



**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](mailto:enrollments@mycisi.com). Call (203) 399-5509 or e-mail [enrollments@mycisi.com](mailto: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	\$312.63
P1	PARTICIPANT AND CHILD	\$251.21
C1	PARTICIPANT, SPOUSE AND 1 CHILD	\$297.27
PC	PARTICIPANT AND CHILDREN	\$327.63
PF	PARTICIPANT AND FAMILY (Spouse & more than 1 Child)	\$358.00

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.**