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

COMPANY USE ONLY | Effective Date

Please Print - Answer All Questions

❑ 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/Postal Code _____

U.S.A. Telephone ( ) _____ E-mail_____

Name of School/City you will be attending _____

❑ New Enrollment ❑ Renewal I want my insurance to begin on: **From** _____/_____/_____ **To** _____/_____/_____

Enroll only through August 31, 2006. There will be a new Enrollment Form for the 2006-2007 academic year.

I Wish to Enroll for Insurance Under the Terms of the Policy as Follows:

For Accidental Death and Dismemberment Benefits, the Participant's Beneficiary is The Office of Educational Affairs, Royal Thai Embassy.

I hereby certify that as the student applicant 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.

_____ Date _____ / _____ / _____

Signature of Student or Scholar Month Date Year

Insurance will be effective on the **later** of: the date requested; or the date a completed Enrollment Form and Total Premium are received by The Harbour Group, L.L.C.

Mail Completed Enrollment Form to:
Royal Thai Embassy, Office of Educational Affairs
1906 23rd Street, NW, Washington, DC 20008 USA

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