CISI
CULTURAL INSURANCE SERVICES INTERNATIONAL

UVA Business Traveler

Personal Extension of Insurance Coverage

INSTRUCTIONS: Faculty/Staff members abroad on approved UVA Business Travel may extend their insurance coverage before and/or after the university-related travel dates reported by UVA. The personal extension cannot exceed 30 days. If the only reason you are traveling abroad is for personal travel/vacation, this coverage is not available.

How to secure coverage:

1. *You must* be enrolled for your approved business travel dates.
2. **Complete** the form below.
3. **Submit** to enrollments@mycisi.com as an attachment or fax to 203-399-5596.

Once enrolled, insurance materials and receipt will be sent to the email address provided in the 'INSURED FACULTY/STAFF MEMBER INFORMATION' section of this form.

QUESTIONS? Call 203-399-5509 or email enrollments@mycisi.com.

RATES:

Insured Type	1-Week Rate (1-7 days)	2-Week Rate (8-14 days)	3-Week Rate (15-21 days)	Monthly Rate (22 days or longer)
Faculty/Staff	$24.09	$48.18	$72.27	$81.63
Per Dependent	$53.83	$107.66	$161.49	$180.80

FACULTY/STAFF MEMBER INFORMATION:

First Name: _____ **Last Name:** _____ **Date of Birth:** _____/_____/_____

Email Address: _____ **Phone Number(s) where we can reach you:** _____

DEPENDENT INFORMATION (IF ACCOMPANYING):

First Name: _____ **Last Name:** _____ **Date of Birth:** _____/_____/_____ **Gender:** _____

First Name: _____ **Last Name:** _____ **Date of Birth:** _____/_____/_____ **Gender:** _____

First Name: _____ **Last Name:** _____ **Date of Birth:** _____/_____/_____ **Gender:** _____

First Name: _____ **Last Name:** _____ **Date of Birth:** _____/_____/_____ **Gender:** _____

First Name: _____ **Last Name:** _____ **Date of Birth:** _____/_____/_____ **Gender:** _____

COVERAGE DATES ENROLLED FOR UVA-RELATED TRAVEL:

Coverage Start Date:_____ **Coverage End Date:** _____

COVERAGE DATES NEEDED OUTSIDE OF THE UVA-RELATED TRAVEL DATES**:

If traveling BEFORE the UVA-Related Travel: **Coverage Start Date:** _____ **Coverage End Date:** _____

Destination Country(ies): _____

Destination City(ies): _____

If traveling AFTER the UVA-Related Travel: **Coverage Start Date:** _____ **Coverage End Date:** _____

Destination Country(ies): _____

Destination City(ies): _____

***IMPORTANT, if traveling with a dependent(s): Dependent dates cannot exceed the insured faculty/staff member's dates.*

PAYMENT INFORMATION: Provide the following credit card information *or* call 203-399-5509 to provide payment information over the phone:

□ Visa □ Mastercard □ Amex Card Number: _____ Expiration Date: _____

Cardholder's name (please print):_____

Billing Address:_____ City:_____ State: _____ Zip Code:_____
street address apt/unit #

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

Signature:_____Date:_____