**ENROLLMENT FORM**
**2018-2019**

# WORLDWIDE ASSISTANCE
### Provided by: On Call International

**2547X**

PLEASE PRINT - COMPLETE ALL INFORMATION

LAST NAME | FIRST NAME | MI

U. S. MAILING ADDRESS | APARTMENT/UNIT NO. | MALE FEMALE | MO. DAY YEAR | DATE OF BIRTH

CITY | STATE | ZIP | ( ) | TELEPHONE NUMBER

NAME OF COLLEGE/UNIVERSITY YOU ARE ATTENDING: _____ _____
E-MAIL ADDRESS

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**COVERAGE:**

I want coverage to begin on ____/____/____ and continue for _____ whole months.

Any fraction of a month must be calculated as a whole month.

| | MONTHLY RATES | | NO. OF MONTHS | TOTAL PREMIUM |
|---|---|---|---|---|
| | **Inbound USA** | **Outbound USA**\*\* | | |
| Student/Scholar | $ 9.00 | $ 14.00 | X _____ = | $ _____ |
| Spouse \* | $ 9.00 | $ 14.00 | X _____ = | $ _____ |
| Each Child \* | $ 9.00 | $ 14.00 X _____ X | _____ = | $ _____ |
| | | (No. Children) | | |

\*Dependent coverage is only available if the Student/Scholar enrolls in this program and cannot begin before or extend beyond that of the Insured Student/Scholar.

**Indicate Total Premium Submitted**: $ _____

\*\*If Outbound USA, please indicate your Host Country _____

_____ ___/___/___
**Signature - Student - Parent - Guardian**     **Date**

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**METHOD OF PAYMENT:**

☐ Check / Money Order\*   **Payable To: AMA & Associates**

☐ Credit Card

**MAIL TO:**

**AMA & Associates**
**P. O. Box 65139**
**San Antonio, TX 78265**

**CREDIT CARD PAYMENT AUTHORIZATION** - Please bill my credit card for my insurance. (Complete credit card information below.)

AMOUNT CHARGED $ _____   ☐ **MASTER CARD**   ☐ **VISA**

LAST NAME | FIRST NAME | MI

CREDIT CARD NUMBER | MO. YEAR / EXP. DATE | 3 DIGIT SECURITY CODE (ON BACK OF CARD). THIS MUST BE PROVIDED TO PURCHASE COVERAGE.

_____ ___/___/___
SIGNATURE - CARDHOLDER            DATE

**DEPENDENTS TO BE INSURED**

| SPOUSE - LAST NAME | ☐ MALE ☐ FEMALE | FIRST NAME | MI | MO. DAY YEAR / DATE OF BIRTH |
| CHILD - LAST NAME | ☐ MALE ☐ FEMALE | FIRST NAME | MI | MO. DAY YEAR / DATE OF BIRTH |
| CHILD - LAST NAME | ☐ MALE ☐ FEMALE | FIRST NAME | MI | MO. DAY YEAR / DATE OF BIRTH |
| CHILD - LAST NAME | ☐ MALE ☐ FEMALE | FIRST NAME | MI | MO. DAY YEAR / DATE OF BIRTH |