

**Portland State University
Overseas Accident and Medical Insurance
Enrollment Form**

Student Information

Last Name: _____	Country of Study: _____
First Name: _____	Begin Date of Program: _____
Date of Birth: _____	End Date of Program: _____
PSU ID: _____	
Signature: _____	
Current Address: _____ _____	
Gender (please circle): M F	
Emergency Contact (name and phone number): _____	

Dependent Coverage? (please circle): yes no

Dependent Coverage Information

Name of Spouse:	_____
Date of Birth of Spouse:	_____
Name of Child(ren):	_____
Date of Birth Child(ren):	_____