

<b>PLEASE PRINT CLEARLY – FAILURE TO PROVIDE ALL INFORMATION MAY DELAY OR VOID YOUR INSURANCE</b>			
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 # (      )		<b>EMAIL ADDRESS:</b>	
<b>PREMIUM PLEASE CHECK APPROPRIATE BOX</b>			
<b>Accident /Sickness coverage including Medical Evacuation/Repatriation</b>			
<b>DOMESTIC STUDENT</b> <input type="checkbox"/> GRADUATE <input type="checkbox"/> UNDERGRADUATE			
<b>Annual</b> <input type="checkbox"/> \$2,961.00  Annual Coverage 8/17/2015 to 8/16/2016	<b>FALL</b> <input type="checkbox"/> \$1,141.00  Fall Semester 8/17/2015 to 1/4/2016	<b>SPRING</b> <input type="checkbox"/> \$1,028.00  Spring Semester 1/5/2016 to 5/10/2016	<b>SUMMER</b> <input type="checkbox"/> \$793.00  Summer Semester 5/11/2016 to 8/16/2016
For information on enrolling dependents please contact our office at 561-300-5677 or visit <a href="http://www.insuranceforstudents.com/fau">www.insuranceforstudents.com/fau</a>			
<b>PAYMENT INSTRUCTIONS</b>			
Please include a processing fee for credit & debit card payments ONLY			
<input type="checkbox"/> \$60 (Annual coverage) <input type="checkbox"/> \$30 (Fall) <input type="checkbox"/> \$30 (Spring) <input type="checkbox"/> \$20 (Summer)			
<b>TOTAL PREMIUM DUE</b> \$ _____			
<b>METHOD OF PAYMENT</b> [ ] 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 <b>including the appropriate processing fee</b>			
Cardholder Name (Last/First) _____			
Card Number:                                 Expiration Date (mo/year)     Sec. Code			
<b>NOTICE TO STUDENT:</b> 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. <b>PREMIUM WILL NOT BE REFUNDED EXCEPT FOR ENTRANCE INTO THE ARMED FORCES.</b>			
I understand that I must be a student at FAU to purchase this insurance.			
Student's Signature _____		Date _____	
<b>FOR QUESTIONS PLEASE CONTACT:</b> <b>INSURANCE FOR STUDENTS, INC. 5295 TOWN CENTER RD, SUITE 101 BOCA RATON FL 33486</b> <b>PHONE 561-300-5677 * FAX 954-772-0872</b> APPLICATIONS CAN BE MAILED TO ADDRESS ABOVE OR IF PAYING BY CREDIT CARD CAN BE FAXED TO 954-772-0872 / SCANNED & EMAILED TO <a href="mailto:wil@insuranceforstudents.com">wil@insuranceforstudents.com</a> <a href="http://www.insuranceforstudents.com/fau"><b>www.insuranceforstudents.com/fau</b></a>			

# **2015-2016 FLORIDA ATLANTIC UNIVERSITY Domestic Student Health Insurance Program Highlights**

**Underwritten by:**  
**AETNA LIFE INSURANCE COMPANY (ALIC)**  
Group Number # 846537

- Maximum Benefit per Sickness or Injury - **UNLIMITED**
- \$500 Annual Deductible (**waived for in-network physician visits for covered sickness & injuries**)
- 100% Coverage at Student Health Center for covered benefits
- Benefits payable at 80% of benefit limits within the Aetna Network of Providers and 70% at an Out of Network Provider
- Routine Care/Annual Physicals covered at 100% in network with deductible waived and no copay
- No Pre-existing Condition Period
- Prescription Coverage with reduced copayments available at the FAU Pharmacy
- Student Assistance Plan and Informed Health Line services provide 24 hour access to health professionals and registered nurses

Our on-campus office is located inside the Student Health Center on the Boca Raton Campus in the Health Services Building SS-8 (above Starbucks). The insurance representative is always available on Thursdays from 1 pm to 4 pm and during heavy enrollment periods.

**INSURANCE FOR STUDENTS, INC**  
5295 Town Center Rd, Suite 101 Boca Raton, FL 33486  
561-300-5677 (fax) 954-772-0872  
Office hours - Monday to Friday 8 am to 5 pm

**[www.insuranceforstudents.com/fau](http://www.insuranceforstudents.com/fau)**

