

## EMERGENCY HEALTH INSURANCE APPLICATION FROM

- This form can be emailed or submitted to us direct together with the required documents.
- Address and telephone details **DEFINITLY** be provided for EMERGENCY.
- Please fill this form with **CAPITAL LETTERS** by using a pen.
- All sections of this form must be completed in Full. Failure to do so will result in delay or denial of benefits.

Personal details									
Title:	Mr	Mrs	Miss						
First Name:					Student No.				
Surname:									
Gender:	Male		Female						
Date of Birth:	D	D	M	M	Y	Y	Y	Y	
Nationality:					Passport No.				
Phone No.					E-mail:				
Address:									

### Documents required for application



Photocopy of passport



Health insurance payment bank receipt ( 50 Euro)



Recent Student Letter (valid up to 3 month)

Date / / 2018	Policy holder's / Insured name Surname	Signature
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Please complete this form and return to: Near East University International Students Office,  
Ms. Malika Sadikova/Mrs. Verda Gumush Ozatac.  
Alternatively, you can email the completed form, required documents and any queries to  
[malika.sadikova@neu.edu.tr](mailto:malika.sadikova@neu.edu.tr) or [verda.ozatac@neu.edu.tr](mailto:verda.ozatac@neu.edu.tr)