





# Rotary Youth Exchange Insurance Application

Provided by American International Group, Inc. (AIG) through CISI-Bolduc

## Schedule of Benefits for Accident and Health Coverage provided by American International Group

	Basic Plan A	Basic Plan B
Maximum Lifetime Benefit	\$500,000	\$500,000
Accidental Death, Principal Sum	\$10,000	\$20,000
Loss Benefit:		
a. Life	Principal Sum	Principal Sum
b. Two or more members	Principal Sum	Principal Sum
c. One member	One-Half Principal Sum	One-Half Principal Sum
d. Thumb and Index Finger of the same hand	One-Quarter Principal Sum	One-Quarter Principal Sum
e. Quadriplegia	Principal Sum	Principal Sum
f. Paraplegia	One-Half Principal Sum	One-Half Principal Sum
g. Hemiplegia	One-Half Principal Sum	One-Half Principal Sum
Accident Benefit		
Maximum Benefit	\$5,000*	\$5,000*
Sickness Benefit		
Maximum Benefit	\$500,000	\$500,000
Deductible (per sickness)	\$100	\$100
<b>*Please note that this plan allows up to \$500 for treatment of pre-existing conditions.</b>		
Emergency Dental Expenses	\$100	\$400
Out-Patient Mental and Nervous Benefit	\$1,000	\$1,000
In-Patient Mental and Nervous Benefit	100% of expensed up to \$25,000	100% of expensed up to \$25,000
Deductible	None	None
Chiropractic Care	\$500 (up to 10 visits with a \$50 maximum per visit)	\$500 (up to 10 visits with a \$50 maximum per visit)
Repatriation Benefit	\$50,000	\$50,000
Transportation Expense	\$5,000	\$5,000
<b>* Benefits will be paid to the Maximum Benefits shown above. Covered Expenses in excess of the Maximum Benefits will be paid under the Major Medical Expense Benefit after satisfaction of a one time \$100.00 deductible to the Maximum of \$500,000 for Plans A and B.</b>		
Major Medical Benefit		
Maximum Benefit, up to	\$500,000 80/20	\$500,000 80/20 of the first \$2,500 of eligible expenses, thereafter, 100% up to the overall Maximum Benefit of \$500,000
Deductible	\$100	\$100
<b>Please note medical expenses are covered up to a maximum of \$500 for pre-existing conditions.</b>		
Medical Evacuation Expense Benefit	\$100,000	\$100,000
<b>Plan A+ Sports Rider</b>		
There is an additional premium. Plan A is extended to cover loss due to interscholastic and community football, hockey, soccer, rugby and lacrosse. Plan B includes the Sports Rider coverage at no additional premium cost. <b>All other team sports are covered the same as any other accident under the basic policy coverages.</b>		
Sports Rider		
Maximum Benefit	\$25,000	
Deductible	\$50	

This description is not a contract of insurance but is a brief summary of the principal provisions of insurance contained in the Master Policy #GLB 9024420 issued to the Crestar Trust. All Policies meet the current Rotary International Recommendations adopted in November 1997.

**Disclaimer: Rotary International is not affiliated with CISI and does not endorse its products.**

## Schedule of Benefits for Liability Coverage provided by American International Group

Personal Liability		Additional Living Expense	
Limit per Claim	\$100,000	Limit per Coverage Period	\$5,000
Deductible per Claim	\$250		
Medical Payments		Unscheduled Personal Property with Replacement Cost	\$5,000
Limit per Coverage Period	\$5,000		

This description is not a contract of insurance but is a brief summary of the principal provisions of insurance contained in the Master Policy 65-680000 issued to the Crestar Trust. All Policies meet the current Rotary International Recommendations adopted in November 1997.

**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. **A \$15 fee applies to credit card payments.** 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 Melissa Boris- RYE  
Administrator for CISI - Bolduc**

Phone (800) 303-8120, ext. 5121 or (203) 399-5121  
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

**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 \_\_\_\_\_ E-Mail \_\_\_\_\_  
 Date of Birth \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Students must be high school students ages 15-19 years.  Male  Female  
 Beneficiary \_\_\_\_\_ Relationship to Student \_\_\_\_\_  
*father, mother, sister, brother, etc.*

### Section II: Host Country Information

Host Country \_\_\_\_\_ Rotary Dist. # In Host Country \_\_\_\_\_  
 Host District Contact Name \_\_\_\_\_  
 Telephone \_\_\_\_\_ E-Mail \_\_\_\_\_

### Section III: Contact Information (where insurance materials will be mailed)

Check if same as Section I

Name \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State/Province \_\_\_\_\_ ZIP \_\_\_\_\_  
 Telephone \_\_\_\_\_ Fax \_\_\_\_\_ E-Mail \_\_\_\_\_

### Section IV:

#### 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-2009 unless otherwise notified.

#### I hereby apply for:

Short-Term Policies (up to 3 months\*)

Annual-Term Policies (4 to 12 months)

- Plan A and Personal Liability \$125 U.S. Dollars
- Plan B and Personal Liability \$155 U.S. Dollars

- Plan A and Personal Liability \$300 U.S. Dollars
- Plan B and Personal Liability \$620 U.S. Dollars
- Plan A + and Personal Liability \$395 U.S. Dollars

\*Participants on exchange for over 3 months may not purchase the Short-Term policy. This is a non-renewable policy.

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application continued on page 4 3