

Participant Monthly premium rates

The rates are valid for enrollment dates prior to December 31, 2011. *Full months only, please.*

Age Range	Participant Premium	Participant & Spouse Premium
up to 22	\$80	\$450
23–30	\$110	\$600
31–40	\$140	\$665
41–50	\$300	\$690
51–64	\$400	\$710
65+	Call CISI for rate	Call CISI for rate

Age Range	Participant & Family Premium	Participant & Child Premium
up to 22	\$569	\$315
23–30	\$713	\$420
31–40	\$780	\$465
41–50	\$805	\$480
51–64	\$822	\$500
65+	Call CISI for rate	Call CISI for rate



Cultural Insurance Services International (CISI)
 River Plaza
 9 West Broad Street
 Stamford, CT 06902-3788
 Phone 203.399.5121
 Fax 203.399.5596
www.culturalinsurance.com



World Class International Student and Scholar Plan

An application of insurance for international students and scholars in the United States

SCHEDULE OF BENEFITS

Basic Plan Coverages Maximum limits Insurance for F-1, J-1, M-1 visa holders

- Medical Expense: (per Accident or Sickness) Deductible \$200-reduced to \$100 if treatment is first rendered at the student health center
- Emergency Room Deductible Limit \$300 (for non-emergencies) \$250,000 at 80%,
- Emergency Medical Evacuation/ \$100,000
- Repatriation/Return of Mortal Remains \$50,000
- Team Assist-24 hour emergency assistance Included

Insurance for Dependents of F-1, J-1, M-1 visa holders

- Medical Expense (per Accident or Sickness): Deductible \$200
- Emergency Room Deductible Limit \$300 (for non-emergencies) \$50,000 at 80%,
- Emergency Medical Evacuation/ \$100,000
- Repatriation/Return of Mortal Remains \$50,000
- Team Assist-24 hour emergency assistance Included

Eligibility Requirements

This program is designed for international students and scholars, exchange program participants or others with a valid passport and F-1, J-1, or M-1 visa who have not applied for permanent residency in the host country. Eligible dependents include spouse and unmarried dependent children under 18 years of age who accompany you and have a similar visa or passport.

For a full list of converges and exclusions, please visit our website at www.culturalinsurance.com. In the event of any conflict between this Plan of Insurance and the Master Policy, the policy will govern.

APPLICATION

Personal Information

Name _____

Female Male Date of birth: _____

U.S. Mailing Address _____

City _____

State _____ ZIP _____

Telephone number _____

E-mail _____

Home Country _____

Status Information _____

Status _____

Graduate Undergraduate Scholar Trainee

Other (describe): _____

Name of School or Sponsoring U.S. Institution _____

U.S. Student ID _____

Type of visa held: F-1 J-1 M-1 (non-U.S. citizens only)

Enrollment Information:

Insurance Start Date _____ Insurance End Date _____

Please indicate the names of persons to be insured, their gender, and their date of birth:

Participant _____

Female Male Date of birth _____

Spouse _____

Female Male Date of birth _____

Child _____

Female Male Date of birth _____

Child _____

Female Male Date of birth _____

Child _____

Female Male Date of birth _____

Monthly Premiums \$ _____

Multiply by number of months (x) _____

Total Premiums enclosed (=) \$ _____

Payment Information:

Check/money order enclosed Visa MasterCard
 American Express

Please provide the following additional information for credit card payments:

Card number _____

Expiration date _____

Cardholder's name (please print) _____

Billing address _____

City/Province _____

State _____ ZIP _____

Home Country _____

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

Signature _____

Date _____

A copy of your visa and your I-20 (for F-1 visa holders) or DS-2019 (for J-1 visa holders) and I-94 for dependent insured's is required at the time of enrollment. Your request for insurance will not be processed without this documentation. Please allow two weeks for processing. All insurance materials are sent via standard U.S. Mail.

Make checks payable (U.S. funds only) to CISI and mail with completed enrollment form and visa information to:

JP Morgan Chase
131 S Dearborn, 6th floor
Chicago, IL 60603
ATTN: CISI Lockbox 24493

Please contact CISI if you have any questions about this form or policy. **800.303.8120**

To enroll, please email your application to
cisiwebadmin@culturalinsurance.com
or fax to **203.399.5596**