Student Medical
Underwriting Questionaire

Please provide answers to the following questions and submit your response to info@ajfusa.com. If you need any clarification, please contact us by email at info@ajfusa.com or by phone at 800.734.9326. Just ask for a Student Health Insurance representative.

Name of School: ____

Street Address: ____

City: __________________ **State:** AK **Zip Code:** ____________

Number of Enrolled Students:

Full-Time, Domestic Undergraduate Students:	________
International Students:	________
Graduate Students:	________
Part-Time Students:	________

Please provide the rates charged per student, per spouse and per child for the 4 most recent policy years.

Rate Per:	Student	Spouse	Child
Current School Year			
Current Year Minus 1			
Current Year Minus 2			
Current Year Minus 3			

Please provide the number of students, spouses and children covered under the student medical plan for the 4 most recent policy years.

Number of Enrolled:	Students	Spouses	Children
Current School Year			
Current Year Minus 1			
Current Year Minus 2			
Current Year Minus 3			

Name of Preferred Provider Organization Used: _____

List the 5 Medical Providers Most Often Used by Students:

1. **_____**
2. **_____**
3. **_____**
4. **_____**
5. **_____**

Does the School have an on-campus Health Services Center: ☐ **Yes** ☐ **No**

If Yes, please provide a list of services available at the Health Center.

_____
_____
_____
_____
_____

In order to provide a quote for the School's Student Health Insurance Plan, please also provide the following:

1. Copies of the plan brochures for the 4 most recent policy years.
2. Copies of the claim reports for the 4 most recent policy years. The claim reports should show claim payments by benefit type for each year reported.