

SAINT LOUIS



UNIVERSITY

Madrid, Spain, Campus

APPLICATION FOR STUDENT MEDICAL INSURANCE WITH SANITAS

(To be completed by Student)

Last Name: _____ First Name: _____

Permanent Address: _____

Telephone: _____ Fax : _____

Date of Birth: _____ Sex: _____

Nationality: _____ Passport Number: _____

Period to be insured: _____ months
Beginning: _____ beginning date

For office use only:

Start date: _____ End date: _____ Months: _____ Cost: _____

Applicant's Signature

Date