



Cultural Insurance Services International

(For office use only)
Participant ID#

KCP STUDY ABROAD INSURANCE ENROLLMENT FORM

INSTRUCTIONS:

Please complete the enrollment form below, save and then send as an e-mail attachment to: enrollments@culturalinsurance.com. Call (203) 399-5134 or e-mail enrollments@culturalinsurance.com with any questions. All fields on this form must be completed/verified before we can process your enrollment.

PARTICIPANT CONTACT INFORMATION:

Name
U.S. Mailing Address
City State ZIP
Telephone number ( ) E-mail
Female Male Date of birth

PROGRAM INFORMATION:

Home Institution Program location: TOKYO, JAPAN
Name of overseas institution you will attend: KCP INTERNATIONAL
Program start date
Program end date

ENROLLMENT INFORMATION:

Please start my insurance on
Please end my insurance on

Plan Premium Rates
Coverage Term: MONTHLY Premium: \$31

Based on the above requested insurance dates and premium chart, please enroll me for month(s) at the total Premium cost of \$.00. (\$31 x the number of months needed)

PAYMENT INFORMATION:

Visa MasterCard American Express

Please provide the following additional information for credit card payments:

Card number Expiration date
Cardholder's name (please print)

Please check this box if the Billing Address is the same as above.

Billing Address
City State ZIP

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

Signature Date

Please allow two weeks for processing. All insurance materials are sent to the e-mail address provided above. Please contact CISI if you have any questions about this form or the policy.