



Cultural Insurance Services International

(For office use only) Participant ID#

UT-AUSTIN STUDY ABROAD INSURANCE ENROLLMENT FORM

Instructions:

Please complete the enrollment form below, save and then send as an e-mail attachment to: enrollments@culturalinsurance.com. Call (203) 399-5134 or e-mail enrollments@culturalinsurance.com with any questions. All fields on this form must be completed/verified before we can process your enrollment.

PARTICIPANT CONTACT INFORMATION:

Name U.S. Mailing Address City State ZIP Telephone number E-mail Female Male Date of birth

PROGRAM INFORMATION:

UT-Austin student ID # Program location (country) UT-Austin department sponsoring program UT-Austin program code (six digit number, obtain from C-GEO Search Engine) Name of overseas institution you will attend Program start date Program end date

ENROLLMENT INFORMATION:

Please start my insurance on Please end my insurance on

Plan Premium Rates table with columns CoverageTerm and Premium, listing terms A, B, C, D and their corresponding premiums.

Based on the above requested insurance dates and premium chart, please enroll me in Coverage Term: A B C D at the total Premium cost of \$...00.

PAYMENT INFORMATION:

Visa MasterCard American Express

Please provide the following additional information for credit card payments:

Card number Expiration date Cardholder's name (please print)

Please check this box if the Billing Address is the same as above.

Billing Address City State ZIP

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

Signature Date

Please allow two weeks for processing. All insurance materials are sent to the e-mail address provided above. Please contact CISI if you have any questions about this form or the policy.