



P.O. Box 3870, Glen Allen, VA 23058-3870  
(804) 527-2700 (804)431-1270 Fax (804) 527-7915

# Application for Tuition Refund Coverage

## Section I: School Information

1. Name of School: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Fax: ( \_\_\_\_\_ ) \_\_\_\_\_
2. Type of School:  Private  Day  Resident  Other: \_\_\_\_\_
3. Dates of Classes: Opening: \_\_\_\_\_ Closing: \_\_\_\_\_
4. Tuition/Fees:
- |               | <u>In State</u> | <u>Out of State</u> |
|---------------|-----------------|---------------------|
| Tuition       | \$ _____        | \$ _____            |
| Room & Board  | \$ _____        | \$ _____            |
| Fees          | \$ _____        | \$ _____            |
| <b>Total:</b> | <b>\$ _____</b> | <b>\$ _____</b>     |
5. 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)
- Other Procedure: \_\_\_\_\_

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

## Section III: Plan Desired

1. Check the perils you are interested in:
- |   |  |
|---|--|
| <input type="checkbox"/> Medical Withdrawal     | <input type="checkbox"/> Death of Tuition Payer                    |
| <input type="checkbox"/> Academic Dismissal     | <input type="checkbox"/> Involuntary Unemployment of Tuition Payer |
| <input type="checkbox"/> Disciplinary Dismissal | <input type="checkbox"/> Job Transfer of Tuition Payer             |
| <input type="checkbox"/> Voluntary Non-Medical  |  |

## Section IV: Attachments

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

# Confidential Dismissal/Withdrawal Record

## Academic Year

<b>Dismissals</b>	<u>Current Year</u>	<u>Prior Year</u>	<u>Prior Year</u>	<u>Prior Year</u>	<u>Prior Year</u>
Academic					
Disciplinary					
Total					
Total Months Lost					

<b>Medical Withdrawals</b>	<u>Current Year</u>	<u>Prior Year</u>	<u>Prior Year</u>	<u>Prior Year</u>	<u>Prior Year</u>
Number of Withdrawals					
Total Months Lost					

<b>Non-Medical Withdrawals</b>	<u>Current Year</u>	<u>Prior Year</u>	<u>Prior Year</u>	<u>Prior Year</u>	<u>Prior Year</u>
Voluntary					
Job Transfer of Tuition Payer					
Involuntary Unemployment					
Death of Tuition Payer					
Total					
Total Months Lost					

Name of Person Requesting Proposal \_\_\_\_\_

Title \_\_\_\_\_ Phone # ( \_\_\_\_\_ ) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please return to:  
Markel Insurance Company  
P.O. Box 3870, Glen Allen, VA 23058-3870**