

INSURANCE FOR STUDENTS– PRIME PLAN ICS ENROLLMENT FORM

International Student Injury & Sickness Program with Intercollegiate Sports Coverage - \$100/\$500 deductible

Underwritten by Student Resources (SPC) a United Healthcare Group Company Policy # 2018-203391-97

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

Student/Scholar's Last Name: _____ I am a [] STUDENT or [] SCHOLAR with [] F1 [] M1 [] J1 [] OTHER _____

First Name: _____ Middle Initial: _____

Student I.D #: _____ Home Country: _____

Date of Birth (Month/Day/Year): _____ [] Male [] Female

U.S.A Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone #:() _____ Email Address: _____

NAME OF COLLEGE OR UNIVERSITY: _____

DEPENDENTS- Complete information below for dependents to be insured

NOTE: Dependent coverage is available only for students/scholars insured under this plan. Coverage must be purchased at the time of primary insured's enrollment or within 30 days of birth/marriage or arrival in country

Spouse Last Name: _____ First Name: _____

Date of Birth (month/day/year): _____ / _____ / _____ Gender [] Male [] Female Visa Type: _____

CHILD 1 Last Name _____ First Name: _____

Date of Birth (month/day/year): _____ / _____ / _____ Gender [] Male [] Female Visa Type: _____

CHILD 2 Last Name _____ First Name: _____

Date of Birth (month/day/year): _____ / _____ / _____ Gender [] Male [] Female Visa Type: _____

PREMIUM- Rates are valid for coverage EFFECTIVE After 7/1/2018 (COVERAGE CANNOT EXTEND BEYOND 9/30/2019)

COVERAGE PERIOD: Effective date (month/day/year): _____
 [] Annual or [] Daily for _____ days.

ANNUAL RATES	DAILY RATES (90 DAY MIN)	PREMIUM CALCULATION
STUDENT/SCHOLAR RATES: Age 24 & Under \$ 969.00 Student 25-30 \$ 1,496.00 Student 31-40 \$ 3,449.00 Student 41-64 \$ 7,367.00 DEPENDENT RATES Spouse \$ 7,224.00 Each Child \$ 4,381.00	STUDENT/SCHOLAR RATES: Age 24 & Under \$ 2.65 Student 25-30 \$ 4.09 Student 31-40 \$ 9.45 Student 41-64 \$ 20.18 DEPENDENT RATES Spouse \$ 19.79 Each Child \$ 12.00	DAILY Premium Calculation: Student Daily Premium \$ _____ Spouse Daily Premium \$ _____ Child Daily Premium \$ _____ (PER CHILD) Total Daily Rate: \$ _____ Number of Days: X _____ DAILY Total Premium \$ _____ <hr/> ANNUAL Total Premium \$ _____ (ADD STUDENT/SPOUSE/CHILD RATE)

METHOD OF PAYMENT:

[] CHECK [] MONEY ORDER (Make payable to Insurance for Students, Inc.) [] Credit Card/Debit Card

IMPORTANT: If paying by credit/debit include a processing fee per enrollee:

[] \$24 Per Enrollee Annual [] \$2 Per Enrollee Per 30 days

TOTAL PREMIUM NOW DUE: \$ _____

Please complete below if paying by credit card/debit card

Credit Card/Debit Authorization – [] MasterCard [] Discover [] American Express [] Visa Please bill my card for my insurance premium shown above

Cardholder Name: (Last/First) _____

Cardholder Number: _____ Expiration Date (month/year): _____ CVC: _____

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 enrolled or scholar to purchase this insurance.

Student's Signature: _____ Date: _____

FOR QUESTIONS PLEASE CONTACT:

INSURANCE FOR STUDENTS INC. – 1690 S. CONGRESS AVE #101, DELRAY BEACH FL 33445

PHONE: (800) 356-1235 ** FAX: (954) 772-0872 ** WEBSITE: Insuranceforstudents.com

APPLICATIONS CAN BE SUBMITTED VIA: Email: INFO@INSURANCEFORSTUDENTS.COM OR Fax # 954-772-0872

If paying via check please mail to Insurance for Students at the address listed above