

PLEASE PRINT - COMPLETE ALL INFORMATION

Grid for LAST NAME and FIRST NAME with MI dropdown

Grid for MAILING ADDRESS, APARTMENT/UNIT No., MALE FEMALE, and DATE OF BIRTH (MO., DAY, YEAR)

Grid for CITY, STATE, ZIP, and TELEPHONE NUMBER

NAME OF COLLEGE/UNIVERSITY YOU ARE ATTENDING: _____

E-MAIL ADDRESS _____

COVERAGE:

I want coverage to begin on ____/____/____ and continue for ____ whole months.

Any fraction of a month must be calculated as a whole month.

Table with columns: MONTHLY RATES, NO. OF MONTHS, TOTAL PREMIUM. Rows for Student, Spouse, and Each Child.

Indicate Total Premium Submitted: \$ _____

*Dependent coverage is only available if the Student enrolls in this program.

Signature - Student - Parent - Guardian _____ Date ____/____/____

METHOD OF PAYMENT:

- Check / Money Order* Payable To: AMA & Associates
Credit Card - The Company will charge 4% of your total premium for processing via your credit card.

CREDIT CARD PAYMENT AUTHORIZATION - Please bill my credit card for my insurance. (Complete credit card information below.)

AMOUNT CHARGED \$ _____ [] MASTER CARD [] VISA

Grid for LAST NAME and FIRST NAME with MI dropdown

Grid for CREDIT CARD NUMBER and EXP. DATE (MO., YEAR)

SIGNATURE - CARDHOLDER _____ DATE ____/____/____

MAIL TO: Rust International Associates, P. O. Box 977, Ankeny, IA 50021

DEPENDENTS TO BE INSURED

Grid for dependent information including SPOUSE and CHILD, with gender and name fields.

Grid for DATE OF BIRTH (MO., DAY, YEAR) for each dependent.