



INSURANCE REQUEST FORM FOR NON F-1/J-1 STUDENTS

Visa Type: _____

U.S Passport Holder

Exchange Program

STUDENT INFORMATION

NAME (First, Last)	STUDENT ID NUMBER:	PROPOSED EFFECTIVE DATE OF COVERAGE:	
STREET ADDRESS:	CITY:	STATE:	ZIP CODE:
SCHOOL NAME:	PROGRAM:	DATE OF BIRTH (MM/DD/YYYY):	
<input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	COUNTRY OF PERMANENT RESIDENCE:	

PARENTS' ADDRESS INFORMATION

Is either parent in the U.S. Military?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is either parent working for the U.S government on country listed above?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is either of the student's parents a U.S. Citizen currently living in the United States?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

HIGH SCHOOLS ATTENDED

Name	Address	Years Attended	Country

I certify that the information provided by me on this form is true and correct, and I understand that the decision whether to insure me is based on the information I provide above, and that misrepresentation may result in all coverage being denied or rescinded.

Signature of Applicant

Date