HF&C
HAYLOR, FREYER & COON Inc.
Insuring All You Value

Assist America Stand-Alone Evacuation and Repatriation Dependent Enrollment Application

Student Information

Full Name: _____ _____ _____ Date of Birth: _____
Last _First_ _M.I._

Address: _____
Street Address _Apartment/Unit #_

_____
City _State_ _ZIP Code_

Phone: _____ Email _____

Student ID #: _____ Gender: _____ College: _____

Preferred method of contact (Check which applies): ☐   Email ☐

Spouse/Domestic Partner Enrollment Information

Full Name: _____ _____ _____ Date of Birth: _____
Last _First_ _M.I._

Address: _____
Street Address _Apartment/Unit #_

_____
City _State_ _ZIP Code_

Phone: _____ Email _____

Gender: _____

Child(ren) Enrollment Information

Full Name: _____ _____ _____ Date of Birth: _____
Last _First_ _M.I._

Address: _____
Street Address _Apartment/Unit #_

_____
City _State_ _ZIP Code_

Phone: _____ Email _____

Gender: _____

Child(ren) Enrollment Information Continued

Full Name: _____ _____ _____ Date of Birth: _____
            Last   *First*   *M.I.*

Address: _____
         Street Address   *Apartment/Unit #*

_____
City   *State*   *ZIP Code*

Phone: _____   Email _____

Gender: _____

Full Name: _____ _____ _____ Date of Birth: _____
            Last   *First*   *M.I.*

Address: _____
         Street Address   *Apartment/Unit #*

_____
City   *State*   *ZIP Code*

Phone: _____   Email _____

Gender: _____

Full Name: _____ _____ _____ Date of Birth: _____
            Last   *First*   *M.I.*

Address: _____
         Street Address   *Apartment/Unit #*

_____
City   *State*   *ZIP Code*

Phone: _____   Email _____

Gender: _____

Dates of Coverage Selected:

Rate is Per Dependent

	Period of Coverage	Total Cost
12 Months	8/15/21-8/14/22	$90.00
6 Months	8/15/21-2/15/22 or 2/15/22-8/14/22	$45.00
Monthly		$7.50

Dates of Coverage Requested for All Dependents Listed On This Form: _____

Signature Agreement: I hereby represent that all information furnished by me hereon is true and complete to the best of my knowledge.

_____   _____

Student Signature   *Print Name*   *Date*

> **Please complete this enrollment form email to askshi@buffalo.edu to receive payment link.**