

through - RUSH UNIVERSITY

PLEASE PRINT - FAILURE TO PROVIDE ALL INFORMATION MAY DELAY OR VOID YOUR INSURANCE

Form fields for personal information including Last Name, First Name, M.I., Date of Birth, Soc. Sec. No., Gender, Telephone No., U.S. Mailing Address, Apartment No., City, State, ZIP Code, and E-Mail.

I want coverage to begin on ___/___/___ and continue for ___ whole months. Any fraction of a month must be calculated as a whole month. Pro-rating of the monthly rate is not acceptable.

Table with columns: MONTHLY RATES, NO. OF MONTHS, TOTAL PREMIUM. Rows include Student/Scholar, Spouse*, Each Child*, and Children (3 or more)*.

*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.

Indicate Total Premium Submitted: \$ _____

Signature - Student - Parent - Guardian / / Date By your signature hereon, acknowledgement is made that 1) you and any insured family member meet the eligibility requirements as described within the insurance brochure; and 2) if at any time it is determined you, or any insured family member, did not meet the eligibility requirements for this coverage, the only liability the Company has is the refund of premium, subject to any claims for which benefits had been paid prior to discovery of the ineligibility.

METHOD OF PAYMENT:

Check / Money Order* Payable To: AMA & Associates

* To expedite your enrollment in this insurance program, please write #2425 on your check or money order.

Credit Card

CREDIT CARD PAYMENT AUTHORIZATION - Please bill my credit card for my insurance. MASTER CARD VISA

AMOUNT CHARGED \$ _____

Form fields for Cardholder information: Last Name, First Name, MI.

Form field for Credit Card Number.

Form fields for Exp. Date (Mo., Year).

3 DIGIT SECURITY CODE (ON BACK OF CARD). THIS MUST BE PROVIDED TO PURCHASE COVERAGE.

Form fields for Cardholder Signature and Date.

MAIL TO: AMA & Associates, P. O. Box 65139, San Antonio, TX 78265

DEPENDENTS TO BE INSURED

Form fields for Spouse information: Last Name, Gender, First Name, MI.

Form fields for Spouse Date of Birth (Mo., Day, Year).

Form fields for Child information: Last Name, Gender, First Name, MI.

Form fields for Child Date of Birth (Mo., Day, Year).

Form fields for Child information: Last Name, Gender, First Name, MI.

Form fields for Child Date of Birth (Mo., Day, Year).

Form fields for Child information: Last Name, Gender, First Name, MI.

Form fields for Child Date of Birth (Mo., Day, Year).