osteopathic Medical Student**
☐ **Associate Member** (Any student of an allied health care profession associated with one of the American Osteopathic Association recognized College of Osteopathic Medicine school must apply for SOMA Membership – www.studentdo.com)

# SOMA College Health Insurance Plan
## 2011-2012 Enrollment Form

| | | | | | |
|---|---|---|---|---|---|
| | | Mo. Day Yr. | ☐ M ☐ F | | ☐ OMS I ☐ OMS II ☐ OMS III ☐ OMS IV |
| Social Security No. | Last Name First Initial | Birthdate | Sex | School | Year |

| | | | | |
|---|---|---|---|---|
| Address_____ City_____ State_____ Zip_____ | Email Address: | Telephone Number ( ) | Cell Phone ( ) | Marital Status ☐ Single ☐ Married ☐ Domestic Partner |

LIST ALL DEPENDENTS TO BE COVERED BELOW

| Last Name (if different) First Name Initial | Sex M F | Birthdate Mo. Day Yr. | S.S. # |
|---|---|---|---|
| 2. Spouse | | | |
| 3. Child | | | |
| 4. Child | | | |

## Monthly Premium

| | Plan 1 ☐ Co-Pay Plan | Plan 2 ☐ High Deductible Plan (HDHP) | ☐ Vision | ☐ Dental |
|---|---|---|---|---|
| ☐ Student | | | | |
| ☐ <30 | **$181** | **$108** | **$16** | $38 |
| ☐ 30+ | **$215** | **$128** | | |
| ☐ Spouse Only | | | | |
| ☐ <30 | **$366** | **$205** | **$9.30** | **$32** |
| ☐ 30+ | **$441** | **$245** | | |
| (Based on Student's Age) | | | | |
| ☐ Child(ren) | **$271** | **$164** | **$16.50** | **$43** |

**Total Premium Due: Medical Premium $_____ + Vision $_____ + Dental $_____ = Total Premium _____**

I authorize Mass Marketing Insurance Consultants, Inc. (MMIC) to bill my credit card account for the total premium due. This authority is to remain effective until I provide MMIC with written notification of cancellation. I understand that two weeks notice will be needed to implement any action.

| | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| ☐ VISA ☐ MasterCard | Acct # | | | | | - | | | | | - | | | | | - | | | | | Exp. Date | | | | | | |

Associate Members must apply for SOMA membership – www.studentdo.com Month Date Year

I want my coverage to start_____ (Enrollment forms received after the 15th of the month will be effective the 1st of the following month)

_____ STUDENT'S SIGNATURE

_____ DATE

**Underwritten By:** **Medical – United States Fire Insurance Company**
**Dental - United Concordia Insurance Company**
**Vision - Vision Service Plan**

**Administered By:** **Mass Marketing Insurance Consultants, Inc.**
**P.O. Box 95**
**Orland Park, IL 60462**

NY Residents – **Fraud Warning: 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.**
All Other States – **Fraud Warning: Any person who, with intent to defraud or knowingly facilitates a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement, or conceals information for the purpose of misleading may be guilty of insurance fraud and subject to criminal and/or civil penalties.**

**Questions? Call Toll-Free (800) 349-1039**