

CITY COLLEGE
2016-2017 ACCIDENT ONLY INSURANCE ENROLLMENT FORM
UNDERWRITTEN BY AEGIS SECURITY INSURANCE COMPANY **POLICY# CL-106**

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

STUDENT Last Name:

First Name:

Middle Initial:

Social Security # - -

OR Student I.D. #

Date of Birth (Month/day/year):

Male Female

Mailing Address:

City:

State:

Zip:

Phone # ()

EMAIL ADDRESS:

CITY COLLEGE CAMPUS:

CLASS/PROGRAM START DATE:

INSURANCE COVERAGE EFFECTIVE DATE REQUESTED:

_____ / _____ / _____
MONTH DAY YEAR

COST OF INSURANCE

Coverage cannot extend beyond 10/30/2017
(Includes Administrative Fees)

ANNUAL

Cannot be purchased after 10/31/2016

\$120.00

QUARTER (3 months)

Cannot be purchased after 7/31/2017

\$40.00

SEMESTER (4 months)

Cannot be purchased after 6/30/2017

\$60.00

METHOD OF PAYMENT: CHECK MONEY ORDER (Make payable to Student Insurance) Credit Card (complete below)

NOW DUE \$ _____

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) _____ | _____.

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 a student attending CITY 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

FOR FASTER ENROLLMENT PLEASE VISIT WWW.INSURANCEFORSTUDENTS.COM/CITYCOLLEGE

APPLICATIONS CAN BE MAILED TO THE ADDRESS ABOVE
PLEASE FAX MY RECEIPT TO THE FOLLOWING:

NAME _____

FAX NUMBER _____