

Rotary Youth Exchange Enrollment Brochure



World Class Coverage Plan

*Annual or Short-Term Group Insurance Program for
Participating Youth Exchange Districts of Rotary International*

Application Help

Helpful hints when sending in applications:

- Please make sure to include plan premium, liability fee, and credit card fee (where applicable) in payment.
- To ensure timely and accurate processing of the application please type or print legibly. The applications available on-line under "Brochures and Applications" may be filled out on the computer using the PDF program. You can then print out your application and mail or fax it.
- Date of departure for exchange is required in order for insurance materials (i.e. insurance ID card) to be issued. If this information is not available at the time the application is submitted, applicant information and payment will be processed, but policy will be put on hold pending receipt of the date.
- To receive a list of the insured's that have applied for CISI-Bolduc insurance from a particular district, please make a request by phone, fax, or e-mail.
- If submitting an application by fax or e-mail, please do not send original by mail. (To avoid duplication).
- Please allow 2-3 weeks for refund requests to be processed and executed. Refund may be subject to a \$15 administration fee.
- Banks fees for wire transfers should be added before transfer is conducted to be sure the correct, and full premium amount is received.

- Inbound participants paying the premium by credit card should make their card company aware that the charge from the U.S. will be posted to their account, to avoid rejection due to security reasons.
- Please be sure that credit card information (i.e. account number and expiration date) is written clearly and correctly. Notification of declined credit cards require immediate attention by the participant, the host family, or the district, to avoid an adjustment to the policy effective date.
- Please direct all questions regarding benefits for this policy to AIG.

Important Application Rules

- No coverage will be issued to a student who has been on exchange for more than 31 days until a doctor's examination on an insurance company of the state of Pennsylvania (ISOP) evidence of insurability form has been submitted and approved by ISOP. ISOP will not pay for this exam.
- Application and payment must be submitted together. Please complete the application below. Print clearly.

The Insurance Company of the State of Pennsylvania, a Member Company of American International Group, Inc. (AIG), through CISI-BOLDUC has designed the following accident and sickness insurance plans for Rotary Exchange Student.:

Schedule of Benefits for Accident and Health Coverage provided by American International Group

	Basic Plan A	Basic Plan B
Maximum Lifetime Benefit	\$500,000	\$500,000
Accidental Death, Principal Sum	\$10,000	\$20,000
Loss Benefit:		
a. Life	Principal Sum	Principal Sum
b. Two or more members	Principal Sum	Principal Sum
c. One member	One-Half Principal Sum	One-Half Principal Sum
d. Thumb and Index Finger of the same hand	One-Quarter Principal Sum	One-Quarter Principal Sum
e. Quadriplegia	Principal Sum	Principal Sum
f. Paraplegia	One-Half Principal Sum	One-Half Principal Sum
g. Hemiplegia	One-Half Principal Sum	One-Half Principal Sum
Accident Benefit		
Maximum Benefit	\$5,000	\$5,000
Dental Maximum Benefit, up to	\$1,000	\$1,000
Deductible (per accident)	\$25	NONE
Sickness Benefit		
Maximum Benefit	\$500,000	\$500,000
Deductible (per sickness)	\$100	\$100
Hospital Room & Board (70 days maximum)*	Up to \$90 per day	100% for first 3 days, then up to \$125 per day
Miscellaneous Hospital Expenses	Up to \$1,350	Up to \$ 1,750
Doctor's Fee (4 visits maximum)*	N/A	Up to \$35 per visit
Surgical Expense Benefit	Up to \$2,000	Up to \$3,500
Specialist/Consultant Fee	Up to \$100*	Up to \$100*
Ambulance Expense Benefit	Up to \$50	Up to \$100
X-Ray & Diagnostic Lab Expense Benefit	Up to \$100	Up to \$135
Emergency Dental Expenses (4 visits maximum)	\$25	Up to \$100 per visit
Out-Patient Mental and Nervous Benefit	50% of expensed up to \$1,000	50% of expensed up to \$1,000
Repatriation Benefit	\$10,000	\$10,000
Transportation Expense	\$3,000	\$3,000

* The remaining balance of these items is payable at 80% under the Major Medical part of the policy.

Major Medical Benefit

Maximum Benefit, up to	\$500,000 80/20	\$500,000 80/20 of the first \$2,500 of eligible expenses, thereafter, 100% up to the overall Maximum Benefit of \$500,000
Deductible	\$100	\$100
Accidental Death Benefit	\$10,000	\$20,000
Medical Evacuation Expense Benefit	\$50,000	\$50,000

Plan A+ Sports Rider

For an additional \$75.00 premium, Plan A is extended to cover loss due to interscholastic and community football, hockey, soccer, rugby and lacrosse. Plan B includes the Sports Rider coverage at no additional premium cost. **All other team sports are covered the same as any other accident under the basic policy coverages.**

Sports Rider

Maximum Benefit	\$25,000
Deductible	\$50

This description is not a contract of insurance but is a brief summary of the principal provisions of insurance contained in the Master Policy #GLB-0009024420 issued to the Crestar Trust. All Policies meet the current Rotary International Recommendations adopted in November 1997.

Virginia Surety Company, Inc. through CISI-BOLDUC has designed the following personal liability coverage for Rotary Exchange Students:

Schedule of Benefits for Optional Liability Coverage provided by the Virginia Surety Company

Personal Liability		Additional Living Expense	
Limit per Claim	\$100,000	Limit per Coverage Period	\$5,000
Deductible per Claim	\$0		
Aggregate limit per insured	\$200,000	Payment of Deductible Under Homeowners Insurance	\$1,000
Medical Payments			
Limit per Coverage Period	\$5,000		

This description is not a contract of insurance but is a brief summary of the principal provisions of insurance contained in the Master Policy #CISI0100 issued to the Marine Trust Bank, Springfield, Illinois. All Policies meet the current Rotary International Recommendations adopted in November 1997.

CISI-Bolduc Insurance Application

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! Payment for **ALL** incoming students to the U.S. and **ALL** incoming and outgoing students from **ALL** other countries (including Canada) is payable on a bank in the United States in U.S. Dollars by International Bank Money Order, International Bank Check or Visa, MasterCard and American Express credit cards. Fax credit card payments to **(203) 399-5596**, Attention: Rotary Administrator. E-mail this form to cisiwebadmin@culturalinsurance.com. A \$15 fee applies to all credit card payments. **For assistance call (800) 303-8120 or (203) 399-5181.**

NO DIRECT BANK DEPOSITS TO OUR BANK ACCOUNT, OR CANADIAN OR FOREIGN CHECKS IN U.S. DOLLARS WILL BE ACCEPTED. CHECKS MUST BE PAYABLE TO: CISI-BOLDUC, River Plaza, 9 West Broad Street, Stamford, CT 06902-3788

Application and payment must be submitted together. Please complete the application below. Print clearly.

Section I:

Name _____
Street Address _____
City _____ State/Province _____ Postal Code _____
Home Country _____ Rotary Dist. # In Home Country _____
Telephone _____ Fax _____ E-Mail _____
Date of Birth ____/____/____ *Students must be high school students ages 15–19 years.* Male Female
Beneficiary _____ Relationship to Student _____
father, mother, sister, brother, etc.

Section II:

Host Country _____ Rotary Dist. # In Host Country _____

District Chairman's name and address or host family name and address:

Name _____
Street Address _____
City _____ State/Province _____ ZIP _____
Telephone _____ Fax _____ E-Mail _____

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

I hereby apply for: 3 Month Short / Term Plan A \$90 U.S. Dollars 3 Month Short / Term Plan B \$125 U.S. Dollars
 Annual Plan B \$535 U.S. Dollars Annual Plan A \$225 U.S. Dollars
 Annual Plan A + Scholastic Sports Rider \$300 U.S. Dollars

The Rotary International guidelines for youth exchange require students purchase personal liability coverage. The purchase of liability coverage is not mandatory for the 2005-2006 exchange year but strongly suggested by CISI-Bolduc.

- Optional Personal Liability Coverage- Annual \$50 U.S. Dollars
 Optional Personal Liability Coverage- Short / Term \$20 U.S. Dollars

****All annual participants need to purchase the annual liability coverage and all short-term participants need to purchase the short-term liability coverage.**

application continued on page 4

I understand that pre-existing conditions are not covered. A pre-existing condition for which you received medial 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 Rotary Youth Exchange. I also understand that there are no provisions for refunds, upgrades or downgrades once my exchange begins.

Signature of Parent or Temporary Guardian _____

Signature of Student _____ Date / /
day month year

District Youth Exchange Chairman (Optional) _____ Date / /
day month year

Payment Information (Please include plan premium, liability fee, and \$15 fee for credit card payments.)

Check/money order enclosed Visa MasterCard American Express

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, 2005 to December 31, 2005.

Cultural Insurance Services International (CISI)

River Plaza • 9 West Broad Street • Stamford, CT 06902-3788

phone 203-399-5181 • fax 203-399-5596

www.cisi-bolduc.com