



Global Student Insurance

Application Form

Personal particulars of the insured:

Name: _____ First name: _____

Birth day: _____ day _____ month _____ year Gender: M F

Nationality: _____ Language: Dutch French English

Correspondency address in the country of origine:

Address: _____

Postal Code + city: _____ Country: _____

Telephone: _____ E-mail address: _____

Educational institute in the country of origine (incl. address)

You are: student intern staff member scientist family member au pair

If you are a student, faculty: _____

Correspondency address in the country of destination (if known):

Address: _____

Postal Code + City: _____ Country: _____

Telephone: _____ E-mail address: _____

Host Educational institute in the country of destination (or Host family in case of au pair)? (incl. address)

Period of cover:

Departure date: _____ day _____ month _____ year Return date: _____ day _____ month _____ year

Are you, or have you been under medical treatment, in the last 6 months? Yes No

If yes, for which reason?

Pre-existing diseases are not covered in GSI.

I choose: GSI Comprehensive Integral(*) Top Up health fund(**)
or: GSI Basic Integral(*) Top Up health fund(**)

and: USA/Canada cover (+0,20 €/day)
 Option study cancelation insurance (45 €/policy)
 Option under water sport, winter sport, speleology (***)

(*) GSI Integral: reimbursement of treatment costs starting from the 1st €
(**) GSI Top Up health fund: reimbursement of treatment cost after intervention of a European health fund
(***) Already included in the Comprehensive version. +0,16 €/day for the Basic version

I declare to have knowledge of the general insurance conditions.

Signature policyholder/insured:

Agency:

City: _____ Date: _____ Signature: _____

