

**PINNACLE ABROAD PLUS**

**\$100,000 Medical Benefit**

PLEASE PRINT - COMPLETE ALL INFORMATION

LAST NAME	FIRST NAME	MI
MAILING ADDRESS	APARTMENT/UNIT No.	DATE OF BIRTH MO. DAY YEAR
CITY	STATE	ZIP
		( ) TELEPHONE NUMBER

NAME OF COLLEGE/UNIVERSITY YOU ARE ATTENDING: \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

**COVERAGE:** I want coverage to begin on \_\_\_\_/\_\_\_\_/\_\_\_\_ and continue for \_\_\_\_\_ days.

**DAILY RATES**

Student/Scholar	Plan A <u>No Deductible</u>	Plan B <u>\$100 Deductible per Condition</u>	NO. OF DAYS (10 Days Minimum Required)	TOTAL PREMIUM To be Submitted
Age to 28	<input type="checkbox"/> \$ 1.50	<input type="checkbox"/> \$ 1.10	x _____ =	\$ _____
Age 29-39	<input type="checkbox"/> \$ 1.60	<input type="checkbox"/> \$ 1.20	x _____ =	\$ _____
Age 40-49	<input type="checkbox"/> \$ 1.75	<input type="checkbox"/> \$ 1.35	x _____ =	\$ _____
Age 50-59	<input type="checkbox"/> \$ 2.00	<input type="checkbox"/> \$ 1.60	x _____ =	\$ _____
Age 60-64	<input type="checkbox"/> \$ 2.50	<input type="checkbox"/> \$ 2.10	x _____ =	\$ _____

By your signature hereon, acknowledgement is made that 1) you and any insured meet the eligibility requirements as described within the insurance brochure; and 2) if at any time it is determined you did not meet the eligibility requirements for this coverage, the only liability the Company has is the refund of premium, subject to any claims for which benefits had been paid prior to discovery of the ineligibility.

Signature - Student - Parent - Guardian \_\_\_\_\_ Date \_\_\_\_\_

**METHOD OF PAYMENT:**

- Check / Money Order\* Payable To: AMA & Associates
- Credit Card - **The Company will charge 4% of your total premium for processing via your credit card.**

**CREDIT CARD PAYMENT AUTHORIZATION** - Please bill my credit card for my insurance. (Complete credit card information below.)

AMOUNT CHARGED \$ \_\_\_\_\_  MASTER CARD  VISA

LAST NAME	FIRST NAME	MI
CREDIT CARD NUMBER	EXP. DATE MO. YEAR	
SIGNATURE - CARDHOLDER _____		DATE _____

**MAIL TO:**

**AMA & Associates**  
**P. O. Box 659570**  
**San Antonio, TX 78265**