

**COMMERCIAL TRAVELER'S
HEALTH INSURANCE ELECTION FORM FOR
INTERNATIONAL STUDENTS AT PIERCE LAW**

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 (\$ 534.00 per semester; \$1068 per year)

_____ Student and Spouse (\$1589.00 per semester; \$3178 per year)

_____ Family (\$2294.00 per semester; \$ 4588 per year)

Signature of Student

Date

Coverage runs from September 1, 2007 to August 31, 2008

Please return completed form to Franklin Pierce Law Center, Foreign Student Advisor,
2 White Street, Concord, NH 03301