

**THE AMERICAN-SCANDINAVIAN FOUNDATION
FORM FOR ENROLLMENT, GROUP PLAN EPG-1035562**

in a Group Accident and Sickness Insurance Plan underwritten arranged by International Medical Group (IMG) and
underwritten by Sirius AS.

PLEASE PRINT - Provide your name as it appears in your passport

FAMILY NAME		GIVEN NAMES	
ADDRESS IN SCANDINAVIA			
ADDRESS IN US			
MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>		DATE OF BIRTH (MM/DD/YYYY)	HOME COUNTRY
DATE OF ARRIVAL (MM/DD/YYYY)		DATE OF DEPARTURE (MM/DD/YYYY)	
Preferred Email Address		Name/Relation of Beneficiary	

IMPORTANT Coverage must start on the date of your arrival in the U.S. or country in which your program will take place and insurance should end the day after your date of departure.

	PREMIUM RATES	PREMIUM ENCLOSED
<u>PARTICIPANT</u>	\$2.20 PER DAY	X _____ DAYS = \$ _____
	TOTAL PREMIUM	\$ _____

<u>METHOD OF PAYMENT</u>			
<input type="checkbox"/> MAKE CHECK PAYABLE TO The American-Scandinavian Foundation. ALL REMITTANCE MUST BE BY U.S. DOLLAR CHECK/DRAFT AND DRAWN ON A U.S. DOMICILED BANK.			
CHARGE TO:	<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> VISA	<input type="checkbox"/> AMERICAN EXPRESS
CARD# _____	EXPIR. DATE _____		
NAME AS IT APPEARS ON CARD _____			

Participant's Signature

Date

RETURN THIS FORM AND PAYMENT TO
Exchange Division
The American-Scandinavian Foundation
Scandinavia House
58 Park Avenue
New York, NY 10016
Payments by credit card may be faxed to 212-686-2115