Exchange Student Worldwide Medical Insurance Plan
School Term Enrollment Form

Sponsoring School:

The Delphian School
20950 SW Rock Creek Road
Sheridan, OR 97378

Phone: 503-843-3521 FAX: 503-843-4158

Student Information:

Student's Full Name _____ Age ____ Grade ____

Student Birth date _____ Social Security Number (If Applicable) _____

Host Address 20950 SW Rock Creek Road City Sheridan State OR Zip 97378

Phone _____

Home Address _____ City _____ State ____ Zip_____

Country _____ Phone _____

Requested Effective Date of Coverage _____ Arrival Date _____ Departure Date _____

Parent Name (Beneficiary) _____ Relationship _____

Monthly Premium Per Student: (Determine what coverage you want by checking the box)

☐ Premium for summer session for 4 weeks ($53 per month)	$ 53
☐ Premium for summer session for 5-6 weeks ($53 per month)	$ 106
☐ Premium for 9-month term ($53 per month)	$ 477
☐ Premium for interscholastic sports (excludes interscholastic tackle football)	$ 25
TOTAL PREMIUM ENCLOSED	$____

Instructions: (Payment in U.S. Funds only)

If paying by: **Check or Money Order** enclose payment with completed application and return to the school. (Make check or money order payable to Myers-Stevens Co.)

Check Number:	Name on Check:	Check Amount:
#		$

If paying by: **Credit Card** please complete the application and authorization section below.

☐ I authorize Myers-Stevens to charge my: ☐ VISA ☐ M/C Please, no Discover or American Express cards are accepted.

Important: Incomplete information will cause a delay in coverage. Your amount of charge will appear as "M-S Insurance" on your statement.

Card Number

Print Name of Cardholder

$ _____ Amount

Exp. Date ☐☐ Mo. ☐☐ Year

X _____ Signature of Cardholder

Payment (U.S. Funds only) in the form of check, money order, MasterCard or Visa should accompany this form.
If speed is desired, this form may be faxed to the school.

Myers-Stevens & Company, Inc.
26101 Marguerite Parkway, Mission Viejo, CA 92692 - (800) 827-4695 - FAX (949) 348-2630

Note: Billings will be sent directly to the school. Claims are processed by the Plan Administrator, Myers-Stevens. Subject to policy conditions and exclusions.
Price subject to change