

# International Human Rights Exchange (IHRE) 2009

## Renaissance Health Plan Student Application Instructions

*Please note:*

- *You some fields are pre-filled for you. Please do not alter.*
- *You need not fill in the answers where no fields exist.*
- *You must also submit a copy of your passport photo page with this application form.*

### **Section 1 – Application Details**

Leave Blank

### **Section 2 – Member Particulars –**

Self-explanatory

### **Sections 3&4–**

- Leave Blank

### **Section 5– Current Chronic Medication**

- *If you take medication, please bring a 5 months supply with you to South Africa as you may not be able to obtain the exact same medication in South Africa*

### **Section 6– “Choose Option”**

- Fill in only your name.
- For all students, we offer the Pioneer option only.

### **Section 7–**

- Leave Blank

### **Section 8 – Medical Information**

- Current medical conditions: List only what you deem absolutely necessary for the provider to know
- *If you take medication, please bring a 5 months’ supply with you to South Africa as you may not be able to obtain the exact same medication in South Africa*

### **Section 9 – Statement by Applicant**

- *Print name, sign, & date*

If you have any questions as you are filling this out, please do not hesitate to contact Kimberly Bail: [bail@bard.edu](mailto:bail@bard.edu) or 845-758-7080.