

# SANTA FE COLLEGE

## 2021-2022 INTERNATIONAL STUDENT HEALTH INSURANCE PROGRAM

WELLFLEET INSURANCE

Policy **WI2122FLSHIP99**

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

STUDENT/SCHOLAR Last Name:

First Name:

Middle Initial:

Student I.D. #

HOME COUNTRY:

Date of Birth (Month/day/year):

Male  Female

Mailing Address:

City:

State:

Zip:

Phone # ( )

EMAIL ADDRESS:

### PREMIUM

SPRING/SUMMER

SUMMER

STUDENT

\$ 1,065.00

\$ 503.00

### COVERAGE DATES

SPRING/SUMMER  
1/3/2022 to 8/19/2022

SUMMER  
5/4/2022 to 8/19/2022

### METHOD OF PAYMENT

CHECK

MONEY ORDER Make payable to Student Insurance

Credit Card (complete below)

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

\$25 (Spring/Summer coverage)

\$15 (Summer coverage)

**PREMIUM NOW DUE \$ \_\_\_\_\_**

Please bill my card for my insurance premium shown above and include the appropriate processing fee

Credit Card Authorization:  MasterCard  Discover  American Express  Visa

Cardholder Name (Last/First) \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiration Date (mo/year) \_\_\_\_\_ Sec. Code \_\_\_\_\_

**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 Santa Fe 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**

**WWW.INSURANCEFORSTUDENTS.COM/SANTAFE**

APPLICATIONS CAN BE MAILED TO ADDRESS ABOVE OR IF PAYING BY CREDIT CARD CAN BE FAXED TO 954-772-0872