



PLEASE PRINT - COMPLETE ALL INFORMATION

Form fields for personal information: LAST NAME, FIRST NAME, DATE OF BIRTH (Mo., Day, Year), SOC. SEC. No., MALE/FEMALE, TELEPHONE No., MAILING ADDRESS, APARTMENT No., CITY, STATE, ZIP CODE, E-MAIL.

NAME OF COLLEGE/UNIVERSITY YOU ARE ATTENDING: \_\_\_\_\_

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 (3 months minimum required), TOTAL PREMIUM. Rows for Student, Spouse\*, and Each Child\*.

Indicate Total Premium Submitted: \$ \_\_\_\_\_

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

METHOD OF PAYMENT:

- Check / Money Order\* Payable To: AIG
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

Form fields for credit card payment: LAST NAME, FIRST NAME, MI, CREDIT CARD NUMBER, EXP. DATE (Mo., Year), SIGNATURE - CARDHOLDER, DATE.

MAIL TO: rustinternationalassociates, p. o. box 977, ankeny, ia 50021

DEPENDENTS TO BE INSURED

Form fields for dependents: SPOUSE - LAST NAME, MALE/FEMALE, FIRST NAME, MI, DATE OF BIRTH (Mo., Day, Year); CHILD - LAST NAME, MALE/FEMALE, FIRST NAME, MI, DATE OF BIRTH (Mo., Day, Year).