



STM Services International

INDIVIDUAL APPLICATION FOR SHORT TERM MISSIONARY COVERAGE

53616	

Individuals should complete Sections 1, 2 & 3 below
Groups should complete Section 2 and reverse side of form

Please Print

SECTION 1

Applicant's Name: _____

Mailing Address: _____

City/State/Zip: _____

Work Phone: () _____ Home Phone: () _____

Destination: _____

SECTION 2

Sponsoring Church or Organization: _____

Contact Person: _____ Title: _____

Address: _____

City/State/Zip: _____

Phone: () _____ FAX: () _____

SECTION 3

Birthdate: _____ Sex: _____ (M/F) SSN: _____
Mo/DaY/Yr

Beneficiary: _____ Relationship: _____

Coverage Begins: _____ Coverage Ends**:

Total Number Of Days*: _____
- 180 Day Maximum **Last Day of Coverage Mo/DaY/Yr

Select Plan Type - Choose one only

\$1.00 per Day

\$2.00 per Day

Total Premium = Total Days X Plan Type

TOTAL ▶ _____

Make Check Payable to: **STM SERVICES INTERNATIONAL**

Signature

Date

Return To:
STM Services International
P.O. Box 781033
San Antonio, TX 78278-1033
(800) 422-4350
(210) 493-8590
(210) 493-1987 FAX

