

2020-2021 SOUTH TEXAS COLLEGE Enrollment Form for Student Accident Insurance

Student's Name _____ Birthdate _____ Soc. Sec. #

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(Please Print) (Last) (First)

Home Address _____
(Street) (City) (State) (Zip)

School Address _____ Phone # (_____) _____

Student I.D. Number _____

08-26-2020 to 08-25-2021

- School-Time Plan \$ 75.00
- Full-Time Plan \$ 160.00
- Extended Dental Coverage \$ 8.00

One time policy year premium. Make your check payable to and mail to: Student Assurance Services, Inc. P.O. Box 196, Stillwater, MN 55082
Coverage becomes effective on the later of: the Master Policy effective date 08-26-2020; or 12:01 A.M. following the date the enrollment form and premium payment is received by the college, company or its authorized agent; or for online enrollment 12:01 A.M. following the date the proper premium is received by the Plan Administrator. All coverage expires on the Master Policy expiration date 08-25-2021. No refunds. Premiums are not prorated.

Student Signature _____ Date ____/____/____
(Signature of Parent or Guardian, if child is a minor)