



2018-2019

# OPT ENROLLMENT FORM

## LOGOS Evangelical Seminary International Student Insurance Plan

Complete the information below. Please print clearly and answer all questions, then mail to the address below prior to the applicable enrollment deadline date (*must be postmarked on or before the deadline date*). Incomplete forms will not be accepted. **For questions about enrollment, please contact Relation Insurance Services at (800) 537-1777.**

**NOTE: You must submit (within 30 days from loss of coverage of your previous insurance termination date) either a copy of the second page of your I-20 which lists your OPT dates, or your Employment Authorization Card, or an official letter from the school stating your Optional Practical Training (OPT) dates along with this enrollment form.**

### 1. ENTER STUDENT INFORMATION:

STUDENT'S LAST 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 YOU WISH TO PURCHASE AND CALCULATE THE TOTAL CHARGES:

	FALL 08/01/2018 to 12/31/2018	SPRING 01/01/2019 to 05/31/2019	SUMMER 06/01/2019 to 07/31/2019
COST OF COVERAGE	<input type="checkbox"/> \$ 580.00	<input type="checkbox"/> \$ 580.00	<input type="checkbox"/> \$ 232.00

*The cost of coverage includes insurance premium and administrative fees.*

### 4. REMIT PAYMENT IN U.S. FUNDS ONLY. MAKE CHECK OR MONEY ORDER PAYABLE TO: RELATION INSURANCE SERVICES OR COMPLETE CREDIT CARD INFORMATION BELOW.

CREDIT CARD AUTHORIZATION: CHARGE WILL APPEAR AS "STUDENT HEALTH INSURANCE, RELATION" ON YOUR CREDIT CARD BILL.												
CREDIT CARD #												
NAME OF CARDHOLDER (PLEASE PRINT)									CHARGE AMOUNT: \$	EXPIRATION DATE ____/____		
<b>By signing below, I authorize my credit card to be charged the amount listed above for the coverage I have selected under the LOGOS Evangelical Seminary International Student Insurance Plan.</b>												
SIGNATURE OF CARDHOLDER												

### 5. STUDENT SIGNATURE:

I CERTIFY THAT I AM ENROLLED IN OPTIONAL PRACTICAL TRAINING AT LOGOS EVANGELICAL SEMINARY. BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE INFORMATION CONTAINED IN THE LOGOS EVANGELICAL SEMINARY INTERNATIONAL STUDENT INSURANCE PLAN DOCUMENT AND ELECT TO ENROLL FOR THE COVERAGE SPECIFIED ABOVE.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

### 6. RETURN THIS FORM WITH PAYMENT TO: RELATION INSURANCE SERVICES, P.O. BOX 240042, LOS ANGELES, CA 90024 MUST BE POSTMARKED BY THE APPLICABLE DEADLINE DATE

### 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 **(800) 468-4343**. For further help, call the CA Department of Insurance at **(800) 927-4357**.

