SOUTHEASTERN INSTITUTE
2018-2019 ACCIDENT ONLY INSURANCE ENROLLMENT FORM
UNDERWRITTEN BY AEGIS SECURITY INSURANCE COMPANY POLICY# CL-103

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

STUDENT Last Name:

First Name: Middle Initial:

Student I.D. #

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

Mailing Address:

City: State: Zip:

Phone # ( ) EMAIL ADDRESS:

SOUTHEASTERN INSTITUTE CAMPUS:

CLASS/PROGRAM START DATE:

INSURANCE COVERAGE EFFECTIVE DATE REQUESTED: _____/_____/_____
MONTH DAY YEAR

COST OF INSURANCE

Coverage cannot extend beyond 10/31/2019
(Includes Administrative Fees)

ANNUAL	QUARTER (3 months)	SEMESTER (4 months)
Cannot be purchased after 10/31/2018	Cannot be purchased after 7/31/2019	Cannot be purchased after 6/30/2019
[ ] $120.00	[ ] $40.00	[ ] $60.00

METHOD OF PAYMENT: [ ] CHECK [ ] MONEY ORDER (Make payable to Student Insurance) [ ] Credit Card (complete below)

NOW DUE $_____

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 Date (mo/year) | | .

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 a student attending SOUTHEASTERN INSTITUTE 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
FOR FASTER ENROLLMENT PLEASE VISIT WWW.INSURANCEFORSTUDENTS.COM

APPLICATIONS CAN BE MAILED TO THE ADDRESS ABOVE
PLEASE FAX MY RECEIPT TO THE FOLLOWING:

NAME_____ FAX NUMBER_____