HILLSBOROUGH COMMUNITY COLLEGE

2025-2026 INTERNATIONAL STUDENT HEALTH INSURANCE ENROLLMENT FORM

United Healthcare Insurance Company **Policy Number 2025-203649-1**

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
Student	☐ $ 2,066.00	☐ $ 820.00	☐ $2,016.00	☐ $ 773.00	☐ $ 1,243.00	☐ $ 580.00

COVERAGE DATES

EFFECTIVE/EXPIRATION PERIODS

☐ **NEW STUDENT ANNUAL** 8/5/2024 TO 8/13/2025
☐ **CONTINUING STUDENT ANNUAL** 8/14/2024 TO 8/13/2025
☐ **SPRING/SUMMER** 1/1/2025 TO 8/13/2025
☐ **NEW STUDENT FALL** 8/5/2024 TO 12/31/2024
☐ **CONTINUING STUDENT FALL** 8/14/2024 TO 12/31/2024
☐ **SUMMER** 5/1/2025 TO 8/13/2025

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

☐ **$ 82.64 (New Student Annual)** ☐ **$32.80 (New Student Fall)** ☐ **$80.64 (Returning Student Annual)**
☐ **$30.92 (Returning Student Fall)** ☐ **$49.72 (All Students Spring/Summer)** ☐ **$23.20 (All Students Summer)**

PREMIUM NOW DUE $ _____

IMPORTANT: If paying by credit card a link will be emailed to you from accounting@insuranceforstudents.com allowing you to submit your credit payment via a secure PCI compliant web portal.

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
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