Gateway Student Plus[™] Application

Signature (Required)

Applicant Information Dr. Mr. Mrs. Ms. Ms. Ms.	OFFICIAL USE ONLY: Approved	Eff. Date		Source Code		
Applicant Information Dr. Mr. Mrs. Ms. Ms. Ms.	Please Type or Print					
Passport Country Passport No. First Name First Name Telephrone No. (If applicable)						
Email Telephone No. (Include area code or country/city code if applicable) Passport Country Passport No. Visa Type (If applicable) Country of Residence Address in International Institution						
Passport Country Passport No. Visa Type (ff applicable) Country of Residence # of Destinations			First Name			
Country of Residence Country of Residence Country (Residence # of Destination (list all countries) # of Destinations Country Requested Effective Date of Insurance / / monthidasy/year Residence Address in International Location Address	Email		Telephone No(Include area code	or country/city code if app	licable)	
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Location of International Education Program Country Requested Effective Date of Insurance / / month/day/year	Country of Residence				(іт ар	oplicable)
Residence Address in International Location Address City	Country(ies) of Destination (list all countries)			# of Destinations		
Residence Address in International Location Address	Name of Sponsor or Host Organization or Ec	Jucational Institution		•		
Residence Address in International Location Address City				te of Insurance	/ /	
Address				mo	nth/day/year	
Address						
Plan Selection Plan A	Residence Address in Internation	nal Location				
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Plan Selection Annual Premi Plan A \$2,500						
Annual Premi Plan A \$2,500	Zip Code/Postal Code	Country				
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	ou may obtain this information by referring to 088 for specific details.	https://www.personal-plans.com	n/disclosure and enter in th	e security code 05135	5385 or cal	l us at 1-888-20

month/day/year

GatewayPlans Student Plus Application

Method of Payment	
Fotal premium due for the Term of Insurance requested Purchase by credit card is subject to validation and acc	d must be paid in U.S. dollars at the time of Application. eptance by credit card company.
C American Express C MasterCard C VISA	
Card No	Expiration Date/ CVD #
	month/year
Name on Card	
Billing Address	
Billing Address	
Billing Address Cardholder's Email	
Billing Address	
Billing Address Cardholder's Email Daytime Phone	
Cardholder's Email Daytime Phone I hereby authorize XN Financial Services (Canada)	
Cardholder's Email Daytime Phone I hereby authorize XN Financial Services (Canada)	Inc., Inc. to charge my credit card for any premiums du Financial Services Inc. to credit my card for any retum
Cardholder's Email Daytime Phone I hereby authorize XN Financial Services (Canada) on my policy indicated herein. This also allows XN	Inc., Inc. to charge my credit card for any premiums du Financial Services Inc. to credit my card for any retum

*CVD # is the three digit number on the back of the credit card by the signature or the 4 digit code on the front of an American Express card

To Apply

To Apply: Fax or Email

Submit completed application to:

Fax: (514) 287-7161
Email: gateway@xn.com
*Requires Credit Card Payment

Contact us with any questions.Toll-free in U.S./Canada: (866) 286-4076

Direct: (514) 843-9604