



CISI Insurance Application 2007/08

University of Minnesota Duluth
International Education Office
138 Kirby Plaza, 1208 Kirby Drive, Duluth MN 55812
Tel. (218) 726-8764; Fax (218) 726-7352

Personal Information

Name: _____ Date of Birth: _____

Current Address:

Address Line 1: _____

Address Line 2: _____

City: _____ State: _____ Zip: _____

E-mail: _____ U of M ID #: _____

Home Phone: _____ Work Phone: _____

Travel Plans

Study Abroad Program Name or Activity: _____

Country: _____

Program or Activity Dates: _____

(attach verification of official program dates)

Travel Dates: From _____ to _____ (include departure and return date)

Review insurance information regarding purchase of additional insurance for personal travel. Also note that this insurance is in 30 day increments. Coverage for official program activity only.

Emergency Contact Information

Individual(s) to contact in case of an emergency while you are participating on a learning abroad opportunity.

Name: _____ Phone: _____

Payment Process

Payment must be made by either cash or check.

Total Payment Due: \$34.00/month x _____ (# of months) = \$ _____

You must notify the International Education Office immediately in writing or by email ieo@d.umn.edu regarding any change in plans, cancellation from program, etc. You will remain responsible for all charges if proper notification has not been received.

You will be emailed once your insurance card is available. Payment must be made at the time of pick up. Pick it up at the address at the top of the page or make arrangements to have it sent to you; see office information at the top of the page.

For Office Use Only

Database _____ Card Issued _____

CISI Invoice _____ Paid _____