

Complete the information below. Please print clearly and answer all questions. **For questions about enrollment, please contact Ascension at 1-800-537-1777.**

1. ENTER STUDENT INFORMATION:

STUDENT'S LAST NAME/FAMILY NAME		STUDENT'S FIRST NAME		MI
STUDENT'S U.S. MAILING ADDRESS—NUMBER AND STREET NAME (OR P.O. BOX #)				APT/UNIT #
CITY		STATE	ZIP	
STUDENT'S DATE OF BIRTH (MM/DD/YY) / /		STUDENT'S HOME COUNTRY		PASSPORT VISA HELD <input type="checkbox"/> F1 <input type="checkbox"/> J1 <input type="checkbox"/> OTHER _____
<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	STUDENT'S PHONE NUMBER		STUDENT'S SCHOOL ID NUMBER	
STUDENT'S EMAIL ADDRESS				

2. SELECT THE COVERAGE YOU WOULD LIKE TO PURCHASE:

	Fall 08/01/15 to 01/31/16	Early Arrival Spring 01/01/16 to 07/31/16	Spring/Summer 02/01/16 to 07/31/16	Summer 06/01/16 to 07/31/16
Cost of Coverage	<input type="checkbox"/> \$ 708.00	<input type="checkbox"/> \$ 826.00	<input type="checkbox"/> \$ 708.00	<input type="checkbox"/> \$ 236.00

THE COSTS OF COVERAGE INCLUDE INSURANCE PREMIUM AND ADMINISTRATIVE FEES.

3. MAKE CHECK OR MONEY ORDER PAYABLE TO: ASCENSION BENEFITS & INSURANCE SOLUTIONS
 or **COMPLETE CREDIT CARD INFORMATION BELOW.**

CREDIT CARD AUTHORIZATION: CHARGE WILL APPEAR AS "STUDENT HEALTH INSURANCE, ASCENSION" ON YOUR CREDIT CARD BILL.

MASTERCARD # OR VISA #																			
NAME OF CARDHOLDER (PLEASE PRINT)												CHARGE AMOUNT: \$	EXPIRATION DATE						
SIGNATURE OF CARDHOLDER																			

4. STUDENT SIGNATURE:

I CERTIFY THAT I AM ENROLLED AT MIRACOSTA COLLEGE. I HAVE READ THE POLICY AND UNDERSTAND THAT AN INSURED PERSON WHO IS COVERED UNDER THIS POLICY SHALL BE SUBJECT TO ALL POLICY REQUIREMENTS AND EXCLUSIONS.

SIGNATURE X _____ DATE _____

5. RETURN THIS FORM WITH PAYMENT TO:

ASCENSION
P.O. BOX 240042
LOS ANGELES, CA 90024

No-Cost Language Assistance Services:

You are eligible to access the services of an interpreter to have insurance documents read to you in your native or preferred language, at no cost to you. To use this free service, call the number listed on your insurance ID card or **1-800-695-1164**. For further help, call the CA Department of Insurance at **1-800-927-4357**.