

KEISER UNIVERSITY

2023-2024 ACCIDENT ONLY INSURANCE ENROLLMENT FORM

UNDERWRITTEN BY AXIS SECURITY INSURANCE COMPANY

POLICY# COSBAGI-IFS0002

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

STUDENT Last Name:

First Name:

Middle Initial:

Student I.D. #

Date of Birth (Month/day/year):

[ ] Male

[ ] Female

Mailing Address:

City:

State:

Zip:

Phone # ( )

EMAIL ADDRESS:

KEISER UNIVERSITY CAMPUS:

CLASS/PROGRAM START DATE:

INSURANCE COVERAGE EFFECTIVE DATE REQUESTED:

MONTH

DAY

YEAR

COST OF INSURANCE

Coverage cannot extend beyond 10/31/2024 (Includes Administrative Fees)

ANNUAL

Cannot be purchased after 10/31/2023

QUARTER (3 months)

Cannot be purchased after 7/31/2024

SEMESTER (4 months)

Cannot be purchased after 6/30/2024

[ ] \$120.00

[ ] \$40.00

[ ] \$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 KEISER UNIVERSITY 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

APPLICATIONS CAN BE MAILED TO THE ADDRESS ABOVE

PLEASE FAX MY RECEIPT TO THE FOLLOWING:

NAME

FAX NUMBER