

# SANTA FE COLLEGE

## 2023-2024 INTERNATIONAL STUDENT HEALTH INSURANCE PROGRAM

### WELLFLEET INSURANCE

Policy **WI2324FLSHIP99**

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

STUDENT/SCHOLAR Last Name:

VISA TYPE: ☐ F1 ☐ M1 ☐ J1 ☐ Other

First Name:

Middle Initial:

Student I.D. #

HOME COUNTRY:

Date of Birth (Month/day/year):

☐ Male ☐ Female

Mailing Address:

City:

State:

Zip:

Phone # ( )

EMAIL ADDRESS:

### PREMIUM

	<u>ANNUAL</u>	<u>FALL</u>	<u>SPRING/SUMMER</u>	<u>SUMMER</u>
STUDENT	<input type="checkbox"/> \$ 2,241.00	<input type="checkbox"/> \$ 833.00	<input type="checkbox"/> \$ 1,408.00	<input type="checkbox"/> \$ 637.00

### COVERAGE DATES

<input type="checkbox"/> <u>ANNUAL</u> 8/20/2023 to 8/19/2024	<input type="checkbox"/> <u>FALL</u> 8/20/2023 to 1/2/2024	<input type="checkbox"/> <u>SPRING/SUMMER</u> 1/3/2024 to 8/19/2024	<input type="checkbox"/> <u>SUMMER</u> 5/8/2024 to 8/19/2024
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### METHOD OF PAYMENT

☐ CHECK

☐ MONEY ORDER Make payable to Student Insurance

☐ Credit Card (complete below)

Please include a processing fee per enrollee for credit & debit card payments ONLY 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) \_\_\_\_\_ 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 at Santa Fe 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/SANTAFE**

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