

## PURMIT Study Abroad – Oregon State University Leisure Travel Insurance Enrollment Form

Insured's Name				
Last		First		Initial
Permanent US Address				
Street or F	P.O. Box	City	State	e Zip Code
Phone Number	Eı	nail Address		
Insurance ID#		MaleFemale_	Dat	e of Birth// MM / DD /YYYY
Travel Dates	to	De	stination	
				Daily Rate
Insured				\$2
Spouse				\$2 \$2
Each Child				Φ2
be purchased by the departure date.  Last Name	. Once a dependent		nnot be termina  MI Da	s of the Primary Insured. Coverage must ated unless the Insured loses eligibility.  ate of Birth
opouse				
Child:				
_				
Child:				
Child: Child: Child: PAYMENT INSTRUCTIONS: P Charge to my (check one): Vis	lease include an additiona	1\$10.00 processing fee with y  Check or money ord	your enrollment.	- · ·
Child: Child: Child: PAYMENT INSTRUCTIONS: P Charge to my (check one): Vis	lease include an additiona	1\$10.00 processing fee with y  Check or money or compared.  Amount Charged:	your enrollment. ler (Internatio	Expiration Date:

## ${\bf Email\ this\ form\ to\ enrollment team@gallaghers tudent.com}$

You must be eligible to enroll in the Plan and meet the enrollment deadline in order for your enrollment to be accepted by us. If it is discovered that you do not meet the requirements, your premium will be refunded.