

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., Telephone No., Mailing Address, City, State, ZIP Code, and Apartment No.

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 for Student/Participant, Spouse*, and Each Child*.

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: AIU Holdings
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, and Signature/Date.

MAIL TO:
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, and Date of Birth.