

SANTA FE COLLEGE

2024-2025 INTERNATIONAL STUDENT HEALTH INSURANCE PROGRAM

WELLFLEET INSURANCE

Policy **WI2425FLSHIP99**

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>FALL</u>	<u>SPRING/SUMMER</u>	<u>SUMMER</u>
STUDENT	<input type="checkbox"/> \$ 2,122.00	<input type="checkbox"/> \$ 791.00	<input type="checkbox"/> \$ 1,331.00	<input type="checkbox"/> \$ 604.00

COVERAGE DATES

<input type="checkbox"/> <u>ANNUAL</u> 8/20/2024 to 8/19/2025	<input type="checkbox"/> <u>FALL</u> 8/20/2024 to 1/2/2025	<input type="checkbox"/> <u>SPRING/SUMMER</u> 1/3/2025 to 8/19/2025	<input type="checkbox"/> <u>SUMMER</u> 5/8/2025 to 8/19/2025
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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 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 Santa Fe 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/SANTAFE

APPLICATIONS CAN BE MAILED OR IF PAYING BY CREDIT CARD CAN BE FAXED TO 954-772-0872 OR EMAILED TO ENROLL@INSURANCEFORSTUDENTS.COM