INSURANCE FOR STUDENTS - PRIME PLAN INSURANCE PROGRAM

2016 – 2017 ENROLLMENT FORM FOR EFSC INTERNATIONAL STUDENTS

Underwritten by Student Resources (SPC) a United Healthcare Group Company **Policy # 2016-202918-91**

PLEASE PRINT CLEARLY – FAILURE TO PROVIDE ALL INFORMATION MAY DELAY OR VOID YOUR INSURANCE

STUDENT/SCHOLAR Last Name: HOME COUNTRY:

First Name: Middle Initial:

School I.D. #

Date of Birth (Month/day/year) [ ] Male [ ] Female

Mailing Address:

City: State: Zip:

Phone # ( ) EMAIL ADDRESS:

DEPENDENTS - Complete information below for dependents to be insured

NOTE: Dependent Coverage is available only for students/scholars insured under this plan.

Spouse Last Name _____ First Name _____

Date of Birth (Mo/Day/Year) _____/_____/_____ SS#: - - Gender [ ] Male [ ] Female

CHILD 1 Last Name _____First Name _____

Date of Birth (Mo/Day/Year) _____/_____/_____ SS#: - - Gender [ ] Male [ ] Female

CHILD 2 Last Name _____First Name _____

Date of Birth (Mo/Day/Year) _____/_____/_____ SS#: - - Gender [ ] Male [ ] Female

PREMIUM

STUDENT/SCHOLAR	Annual	Spring/Summer	Summer
01 Ages24 & under	☐$ 708.00	☐$ 439.00	☐$ 177.00
02 Ages 25 to 30	☐$1,104.00	☐$ 685.00	☐$ 276.00
03 Ages 31 to 40	☐$3,341.00	☐$2,068.00	☐$ 833.00
04 Ages 41 & Over	☐$5,348.00	☐$3,311.00	☐$1,334.00
DEPENDENTS			
06 Spouse	☐$4,496.00	☐$3,404.00	☐$1,371.00
07 Each Child	☐$3,338.00	☐$2,068.00	☐$ 833.00

EFFECTIVE/EXPIRATION PERIODS

☐**ANNUAL** 8/15/2016 TO 8/14/2017 ☐**SPRING/SUMMER** 1/1/2017 TO 8/14/2017 ☐**SUMMER** 5/16/2017 TO 8/14/2017

PREMIUM NOW DUE $ _____

METHOD OF PAYMENT **[ ] CHECK [ ] MONEY ORDER Make payable to Insurance for Students [ ] Credit Card (complete below)**

Credit Card Authorization – [ ] MasterCard [ ] Discover [ ] American Express [ ] Visa Please bill my card for my insurance premium shown above

Cardholder Name (Last/First) _____

Cardholder Number: / / / / / / / / / / / / / / / / Expiration Date (mo/year) _____ I _____.

NOTICE TO STUDENT: Coverage will be effective the date the correct premium is received by the company or a representative of the Company or the effective date of the coverage period, whichever is later, unless otherwise stated in the Master Policy. By signing, the student acknowledges the following: 1) He/She has carefully read the brochure and elects to enroll as indicated on this enrollment card; 2) Rates are not pro-rated other than as listed on this enrollment card; 3) He/She meets the eligibility requirements for this coverage as described in the brochure; and 4) If it is later determined that the student is not eligible, the premium will be refunded. **PREMIUM WILL NOT BE REFUNDED EXCEPT FOR INELIGIBILITY OR ENTRANCE INTO THE ARMED FORCES**.

I understand that I must be an international student /scholar at EFSC to purchase this insurance.

Student's Signature: Date:

FOR QUESTIONS PLEASE CONTACT:
INSURANCE FOR STUDENTS, INC.
5295 TOWN CENTER RD, SUITE 101 BOCA RATON, FL 33483
www.insuranceforstudents.com/EFSC PHONE 800-356-1235 FAX 954-772-0872

APPLICATIONS CAN BE MAILED TO ADDRESS ABOVE OR IF PAYING BY CREDIT CARD CAN BE FAXED TO 954-772-0872 OR SCANNED/EMAILED TO WIL@INSURANCEFORSTUDENTS.COM