

THE TEXAS A&M UNIVERSITY SYSTEM INTERNATIONAL STUDENT INSURANCE PLAN DEPENDENT ENROLLMENT CARD 2012-2013

Please Print Legibly

Name of International Student Attending TAMU System University _____
(First) (M) (Last)

Their Student I.D. # _____

Social Security # _____

Campus attending (IMPORTANT) _____

Billing Address:

Street _____ Apt. No. _____

City _____ State _____ Zip _____

Male Female Date of Birth _____

Telephone No. _____

Alternate Telephone No. _____

Do you have any other medical insurance? YES NO

If yes, name of insurance company: _____

E-mail Address (IMPORTANT!) _____

Spouse's Name _____

Date of Birth (mm/dd/yy) _____

Social Security # _____

Child _____ Date of Birth (mm/dd/yy) _____

Social Security # _____

Child _____ Date of Birth (mm/dd/yy) _____

Social Security # _____

Child _____ Date of Birth (mm/dd/yy) _____

Social Security # _____

I have carefully read the brochure and elect to enroll as indicated. Rates are not pro-rated other than as listed. My remittance in the amount of \$ _____ is enclosed.

Make check or money order payable to Student Insurance Plan. Mail this enrollment card along with premium to: Post Office Box 189, Libertyville, IL 60048

MONTHLY ENROLLEES...Please indicate which month you desire your coverage to begin _____ (Month) Monthly enrollees: please complete Automatic Payment Authorization Form.

Medical Students must select Effective Date of Coverage:
 5/29/12 7/1/12 8/1/12 (check one)

Please charge my Student Health Insurance: (Minimum charge of \$25). You must re-enroll in the insurance plan each term.

VISA DISCOVER MASTERCARD AMEX

Card Number _____

3 or 4 digit security code _____

Expiration Date _____

Print name of cardholder _____

Cardholder signature _____

Please Charge \$ _____ for Student Health Insurance.

Student signature _____

ANNUAL	The A&M International Student Insurance Plan
Add Spouse	<input type="checkbox"/> \$2,222
Add Child(ren)	<input type="checkbox"/> \$ 856
Add Spouse and Child(ren)	<input type="checkbox"/> \$3,078
One Semester:	The A&M International Student Insurance Plan
Fall	
Add Spouse	<input type="checkbox"/> \$1,111
Add Child(ren)	<input type="checkbox"/> \$ 428
Add Spouse and Child(ren)	<input type="checkbox"/> \$1,539
Spring	
Summer	The A&M International Student Insurance Plan
New Students Only	
Add Spouse	<input type="checkbox"/> \$ 667
Add Child(ren)	<input type="checkbox"/> \$ 251
Add Spouse and Child(ren)	<input type="checkbox"/> \$ 918
*Monthly (Automatic Debit For Dependents Only)	The A&M International Student Insurance Plan
Debited on the 9th of each month through July 9, 2013	
Add Spouse	<input type="checkbox"/> \$ 196
Add Child(ren)	<input type="checkbox"/> \$ 82
Add Spouse and Child(ren)	<input type="checkbox"/> \$ 267

*Monthly Debit: Initial payment is due at the time of enrollment into the plan. Subsequent payments will be debited from your account on the 9th of each month through July 9, 2013.

Please call (800) 452-5772
if you need assistance.