



Tuition Protector

Underwriting Information

Section 1: School Information

- Name of School _____
 Address _____
 City/State/Zip _____
 Mailing Address _____
 Mailing City/State/Zip _____
 Phone () _____ Fax () _____ Email _____
- Type of School: Private Day Resident Other _____
- Dates of Classes: Opening ____/____/____ Closing ____/____/____
- TUITION/FEES:

	<u>In State</u>	<u>Out of State</u>
Tuition	\$ _____	\$ _____
Room & Board	_____	_____
Fees	_____	_____
Total	_____	_____
- Student Population: _____ Male: _____% Female: _____%

Section 2: Current Tuition Refund Procedure

How do you currently handle refunds of tuition?

- Written procedure in place that is followed
- Compulsory tuition refund insurance policy *
- Voluntary tuition refund insurance policy *
 * Indicate insurance company name _____
- Other procedure _____

(Please attach a copy of your student brochure or handout explaining the current procedure or insurance company benefits.)

Section 3: Plan Desired

Check the perils that you are interested in:

- | | |
|--|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Medical Withdrawal <input type="checkbox"/> Job Transfer of Tuition Payer <input type="checkbox"/> Death of a Student <input type="checkbox"/> Academic Dismissal <input type="checkbox"/> Death of Tuition Payer | <ul style="list-style-type: none"> <input type="checkbox"/> Disciplinary Dismissal <input type="checkbox"/> Epidemic Closure <input type="checkbox"/> Voluntary Withdrawal <input type="checkbox"/> Involuntary Unemployment of Tuition Payer |
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Section 4: Attachments

Current Enrollment Contract
 Tuition Bill Form
 Current Tuition Refund Program Policy or Rules

Section 5: Confidential Dismissal/Withdrawal Record

Note: Exclude dismissals / withdrawals during the first 14 days of class attendance. Include all medical withdrawals.

	5 ACADEMIC YEARS				
	<u>Current Year</u>	<u>Prior Year</u>	<u>Prior Year</u>	<u>Prior Year</u>	<u>Prior Year</u>
DISMISSALS					
Academic	_____	_____	_____	_____	_____
Disciplinary	_____	_____	_____	_____	_____
Total	_____	_____	_____	_____	_____
Total Months Lost	_____	_____	_____	_____	_____
MEDICAL WITHDRAWALS					
# of Withdrawals	_____	_____	_____	_____	_____
Total Months Lost	_____	_____	_____	_____	_____
NON-MEDICAL WITHDRAWALS					
Voluntary	_____	_____	_____	_____	_____
Job Transfer	_____	_____	_____	_____	_____
of Tuition Payer	_____	_____	_____	_____	_____
Involuntary	_____	_____	_____	_____	_____
Unemployment	_____	_____	_____	_____	_____
Death of Tuition Payer	_____	_____	_____	_____	_____
Total	_____	_____	_____	_____	_____
Total Months Lost	_____	_____	_____	_____	_____

Name of Person Requesting Proposal _____

Title _____ Telephone _____ Fax _____

return completed form to:



NORTHSTAR INSURANCE MANAGEMENT CO. | NORTHSTAR RISK MANAGEMENT
 NORTHSTAR BENEFITS, INC. | WWW.NSTARMGT.COM | SAC@NSTARMGT.COM
 STEVEN A. CLEMMENSEN | 6240 WEST 135TH STREET, SUITE 200
 OVERLAND PARK, KS 66223 | TEL 913.647.5373 | FAX 913.647.5355