T.W. LORD & ASSOCIATES
P.O. BOX 1185
MARIETTA, GA 30061
PHONE: (800) 633-2360
FAX: (770) 429-0638
EMAIL: info@twlord.com

STUDY ABROAD *DEPENDENT* APPLICATION FORM

Full Name: _____ **DOB** _____

US Institution: _____ (check one) **student / faculty / other**

Program Name: _____

Visiting Country: _____

Program Dates: _____ **to** _____ (mm/dd/yy)

Dependent/s to be insured: **1.** _____ **DOB** _____
spouse / child

2. _____ **DOB** _____
spouse / child

Request Dates of Coverage: _____ **to** _____ (mm/dd/yy)

Number of Day/s: _____ **Day/s -** include the departure and/or arriving date

Total Premium: $ _____ **.00** ($1.00 per day for spouse - $2.00 per day for child)

Method of Payment:

Check: Please mail to the above address along with this form

Credit Card (VISA – MC – AMEX): Please mail, fax or Email.

Number: _____

Exp. Date: ____/_____

Mailing Address: _____
_____
_____
Phone Number: _____
Email Address: _____

Signature

Name: _____
Date: _____