



EKU Dependent Insurance Coverage
2017-2018

INSTRUCTIONS: Please complete the enrollment form below, save and fax to 203-399-5226 or send as an e-mail attachment to: enrollments@culturalinsurance.com. Call (203) 399-5134 or e-mail enrollments@culturalinsurance.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 PARTICIPANT CONTACT INFORMATION

First Name _____ Last Name _____

Date of Birth _____ City & Country of Destination _____

Coverage Start Date _____ Coverage End Date _____

US Mailing Address _____

City _____ State _____ ZIP _____

Phone Number(s) we may reach the Insured at for any questions of this form _____

E-mail address where materials should be sent _____

Spouse Name _____ Last Name _____ DOB _____

Child Name _____ Last Name _____ DOB _____

Child Name _____ Last Name _____ DOB _____

Child Name _____ Last Name _____ DOB _____

Please start my insurance on _____ Please end my insurance on _____

Monthly Rate	\$279.00 Per Dependent
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PAYMENT INFORMATION: Please provide the following credit card information:

Visa Master Card Card Number _____ Exp Date _____

Cardholder's name (please print) _____

Billing Address _____

City _____ State _____ ZIP _____

I have read/understand the terms/conditions of the policy and authorize payment for the above enrollment.

Signature _____ Date _____

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.