

APPLICATION INSTRUCTIONS
READ INSTRUCTION SHEET BEFORE CONTINUING

1. **Collegiate Risk Management , Inc (CRM)** is the **ONLY** office that handles the purchase of the FSU sponsored health insurance for post doctoral fellows, visiting scholars, and their families. **All questions about this type of plan must be directed to CRM at 1-800-922-3420 or 850-644-4250.**
2. For information on the Plan and the Master Policy please refer to the student insurance web site: **www.studentinsurance.fsu.edu**.
3. You may purchase health insurance for yourself and your dependents. Dependent coverage dates must be the same coverage dates you select for yourself. You must be insured with this plan in order to insure your dependants.
How to purchase
 - a. Select the coverage you want: Annual **OR** Quarterly.
 - i. You may purchase one, two, or three quarters at one time if you wish.
 - ii. If you are beginning at FSU after a quarter has begun, a prorated premium can be calculated for you for the first quarter of coverage. **CONTACT CRM for the premium amount.** CRM will need the date your appointment begins.
 - b. If you are insuring one child, use the "child" premium. If you are insuring two or more children, use the "children" premium just one time.
 - c. Scholars in the US on a J-1 or F-1 visa must purchase the International Plan. Your accompanying dependents must also be insured. The international plan meets the federal, state, and FSU requirements for international scholars.
 - d. All other scholars may select either of the domestic plans.
 - e. Once you have made your plan selection, you will have to keep the plan you select for the entire coverage year.
 - f. Complete the application. Use your social security number, 999 number or your FSU SN.
 - g. **Attach a copy of your appointment letter. Keep a copy of the application for your records.**
4. **Payment to Collegiate Risk Management must accompany your application.**
 - a. Payment by credit card, MasterCard or VISA, must be faxed to CRM at 1-727-939-8323.
 - b. A debit card may be used if it has a MasterCard or VISA logo.
 - c. Payment by check or money order **made payable** to Collegiate Risk Management must be mailed to:
Collegiate Risk Management
PO Box 850001
Orlando, FL 32885-0184
 - d. **The charge on your credit card bill, your cancelled check or money order receipt will be your receipt for purchase of this health insurance. DO NOT SEND CASH THROUGH THE MAIL.**
5. Two ID cards from BCBS of Florida will be mailed to the address you put on your application. Make sure it is a correct US address. Your dependents will not receive separate ID cards. If you need to seek medical care before you receive your ID card, contact **CRM**. CRM will call the provider for you to verify coverage and fax or email the provider to confirm your coverage.

Notice to Applicants: By signing this application, the applicant acknowledges the following: 1) He/She has carefully read the brochure and elects to enroll as indicated on this application; 2) The Benefit Booklet will be available on line at www.collegiaterisk.com or www.studentinsurance.fsu.edu in August 3) Rates are not prorated other than as listed on the application; 4)He/She meets the eligibility requirements for this coverage as described in the brochure; 5) If it is later determined that the applicant is not eligible, the payment will be refunded; 6) Other than for eligibility, the payment is not refundable; and 7) This insurance cannot be cancelled if other insurance is purchased after this application has been submitted.