

1. Complete all sections of the Enrollment Form after reading the Program Description & Master Agreement. If you need additional information call toll free 1-888-477-2667, Monday through Friday from 8 am to 5 pm, Pacific Time, or visit our website: [NVPrepaid.gov](http://NVPrepaid.gov).
2. A separate enrollment form and one-time **non-refundable \$100.00 enrollment fee** must be submitted for each child. Your enrollment form will not be accepted without this fee.
3. Send completed forms, enrollment fees, optional down payment (minimum \$1,000 if chosen), and any additional payments to: Nevada Prepaid Tuition Program, Enrollment Processing: 555 E. Washington Ave., Suite 4600, Las Vegas, NV 89101. Payments should be made payable to: Nevada Prepaid Tuition Program. If you choose to pay by credit card or electronic transfer, complete Section VII.
4. **Enrollment forms must be postmarked by March 31, 2017** to enroll in the 2017 open enrollment period at published 2017 prices.

**SECTION I. Purchaser Information**

Please complete the following information about yourself, as the person purchasing the Nevada Prepaid Tuition Program contract. The Purchaser is the owner of the contract and must meet the qualifications of a Purchaser in the Master Agreement. (If the contract is canceled, the Purchaser is entitled to any refund).

PURCHASER NAME  Mr.  Mrs.  Miss  Ms.  Dr.

<b>Last</b>	<b>First</b>	<b>M.I.</b>

If Purchaser is an organization, please indicate type:  Corporation  Trust  Non-profit  Foundation  Partnership  Other

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Organization Name

HOME ADDRESS

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Number and street, including apartment number

<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>	<b>COUNTY (i.e. Clark, Washoe, etc.)</b>

SOCIAL SECURITY NUMBER OR TAX ID #    CELL PHONE    HOME PHONE

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E-MAIL ADDRESS

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You must answer "Yes" to at least one of the questions to be eligible to enroll.  
 Is the Purchaser or Beneficiary a Nevada resident?  Yes  No  
 If not, does the Purchaser hold a degree or certificate from a Nevada State College, Community College, or University?  Yes  No

**How did you learn about the Nevada Prepaid Tuition Program? (Select One)**

KNPR/KUNR     School Flyer/Banner     Employer     Print (Magazine, etc.)     Community Event     Prepaid Website

TV     Radio     Friends/Relatives

IF FRIEND OR RELATIVE, List name: \_\_\_\_\_  Other (please specify): \_\_\_\_\_

**SECTION II. Purchaser Legal Successor Information**

The Purchaser's Legal Successor may receive contract information or make payments, but cannot make any changes to the contract. The Purchaser Legal Successor rights are limited solely to control of the contract upon the death of the Purchaser.

NAME  Mr.  Mrs.  Miss  Ms.  Dr.

<b>Last</b>	<b>First</b>	<b>M.I.</b>

ADDRESS

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Number and street, including apartment number

<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>	<b>COUNTY (i.e. Clark, Washoe, etc.)</b>

SOCIAL SECURITY NUMBER    CELL PHONE    HOME PHONE

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**SECTION III. Beneficiary Information**

The Beneficiary is the person for whom you are buying the contract. Please complete the following information about him or her. **You must supply the Beneficiary's Social Security Number or your contract will not be accepted.**

NAME

Last	First	M.I.

ADDRESS

Number and street, including apartment number

CITY	STATE	ZIP CODE	COUNTY (i.e. Clark, Washoe, etc.)

SOCIAL SECURITY NUMBER	HOME PHONE	

Sex:  Male  Female      Date of Birth: 

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 Month 

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 Day 

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 Year

Please check the box to indicate Beneficiary's age OR current grade if in school as of **September 30, 2016**. **The year in parenthesis by your child's age is your child's projected college entrance date.**

- |   |  |  |   |
|---|--|--|---|
| 1. Newborn <input type="checkbox"/> (2034)    | 5. 4 year old <input type="checkbox"/> (2030)                | 9. Second Grade <input type="checkbox"/> (2027)  | 13. Sixth Grade <input type="checkbox"/> (2023)   |
| 2. 1 year old <input type="checkbox"/> (2033) | 6. 5 year old, not in school <input type="checkbox"/> (2030) | 10. Third Grade <input type="checkbox"/> (2026)  | 14. Seventh Grade <input type="checkbox"/> (2022) |
| 3. 2 year old <input type="checkbox"/> (2032) | 7. Kindergarten <input type="checkbox"/> (2029)              | 11. Fourth Grade <input type="checkbox"/> (2025) | 15. Eighth Grade <input type="checkbox"/> (2021)  |
| 4. 3 year old <input type="checkbox"/> (2031) | 8. First Grade <input type="checkbox"/> (2028)               | 12. Fifth Grade <input type="checkbox"/> (2024)  | 16. Ninth Grade <input type="checkbox"/> (2020)   |

Who is the contract being purchased for? (check one)  
 1.  Child      2.  Grandchild      3.  Relative      4.  Friend/Other \_\_\_\_\_

**SECTION IV. Choice of Tuition Plans**

Please indicate the Nevada Prepaid Tuition plan you wish to purchase.

- |   |   |
|---|---|
| 1. <input type="checkbox"/> 4 Year University Plan: 4 Years University (120 semester credit hours)<br><br>2. <input type="checkbox"/> 2 Year University Plan: 2 Years University (60 semester credit hours)<br><br>3. <input type="checkbox"/> 1 Year University Plan: 1 Year University (30 semester credit hours) | 4. <input type="checkbox"/> Community College Plus University Plan: 2 Years Community College and 2 Years University (120 semester credit hours)<br><br>5. <input type="checkbox"/> 2 Year Community College Plan: 2 Years Community College (60 semester credit hours) |
|---|---|

**SECTION V. Payment Schedule**

Please select your payment option and indicate if you are making a down payment. (Note: **Down payments are optional. If you choose to make a down payment, it must be a minimum of \$1,000 and must be included with your open enrollment form.**) **In all cases, choose one of the monthly payment options if you are not making a one time (Lump Sum) payment.**

Single, Lump Sum     5 Years/60 months (available for a 7th grade or younger child)     Extended Monthly (pay until high school graduation)

Optional Down Payment      Amount of down payment \$ \_\_\_\_\_ (minimum of \$1,000)

If selecting a monthly payment option, indicate your payment preference below:

- Automated Bank Account Withdrawal (Easiest and most convenient. Debited on the 15<sup>th</sup> of the month. Form available online or upon request).
- Payroll Deduction (Choose your current employer from the participating payroll departments below and a form will be sent to you. Contact your payroll office if your employer is not listed below and you are interested in setting up payroll deduction).
- City of Las Vegas     Douglas County     Greater LVAR     LV Valley Water District     NV Energy  
 PERS (**currently employed by**)     Humboldt General Hospital     Lake Tahoe Community College     State of Nevada: Central  
 State of Nevada: LCB     University of Nevada, Reno

Coupon Book (Send monthly check with coupon. A coupon book will be mailed to you).

