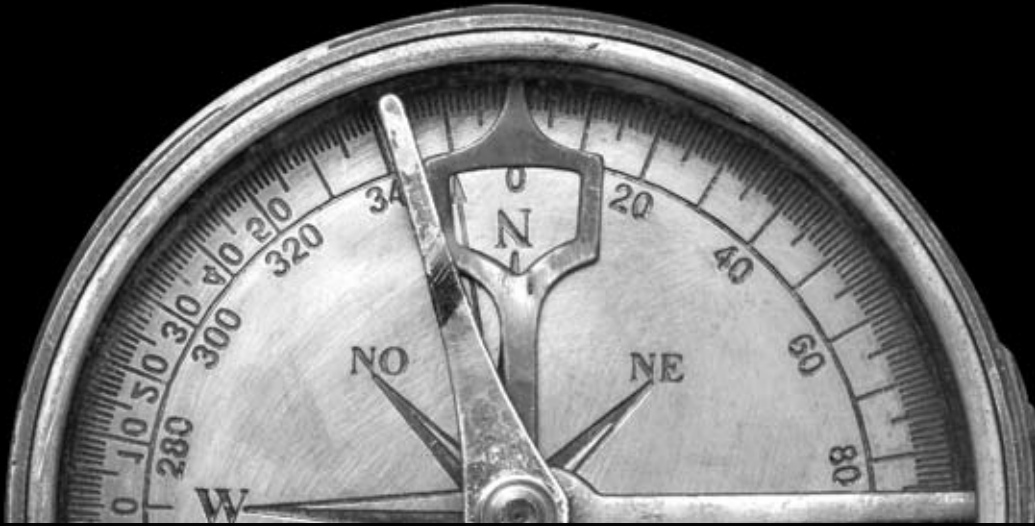


COMPASS PLATINUM

*ISO's exclusive comprehensive health insurance plan
for international students and scholars*



United States Fire Insurance Company

**COMPASS PLATINUM plan exceeds U.S. State Department
requirements for foreign students with F1 or J1 Visa.**

- F1 visa holders
- J1 visa holders
- Researchers
- Scholars
- OPT students
- ESL students

ISO 10

(800) 244-1180



www.isoa.org

COMPASS PLATINUM

Setting a higher standard for student health insurance

ISO is proud to offer you COMPASS PLATINUM ISO's exclusive comprehensive insurance plan for international students and scholars. COMPASS PLATINUM is designed to meet the specific needs of those who are looking for the upmost coverage in health insurance and are currently studying in the USA.

Eligibility

You are eligible if you have a current passport or visa and are temporarily residing outside your home country/country of permanent residence while actively engaged in education or research activities. You are "actively engaged" in education or research activities if you are one of the following:

- ♦ F1/J1 valid Visa holder
- ♦ Undergraduate – registered for and attending classes on full-time basis
- ♦ Graduate Student
- ♦ Scholar or researcher who is invited by an educational organization
- ♦ Students involved in education, educational activities, or research related activities

Your spouse and dependent children are also eligible for coverage if accompanying you.

For purposes of this insurance, if the Eligible Person's home country or country of permanent residence (passport country) is different from the Eligible Person's country of permanent residence (location in which the Eligible Person permanently resides), the Eligible Person will not be covered in either location. Permanent residents are not eligible for coverage under this Policy.

PPO – Preferred provider Organization



Persons insured under this plan may choose to be treated within or outside of First Health or Beech Street Networks. The Networks consist of hospitals, doctors and other health care providers organized into a network for delivering quality health care at affordable rates.

First Health – to search for participating doctors or hospitals call toll free (800) 226-5116 or search on the internet at: www.myfirsthealth.com

Beech Street – to search for participating doctors or hospitals call toll free (800) 432-1776 or search on the internet at: www.beechstreet.com.

Monthly Rates

Student	\$87
Student & spouse	\$357
Student & family up to 2 children	\$647
Each additional child	\$130

Summary Schedule of Benefits

Description	In PPO Network	Out-of-Network
Medical expense per injury or sickness	\$250,000	\$250,000
Lifetime medical maximum	No Maximum	\$1,000,000
Deductible	\$0	\$0
Maximum out of pocket expenses ¹	\$2,000 annually	No maximum
Co-insurance	80% of the 1st \$4,000; 100% up to \$250,000 of PPO Allowance	70% of Reasonable and Customary Charges (R&C) up to \$250,000
Co-payments ²		
At student health center	\$0	\$0
Elsewhere	\$40	\$60
Prescription	\$30 generic / \$40 all other	\$60
ER visit (waived if admitted)	\$250	\$300
Hospitalization	\$250	\$500
Pre-existing condition	Covered after 6 months	Covered after 6 months
Maternity	Covered as any other sickness	Covered as any other sickness
Prescription	\$1,000 annually	\$1,000 annually
X-ray and lab tests	\$2,000 annually	\$2,000 annually
Medical evacuation	\$100,000	\$100,000
Repatriation of remains	\$50,000	\$50,000
Accidental death & dismemberment	\$15,000	\$15,000

¹Not including co-payment

²Co-payments are waived if student is treated on site at student health center and is not referred off campus.

- In case of a student not being able to be treated at health center, and subsequently referred to off campus private doctor, co-payment will be half of scheduled amount.
- In case of treatment not being possible at student health center and student is referred to the ER, co-payment will be half of scheduled amount.
- In case of treatment not being available at student health center and student is referred to the ER and then subsequently hospitalized; ER, doctor's visit and hospitalization co-payments will be integrated to a maximum of \$250 in PPO or \$500 elsewhere.

Covered Medical Expenses

When a covered Injury or Sickness requires treatment by a Physician, this Policy will provide benefits for the Reasonable and Customary Charges for Medically Necessary Covered Medical Expenses which exceed the Co-Payment per person for each Injury or Sickness. Payment for any Covered Medical Expense will be no more than the Benefit Limit shown for it and will be subject to the co-insurance percentage amount set forth. The total payable for all Covered Medical Expenses will be no more than the Maximum Benefit Limit per Sickness or Injury. Benefits are subject to the Excess Provision.

Covered Medical Expenses will be paid under the Schedule of Benefits for loss:

- 1 Due to Injury to an Insured Person provided that treatment by a Physician: **a)** begins within 30 days after date of Injury; and **b)** is received within 26 weeks after date of Injury; or
- 2 Due to Sickness of an Insured Person provided Covered Medical Expenses are incurred within 26 weeks after the date of first treatment for such Sickness.

Covered Medical Expenses include:

- 1 Room and Board Expense: 1) daily semi-private room rate when Hospital Confined; and 2) general nursing care provided and charged for by the Hospital.
- 2 Intensive Care.
- 3 Hospital Miscellaneous Expenses: 1) while Hospital Confined; or 2) for pre-admission expenses for being Hospital Confined. Benefits will be paid for services and supplies such as: the cost of the operating room; laboratory tests; x-ray examination; anesthesia; drugs (excluding take home drugs) or medicines; therapeutic services; and supplies.
- 4 Physiotherapy. 1 visit per day.
- 5 Surgery: Physician's fees for inpatient surgery. Payment will be made based upon the surgical schedule as specified in the Schedule of Benefits. Covered medical expenses will be paid under this inpatient surgery benefit; or under the outpatient surgery benefit, but not for both.
- 6 Anesthetist Services: in connection with inpatient surgery.
- 7 Private Duty Nurse's Services: 1) private duty nursing care only; 2) while Hospital Confined; 3) ordered by a licensed Physician; and 4) a Medical Necessity. General nursing care provided by the Hospital is not covered under this benefit.
- 8 Physician's Visits: when Hospital Confined. Benefits are limited to one Physician's visit per day. Benefits do not apply when related to surgery. Covered medical expenses will be paid under the inpatient benefit or under the outpatient benefit for Physician's Visits but not both.
- 9 Pre-admission Testing: limited to routine tests such as: complete blood count; urinalysis; and chest x-ray. If otherwise payable under this policy, major diagnostic procedures such as: cat-scans; NMR's; and blood chemistries will be paid under the "Hospital Miscellaneous" benefit.
- 10 Mental and Nervous Disorder (inpatient): benefits are limited to 1 visit per day to a maximum of 30 visits per benefit period.
- 11 Surgery (outpatient): Physician's fees for outpatient surgery. Payment will be made based upon the surgical schedule as specified in the Schedule of Benefits. Covered medical expenses will be paid under this outpatient surgery benefit; or under the inpatient surgery benefit, but not both.
- 12 Day Surgery Miscellaneous (Outpatient): in connection with outpatient day surgery; excluding non-scheduled surgery and surgery performed in a Hospital emergency room, trauma center, Physician's office, or clinic. Benefits will be paid for services and supplies such as: the cost of the operating room, laboratory tests and x-ray examinations including professional fees, anesthesia, drugs or medicines, therapeutic services and supplies. \$5,000 Maximum per Injury or Sickness.
- 13 Anesthetist (Outpatient): in connection with outpatient surgery.

- 14 Physician's Visits (Outpatient): Includes injections administered during visit. Benefits do not apply when related to surgery or Physiotherapy. Covered medical expenses will be paid under the outpatient benefit or under the inpatient benefit for Physician's visits but not both.
- 15 Medical Emergency Expenses (Outpatient): Only in connection with a Medical Emergency as defined. Benefits will be paid for the use of the emergency room and supplies.
- 16 Radiation Therapy (Outpatient)
- 17 Chemotherapy (Outpatient)
- 18 Prescription Drugs (Outpatient)
- 19 Mental and Nervous Disorder (outpatient): benefits are limited to 1 visit per day to a maximum of 30 visits per year.
- 20 Ambulance Service.
- 21 Braces and Appliances: 1) when prescribed by a Physician; and 2) a written prescription accompanies the claim when submitted. Replacement braces and appliances are not covered. Braces and appliances include durable, medical equipment which is equipment that: 1) is primarily and customarily used to serve a medical purpose; 2) can withstand repeated use; and 3) generally is not useful to a person in the absence of Injury or Sickness. No benefits will be paid for rental charges in excess of purchase price.
- 22 Consultant Physician Fees: when requested and approved by the attending Physician.
- 23 Dental Treatment maximum benefits of \$300: 1) performed by a Physician; and 2) made necessary by Injury to Sound, Natural Teeth. Routine dental care and treatment to the gums are not covered.
- 24 Alcoholism/Drug Abuse Treatment: the benefits and the maximum amounts are specified in the Schedule of Benefits.
- 25 HIV infection, HIV-related illnesses and AIDS: benefits are limited to a lifetime maximum of \$7,500.
- 26 Benefits are payable only for those Covered Medical Expenses incurred while the policy is in effect for the Insured Person. No benefits are payable for any expenses incurred after the date insurance terminates, except if an Insured Person is hospitalized on the date his insurance terminates. Benefits will continue to be paid until the completion of the hospital stay, but not to exceed a period of 31 days from the termination date, or the Maximum Policy Benefit, whichever occurs first.
- 27 Any child born to the insured on or after the effective date, will be covered under the policy for the first 31 days after birth. Coverage for such child will be for Injury or Sickness including medically diagnosed congenital defects, birth abnormalities, prematurity, and nursery care when the child is sick or injured. To continue coverage beyond 31 days, written application and payment of any required premium must be made to ISO and forwarded to the Underwriting Company.
- 28 Maternity (Loss must occur while covered under this policy. The last menstrual period will be used to determine the date of loss).

Excess Provision: All benefits shall be in excess of all other valid and collectible insurance and shall apply only when such benefits are exhausted. If an Insured's Injury or Sickness is due to an act or omission of another, benefits payable by this plan are subject to recovery from amounts eventually paid to the Insured by or on behalf of, the other person.

Conformity with State Statutes: Any provision of this Policy which on its effective date is in conflict with the statutes of the state in which it is issued is hereby amended to conform to the minimum requirements of such statutes.

Medical Evacuation

Benefits will be paid for covered expenses up to a maximum of \$100,000 if any Injury or Sickness commencing during the period of coverage results in the necessary emergency evacuation of the Insured. An emergency evacuation must be ordered by a legally licensed physician who certifies that the severity of the Insured's Injury or Sickness warrants the emergency evacuation. Covered expenses must be authorized in advance by On Call International.

Repatriation of Remains Benefit

If the Insured dies prior to his/her termination of coverage under the policy, benefits will be paid up to a maximum of \$50,000 for: a) cost of embalming; b) coffin; c) transportation of the body to the Insured's home country/country of permanent residence. On Call International must make all arrangements and must authorize all expenses in advance for any Repatriation of Remains benefits to be payable.

Accidental Death & Dismemberment

The Company shall pay an indemnity determined from the Table of Losses if an Insured Person sustains a loss stated therein resulting from Injury, provided that: a) such loss occurs within 365 days after the date of accident causing such loss; b) the indemnity payable for any such loss shall be the amount stated opposite such loss in said Table, and the Principal Sum stated in the Summary Schedule of Benefits; and c) if more than one loss stated in said Table is sustained as the result of one accident, only one of the amounts so stated in said Table, the largest, shall be payable.

The term "loss" as used herein shall mean with regard to hands and feet, actual severance through or above wrist or ankle joints, and with regard to eyes, entire irrecoverable loss of sight. "Loss" of hearing in an ear means total and irrecoverable loss of the entire ability to hear in that ear. "Loss" of speech means total and irrecoverable loss of the entire ability to speak. "Loss" of thumb and index finger means complete severance through or above the metacarpophalangeal joint of both digits.

Table of losses

For Loss of:	% of maximum amount
Life	100%
Both Hands or Both Feet or Sight of Both Eyes	100%
One Hand and One Foot	100%
Either Hand or Foot and Sight of One Eye	100%
Speech and Hearing	100%
Either Hand or Foot	50%
Speech or Hearing	50%
Sight of One Eye	50%
Thumb and Index Finger of the Same Hand	25%

Disappearance: If the body of an Insured Person has not been found within one year of the disappearance, forced landing, stranding, sinking or wrecking of a conveyance in which such person was an occupant, then it shall be deemed, subject to all other terms and provisions of the policy, that such Insured Person shall have suffered loss of life within the meaning of the policy.

Exclusions

No benefits will be paid for loss or expense caused by, contributed to, or resulting from:

- 1 Pre-existing Conditions; however, a Pre-Existing Condition will be covered after the insured person has been continuously insured for 6 months under the same insurance plan;
- 2 No benefits will be paid for loss or expense caused by, enrolling solely for the purpose of obtaining medical treatment, while on a waiting list for a specific treatment, or while traveling against the advice of a Physician;
- 3 For routine physical, immunizations or other examination where there are no objective indications or impairment in normal health, and laboratory diagnostic or X-ray examination except in the course of a disability established by the prior call or attendance of a physician;
- 4 Eye examinations; prescriptions or fitting of eyeglasses and contact lenses;
- 5 Hearing examinations or hearing aids; or other treatment for hearing defects and problems;
- 6 Dental treatment, except as the result of Injury to Sound, Natural Teeth as stated in the Covered Medical Expenses;
- 7 Professional services rendered by a member of the Insured Person's immediate family, or anyone who lives with the Insured Person;
- 8 Services or supplies not necessary for the medical care of the patient's Injury or Sickness;
- 9 Weak, strained or flat feet, corns, calluses, or toenails;
- 10 Cosmetic surgery, or treatment for congenital anomalies (except as specifically provided), except reconstructive surgery as the result of a covered Injury or Sickness. Correction of a deviated nasal septum is considered cosmetic surgery unless it results from a covered Injury or Sickness;
- 11 Drug, treatment or procedure that either promotes or prevents conception, or prevents child-birth, including but not limited to: artificial insemination, treatment for infertility or impotency, sterilization or reversal thereof;
- 12 Injury sustained while participating in an amateur, club, intramural, interscholastic, intercollegiate, professional or semi-professional sports;
- 13 Injury or Sickness for which benefits are paid or payable under any Worker's Compensation or Occupational Disease Law or Act, or similar legislation;
- 14 Organ transplants;
- 15 War or any act of war, declared or undeclared; or while in the armed forces of any country (a pro-rate premium will be refunded upon request for such period not covered);
- 16 Participation in a riot or civil disorder; commission of or attempt to commit a felony in the country in which it was attempted or committed;
- 17 Suicide or attempted suicide (including drug overdose) while sane or insane (while sane in Missouri); or intentionally self-inflicted Injury (may vary by state);
- 18 Charges of an institution, health service, or infirmary for whose service payment is not required in the absence of insurance;
- 19 Treatment of nervous or mental disorders, except as stated in the Schedule of Benefits, or treatment of alcoholism or drug abuse, except as provided for treatment of mental or nervous disorders, according to the Schedule of Benefits;
- 20 Loss incurred from riding in any aircraft, other than as a passenger in an aircraft licensed for the transportation of passengers;
- 21 Duplicate services actually provided by both a certified nurse-midwife and Physician;
- 22 Expenses payable under any prior policy which was in force for the person making the claim;
- 23 Expenses incurred during a Hospital emergency room visit which is not of an emergency nature;
- 24 Expenses incurred for outpatient treatment in connection with the detection or correction by manual or mechanical means of structural imbalance, distortion or subluxation in the human body for purposes of removing nerve interference and the effects thereof, where such interference is the result of or related to distortion, misalignment or subluxation of or in the vertebral column;
- 25 Pregnancy or childbirth (except when loss occurs while covered under this policy. The last menstrual period will be used to determine the date of loss); elective abortion; elective cesarean section; pregnancy or childbirth for a dependent when dependent child of an Insured Student (except for complications arising therefrom);
- 26 Expenses covered by any other valid and collectible medical, health or accident insurance;
- 27 Expenses incurred after the date insurance terminates for an Insured Person except as may be specifically provided;
- 28 Expenses incurred for injuries resulting from the use of alcohol or intoxicants, or any drugs unless prescribed by a Physician;

- 29 For services, supplies or treatment, including any period of hospital confinement, which were not recommended, approved and certified as necessary and reasonable by a physician;
- 30 For miscarriage resulting from accident, which exceed \$500;
- 31 For the ordinary cost of a one way airplane ticket used in the transportation back to the Insured's country where an air ambulance benefit is provided and medically necessary;
- 32 For specific named hazards: motorcycling, scuba diving, jet, snow or water skiing, ski activity, snowboarding, mountain climbing (where ropes or guides are used), sky diving, professional or amateur racing, piloting an aircraft, bungee jumping, spelunking, whitewater rafting, surfing (unless part of a school credit course), and parasailing;
- 33 Treatment paid for or furnished under any other individual or group policy, or other service or medical pre-payment plan arranged through the employer to the extent so furnished or paid, or under any mandatory government program or facility set up for the treatment without cost to any individual;
- 34 Treatment of Acne;
- 35 Elective Surgery and Elective Treatment. For details on what is determined to be Elective Surgery and Elective Treatment contact Klais at (800) 331-1096.
- 36 Covered medical expenses for which the Covered Person would not be responsible for in the absence of the Policy;
- 37 Conditions that are not caused by a Covered Accident or Sickness.

Definitions

Covered Expenses means expenses which are for Medically Necessary services, supplies, care, or treatment; due to Illness or Injury; prescribed, performed or ordered by a Physician; Reasonable and Customary charges; incurred while insured under this Policy;

Dependent means the spouse who is legally married to the Primary Insured Person; the Primary Insured Person's unmarried Child from birth until his/her 19th birthday; or the Primary Insured Person's unmarried Child who is over 18 years old but not older than 25 years old and is enrolled as a full-time student at an accredited school or college and is not employed on a full-time basis and is dependent on the Primary Insured Person for his/her support and maintenance. The age limits that apply to Dependent Child(ren) will not apply to any insured Child of the Primary Insured Person who remains dependent on the Primary Insured Person for support and maintenance because he or she becomes incapable of working due to a physical handicap or retardation which occurs: before reaching the age limit; and while insured under this Policy or any prior plan, provided such Child was insured on the date of termination of the prior plan.

Hospital a Hospital (other than an institution for the aged, chronically ill or convalescent, resting or nursing homes) operated pursuant to law for the care and treatment of sick or Injured persons with organized facilities for diagnosis and Surgery and having 24-hour nursing service and medical supervision. Means a place that 1.) is legally operated for the purpose of providing medical care and treatment to sick or injured persons for which a charge is made that the Insured is legally obligated to pay in the absence of insurance 2.) provides such care and treatment in medical, diagnostic, or surgical facilities on its premises, or those prearranged for its use; 3.) provides 24-hour nursing service under the supervision of a Registered Nurse at all times; and 4.) operates under the supervision of a staff of one or more Doctors. Hospital also means a place that is accredited as a hospital by the Joint Commission on Accreditation of Hospitals, American Osteopathic Association, or the Joint Commission on Accreditation of Health Care Organizations (JCAHO). **Hospital does not mean:** a. a convalescent, nursing, or rest home or facility, or a home for the aged; b. a place mainly providing custodial, educational, or rehabilitative care; or c. a facility mainly used for the treatment of drug addicts or alcoholics.

Injury means Accidental bodily Injury or Injuries caused by an Accident. The Injury must be the direct cause of the Loss, independent of disease or bodily infirmity. Any Loss due to Injury must begin after the Effective Date of this Policy.

Insured Person(s) means a person eligible for coverage under the Policy who has applied for coverage and is named on the application and for whom the company has accepted premium. This may be the Primary Insured Person or Dependent(s).

Physicians means a doctor of medicine or a doctor of osteopathy licensed to render medical services or perform Surgery in accordance with the laws of the jurisdiction where such professional services are performed, however, such definition will exclude chiropractors and physiotherapists.

Definitions (continued)

Pre-existing Condition for the purposes of this Policy means a condition for which manifestation, medical advice, diagnosis, care or treatment was recommended, received or noticed during the 12 months prior to the Effective Date of coverage under this Policy.

Reasonable and Customary means the maximum amount that the Company determines is Reasonable and Customary for Covered Expenses the Insured Person receives, up to but not to exceed charges actually billed. The Company's determination considers: 1) amounts charged by other Service Providers for the same or similar service in the locality were received, considering the nature and severity of the bodily Injury or Illness in connection with which such services and supplies are received; 2) any usual medical circumstances requiring additional time, skill or experience; and 3) other factors the Company determines are relevant, including but not limited to, a resource based relative value scale. For a Service Provider who has a reimbursement agreement, the Reasonable and Customary charge is equal to the amount that constitutes payment in full under any reimbursement agreement with the Company. If a Service Provider accepts as full payment an amount less than the negotiated rate under a reimbursement agreement, the lesser amount will be the maximum Reasonable and Customary charge. The Reasonable and Customary charge is reduced by any penalties for which a Service Provider is responsible as a result of its agreement with the Company.

Sickness means illness or disease contracted and causing loss commencing while the policy is in force as to the Insured Person whose Sickness is the basis of claim. Any complication or any condition arising out of a Sickness for which the Covered Person is being treated or has received Treatment will be considered as part of the original Sickness.

Claims Procedure

In the event of Sickness or Injury, you should report to the Student Health Service, if available, or the nearest physician or hospital. Persons insured under this plan may choose to be treated within or outside of the First Health / Beech Street Networks. Reimbursement rates will vary according to the source of care as described under the Summary Schedule of Benefits and Covered Medical Expenses.

Please mail the completed claim form and accompanying documentation to the claims administrator, **Klais & Company, Inc., 1867 West Market Street, Akron, OH 44313.**

The completed claim form, all itemized bills, statements and receipts must be sent to the claims administrator no more than 90 days after a covered loss occurs or end, or as soon after that as is reasonably possible.

Should it become necessary to check upon the status of your filed claim, you may call the claims administrator at (800) 331-1096 between 9:00 A.M. and 5:00 P.M. Monday through Friday or e-mail at **iso@klais.com**. Claim status is available via the internet 24 hours a day at **www.klais.com**.

United States Fire Insurance Company

This brochure provides you with the benefits of **Compass Platinum** medical insurance plan, as underwritten by United States Fire Insurance Company, by Fairmont Specialty, a part of Crum Forster. The terms of the policies brochure (**UDL3332S**), will govern in all cases.

Refund of Premium

Premium refunds, less a processing fee, will be considered only for entry into the armed forces. Unearned funds will be refunded, less a \$50 processing fee, for the number of full months only. The refund request must be in writing and your Medical Insurance ID card must be returned with your request. Premium refunds will not be considered if a claim has been filed during the Period of Coverage. All refunds are subject to approval of the administrator.

Assistance Services

Assistance services are provided by On Call International. An outline of the assistance services appears below.

Pre-Travel Assistance

- ♦ Help in arranging special medical services needed while traveling

Medical Emergency Services

- ♦ Worldwide, 24-hour medical location service
- ♦ Medical case monitoring, arrangement of communication between patient, family, physicians, employer, consulate, etc...
- ♦ Medical transportation arrangements
- ♦ Emergency message service for medical situations

Legal Assistance

- ♦ Worldwide, 24-hour contact for non-criminal legal emergencies
- ♦ Legal referral to help you locate a consular official or attorney

Travel Assistance

- ♦ Help with lost passports, tickets and documents

On Call International

- ♦ U.S. or Canada: (866) 509-7715
- ♦ International: Contact International Operator to place your call to (603) 328-1728
- ♦ E-mail for emergencies to mail@oncallinternational.com

Period of Coverage

Effective Date:

Insurance under this policy shall become effective at 12:01 AM on the latest of the following dates:

1. The Insured's departure from his home country/country of permanent residence; or
2. The date the application and premium are received and accepted by the Company, or its authorized representative; or
3. The date requested on the application.

Dependent's coverage will not be effective prior to that of the Named Insured.

Termination Date:

Coverage provided to Insured shall terminate on the earliest of the following dates:

1. The last day for which premium has been paid; or
2. The date the policy terminates; or
3. The date Insured returns to his Home country/country of permanent residence; or
4. The date Insured becomes a US citizen or is considered a US resident by the state in which they are residing; or
5. The date Insured is no longer eligible for this insurance; or
6. The date of entry into active duty military service.

For immediate enrollment visit www.isoa.org

Rates and benefits are valid for enrollment between July 1, 2010 and June 30, 2011 under policy # UDL3332S . You may enroll for a period of 3 months minimum, 12 months maximum. You must be outside your home country/country of permanent residence to receive the benefits of coverage.

First name: _____ Last name: _____

Date of birth: _____ Sex: Male Female
month / day / year

Visa: F-1 J-1 other _____ Home country (passport country): _____

School: _____ S.S.# / school ID: _____

U.S. address: _____

City: _____ State: _____ Zip: _____

Phone: _____ - _____ - _____ E-mail: _____

I wish to enroll under COMPASS PLATINUM. Please start my coverage on: _____
month / day / year

Student only number of months _____ x \$87 = \$ _____
Student & spouse number of months _____ x \$357 = \$ _____
Student & family up to 2 children: number of months _____ x \$647 = \$ _____
Each additional child: number of months _____ x \$130 = \$ _____

Application administration fee \$14

Total payment enclosed (This sum must equal sum of payment) = \$ _____

Please charge my credit card: Visa MC AMEX Discover

Card number: _____ Expiration date: _____
month / day / year

Billing address (if different from mailing address): _____

Name on credit card: _____ Signature of card holder: _____

Complete name and date of birth if insurance is requested for dependents

Spouse: _____ M F _____

Last name First name Gender Date of birth (mm/dd/yy)

Child 1: _____ M F _____

Last name First name Gender Date of birth (mm/dd/yy)

Child 2: _____ M F _____

Last name First name Gender Date of birth (mm/dd/yy)

I wish to enroll for insurance under the terms of this brochure.

Fraud Warning: Any person who, with intent to defraud or knowingly facilitates a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement, or conceals information for the purpose of misleading may be guilty of insurance fraud and subject to criminal and/or civil penalties.

Signature

Month/day/year

If paying by check, please make a check payable to ISO and mail to:
250 West 49th Street, Suite 806 New York, NY 10019
Fax form to: (212) 262-8920 (if paying by credit card)
If you have any questions please contact ISO at (800) 244-1180

In CA, plan is offered
by ISO Insurance Center



250 West 49th Street, Suite 806
New York, NY 10019 (800) 244-1180