

# BENNINGTON COLLEGE

## 2024-2025 INTERNATIONAL STUDENT HEALTH INSURANCE PROGRAM

CIGNA GLOBAL INSURANCE COMPANY LIMITED

Policy 10161A

PLEASE PRINT CLEARLY – FAILURE TO PROVIDE ALL INFORMATION MAY DELAY OR VOID YOUR INSURANCE

STUDENT/SCHOLAR Last Name: VISA TYPE:  F1  M1  J1  Other

First Name: Middle Initial:

Student I.D. # HOME COUNTRY:

Date of Birth (Month/day/year):  Male  Female

Mailing Address:

City: State: Zip:

Phone # ( ) EMAIL ADDRESS:

### PREMIUM

	<u>ANNUAL</u>	<u>DECEMBER 2024 GRADUATE</u>	<u>JUNE 2025 GRADUATE</u>
STUDENT	<input type="checkbox"/> \$ 1,740.00	<input type="checkbox"/> \$ 663.03	<input type="checkbox"/> \$ 1,450.08

### COVERAGE DATES

<input type="checkbox"/> <u>ANNUAL</u> 8/15/2024 to 8/14/2025	<input type="checkbox"/> <u>DECEMBER 2024 GRADUATE</u> 8/15/2024 to 12/31/2024	<input type="checkbox"/> <u>JUNE 2025 GRADUATE</u> 8/15/2024 to 6/14/2025
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### METHOD OF PAYMENT

CHECK  MONEY ORDER Make payable to Student Insurance  Credit Card (complete below)

Please include a processing fee per enrollee for credit & debit card payments ONLY of 4%

**PREMIUM NOW DUE** \$ \_\_\_\_\_

**IMPORTANT:** If paying by credit card a link will be emailed to you from [accounting@insuranceforstudents.com](mailto:accounting@insuranceforstudents.com) allowing you to submit your credit payment via a secure PCI compliant web portal.

**NOTICE TO STUDENT:** 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. **PREMIUM WILL NOT BE REFUNDED EXCEPT FOR INELIGIBILITY OR ENTRANCE INTO THE ARMED FORCES.**

I understand that I must be an international student at Bennington College to purchase this insurance.

Student's Signature:

Date:

### FOR QUESTIONS PLEASE CONTACT:

INSURANCE FOR STUDENTS, INC.  
1690 S. CONGRESS AVE., SUITE 101  
DELRAY BEACH, FL 33445

PHONE 800-356-1235 FAX 954-772-0872

[WWW.INSURANCEFORSTUDENTS.COM/BENNINGTON](http://WWW.INSURANCEFORSTUDENTS.COM/BENNINGTON)

APPLICATIONS CAN BE MAILED OR IF PAYING BY CREDIT CARD CAN BE FAXED TO 954-772-0872 OR EMAILED TO [ENROLL@INSURANCEFORSTUDENTS.COM](mailto:ENROLL@INSURANCEFORSTUDENTS.COM)