

Gateway Student PlusSM Application

OFFICIAL USE ONLY: Approved _____ Eff. Date _____ Source Code _____

Please Type or Print

Applicant Information

Dr. Mr. Mrs. Ms.

Last Name _____ First Name _____

Email _____ Telephone No. _____
(Include area code or country/city code if applicable)

Passport Country _____ Passport No. _____ Visa Type _____
(if applicable)

Country of Residence _____

Country(ies) of Destination (list all countries) _____ # of Destinations _____

Name of Sponsor or Host Organization or Educational Institution

Location of International Education Program

Country _____

Requested Effective Date of Insurance _____ / _____ / _____
month/day/year

Residence Address in International Location

Address _____

City _____ State/Province _____

Zip Code/Postal Code _____ Country _____

Plan Selection

			Annual Premium
<input type="checkbox"/> Plan A	\$2,500	@	\$118
<input type="checkbox"/> Plan B	\$5,000	@	\$146
<input type="checkbox"/> Plan C	\$10,000	@	\$198
<input type="checkbox"/> Plan D	\$15,000	@	\$236
Tax (1% of premium)		\$	_____
Policy Fee		\$	35
Total Annual Premium Due		\$	_____

Statement of Acknowledgment

Mercer Health & Benefits, LLC facilitates the placement of insurance on behalf of our clients.

In accordance with industry custom, we are compensated through commissions that are calculated as a percentage of the insurance premiums charged by insurers. We may also receive additional monetary and nonmonetary compensation from insurers, or from other insurance intermediaries, which may be contingent upon volume, profitability, or other factors. This compensation may include payment from insurers for marketing related expenses or investments in technology. Our compensation may vary depending on the type of insurance purchased and the insurer selected. We will provide you additional information about our compensation and information about alternative quotes, upon your request.

You may obtain this information by referring to <https://www.personal-plans.com/disclosure> and enter in the security code O5135385 or call us at 1-888-206-5088 for specific details.

Signature (Required)

Date _____ / _____ / _____
month/day/year

Processed OFFICIAL USE ONLY Cert No.

GatewayPlans Student Plus Application

Method of Payment

Total premium due for the Term of Insurance requested must be paid in U.S. dollars at the time of Application. Purchase by credit card is subject to validation and acceptance by credit card company.

American Express MasterCard VISA

Card No. _____ Expiration Date ____ / ____ CVD # _____
month/year

Name on Card _____

Billing Address _____

Cardholder's Email _____

Daytime Phone _____

I hereby authorize XN Financial Services (Canada) Inc., Inc. to charge my credit card for any premiums due on my policy indicated herein. This also allows XN Financial Services Inc. to credit my card for any return premium or policy cancellation as authorized by myself.

Signature of Cardholder _____ Date ____ / ____ / ____
(Required if paying by credit card) month/day/year

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

*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