

ISO Med

Health insurance plans
for international students



Student Health Insurance



United States Fire insurance Company

F1/J1 Visa Holders • Scholars
ESL students • OPT students

(800) 244-1180

www.isoa.org

ISO Med Health Insurance Plans

ISO is proud to offer you **ISO Med plans**. The **ISO Med plans** are comprehensive short-term accident and sickness insurance plans design to meet the particular needs of international students, visiting faculty, scholars and teachers, who are currently studying in the USA. You must be outside your home country/country of permanent residence to receive the benefits of coverage.

Summary Schedule of Benefits

Policy Number	ISO Med 1 UDL4119S	ISO MED 2 UDL4120S
Lifetime Medical Maximum	\$500,000	\$200,000
Per Injury or Sickness Maximum	\$250,000	\$100,000
Deductible ¹ at Student Health Center ²	\$25	\$25
Deductible In-network ¹	\$90	\$100
Deductible Out-of-network ¹	\$225	\$250
Maximum Deductible/Policy Year	\$500	\$750
Co-Insurance In-network ³	80% of first \$4,000 100% thereafter	80% of first \$7,500 100% thereafter
Co-Insurance Out-of-network ³	70% of first \$4,000 100% thereafter	70% of first \$7,500 100% thereafter
Emergency Medical Evacuation	\$100,000	\$50,000
Repatriation	\$50,000	\$25,000
Home Country Coverage	\$500	\$500
AD&D - Accidental Death & Dismemberment	\$20,000	\$10,000

1 Per event

2 Reduced if first rendered at Student Health Center

3 Refer to the Medical Expense Benefit Description hereafter

Monthly Rates

Age	ISO Med 1	ISO Med 2
Under 25	\$39	\$29
25-29	\$79	\$69
30-65	\$139	\$119
Spouse	\$340	\$258
Each Child	\$139	\$94

* Minimum term of coverage is 3 months.

Medical Expense Benefits

When a covered Injury or Sickness requires treatment by a Physician, the policy will provide benefits for the Reasonable and Customary Charges for Medically Necessary Covered Medical Expenses, which exceed the deductible per person for each Injury or Sickness. Payment for any Covered Medical Expense will be no more than the Benefit Limit shown for it. 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 Expenses are the Reasonable and Customary charges for medically necessary services and supplies incurred within 13 weeks from the date of the accident causing the injury or the onset of sickness. Treatment must begin no more than 30 days after the date of the accident or the onset of 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. \$1,000/day for ISO Med 1 and \$700/day for ISO Med 2. Maximum 30 days per occurrence;
- 2** Ancillary Hospital Expenses: services and supplies including operating room, laboratory tests, anesthesia and medicines (excluding take home drugs) when Hospital Confined. This does not include personal services of a non-medical nature. Doctor's surgical expenses are not covered under this expense. Subject to maximum of \$3,000 per occurrence under the ISO Med 2 plan only;
- 3** Daily Intensive Care Unit Expenses: the daily room rate when a Covered Person is Hospital Confined in a bed in the Intensive Care Unit and nursing services other than private duty nursing services;
- 4** Medical Emergency care (room and supplies) Expenses: incurred within 72 hours of an Accident and including the attending Doctor's charges, X-rays, laboratory procedures, use of the emergency room and supplies subject to co-payment of \$300 per occurrence. If a covered Person is admitted to the hospital following visit to the emergency room, the co-payment is waived;
- 5** 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;
- 6** Outpatient Surgical Room and Supply Expenses for use of the surgical facility;
- 7** Outpatient diagnostic X-rays, laboratory procedures and tests;
- 8** Doctor Non-Surgical Treatment/Examination Expenses (excluding medicines) including the Doctor's initial visit \$60 per visit for ISO Med 1, \$40 per visit for ISO Med 2; each Medically Necessary follow-up visit \$40 per visit for ISO Med 1, \$30 per visit for ISO Med 2 and consultation visits when referred by the attending Doctor, \$250 per visit for ISO Med 1, \$200 per visit for ISO Med 2;
- 9** Doctor's Surgical Expense subject to maximum of \$3,000 per occurrence;
- 10** Assistant Surgeon Expenses when Medically Necessary;
- 11** Anesthesiologist Expenses for pre-operative screening and administration of anesthesia during a surgical procedure whether on an inpatient or outpatient basis;
- 12** Outpatient Laboratory Test Expenses;
- 13** Physiotherapy Physical Medicine/Chiropractic/Acupuncture Expenses on an inpatient or outpatient basis limited to \$70 per visit for ISO Med 1, \$40 per visit for ISO Med 2. 1 visit per day, 30 days maximum per occurrence. Expenses include treatment and office visits connected with such treatment when prescribed by a Doctor, including diathermy, ultrasonic, whirlpool, or heat treatments, adjustments, manipulation, massage or any form of physical therapy;
- 14** X-ray Expenses (including reading charges) but not for dental X-rays;
- 15** Dental Treatment: 1) performed by a Physician; and 2) made necessary by Injury

to Sound, Natural Teeth. \$300 for ISO Med 1; \$250 for ISO Med 2. Routine dental care and treatment to the gums are not covered;

- 16 Outpatient Registered Nurse Services if ordered by a Doctor;
- 17 Ambulance Expenses for transportation from the emergency site to the Hospital;
- 18 Rehabilitative braces or appliances prescribed by a Doctor. It must be durable medical 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. No benefits will be paid for rental charges in excess of the purchase price;
- 19 Prescription Drug Expenses including dressings, drugs and medicines prescribed by a Doctor and administered on an outpatient basis. 80% of Reasonable & Customary, up to \$1,000 per policy year for ISO Med 1 and up to \$500 per policy year for ISO Med 2;
- 20 Medical Equipment Rental Expenses for a wheelchair or other medical equipment that has therapeutic value for a Covered Person. We will not cover computers, motor vehicles or modifications to a motor vehicle, ramps and installation costs, eyeglasses and hearing aids;
- 21 Medical Services and Supplies: expenses for blood and blood transfusions; oxygen and its administration;
- 22 Eyeglasses, contact lenses and hearing aids when damage occurs in a Covered Accident that requires medical treatment;
- 23 Mental and Nervous Disorder (Outpatient) benefits are limited to 1 visit per day to a maximum of 40 visits, \$5,000 maximum, per policy year, payable at 80% In-Network and 60% Out-of-Network;
- 24 Mental and Nervous Disorders (Inpatient) benefits are limited to 1 visit per day up to a maximum of 30 visits per policy year, payable at 80% In-Network and 60% Out-of-Network;
- 25 Therapeutic termination of pregnancy;
- 26 Maternity (Loss must occur while covered under this policy. The last menstrual period will be used to determine the date of loss.);
- 27 Alcoholism/Drug Abuse Treatment: the benefits and the maximum amounts are the same as any Sickness.

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 the 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.

PPO - Preferred Provider Organization

First Health / Beech Street PPO Networks:

In network benefits as described herein are based on, and will be limited to, an incurred loss for medical treatment received from a physician or hospital approved through a participating Preferred Provider Organization (PPO). Benefits are 80% - 100% of covered medical expenses shown within the schedule of benefits for medical treatment or service with a deductible of \$90 for ISO Med 1 or \$100 for ISO Med 2. If you receive treatment from a non-participating physician or hospital, your benefits will be reduced to 70% of Usual & Customary of covered medical expenses shown within the schedule of benefits for medical treatment or service with a deductible of \$225 for ISO Med 1 or \$250 for ISO Med 2.

Persons insured under this plan may choose to be treated within or outside of the leading PPO networks: **First Health & Beech Street**. Both PPO networks consist of hospitals, doctors and other health care providers organized into a network for the purpose of delivering quality health care at affordable rates.

PPO - Preferred Provider Organization (continued)

Reimbursement rates will vary according to the source of care as described under the Summary Schedule of Benefits and Medical Expense Benefits herein.

In order to use the services of a network provider, you must present an Identification card that is given to all covered individuals in this insurance plan. Utilization of a PPO network provider does not guarantee eligibility or right to Injury and Sickness benefits under this plan. Providers may be periodically added or deleted as participants in the PPO networks. Not all doctors practicing at a hospital elect to participate in the PPO networks. Insured's are responsible to verify that a provider is a participant prior to services being rendered.

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.

Accidental Death & Dismemberment

If Injury to the Covered Person results, within 365 days of the date of a Covered Accident, in any one of the losses shown below, We will pay the Benefit Amount shown below for that loss. If multiple losses occur, only one Benefit Amount, the largest, will be paid for all losses due to the same Accident.

Covered Loss

Benefit Amount

Life	100% of the Principal Sum
Two or more Members	100% of the Principal Sum
One Member	50% of the Principal Sum
Thumb and Index Finger of the Same Hand	25% of the Principal Sum

"Member" means Loss of Hand or Foot, Loss of Sight, Loss of Speech, and Loss of Hearing. "Loss of Hand or Foot" means complete Severance through or above the wrist or ankle joint. "Loss of Sight" means the total, permanent Loss of Sight of one eye. "Loss of Speech" means total and permanent loss of audible communication that is irrecoverable by natural, surgical or artificial means. "Loss of Hearing" means total and permanent Loss of Hearing in both ears that is irrecoverable and cannot be corrected by any means. "Loss of a Thumb and Index Finger of the Same Hand" means complete Severance through or above the metacarpophalangeal joints of the same hand (the joints between the fingers and the hand). "Severance" means the complete separation and dismemberment of the part from the body.

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.

Medical Evacuation

Benefits will be paid for covered expenses up to the maximum stated in the Summary Schedule of Benefits if an 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.

"Medical Evacuation" means:

- 1 The Covered Person's immediate transportation from the place where he or she suffers an Injury or Sickness to the nearest Hospital or other medical facility where appropriate medical treatment can be obtained; **or**
- 2 The Covered Person's transportation to his or her Home Country to obtain further medical treatment in a Hospital or other medical facility or to recover after suffering an Injury or Sickness.

All expenses must be authorized in writing or by an authorized electronic or telephonic means in advance.

Repatriation of Remains

If the Insured dies prior to his/her termination of coverage under the policy due to an Injury or Sickness covered under the policy, benefits will be paid up to the maximum stated in the Summary Schedule of Benefits for: a) cost of embalming; b) coffin; c) transportation of the body to the Insured's home country/country of permanent residence. This benefit does not include the transportation expense of anyone accompanying the deceased.

All expenses must be authorized in writing or by an authorized electronic or telephonic means in advance.

Eligibility

You are eligible if you are a member of ISO, 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 educational activity if you are one of the following:

1. F1/J1 valid visa holder.
2. Undergraduate - registered for and attending classes on a full-time basis.
3. Graduate student.
4. Scholar or researcher who is invited by an educational organization.
5. Student involved in education, educational activities, or research related activities.

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

For purposes of this insurance, if your home country (passport country) is different from your country of permanent residence (location in which you permanently reside), you will not be covered in either location. Permanent residents are not eligible for coverage under this Policy.

**If you have any questions please contact us at:
(800) 244-1180 • mailbox@isoa.org • www.isoa.org
ISO representatives are here to assist you!**

Period of Coverage

Coverage will begin at 12:01 am on the latest of the following:

- a The date of departure from your home country/country of permanent residence;
- b The date the application form and premium are received by the Underwriting Company or its designated representative; or
- c The date requested on the application form.

Coverage will terminate on the earliest of the following:

- a The date of return to your home country/country of permanent residence;
- b The date you are no longer eligible for this insurance; or
- c The last day for which premium has been paid.
- d The date the Policy terminates (unless the Company and Policyholder agree, in writing, to permit coverage to continue to the end of the period for which premiums have been paid in lieu of a return of unearned premium); or
- e The date of entry into active duty military service.

Exclusions

We will not pay benefits for any loss or Injury that is caused by, or results 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 childbirth, 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 Medical expense resulting from a motor vehicle accident in excess of that which is payable under any valid and collectible insurance;
- 26 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);
- 27 Expenses covered by any other valid and collectible medical, health or accident insurance;
- 28 Expenses incurred after the date insurance terminates for an Insured Person except as may be specifically provided;
- 29 Expenses incurred for injuries resulting from the use of alcohol or intoxicants, or any drugs unless prescribed by a Physician;
- 30 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;
- 31 For miscarriage resulting from accident, which exceeds \$500;
- 32 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;
- 33 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;
- 34 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;
- 35 Treatment of Acne;
- 36 Elective Surgery and Elective Treatment. For details on what is determined to be Elective Surgery and Elective Treatment contact Klais at (800) 331-1096.
- 37 Covered medical expenses for which the Covered Person would not be responsible for in the absence of the Policy;
- 38 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 or Eligible Dependent** means the Insured's Spouse under age 70; or Child who: (a) Is under 26 years of age; and (b) Is not provided coverage as a named subscriber, insured, enrollee, or coverage person under any other group or individual health benefits plan, group health plan, church plan, or health benefits plan, or entitled to benefits under Title XVIII of the Social Security Act, Public Law 89-97, 42 U.S.C. section 1395 et seq.; or (c) A Child of any age who is medically certified by a Physician as having an intellectual disability or a physical disability and is dependent upon the Insured.
- Spouse** means the lawful Spouse, under age 70 (unless otherwise stated in the Application), of an Insured.
- Child** can include stepchild, foster child, legally adopted child, a child of adoptive parents pending adoption proceedings, and natural child.
- 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).
- Physician** 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.
- 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 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.

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, arrange 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

Claim 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 First Health or Beech Street Networks. Reimbursement rates will vary according to the source of care as described under the Summary Schedule of Benefits and Medical Expense Benefits.

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. On line claims status via the internet is available 24 hours a day at www.klais.com.

United States Fire Insurance Company

This brochure provides you with the benefits of **ISO Med 1 and ISO Med 2** medical insurance plans, as underwritten by United States Fire Insurance Company, by Fairmont Specialty, a part of Crum Forster. The terms of the policies brochure (**UDL4119S, UDL4120S**), will govern in all cases.

**If you have any questions please contact us at:
(800) 244-1180 • mailbox@isoa.org • www.isoa.org
ISO representatives are standing by to assist you!**

Enrollment Form

For immediate online enrollment visit www.isoa.org

Last name: _____

First name: _____

S.S.# / school ID: _____

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

Visa: F-1 J-1 Other: _____

Name of school: _____

Degree seeking: _____

Major: _____

Expected graduation year: _____ / _____ / _____
month / day / year

Home country (passport country): _____

Country of permanent residence (if different from home country):

U.S. address: _____

City: _____ State: _____ Zip: _____

Daytime phone: _____

Evening phone: _____

Fax: _____

E-mail: _____

Please start my coverage on: _____ / _____ / _____
month / day / year

Minimum term of coverage is 3 months.

You must be outside your home country/country of permanent residence
to receive the benefits of coverage.



(800) 244-1180
mailbox@isoa.org
www.isoa.org

In CA, plan is offered
by ISO Insurance Center

Enrollment Form (continued)

Rates and benefits are valid for enrollment between April 1, 2011 and March 31, 2012. You may enroll for a period of 3 months minimum, 12 months maximum.

I wish to enroll under (please check one):

ISO Med 1 (UDL4119S)

ISO Med 2 (UDL4120S)

- 1 Applicant:
number of months _____ x \$ _____ = \$ _____
- 2 Spouse:
number of months _____ x \$ _____ = \$ _____
- 3 Child 1:
number of months _____ x \$ _____ = \$ _____
- 4 Child 2:
number of months _____ x \$ _____ = \$ _____
- 5 Application administration fee = \$14.00
- 6 Total payment enclosed = \$ _____
(This sum must equal sum of payment)

Comments: _____

Please charge my credit card: Visa MC AMEX Discover

Card number: _____

Name as appears on credit card: _____

Expiration date: _____ / _____
month / year

Billing address (if different from mailing address):

Signature of card holder: _____

Complete name and date of birth if insurance is requested:

Spouse: _____
Last First month/day/year

Child 1: _____
Last First month/day/year

Child 2: _____
Last First month/day/year

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)**