

APPLICATION FORM FOR MEDICAL EXPENSE OPTION

To enroll in the Medical Expense option, complete the following information. Return this section with premium payment (if applicable) to your Study Abroad Coordinator.

Select Medical Expense Maximum **\$25,000** or **\$100,000**

Name: _____

Home Address: _____

_____ Telephone Number: _____

Sponsoring Institution Name: _____

Study Abroad Program Name: _____

Study Abroad Program Dates: _____

Emergency Contact Name: _____ Telephone Number: _____

Signature _____ Date _____