



**STUDENT MEDICAL MALPRACTICE INSURANCE
ENROLLMENT FORM**

Cost: \$15.00 Flat Fee for 12 months of coverage from the date the fee is paid.

Student name _____

Academic Department (Please be specific) _____

Department Contact and Extension _____

Activity to be Insured _____

Student's Permanent Address _____

Phone No. _____ Date _____

Coverage:

This student medical malpractice program provides professional liability with limits of \$1,000,000 per occurrence with a \$3,000,000 annual aggregate.

Enrollment Instructions:

Take this form and \$15.00 payment to University Cashier, Old Main 245, MS-9004. The cashier will deliver form and receipt to Risk Management for processing. Do not send payment and form to Risk Management.

Further clarification of form: Directions that clarify this form can be found in Appendix E.

FOR CASHIER USE: PLEASE DEPOSIT TO FSRMMM H191
(Please attach receipt or stamp form and mail to Risk Manager MS-9070) Thanks!