

**HTH Worldwide**

**Franklin Pierce Law Center**

**Student Health Insurance Election Form**

**Student's Name** (please print): \_\_\_\_\_

**No**, I do **not** wish to be included in the student health insurance plan.

**Yes**, please include me in the plan as follows:

- Student only: \$1248 for coverage from 08/01/2009 to 07/31/2010
- Spouse only: \$6,228 for coverage from 08/01/2009 to 07/31/2010
- Child only: \$2,340 for coverage from 08/01/2009 to 07/31/2010
- Children only: \$4,680 for coverage from 08/01/2009 to 07/31/2010

**Below please list all participants you want included on the health insurance plan, including yourself.**

| <b>Name of Participant</b> | <b>Date of Birth</b> | <b>Gender</b> | <b>Country of Origin</b> |
|----------------------------|----------------------|---------------|--------------------------|
|                            |                      |               |                          |
|                            |                      |               |                          |
|                            |                      |               |                          |
|                            |                      |               |                          |
|                            |                      |               |                          |

\_\_\_\_\_  
**Student's Signature**

\_\_\_\_\_  
**Date**

**Please return this completed form to:**

**Elizabeth Webber**  
**2 White Street, Concord, NH 03301**  
**Tel: 603-228-1541 Fax: 603-224-3342**