

WASHINGTON STATE COLLEGES

Voluntary Student Accident Only Insurance Plan

Please complete the information on both sides. Print clearly and answer **all** questions thoroughly, as incomplete forms will not be accepted.

For questions about enrollment, contact Risk Strategies 800-955-1991 x5617.

STUDENT INFORMATION

STUDENT'S SCHOOL					
STUDENT'S LAST NAME		STUDENT'S FIRST NAME			MI
STUDENT'S U.S. MAILING ADDRESS—NUMBER AND STREET NAME (OR PO BOX #)					APT / UNIT #
CITY				STATE	ZIP
STUDENT'S DATE OF BIRTH (MM/DD/YYYY)	SEX ASSIGNED AT BIRTH <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	STUDENT'S PHONE NUMBER		STUDENT'S SCHOOL ID NUMBER	
STUDENT'S EMAIL ADDRESS			OK TO CONTACT YOU VIA EMAIL? <input type="checkbox"/> YES <input type="checkbox"/> NO	STUDENT'S SOCIAL SECURITY NUMBER	

SELECT THE COVERAGE AND CALCULATE THE TOTAL CHARGES.

	ANNUAL 09/01/2023 – 09/01/2024	FALL QUARTER*	WINTER QUARTER*	SPRING QUARTER*	SUMMER QUARTER*	TOTAL AMOUNT DUE
COST OF COVERAGE	<input type="checkbox"/> \$ 147.00	<input type="checkbox"/> \$ 39.00	<input type="checkbox"/> \$ 39.00	<input type="checkbox"/> \$ 39.00	<input type="checkbox"/> \$ 39.00	= \$

* Coverage dates are based on the actual dates of your campus. The cost of coverage includes insurance premium and administrative fees.

I accept the following cancellation / refund policy.

There are no premium refunds, except when the Plan participant leaves school or enters the armed forces, and there are no claims on file. A refund request must be sent in writing to kristin.legendre@ahpcare.com with reason for cancellation. Premium refunds will not be considered if a claim has been filed during the period of coverage. All refunds are subject to approval of Risk Strategies and / or the insurance company.

I certify that I am enrolled at a Washington State College. By signing below, I acknowledge that I have read and understand the information contained in the Washington State Colleges Voluntary Student Accident Only Plan Brochure and elect to enroll for the coverage specified herein.

STUDENT SIGNATURE _____ DATE _____

Credit Card or ACH Payment

Go to: <https://risk-strategies.epaypolicy.com/>

- Enter the student's name and email as the payer
- Enter **Washington State Colleges Enrollment** as the account name.
- Click "No" for Account Number. Enter your zip code
- Click "+Add" to manually input the cost of coverage
- Enter your payment information
- **Send your completed enrollment form and a copy of your payment confirmation to: kristin.legendre@ahpcare.com, fax to 913-754-5617 or mail to the address below. YOU WILL NOT BE ENROLLED UNTIL THE DOCUMENTS HAVE BEEN RECEIVED BY MAIL, EMAIL OR FAX**

Check Payment

Send enrollment form and check to made Payable to Risk Strategies to:

Risk Strategies
Attn: Kristin Legendre
16201 West 95th Street, Ste. 210
Lenexa, KS 66219

If there are any discrepancies between this document and the Policy, the Policy will govern.