



James Madison University - International Students & Scholars
Primary with Dependent(s) 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.

PRIMARY INSURED'S INFORMATION (The "Primary Insured" is the James Madison University international student or scholar):

First Name: _____ Last Name: _____
 Date of Birth: _____ Home Country: _____
 Coverage Start Date: _____ Coverage End Date: _____
 Phone number(s) to reach the Primary Insured for any questions on this form: _____
 Email address where materials should be sent: _____

DEPENDENT INFORMATION:

Please fill-in Type of Dependent Insurance Needed: _____

Code	Dependent Type	Monthly Rate
PS	PARTICIPANT AND SPOUSE	\$303.52
P1	PARTICIPANT AND CHILD	\$243.89
C1	PARTICIPANT, SPOUSE AND 1 CHILD	\$288.61
PC	PARTICIPANT AND CHILDREN	\$318.09
PF	PARTICIPANT AND FAMILY (Spouse & more than 1 Child)	\$347.57

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

DEPENDENT TYPE	FIRST NAME	LAST NAME	BIRTHDATE	GENDER
Spouse:	_____	_____	___/___/___	Female <input type="checkbox"/> Male <input type="checkbox"/>
Child:	_____	_____	___/___/___	<input type="checkbox"/> Female <input type="checkbox"/> Male
Child:	_____	_____	___/___/___	<input type="checkbox"/> Female <input type="checkbox"/> Male
Child:	_____	_____	___/___/___	<input type="checkbox"/> Female <input type="checkbox"/> Male
Child:	_____	_____	___/___/___	<input type="checkbox"/> Female <input type="checkbox"/> Male
Child:	_____	_____	___/___/___	<input type="checkbox"/> Female <input type="checkbox"/> Male

Please start Dependent Insurance on _____ and continue it until _____

Dependent dates cannot exceed the Primary Insured's dates.

PAYMENT INFORMATION:

JMU will charge your student account for the insurance payment.