

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:							Father's Name			
Gender:	Male		Female							
Date of Birth:	D	D	M	M	Y	Y	Y	Y	Place of Birth:	
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 / / 2019	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. Irina Dotu/Mr. Mahmoud Anaqwah/Mrs. Verda Gumush Ozatach
Alternatively, you can email the completed form, required documents and any queries to
irina.info@neu.edu.tr; mahmoud.info@neu.edu.tr or verda.ozatac@neu.edu.tr