

INSURANCE FOR STUDENTS - STUDY ABROAD
COMPREHENSIVE PLAN
INJURY AND ILLNESS INSURANCE

PLEASE PRINT - COMPLETE ALL INFORMATION

Form fields for personal information including Last Name, First Name, Date of Birth, Soc. Sec. No., Gender, Telephone No., Mailing Address, Apartment No., City, State, ZIP Code, and E-Mail.

PLEASE INDICATE NAME OF U. S. COLLEGE/UNIVERSITY YOU ATTEND:

I want coverage to begin on ___/___/___ and continue for ___ whole months. Any fraction of a month must be calculated as a whole month.

Table with columns: MONTHLY RATES, NO. OF MONTHS, TOTAL PREMIUM. Rows include Student/Participant, Spouse*, and Each Child* with associated rates and calculation fields.

Indicate Total Premium Submitted: \$

By my signature, I certify to the eligibility for insurance of the individuals named hereon. Signature - Student/Participant - Parent - Guardian

METHOD OF PAYMENT:

- Check / Money Order* Payable To: AIG
Credit Card - MASTER CARD, VISA, AMERICAN EXPRESS, DISCOVER

CREDIT CARD PAYMENT AUTHORIZATION - Please bill my credit card for my insurance.

AMOUNT CHARGED \$ THE COMPANY WILL CHARGE 4% OF YOUR TOTAL PREMIUM FOR PROCESSING VIA YOUR CREDIT CARD.

Form fields for credit card information including Last Name, First Name, MI, Credit Card Number, Exp. Date, Signature, and Date. Includes a 'MAIL TO:' box with address: INSURANCE FOR STUDENTS, 600 CORPORATE DR., SUITE 101, FT. LAUDERDALE, FL 33334.

DEPENDENTS TO BE INSURED

Form fields for dependents including Spouse and Child information with Last Name, First Name, MI, Gender, and Date of Birth.