

**PART-TIME STUDENT APPLICATION FORM
BURLINGTON COUNTY COLLEGE ACCIDENT & HEALTH INSURANCE PLAN**

STUDENT'S NAME

LAST NAME

FIRST NAME

PARENT OR GUARDIAN

HOME ADDRESS

STREET

CITY OR TOWN

STATE

ZIP CODE

BIRTHDATE

MONTH

DAY

YEAR

STUDENT ID #

PLEASE CHECK ONE:

FULL YEAR COVERAGE

\$81.00

SPRING & SUMMER

\$71.00

SUMMER ONLY

\$63.50

DATE OF APPLICATION

SIGNATURE

**ACCIDENT &
SICKNESS**