



VTH-OTHER

VIRGINIA TECH BUSINESS

Dependent Enrollment Form for Insurance

Enrollment Form for Dependents Traveling with Virginia Tech Employees on University-Supported Business (Not to be used by Students or Employees Traveling on Study Abroad)

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.

Insurance may start no earlier than two days after the receipt of this completed enrollment form. Please allow two weeks for processing/receipt of insurance materials via e-mail.

PRIMARY INSURED'S INFORMATION (The "Primary Insured" is the Virginia Tech employee abroad on school related business the dependent will be traveling with):

First Name: Last Name: Date of Birth: Program: Coverage Start Date: Coverage End Date: U.S. Mailing Address: City: State: Zip: Phone number(s) to reach the Primary Insured for any questions on this form: Email address where materials should be sent: Country of Destination:

DEPENDENT INFORMATION:

Please indicate type of dependent insurance needed: Spouse Child(ren) Spouse & Child(ren)

Table with 5 columns: Dependent Type, 1-Week Rate, 2-Week Rate, 3-Week Rate, Monthly Rate**. Row: Spouse/Per Child*, \$32.34, \$64.68, \$97.02, \$123.40

*Rates are Per Dependent **Monthly Rate applies for any trips 22 days or longer

Please indicate the name(s) of the Dependent(s) to be insured, birthdate, and gender:

Table with 5 columns: DEPENDENT TYPE, FIRST NAME, LAST NAME, BIRTHDATE, GENDER. Rows for Spouse and multiple Child entries with checkboxes for Female/Male.

Please start Dependent(s) 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 or provide your phone number where we can reach you for this information ()

Form fields for payment information: Visa, Master Card, Amex, 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 two 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.