

**Florida International University – Office of Education Abroad
Study Abroad Plan
2006 – 2007**

Blanket Student Accident and Sickness Insurance



Administered by:

HTH Worldwide

hthstudents.com

Please complete this form and submit it to the Office of Education Abroad at the time of application to the program.

PLEASE TYPE (*Hand written applications are not accepted*)

First Name	Middle Name	Last Name

Date of Birth	Gender	Panther ID Number	Program Name
___ / ___ / _____ mo. / day / year	M F		

Address	Apt. #	City	State	Zip Code

Social Sec. Number	Student Status	Home Country	Host Country
	Circle One: Undergrad Grad		

Home Phone	Cellular Phone	Fax	Email Address

FOR OIS OFFICE USE ONLY:			
Coverage Start Date	Coverage End Date	Date Submitted	Coverage Verified
___ / ___ / _____ mo. / day / year	___ / ___ / _____ mo. / day / year		