



Iowa Regents Universities – Iowa State University
Faculty/Staff Dependent Enrollment Form for Insurance

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 Iowa Regent Universities education abroad faculty/staff member abroad on University program/business with whom the dependent will be traveling):

First Name: _____ Last Name: _____
Date of Birth: _____ Program Name: _____
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: _____
Destination Country: _____

DEPENDENT INFORMATION:

Please fill-in Type of Dependent Insurance Needed: _____

Table with 3 columns: Dependent Type, Up to 7 Days Rate*, Daily After 1 Week Rate. Row 1: Child/Spouse, \$8.33, \$1.19

*There is a minimum charge equivalent to 7 days

Please indicate the names (First Last) of the Dependents to be insured, their date of birth, and their gender:

Spouse _____ Date of birth _____ [] Female [] Male
Child _____ Date of birth _____ [] Female [] Male
Child _____ Date of birth _____ [] Female [] Male
Child _____ Date of birth _____ [] Female [] Male
Child _____ Date of birth _____ [] Female [] Male

Please start Dependent Insurance on _____ and continue it until _____

Dependent dates cannot exceed the Primary Insured’s dates.

PAYMENT INFORMATION: Please call 203-399-5509 to provide your payment information over the phone or provide a phone number where we can reach you for this information: (____) _____.

We will need the following:

- 1. Credit Card Number
2. Expiration 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.