



MEDICAL INSURANCE EXTENDED BENEFITS FORM

* *Complete this form only if you wish to sign up for the (optional) Home Country Benefit*

The Extended Benefit Home Country **option** is available to all international students for an additional monthly rate of \$13.00 and at \$ 6.50 per half-month. This fee would be added to the basic rates, for a total of \$35.00 / month or \$17.50 / half-month. The rider, if chosen, covers the student for visits in their home country for up to 60 days maximum per covered period.

- Yes, I am interested in applying for the extended in-home country benefit. Please bill my student account the additional \$ 13 per month or \$ 6.50 per half-moth.

[PLEASE PRINT]

STUDENT INFORMATION:

Name: _____ Nationality: _____ Email: _____

Date of Birth ____/____/____ Social Security Number: _____ AUC ID _____
D M Year

Name of Sending University/Sponsor: _____

Name and Number of Health Plan: _____

Period of Coverage: from _____ to _____

Student Signature: _____

Return this form by the deadline to:

Applicants through New York Office
The American University in Cairo
Office of Student Affairs
420 Fifth Avenue, 3rd FL,
New York, NY 10018
[FAX] 212.730.1800

All Other Applicants
The American University in Cairo
Office of Student Life-147
113 Kasr El Aini Street, PO Box 2511
Cairo, Egypt 11511
[FAX] 20.2.795.6684