

Participant Monthly premium rates

These rates are valid until December 31, 2021
Full months only, please.

Age Range	Participant Premium	Participant & Spouse Premium
up to 22	\$89	\$598
23-30	\$124	\$799
31-40	\$158	\$918
41-50	\$337	\$930
51-64	\$450	\$985
65+	Call CISI for rate	Call CISI for rate

Age Range	Participant & Family Premium	Participant & Child Premium
up to 22	\$759	\$419
23-30	\$951	\$559
31-40	\$1,038	\$619
41-50	\$1,071	\$659
51-64	\$1,097	\$672
65+	Call CISI for rate	Call CISI for rate



Cultural Insurance Services International (CISI)
1 High Ridge Park
Stamford, CT 06905
Phone 203.399.5556
Fax 203.399.5596
www.culturalinsurance.com

Basic Plan Coverages	Maximum limits
Insurance for F-1, J-1, M-1 visa holders	
Medical Expense: (per Accident or Sickness)	Deductible \$200
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) \$100,000 at 80%
Emergency Medical Evacuation	\$100,000
Repatriation/Return of Mortal Remains	\$50,000
Team Assist-24 hour emergency assistance	Included
Baggage Loss (Not available for CT or NY Residents)	\$1,000 \$50 deductible \$100 per article (except for cameras \$250)



World Class International Student and Scholar Plan

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



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. The coverage effective date is noted in the Confirmation of Coverage to cover short term limited duration trips. The effective and termination dates of coverage will appear on the Confirmation of Coverage and in no instance will coverage begin prior to the effective date nor extend past the termination date or exceed 10 months.

For a full list of coverage's and exclusions, please visit our website at www.culturalinsurance.com. In the event of any conflict between the plan of insurance and the 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 _____

Visa Status _____

Graduate Undergraduate Scholar Trainee

Other (describe): _____

Name of School or

Sponsoring U.S. Institution _____

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 _____

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 _____

All insurance materials are sent via email.

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

**CISI Arch Deposits
28191 Network Place
Chicago, IL 60673-1281**

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**

Enroll online by going to **www.mycisi.com** and clicking on Coming to the USA.