

Z STATUS ENROLLMENT FOR BURSAR BILLING
Voluntary USC Student Insurance

LAST NAME _____

FIRST NAME _____

USC ID _____

(1 letter, 8 numbers)

DATE OF BIRTH (MMDDYYYY) _____

GENDER _____

ADDRESS _____

CITY _____ ST _____ ZIP _____

SCHOOL EMAIL _____

SOCIAL SECURITY NUMBER _____

Complete all fields and FAX back to our Financial Office: 803-777-2778 or deliver in person to the Center for Health and Well-Being, Financial Office Service Window for processing.

Your Bursar account will be charged the \$869 insurance amount in 3 business days.

08/13/2018