



Scholastic Evacuation & Repatriation Enrollment Form

PLEASE SEND COMPLETED FORM TO ASSISTANCE_SCHOLASTICENROLL@UHCGLOBAL.COM
PLEASE PRINT – ANSWER ALL QUESTIONS. YOUR APPLICATION WILL BE RETURNED IF ALL QUESTIONS ARE NOT ANSWERED.

PERSONAL INFORMATION:

Name of Participant: _____ Gender: _____ Date of Birth: _____
(First Name) (Middle Name) (Last Name) MM DD YYYY

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Mobile Phone: _____ Email Address: _____

What is your home country? _____

COVERAGE INFORMATION:

School Affiliation: _____ Coverage for: Student Faculty Staff Dependent

Travel Dates: _____

Destination(s): _____

EMERGENCY CONTACT INFORMATION:

Emergency Contact Name: _____ Relationship to Participant: _____

Emergency Contact Phone Number: _____

I certify that the information on this Enrollment Form is true and correct to the best of my knowledge. Understand that it is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits.

Signature of Participant: _____ Date: _____

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Once received a Product Specialist will contact you to complete the enrollment

Program Fee
\$7.00 Per Person/Per Month
Complete the attached enrollment form and return to
ASSISTANCE_SCHOLASTICENROLL@UHCGLOBAL.COM
1-800-732-5309



For more information or questions regarding this program, please call
Haylor, Freyer & Coon
231 Salina Meadows, PO Box 4743, Syracuse, NY 13321 1-866-535-0456
Internet: www.haylor.com/college