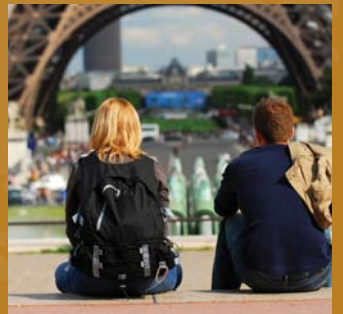


Distributed by

eStudent Insurance  
224 First Street  
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<http://www.eStudentInsurance.com>

# StudentSecure<sup>®</sup>



Pursuing your education outside your home country? Take *StudentSecure insurance* from HCC Medical Insurance Services (HCCMIS) with you.



**HCC Medical Insurance Services**

# Why Choose StudentSecure®?



Quebec City, Canada



Oxford University, England



Paris, France

## Do I need study abroad insurance?

If you are a student or scholar planning on traveling to pursue your education outside your home country, health insurance is a necessity. Most student visas and learning institutions require visiting foreign students be covered by a comprehensive health insurance policy. You may also find that the coverage from your home country will not follow you while you are studying abroad. HCC Medical Insurance Services (HCCMIS) offers StudentSecure as an affordable solution.

## Why Choose StudentSecure?

HCCMIS takes the guesswork out of insurance for individuals in study abroad programs with StudentSecure, a plan designed specifically to meet the needs of international students and scholars. HCCMIS's StudentSecure is the program that travels with you and meets or exceeds U.S. government student visa requirements. The four levels of coverage - Elite, Select, Budget and Smart - ensure that you can find the appropriate plan. Each plan includes coverage for medical expenses, emergency medical evacuation, and repatriation of remains.

## After purchasing coverage, how can I trust the company to be there if I need them?

HCC Medical Insurance Services LLC (HCCMIS), headquartered in the United States in Indianapolis, Indiana, is a full-service company offering international medical insurance and short-term medical insurance products designed to meet needs of consumers worldwide. HCCMIS is a subsidiary of HCC Insurance Holdings, Inc. (NYSE: HCC), a leading Specialty Insurance group. HCC's major companies have a financial strength rating of AA (Very Strong) by Standard & Poor's and Fitch Ratings and A+ (Superior) by A.M. Best Company.

**For more information about StudentSecure, please visit [hccmis.com](http://hccmis.com)**

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## Did You Consider This?

### Car Accident

Converting kilometers to miles can be hard, but a speed limit is a speed limit. Car accident \$120,599\*

\*This amount is an example of an actual claim handled by HCCMIS. Coverage for similar claims is not to be inferred as all claims are unique.

# Schedule of Benefits

BENEFIT	LIMIT - ELITE	LIMIT - SELECT	LIMIT - BUDGET	LIMIT - SMART
Certificate period maximum	\$500,000	\$300,000	\$250,000	\$200,000
Maximum benefit per injury or illness	\$500,000	\$300,000	\$250,000	\$100,000
Deductible	\$25 per injury or illness within the PPO, outside the U.S. or at a student health center; otherwise \$50 per injury or illness		\$45 per injury or illness within the PPO, outside the U.S. or student health center; otherwise \$90 per injury or illness	\$50 per injury or illness within the PPO, outside the U.S. or student health center; otherwise \$100 per injury or illness
Coinsurance - claims incurred inside U.S.	Underwriters will pay 100% of eligible expenses within the PPO network (80% of eligible expenses outside the PPO network)	Underwriters will pay 80% of the next \$5,000 of eligible expenses after deductible, then 100% to certificate period maximum	Underwriters will pay 80% of the next \$25,000 of eligible expenses after deductible, then 100% to certificate period maximum	Underwriters will pay 80% of eligible expenses after the deductible
Coinsurance - claims incurred outside of U.S.	After the deductible, 100% of eligible expenses to the certificate period maximum.			
Hospital room & board	Average semi-private room rate, including nursing services			
Local ambulance	Up to \$750 per injury / illness if hospitalized as inpatient		Up to \$500 per injury / illness if hospitalized as inpatient	Up to \$300 per injury / illness if hospitalized as inpatient
Intensive care unit	Usual, reasonable, and customary charges			
Hospital pre-certification penalty	50% of eligible medical expenses			
Outpatient treatment	Usual, reasonable, and customary charges			
Outpatient prescription drugs	80% of actual charge	50% of actual charge		
Mental health disorders	Outpatient or inpatient: 80% within the PPO, 60% out of network. Maximum 30 days of coverage.  (Coverage includes drug abuse or alcohol abuse. Treatment must not be obtained at a student health center.)	Outpatient or inpatient: 80% within the PPO, 60% out of network. Maximum 30 days of coverage.  (Coverage includes drug abuse or alcohol abuse. Treatment must not be obtained at a student health center.)	Outpatient: \$50 maximum per day, \$500 maximum lifetime  Inpatient: Usual, reasonable, and customary charges to \$10,000 maximum lifetime  (Coverage includes drug abuse or alcohol abuse. Treatment must not be obtained at a student health center.)	Outpatient: \$50 maximum per day, \$500 maximum lifetime  Inpatient: Usual, reasonable, and customary charges to \$5,000 maximum lifetime
Dental treatment due to accident	\$250 maximum per tooth; \$500 maximum per certificate period			No coverage
Dental treatment to alleviate pain	\$100 maximum per certificate period. Not subject to deductible or coinsurance.			No coverage
Pre-existing condition	6-month waiting period		12-month waiting period	\$25,000 lifetime maximum for eligible medical expenses for the acute onset of pre-existing condition only
Maternity care for a covered pregnancy	80% up to certificate period maximum within the PPO; 60% up to certificate period maximum outside the PPO		80% up to \$5,000 within the PPO; 60% up to \$5,000 outside the PPO	No coverage
Routine nursery care of newborn	\$750 maximum per certificate period		\$250 maximum per certificate period	No coverage
Therapeutic termination of pregnancy	\$500 maximum per certificate period			
Physical therapy & chiropractic care	Maximum \$75 per day	Maximum \$50 per day		Maximum \$25 per day
Intercollegiate, interscholastic, intramural, or club sports	\$5,000 maximum per injury / illness; Medical expenses only		\$3,000 maximum per injury / illness Medical expenses only	No coverage
Terrorism	\$50,000 maximum lifetime limit			No coverage
Emergency medical evacuation  (Not subject to deductible or coinsurance.)	Up to the certificate limit			\$50,000 lifetime
Emergency reunion	\$5,000 lifetime maximum		\$1,000 lifetime maximum	
Accidental death & dismemberment	\$25,000 lifetime maximum		No coverage	
Repatriation of remains	\$50,000 maximum (not subject to deductible or coinsurance)	\$25,000 maximum (not subject to deductible or coinsurance)		
Personal Liability	\$250,000 lifetime maximum	No coverage		

# What's Covered by StudentSecure®?

## Pre-existing Conditions

After 6 months of continuous coverage, StudentSecure Elite and StudentSecure Select will provide benefits for pre-existing conditions (12 months for StudentSecure Budget). A pre-existing condition is generally defined as any injury or illness which, within the 12 months prior to the effective date of coverage, manifested itself, exhibited symptoms, or required medical treatment or medication, or for which a physician was consulted. Please refer to the certificate of insurance for the complete definition.

## Acute Onset of a Pre-existing Condition

Individuals who purchase StudentSecure Smart are entitled to a \$25,000 lifetime maximum for the acute onset of a pre-existing condition. The acute onset of a pre-existing condition means a sudden and unexpected outbreak or recurrence of a pre-existing condition which occurs spontaneously and without advance warning either in the form of physician recommendations or symptoms, is of short duration, is rapidly progressive, and requires urgent care. The acute onset of a pre-existing condition must occur after the effective date of the policy. Treatment must be obtained within 24 hours of the sudden and unexpected outbreak or recurrence. A pre-existing condition that is a chronic or congenital condition or that gradually becomes worse over time will not be considered acute onset. All other expenses related to pre-existing conditions are not covered with StudentSecure Smart.

## Organized Sports Activities

Medical expenses for injuries or illnesses sustained while participating in intercollegiate, interscholastic, intramural, or club sports are covered by the StudentSecure plan up to a maximum of \$5,000 per Injury or Illness on StudentSecure Elite and Select and up to \$3,000 per injury or illness on StudentSecure Budget. StudentSecure Smart does not provide coverage for organized sports activities.

## Mental Health Disorders

StudentSecure Elite, Select and Budget provide benefits for mental health disorders including the treatment of substance abuse. Drug and alcohol abuse are covered under the mental health disorders benefit. Treatment for mental health disorders is covered only if not obtained from a student health center.

## Emergency Dental

The following emergency dental expenses are covered: emergency dental treatment and dental surgery necessary to restore or replace sound natural teeth lost or damaged in an accident which is covered under this insurance subject to a maximum of \$250 per tooth and \$500 certificate period maximum; and emergency dental treatment necessary to resolve acute, spontaneous and unexpected onset of pain subject to a maximum benefit of \$100 per certificate period. Emergency Dental benefits are available on the Elite, Select and Budget plans only.

## Emergency Medical Evacuation

Would you know what to do if you found yourself in a lifethreatening situation far from home? HCCMIS is experienced in arranging emergency medical evacuations. StudentSecure will cover the necessary expenses to transport you to the nearest medical facility qualified to treat your life-threatening condition. We also understand the importance of family support in these difficult situations. StudentSecure will also cover the transportation, lodging, and meal costs for a relative to join you after an emergency medical evacuation up to the lifetime limit.

## Terrorism

In these turbulent times, the risk of a terrorist attack is a reality. If you are in the wrong place at the wrong time, StudentSecure offers coverage for medical expenses resulting from these acts.

## Repatriation of Remains

The death of a loved one is never easy, no matter the circumstances. In the unfortunate event of your death while traveling abroad, StudentSecure will arrange for and cover the costs associated with the repatriation of your remains.

\*The description of coverage in these pages is for informational purposes only. Actual coverage will vary based the terms and conditions of the policy issued. The information described herein does not amend or otherwise affect the terms and conditions of any insurance policy issued by HCCMIS or its affiliates. In the event that a policy is inconsistent with the information described herein, the language of the policy will take precedence.

HCC Medical Insurance Services, LLC (HCCMIS) is a service company that is a subsidiary of HCC Insurance Holdings Inc. HCCMIS is regulated by the State of Indiana in our capacity as Third Party Administrator. HCCMIS has authority to enter into contracts of insurance on behalf of the Lloyd's underwriting members of Lloyd's Syndicate 4141, which is managed by HCC Underwriting Agency Ltd.

Patient Protection and Affordable Care Act ("PPACA"): This insurance is not subject to, and does not provide certain of the insurance benefits required by, the United States PPACA. In no event will Underwriters provide benefits in excess of those specified in the policy documents, and this insurance is not subject to guaranteed issuance or renewal. PPACA requires certain U.S. residents and citizens to obtain PPACA compliant insurance coverage. In certain circumstances penalties may be imposed on U.S. residents and citizens who do not maintain PPACA compliant insurance coverage. You should consult your attorney or tax professional to determine if PPACA's requirements are applicable to you. The policy contains the plan benefits, including a lifetime maximum that you have selected. Please review your choices to ensure that you have sufficient coverage to meet your medical needs.

# Enrollment and Filing a Claim

## To be eligible for the StudentSecure®, Participants must meet all of the following requirements:

- Must be a Full-time Student at a college or university, excluding online colleges and universities, or within 31 days of being a Full-time Student at a college or university; or must be a Full-time Scholar affiliated with an educational institution and performing work or research for at least 30 hours per week; or must be a Full-time High School Student.
- The Full-time Student/Scholar status requirement is waived for Participants within the US holding a valid F1 (including those students on OPT) or J1 visa. Full-time status requirements remain in force for individuals holding M-1 or other category visas.
- Must be residing outside Home Country for the purpose of pursuing international educational activities.
- Must not have obtained residency status in the Host Country.

Participants visiting the US must hold a valid education-related visa. A copy of the I-20 or DS-2019 may be requested.

## Home Country Coverage

### Incidental Home Country Coverage

StudentSecure will provide you 15 days of incidental coverage for trips to your home country for every 3 months of coverage purchased. Incidental visit time must be used within the three-month period earned, and you must continue your international trip in order to be eligible for this benefit, which covers medical expenses only. Return to your home country must not be taken for the purpose of obtaining treatment of an illness or injury that began while traveling.

### Benefit Period Medical Coverage

While the certificate is in effect, the benefit period does not apply. Upon termination of the certificate, Underwriters will pay eligible medical expenses, as defined herein, for up to 60 days beginning on the first day of diagnosis or treatment of a covered injury or illness while the member is outside his or her home country and while the certificate was in effect. The benefit period applies only to eligible medical expenses related to a condition for which the member was hospitalized as an inpatient on the termination date of the certificate.

## Extending or Renewing Coverage

You may renew your coverage as long as you continue to meet the eligibility requirements. Renewal may be completed within the last 6 months of a certificate period. Deductible and coinsurance must be re-satisfied as of each renewal date. After four years of continuous coverage or any break in coverage, a new plan must be purchased. A new application is required and you must re-satisfy your deductible, coinsurance, pre-existing condition provisions, and all other benefit limits. Extensions and renewals must be made online with payment by credit card.

For additional information on extending or renewing an existing plan, please visit Student Zone (<https://zone.hccmis.com/studentzone/>).

## Cancellations and Refunds

To be eligible for a full refund, the request for cancellation must be received prior to the effective date. Cancellation requests received after the effective date will be subject to the following conditions:

- 1) A \$25 cancellation fee will apply
- 2) Only premium for unused whole-months of the plan will be refunded
- 3) Only members who have no claims are eligible for premium refund
- 4) After 60 days, no refunds are granted

# HCC Medical Insurance Services

## Outstanding Customer Service



### HCCMIS Student Zone and World Service Center

HCCMIS Student Zone is an online account management and resource tool available to you to:

- Renew coverage and reprint ID cards
- Obtain details about claim filing and downloading forms
- Pre-certify for certain medical procedures and hospitalizations
- Locate providers within the PPO Network
- Study destination, weather and travel security information using HCCMIS Travel Board

You can access Student Zone by logging in at:

**<https://zone.hccmis.com/studentzone>**

If you prefer to speak to a professional service representative, contact the HCCMIS World Service Center by calling toll-free from various countries or by calling collect. The World Service Center can provide service in many different languages.

### 24 / 7 Worldwide Travel and Medical Assistance

StudentSecure® includes valuable travel and medical assistance services, which are available to you 24 hours a day, 7 days a week. Contact HCCMIS to access any of these services.

#### Pre-Trip Destination Information

Up-to-date information regarding required vaccinations, health risks, travel restrictions, and weather conditions specific to the destination country.

#### Medical Monitoring

Consultations with attending medical professionals during hospitalization and establishment of a single point-of-contact for family members to receive ongoing updates regarding medical status.

#### Provider Referrals

Contact information for Western-style medical facilities, medical and dental practices, and pharmacies in the destination country.

### Travel Document Replacement

Assistance with obtaining replacement passports, birth certificates, visas, airline tickets, and other travel-related documents.

### Lost Luggage Assistance

Tracking service to assist in locating luggage or other items lost in transit.

### Other Travel Assistance Services\*

- Prescription drug replacement
- Emergency travel arrangements
- Dispatch of physician
- Translation assistance
- Credit card / Traveler's check replacement

\*For a complete list of available assistance services or for more information, please contact HCCMIS. Travel and medical assistance services are not insurance benefits. Any travel or medical assistance service provided is not a guarantee of any insurance benefit.

2000-SS-277-8971-1





# StudentSecure<sup>®</sup> Monthly

## Elite – Coverage Excluding the US

Age	Participant Only
Under 18	\$ 108.50
18-24	\$ 86.80
25-30	\$ 86.80
31-40	\$ 189.00
41-50	\$ 424.20
51-64*	\$ 540.40

## Elite – Coverage Including the US

Age	Participant Only
Under 18	\$ 145.25
18-24	\$ 116.20
25-30	\$ 245.00
31-40	\$ 497.00
41-50	\$ 883.40
51-64*	\$ 1,190.00

## Select – Coverage Excluding the US

Age	Participant Only
Under 18	\$ 77.50
18-24	\$ 62.00
25-30	\$ 62.00
31-40	\$ 135.00
41-50	\$ 303.00
51-64*	\$ 386.00

## Select – Coverage Including the US

Age	Participant Only
Under 18	\$ 103.75
18-24	\$ 83.00
25-30	\$ 175.00
31-40	\$ 355.00
41-50	\$ 631.00
51-64*	\$ 850.00

## Budget – Coverage Excluding the US

Age	Participant Only
Under 18	\$ 45.00
18-24	\$ 36.00
25-30	\$ 36.00
31-40	\$ 83.00
41-50	\$ 209.00
51-64*	\$ 284.00

## Budget – Coverage Including the US

Age	Participant Only
Under 18	\$ 51.25
18-24	\$ 41.00
25-30	\$ 83.00
31-40	\$ 169.00
41-50	\$ 301.00
51-64*	\$ 405.00

## Smart – Coverage Excluding the US

Age	Participant Only
Under 18	\$ 33.75
18-24	\$ 27.00
25-30	\$ 31.00
31-40	\$ 62.00
41-50	\$ 110.00
51-64*	\$ 160.00

## Smart – Coverage Including the US

Age	Participant Only
Under 18	\$ 36.25
18-24	\$ 29.00
25-30	\$ 60.00
31-40	\$ 122.00
41-50	\$ 215.00
51-64*	\$ 291.00

Rates are effective 05/01/2015. Rates are subject to change.  
 \*Applicants 65+ years of age may contact an HCC representative for further assistance.

To be eligible for a full refund, the request for cancellation must be received prior to the policy effective date. Cancellation requests received after the policy effective date will be subject to the following conditions: (1) A \$25 cancellation fee will apply (2) Only the unused portion of the plan cost will be refunded (unused whole- months in the case of Monthly Payments) (3) Only members who have no claims are eligible for premium refund (4) After 60 days, no refunds are granted

(03/25/2015)



# StudentSecure<sup>®</sup>

## Daily

### Elite – Coverage Excluding the US

Age	Participant Only
Under 18	\$ 3.57
18-24	\$ 2.85
25-30	\$ 2.85
31-40	\$ 6.21
41-50	\$ 13.95
51-64*	\$ 17.77

### Elite – Coverage Including the US

Age	Participant Only
Under 18	\$ 4.78
18-24	\$ 3.82
25-30	\$ 8.05
31-40	\$ 16.34
41-50	\$ 29.04
51-64*	\$ 39.12

### Select – Coverage Excluding the US

Age	Participant Only
Under 18	\$ 2.55
18-24	\$ 2.04
25-30	\$ 2.04
31-40	\$ 4.44
41-50	\$ 9.96
51-64*	\$ 12.69

### Select – Coverage Including the US

Age	Participant Only
Under 18	\$ 3.41
18-24	\$ 2.73
25-30	\$ 5.75
31-40	\$ 11.67
41-50	\$ 20.75
51-64*	\$ 27.95

### Budget – Coverage Excluding the US

Age	Participant Only
Under 18	\$ 1.48
18-24	\$ 1.18
25-30	\$ 1.18
31-40	\$ 2.73
41-50	\$ 6.87
51-64*	\$ 9.34

### Budget – Coverage Including the US

Age	Participant Only
Under 18	\$ 1.68
18-24	\$ 1.35
25-30	\$ 2.73
31-40	\$ 5.56
41-50	\$ 9.90
51-64*	\$ 13.32

### Smart – Coverage Excluding the US

Age	Participant Only
Under 18	\$ 1.11
18-24	\$ 0.89
25-30	\$ 1.02
31-40	\$ 2.04
41-50	\$ 3.62
51-64*	\$ 5.26

### Smart – Coverage Including the US

Age	Participant Only
Under 18	\$ 1.19
18-24	\$ 0.95
25-30	\$ 1.97
31-40	\$ 4.01
41-50	\$ 7.07
51-64*	\$ 9.57

Rates are effective 05/01/2015. Rates are subject to change.  
 \*Applicants 65+ years of age may contact an HCC representative for further assistance.

To be eligible for a full refund, the request for cancellation must be received prior to the policy effective date. Cancellation requests received after the policy effective date will be subject to the following conditions: (1) A \$25 cancellation fee will apply (2) Only the unused portion of the plan cost will be refunded (unused whole- months in the case of Monthly Payments) (3) Only members who have no claims are eligible for premium refund (4) After 60 days, no refunds are granted

(03/25/2015)



**StudentSecure® Application  
HCC Medical Insurance Services  
Lloyd's Coverholder**

<b>Enrollment Information – Please complete all sections.</b>				
<b>Name (First and Last)</b>	<b>Date of Birth (MM/DD/YYYY)</b>	<b>Gender</b>	<b>Citizenship</b>	U.S. Coverage: <input type="checkbox"/> Yes <input type="checkbox"/> No U.S. citizens/residents must select "No"
Participant				Plan Level: <input type="checkbox"/> Elite <input type="checkbox"/> Select <input type="checkbox"/> Budget <input type="checkbox"/> Smart
Complete Mailing Address				
				Plan Selections – Single Payment OR Monthly Payments.
				<input type="checkbox"/> <b>Single Payment</b> – I want to pay in full now.
				Daily cost (refer to rate table): _____
				Multiply by # of days to be covered: x _____
				Florida Surplus Lines Tax: x 1.05175
				Applies if: <input type="checkbox"/> FL Resident <input type="checkbox"/> FL Destination
				Total amount due: _____
				<input type="checkbox"/> <b>Monthly Payments</b> – I will be automatically charged monthly.
				Monthly cost (refer to rate table): _____
				Florida Surplus Lines Tax: x 1.05175
				Applies if: <input type="checkbox"/> FL Resident <input type="checkbox"/> FL Destination
				Add administrative charge: + \$5.00
				Monthly amount due ( <i>This amount will be charged <u>each</u> month, including the first</i> ): _____
				# of months to be covered: _____
Coverage Start Date: _____ / _____ / _____				
Date Classes Begin: _____ / _____ / _____				
Coverage End Date: _____ / _____ / _____				
Payment Method: <input type="checkbox"/> Check/Money Order <input type="checkbox"/> Discover <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Visa				
Credit Card #:		Expiration Date:		Complete Billing Address:
Name as it appears on card:				
Signature:				Daytime Phone Number:
<b>Payment by Credit Card*</b> : By signing above, the cardholder authorizes HCC Medical Insurance Services to debit his or her Discover, VISA, MasterCard or American Express account for the amount specified above. Please submit this completed Application by mail or by fax to your Agent or to HCCMIS. HCC Medical Insurance Services 251 N. Illinois Street, Suite 600 Indianapolis, IN 46204				Checks and Money Orders should be made payable to HCC Medical Insurance Services. Please send your Check or Money Order along with this Application via mail or courier to: Bank of America Lockbox Services c/o Lockbox # 15748 540 W. Madison 4th Floor Chicago, IL 60661
*If I have selected a monthly plan, I hereby request and authorize HCC Medical Insurance Services to debit my Credit Card account for the proper installment amounts on the due dates of the installments. This authorization will remain in effect for the duration of the Coverage Period elected or until revoked by me in writing.				
I hereby apply for membership in the Atlas/International Citizen Group Insurance Trust, Hamilton, Bermuda and for the insurance provided to members by Lloyd's. I understand that the insurance applied for is not a general health insurance policy, but is intended for use in the event of a sudden and unexpected event while pursuing educational endeavors outside my Home Country. I certify that I am a Full-time Student or Full-time Scholar as required by the definitions of this policy. I understand this insurance contains a Pre-existing Condition exclusion, a Pre-notification Penalty and other restrictions and exclusions. I understand that renewal of this insurance may only be transacted online and will not be effective unless such transaction is made within the six (6) months immediately preceding my current coverage expiration date and confirmed in writing by HCC Medical Insurance Services. I understand that the information contained herein is a summary of the Master Policy and that I may obtain a complete copy of the Master Policy upon request to HCC Medical Insurance Services. I understand that Lloyd's, as underwriter of the plan, is solely liable for the coverage and benefits provided under the insurance. I understand that Lloyd's operates as an approved, non-admitted insurer in all states of the United States except Illinois and Kentucky where they are admitted. As such, claims under this insurance may not be made against any state guaranty fund. I understand and agree that the insurance agent/broker, if any, assisting with this Application is a representative of the Applicant. Licensed insurance brokers and independent agents are compensated through commissions calculated as a percentage of premium for the purchase, renewal, placement or servicing of insurance coverage. Additionally, some licensed producers may also receive bonuses and incentive trips or prizes associated with sales contests based on sales criteria, such as the overall sales volume or for the percentage of completed sales through HCC Medical Insurance Services. Please contact your insurance broker to obtain information about the specific compensation they may receive in connection with the issuance of your coverage. If signed by a representative of the Applicant, the undersigned warrants his/her capacity to so act. If signed as guardian or proxy of the Applicant, the undersigned warrants his/her capacity to so act. By acceptance of coverage and/or submission of any claim for benefits, the Applicant ratifies the authority of the signer to so act and bind the Applicant.				
Signature of Applicant:				Date of Signature:
Signature of Parent/Guardian (if applicable):				Date of Signature:

**For more information or for assistance completing this application, please contact:**

**Producer Number:** \_\_\_\_\_ 99646-9022

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