INSURANCE FOR STUDENTS – GLOBAL CARE ESSENTIAL
ENROLLMENT FORM $500 Deductible Plan
International Student Injury and Sickness Program

Underwritten by Student Resources (SPC) a United Healthcare Group Company Policy # 2017-203140-93

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 #: I am a [ ] Student OR [ ] Scholar with [ ] F1 [ ] J1 [ ] OTHER _____

Date of Birth (Month/day/year): [ ] Male [ ] Female

Mailing Address:

City: State: Zip:

Phone # ( ) EMAIL ADDRESS:

NAME OF COLLEGE OR UNIVERSITY:

DEPENDENTS - Complete information below for dependents to be insured

NOTE: Dependent Coverage is available only for students/scholars insured under this plan. Coverage must be purchased at the time of primary insured's enrollment or within 30 days of birth/marriage or arrival in country

Spouse Last Name _____ First Name _____

Date of Birth (Mo/Day/Year) _____/_____/_____ SS#: - - Gender [ ] Male [ ] Female

CHILD 1 Last Name _____First Name _____

Date of Birth (Mo/Day/Year) _____/_____/_____ SS#: - - Gender [ ] Male [ ] Female

CHILD 2 Last Name _____First Name _____

Date of Birth (Mo/Day/Year) _____/_____/_____ SS#: - - Gender [ ] Male [ ] Female

PREMIUM - Rates are Valid for coverage EFFECTIVE After 7/1/2016 COVERAGE CANNOT EXTEND BEYOND 9/30/2017

Effective date (month/day/year):

ANNUAL RATES		DAILY RATES (90 DAY MIN)	
STUDENT/SCHOLAR RATES		**STUDENT/SCHOLAR RATES**	
Age 24 & Under	$ 490.00	Age 24 & Under	$ 1.35
Student 25-30	$ 787.00	Student 25-30	$ 2.16
Student 31-40	$ 1,728.00	Student 31-40	$ 4.74
Student 41-64	$ 4,001.00	Student 41-64	$ 10.96
DEPENDENT RATES		**DEPENDENT RATES**	
Spouse	$ 4,844.00	Spouse	$ 13.28
Each Child	$ 2,625.00	Each Child	$ 7.20

PREMIUM CALCULATION

TOTAL PREMIUM $ _____
(ADD STUDENT/SPOUSE/CHILD RATE)

Please include a processing fee per enrollee for credit & debit card payments ONLY ☐ $24 Per Enrollee Annual or ☐ $2 Per Enrollee Per 30 days

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: | | | | | | | | | | | | | | | | 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 an international student enrolled or scholar 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 FAXED TO 954-772-0872