

CITY COLLEGE
2024-2025 ACCIDENT ONLY INSURANCE ENROLLMENT FORM
UNDERWRITTEN BY AXIS INSURANCE COMPANY **POLICY# COSBAGI-IFS0001**

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

STUDENT Last Name: _____

First Name: _____ Middle Initial: _____

Student I.D. # _____

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

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone # () _____ EMAIL ADDRESS: _____

CITY COLLEGE CAMPUS: _____

CLASS/PROGRAM START DATE: _____

INSURANCE COVERAGE EFFECTIVE DATE REQUESTED: _____ / _____ / _____
MONTH DAY YEAR

COST OF INSURANCE		
Coverage cannot extend beyond 10/31/2025 (Includes Administrative Fees)		
ANNUAL Cannot be purchased after 10/31/2024 <input type="checkbox"/> \$120.00	QUARTER (3 months) Cannot be purchased after 7/31/2025 <input type="checkbox"/> \$40.00	SEMESTER (4 months) Cannot be purchased after 6/30/2025 <input type="checkbox"/> \$60.00

METHOD OF PAYMENT: CHECK MONEY ORDER (Make payable to Insurance for Students) Credit Card
 (complete below)

NOW DUE \$ _____

We apply a 4% processing fee for all credit & debit card payments

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 a student attending CITY 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

FOR FASTER ENROLLMENT PLEASE VISIT WWW.INSURANCEFORSTUDENTS.COM/CITYCOLLEGE

APPLICATIONS CAN BE MAILED TO THE ADDRESS ABOVE
PLEASE FAX MY RECEIPT TO THE FOLLOWING:

NAME _____ **FAX NUMBER** _____