## ALTERNATE UNIVERSITY OF FLORIDA INTERNATIONAL STUDENT INSURANCE STUDENT/SCHOLAR CARE PLUS INSURANCE PLAN ENROLLMENT FORM

Underwritten by United HealthCare Insurance Company Policy #2010 202374 92

PLEASE PRINT CLEARLY – FAILURE TO PROVIDE ALL INFORMATION MAY DELAY OR VOID YOUR INSURANCE			
STUDENT/SCHOLAR Last Name:		GRADUATION DATE: month ye	ear
First Name: Middle Initial:			
Social Security # OR School I.D. #			
Date of Birth (Month/day/year) [ ] Male [ ] Female			
Mailing Address:		HOME COUNTRY	
City:	State:	Zip	
Phone # ( ) EMAIL ADDRESS:			
<b>DEPENDENTS</b> - Complete information below for dependents to be insured			
NOTE: Dependent Coverage is available only for students/scholars insured under this plan.			
Spouse Last Name			
		- Gender [ ] Male [ ] Female	
CHILD 1 Last Name			
Date of Birth (Mo/Day/Year)//  CHILD 2 Last Name			
Date of Birth (Mo/Day/Year)/	SS#: -	- Gender [ ] Male [ ] Female	
PREMIUM PLEASE CHECK APPROPRIATE BOX			
STUDENT/SCHOLAR	Annual (A-) 2010 to 8/13/2011	Fall(5) 8/14/2010 to 1/13/2010	
01Age 24 & under	<b>]\$ 684.00</b>	□\$ 285.00	
	]\$ 936.00	□\$ 390.00	
	]\$ 1,632.00 ]\$ 3,444.00	□\$ 680.00 □\$ 1,435.00	
DEPENDENTS	15 3,444.00	□\$ 1,435.00	
	<b> \$ 2,340.00</b>	<b>□</b> \$ 975.00	
	<b>1\$ 3,288.00</b>	□\$ 1,370.00	
	\$ 5,424.00 \$11,544.00	□\$ 2,260.00 □\$ 4,840.00	
	\$11,544.00  \$ 1,548.00	□\$ 4,810.00 □\$ 645.00	
**MONTHLY PREMIUM RATES 3 Months Coverage Required each enrollment REQUESTED EFFECTIVE DATE:			
Student / Scholar		Effective date cannot be before 8/1/2010 or at	fter 7/31/2011
Age 24 & under	X _	no. of months = \$	
Age 25 to 30 □\$ 78.00	X _	no. of months = \$	
Age 31 to 40 □\$136.00 Age 41 & older □\$287.00	X _	no. of months = \$ no. of months = \$	
Dependents	^ _	πο. οι πιοπιπό = ψ	
Spouse 24 & under  □\$195.00	X _	no. of months = \$	
Spouse age 25 to 30 ☐\$274.00	X _	no. of months = \$	
Spouse age 31 to 40 □\$452.00	X _	no. of months = \$	
Spouse age 41 & over □\$962.00 Each Child □\$129.00	X _	no. of months = \$ no. of months = \$	
Lacii Giliid		TAL DUE	
** Maximum coverage that can be purchased is 12 months & it cannot extend beyond 10/31/2011			
TOTAL PREMIUM DUE \$			
METHOD OF PAYMENT[] CHECK [] MONEY ORDER Make payable to Student Insurance [] Credit Card (complete below)  Credit Card Authorization - [] MasterCard [] Discover [] American Express [] Visa Please bill my card for my insurance premium shown above			
Cardholder Name (Last/First)	[] / intericult Express [] Visi	a Fredse bill my card for my insurance premium snown above	,,
Cardholder Number:	1 1 1 1 1 1 1 1	I Expiration Date (mo/year) I	<u> </u>
<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> .			
not eligible, the premium will be refunded. <b>PREMIUM V</b> I understand that I must be student/scholar at UNIVERSI			
Student's Signature		Date	
FOR QUESTIONS PLEASE CONTACT:			

INSURANCE FOR STUDENTS, INC. 5295 TOWN CENTER ROAD #101 · BOCA RATON FL 33486 PHONE 800-356-1235 / 954-771-5883 · FAX 954-772-0872