

LONG BEACH CITY COLLEGE
2008–2009 INTERNATIONAL STUDENT INSURANCE ENROLLMENT FORM

1. PLEASE PRINT CLEARLY • ANSWER ALL QUESTIONS

STUDENT'S LAST NAME/FAMILY NAME					
STUDENT'S FIRST NAME				MIDDLE INITIAL	
STUDENT'S PERMANENT U.S. MAILING ADDRESS—# AND STREET NAME			APT/BOX #	CITY	STATE ZIP
STUDENT'S PHONE NUMBER	STUDENT'S E-MAIL ADDRESS			STUDENT'S DATE OF BIRTH (MM/DD/YY)	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
STUDENT'S SOCIAL SECURITY NO.	STUDENT ID NUMBER	HOME COUNTRY		PASSPORT VISA HELD <input type="checkbox"/> F1 <input type="checkbox"/> J1 <input type="checkbox"/> OTHER _____	

2. HAVE YOU EVER BEEN INSURED WITH THIS COMPANY BEFORE? NO YES

3. PLEASE CHECK THE APPROPRIATE RATE(S)

	ANNUAL 8/01/08 to 8/01/09	FALL 8/01/08 to 2/01/09	FALL/WINTER 10/01/08 to 2/01/09	SPRING/SUMMER 2/01/09 to 8/01/09	SUMMER 6/01/09 to 8/01/09
STUDENT ONLY	<input type="checkbox"/> \$ 780.00	<input type="checkbox"/> \$ 390.00	<input type="checkbox"/> \$ 260.00	<input type="checkbox"/> \$ 390.00	<input type="checkbox"/> \$ 130.00
STUDENT & SPOUSE	<input type="checkbox"/> \$ 2,874.00	<input type="checkbox"/> \$ 1,437.00	<input type="checkbox"/> \$ 958.00	<input type="checkbox"/> \$ 1,437.00	<input type="checkbox"/> \$ 479.00
STUDENT & CHILD(REN)	<input type="checkbox"/> \$ 1,662.00	<input type="checkbox"/> \$ 831.00	<input type="checkbox"/> \$ 554.00	<input type="checkbox"/> \$ 831.00	<input type="checkbox"/> \$ 277.00
STUDENT & SPOUSE & CHILD(REN)	<input type="checkbox"/> \$ 3,756.00	<input type="checkbox"/> \$ 1,878.00	<input type="checkbox"/> \$ 1,252.00	<input type="checkbox"/> \$ 1,878.00	<input type="checkbox"/> \$ 626.00

THE COSTS OF COVERAGE SHOWN HERE INCLUDE AN ADMINISTRATIVE FEE.

4. **LIST DEPENDENTS TO BE INSURED BELOW, IF APPLICABLE.** DEPENDENT COVERAGE IS AVAILABLE ONLY IF THE STUDENT IS ALSO INSURED.

LAST NAME	FIRST NAME	MI	DATE OF BIRTH (MM/DD/YY)	SOCIAL SECURITY NUMBER	SEX
SPOUSE _____	_____	_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F
CHILD _____	_____	_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F
CHILD _____	_____	_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F
CHILD _____	_____	_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F

DEPENDENTS MUST BE ENROLLED ON THE DATE THE STUDENT ENROLLS OR WITHIN 31 DAYS OF THE DATE OF ACQUISITION, ARRIVAL IN THE U.S., DATE OF BIRTH, DATE OF MARRIAGE OR TERMINATION OF OTHER COVERAGE.

5. **MAKE CHECK OR MONEY ORDER PAYABLE TO:**

NATIONWIDE LIFE INSURANCE COMPANY
 FOR CREDIT CARD PAYMENT SEE BELOW
REMITTANCE IN U.S. FUNDS ONLY

6. **RETURN PAYMENT AND ENROLLMENT FORM TO:**

LONG BEACH CITY COLLEGE

7. I CERTIFY THAT I AM ENROLLED IN THE SCHOOL NAMED ABOVE.

SIGNATURE OF STUDENT X _____ DATE _____

CREDIT CARD AUTHORIZATION — CREDIT CARD PAYMENTS CANNOT BE ACCEPTED OVER THE PHONE OR BY FAX WILL APPEAR AS "STUDENT HEALTH INSURANCE, RENAISSANCE AGENCIES" ON YOUR CREDIT CARD BILL

MasterCard # or Visa # _____ Expiration Date _____ Charge This Amount _____
 Name of Cardholder _____ Signature of Cardholder _____