

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 or visit our website: 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 5200, 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 April 30, 2021** to enroll in the 2021 open enrollment period at published 2021 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.

Last	First	M.I.

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

Organization Name

HOME ADDRESS

Number and street, including apartment number

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

SOCIAL SECURITY NUMBER OR TAX ID #	CELL PHONE			HOME PHONE	

E-MAIL ADDRESS

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- You must answer "Yes" to at least ONE of the following questions to be eligible to enroll a child in the program.
- 1) Is the Purchaser OR Beneficiary (child) a Nevada resident?  Yes  No
  - 2) Does the Purchaser hold a degree or certificate from a Nevada Community College, State College, or University?  Yes  No

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

Radio  TV  Brochure  Newspaper  School or Community Event  Online Ad  Website

You Tube Video  Google Search  Facebook Ad  Webinar/Workshop  Friends/Relatives  Existing customer

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 on a contract however, he/she 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.

Last	First	M.I.

ADDRESS

Number and street, including apartment number

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

SOCIAL SECURITY NUMBER OR TAX ID#	CELL PHONE			HOME PHONE	

### SECTION III. Beneficiary (Child's) Information

The Beneficiary is the child that will utilize the Prepaid Tuition Program in the future. Complete the following information about him/her. **You must supply the Beneficiary's Social Security Number or Tax ID Number or the contract will not be accepted.**

NAME

Last	First	M.I.

ADDRESS

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Number and street, including apartment number

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

SOCIAL SECURITY NUMBER OR TAX ID#	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, 2020**. **The year in parenthesis by your child's age is your child's projected college entrance date.**

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|---|--|--|---|
| 1. Newborn <input type="checkbox"/> (2038)    | 5. 4 year old <input type="checkbox"/> (2034)                | 9. Second Grade <input type="checkbox"/> (2031)  | 13. Sixth Grade <input type="checkbox"/> (2027)   |
| 2. 1 year old <input type="checkbox"/> (2037) | 6. 5 year old, not in school <input type="checkbox"/> (2034) | 10. Third Grade <input type="checkbox"/> (2030)  | 14. Seventh Grade <input type="checkbox"/> (2026) |
| 3. 2 year old <input type="checkbox"/> (2036) | 7. Kindergarten <input type="checkbox"/> (2033)              | 11. Fourth Grade <input type="checkbox"/> (2029) | 15. Eighth Grade <input type="checkbox"/> (2025)  |
| 4. 3 year old <input type="checkbox"/> (2035) | 8. First Grade <input type="checkbox"/> (2032)               | 12. Fifth Grade <input type="checkbox"/> (2028)  | 16. Ninth Grade <input type="checkbox"/> (2024)   |

Who is the contract being purchased for? (check one)

1.  Child      2.  Grandchild      3.  Relative      4.  Friend/Other \_\_\_\_\_

### SECTION IV. Choice of University, Community College, or combination Nevada Prepaid Tuition Plan

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

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

Please select your payment preference 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.**) **Choose one of the monthly payment options OR indicate if you are making a one time, lump sum payment.**

- |  |  |
|--|--|
| <input type="checkbox"/> Single, Lump Sum Payment  | <input type="checkbox"/> 5 Year/60 Monthly Payments (Newborn through 7 <sup>th</sup> grade children)   |
| <input type="checkbox"/> Extended Monthly Payments (pay monthly until child graduates from high school)  | <input type="checkbox"/> 10 Year/120 Monthly Payments (Newborn through 2 <sup>nd</sup> grade children) |
| <input type="checkbox"/> Optional Down Payment      Amount of down payment \$ _____ (minimum of \$1,000) |  |

**If selecting a monthly payment option, indicate your monthly payment method below:**

- Automated Bank Account Withdrawal: Recommended & Debited on the 15<sup>th</sup> of the month. Form available online at [NVPrepaid.gov](http://NVPrepaid.gov)
- Payroll Deduction (Choose your current employer from the participating payroll departments listed below and the required form will be sent to you.)
- |  |   |                                       |   |   |
|--|---|---------------------------------------|---|---|
| <input type="checkbox"/> City of Las Vegas                   | <input type="checkbox"/> LV Valley Water District     | <input type="checkbox"/> NV Energy    | <input type="checkbox"/> State of Nevada: Central Payroll | <input type="checkbox"/> State of Nevada: LCB |
| <input type="checkbox"/> University of Nevada Las Vegas/Reno | <input type="checkbox"/> Lake Tahoe Community College | <input type="checkbox"/> Greater LVAR | <input type="checkbox"/> Humboldt General Hospital        |   |
| <input type="checkbox"/> Douglas County                      | <input type="checkbox"/> PERS (currently employed by) |                                       |   |   |
- Coupon Book (Send monthly check with coupon. A coupon book mailed to the purchaser. Note: Future fees may apply)

