

# Miami Dade College

## 2024-2025 International Student Health Insurance Enrollment Form

Underwritten by United Healthcare Insurance Company

Policy # 24-2024-203596-1

Campus:  Hialeah  Homestead  Kendall  Medical  North  Padron  West  Wolfson

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

Student/Scholar's Last Name: \_\_\_\_\_ Visa Type with  F1  J1  J1  OTHER \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Student I.D #: \_\_\_\_\_ Home Country: \_\_\_\_\_

Date of Birth (Month/Day/Year): \_\_\_\_\_  Male  Female  
Month Day Year

U.S.A Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #:( ) \_\_\_\_\_ Email Address: \_\_\_\_\_

**PREMIUM** (Please check appropriate box)

	<b>ANNUAL (A-)</b>	<b>SPRING/SUMMER: (J-)</b>	<b>SUMMER (S-)</b>
Student :	<input type="checkbox"/> \$ 1,917.00	<input type="checkbox"/> \$ 1,201.00	<input type="checkbox"/> \$ 563.00

**COVERAGE DATES** (Please check appropriate box)

<input type="checkbox"/> <b>ANNUAL:</b> 8/15/24 - 8/14/25	<input type="checkbox"/> <b>SPRING/SUMMER:</b> 1/1/25 - 8/14/25	<input type="checkbox"/> <b>SUMMER</b> 5/1/25 - 8/14/25
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**METHOD OF PAYMENT:**

CHECK  MONEY ORDER (Make payable to Insurance for Students, Inc.)  Credit Card/Debit Card

**IMPORTANT: If paying by credit/debit include a 4% processing fee per enrollee:**

\$76.68 (ANNUAL)  \$48.04 (SPRING/SUMMER)  \$22.52 (SUMMER)

**TOTAL PREMIUM NOW DUE: \$ \_\_\_\_\_**

*For credit card payment see below*

**IMPORTANT: If paying by credit card a link will be emailed to you from [accounting@insuranceforstudents.com](mailto:accounting@insuranceforstudents.com) allowing you to submit your credit payment via a secure PCI compliant web portal.**

**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 enrolled at Miami Dade College to purchase this insurance.

Student's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**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](mailto:ENROLL@INSURANCEFORSTUDENTS.COM)**