HTH Worldwide

DEPENDENT MEDICAL INSURANCE ENROLLMENT FORM

This enrollment form is ONLY FOR DEPENDENTS of participants currently insured in the HTH Worldwide International Student health insurance plan for Ball State University

Student Information

Last Name_____First Name_____

Student ID or Social Security #_____Home Country_____

Student's Name _____Student's HTH Certificate #_____

U.S. Mailing Address_____

City, State, Zip_____

Telephone_____Email_____

Birth Date: (mm/dd/yyyy)_____ Circle: Female Male Student Scholar

Dependent Information

Name of Dependents: Date of Birth (mm/dd/yyyy)

Spouse _____ _____ ☐Female ☐Male

Child _____ _____ ☐Female ☐Male

Child _____ _____ ☐Female ☐Male

Period of Coverage	Spouse	Child	Children
Monthly* Coverage cannot extend past 8/14/13	$370.00	$138.75	$277.50
Begin Coverage on ___/___/___and continue for ___ months	Monthly premium $_____ x # of months_____ = _____		

REMITTANCES ACCEPTED IN U.S. FUNDS ONLY

METHOD OF PAYMENT: ☐ Check ☐ Money Order Credit Cards: ☐ MasterCard ☐ VISA ☐ American Express ☐ Discover

If paying by credit card, I authorize HTH Worldwide to bill my account for the Total Premium listed above

CARD#: _____ EXP. DATE: _____

Name as it appears on card: _____ _____

(Signature of Cardholder if different from Participant)

I certify that the information on this Enrollment Form is true and correct to the best of my knowledge. I understand that it is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Signature of Participant: _____ DATE: _____

Make checks payable to "HTH Worldwide Insurance Services" and mail with this completed enrollment form to:

HTH Worldwide Insurance Services, One Radnor Corporate Center, Suite 100, Radnor, PA 19087

If paying by Credit Card, Fax to 1.866.281.1643. The coverage will be effective at 12:01 A.M. on the day which is at least 24 hours after the time and date of the receipt of the enrollment form.