Valencia IEP ENROLLMENT FORM

2023-2024 International Student Injury and Sickness Program Underwritten by AETNA LIFE INSURANCE COMPANY (AETNA) Policy # 2023-686225

bilder written by ALTNA LITE INSORANCE COMPANT (ALTNA) Folicy # 2025-000225	
PLEASE PRINT CLEARLY – FAILURE TO PROVIDE ALL INFORMATION MAY DELAY OR VOID YOUR INSURANCE	
STUDENT/SCHOLAR Last Name:	
First Name: Middle Initial:	
Student I.D #:	
Date of Birth (Month/day/year): [] Male [] Female	
Mailing Address:	
City: State:	Zip:
Phone # () EMAIL ADDRESS:	
2023-24 DAILY RATES FOR CONTINUING STUDENTS	
(30 Day Minimum)	
	PREMIM CALCULATION
Effective date (month/day/year):	Total Days Covered:
Student \$ 5.59	TOTAL PREMIUM \$
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:	xpiration Date (mo/year) I SEC .
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 enrolled international student in the Intensive English Program at Valencia College to purchase this insurance.	
Student's Signature: Da	ate:
FOR QUESTIONS PLEASE CONTACT:	

INSURANCE FOR STUDENTS INC. – 1690 S. CONGRESS AVE #101, DELRAY BEACH FL 33445 PHONE 800-356-1235 FAX 954-772-0872

APPLICATIONS CAN BE MAILED TO ADDRESS ABOVE OR IF PAYING BY CREDIT CARD CAN BE emailed to enroll@insuranceforstudents.com