

Important Information

1. Use this enrollment form only if you are paying by Cashier's Check or Money Order.
2. The easiest and quickest enrollment method is to apply online at www.hillchesson.com and pay using a credit card (Visa or MasterCard)

SUMMER 2009

UNICARE®

LIFE & HEALTH INSURANCE COMPANY

Medical Insurance Enrollment Form 2009

1. Student Information

Name of Group Florida International University		Group Number 131068	Network Name/ID PHSFL
LAST NAME (Family)		FIU-Panther ID Number	Immigration Status <input type="checkbox"/> F-1 <input type="checkbox"/> J-1
FIRST NAME (Given)	MI	Other Immigration Status (Please Specify)	
USA Street Address	Apt. #	Email Address	
City/State/Zip Code		Telephone Number	Cell Phone Number
Date of Birth (Mo/Day/Yr)	SEX M -Male F - Female M <input type="checkbox"/> F <input type="checkbox"/>	Home Country	FIU Department

2. Covered Dependent Information

	NAME (Last, First, MI)	SEX M -Male F - Female	DATE OF BIRTH (Mo/Day/Yr)	FULL TIME STUDENT (if 19 or older)
Spouse		M <input type="checkbox"/> F <input type="checkbox"/>		
Child		M <input type="checkbox"/> F <input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No
Child		M <input type="checkbox"/> F <input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No
Child		M <input type="checkbox"/> F <input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No

3. Rates- The rates below provide coverage for any period between May 1, 2009 and August 19, 2009.

PLEASE INDICATE COVERAGE SELECTION BY MARKING THE APPROPRIATE BOX:

	Summer Premium
Student <input type="checkbox"/>	\$599.00
Student + Spouse <input type="checkbox"/>	\$2091.00
Student + Child(ren) <input type="checkbox"/>	\$1374.00
Student + Spouse & Child(ren) <input type="checkbox"/>	\$2867.00

IMPORTANT**METHOD OF PAYMENT (U.S. Funds ONLY)**
 Cashier's Check Money Order Payment Date ____/____/____

At the time of enrollment, please submit a cashier's check or money order payable to UNICARE LIFE & HEALTH INSURANCE COMPANY to University Health Services at GC 355 (University Park) or WUC 363 (Biscayne Bay Campus).

4. Coordination of Benefits Information

Will you or any covered dependent have other medical insurance while insured under this plan?

- No** If "No" is checked, then no other information needs to be provided.
- Yes** If "Yes" is checked, you will be receiving a short questionnaire to complete.

Student Authorization

I am an International student attending Florida International University and wish to enroll in the insurance program under the terms of the Master Policy, which I acknowledge are as follows: 1.) my dependents may be insured only under the condition I am insured; 2.) my dependents may enroll on the same date of my enrollment or within 31 days of arrival in the United States of America, of the date of birth, or of the date of marriage to me; 3.) I further understand that upon enrollment in this program, I may not be eligible for cancellation of the insurance coverage or a refund of any premium I have paid; request for cancellation must be made in writing to the Office of International Student & Scholar Services.

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.

STUDENT'S SIGNATURE

TODAY'S DATE

