

STUDENT SELECT APPLICATION

FORTIS INSURANCE COMPANY

501 W. Michigan • Milwaukee, WI 53203 • (414) 271-3011



COVERAGE WILL NOT BE ISSUED TO ANY PERSON WHO IS ELIGIBLE FOR MEDICARE.

REQUESTED EFFECTIVE DATE		
<input type="checkbox"/> Day following postmark	<input type="checkbox"/> Later effective date: ___/___/___	
	Mo.	Day
		Yr.

(Note: Effective Dates of the 29th, 30th and 31st of the month are not available.)

STUDENT NAME (Print Last, First, Middle)	SEX	BIRTHDATE (M-D-Y) - -	SOC. SEC. # - -
INDICATE THE STATE WHERE THE STUDENT WILL LIVE WHILE ATTENDING SCHOOL:			
SEND ALL CORRESPONDENCE TO: (Print Name, Street Address, City, State, ZIP)			PHONE # () -
SCHOOL ATTENDING	LOCATION OF SCHOOL (Print City, State, ZIP)		
STUDENT STATUS: <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Graduate <input type="checkbox"/> Post Graduate		ANTICIPATED GRADUATION DATE (Month, Year)	
<p>Answer the following question completely and accurately.</p> <p>Is the student enrolled in a state accredited college or university as:</p> <p>a) an undergraduate student taking 9 or more credit hours; or b) a full-time graduate student? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(Credit hours earned through home study, correspondence and television courses do not apply toward the credit hour requirements.)</p> <p>Note: If NO is answered on the above question, coverage cannot be issued.</p>			
Deductible Amount		Payment Mode	
<input type="checkbox"/> \$250 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$500 <input type="checkbox"/> \$2,500		<input type="checkbox"/> Annual <input type="checkbox"/> Semi-Annual	
		Total	
I have read or have had read to me the completed application and declare that the information shown on it is true and complete. I understand that if any information stated in this application is incorrect, coverage can be voided. I further understand that the plan applied for will not provide benefits on account of any Preexisting Condition until one year after the Effective Date.			
_____ Applicant's Signature		_____ Date Signed	
TO BE COMPLETED BY AGENT:			
James A. Rakvica		000K501L0-93001	
Agent Name (Please Print)		Agent Number	Date Completed
Form 20716			

If student is 18 years of age or older, student must sign the application.
NOTE TO AGENT: Indicate the state of permanent residence if different than the state where the student will live while attending school.

For Credit Card Payment: Credit Card No. _____ Expiration Date ___/___
I authorize Fortis Insurance Company to charge the above credit card account for the premium listed above.
Signature _____ Date _____