

## 2023-2024 INTERNATIONAL STUDENT HEALTH INSURANCE ENROLLMENT FORM

## United Healthcare Insurance Company

**Policy Number 2023-203649-1**

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

STUDENT Last Name:

First Name:

Middle Initial:

School I.D. #

VISA TYPE: ☐ F1 ☐ M1 ☐ J1 ☐ Other \_\_\_\_\_

Date of Birth (Month/day/year)

☐ Male ☐ Female

HOME COUNTRY:

U.S. Mailing Address:

City:

State:

Zip:

Phone # (      )

EMAIL ADDRESS:

## Premium

	New Students Annual	New Students Fall	Returning Students Annual	Returning Students Fall	Spring/Summer	Summer
<b>Student</b>	<input type="checkbox"/> \$ 1,949.00	<input type="checkbox"/> \$ 788.00	<input type="checkbox"/> \$1,872.00	<input type="checkbox"/> \$ 716.00	<input type="checkbox"/> \$ 1,156.00	<input type="checkbox"/> \$ 537.00

## COVERAGE DATES

### EFFECTIVE/EXPIRATION PERIODS

☐ **NEW STUDENT ANNUAL** 7/31/2023 TO 8/13/2024  
☐ **CONTINUING STUDENT ANNUAL** 8/14/2023 TO 8/13/2024  
☐ **SPRING/SUMMER** 1/1/2024 TO 8/13/2024

☐ **NEW STUDENT FALL 7/31/2023 TO 12/31/2023**  
☐ **CONTINUING STUDENT FALL 8/14/2023 TO 12/31/2023**  
☐ **SUMMER 5/1/2024 TO 8/13/2024**

## METHOD OF PAYMENT

**[ ] CHECK [ ] MONEY ORDER** Make payable to Insurance for Students **[ ] Credit Card** (complete below)

**Please include a processing fee of 4% for credit & debit card payments ONLY**

☐ \$ 77.96 (New Student Annual)      ☐ \$31.52(New Student Fall)      ☐ \$74.88 (Returning Student Annual)

☐ \$28.64 (Returning Student Fall)      ☐ \$46.24(All Students Spring/Summer)      ☐ \$21.48 (All Students Summer)

**PREMIUM NOW DUE \$** \_\_\_\_\_

Credit Card Authorization ☐ MasterCard ☐ Discover ☐ American Express ☐ Visa ☐

Please charge my card for my insurance premium shown above

Cardholder Name (Last/First) \_\_\_\_\_

[illegible]

**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 at Hillsborough Community 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 \*\* EMAIL: [enroll@insuranceforstudents.com](mailto:enroll@insuranceforstudents.com)**

**[www.insurnaceforstudents.com/HCC](http://www.insurnaceforstudents.com/HCC)**

APPLICATIONS CAN BE MAILED TO ADDRESS ABOVE OR IF PAYING BY CREDIT CARD CAN BE FAXED TO 954-772-0872