Medical Insurance Plan for Students & Scholars Sponsored by The Royal Thai Embassy
2005-2006 Dependent Enrollment Form

Please Print - Answer All Questions

COMPANY USE ONLY | Effective Date

❑ Mr. ❑ Mrs. ❑ Ms. Marital Status ❑ Married ❑ Single

Last Name of Student

Date of Birth (Month Day Year)

First Name

U.S.A. Mailing Address (Street or PO Box)_____

_____

City_____State_____Zip_____

U.S.A. Telephone Number ( )_____Name of Educational Institution_____

I want my insurance to begin on [Month Day Year] and to continue for a period of at least_____whole months.
(Enroll only through August 31, 2006)

MONTHLY PREMIUM RATES: Spouse $399.00
Each Child $246.00

I Wish To Enroll For Insurance Under The Terms Of The Policy As Follows:

Please complete for Spouse and Child(ren) to be insured.

			Month Day Year	**Monthly Premium Per Person**
Spouse _____	❑ Male	❑ Female	Date of Birth	$_____
Child _____	❑ Male	❑ Female	Date of Birth	$_____
Child _____	❑ Male	❑ Female	Date of Birth	$_____
Child _____	❑ Male	❑ Female	Date of Birth	$_____

(Note: If enrolling more than 3 children, attach separate list.)

Total Monthly Premium (add lines) $_____

Multiply by Number of Months Requested (Enroll only through August 31, 2006) X_____

Total Premium (amount of check or money order) $_____

With regard to Dependent's Accidental Death and Dismemberment benefits, the Student or Scholar will be the Beneficiary.

I hereby certify that as the student or scholar named above, I am a nonresident alien and not a resident of the Host Country and that I am temporarily engaged in international education activities on a full time basis. I hereby request coverage for my Dependents named in this Enrollment Form, and I certify that my Dependents are eligible for the policy as defined in the brochure describing the **2005-2006 Medical Insurance Plan for Students and Scholars Sponsored by the Royal Thai Embassy**.

_____ Date _____/_____/_____
Signature of Student Month Date Year

Coverage for eligible participants will begin on the later of (a) the date requested in the Enrollment Form; or (b) the date the completed Enrollment Form and premium payment are received at The Harbour Group, L.L.C. **It is the Student's responsibility to make timely renewal payments.**

Make check or money order payable to The Harbour Group, L.L.C. and mail with Enrollment Form in the enclosed envelope to:
The Harbour Group, L.L.C., P.O. Box 998, Springboro, Ohio 45066 USA
REMITTANCE ACCEPTED IN U.S. FUNDS ONLY.

06/05