



**Azusa Pacific University Student Enrollment Form**  
**Student Health Insurance Plan**  
**Artist Certificate Program - Undergraduate**  
**2020-2021 Policy Year**

**Eligibility:** All Students enrolled in the Artist Certificate Program at Azusa Pacific University are required to enroll in the Student Injury and Sickness Insurance Plan.

**(Please Print)**

Student Name \_\_\_\_\_  
Last First Initial

On Campus /Local Address \_\_\_\_\_  
Box Number City State Zip Code

Student ID# \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM DD YYYY

Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

**I. ENROLLMENT PERIOD:**

Please circle selected coverage.

Dates of Coverage	Fall (8/15/20–01/05/21)	Spring/Summer (01/06/21–08/14/21)	
Enrollment Deadline	September 14, 2020	January 22, 2021	
Student Rate	\$755	\$755	
		Processing Fee:	\$5.00
		Total Payment Enclosed:	

**Notice to Students:**

Coverage will be effective the effective date of the coverage period. It is the student's responsibility for timely renewal payment. By signing below, the student acknowledges the following: 1) He/She has carefully read the brochure and elects to enroll as indicated on this enrollment form. 2) Rates are not prorated other than as listed on this enrollment form. 3) He/She meets the eligibility requirements for this coverage as described in the brochure and noted above. 4) If it is later determined that the student is not eligible, the premium will be refunded. 5) Other than for eligibility reasons, the **premium is not refundable**.

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

You must be eligible to enroll in the Plan and meet the enrollment deadline in order for your enrollment to be accepted by us. If it is discovered that you do not meet the requirements, your premium will be refunded. A monthly payment plan for credit card payments is available for students completing the online enrollment form.

**II. PAYMENT INSTRUCTIONS:**

**Check or money order (International checks are not accepted)**

Make check or money order payable to **Gallagher Student Health & Special Risk**. Mail enrollment form along with premium payment to:

**Gallagher Student Health & Special Risk, P.O. Box 845663, Boston, MA 02284-5663**

**Please include an additional \$5.00 Processing Fee with your enrollment form**