



Section I: School Information

*Tuition Refund Plan not available in the following states: Indiana, New Hampshire, Ohio, Washington

1. Name of School: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Phone: (_____) _____ Fax: (_____) _____ School Website: _____

2. Type of School: [] Private [] Day [] Resident [] Other: _____

3. Please select the student enrollment option you would like for your school's Tuition Refund Program:

- [] Compulsory Plan: Premium Cost is 1.37% of Annual Tuition per Enrolled Student
[] Mandatory Plan: Premium Cost is 2.05% of Annual Tuition per Enrolled Student
[] Voluntary Plan: Premium Cost is 2.45% of Annual Tuition per Enrolled Student

Optional 'a la carte' Benefits

(Optional) Please select the 'a la carte' benefits you would like to include in your school's Tuition Refund Program:

- [] Job Transfer Benefit: Add Rate Cost to the Above Enrollment Option Chosen
[] Compulsory - .17% [] Mandatory - .29% [] Voluntary - .41%

[] Voluntary Withdrawal Benefit: If you would like to include the voluntary withdrawal benefit in your program, you will have to complete page two of this form for individual review and rate determination. NOTE: This benefit cannot be added to a voluntary enrollment program and the insurance carrier reserves the right to decline to quote this benefit. Within 48 hours of submission, Gallagher Koster should have the rate determination for your school to review.

Enhanced Benefits:

[] Compulsory Plan with Enhanced Benefits or [] Mandatory Plan with Enhanced Benefits: If you would like to include the Enhanced benefits in your Compulsory or Mandatory Plan Offering, you will have you will have to complete page two of this form for individual review and rate determination. NOTE: These benefits cannot be added to a voluntary enrollment program and the insurance carrier reserves the right to decline to quote this benefit. Within 48 hours of submission, Gallagher Koster should have the rate determination for your school to review.

4. Dates of Classes: Opening: _____ Closing: _____

Table with 3 columns: Tuition/Fess, In State, Out of State. Rows include Tuition, Room & Board, Fees, and Total.

6. Student Population: _____ Percentage Male: _____ %

Section II: Current Tuition Refund Procedure

1. How do you currently handle refunds of tuition?
[] School has a written procedure in place that is followed
[] School has a compulsory tuition refund insurance policy with _____ (Insurance company name)
[] School has a voluntary tuition refund insurance policy with _____ (Insurance company name)

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

Name of Person Requesting Program _____
Title _____ Phone # (_____) _____ Email: _____
Signature _____ Date _____

Please return the completed application to Gallagher Koster
If you have any questions concerning this program, please contact Matthew Deeb at Gallagher Koster.
Phone: 877.536.5191 / Email: tuitionrefund@cbservices.org / Fax: 617.479.0860 attn: Matt D.

Confidential Dismissal/Withdrawal Record

This page is ONLY required when you want to include the Voluntary Withdrawal Benefit or the Enhanced Benefit Options in your program as noted on page one of the application.

ACADEMIC YEAR

Current Year Prior Year Prior Year Prior Year Prior Year

Dismissals

Academic					
Disciplinary					
Total					
Total Months Lost					

Medical Withdrawals

Number of Withdrawals					
Total Months Lost					

Non-Medical Withdrawals

Voluntary					
Job Transfer of Tuition Payer					
Involuntary Unemployment					
Death of Tuition Payer					
Total					
Total Months Lost					

Please return the completed application to Gallagher Koster.

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**CHRISTIAN
BROTHERS**
SERVICES



Arthur J. Gallagher Risk Management Services, Inc.

500 Victory Road
Quincy, MA 02171
1.877.536.5191

tuitionrefund@cbservices.org

Or Fax: 617.479.0860