FLORIDA ATLANTIC UNIVERSITY

2018-19 **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 GRADUATE GUNDERGRADUATE		
INTERNATIONAL STODENT	Semi -Annual	Semi -Annual
Annual	Session 1	Session 2
□\$1,495.00	□\$755.00	□ \$740.00
Annual Coverage 8/17/2018 to 8/16/2019	Semi-Annual Session 1 8/17/2018 to 2/16/2019	Semi-Annual Session 2 2/17/2019 to 8/16/2019
For information on enrolling dependents please contact our office at 800-356-1235 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 Insurance For Students [] 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: I I I I I I I I I	<u> Expirat</u>	cion Date (mo/year) <u> </u>
Company or the effective date of the coverage student acknowledges the following: 1) He/She Rates are not pro-rated other than as listed on	period, whichever is later, unless other e has carefully read the brochure and of this enrollment card; 3) He/She meet determined that the student is not eligi	received by the company or a representative of the erwise stated in the Master Policy. By signing, the elects to enroll as indicated on this enrollment card; 2) is the eligibility requirements for this coverage as ible, the premium will be refunded. PREMIUM WILL
I understand that I must be an international student/scholar at FAU to purchase this insurance.		
tudent's Signature Date		
FOR QUESTIONS PLEASE CONTACT: INSURANCE FOR STUDENTS, INC. 1690 S. CONGRESS AVE. SUITE 101 DELRAY BEACH, FL 33445 PHONE 800-356-1235 * FAX 954-772-0872 APPLICATIONS CAN BE MAILED TO ADDRESS AROVE OR		

IF PAYING BY CREDIT CARD CAN BE FAXED TO 954-772-0872 **www.insuranceforstudents.com/fau**