Notice to Purchaser:  By signing below the purchaser acknowledges the following:

1. The only purchase option is the annual plan. Coverage begins August 15 and ends August 14.

2. He/She has carefully read the brochure and elects to enroll in the annual plan. The plan brochure is posted on the third tab of the student insurance web site:
   www.studentinsurance.fsu.edu.

3. The insurance premium charge will be placed on his/her student account.
   a. The annual plan will be billed in two equal payments, one due in fall and one due in spring.
   b. Failure to pay the premium by the due date will result in
      i. A hold being placed on the student’s ability to register for future classes.
      ii. A block on the student’s ability to secure transcripts, grades or a diploma.
   c. The plan can only be canceled in writing to healthcompliance@fsu.edu.
      i. Up to 30 days following the initial effective date of coverage or
      ii. Upon leaving the university to join the military.

4. He/She meets the eligibility requirements for this coverage as described in the brochure.

Purchaser’s Printed Name ______________________________________________________

Purchaser’s Signature ______________________________________________________

Date: _____________________________