



Florida State University 2011 – 2012

Post Doctoral Fellow and Visiting Scholar Medical Insurance Plan Application

Applicant's Name (Last, First, Middle) Please Print all Entries except your signature.		Date of Birth (mmddyyyy)	
Permanent U.S. Address (Street, City, State, Zip)		E-mail Address	
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Phone #: () ()	Applicant ID# (see paragraph 4 of instructions)	
Effective Date: This is the date you want your insurance to begin.	Coverage: <input type="checkbox"/> Annual (August 15- August 14) <input type="checkbox"/> Quarterly <input type="checkbox"/> August 15- November 13 <input type="checkbox"/> November 14- February 12 <input type="checkbox"/> February 13- May 15 <input type="checkbox"/> May 16- August 14	Applicant Studies: <input type="checkbox"/> Post Doctoral Fellow <input type="checkbox"/> Visiting Scholar	International Applicant: <input type="checkbox"/> Yes <input type="checkbox"/> No

Dependents	Last Name	First Name	Male/ Female	Date of Birth (mmddyyyy)
Spouse				
Child				
Child				

Select all boxes that apply.	Domestic Premium Rates					International Premium Rates				
	Annual	1st Qtr	2d Qtr	3d Qtr	4th Qtr	Annual	1st Qtr	2d Qtr	3d Qtr	4th Qtr
Post Doctoral Fellow/Scholar	\$1,455	\$364	\$364	\$364	\$364	\$1,601	\$400	\$400	\$400	\$400
Dependent Spouse	\$3,432	\$858	\$858	\$858	\$858	\$4467	\$1,117	\$1,117	\$1,117	\$1,117
Dependent Child	\$1,842	\$461	\$461	\$461	\$461	\$2,069	\$517	\$517	\$517	\$517
Dependent Children	\$2,929	\$732	\$732	\$732	\$732	\$3,339	\$835	\$835	\$835	\$835

Payment may be made by VISA or MasterCard credit or debit card. Check or money order must be mailed to the address on the instruction sheet.

Premium total	\$
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Credit Card Information -

Put your credit card number information below														
Expiration Date: Month/Year					Signature of Applicant							Date		