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:	
PREMIUM PLEASE CHECK APPROPRIATE BOX		
Accident /Sickness coverage including Medical Evacuation/Repatriation		
INTERNATIONAL STUDENT	AL STUDENT GRADUATE GUNDERGRADUATE	
	Semi -Annual	Semi -Annual
Annual	Session 1	Session 2
□\$1,448.00	□\$728.00	□\$720.00
Annual Coverage 8/17/2016 to 8/16/2017	Semi-Annual Session 1 8/17/2016 to 2/16/2017	Semi-Annual Session 2 2/17/2017 to 8/16/2017
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:	<u> Expira</u>	tion Date (mo/year) Sec. Code I
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	Dat	
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