PARTNERS OF THE AMERICAS – 2009-2010
Insurance Enrollment Form – individuals

Insured Name – PLEASE PRINT! **Last name, First name**	**Date of Birth** (MM/DD/YY)	**Sex**	**Home Country**	**Host Country**	**Effective Date** (MM/DD/YY)	**Return Date** (MM/DD/YY)	**Premium** $17.00 Minimum 2 wks premium required

Partners representative: _____ **Phone #:** _____ **Fax #:** _____

Mailing address: _____