



# CISI Insurance Application 2008-09

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: \$36.00/month x \_\_\_\_\_ (# of months) = \$ \_\_\_\_\_**

You must notify the International Education Office immediately in writing or by email [ieo@d.umn.edu](mailto: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 \_\_\_\_\_