

Insurance Payment Form

For your security and protection, credit card payment information will not be accepted via email or as an email attachment.

Instructions: Please fill out the form below and **fax** to **312/503-0715**. Please print clearly.

Student's First Name: _____

Student's Last Name: _____

Signature of Student: _____

You must have insurance covered beginning on the day you arrive in Chicago, and there is a fee of \$53 per week. Depending on your arrival date, this is typically \$265.00 for one rotation or \$477.00 for two rotations. Your total cost will be confirmed by the Visiting Students Office.

Please select one option:

1 rotation

2 rotations

Cardholder's name (as it appears on the card): _____

Card number: _____ Expiration date (mm/yy): _____

Card type: Visa MasterCard

Signature of Cardholder: _____ Date: _____