



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*, \$39.97, \$79.94, \$119.91, \$152.96

*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.

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 ()

Payment information fields: 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.