## **VALENCIA COLLEGE**

## 2022-2023 INTERNATIONAL STUDENT HEALTH INSURANCE PROGRAM

		Aetna Life Insuran			
PI	LEASE PRINT CLEARLY – FAIL	URE TO PROVIDE ALL INFOR	MATION MAY DELAY OR VO	ID YOUR INSURANCE	
Student/Scholar's Last Name:		I am a [	I am a [ ]STUDENT or [ ]SCHOLAR with [ ]F1 [ ]M1 [ ]J1 [ ]OTHER		
First Name:		Mido	dle Initial:		
Student I.D #:		Home Country:			
Date of Birth (Month/Day/Year):		[ ]Male [ ]Female			
U.S.A Mailing Addre	ess				
City:		State: Zip:			
Phone #:(	)	Email Address:			
<b>PREMIUM</b>	- (Please check appropriate b	oox)			
	ANNUAL:	FALL:	SPRING/SUMMER:	SUMMER:	
	8/15/22 to 8/14/23	8/15/22 to 12/31/23	1/1/23 to 8/14/23	5/1/23 to 8/14/23	
Student	□ \$ 2,492.00	□ \$ 949.00	□ \$ 1,543.00	□ \$ 723.00	
METHOD (	OF PAYMENT: [] MONEY ORDER	(Make payable to Insura	nce for Students, Inc.)	[ ] Credit Card/Debit Card	
Please complete	TOTAL F	PREMIUM NOW DUE:	\$	-	
Credit Card/Debit A	uthorization – [] MasterCard []	Discover [] American Express	[] Visa Please bill my card for	my insurance premium shown above	
Cardholder Nam		·	·		
Cardholder Num	nber: <u>                                      </u>	<u> </u>	I Expiration Date (mor	nth/year): <u> </u>	
effective date of the He/She has carefull enrollment card; 3) not eligible, the pre FORCES.	e coverage period, whichever is lat ly read the brochure and elects to a He/She meets the eligibility requir emium will be refunded. <b>PREMIU</b>	er, unless otherwise stated in the enroll as indicated on this enrolling ements for this coverage as des M WILL NOT BE REFUNDED I	ne Master Policy. By signing, the ment card; 2) Rates are not pro- cribed in the brochure; and 4) In EXCEPT FOR INELIGIBILITY	epresentative of the Company or the student acknowledges the following: 1) rated other than as listed on this f it is later determined that the student is <b>OR ENTRANCE INTO THE ARMED</b>	
	must be an international student/s	scnoiar enrolled at Valencia Colle	ege to purchase this insurance.		
Student's Signature	:	EOD OHESTIONS DIE	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

www.insuranceforstudents.com/valencia

APPLICATIONS CAN BE MAILED TO ADDRESS ABOVE OR IF PAYING BY CREDIT CARD CAN BE FAXED TO 954-772-0872 OR EMAILED TO CBODE@INSURANCEFORSTUDENTS.COM