

DEPENDENT Enrollment Form
For International Student/Scholar Injury & Sickness Insurance
INDIANA UNIVERSITY - PURDUE UNIVERSITY - FORT WAYNE

PLEASE PRINT - FAILURE TO PROVIDE ALL INFORMATION MAY DELAY OR VOID YOUR INSURANCE

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

I want coverage to begin on \_\_\_/\_\_\_/\_\_\_ and continue for \_\_\_ whole months. Any fraction of a month must be calculated as a whole month. Pro-rating of the monthly rate is not acceptable.

Table with columns: MONTHLY RATES, NO. OF MONTHS, TOTAL PREMIUM. Rows include Spouse, Each Child, and Children (3 or more).

\*Dependent coverage is only available if the student/scholar enrolls in this program, and coverage cannot begin before or extend beyond that of the insured student/scholar.

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

Signature - Student - Parent - Guardian Date

By your signature hereon, acknowledgement is made that 1) you and any insured family member meet the eligibility requirements as described within the insurance brochure; and 2) if at any time it is determined you, or any insured family member, did not meet the eligibility requirements for this coverage, the only liability the Company has is the refund of premium, subject to any claims for which benefits had been paid prior to discovery of the ineligibility.

METHOD OF PAYMENT:

- Check / Money Order\* Payable To: AMA & Associates
\* To expedite your enrollment in this insurance program, please write #2625 on your check or money order.
Credit Card

CREDIT CARD PAYMENT AUTHORIZATION - Please bill my credit card for my insurance. MASTER CARD VISA

AMOUNT CHARGED \$ \_\_\_\_\_

Form fields for cardholder information: LAST NAME, FIRST NAME, MI, CREDIT CARD NUMBER, EXP. DATE.

MAIL TO:
AMA & ASSOCIATES
P. O. Box 659570
San Antonio, TX 78265-9570

SIGNATURE - CARDHOLDER DATE

DEPENDENTS TO BE INSURED

Form fields for dependents: SPOUSE - LAST NAME, FIRST NAME, MI, DATE OF BIRTH; CHILD - LAST NAME, FIRST NAME, MI, DATE OF BIRTH.