



Primary with Dependent(s) Enrollment Form for Insurance

INSTRUCTIONS: Please complete the enrollment form below, save and then send as an e-mail attachment to: enrollments@mycisi.com. Call (203) 399-5509 or e-mail enrollments@mycisi.com with any enrollment questions. All fields on this form must be completed/verified before we can process your enrollment.

PRIMARY INSURED'S INFORMATION (The "Primary Insured" is the James Madison University international student or scholar:

First Name: _____ Last Name: _____
Date of Birth: _____ Home Country: _____
Coverage Start Date: _____ Coverage End Date: _____
Phone number(s) to reach the Primary Insured for any questions on this form: _____
Email address where materials should be sent: _____

DEPENDENT INFORMATION:

Please fill-in Type of Dependent Insurance Needed: _____

Table with 3 columns: Code, Dependent Type, Monthly Rate. Rows include PS (Participant and Spouse), P1 (Participant and Child), C1 (Participant, Spouse and 1 Child), PC (Participant and Children), PF (Participant and Family).

Please indicate the names (First Last) of the Dependents to be insured, their date of birth, and their gender:

Spouse _____ Date of birth _____ [] Female [] Male
Child _____ Date of birth _____ [] Female [] Male
Child _____ Date of birth _____ [] Female [] Male
Child _____ Date of birth _____ [] Female [] Male
Child _____ Date of birth _____ [] Female [] Male

Please start Dependent Insurance on _____ and continue it until _____

Dependent dates cannot exceed the Primary Insured's dates.

PAYMENT INFORMATION: Please, provide information below or call 203-399-5509 to provide the following credit card information over the phone.

[] Visa [] Master Card Card Number: _____ Exp. Date: _____
Cardholder's Name: _____
Billing Address: _____
City: _____ State: _____ Zip: _____
I have read/understand the terms/conditions of the policy and authorize payment for the above enrollment.
Printed or Typed Name: _____ Date: _____
Signature: _____

Please allow 1-2 weeks for material 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.