

STUDENT MEDICAL UNDERWRITING QUESTIONNAIRE

Name of School:

Street Address:

City:

State:

Zip Code:

1. Number of Enrolled students

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

2. 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			

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

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

4. Name of Preferred Provider Organization used:

5. List the five (5) medical providers most often used by students:

- 1.
- 2.
- 3.
- 4.
- 5.

6. 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:

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

- **Copies of the plan brochures for the four (4) most recent policy years.**
- **Copies of the claim reports for the four (4) most recent policy years. The claim reports should show claim payments by benefit type for each year reported.**

ACKNOWLEDGEMENTS AND SIGNATURES

- a. **Fraud Warning** 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.
- b. **Applicant's Acknowledgement** I, the Applicant, declare, to the best of my knowledge and belief, that all statements and answers in this application are true and complete. I understand and agree that (a) this application will form part of any policy issued, (b) no information given to or acquired by any representative of Philadelphia Indemnity Insurance Company will bind it, unless it is in writing on this application, (c) no waiver or modification will bind the Company unless it is in writing and is signed by an executive office of Philadelphia Indemnity Insurance Company and (d) only those persons eligible under the terms of an issued policy will be insured.

Signature: _____ Title: _____ Date: _____

Agent Name: _____ Agency: _____
Address: _____
City: _____ State: _____ Zip: _____
Email: _____ Phone: _____ Fax: _____

Please return form to: The Allen J. Flood Companies, 2 Madison Avenue, Larchmont, NY 10538
info@ajfusa.com • Phone: 1-800-734-9326