



Study Abroad Insurance Services

Enrollment Form

Please Print and Answer All Questions

Name of Participant \_\_\_\_\_ Date of Birth \_\_\_\_\_
Last First MM/DD/YEAR

Sex: [ ] Male [ ] Female Student ID Number \_\_\_\_\_

Mailing Address \_\_\_\_\_
Street (Room/Apt. #)
City State Zip

Telephone Number ( ) E-mail \_\_\_\_\_

Host Country \_\_\_\_\_ Departure Date \_\_\_\_\_ Return Date \_\_\_\_\_

Country of Issued Passport: [ ] USA Other \_\_\_\_\_

I wish to enroll for insurance under the terms of Wayne State University's master insurance policy with HTH Worldwide.

Table with 2 columns: Type of Insurance, Amount per day. Rows include Participant (\$1.50), Spouse (\$4.75), One Child (\$2.50), Children (\$4.75), Total Amount per day, Number of Days (x), and Grand Total (\$).

Signature \_\_\_\_\_ Date \_\_\_\_\_

The stated benefits and premiums are valid until 12/31/08. I certify that I meet the eligibility described in the attached brochure. I acknowledge that benefits will not apply to treatment arising from pre-existing medical conditions. Make checks payable to: Wayne State University and deliver to: Study Abroad and Global Programs, 5155 Gullen Mall, 1600 UGL, Detroit, MI 48202. Total premium for Full Term coverage must be paid in U.S. Dollars at the time application for coverage is made.