

MALAYSIAN STUDENTS IN USA HEALTH INSURANCE PROGRAM STUDENT ENROLMENT FORM

STUDENT'S PERSONAL DETAILS			
Name			Insert Recent Photo (2.5cm X 3 cm)
ID No	Passport No		
Gender	Date of Birth	Status Single <input type="checkbox"/> Married <input type="checkbox"/>	
UNIVERSITY/STUDY DETAILS			
Name of Malaysian Sponsor			
Name of University			
Address of University			
Period of Study		From	To
MSD Centre Please tick	<input type="checkbox"/> WDC	<input type="checkbox"/> Chicago	<input type="checkbox"/> Los Angeles
Date of Departure for USA (estimated)			
INSURANCE COVERAGE REQUIRED (Please Tick Box)			
<input type="checkbox"/> Self	Name	ID No	Date of Birth
<input type="checkbox"/> Spouse	Name	ID No	Date of Birth
<input type="checkbox"/> Child	Name	ID No	Date of Birth
<input type="checkbox"/> Child	Name	ID No	Date of Birth
<input type="checkbox"/> Child	Name	ID No	Date of Birth
<input type="checkbox"/> Child	Name	ID No	Date of Birth
<input type="checkbox"/> Child	Name	ID No	Date of Birth

I hereby declare to the best of my knowledge and belief that I and/or my dependants are healthy and I/we do not have any physical or medical impairment or been advised to have a surgical operation or undergo any further treatment which has not been performed or completed yet.

Date Form Completed	Signature of Student
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Contact : (Tel no) _____ Email: _____