



**For English Language Institute - Students and Dependents**

**Florida International University 2009 – 2010**

Student Health and Accident Blanket Insurance Application (Please Print)

66960-0509R SU

Student's Name (Last, First, Middle)			Date of Birth (mmddyy)		
Permanent U.S. Address (Street, Apt. #, City, State, Zip)					
E-mail Address				FIU Panther #	
Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male		Phone #: (    ) Cell #: (    )	Expected Graduation Date:		FIU Dept:
Immigration Status: <input type="checkbox"/> J-1 <input type="checkbox"/> F-1 <input type="checkbox"/> Other		Other Immigration Status—Please Specify:			

**Dependent coverage is available only if the student is also insured under this plan and will only be insured for the same dates of coverage.** List below dependents to be insured.

	Last Name	First Name	Social Security #	Male/Female	Date of Birth (mmddyy)
Spouse					
Child					
Child					
Child					

**Premium Rates** *Please check all appropriate boxes.*

English Language Institute Students and their dependents will be allowed to purchase the insurance on a pro-rated basis for the period of time they will be enrolled at the University. The English Language Institute offers Four Ten Week Terms Per year broken down by 5 weeks. Full Term and Half Sessions begin in January, April, July and October. Second Half Sessions begin in February, May, August and November. If you sign up for one period and decide to enroll for a second session or beyond, you are responsible for timely renewal of your insurance premium. Please contact Collegiate Risk Management at 1-800-922-3420.

	Annual 08/20/09 – 8/19/10	Fall 08/20/09 – 02/19/10	Spring / Summer 02/20/10 – 08/19/10	Summer 05/01/10 – 08/19/10	Monthly Pro-rations Minimum purchase is two months coverage
Student (International)	<input type="checkbox"/> \$1,832.00	<input type="checkbox"/> \$916.00	<input type="checkbox"/> \$916.00	<input type="checkbox"/> \$554.69	<input type="checkbox"/> \$153
Spouse Only	<input type="checkbox"/> \$4,580.00	<input type="checkbox"/> \$2,290.00	<input type="checkbox"/> \$2,290.00	<input type="checkbox"/> \$1,386.72	<input type="checkbox"/> \$382
Child(ren)	<input type="checkbox"/> \$2,382.00	<input type="checkbox"/> \$1,191.00	<input type="checkbox"/> \$1,191.00	<input type="checkbox"/> \$721.22	<input type="checkbox"/> \$199

**Important Payment Instructions:** At the time of enrollment, please submit a cashier's check or money order, payable to Blue Cross and Blue Shield of Florida, to The English Language Institute, 11200 S.W. 8th Street, Labor Center 101, Miami, Florida 33199. If you have questions, please contact Collegiate Risk Management at 1-800-922-3420.

**Method of Payment**

Cashier's Check  Money Order      Payment Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Please bill my credit card for any insurance at FIU as follows:**

Master Card  Visa      Card Number \_\_\_\_\_      Cardholder's Name \_\_\_\_\_

Expiration Date \_\_\_\_\_      Amount Charged \_\_\_\_\_      Authorization Signature \_\_\_\_\_

**Notice to Students:** By signing below, the student acknowledges the following: 1) I have carefully read the brochure and is enrolling as indicated on this application, 2) I understand that my Benefit Booklet will only be made available online at www.collegiaterisk.com. At any time, I may request paper copies of these materials be mailed to me by contacting BCBSF's Customer Service Department at 1-800-664-5295, 3) Rates are not pro-rated other than as listed in this application; 4) I meet the eligibility requirements for this coverage as described in the brochure; 5) If it is later determined that the student is not eligible, the payment will be refunded; and 6) Other than eligibility, the payment is not refundable. I further understand that upon enrollment in this program, I may not be eligible for cancellation of the insurance coverage or a refund of any premium I have paid; request for cancellation must be made in writing to the English Language Institute. Any person who knowingly and with intent to injure, defraud or deceive any insurer, files an application containing incomplete or misleading information is guilty of a felony of the third degree.

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_