Participant Monthly premium rates

These rates are valid until December 31, 2019
Full months only, please.

Age Range	Participant Premium	Participant & Spouse Premium
up to 22	$88	$587
23–30	$122	$783
31–40	$155	$900
41–50	$331	$912
51–64	$441	$965
65+	Call CISI for rate	Call CISI for rate

Age Range	Participant & Family Premium	Participant & Child Premium
up to 22	$744	$411
23–30	$932	$548
31–40	$1,017	$607
41–50	$1,050	$646
51–64	$1,076	$659
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)

CISI
CULTURAL INSURANCE SERVICES INTERNATIONAL

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.