

New Spring Students
Florida International University 2009 – 2010
Student Health and Accident Blanket Insurance Application (Please Print)

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	Social Security #	Male/Female	Date of Birth (mmddyy)
Spouse					
Child					
Child					
Child					

Premium Rates *Please check all appropriate boxes.*

	Spring 01/01/2010 – 8/19/2010
Student	<input type="checkbox"/> \$1,166
Student + Spouse	<input type="checkbox"/> \$4,079
Student + Child(ren)	<input type="checkbox"/> \$2,681
Student + Spouse and Child(ren)	<input type="checkbox"/> \$5,595

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 _____