FLORIDA ATLANTIC UNIVERSITY
2015-16 DOMESTIC 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:

PREMIUM PLEASE CHECK APPROPRIATE BOX

Accident /Sickness coverage including Medical Evacuation/Repatriation

DOMESTIC STUDENT [ ] GRADUATE [ ] UNDERGRADUATE

<table>
<thead>
<tr>
<th></th>
<th>FALL</th>
<th>SPRING</th>
<th>SUMMER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual</td>
<td>$2,960.00</td>
<td>$1,141.00</td>
<td>$1,028.00</td>
</tr>
<tr>
<td></td>
<td>to 8/16/2016</td>
<td>to 1/4/2016</td>
<td>to 5/10/2016</td>
</tr>
<tr>
<td></td>
<td>1/5/2016 to 5/10/2016</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>5/11/2016 to 8/16/2016</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

☐ $60 (Annual coverage) ☐ $30 (Fall) ☐ $30 (Spring) ☐ $20 (Summer)

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 a student 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 MAILED TO ADDRESS Above OR
IF PAYING BY CREDIT CARD CAN BE FAXED TO 954-772-0872 / SCANNED & EMAIL TO will@insuranceforstudents.com
www.insuranceforstudents.com/fau