

# Rotary Youth Exchange Insurance Application

Underwritten by ACE American Insurance Company through CISI-Bolduc

**Leaving soon....? Enroll on-line at [www.cisi-bolduc.com](http://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!**

Acceptable forms of payment include: Visa, MasterCard, American Express, check or money order, and/or wire transfer. Canadian or Foreign checks in U.S. dollars will not be accepted. Checks must be made payable to: CISI-Bolduc and drawn off of a U.S. bank, in U.S. dollars. For wire transfer details, please contact the Rotary Administrator.

**FOR ASSISTANCE, PLEASE CONTACT Ted Cenatiempo – RYE Administrator for CISI - Bolduc**  
**Phone** 800.303.8120, ext. 5556 or 203.399.5556  
**Fax** 203.399.5596  
**Email** [cisiwebadmin@culturalinsurance.com](mailto:cisiwebadmin@culturalinsurance.com)

**PAYMENTS & APPLICATIONS CAN BE SENT TO OUR SECURE LOCK BOX AT THE FOLLOWING ADDRESS:**

Cultural Insurance Services International  
24493 Network Place  
Chicago, IL 60673-1244

The policy provides short term limited duration insurance. It is not a major medical or comprehensive medical policy.

Application and payment must be submitted together. Please complete the application below. Typed preferred or print clearly.

## SECTION I: PERSONAL INFORMATION

Student Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Home Country \_\_\_\_\_ Dist. # In Home Country \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Student must be high school student age. Gender  Male  Female  
DAY MONTH YEAR

Beneficiary \_\_\_\_\_ Relationship to Student \_\_\_\_\_

## SECTION II: HOST COUNTRY INFORMATION

Host Country \_\_\_\_\_ Rotary Dist. # In Host Country \_\_\_\_\_

Host District Contact Name \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

## SECTION III:

### 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

CISI-Bolduc will default coverage start date to 01-August-2020 unless otherwise notified.

### hereby apply for:

#### Short Term Only

##### Coverage up to 1 month

##### For Rotary students traveling OUTSIDE of the United States

- Plan A and Personal Liability \$63 U.S. Dollars  
 Plan B and Personal Liability \$76 U.S. Dollars

##### For Rotary students traveling INTO the United States

- Plan A and Personal Liability \$80 U.S. Dollars  
 Plan B and Personal Liability \$96 U.S. Dollars  
 Plan B+ and Personal Liability \$118 U.S. Dollars

##### Coverage up to 3 months

##### For Rotary students traveling OUTSIDE of the United States

- Plan A and Personal Liability \$172 U.S. Dollars  
 Plan B and Personal Liability \$208 U.S. Dollars

##### For Rotary students traveling INTO the United States

- Plan A and Personal Liability \$213 U.S. Dollars  
 Plan B and Personal Liability \$261 U.S. Dollars  
 Plan B+ and Personal Liability \$323 U.S. Dollars

#### Coverage of 4 months and beyond, but less than 365 days

##### For Rotary students traveling OUTSIDE of the United States

- Plan A and Personal Liability \$567 U.S. Dollars  
 Plan B and Personal Liability \$839 U.S. Dollars

##### For Rotary students traveling INTO the United States

- Plan A and Personal Liability \$1,160 U.S. Dollars  
 Plan B and Personal Liability \$1,219 U.S. Dollars  
 Plan B+ and Personal Liability \$1,508 U.S. Dollars

I understand that coverage for pre-existing conditions is limited to \$500. A pre-existing condition for which you received medical 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 Youth Exchange. I also understand that there are no provisions for refunds, upgrades or downgrades once my exchange begins.

To the best of my knowledge and belief, all information I have provided is true and complete. I understand my information is protected by privacy laws and will be released only in accordance with these laws. The only people who have access to this information are employees of the Insurance Company who service my policy or claim and other third parties authorized by the Insurance Company. Information may be disclosed to those who have an insurance-related regulatory or legal need for the information. In other situations, we will ask you for written authorization.

**Warning:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Signature of Parent or Temporary Guardian \_\_\_\_\_

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
DAY MONTH YEAR

District Youth Exchange Chairman (Optional) \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
DAY MONTH YEAR

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#### SECTION IV: PAYMENT INFORMATION

Check/money order enclosed

Wire transfer

Visa  MasterCard  American Express (\$15 Administrative Fee Applies)

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, 2020 to December 31, 2020.

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#### REFUND POLICY

Please read this information carefully before submitting this application.

##### **A Full Refund will be issued only IF:**

CISI-Bolduc receives a written request for cancellation from the district's Youth Exchange Officer **BEFORE** the policy takes effect (date of departure). A **\$15 administration fee will apply.**

##### **A Partial Refund will be issued on Coverage Plans of 4 months and beyond, but less than 365 days only IF:**

CISI-Bolduc receives a written request for cancellation from the district's Youth Exchange Officer **WITHIN** 30 days from the policy effective date (date of departure).

Please Note: A student originally covered on Plan A from 4 months and beyond, but less than 365 days will be downgraded to Plan A up to 3 month of coverage and will be charged the difference in premium (less a **\$15 administrative fee**).

A student originally covered on Plan B/B+ from 4 months and beyond, but less than 365 days will be downgraded to Plan B/B+ up to 3 months of coverage and will be charged the difference in premium (less as **\$15 administrative fee**).

##### **THERE ARE NO REFUNDS FOR STUDENTS WHO HAVE BEEN ON EXCHANGE FOR MORE THAN 30 DAYS.**

**There are no refunds for STEP coverage, unless notified by the District before the insurance start date.**

**Do not use after 31-December-2020**

**CISI-Bolduc**  
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Stamford, CT 06905  
phone 203-399-5556  
fax 203-399-5596  
[www.cisi-bolduc.com](http://www.cisi-bolduc.com)

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