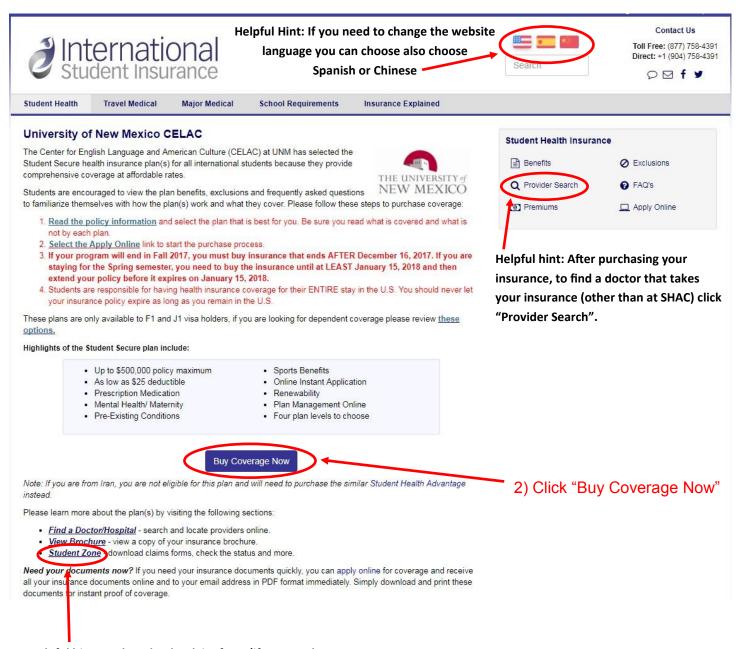
Insurance Instructions for Students 24 and Under

1) Go to www.internationalstudentinsurance.com/schools/university-of-new-mexico-celac.php



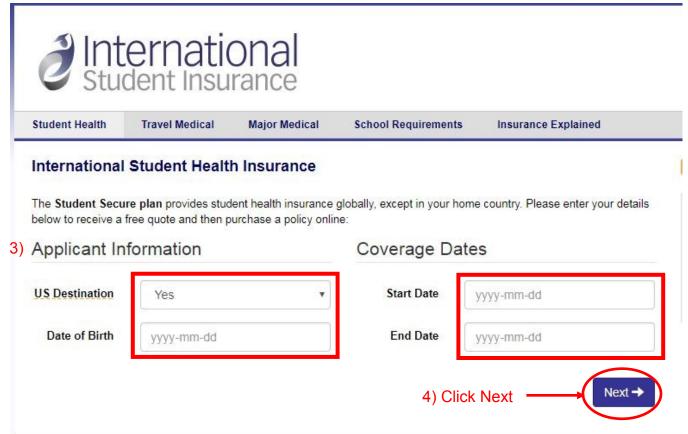
Helpful hint: To download a claim form (if you need to get money back from the insurance company for services you had to pay for) go to "Student Zone"

3) Fill out the "Applicant Information". Your Start Date should be today's date.

If you will finish CELAC in Fall 2017 your End Date must be after December 16th, 2017.

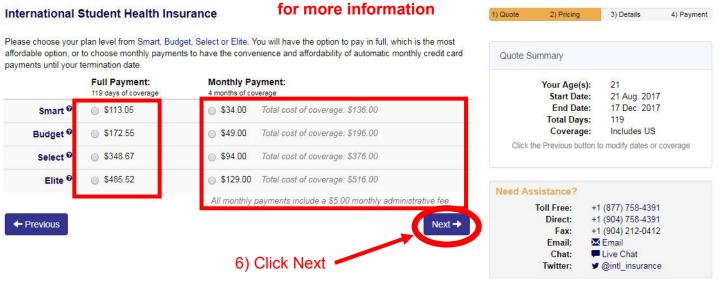
If you are planning on staying for the Spring 2018 semester, your End Date must be until January 15th, 2018. YOU MUST EXTEND YOUR INSURANCE DATE ON JANUARY 15TH IF YOU DO THIS.

You have the option to purchase insurance until May 13th, 2018.



5) Choose your insurance plan and they way you would like to pay (monthly means you will be charged every month, or full payment means you will pay for your insurance all at once).

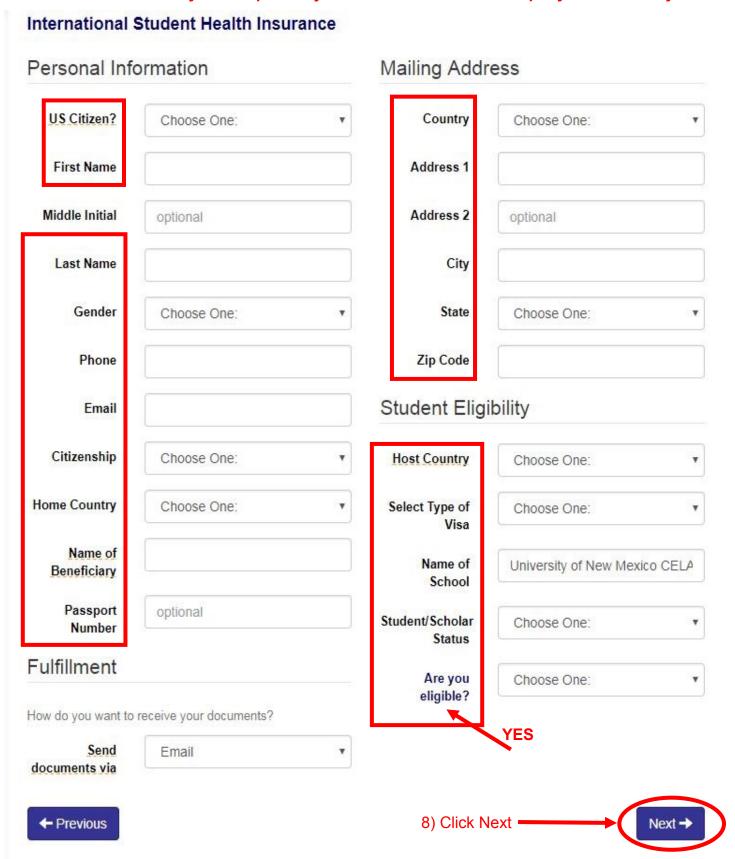
We recommend the Budget or Select plan. Click the question mark (?) next to the plan names



7) Fill out all red boxes in Personal Information and Mailing Address.

Your mailing address is your address in the USA.

The "Name of Beneficiary" is the person you want the insurance company to contact if you die.



9) Fill out all your credit or debit card information. The address you will put here is the address provided on the credit or debit card account (for example, if you are using a card from China you will use the Chinese address associated with the card).

International Student Health Insurance

Name on Card		Country	Choose One:	•
Payment Method	Choose One:	▼ Address 1		
Card Number		Address 2	optional	
Security Code		City		
Expiration Date	MM/YY	State	Choose One:	*
Daytime Telephone		Zip/Postal Code		
Medical Insurar specified above requesting can	box on the left and the "Purchase" nce Services to debit my VISA, Mas e. Coverage purchased by credit ca cellation, I understand that I must rest delivery charges are not refunda	sterCard, American Express or Dis ard is subject to validation and accondify HCCMIS, IN WRITING, PRIOR	cover Card account for the a ceptance by the credit card co	mount ompany. If

- 10) Click the box to agree to all the Terms and Condiitions. If you would like to read the Terms and Conditions you can click on the link.
 - 11) Review all your information, and then click "Purchase".
 - 12) DO NOT FORGET TO PRINT OUT YOUR INSURANCE CARD. YOU MUST CARRY THIS CARD WITH YOU AT ALL TIMES IN CASE OF AN EMERGENCY.