

Underwritten by:



2022-2023 SOUTH TEXAS COLLEGE Enrollment Form for Student Accident Insurance

Student's Name: _____ Birthdate: _____
(Please Print) (Last) (First) (M/D/Y)

Home Address _____
(street) (City) (State) (Zip)

School Address: _____ Phone # () _____

Student ID Number: _____

08/26/2022 – 08/25/2023

School-Time Plan	<input type="checkbox"/>	\$ 71.25
Full-Time Plan	<input type="checkbox"/>	\$152
Extended Dental Coverage	<input type="checkbox"/>	\$8.55

One time policy year premium. Make your check payable to and mail to: Student Insurance Plans, Inc. P.O. Box 1447, Frisco, TX 75034. Coverage becomes effective on the later of: the Master Policy effective date 08-26-2022; or 12:01 A.M. following the date the enrollment form and premium payment is received by the college, company or its authorized agent; or for online enrollment 12:01 A.M. following the date the proper premium is received by the Plan Administrator. All coverage expires on the Master Policy expiration date 08-25-2023. No refunds. Premiums are not prorated.

Student Signature: _____ Date: _____
(Signature of Parent or Guardian, if child is a minor)