



**Travel Assistance, Medical Evacuation and Repatriation of Remains Benefits
 Provided by On Call International
 2016-2017 Policy Year Enrollment Form**

(Please Print)

Student Name _____
 _____ Family/Last _____ First _____ Initial _____
 Permanent US Address _____
 _____ Street or P.O. Box _____ City _____ State _____ Zip Code _____
 Student ID # _____ Male _____ Female _____ Date of Birth ____/____/____
 _____ MM / DD / YYYY
 Phone Number _____ Email Address _____

Please indicate the start date for this program: _____ The program ends 12 months from the start date indicated.
 MM / DD / YYYY

Enrollment Deadline: The Enrollment Deadline is the start date for the program. If this form and applicable premium are not received by the requested start date indicated above, the program will start on the day this form and premium are received by Gallagher Student Health & Special Risk.

Insured Persons	Program Fee	Premium Payment
Primary Insured	\$45	
Spouse	\$45	
Each Child	\$45	
	Processing Fee	\$10.00
	Total Payment	

By completing this form and submitting the required premium you and/or your eligible dependents are eligible to receive up to \$250,000 Medical Evacuation, \$50,000 Repatriation of Remains, \$100,000 Political Evacuation, \$100,000 Natural Disaster Evacuation, a 24 hour Nurse-line, and Worldwide Emergency Travel Assistance.

List Dependent(s) to be insured below. Dependent coverage is available only when the student is also insured under this plan and cannot exceed coverage purchased by the student. Dependents need to be enrolled within 30 days from the effective date for the period of coverage selected. In the event of a qualifying event (i.e. birth of child, marriage, etc.), this Dependent Enrollment form and payment must be received by Gallagher Student within 31 days of the qualifying event. There is no pro-rata of premium. Once a Dependent is enrolled, coverage cannot be terminated unless the student loses eligibility.

	First Name	M. I.	Last Name	Date of Birth
Spouse				
Child				
Child				
Child				

PAYMENT INSTRUCTIONS:

Charge to my (check one): ___ Visa ___ Master Card

Card Number: _____ Amount Charged: \$ _____ Expiration Date: _____

Print Name and Address of Card holder _____

Check or money order (International checks are not accepted)

Make check or money order payable to **Gallagher Student**. Mail or fax enrollment form along with premium payment to:
Gallagher Student P.O. Box 845663 Boston, MA 02284-5663 or fax: (617) 479-0860

Questions regarding the enrollment process? Please contact Gallagher Student at (800)-391-8057.