



---

River Plaza • 9 West Broad Street • Stamford, CT 06902  
Phone (203) 399-5137 • Fax (203) 399-5596 • www.culturalinsurance.com

Date:

**Multiple Student Submission and Payment Form**

From:  
Phone:

District:  
E-mail:

Dear CISI-Bolduc,

Please find following applications and payment(s) for \_\_\_\_\_ Rotary Youth Exchange participants.

\_\_\_ Enclosed are individual payment checks

\_\_\_ Enclosed is one district payment check (# \_\_\_\_\_)

Student Name      Plan Type (A)nnual or (S)hort-Term   Premium Enclosed   Home Country