

(Please Print) Student Name

Azusa Pacific University Student Enrollment Form Student Health Insurance Plan Artist Certificate Program - Graduate **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.

Last	First	Initial	
On Campus /Local Address			
Box Number	City	State	Zi p Code
Student ID#	MaleFemale	Date of Birth/_ MM DD YYYY	<i></i>
Phone Number	Email Address		
I. ENROLLMENT PERIOD:			
Please circle selected coverage.			
	Fall	Spring/Summer	
Dates of Coverage	(8/15/20-01/05/21)	(01/06/21-08/14/21)	
Enrollment Deadline	September 14, 2020	January 22, 2021	
Student Rate	\$1,880	\$1,880	

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 a cknowledges 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.

\$1,880

Processing Fee: Total Payment Enclosed: \$5.00

Signature of Student:	Date:

You must be eligible to enroll in the Planand meet the enroll ment 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