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 GUNDERGRADUATE			
•	FA11	CDDTNC	CUMMED
Annual □\$2,960.00	FALL □\$1,141.00	SPRING □\$1,028.00	SUMMER □\$793.00
Annual Coverage 8/17/2015 to 8/16/2016	Fall Semester 8/17/2015 to 1/4/2016	Spring Semester 1/5/2016 to 5/10/2016	Summer Semester 5/11/2016 to 8/16/2016
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)		0 (Spring) □ \$20 (Sum	mer)
TOTAL PREMIUM DUE \$			
METHOD OF PAYMENT [] CHECK [] MONEY ORDER Make payable to Student Insurance [] Credit Card (please complete information below)			
Credit Card Authorization – Ple processing fee	ase bill my card for my insura	nce premium shown above in o	cluding the appropriate
Cardholder Name (Last/First)			
Card Number:			
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	t 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 & EMAILED TO wil@insuranceforstudents.com

www.insuranceforstudents.com/fau