

## 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](http://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](http://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](mailto:cisiwebadmin@culturalinsurance.com)** or fax to **203.399.5596**

Enroll online by going to **[www.mycisi.com](http://www.mycisi.com)** and clicking on Coming to the USA.