PARTNERS OF THE AMERICAS – 2006-2007
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** $12.65 **Minimum 2 wks premium required**

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

Mailing address: _____