INSURANCE FOR STUDENTS– PRIME PLAN ICS ENROLLMENT FORM

International Student Injury & Sickness Program with Intercollegiate Sports Coverage - $500/$750 deductible

Underwritten by Student Resources (SPC) a United Healthcare Group Company Policy # 2018-203391-98

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)	
STUDENT/SCHOLAR RATES:		**STUDENT/SCHOLAR RATES:**	
Age 24 & Under	$ 870.00	Age 24 & Under	$ 2.38
Student 25-30	$ 1,344.00	Student 25-30	$ 3.68
Student 31-40	$ 3,097.00	Student 31-40	$ 8.48
Student 41-64	$ 6,616.00	Student 41-64	$ 18.13
DEPENDENT RATES		**DEPENDENT RATES**	
Spouse	$ 6,500.00	Spouse	$ 17.81
Each Child	$ 3,969.00	Each Child	$ 10.79

PREMIUM CALCULATION

DAILY Premium Calculation:

Student Daily Premium $_____

Spouse Daily Premium $_____

Child Daily Premium $_____

(PER CHILD)

Total Daily Rate: $_____

Number of Days: X_____

DAILY Total Premium $_____

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