

University of South Florida 2009 – 2010
Student Medical Insurance Plan Application (Please Print)

Be sure to include your apartment or unit number (if applicable). Providing an incomplete or invalid address will delay your enrollment/re-enrollment and will also cause a delay in the mailing of your insurance card.

Student's Name (Last, First, Middle)		Date of Birth (mmddyy)	
Permanent U.S. Address (Street including Apt or Unit #, City, State, Zip)		Social Security #	
Expected Graduation Date:	Phone #: ()	Student Email Address:	
Classification: <input type="checkbox"/> Undergraduate Student <input type="checkbox"/> Graduate Student <input type="checkbox"/> Visiting Research Scholar	Home Campus: <input type="checkbox"/> Tampa <input type="checkbox"/> St Petersburg <input type="checkbox"/> Polytechnic <input type="checkbox"/> Sarasota	University ID#:	
		Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	International Student: <input type="checkbox"/> Yes <input type="checkbox"/> No

Dependent coverage is available only if the student is insured under this plan and the coverage periods must be the same.

List below dependents to be insured.

	Last Name	First Name	Social Security #	Male/Female	Date of Birth (mmddyy)
Spouse					
Child					
Child					
Child					

Premium Rates <i>Please check all appropriate boxes.</i>	Annual (08/18/09 – 08/17/10)	Fall (08/18/09 – 01/10/10)	Spring/Summer (01/11/10 – 08/17/10)	Summer (05/17/10 – 08/17/10)
Student	<input type="checkbox"/> \$1,539	<input type="checkbox"/> \$611	<input type="checkbox"/> \$928	<input type="checkbox"/> \$389
Spouse	<input type="checkbox"/> \$3,607	<input type="checkbox"/> \$1,433	<input type="checkbox"/> \$2,174	<input type="checkbox"/> \$912
Per Child	<input type="checkbox"/> \$2,183	<input type="checkbox"/> \$867	<input type="checkbox"/> \$1,316	<input type="checkbox"/> \$552
Seven Corners, Inc.	<input type="checkbox"/> Call Student Insurance Group (SIG) at 1-866-931-9560			

International Students should contact the SHS Insurance Office at (813)974-5407 or visit www.shs.usf.edu for enrollment instructions.

Payment Instructions: Make check or money order payable to Student Insurance Group in US dollars. **Mail payment to: Student Insurance Group, P.O. Box 850001, Orlando, FL 32885-0184.** Your canceled check is your only receipt. It is the student's responsibility for timely renewal payments whether or not a renewal notice is received. If you have questions please contact Student Insurance Group at 1-866-931-9560.

Notice to Students: By signing below, the student acknowledges the following: 1) He/She has carefully read the brochure and elects to enroll as indicated on this application; 2) I understand that my Benefit Booklet will only be made available online at www.studentinsurancegroup.us. At any time, I may request paper copies of these materials be mailed to me by contacting BCBSF's Customer Service Department at 800-664-5295. My signature on this application affirms my understanding that the Benefit Booklet will not be mailed to me, unless I contact BCBSF's Customer Service Department and request to opt out of electronic receipt; 3) Rates are not pro-rated other than as listed on this application; 4) He/She meets the eligibility requirements for this coverage as described in the brochure; 5) If it is later determined that the student is not eligible, the payment will be refunded; and 6) Other than eligibility, the payment is not refundable.

Signature of Student _____ Date _____