

SOUTHERN TECHNICAL COLLEGE

2024-2025 ACCIDENT ONLY INSURANCE ENROLLMENT FORM

UNDERWRITTEN BY AEGIS SECURITY INSURANCE COMPANY POLICY# COSBAGI-IFS0004

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:

SOUTHERN TECHNICAL 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

QUARTER (3 months)

Cannot be purchased after 7/31/2025

SEMESTER (4 months)

Cannot be purchased after 6/30/2025

\$120.00

\$40.00

\$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 SOUTHERN TECHNICAL 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

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

NAME _____

FAX NUMBER _____