SOUTHEASTERN COLLEGE 2023-2024 ACCIDENT ONLY INSURANCE ENROLLMENT FORM

UNDERWRITTEN BY AXIS SECURITY INSURANCE COMPANY POLICY# COSBAGI-IFS0003

PLEASE PRINT CLEARLY – FAILURE TO PROVIDE ALL INFORMATION MAY DELAY OR VOID YOUR INSURANCE			
STUDENT Last Name:			
	Middle Initial:		
Date of Birth (Month/day/year):		[] Male [] Female	
City: Phone # ()	State: Zip: EMAIL ADDRESS:		
SOUTHEASTERN COLLEGE CAMPUS:			
CLASS/PROGRAM START DATE:			
INSURANCE COVERAGE EFFECTIVE DATE I	REQUESTED:MONTH	DAY YEAR	
COST OF INSURANCE Coverage cannot extend beyond 10/31/2024 (Includes Administrative Fees)			
	R (3 months) ourchased after 7/31/2024	SEMESTER (4 months) Cannot be purchased after 6/30/2024	ļ
[] \$120.00 [] \$	640.00	[] \$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:			
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 SOUTHEASTERN COLLEGE to purchase this insurance.			
Student's Signature: Date: FOR QUESTIONS PLEASE CONTACT:			
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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:			

FAX NUMBER_

NAME