SEMINOLE STATE COLLEGE

2023-2024 INTERNATIONAL STUDENT HEALTH INSURANCE PROGRAM

[] Male [] Female

□ SPRING/SUMMER

Zip:

WELLFLEET INSURANCE COMPANY Policv WI2324FLSHIP152 CIGNA PPO PLEASE PRINT CLEARLY - FAILURE TO PROVIDE ALL INFORMATION MAY DELAY OR VOID YOUR INSURANCE STUDENT/SCHOLAR Last Name: First Name: Middle Initial: HOME COUNTRY: Student I.D. #

Date of Birth (Month/day/year):

)

Mailing Address:

City:

Phone # (

EMAIL ADDRESS:

State:

DEPENDENTS - Please contact our office if you need assistance with coverage for dependents.

| PREMIUM | | | | | |
|---------|--------------|------------|---------------|---------------|--|
| | ANNUAL | FALL | SPRING/SUMMER | <u>SUMMER</u> | |
| STUDENT | □\$ 2,241.00 | □\$ 852.00 | □\$ 1,389.00 | □\$ 619.00 | |
| | | | | | |

COVERAGE DATES

8/15/2023 to 8/14/2024

8/15/2023 TO 12/31/2023

1/1/2024 TO 8/14/2024

METHOD OF PAYMENT

[] CHECK [] MONEY ORDER Make payable to Student Insurance [] Credit Card (complete below)

□ SUMMER

5/6/2024 TO 8/14/2024

Please include a processing fee per enrollee for credit & debit card payments of 4%

PREMIUM NOW DUE \$

Please bill my card for my insurance premium shown above and include the appropriate processing fee

Credit Card Authorization: [] MasterCard [] Discover [] American Express [] Visa

Cardholder Name (Last/First)

Card Number: | | | | | | | | | | | | | | | Expiration Date (mo/year)

I Sec. Code

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 SEMINOLE STATE College to purchase this insurance.

Student's Signature:

Date: FOR QUESTIONS PLEASE CONTACT:

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

www.insuranceforstudents.com/seminolestate

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