ENROLLMENT FORM

RISK strategies

2024–2025

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 (913)815-1300.

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 ☐ FEMALE ☐ MALE	STUDENT'S PHONE NUMBER	STUDENT'S SCHOOL ID NUMBER

STUDENT'S EMAIL ADDRESS	OK TO CONTACT YOU VIA EMAIL? ☐ YES ☐ NO	STUDENT'S SOCIAL SECURITY NUMBER

ARE YOU AN INTERNATIONAL STUDENT? ☐ YES ☐ NO	IF YES, WHAT IS YOUR HOME COUNTRY OR COUNTRY OF REGULAR DOMICILE?	PASSPORT VISA TYPE: ☐ F1 ☐ J1 ☐ OTHER _____

SELECT THE COVERAGE AND CALCULATE THE TOTAL CHARGES.

	ANNUAL 08/01/2024 to 07/31/2025	FALL 08/01/2024 to 12/31/2024	SPRING / SUMMER 01/01/2025 to 07/31/2025	SUMMER 05/11/2025 to 07/31/2025	TOTAL AMOUNT DUE
DEADLINE DATE	**09/08/2024**	**09/08/2024**	**01/26/2025**	**05/03/2025**	
COST OF COVERAGE	☐ $ 2,035.00	☐ $ 853.00	☐ $ 1,182.00	☐ $ 456.00	**= $**

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 **stephanie.williams@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.