

WASHINGTON STATE COLLEGES INTERNATIONAL STUDENT INSURANCE PLAN

Please complete the information on both sides. Print clearly and answer **all** questions thoroughly, as incomplete forms will not be accepted.

For questions about enrollment, contact Relation Insurance Services at (800) 955-1991.

STUDENT INFORMATION.

STUDENT'S LAST NAME		STUDENT'S FIRST NAME		MI
STUDENT'S U.S. MAILING ADDRESS—NUMBER AND STREET NAME (OR PO BOX #)				APT / UNIT #
CITY			STATE	ZIP
STUDENT'S DATE OF BIRTH (MM/DD/YYYY)	SEX ASSIGNED AT BIRTH <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	STUDENT'S SOCIAL SECURITY NUMBER
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 _____

SELECT THE COVERAGE AND CALCULATE THE TOTAL CHARGES.

	ANNUAL 09/01/2022 – 09/01/2023	FALL QUARTER*	WINTER QUARTER*	SPRING QUARTER*	SUMMER QUARTER*	TOTAL AMOUNT DUE
COST OF COVERAGE	<input type="checkbox"/> \$ 147.00	<input type="checkbox"/> \$ 39.00	<input type="checkbox"/> \$ 39.00	<input type="checkbox"/> \$ 39.00	<input type="checkbox"/> \$ 39.00	= \$

* Coverage dates are based on the actual dates of your campus.

The cost of coverage includes insurance premium and administrative fees.

REMIT PAYMENT IN U.S. FUNDS ONLY.

Make check or money order payable to “**Relation Insurance Services**” or complete credit card information.

Credit card authorization charge will appear as “**Student Health Insurance, Relation**” on the credit card statement.

CREDIT CARD #													EXPIRES (MM / YY)	CSV CODE
NAME OF CARDHOLDER (PLEASE PRINT)													CHARGE AMOUNT: \$	
CARDHOLDER'S BILLING ADDRESS—NUMBER AND STREET NAME (OR PO BOX #)													APT / UNIT #	
CITY						STATE		ZIP		COUNTRY				

By signing below, I authorize my credit card to be charged the amount listed above for the coverage selected under the Washington State Colleges Student Accident Only Insurance Plan.

I ACCEPT THE FOLLOWING CANCELLATION / REFUND POLICY.

There are no premium refunds, except when the Plan participant leaves school and permanently returns to his or her home country, or enters the armed forces of any country, and there are no claims on file. A refund request must be sent in writing to clientservices@relationinsurance.com with reason for cancellation. Premium refunds will not be considered if a claim has been filed during the period of coverage. All refunds are subject to approval of Relation Insurance Services and / or the insurance company.

CARDHOLDER SIGNATURE _____ **DATE** _____

I CERTIFY THAT I AM ENROLLED AT A WASHINGTON STATE COLLEGE. BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE INFORMATION CONTAINED IN THE WASHINGTON STATE COLLEGES STUDENT ACCIDENT ONLY PLAN BROCHURE AND ELECT TO ENROLL FOR THE COVERAGE SPECIFIED HEREIN.

STUDENT SIGNATURE _____ **DATE** _____

RETURN THIS FORM WITH PAYMENT TO RELATION INSURANCE SERVICES, PO BOX 25936, OVERLAND PARK, KS 66225

If there are any discrepancies between this document and the Policy, the Policy will govern.