HILLSBOROUGH COMMUNITY COLLEGE

2020 – 2021 INTERNATIONAL STUDENT HEALTH INSURANCE PROGRAM

Underwritten by AXIS Specialty Europe SE **Policy # 2020-HCC**

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

STUDENT Last Name: HOME COUNTRY:

First Name: Middle Initial:

School I.D. # VISA TYPE: [ ] F1 [ ] M1 [ ] J1

Date of Birth (Month/day/year) [ ] Male [ ] Female

U.S. Mailing Address:

City: State: Zip:

Phone # ( ) EMAIL ADDRESS:

DEPENDENTS - Complete information below for dependents to be insured

NOTE: Dependent Coverage is available only for students/scholars insured under this plan.

Spouse Last Name _____ First Name _____

Date of Birth (Mo/Day/Year) _____/_____/_____ SS#: - - Gender [ ] Male [ ] Female

CHILD 1 Last Name _____ First Name _____

Date of Birth (Mo/Day/Year) _____/_____/_____ SS#: - - Gender [ ] Male [ ] Female

CHILD 2 Last Name _____ First Name _____

Date of Birth (Mo/Day/Year) _____/_____/_____ SS#: - - Gender [ ] Male [ ] Female

PREMIUM

STUDENT	New Students Annual	New Students Fall	Continuing Students Annual	Continuing Students Fall	Spring/Summer	Summer
Student	☐ $1,357.00	☐ $ 552.00	☐ $1,307.00	☐ $ 502.00	☐ $ 806.00	☐ $ 376.00
DEPENDENTS						
Spouse	☐ $8,350.00	☐ $ 3,392.00	☐ $8,041.00	☐ $3,085.00	☐ $4,957.00	☐ $2,314.00
Each Child	☐ $3,321.00	☐ $ 1,350.00	☐ $3,198.00	☐ $1,227.00	☐ $1,971.00	☐ $ 920.00

EFFECTIVE/EXPIRATION PERIODS

☐ **NEW STUDENT ANNUAL** 7/31/2020 TO 8/13/2021
☐ **NEW STUDENT FALL** 7/31/2020 TO 12/31/2020
☐ **CONTINUING STUDENT ANNUAL** 8/14/2020 TO 8/13/2021
☐ **CONTINUING STUDENT FALL** 8/14/2020 TO 12/31/2020
☐ **SPRING/SUMMER** 1/1/2021 TO 8/13/2021
☐ **SUMMER** 5/1/2021 TO 8/13/2021

Please include a processing fee per enrollee for credit & debit card payments ONLY

☐ **$35 (Annual Coverage)** ☐ **$15 (Fall Coverage)** ☐ **$20 (Spring/Summer Coverage)** ☐ **$10 (Summer Coverage)**

PREMIUM NOW DUE $ _____

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

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 (mo/year) / SEC _____

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
www.insuranceforstudents.com/HCC PHONE 800-356-1235 FAX 954-772-0872
APPLICATIONS CAN BE MAILED TO ADDRESS ABOVE OR IF PAYING BY CREDIT CARD CAN BE FAXED TO 954-772-0872