



## **2018 Au Pair in America- Sports Insurance**

**INSTRUCTIONS:** Please complete the form below and e-mail attachment to: [smule@aifs.com](mailto:smule@aifs.com). Call (203) 399-5184 or e-mail [smule@aifs.com](mailto:smule@aifs.com) with any enrollment questions. **All fields** on this form must be completed/verified before we can process your enrollment.

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**PARTICIPANT CONTACT INFORMATION:**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ APIA Membership # \_\_\_\_\_

Program Start Date \_\_\_\_\_ Expected End Date \_\_\_\_\_

US Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone Number \_\_\_\_\_

E-mail Address: \_\_\_\_\_

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**ENROLLMENT INFORMATION:**

Sports Insurance starts no earlier than 48 hours after the receipt of this completed enrollment form.

Sports Insurance is valid for 12 full months from the date of purchase as long as you are an active participant of the Au Pair in America program. If you chose to leave the Au Pair in America program before your scheduled departure date your Sports Insurance and any other insurance is terminated immediately.

**We accept money orders/checks made out to Au Pair in America which should be sent along with the enrollment form to:**

**Au Pair in America  
Attn.: Stefanie Mule  
1 High Ridge Park  
Stamford, CT 06905**

**We also accept credit cards. If paying by credit card, complete the information below:**

<b><u>Sports Insurance Premium Rate</u></b>	<b><u>\$90.00</u></b>
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**PAYMENT INFORMATION:** ☐ Visa ☐ Master Card ☐ American Express

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Cardholder's name (please print) \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

I have read/understand the terms/conditions of the policy and authorize payment for the above enrollment.

Signature \_\_\_\_\_ Date \_\_\_\_\_

*All insurance materials are sent to the e-mail address provided above. Please contact Au Pair in America if you have any questions about this form or the policy.*