

International Student Injury and Sickness Insurance Plan

AmGrad Care
2017-2018

INSURED

Please enter the following information to get started on your student health insurance enrollment

Your State	*	_____	Academic Year	2017 - 2018
Your School	*	_____	First day of coverage**	* (MM/DD/YYYY)
Email Address	*	_____	Last day of coverage	* (MM/DD/YYYY)
Confirm Email Address	*	_____	** Coverage will be effective the date the correct premium is received by the company or the effective date requested on this enrollment form, whichever is later.	

PRODUCT

Please select a plan

Below you will find the plan(s) available to you. Please select the plan that best suits your needs. Full plan information can be found in the Policy Flyer and Brochure.

All Plans Meet All Visa Requirements

The following plans are available for the 2017-2018 academic year

Plan Features	AmGrad Care - BASIC	AmGrad Care - PLUS	AmGrad Care - PREFERRED
Maximum Benefit	\$500,000 (For each Injury or Sickness)	No Overall Maximum Dollar Limit	No Overall Maximum Dollar Limit
Deductible *	\$100 per policy year	\$100 per policy year	\$50 per policy year
Coinsurance *	80% except as noted	80% except as noted	90% except as noted
Out of Pocket Maximum *		\$6,350 (Per Person, Per Policy Year), \$12,700 (For all insureds in a Family, Per Policy Year)	\$5,000 (Per Person, Per Policy Year), \$10,000 (For all insureds in a Family, Per Policy Year)
Pre-existing Conditions	Covered after 6 month waiting period	Covered, No waiting period	Covered, No waiting period
Preventive Care *	100% Preferred Allowance	100% Preferred Allowance	100% Preferred Allowance
Medical Evacuation	Unlimited	Unlimited	Unlimited
Repatriation	Unlimited	Unlimited	Unlimited
REQUIRES 3 MONTH MIN.	DAILY PREMIUMS	DAILY PREMIUMS	DAILY PREMIUMS
Student 24 years and Under	\$1.90	\$2.73	\$3.35
Student 25-30 years	\$2.96	\$3.92	\$4.80
Student 31-40 years	\$7.05	\$8.65	\$10.63
Student 41+ years	\$15.03	\$18.48	\$22.67
Spouse	\$14.92	\$18.22	\$23.28
Each Child	\$8.99	\$9.70	\$10.47

SELECT PLAN

* In-network.

Names of Persons to be insured:	Date of Birth	Age	Daily Rate	No. of Days Coverage
Applicant _____	(MM) (DD) (YYYY)	_____	_____	_____
Spouse _____	(MM) (DD) (YYYY)	_____	_____	_____
Child _____	(MM) (DD) (YYYY)	_____	_____	_____
Child _____	(MM) (DD) (YYYY)	_____	_____	_____
			Total (A)	Total (B)
Total Premium (AxB) _____				



| ENROLLMENT

Student Contact Information

First Name *	_____	Middle Initial	_____
Last Name *	_____	International Phone Number	_____
Gender *	_____	State *	_____
US Phone Number	_____	Zipcode *	_____
Address *	_____	Country	USA
	_____	Your Country of Origin *	_____
City *	_____		

| SHARE INFORMATION

I elect to share my insurance enrollment information with my school. I understand that sharing my insurance enrollment is NOT a condition of purchase.

I Agree I Decline

| CONFIRM PAYMENT

Please enter your credit card information. Accepted credit cards include: Visa, MasterCard, Discover, American Express, JCB and Diner's Club.

Pay the Premium *(Minimum of three months coverage has to be purchased.)*

Amount *	_____	Card Holder Name *	_____
Card Number *	_____	Card Expiry *	____/____ <small>(Month) (YYYY)</small>
CVV Code *	_____		
Address *	_____	City *	_____
	_____	Country *	_____
State *	_____	Zipcode *	_____
Or Native State/Province	_____		

Unless otherwise stated in the Master Policy, coverage will be effective (if submitting via Online Services) the day the correct premium is submitted to the Company or the effective date of the coverage period, whichever is later. The student/visa holder is responsible for timely renewal payments. By submitting this application, the student/visa holder acknowledges the following: 1). He/she has carefully read the brochure and elects to enroll as indicated on the application; 2). He/she declares they meet the eligibility requirements for the plan selected; 3). That if it is later determined that the student is not eligible, or upon entrance into the armed forces, the premium will be refunded. Premium will not be refunded except for ineligibility or entrance into the armed forces.

I have read and agree to the terms stated above, and I elect to purchase insurance coverage under this insurance plan. Above are the choices I have made.

Applicant's Signature