



GEORGIA TECH- Faculty Dependent Insurance Coverage

INSTRUCTIONS: Please complete the enrollment form below, save and fax to 203-399-5226 or send as an e-mail attachment to: enrollments@culturalinsurance.com. Call (203) 399-5134 or e-mail enrollments@culturalinsurance.com with any enrollment questions. **All fields** on this form must be completed/verified before we can process your enrollment.

Insurance may start no earlier than two days after the receipt of this completed enrollment form. Please allow two weeks for processing/receipt of insurance materials via e-mail.

PRIMARY PARTICIPANT CONTACT INFORMATION

First Name _____ Last Name _____
 Date of Birth _____ Country of Destination _____
 Coverage Start Date _____ Coverage End Date _____
 US Mailing Address _____
 City _____ State _____ ZIP _____
 Phone Number(s) we may reach the Insured at for any questions of this form _____

E-mail address where materials should be sent _____

Spouse Name _____	Last Name _____	DOB _____
Child Name _____	Last Name _____	DOB _____
Child Name _____	Last Name _____	DOB _____
Child Name _____	Last Name _____	DOB _____

Please start my insurance on _____ Please end my insurance on _____

One week dependent	\$9.75
Two weeks dependent	\$19.50
Three weeks dependent	\$29.25
Monthly dependent	\$32.00

PAYMENT INFORMATION: Please provide the following credit card information:

Visa Master Card Card Number _____ Exp Date _____
 Cardholder's name (please print) _____
 Billing Address _____
 City _____ State _____ ZIP _____
 I have read/understand the terms/conditions of the policy and authorize payment for the above enrollment.
 Signature _____ Date _____

Please allow two weeks for material processing. All insurance materials are sent to the e-mail address provided above. Please contact CISI if you have any questions about this form or the policy.