



NAMED LISTING FORM

Complete one Named Listing Form for each study abroad program to be covered. Another form or email can be used, if more convenient. Include all requested information.

Named Listing Form (or other form) can be submitted with Global Reach Application Form, OR it can be sent separately closer to the program's start date. Send to:

Gateway Plan Administrator
Marsh Affinity Group Services
1255 23rd Street, N.W.
Suite 300
Washington, DC 20037
Fax: 202-367-5076
Email: gateway@marshpm.com

Questions about Gateway Global Reach for Study Abroad can be directed to 800-331-3047 or 202-367-5096.

Sponsoring Institution and Program Information:

Sponsoring Institution: _____

Address: _____

Contact Name and Telephone Number: _____ (____) _____

Program Name: _____

Program's Start Date: _____ Program's End Date: _____

International Location(s): _____

Program Participants:

List each program participant to be covered. Check (X) if Participant Medical Expense Option is selected. Attach each participant's Application Form for Medical Option to the listing.

Last, First		Last, First	
1. _____	<input type="checkbox"/>	21. _____	<input type="checkbox"/>
2. _____	<input type="checkbox"/>	22. _____	<input type="checkbox"/>
3. _____	<input type="checkbox"/>	23. _____	<input type="checkbox"/>
4. _____	<input type="checkbox"/>	24. _____	<input type="checkbox"/>
5. _____	<input type="checkbox"/>	25. _____	<input type="checkbox"/>
6. _____	<input type="checkbox"/>	26. _____	<input type="checkbox"/>
7. _____	<input type="checkbox"/>	27. _____	<input type="checkbox"/>
8. _____	<input type="checkbox"/>	28. _____	<input type="checkbox"/>
9. _____	<input type="checkbox"/>	29. _____	<input type="checkbox"/>
10. _____	<input type="checkbox"/>	30. _____	<input type="checkbox"/>
11. _____	<input type="checkbox"/>	31. _____	<input type="checkbox"/>
12. _____	<input type="checkbox"/>	32. _____	<input type="checkbox"/>
13. _____	<input type="checkbox"/>	33. _____	<input type="checkbox"/>
14. _____	<input type="checkbox"/>	34. _____	<input type="checkbox"/>
15. _____	<input type="checkbox"/>	35. _____	<input type="checkbox"/>
16. _____	<input type="checkbox"/>	36. _____	<input type="checkbox"/>
17. _____	<input type="checkbox"/>	37. _____	<input type="checkbox"/>
18. _____	<input type="checkbox"/>	38. _____	<input type="checkbox"/>
19. _____	<input type="checkbox"/>	39. _____	<input type="checkbox"/>
20. _____	<input type="checkbox"/>	40. _____	<input type="checkbox"/>