



For International Students and their Dependents

Florida International University 2009 – 2010

Student Health and Accident Blanket Insurance Application (Please Print)

66960-0509R SU

Student's Name (Last, First, Middle)			Date of Birth (mmddyy)
Permanent U.S. Address (Street, Apt. #, City, State, Zip)			
E-mail Address			FIU Panther #
Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	Phone #: ()	Cell #: ()	FIU Dept:
Immigration Status: <input type="checkbox"/> J-1 <input type="checkbox"/> F-1 <input type="checkbox"/> Other	Other Immigration Status--Please Specify:		

Dependent coverage is available only if the student is also insured under this plan and will only be insured for the same dates of coverage. List below dependents to be insured.

	Last Name	First Name	Male/Female	Date of Birth (mmddyy)
Spouse				
Child				
Child				
Child				

Premium Rates Please indicate coverage selection by marking the appropriate box.

	Annual 08/20/09 – 8/19/10 Annual	Fall 08/20/09 – 02/19/10 1st Semi-Annual	Spring / Summer* 02/20/10 – 08/19/10 2nd Semi Annual
Student (Only)	<input type="checkbox"/> \$1,832	<input type="checkbox"/> \$916	<input type="checkbox"/> \$916
Student + Spouse	<input type="checkbox"/> \$6,412	<input type="checkbox"/> \$3,206	<input type="checkbox"/> \$3,206
Student + Child(ren)	<input type="checkbox"/> \$4,214	<input type="checkbox"/> \$2,106	<input type="checkbox"/> \$2,106
Student + Spouse and Child(ren)	<input type="checkbox"/> \$8,794	<input type="checkbox"/> \$4,397	<input type="checkbox"/> \$4,397

*Payment for 2nd Semi-Annual premium begins in October and Students will not be permitted to register for spring classes until the 2nd Semi-Annual premium is paid.

Important Payment Instructions: Return enrollment form, along with cashier check or money order (U.S. Funds ONLY) payable to BlueCross and BlueShield of Florida, to the University Health Services Complex, 11200 SW 8th St., Miami, FL 33199 or University Health Services, Biscayne Bay Campus, 3000 NE 151st St., North Miami, FL 33181. To buy on-line via Visa or MasterCard, log onto www.collegiaterisk.com and follow the on-line credit card application link under International Students.

Method of Payment

Cashier's Check Money Order Payment Date _____ / _____ / _____

Notice to Student/Scholar: By signing below, the student/scholar acknowledges the following: 1) I have carefully read the brochure and is enrolling as indicated on this application, 2) I understand that my Benefit Booklet will only be made available online at www.collegiaterisk.com. At any time, I may request paper copies of these materials be mailed to me by contacting BCBSF's Customer Service Department at 1-800-664-5295, 3) Rates are not pro-rated other than as listed in this application; 4) I meet the eligibility requirements for this coverage as described in the brochure; 5) If it is later determined that the student/scholar is not eligible, the payment will be refunded; and 6) Other than eligibility, the payment is not refundable. Any person who knowingly and with intent to injure, defraud or deceive any insurer, files an application containing incomplete or misleading information is guilty of a felony of the third degree.

Signature of Student/Scholar _____ Date _____