

**2010–2011
CHAFFEY COLLEGE
INTERNATIONAL STUDENT HEALTH INSURANCE PLAN
ENROLLMENT FORM**

UNITED STATES FIRE INSURANCE COMPANY
POLICY NUMBER US002622

COMPLETE THE INFORMATION BELOW. PLEASE PRINT CLEARLY.

1. COMPLETE THE STUDENT INFORMATION

STUDENT'S LAST NAME/FAMILY NAME					
STUDENT'S FIRST NAME					MIDDLE INITIAL
STUDENT'S U.S. MAILING ADDRESS—NUMBER AND STREET NAME					APT#/PO BOX#
CITY				STATE	ZIP
STUDENT'S DATE OF BIRTH (MM/DD/YY)		STUDENT'S HOME COUNTRY		PASSPORT VISA HELD <input type="checkbox"/> F1 <input type="checkbox"/> J1 <input type="checkbox"/> OTHER _____	
<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	STUDENT'S SOCIAL SECURITY NUMBER			STUDENT'S SCHOOL ID NUMBER	
STUDENT'S PHONE NUMBER			STUDENT'S E-MAIL ADDRESS		

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

3. PLEASE SELECT THE COVERAGE YOU WOULD LIKE TO PURCHASE

	ANNUAL 08/15/10 to 08/15/11	FALL 08/15/10 to 01/18/11	SPRING/SUMMER 01/18/11 to 08/15/11
STUDENT	<input type="checkbox"/> \$ 912.00	<input type="checkbox"/> \$ 380.00	<input type="checkbox"/> \$ 532.00
SPOUSE	+ <input type="checkbox"/> \$ 1,890.00	+ <input type="checkbox"/> \$ 787.50	+ <input type="checkbox"/> \$ 1,102.50
ONE CHILD	+ <input type="checkbox"/> \$ 480.00	+ <input type="checkbox"/> \$ 200.00	+ <input type="checkbox"/> \$ 280.00
TWO OR MORE CHILDREN	+ <input type="checkbox"/> \$ 1,326.00	+ <input type="checkbox"/> \$ 552.50	+ <input type="checkbox"/> \$ 773.50

TOTAL AMOUNT DUE \$ _____ \$ _____ \$ _____

THE COSTS OF COVERAGE INCLUDE INSURANCE PREMIUM AND ADMINISTRATIVE FEES.

4. IF ENROLLING DEPENDENTS, COMPLETE DEPENDENT INFORMATION

DEPENDENTS MAY ONLY BE ENROLLED IF THE STUDENT IS ALSO ENROLLED.

	LAST NAME	FIRST NAME	MI	DATE OF BIRTH (MM/DD/YY)	SOCIAL SECURITY NUMBER	GENDER
SPOUSE						<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE
CHILD						<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE
CHILD						<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE
CHILD						<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE

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

YOU MUST COMPLETE PAGE 2 →

5. MAKE CHECK OR MONEY ORDER PAYABLE TO (OR INDICATE CREDIT CARD INFORMATION BELOW):

RENAISSANCE INSURANCE AGENCY, INC.

CREDIT CARD AUTHORIZATION													
CREDIT CARD PAYMENTS CANNOT BE ACCEPTED OVER THE PHONE OR BY FAX													
CHARGE WILL APPEAR AS "STUDENT HEALTH INSURANCE, RENAISSANCE AGENCIES" ON YOUR CREDIT CARD BILL													
MASTERCARD # OR VISA #													
EXPIRATION DATE										CHARGE AMOUNT \$			
NAME OF CARDHOLDER (PLEASE PRINT)													
SIGNATURE OF CARDHOLDER													

6. STUDENT SIGNATURE:

I CERTIFY THAT I AM ENROLLED AT CHAFFEY COLLEGE AND I ELECT TO ENROLL AS INDICATED.

I ACKNOWLEDGE THAT I HAVE READ, UNDERSTAND, AND AGREE TO THE TERMS AND CONDITIONS OF COVERAGE AS OUTLINED IN THE PLAN BROCHURE.

SIGNATURE X _____ DATE _____

7. RETURN THIS FORM WITH PAYMENT TO:

RENAISSANCE INSURANCE AGENCY, INC.
P.O. BOX 2300
SANTA MONICA, CA 90407-2300

REMITTANCE IN U.S. FUNDS ONLY

CA LICENSE NO. 0655426, RENAISSANCE INSURANCE AGENCY, INC.