



Enrollment Form

Complete the information below. Please print clearly and answer all questions, then mail to the address below. Incomplete forms will not be accepted. For questions about enrollment, please contact Ascension at (800) 537-1777.

1. ENTER STUDENT INFORMATION:

STUDENT'S LAST NAME/FAMILY NAME		STUDENT'S FIRST NAME		MI
STUDENT'S U.S. MAILING ADDRESS—NUMBER AND STREET NAME (OR P.O. BOX #)				APT/UNIT #
CITY			STATE	ZIP
STUDENT'S DATE OF BIRTH (MM/DD/YYYY) / /		<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
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 _____

2. SELECT THE COVERAGE PERIOD YOU WOULD LIKE TO PURCHASE (DEPENDENT COVERAGE PERIOD MUST BE THE SAME AS THE STUDENT'S COVERAGE PERIOD):

	Fall 08/01/2016 to 12/31/2016	Spring 01/01/2017 to 05/31/2017	Summer 1 06/01/2017 to 06/25/2017	Summer 2 06/26/2017 to 08/05/2017
STUDENT	<input type="checkbox"/> \$ 655.00	<input type="checkbox"/> \$ 655.00	<input type="checkbox"/> \$ 131.00	<input type="checkbox"/> \$ 131.00
SPOUSE/DOMESTIC PARTNER	<input type="checkbox"/> \$ 2,230.00	<input type="checkbox"/> \$ 2,230.00	<input type="checkbox"/> \$ 446.00	<input type="checkbox"/> \$ 446.00
ONE CHILD	<input type="checkbox"/> \$ 895.00	<input type="checkbox"/> \$ 895.00	<input type="checkbox"/> \$ 179.00	<input type="checkbox"/> \$ 179.00
TWO OR MORE CHILDREN	<input type="checkbox"/> \$ 1,790.00	<input type="checkbox"/> \$ 1,790.00	<input type="checkbox"/> \$ 358.00	<input type="checkbox"/> \$ 358.00
TOTAL PAYMENT DUE	= \$	= \$	= \$	= \$

The cost of coverage includes insurance premium and administrative fees.

3. IF ENROLLING DEPENDENTS, COMPLETE DEPENDENT INFORMATION ON PAGE 2 OF THIS FORM. THIS SECTION MUST BE COMPLETED FOR ENROLLMENT TO BE ACCEPTED. DEPENDENTS MAY BE ENROLLED IN THE PLAN ONLY IF THE STUDENT IS ALSO ENROLLED IN THE PLAN.

4. REMIT PAYMENT IN U.S. FUNDS ONLY. MAKE CHECK OR MONEY ORDER PAYABLE TO: ASCENSION BENEFITS & INSURANCE SOLUTIONS OR COMPLETE CREDIT CARD INFORMATION BELOW.

CREDIT CARD AUTHORIZATION: CHARGE WILL APPEAR AS "STUDENT HEALTH INSURANCE, ASCENSION" ON YOUR CREDIT CARD BILL.											
MASTERCARD # OR VISA #											
NAME OF CARDHOLDER (PLEASE PRINT)										CHARGE AMOUNT: \$	EXPIRATION DATE
By signing below, I authorize my credit card to be charged the amount listed above for the coverage I have selected under the Santa Barbara City College International Student Insurance Plan.											
SIGNATURE OF CARDHOLDER											

5. STUDENT SIGNATURE:

I CERTIFY THAT I AM ENROLLED AT SANTA BARBARA CITY COLLEGE. BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE INFORMATION CONTAINED IN THE SANTA BARBARA CITY COLLEGE INTERNATIONAL STUDENT INSURANCE PLAN CERTIFICATE AND ELECT TO ENROLL FOR THE COVERAGE SPECIFIED ABOVE.

SIGNATURE _____ DATE _____

6. RETURN THIS FORM WITH PAYMENT TO: ASCENSION, P.O. BOX 240042, LOS ANGELES, CA 90024

Enrollment Form (continued)

IF ENROLLING DEPENDENTS, COMPLETE DEPENDENT INFORMATION BELOW:

LAST NAME	FIRST NAME	MI	DATE OF BIRTH (MM/DD/YY)	GENDER
SPOUSE/DOMESTIC PARTNER				<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE
CHILD				<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE
CHILD				<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE
CHILD				<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE
CHILD				<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE

DEPENDENTS MAY BE ENROLLED IN THE PLAN ONLY IF THE STUDENT IS ALSO ENROLLED IN THE PLAN. Dependents must be enrolled on the date the student enrolls or within 31 days of marriage, birth, adoption or placement for adoption, arrival in the U.S., or ineligibility under another creditable coverage.

No-Cost Language Assistance Services:

You are eligible to access the services of an interpreter to have insurance documents read to you in your native or preferred language, at no cost to you. To use this free service, call the number listed on your insurance ID card or **(844) 268-2686**. For further help, call the CA Department of Insurance at **(800) 927-4357**.