FLORIDA ATLANTIC UNIVERSITY
2016-17 INTERNATIONAL STUDENT ENROLLMENT FORM
AETNA LIFE INSURANCE COMPANY (ALIC) GROUP NUMBER 846537

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

STUDENT/SCHOLAR Last Name:
First Name: Middle Initial:

Z Number: Home Country:

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

Mailing Address:
City: State: Zip
Phone #: EMAIL ADDRESS:

METHOD OF PAYMENT [ ] CHECK [ ] MONEY ORDER [ ] CREDIT CARD

PREMIUM PLEASE CHECK APPROPRIATE BOX

Accident/Sickness coverage including Medical Evacuation/Repatriation
INTERNATIONAL STUDENT ☐ GRADUATE ☐ UNDERGRADUATE

<table>
<thead>
<tr>
<th>Coverage</th>
<th>Annual Coverage</th>
<th>Semi-Annual Session 1</th>
<th>Semi-Annual Session 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>$1,448.00</td>
<td>8/17/2016 to 8/16/2017</td>
<td>$728.00</td>
<td>$720.00</td>
</tr>
<tr>
<td>$728.00</td>
<td>8/17/2016 to 2/16/2017</td>
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<td>2/17/2017 to 8/16/2017</td>
</tr>
<tr>
<td>$720.00</td>
<td>2/17/2017 to 8/16/2017</td>
<td></td>
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</tbody>
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For information on enrolling dependents please contact our office at 561-300-5677 or visit www.insuranceforstudents.com/fau

PAYMENT INSTRUCTIONS
Please include a processing fee for credit & debit card payments ONLY
☐ $35 (Annual coverage) ☐ $20 (Semi-Annual)

TOTAL PREMIUM DUE $__________________

METHOD OF PAYMENT [ ] CHECK [ ] MONEY ORDER Make payable to Student Insurance [ ] CREDIT CARD (please complete information below)

Credit Card Authorization – Please bill my card for my insurance premium shown above including the appropriate processing fee

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 ENTRANCE INTO THE ARMED FORCES.

I understand that I must be an international student/scholar at FAU to purchase this insurance.

Student's Signature ___________________________ Date ______________

FOR QUESTIONS PLEASE CONTACT:
INSURANCE FOR STUDENTS, INC. 5295 TOWN CENTER RD, SUITE 101 BOCA RATON FL 33486
PHONE 561-300-5677 * FAX 954-772-0872
APPLICATIONS CAN BE MAILLED TO ADDRESS ABOVE OR IF PAYING BY CREDIT CARD CAN BE FAXED TO 954-772-0872 / SCANNED & EMAILED TO will@insuranceforstudents.com
www.insuranceforstudents.com/fau