

HILLSBOROUGH COMMUNITY COLLEGE

2024-2025 INTERNATIONAL STUDENT HEALTH INSURANCE ENROLLMENT FORM

United Healthcare Insurance Company

Policy Number 2024-203649-1

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

STUDENT Last Name:

First Name:

Middle Initial:

School I.D. #

VISA TYPE: F1 M1 J1 Other _____

Date of Birth (Month/day/year)

Male Female

HOME COUNTRY:

U.S. Mailing Address:

City:

State:

Zip:

Phone # ()

EMAIL ADDRESS:

Premium

	New Students Annual	New Students Fall	Returning Students Annual	Returning Students Fall	Spring/Summer	Summer
Student	<input type="checkbox"/> \$ 2,065.00	<input type="checkbox"/> \$ 822.00	<input type="checkbox"/> \$2,016.00	<input type="checkbox"/> \$ 773.00	<input type="checkbox"/> \$ 1,243.00	<input type="checkbox"/> \$ 580.00

COVERAGE DATES

EFFECTIVE/EXPIRATION PERIODS

NEW STUDENT ANNUAL 8/5/2024 TO 8/13/2025

NEW STUDENT FALL 8/5/2024 TO 12/31/2024

CONTINUING STUDENT ANNUAL 8/14/2024 TO 8/13/2025

CONTINUING STUDENT FALL 8/14/2024 TO 12/31/2024

SPRING/SUMMER 1/1/2025 TO 8/13/2025

SUMMER 5/1/2025 TO 8/13/2025

METHOD OF PAYMENT

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

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

\$ 82.60 (New Student Annual)

\$32.88 (New Student Fall)

\$80.64 (Returning Student Annual)

\$30.92 (Returning Student Fall)

\$49.72 (All Students Spring/Summer)

\$23.20 (All Students Summer)

PREMIUM NOW DUE \$ _____

IMPORTANT: If paying by credit card a link will be emailed to you from 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 Hillsborough Community 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 ** EMAIL: enroll@insuranceforstudents.com

www.insuranceforstudents.com/HCC