



# World Class International Student & Scholar Plan

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

administered by Cultural Insurance Services International (CISI)  
River Plaza • 9 West Broad Street • Stamford, CT 06902-3788 • (203) 399-5121  
www.culturalinsurance.com • cisiwebadmin@culturalinsurance.com  
other offices Bonn • Cape Town • London • Paris

*This Insurance is underwritten by* The Insurance Company of the State of Pennsylvania

SCHEDULE OF BENEFITS		Benefits	Maximum Limits
<b>Benefits</b>	<b>Maximum Limits</b>	<b>Insurance for Dependents of F-1, J-1, M-1 visa holders</b>	
<b>Insurance for F-1, J-1, M-1 visa holders</b>		• Medical Expense (per Accident or Sickness):	
Deductible	\$200-reduced to \$100 if treatment is first rendered at the student health center	Deductible	\$200
Emergency Room Deductible Limit	\$300 (for non-emergencies) \$250,000 at 80%,	Emergency Room Deductible Limit	\$300 (for non-emergencies) \$50,000 at 80%,
• Emergency Medical Evacuation/Repatriation/Return of Mortal Remains	Combined limit \$50,000	• Emergency Medical Evacuation/Repatriation/Return of Mortal Remains	Combined limit \$50,000
• Team Assist-24 hour emergency assistance	Included	• Team Assist-24 hour emergency assistance	Included

**Covered Accident and Sickness Medical Expenses**

Only such expenses, incurred as the result of a Disablement, which are specifically enumerated in the following list of charges, and which are not excluded in the Exclusions section, shall be considered as Covered Expenses:

- Charges made by a Hospital for room and board, floor nursing and other services inclusive of charges for professional service that do not exceed the Hospital's average charge for semiprivate room and board accommodation or \$750 per day, whichever is less.
- Charges made for Intensive Care or Coronary Care charges and nursing services. Intensive care facility charges will be payable up to \$1,000 per day.
- Charges made for diagnosis, treatment and Surgery by a Physician.
- Charges made for an operating room.
- Charges made for Outpatient treatment.
- Charges made for the cost and administration of anesthetics.
- Charges for medication, x-ray services, laboratory tests and services, the use of radium and radioactive isotopes, oxygen, blood, transfusions, iron lungs, and medical treatment (outpatient x-ray services and laboratory tests are limited to \$1,000 each.)
- Charges for inpatient physiotherapy, if recommended by a Physician.
- Dressings, drugs, and medicines that can only be obtained upon a written prescription of a Physician or Surgeon.
- Charges made for artificial limbs, eyes, larynx, and orthotic appliances, but not for replacement of such items.
- Local transportation to or from the nearest Hospital or to and from the nearest Hospital with facilities for required treatment by licensed ground ambulance only.
- Nervous or Mental Disorders: are payable a) up to \$500 for outpatient treatment; or b) up to \$5,000 on an inpatient basis. The Company shall not be liable for more than one such inpatient or outpatient occurrence per lifetime under the Policy with respect to any one Insured.
- Medical expenses incurred for treatment of injuries sustained as a result of a covered motor vehicle accident are payable up to \$10,000
- Medical expenses incurred for treatment of sports related accidents are payable up to \$5,000.

**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.

**Exclusions**

For benefits listed in the Schedule of Benefits, this Insurance does not cover:

- Pre-Existing conditions, defined as any Injury or Illness which meets the following criteria:
  - 1) a condition that would have caused a person to seek medical advice, diagnosis, care or treatment anytime prior to the Effective Date of coverage under the Policy;
  - 2) a condition for which medical advice, diagnosis, care or treatment was recommended or received anytime prior to the Effective Date of coverage under the Policy.
- Charges for treatment which exceed Reasonable and Customary charges.
- Suicide or any attempt thereof, while sane or self destruction or any attempt thereof, while sane.

- Any consequence, whether directly or indirectly, proximately or remotely occasioned by, contributed to by, or traceable to, or arising in connection with a) war, invasion, act of foreign enemy hostilities, warlike operations (whether war be declared or not), or civil war; b) mutiny, riot, strike, military or popular uprising insurrection, rebellion, revolution, military or usurped power.
- Routine physicals, immunizations, or other examinations where there are no objective indications of impairment in normal health, including routine care of a newborn infant, and laboratory diagnostic or x-ray examinations, except in the course of a Disablement established by a prior call or attendance of a Physician.
- The refusal of a Physician or Hospital to make all medical reports and records available to the Company will cause an otherwise valid claim to be denied.
- Cosmetic or plastic Surgery, except as the result of a covered accident; for the purposes of the Policy, treatment of a deviated nasal septum shall be considered a cosmetic condition.
- Elective Surgery or Elective Treatment which can be postponed until the Insured Person returns to his/her Home Country, where the objective of the trip is to seek medical advice, treatment or Surgery
- Treatment in connection with alcoholism and drug addiction, or use of any drug or narcotic agent.
- Injury sustained while under the influence of or Disablement due to wholly or partly to the effects of intoxicating liquor or drugs other than drugs taken in accordance with treatment prescribed and directed by a Physician for a condition which is covered hereunder.
- Expenses as a result or in connection with intentionally self-inflicted Injury or Illness.
- Expenses as a result or in connection with the commission of a felony offense.
- Injury sustained while taking part in mountaineering where ropes or guides are normally used; hang gliding; parachuting; bungee jumping; racing by horse, motor vehicle or motorcycle; parasailing; motorcycle/motor scooter riding.
- Dental care, except as the result of Injury to natural teeth caused by accident (limited to \$250 per tooth per Injury), unless otherwise covered under the Policy.
- Routine Dental Treatment.
- Drug, treatment or procedure that either promotes or prevents conception, or prevents childbirth, including but not limited to: artificial insemination, treatment for infertility or impotency, sterilization or reversal thereof, or abortion.
- Treatment for human organ tissue transplants and their related treatment.
- Expenses incurred within the Insured Person's Home Country or country of residence.
- Weak, strained or flat feet, corns, calluses, or toenails.
- Diagnosis and treatment of acne.
- Injury sustained while the Insured Person is riding as a pilot, student pilot, operator or crew member, in or on, boarding or alighting from, any type of aircraft.

**Policy terms and conditions are briefly outlined in this document. A complete description is contained in the Plan of Insurance which is mailed to your U.S. address after enrollment.**

**Participant Monthly Premium Rates**

The rates are valid for enrollment dates prior to December 31, 2008. Full months only, please.

Age Range	Participant & Student Premium	Participant & Spouse Premium	Participant & Family Premium	Participant & Child Premium
up to 22	\$80	\$450	\$569	\$315
22-30	110	600	713	420
31-40	140	665	780	465
41-50	300	690	805	480
51-64	400	710	822	500
65+	Call CISI for rate	Call CISI for rate	Call CISI for rate	Call CISI for rate



Participant ID

INTERNATIONAL STUDENT & SCHOLAR PLAN ENROLLMENT FORM

Please print. Call (203) 399-5121 or e-mail cisiwebadmin@culturalinsurance.com with any questions. Credit card enrollments can be faxed to (203) 399-5596.

Participant Contact Information:

Name

Female Male Date of birth mm/dd/yy

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

Arrival date in host country mm/dd/yy Departure date to home country mm/dd/yy

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

Enrollment Information:

Have you or your spouse previously been insured by CISI? Yes No

If yes, provide policy number or name of sponsoring organization

Requested Effective Date mm/dd/yy Requested Term Date mm/dd/yy

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

Participant Female Male Date of birth mm/dd/yy

Spouse Female Male Date of birth mm/dd/yy

Child Female Male Date of birth mm/dd/yy

Child Female Male Date of birth mm/dd/yy

Child Female Male Date of birth mm/dd/yy

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 mm/yy

Cardholder's name (please print)

Billing address City/Province

State Zip Country

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

Signature Date mm/dd/yy

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: CISI, River Plaza, 9 West Broad Street, Stamford, CT 06902-3788. Please contact CISI if you have any questions about this form or policy.



Cultural Insurance  
Services International

---

**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](http://www.culturalinsurance.com)