

# THE TEXAS A&M UNIVERSITY SYSTEM INTERNATIONAL STUDENT INSURANCE PLAN DEPENDENT ENROLLMENT CARD 2012-2013

Please Print Legibly

Name of International Student Attending TAMU System University \_\_\_\_\_

(First)

(M)

(Last)

Their Student I.D. # \_\_\_\_\_

Social Security # \_\_\_\_\_

Campus attending (IMPORTANT) \_\_\_\_\_

Billing Address:

Street \_\_\_\_\_ Apt. No. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

☐ Male ☐ Female Date of Birth \_\_\_\_\_

Telephone No. \_\_\_\_\_

Alternate Telephone No. \_\_\_\_\_

Do you have any other medical insurance? ☐ YES ☐ NO

If yes, name of insurance company: \_\_\_\_\_

E-mail Address (IMPORTANT!) \_\_\_\_\_

Spouse's Name \_\_\_\_\_

Date of Birth (mm/dd/yy) \_\_\_\_\_

Social Security # \_\_\_\_\_

Child \_\_\_\_\_ Date of Birth (mm/dd/yy) \_\_\_\_\_

Social Security # \_\_\_\_\_

Child \_\_\_\_\_ Date of Birth (mm/dd/yy) \_\_\_\_\_

Social Security # \_\_\_\_\_

Child \_\_\_\_\_ Date of Birth (mm/dd/yy) \_\_\_\_\_

Social Security # \_\_\_\_\_

☐ I have carefully read the brochure and elect to enroll as indicated. Rates are not pro-rated other than as listed. My remittance in the amount of \$ \_\_\_\_\_ is enclosed.

***Make check or money order payable to Student Insurance Plan. Mail this enrollment card along with premium to: Post Office Box 189, Libertyville, IL 60048***

MONTHLY ENROLLEES...Please indicate which month you desire your coverage to begin \_\_\_\_\_ (Month) Monthly enrollees: please complete Automatic Payment Authorization Form.

☐ **Medical Students must select Effective Date of Coverage:**

☐ 5/29/12 ☐ 7/1/12 ☐ 8/1/12 (check one)

☐ Please charge my Student Health Insurance: (Minimum charge of \$25). You must re-enroll in the insurance plan each term.

☐ VISA ☐ DISCOVER ☐ MASTERCARD ☐ AMEX

Card Number \_\_\_\_\_

3 or 4 digit security code \_\_\_\_\_

Expiration Date \_\_\_\_\_

Print name of cardholder \_\_\_\_\_

Cardholder signature \_\_\_\_\_

Please Charge \$ \_\_\_\_\_ for Student Health Insurance.

Student signature \_\_\_\_\_

ANNUAL	The A&M International Student Insurance Plan
Add Spouse	<input type="checkbox"/> \$2,222
Add Child(ren)	<input type="checkbox"/> \$ 856
Add Spouse and Child(ren)	<input type="checkbox"/> \$3,078
<b>One Semester:</b>	
<b>Fall</b>	The A&M International Student Insurance Plan
<b>Spring</b>	
Add Spouse	<input type="checkbox"/> \$1,111
Add Child(ren)	<input type="checkbox"/> \$ 428
Add Spouse and Child(ren)	<input type="checkbox"/> \$1,539
<b>Summer</b>	The A&M International Student Insurance Plan
<b>New Students Only</b>	
Add Spouse	<input type="checkbox"/> \$ 667
Add Child(ren)	<input type="checkbox"/> \$ 251
Add Spouse and Child(ren)	<input type="checkbox"/> \$ 918
<b>*Monthly (Automatic Debit For Dependents Only)</b>	
<b>Debited on the 9th of each month through July 9, 2013</b>	The A&M International Student Insurance Plan
Add Spouse	<input type="checkbox"/> \$ 196
Add Child(ren)	<input type="checkbox"/> \$ 82
Add Spouse and Child(ren)	<input type="checkbox"/> \$ 267

\*Monthly Debit: Initial payment is due at the time of enrollment into the plan. Subsequent payments will be debited from your account on the 9th of each month through July 9, 2013.

Please call (800) 452-5772  
if you need assistance.