

HTH Worldwide Enrollment Request

Name as it appears on your passport:

Date you are submitting this request:

Country issuing your Passport (home country):

T#:

Email:

Birth-date:

Gender:

Program Name:

Destination Country:

I wish to be enrolled in the HTH HealthSelect Overseas Insurance Program with

coverage beginning on: _____, and terminating on: _____
(date of US departure) *(date of US return)*

Address to which you would like to have your insurance card sent (allow for approximately a 2 week turn around time.):

Unless you have made other arrangements a charge for this insurance will be placed on your student account. You will be responsible for payment even if you are later unable to participate in the program for which it was purchased. (Some refunds are available for cancellations prior to departure.) Rates for 2009 are \$9/week or \$31/month. This plan is not available to cover leisure travel of more than a few days before or after the dates of your academic program. HTH recommends that extended travel be referred to one of their leisure travel products which can be viewed and purchased online at: htstravelinsurance.com or by calling their customer service team at: 888.243.2358.

I understand the terms of the above paragraph. Yes: No:

Return To:

Ann Deppman, at ann.deppman@oberlin.edu; drop off to Ann's attention at The International House- 187 N. Professor St, or at Peters 205.

Between June 15 and August 15 return to Ellen Sayles, ellen.sayles@oberlin.edu, or drop off to Attn: Ellen Sayles at Peters 205.