2018 **ENROLLMENT FORM** **2660**

International Accident & Sickness Insurance
HOUSTON BALLET

Note: This plan is NOT available in the states of:
California, Colorado, Maryland, Massachusetts, New Hampshire, New York and Washington

STUDENT: Complete information below for the student. Print legibly.		
LAST NAME:	**FIRST NAME:**	**MIDDLE:**
GENDER: ☐ **Male** ☐ **Female**	**DATE OF BIRTH:** (month/day/year) _____/_____/_____	
USA MAILING ADDRESS – Street Address (including Apt #, if applicable)		
CITY:	**STATE:**	**ZIP CODE:**
TELEPHONE #:	**EMAIL ADDRESS:**	

Policy Term: August 1, 2018 thru July 31, 2019

PREMIUM RATES

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

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

Monthly Rate (3 months minimum required)

Student Only: $108.00 x _____ = $_____ (total premium due)
(no. of months)

METHOD OF PAYMENT: ☐ Check or Money Order: Payable to**:** **AMA & Associates**

☐ Credit Card: Amount Charged _____ ☐ Master Card ☐ Visa

_____ _____ _____
Cardholder – Last Name **Cardholder – First Name** **Middle Initial**

_____ _____/_____/_____ _____
Credit Card Number **Expiration Date** (Month/Day/Year) **3 Digit Security Code (this must be provided)**

_____ _____/_____/_____
Cardholder Signature **Date** (Month/Day/Year)

Mail completed form and premium to:

AMA & Associates
P. O. Box 65139
San Antonio, TX 78265-9570

NOTICE TO STUDENT: Coverage will be effective the date the correct premium is received by the Company or representative of the Company or the effective date of the coverage period, whichever is later, unless otherwise stated in the Master Policy. By signing, the student acknowledges the following: 1) He/She has carefully read the brochure and elects to enroll as indicated on this enrollment form; 2) He/She meet the eligibility requirements for this coverage as described in the brochure; and 3) If it is later determined that the student is not eligible, the premium will be refunded. **Premium will not be refunded except for ineligibility or entrance into the armed forces.**

Student/Parent/Guardian Signature:_____**Date:**_____/_____/_____
(Month/Day/Year)

Questions? Please contact AMA & Associates at (800) 456-7480