



For Office Use:  
 Insurance coverage effective \_\_\_\_\_ Through \_\_\_\_\_  
 Student Group \_\_\_\_\_ State Serving \_\_\_\_\_

**STUDENT MISSIONARY INSURANCE APPLICATION**

Policyholder: North American Mission Board, SBC  
 Name of Student \_\_\_\_\_  
 Permanent address \_\_\_\_\_  
 City, state, Zip \_\_\_\_\_  
 Phone # (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email \_\_\_\_\_  
 Social Security number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Sex \_\_\_\_ Race (optional) \_\_\_\_\_  Single  Married  
 Beneficiary's full name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Beneficiary's address \_\_\_\_\_  
 City, state, ZIP \_\_\_\_\_

**Reverse side of card MUST BE COMPLETED**

School attending \_\_\_\_\_  
 School Address (city, state, ZIP) \_\_\_\_\_

**INSURANCE DISCLAIMER:**

**I understand that the insurance provided by the North American Mission Board (NAMB) is a health and accident insurance policy with limited coverage to supplement my personal coverage. I understand that the maximum benefit is \$5,000 and that benefits are payable only for medical care received while I am actively serving on the mission field.**

**I understand that expenses not covered by NAMB's policy are my personal responsibility and not that of NAMB.**

Check one:  I am covered by \_\_\_\_\_  
 I am not covered by additional insurance.

Date \_\_\_\_\_ Signed \_\_\_\_\_

**FOR INSURANCE PURPOSES, COMPLETE, SIGN, AND RETURN THIS CARD TO**

MISSIONARY MOBILIZATION  
 North American Mission Board, SBC  
 4200 North Point Pkwy  
 Alpharetta, GA 30022-4176

**For Use by State/Canadian Supervisor of Student Missions:**

**PLACEMENT INFORMATION**

Sending Convention: North Carolina

State/Province of Service: \_\_\_\_\_

Location of Service: \_\_\_\_\_

Dates of Service: May 23 – August 10, 2010

**PLEASE FAX THIS FORM TO  
 AMY SIGNAIGO AT  
 678-624-3376**