

### FAITH BAPTIST BIBLE COLLEGE AND THEOLOGICAL SEMINARY STUDENT HEALTH INSURANCE PLAN (SHIP)

Please complete the information on both sides. Print clearly and answer **all** questions thoroughly, then submit to Kathleen Howell prior to the enrollment deadline date listed below. Incomplete forms will not be accepted.

**For questions about enrollment, contact Risk Strategies at (800)955-1991 ext. 5614.**

#### STUDENT INFORMATION.

STUDENT'S LAST NAME		STUDENT'S FIRST NAME		MI
STUDENT'S U.S. MAILING ADDRESS—NUMBER AND STREET NAME (OR PO BOX #)				APT / UNIT #
CITY			STATE	ZIP
STUDENT'S DATE OF BIRTH (MM/DD/YYYY)	SEX ASSIGNED AT BIRTH <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	STUDENT'S PHONE NUMBER		STUDENT'S SCHOOL ID NUMBER
STUDENT'S EMAIL ADDRESS			OK TO CONTACT YOU VIA EMAIL? <input type="checkbox"/> YES <input type="checkbox"/> NO	STUDENT'S SOCIAL SECURITY NUMBER
ARE YOU AN INTERNATIONAL STUDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT IS YOUR HOME COUNTRY OR COUNTRY OF REGULAR DOMICILE?			PASSPORT VISA TYPE: <input type="checkbox"/> F1 <input type="checkbox"/> J1 <input type="checkbox"/> OTHER _____

#### SELECT THE COVERAGE AND CALCULATE THE TOTAL CHARGES.

	ANNUAL 08/01/2023 to 07/31/2024	FALL 08/01/2023 to 12/31/2023	SPRING / SUMMER 01/01/2024 to 07/31/2024	SUMMER 05/11/2024 to 07/31/2024	TOTAL AMOUNT DUE
<b>DEADLINE DATE</b>	<b>09/08/2023</b>	<b>09/08/2023</b>	<b>01/26/2024</b>	<b>05/03/2024</b>	
COST OF COVERAGE	<input type="checkbox"/> \$ 1,792.00	<input type="checkbox"/> \$ 749.00	<input type="checkbox"/> \$ 1,043.00	<input type="checkbox"/> \$ 401.00	= \$

Plan costs include the medical insurance premium and administrative fees.

#### I ACCEPT THE FOLLOWING CANCELLATION / REFUND POLICY.

There are no premium refunds, except when the Plan participant leaves school and permanently returns to his or her home country, or enters the armed forces of any country, and there are no claims on file. A refund request must be sent in writing to [janice.briggs@ahpcare.com](mailto:janice.briggs@ahpcare.com) with reason for cancellation. Premium refunds will not be considered if a claim has been filed during the period of coverage. All refunds are subject to approval of Risk Strategies and / or the insurance company.

**I CERTIFY THAT I AM ENROLLED AT FAITH BAPTIST BIBLE COLLEGE AND THEOLOGICAL SEMINARY. BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE INFORMATION CONTAINED IN THE FAITH BAPTIST BIBLE COLLEGE AND THEOLOGICAL SEMINARY STUDENT HEALTH INSURANCE PLAN CERTIFICATE AND ELECT TO ENROLL FOR THE COVERAGE SPECIFIED HEREIN.**

**STUDENT SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**RETURN THIS FORM WITH PAYMENT TO: KATHLEEN HOWELL**

If there are any discrepancies between this document and the Plan Certificate, the Plan Certificate will govern.