

RICE UNIVERSITY • J-1 VISITING SCHOLARS 2020-2021 ACCIDENT AND SICKNESS INSURANCE ENROLLMENT FORM

WELLFLEET INSURANCE COMPANY • Home Office: Springfield, MA • Administrative Service Office: Student Assurance Services, Inc. • P.O. Box 196 • Stillwater, MN 55082-0196

J-1 Scholars must enroll in this plan for the duration of their program or provide proof of comparable coverage to the International Business Office. Scholars are encouraged to submit their request for coverage in a timely manner. To enroll either complete this form and return it to: Student Assurance Services, Inc.; P.O. Box 196; Stillwater, MN 55082-0196; or enroll online www.sas-mn.com. (only available if duration of program is 3 months or more).

Scholar's Name _____ Birthdate _____ Gender _____
(Please Print) (Last) (First) (M.I.) (MM/DD/YY) (M or F)

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

Rice University Scholar ID _____ email: _____ Phone No. _____

Enclosed is my check or money order, payable to Student Assurance Services, Inc., in the amount of \$ _____ .
Mail to: Student Assurance Services, Inc., P. O. Box 196, Stillwater, MN 55082-0196.

Credit Card: Premium \$ _____ + required \$25 transaction fee = \$ _____ charge to VISA® MasterCard® or Discover®

Credit Card Number Security Code (on back of card, 3 digits) Card Expiration Date (Month)(Year)

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Credit card billing will state:
"Student Assurance Services, Inc."

Cardholder Name/Cardholder Signature _____ Date _____ / _____ / _____
(Phone #) MM DD YY

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

*Monthly Premium

Scholar	<input type="checkbox"/> \$ 152	Number of Months* Coverage: _____	X Monthly Premium = Premium Amount: \$ _____
Spouse	<input type="checkbox"/> \$ 152		
Each Child	<input type="checkbox"/> \$ 152	Effective Date of Coverage: _____	Expiration Date of Coverage _____

**Scholars purchasing monthly coverage must enter the effective date (official program start date) and expiration date (official program end date) or the end date of the policy period 07-31-2021 (whichever date is earlier).

Note: If the duration of the program is 3 months or more, scholars may pay 3-month installment premium (per person) until the total premium is paid for the entire program duration.

J-2 Dependents must enroll when the scholar first enrolls in the insurance plan, and must enroll for the same coverage period as the scholar.

*Month means each 30 day days of coverage or a portion of 30 days of coverage in a coverage period. The premium is charged for month or partial month while the scholar's insurance is in force. For example, coverage from November 29th through February 15th would be 3 months. **Premium includes an administrative fee.**

Coverage becomes effective on the later of: the Master Policy effective date 08-01-2020; or the date of the requested effective date of coverage entered above. All coverage expires on the earlier of: the Master Policy expiration date 07-31-2021; or last day of the calendar month for which the premium is paid; or the date of the requested expiration date of coverage entered above.

DEPENDENT INFORMATION (Complete if purchasing dependent coverage)

Spouse's Name _____ Birthdate _____ Gender _____
Soc. Sec. # _____ MM/DD/YY (M/F)

Child's Name _____ Birthdate _____ Gender _____
Soc. Sec. # _____ MM/DD/YY (M/F)

Child's Name _____ Birthdate _____ Gender _____
Soc. Sec. # _____ MM/DD/YY (M/F)

Scholar Signature _____ Date _____ / _____ / _____

We do not accept enrollment by fax or telephone

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