

**TEXAS TECH UNIVERSITY
INTERNATIONAL GLOBAL MEDICAL SERVICES
2007-2008 FALL ENROLLMENT FORM**

Texas Tech University International students are required to have Medical Evacuation and Repatriation benefits. International students can enroll for the Scholastic Emergency Services Global Medical Assistance benefits as long as you can provide proof of coverage that is comparable to the Texas Tech University Student Health Insurance Plan. The Scholastic Emergency Services benefits include Medical Evacuation, Repatriation and Travel Assistance.

Students can enroll in the International Global Medical Services by completing the information required below.

This form must be completed in its entirety, signed and returned to:

ACADEMIC HEALTHPLANS PO BOX 1605 COLLEYVILLE TX 76034

Student's Name _____
Last First Middle Initial

Permanent Address _____
Street or PO Box City State Zip

Email Address _____ Telephone Number _____
(A confirmation email will be sent to this address)

Male ___ Female ___ Date of Birth ___/___/___ SSN _____ Student ID# _____

YES	<i>I want to purchase the Stand Alone Scholastic Emergency Services Travel Assistance coverage I have attached proof of my comparable medical insurance coverage that will cover me throughout the entire time that I am a student at Texas Tech University.</i>	<i>For coverage from 08/16/07 through 12/31/07</i> <input type="checkbox"/> <i>*Please charge my credit card below for \$60.00.</i> <input type="checkbox"/> <i>**Check enclosed made payable to Academic HealthPlans</i>
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Payment Information

***Credit Card Information**

or

****Check Information**

- | | |
|--|--|
| <input type="checkbox"/> Visa
<input type="checkbox"/> MasterCard
<input type="checkbox"/> Discover | Check # _____
Check Amount \$ _____ |
|--|--|

Credit Card # _____ Expiration Date _____

Printed Name of Cardholder _____ Authorized Charge Amount \$ _____

Signature of Cardholder _____ Date _____

I certify that I am currently participating in the insurance policy listed on the attached copy of my health insurance card and will continue to participate throughout the school year. I have compared the above policy with the student health insurance plan and have determined the benefits to be at least comparable. I further understand that by my submitting this enrollment form, I will still be responsible for my medical expenses and neither the college nor its health insurance program will be responsible for those expenses.

 Student Signature (& Guardian's Signature if Student Is Under 18 Years of Age)

 Date