



2024-2025 ENROLLMENT FORM FOR STUDENTS of Southern Union State Community College

Student Fixed Indemnity

Policy Number: WI2425ALIND04
Group Number: ST1775FI

Participant Accident

Policy #: WI2425ALACC08
Group Number: ST1775AC

Underwritten by Wellfleet Insurance

STUDENT: Complete information below for student. PLEASE PRINT LEGIBLY.

Form with fields for FIRST NAME, LAST NAME, STUDENT ID #, GENDER, Date of Birth, MAILING ADDRESS, CITY, STATE, ZIP CODE, CELL PHONE #, EMAIL ADDRESS.

Table with 6 columns: Insurance Costs Combined - Plan A (Fixed Indemnity) & Plan B (Accident), Check period of coverage, Annual, Fall, Spring, Spring/Summer, Summer. Includes a row for Student with costs.

Payment Instructions: Please mail the completed form and correct premium to: Parker Waller Insurance – P.O. Box 249, Greenville, AL 36037.

NOTICE TO STUDENT: Coverage will be effective the date the correct premium is received by the Company or a representative of the Company or the effective date of the coverage period, whichever is later...

STUDENT'S SIGNATURE: _____ DATE: _____

Questions? Please contact Parker Waller Insurance at 334-382-1234

Form with fields for Name, Student ID#, and contact information for Southern Union State Community College.

Text box containing identification notice, verification contact info (1-877-657-5030), and a PHARMACY section with reimbursement instructions.