

Rotary Youth Exchange Insurance Application

Underwritten by ACE American Insurance Company through CISI-Bolduc

Leaving soon....? Enroll on-line at www.cisi-bolduc.com and receive your insurance documents including ID card, Summary of Coverage, and Consulate Letter addressed to hosting country, via email almost instantaneously!

Acceptable forms of payment include: Visa, MasterCard, American Express, check or money order, and/or wire transfer. Canadian or Foreign checks in U.S. dollars will not be accepted. Checks must be made payable to: CISI-Bolduc and drawn off of a U.S. bank, in U.S. dollars. For wire transfer details, please contact the Rotary Administrator.

FOR ASSISTANCE, PLEASE CONTACT Ted Cenatiempo – RYE Administrator for CISI - Bolduc
Phone 800.303.8120, ext. 5556 or 203.399.5556
Fax 203.399.5596
Email cisiwebadmin@culturalinsurance.com

PAYMENTS & APPLICATIONS CAN BE SENT TO OUR SECURE LOCK BOX AT THE FOLLOWING ADDRESS:

Cultural Insurance Services International
24493 Network Place
Chicago, IL 60673-1244

The policy provides short term limited duration insurance. It is not a major medical or comprehensive medical policy.

Application and payment must be submitted together. Please complete the application below. Typed preferred or print clearly.

SECTION I: PERSONAL INFORMATION

Student Name _____
Street Address _____
City _____ State/Province _____ Postal Code _____
Home Country _____ Dist. # In Home Country _____
Telephone _____ Fax _____ Email _____
Date of Birth _____ / _____ / _____ Student must be high school student age. Gender Male Female
DAY MONTH YEAR
Beneficiary _____ Relationship to Student _____

SECTION II: HOST COUNTRY INFORMATION

Host Country _____ Rotary Dist. # In Host Country _____
Host District Contact Name _____
Telephone _____ Email _____

SECTION III:

Date of departure from your home country:

If date is unknown, leave blank. Notify CISI-BOLDUC as soon as date is confirmed. DAY / MONTH / YEAR

CISI-Bolduc will default coverage start date to 01-August-2020 unless otherwise notified.

hereby apply for:

Short Term Only

Coverage up to 1 month

For Rotary students traveling OUTSIDE of the United States

- Plan A and Personal Liability \$63 U.S. Dollars
 Plan B and Personal Liability \$76 U.S. Dollars

For Rotary students traveling INTO the United States

- Plan A and Personal Liability \$80 U.S. Dollars
 Plan B and Personal Liability \$96 U.S. Dollars
 Plan B+ and Personal Liability \$118 U.S. Dollars

Coverage up to 3 months

For Rotary students traveling OUTSIDE of the United States

- Plan A and Personal Liability \$172 U.S. Dollars
 Plan B and Personal Liability \$208 U.S. Dollars

For Rotary students traveling INTO the United States

- Plan A and Personal Liability \$213 U.S. Dollars
 Plan B and Personal Liability \$261 U.S. Dollars
 Plan B+ and Personal Liability \$323 U.S. Dollars

Coverage of 4 months and beyond, but less than 365 days

For Rotary students traveling OUTSIDE of the United States

- Plan A and Personal Liability \$567 U.S. Dollars
 Plan B and Personal Liability \$839 U.S. Dollars

For Rotary students traveling INTO the United States

- Plan A and Personal Liability \$1,160 U.S. Dollars
 Plan B and Personal Liability \$1,219 U.S. Dollars
 Plan B+ and Personal Liability \$1,508 U.S. Dollars

I understand that coverage for pre-existing conditions is limited to \$500. A pre-existing condition for which you received medical treatment, care or advice within six months before being covered by the policy. This does not apply if a) you have received no such treatment, care or advice for six months after being covered by the policy (Note: Taking medication prescribed by a physician is considered as continuous treatment for a pre-existing condition); or b) the loss begins after the student has been treatment free (including medication free) and after the student has been covered by this policy for six months.

I also understand coverage will not go into effect until my actual departure or participation in my Youth Exchange. I also understand that there are no provisions for refunds, upgrades or downgrades once my exchange begins.

To the best of my knowledge and belief, all information I have provided is true and complete. I understand my information is protected by privacy laws and will be released only in accordance with these laws. The only people who have access to this information are employees of the Insurance Company who service my policy or claim and other third parties authorized by the Insurance Company. Information may be disclosed to those who have an insurance-related regulatory or legal need for the information. In other situations, we will ask you for written authorization.

Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Signature of Parent or Temporary Guardian _____

Signature of Student _____ Date _____ / _____ / _____
DAY MONTH YEAR

District Youth Exchange Chairman (Optional) _____ Date _____ / _____ / _____
DAY MONTH YEAR

SECTION IV: PAYMENT INFORMATION

Check/money order enclosed

Wire transfer

Visa MasterCard American Express (\$15 Administrative Fee Applies)

Card Number _____ Expiration Date _____ / _____ / _____
DAY MONTH YEAR

Cardholder's name _____

Cardholder's signature _____

Billing address _____

City _____ State/Province _____ Postal Code _____

Only for students who begin their exchange from January 1, 2020 to December 31, 2020.

REFUND POLICY

Please read this information carefully before submitting this application.

A Full Refund will be issued only IF:

CISI-Bolduc receives a written request for cancellation from the district's Youth Exchange Officer **BEFORE** the policy takes effect (date of departure). A **\$15 administration fee will apply.**

A Partial Refund will be issued on Coverage Plans of 4 months and beyond, but less than 365 days only IF:

CISI-Bolduc receives a written request for cancellation from the district's Youth Exchange Officer **WITHIN** 30 days from the policy effective date (date of departure).

Please Note: A student originally covered on Plan A from 4 months and beyond, but less than 365 days will be downgraded to Plan A up to 3 month of coverage and will be charged the difference in premium (less a **\$15 administrative fee**).

A student originally covered on Plan B/B+ from 4 months and beyond, but less than 365 days will be downgraded to Plan B/B+ up to 3 months of coverage and will be charged the difference in premium (less as **\$15 administrative fee**).

THERE ARE NO REFUNDS FOR STUDENTS WHO HAVE BEEN ON EXCHANGE FOR MORE THAN 30 DAYS.

There are no refunds for STEP coverage, unless notified by the District before the insurance start date.

Do not use after 31-December-2020

CISI-Bolduc
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Stamford, CT 06905
phone 203-399-5556
fax 203-399-5596
www.cisi-bolduc.com

AH-10327