SOUTHERN TECHNICAL COLLEGE 2023-2024 ACCIDENT ONLY INSURANCE ENROLLMENT FORM

	FAILURE TO PROVIDE ALL INFORMATIO	N MAY DELAY OR VOID YOUR INSURANCE
STUDENT Last Name:		
First Name:	Middle II	nitial:
Student I.D. #		
Date of Birth (Month/day/year):		[] Male [] Female
Mailing Address:		
-	State:	Zip:
Phone # ()	EMAIL ADDRESS:	
SOUTHERN TECHNICAL COLLE	GE CAMPUS:	
CLASS/PROGRAM START DAT	E:	
INSURANCE COVERAGE EFFEC	TIVE DATE REQUESTED:	//
	COST OF INSURANCE Coverage cannot extend beyond 10/31/ (Includes Administrative Fees)	/2024
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
F 1 \$400.00	I I \$40.00	
[] \$120.00	[] \$40.00	[] \$60.00
METHOD OF PAYMENT: [] C below)	HECK [] MONEY ORDER (Make payable	[] \$60.00 to Student Insurance) [] Credit Card (complete
METHOD OF PAYMENT: [] C below)	HECK [] MONEY ORDER (Make payable	
METHOD OF PAYMENT: [] C below) Credit Card Authorization – [] MasterCard Cardholder Name (Last/First)	HECK [] MONEY ORDER (Make payable NOW DUE \$	to Student Insurance) [] Credit Card (complete
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METHOD OF PAYMENT: []C below) Credit Card Authorization – [] MasterCard Cardholder Name (Last/First) Cardholder Number: I I NOTICE TO STUDENT: Coverage will be effective date of the coverage period, which He/She has carefully read the brochure and enrollment card; 3) He/She meets the eligit	HECK [] MONEY ORDER (Make payable NOW DUE \$ d [] Discover [] American Express [] Visa Please L	to Student Insurance) [] Credit Card (complete
METHOD OF PAYMENT: [] C below) Credit Card Authorization – [] MasterCard Cardholder Name (Last/First) Cardholder Number: 1 1 1 NOTICE TO STUDENT: Coverage will be effective date of the coverage period, which He/She has carefully read the brochure and enrollment card; 3) He/She meets the eligit is not eligible, the premium will be refunded FORCES.	HECK [] MONEY ORDER (Make payable NOW DUE \$ d [] Discover [] American Express [] Visa Please L	to Student Insurance) [] Credit Card (complete e bill my card for my insurance premium shown above
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