



# ISO Med

Health insurance plans  
for international students



Student Health Plans

ISO Med plans meet or exceed U.S. State Department requirements for foreign students with F1 or J1 Visas

(800) 244-1180  
[www.isoa.org](http://www.isoa.org)

## ISO Med

ISO is proud to offer you ISO Med plans. The ISO Med plans are comprehensive short-term accident and sickness insurance plans design to meet the particular needs of international students, visiting faculty, scholars and teachers, who are currently studying in the USA. You must be outside your home country/country of permanent residence to receive the benefits of coverage.

## Monthly Rates

Age Group	ISO Med 1	ISO Med 2
<b>Under 24</b>	<b>\$39</b>	<b>\$30</b>
24-30	\$207	\$136
31-40	\$142	\$110
41-50	\$362	\$216
51-65	\$424	\$305
Spouse	\$340	\$258
Each Child	\$139	\$94

## Summary Schedule of Benefits

Benefits	ISO Med 1 UCL3340S	ISO Med 2 UCL3341S
<b>Lifetime Medical Maximum</b>	\$500,000	\$100,000
<b>Per Injury or Sickness Max.</b>	\$250,000	\$100,000
<b>Deductible per Occurrence</b> * Reduced if first rendered at Student Health Center	<b>In Network</b>	<b>In Network</b>
	Max. \$500 per person per policy year <b>\$25* / \$90</b>	Max. \$750 per person per policy year <b>\$25* / \$100</b>
<b>Co-Insurance</b> Benefit Limits do apply	80% of first \$4,000; 100% thereafter	80% of first \$7,500; 100% thereafter
		70% of first \$4,000; 100% thereafter
<b>Daily Hospital Room &amp; Board</b> (Semi-private room rate)	\$1,000	\$700
<b>Physiotherapy/Physical Medicine</b>	\$70	\$40
<b>Psychotherapy Expenses</b> (\$500 per policy year)	80% of Reasonable and Customary	50% of Reasonable and Customary
<b>Prescription Drugs</b>	80% of Reasonable & Customary, up to \$1,000 per policy year	80% of Reasonable & Customary, up to \$500 per policy year
<b>Therapeutic Termination of Pregnancy</b>	\$500	\$500
<b>Emergency Medical Evacuation</b>	\$100,000	\$50,000
<b>Repatriation of Remains</b>	\$50,000	\$25,000
<b>Accidental Death &amp; Dismemberment</b>	\$10,000	None

# Medical Expense Benefits

When a Covered Accident or Sickness requires treatment by a Doctor, the policy will provide benefits for the Reasonable and Customary Charges for medically necessary Covered Medical Expenses, which exceed the deductible per person for each Covered Accident or Sickness. Payment for any Covered Medical Expense will be no more than the Benefit Limit shown for it. The total payable for all Covered Medical Expenses will be no more than the Maximum Benefit Limit per Sickness or Injury. Benefits are subject to the Excess Provision.

Covered Expenses are the Reasonable and Customary charges for medically necessary services and supplies incurred within 90 days from the date of the Covered Accident causing the injury or the onset of Sickness, other than pregnancy. For pregnancy, we will pay expenses incurred within 300 days. Conception must occur while coverage is in force. Treatment must begin no more than 30 days after the date of the Covered Accident or the onset of Sickness.

## Covered Expenses include:

- 1** Hospital Room and Board Expenses: the daily room rate when a Covered Person is Hospital Confined and general nursing care is provided and charged for by the Hospital. In computing the number of days payable under this benefit, the date of admission will be counted but not the date of discharge. Maximum 30 days per occurrence.
- 2** Ancillary Hospital Expenses: services and supplies including operating room, laboratory tests, anesthesia and medicines (excluding take home drugs) when Hospital Confined. This does not include personal services of a non-medical nature. Doctor's surgical expenses are not covered under this expense. Subject to maximum of \$3,000 per occurrence under the ISO Med 2 plan only.
- 3** Daily Intensive Care Unit Expenses: the daily room rate when a Covered Person is Hospital Confined in a bed in the Intensive Care Unit and nursing services other than private duty nursing services.
- 4** Medical Emergency care (room and supplies) Expenses: incurred within 72 hours of an Accident and including the attending Doctor's charges, X-rays, laboratory procedures, use of the emergency room and supplies subject to co-payment of \$300 per occurrence. If a covered Person is admitted to the hospital following visit to the emergency room, the co-payment is waived.
- 5** Newborn Nursery Care Expenses.
- 6** Outpatient Surgical Room and Supply Expenses for use of the surgical facility.
- 7** Outpatient diagnostic X-rays, laboratory procedures and tests.
- 8** Doctor Non-Surgical Treatment/Examination Expenses (excluding medicines) including the Doctor's initial visit \$60 per visit for ISO Med 1, \$40 per visit for ISO Med 2; each Medically Necessary follow-up visit \$40 per visit for ISO Med 1, \$30 per visit for ISO Med 2 and consultation visits when referred by the attending Doctor, \$250 per visit for ISO Med 1, \$200 per visit for ISO Med 2.
- 9** Doctor's Surgical Expense subject to maximum of \$3,000 per occurrence.
- 10** Assistant Surgeon Expenses when Medically Necessary.
- 11** Anesthesiologist Expenses for pre-operative screening and administration of anesthesia during a surgical procedure whether on an inpatient or outpatient basis.
- 12** Outpatient Laboratory Test Expenses.
- 13** Physiotherapy Physical Medicine/Chiropractic/Acupuncture Expenses on an inpatient or outpatient basis limited to one visit per day (as shown in the Schedule of Benefits). Expenses include treatment and office visits connected with such treatment when prescribed by a Doctor, including diathermy, ultrasonic, whirlpool, or heat treatments, adjustments, manipulation, massage or any form of physical therapy.
- 14** X-ray Expenses (including reading charges) but not for dental X-rays.
- 15** Dental Expenses due to a covered accident including dental x-rays for the repair or treatment of each injured tooth that is whole, sound and a natural tooth at the time of the Accident, and emergency alleviation of dental pain. \$300 for ISO Med 1; \$250 for ISO Med 2.

- 16 Dental Expenses for impacted wisdom tooth.
- 17 Outpatient Registered Nurse Services if ordered by a Doctor.
- 18 Ambulance Expenses for transportation from the emergency site to the Hospital.
- 19 Rehabilitative braces or appliances prescribed by a Doctor. It must be durable medical equipment that 1) is primarily and customarily used to serve a medical purpose; 2) can withstand repeated use; and 3) generally is not useful to a person in the absence of Injury. No benefits will be paid for rental charges in excess of the purchase price.
- 20 Prescription Drug Expenses including dressings, drugs and medicines prescribed by a Doctor and administered on an outpatient basis.
- 21 Medical Equipment Rental Expenses for a wheelchair or other medical equipment that has therapeutic value for a Covered Person. We will not cover computers, motor vehicles or modifications to a motor vehicle, ramps and installation costs, eyeglasses and hearing aids.
- 22 Medical Services and Supplies: expenses for blood and blood transfusions; oxygen and its administration.
- 23 Eyeglasses, contact lenses and hearing aids when damage occurs in a Covered Accident that requires medical treatment.
- 24 Mental and Nervous Disorders: expenses for treatment of a disorder that results directly and from no other cause, from a Covered Accident or Sickness, while Hospital Confined or on an outpatient basis. Benefits are limited to one treatment per day. "Mental and Nervous Disorders" means Neurosis, psychoneurosis, psychopathy, psychosis, or mental or emotional disease or disorder of any kind.
- 25 Expenses due to an aggravation or re-Injury of a Pre-Existing Condition.
- 26 Therapeutic termination of pregnancy.

**Excess Provision:** We pay Covered Expenses after the Covered Person satisfies any Deductible and only when they are in excess of amounts paid by any other Health Care Plan. We pay benefits without regard to any Coordination of Benefits provision in any Health Care Plan.

**Conformity With State Statutes:** Any provision of the Policy which, on its effective date, is in conflict with the statutes of the state in which it is issued, is hereby amended to conform to the minimum requirements of such statutes.

## Preferred Provider Organization

In network benefits as described herein are based on, and will be limited to, an incurred loss for medical treatment received from a physician or hospital approved through a participating Preferred Provider Organization (PPO). Benefits are 80% - 100% of covered medical expenses shown within the schedule of benefits for medical treatment or service with a deductible of \$90 for ISO Med 1 or \$100 for ISO Med 2. If you receive treatment from a non-participating physician or hospital, your benefits will be reduced to 70% of Usual & Customary of covered medical expenses shown within the schedule of benefits for medical treatment or service with a deductible of \$225 for ISO Med 1 or \$250 for ISO Med 2. **Persons insured in Hawaii** should contact Multiplan toll free (800) 672-2140 or online at [www.multiplan.com](http://www.multiplan.com) to find participating doctors and hospitals.

**If you have any questions please contact us at:  
(800) 244-1180 • [mailbox@isoa.org](mailto:mailbox@isoa.org) • [www.isoa.org](http://www.isoa.org)  
ISO representatives are here to assist you!**

# Beech Street Preferred Provider Network

Persons insured under this plan may choose to be treated within or outside of the Beech Street Network. The Beech Street Network consists of hospitals, doctors and other health care providers organized into a network for the purpose of delivering quality health care at affordable rates. Reimbursement rates will vary according to the source of care as described under the Summary Schedule of Benefits herein.

In order to use the services of a Network provider, you must present an Identification card that is given to all covered individuals in this insurance plan.

Utilization of a network provider does not guarantee eligibility or right to Injury and Sickness benefits under this plan. Providers may be periodically added or deleted as participants in the Beech Street Network. Not all doctors practicing at a hospital elect to participate in the Beech Street Network. Insureds are responsible to verify that a provider is a participant prior to services being rendered.

Insureds can call Beech Street toll free at (800) 432-1776 to search for participating doctors or hospitals 24 hours a day, 7 days a week or they can access Beech Street on the internet at: [www.beechstreet.com](http://www.beechstreet.com). Beech Street office hours are Monday through Friday, 8:00 A.M. to 8:00 P.M. Eastern Standard Time.

## Accidental Death & Dismemberment

If Injury to the Covered Person results, within 365 days of the date of a Covered Accident, in any one of the losses shown below, We will pay the Benefit Amount shown below for that loss. If multiple losses occur, only one Benefit Amount, the largest, will be paid for all losses due to the same Accident.

<b>Covered Loss</b>	<b>Benefit Amount</b>
Life .....	100% of the Principal Sum
Two or more Members .....	100% of the Principal Sum
One Member .....	50% of the Principal Sum
Thumb and Index Finger of the Same Hand .....	25% of the Principal Sum

"Member" means Loss of Hand or Foot, Loss of Sight, Loss of Speech, and Loss of Hearing. "Loss of Hand or Foot" means complete Severance through or above the wrist or ankle joint. "Loss of Sight" means the total, permanent Loss of Sight of one eye. "Loss of Speech" means total and permanent loss of audible communication that is irrecoverable by natural, surgical or artificial means. "Loss of Hearing" means total and permanent Loss of Hearing in both ears that is irrecoverable and cannot be corrected by any means. "Loss of a Thumb and Index Finger of the Same Hand" means complete Severance through or above the metacarpophalangeal joints of the same hand (the joints between the fingers and the hand). "Severance" means the complete separation and dismemberment of the part from the body.

### Refund of Premium

Premium refunds, less a processing fee, will be considered only for entry into the armed forces or if you are not eligible for this insurance under Eligibility requirements. Unearned funds will be refunded, less a \$50 processing fee, for the number of full months only. The refund request must be in writing and your Medical Insurance ID card must be returned with your request. Premium refunds will not be considered if a claim has been filed during the Period of Coverage. All refunds are subject to approval of the administrator.

# Emergency Medical Evacuation Benefit

Benefits will be paid for covered expenses up to the maximum stated in the Summary Schedule of Benefits if an Injury or Sickness commencing during the period of coverage results in the necessary emergency evacuation of the Insured. An emergency evacuation must be ordered by a legally licensed physician who certifies that the severity of the Insured's Injury or Sickness warrants the emergency evacuation. The charges must be Medically Necessary and must be within the usual level of charges for similar transportation, treatment, services, and supplies in the locality where the expense is incurred. All transportation arrangements will be made by the most direct and economical conveyance and route possible.

## **"Emergency Medical Evacuation" means:**

- 1 The Covered Person's immediate transportation from the place where he or she suffers an Injury or Sickness to the nearest Hospital or other medical facility where appropriate medical treatment can be obtained; or
- 2 The Covered Person's transportation to his or her Home Country to obtain further medical treatment in a Hospital or other medical facility or to recover after suffering an Injury or Sickness.

All expenses must be authorized in writing or by an authorized electronic or telephonic means in advance.

# Repatriation of Remains Benefit

If the Insured dies prior to his/her termination of coverage under the policy due to an Injury or Sickness covered under the policy, benefits will be paid up to the maximum stated in the Summary Schedule of Benefits for: a) cost of embalming; b) coffin; c) transportation of the body to the Insured's home country/country of permanent residence. This benefit does not include the transportation expense of anyone accompanying the deceased.

All expenses must be authorized in writing or by an authorized electronic or telephonic means in advance.

# Eligibility

You are eligible if you are a member of ISO, have a current passport or visa and are temporarily residing outside your home country/country of permanent residence, while actively engaged in education or research activities. You are "actively engaged" in educational activity if you are:

1. F1/J1 valid visa holder and you have not applied for permanent residency.
2. Undergraduate - registered for and attending classes on a full-time basis.
3. Graduate student.
4. Scholar or researcher who is invited by an educational organization.
5. Student involved in education, educational activities, or research related activities.

Your Dependents, spouse and/or Child(ren) (under the age of 19, 25 if a full-time student), are also eligible for coverage under this Policy if accompanying you.

For purposes of this insurance, if your home country (passport country) is different from your country of permanent residence (location in which you permanently reside), you will not be covered in either location. Permanent residents are not eligible for coverage under this Policy.

# Effective Date of Insurance

Insurance for an Eligible Person who enrolls within 31 days after he or she becomes eligible is effective on the latest of the following dates:

1. The date We receive the completed enrollment form, if any;
2. The date the required premium is paid; or
3. The date of the scheduled Trip departure date.

# Termination Date of Insurance

An Insured's coverage will end on the earliest of the following dates:

1. The policy terminates;
2. The Insured is no longer eligible;
3. The period ends for which premium is paid;
4. The Insured returns to his or her Home Country;
5. The scheduled return trip date.

A Dependent's coverage will end on the earliest of the following dates:

1. He or she is no longer a Dependent;
2. The Insured's coverage ends;
3. The period ends for which premium is paid;
4. The Dependent returns to his or her Home Country;
5. The scheduled return trip date.

# Exclusions

**We will not pay benefits for any loss or Injury that is caused by, or results from:**

- 1 Intentionally self-inflicted Injury.
- 2 Suicide or attempted suicide.
- 3 War or any act of war, whether declared or not.
- 4 Piloting or serving as a crewmember or riding in any aircraft except as a fare-paying passenger on a regularly scheduled or charter airline.
- 5 Commission of, or attempt to commit, a felony, an assault or other illegal activity.
- 6 Commission of or active participation in a riot, or insurrection.
- 7 Flight in, boarding or alighting from an aircraft or any craft designed to fly above the Earth's surface, except as: **a.** a fare-paying passenger on a regularly scheduled commercial or charter airline; **b.** a passenger in a non-scheduled, private aircraft used for pleasure purposes with no commercial intent during the flight; **c.** a passenger in a military aircraft flown by the Air Mobility Command or its foreign equivalent.
- 8 Travel in or on any on-road and off-road motorized vehicle not requiring licensing as a motor vehicle.
- 9 An accident if the Covered Person is the operator of a motor vehicle and does not possess a valid motor vehicle operator's license, except while participating in Driver's Education Program.
- 10 Alcoholism, drug addiction or the use of any drug or narcotic except as prescribed by a Doctor.
- 11 An accident that occurs while on active duty service in the military, naval or air force of any country or international organization. Upon Our receipt of proof of service, We will refund any premium paid for this time. Reserve or National Guard active duty training is not excluded unless it extends beyond 31 days.
- 12 An accident that results in a cardiovascular accident or stroke caused solely and exclusively by exertion, as verified by a Doctor, while the Covered Person participates in a Covered Activity.
- 13 The Covered Person being under the influence of drugs or intoxicants, unless taken under the advice of a Doctor.
- 14 For specific named hazards: motorcycling, scuba diving, jet, snow or water skiing, mountain climbing (where ropes or guides are used), sky diving, amateur racing, piloting an aircraft, bungee jumping, spelunking, whitewater rafting, surfing, and parasailing.

**In addition to the exclusions above, We will not pay Medical Expense Benefits for any loss, treatment or services resulting from or contributed to by:**

- 1** Pre Existing Conditions: However, a Pre Existing Condition will be covered after the person has been continuously insured for 6 months under another Student Health Insurance policy issued to the Policyholder, provided continuous insurance is maintained.
- 2** Treatment by persons employed or retained by a Policyholder, or by any Immediate Family Member or member of the Covered Person's household.
- 3** Treatment of Osgood-Schlatter's Disease, osteochondritis, osteomyelitis, cardiac disease or conditions, pathological fractures, congenital weakness, detached retina unless caused by an Injury, or mental disorder or psychological or psychiatric care or treatment (except as provided in the Policy), whether or not caused by a Covered Accident or Sickness.
- 4** Damage to or loss of dentures or bridges, or damage to existing orthodontic equipment.
- 5** Expense incurred for treatment of temporomandibular or craniomandibular joint dysfunction and associated myofacial pain.
- 6** Blood, blood plasma, or blood storage, except expenses by a Hospital for processing or administration of blood.
- 7** Cosmetic surgery, except for reconstructive surgery needed as the result of an Injury or Sickness.
- 8** Any elective treatment, surgery, health treatment, or examination, including any service, treatment or supplies that: (a) are deemed by Us to be experimental; and (b) are not recognized and generally accepted medical practices in the United States.
- 9** Eyeglasses, contact lenses, hearing aids, wheelchairs, braces, appliances, examinations or prescriptions for them, or repair or replacement of existing artificial limbs, orthopedic braces, or orthopedic devices, except as provided in the Policy.
- 10** Expenses payable by any automobile insurance policy without regard to fault. (This exclusion does not apply in any state where prohibited).
- 11** Treatment or service provided by a private duty nurse.
- 12** Eye refractions or eye examinations for the purpose of prescribing corrective lenses or for the fitting thereof, unless caused by an Injury incurred while covered under the Policy.
- 13** Covered medical expenses for which the Covered Person would not be responsible for in the absence of the Policy.
- 14** Conditions that are not caused by a Covered Accident or Sickness.
- 15** Participation in any activity or hazard not specifically covered by the Policy.
- 16** Any treatment, service or supply not specifically covered by the Policy.
- 17** Any treatment, services or supplies received by the Insured that are incurred or received while he or she is in his or her Home Country.
- 18** Personal comfort or convenience items. These include but are not limited to: Hospital telephone charges; television rental; or guest meals.
- 19** Routine physicals and dental care and treatment.
- 20** Birth defects and congenital anomalies; or complications which arise from such conditions.
- 21** Rest cures or custodial care.
- 22** Any condition for which the Insured is entitled to benefits under any Workers' Compensation Act or similar law.
- 23** Organ or tissue transplants and related services.
- 24** Injury sustained while participating in an amateur, club, intramural, interscholastic, intercollegiate, professional or semi-professional sports.
- 25** Confinement of institutional care.
- 26** Services, supplies, or treatment including any period of Hospital confinement which were not recommended, approved and certified as necessary and reasonable by a Doctor; or expenses which are non-medical in nature.
- 27** Expenses incurred for services related to the diagnostic treatment of infertility or other problems related to the inability to conceive a child, unless such infertility is a result of a covered Injury or Sickness.
- 28** Expenses Incurred for birth control including surgical procedures and devices.
- 29** Nasal or sinus surgery, except surgery made necessary as the result of a covered injury, or a deviated nasal septum including sub mucous resection and surgical correction thereof.
- 30** Expenses incurred in connection with weak, strained or flat feet, corns, calluses or toenails.
- 31** Treatment of acne.

This insurance does not apply to the extent that trade or economic sanctions or regulations prohibit the underwriting company from providing insurance, including, but not limited to, the payment of claims.

# Definitions

**Covered Expenses** means expenses which are for Medically Necessary services, supplies, care, or treatment; due to Illness or Injury; prescribed, performed or ordered by a Physician; Reasonable and Customary charges; incurred while insured under this Policy;

**Dependent** means the spouse who is legally married to the Primary Insured Person; the Primary Insured Person's unmarried Child from birth until his/her 19th birthday; or the Primary Insured Person's unmarried Child who is over 18 years old but not older than 25 years old and is enrolled as a full-time student at an accredited school or college and is not employed on a full-time basis and is dependent on the Primary Insured Person for his/her support and maintenance. The age limits that apply to Dependent Child(ren) will not apply to any insured Child of the Primary Insured Person who remains dependent on the Primary Insured Person for support and maintenance because he/she becomes incapable of working due to a physical handicap or retardation which occurs: before reaching the age limit; and while insured under this Policy or any prior plan, provided such Child was insured on the date of termination of the prior plan.

**Hospital** a Hospital (other than an institution for the aged, chronically ill or convalescent, resting or nursing homes) operated pursuant to law for the care and treatment of sick or Injured persons with organized facilities for diagnosis and Surgery and having 24-hour nursing service and medical supervision. Means a place that 1.) is legally operated for the purpose of providing medical care and treatment to sick or injured persons for which a charge is made that the Insured is legally obligated to pay in the absence of insurance 2.) provides such care and treatment in medical, diagnostic, or surgical facilities on its premises, or those prearranged for its use; 3.) provides 24-hour nursing service under the supervision of a Registered Nurse at all times; and 4.) operates under the supervision of a staff of one or more Doctors. Hospital also means a place that is accredited as a hospital by the Joint Commission on Accreditation of Hospitals, American Osteopathic Association, or the Joint Commission on Accreditation of Health Care Organizations (JCAHO). Hospital does not mean: **a.** a convalescent, nursing, or rest home or facility, or a home for the aged; **b.** a place mainly providing custodial, educational, or rehabilitative care; or **c.** a facility mainly used for the treatment of drug addicts or alcoholics.

**Injury** means Accidental bodily Injury or Injuries caused by an Accident. The Injury must be the direct cause of the Loss, independent of disease or bodily infirmity. Any Loss due to Injury must begin after the Effective Date of this Policy.

**Insured Person(s)** means a person eligible for coverage under the Policy who has applied for coverage and is named on the application and for whom the company has accepted premium. This may be the Primary Insured Person or Dependent(s).

**Physician** means a doctor of medicine or a doctor of osteopathy licensed to render medical services or perform Surgery in accordance with the laws of the jurisdiction where such professional services are performed, however, such definition will exclude chiropractors and physiotherapists.

**Pre-existing Condition** for the purposes of this Policy means a condition for which manifestation, medical advice, diagnosis, care or treatment was recommended, received or noticed during the 12 months prior to the Effective Date of coverage under this Policy.

**Reasonable and Customary** means the maximum amount that the Company determines is Reasonable and Customary for Covered Expenses the Insured Person receives, up to but not to exceed charges actually billed. The Company's determination considers: 1) amounts charged by other Service Providers for the same or similar service in the locality were received, considering the nature and severity of the bodily Injury or Illness in connection with which such services and supplies are received; 2) any usual medical circumstances requiring additional time, skill or experience; and 3) other factors the Company determines are relevant, including but not limited to, a resource based relative value scale. For a Service Provider who has a reimbursement agreement, the Reasonable and Customary charge is equal to the amount that constitutes payment in full under any reimbursement agreement with the Company. If a Service Provider accepts as full payment an amount less than the negotiated rate under a reimbursement agreement, the lesser amount will be the maximum Reasonable and Customary charge.

The Reasonable and Customary charge is reduced by any penalties for which Service Provider is responsible as a result of its agreement with the Company.

**Sickness** means illness or disease contracted and causing loss commencing while the policy is in force as to the Insured Person whose Sickness is the basis of claim. Any complication or any condition arising out of a Sickness for which the Covered Person is being treated or has received Treatment will be considered as part of the original Sickness.

# Assistance Services

In addition to the insurance protection provided by these plans, Fairmont Specialty has arranged with On Call International Services, to provide you with access to its travel assistance services. These services include:

- **Medical Assistance** including referral to a doctor or medical specialist, medical monitoring when you are hospitalized, emergency medical evacuation to an adequate facility, medically necessary repatriation and return of mortal remains.
- **Personal Assistance** including pre-trip medical referral information and while you are on a trip: emergency medication, embassy and consular information, lost document assistance, emergency message transmission, emergency cash advance, emergency referral to a lawyer, translator or interpreter access, medical benefits verification and medical claims assistance.
- **Travel Assistance** including emergency travel arrangements, arrangements for the return of your traveling companion or dependents and vehicle return.

## On Call International

- U.S. or Canada: (800) 407-7307
- International: Contact International Operator to place your call to (01-603) 898-9159
- E-mail for emergencies to [mail@oncallinternational.com](mailto:mail@oncallinternational.com).

# Claims Procedure

In the event of Sickness or Injury, you should report to the Student Health Service, if available, or the nearest physician or hospital. Persons insured under this plan may choose to be treated within or outside of the Beech Street Network. Reimbursement rates will vary according to the source of care as described under the Summary Schedule of Benefits.

Please mail the completed claim form and accompanying documentation to the claims administrator, **Klais & Company, Inc., 1867 West Market Street, Akron, OH 44313**. The completed claim form, all itemized bills, statements and receipts must be sent to the claims administrator no more than 90 days after a covered loss occurs or end, or as soon after that as is reasonably possible.

Should it become necessary to check upon the status of your filed claim, you may call the claims administrator at (800) 331-1096 between 9:00 A.M. and 5:00 P.M. Monday through Friday or e-mail at [klaisclaims@klais.com](mailto:klaisclaims@klais.com). On line claims status via the internet is available 24 hours a day at [www.klais.com](http://www.klais.com).

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## United State Fire Insurance Company

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This brochure provides you with the benefits of **ISO Med 1** and **ISO Med 2** comprehensive short-term medical insurance plans, as underwritten by United State Fire Insurance Company, by Fairmont Specialty, a part of Crum Forster. The terms of the policies brochure (UCL3340S, UCL3341S), will govern in all cases.

**If you have any questions please contact us at:  
(800) 244-1180 • [mailbox@isoa.org](mailto:mailbox@isoa.org) • [www.isoa.org](http://www.isoa.org)  
ISO representatives are here to assist you!**

# Enrollment Form

**For immediate online enrollment visit [www.isoa.org](http://www.isoa.org)**

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

S.S.# / School ID: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Sex:  Male  Female  
*month / day / year*

Visa:  F-1  J-1 Other: \_\_\_\_\_

Name of School: \_\_\_\_\_

Degree Seeking: \_\_\_\_\_

Major: \_\_\_\_\_

Expected graduation year: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
*month / day / year*

Home Country (Passport Country): \_\_\_\_\_

Country of Permanent Residence (if Different from Home Country):  
\_\_\_\_\_

U.S. Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Evening Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Please Start my Coverage on: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
*month / day / year*

Minimum term of coverage is 3 months.

You must be outside your home country/country of permanent residence to receive the benefits of coverage.



**Student Health Plans**  
**(800) 244-1180**  
**[mailbox@isoa.org](mailto:mailbox@isoa.org)**  
**[www.isoa.org](http://www.isoa.org)**

# Enrollment Form (continued)

Rates and benefits are valid for enrolments between October 1, 2009 and June 30, 2010. You may enroll for a period of 3 months minimum, 12 months maximum.

I wish to enroll under (please check one):

ISO Med 1 (UCL3340S)

ISO Med 2 (UCL3341S)

- 1 Applicant:  
number of months \_\_\_\_\_ x \$ \_\_\_\_\_ = \$ \_\_\_\_\_
- 2 Spouse:  
number of months \_\_\_\_\_ x \$ \_\_\_\_\_ = \$ \_\_\_\_\_
- 3 Child 1:  
number of months \_\_\_\_\_ x \$ \_\_\_\_\_ = \$ \_\_\_\_\_
- 4 Child 2:  
number of months \_\_\_\_\_ x \$ \_\_\_\_\_ = \$ \_\_\_\_\_
- 5 Application administration fee = \$14.00
- 6 Total payment enclosed = \$ \_\_\_\_\_  
(This sum must equal sum of payment)

Comments: \_\_\_\_\_

Please charge my credit card:  Visa  MC  AMEX  Discover

Card Number: \_\_\_\_\_

Name as Appears on Credit Card: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ / \_\_\_\_\_  
month / year

Billing Address (if different from mailing address):  
\_\_\_\_\_

Signature of card holder: \_\_\_\_\_

Complete name and date of birth if insurance is requested:

Spouse: \_\_\_\_\_  
Last First month/day/year

Child 1: \_\_\_\_\_  
Last First month/day/year

Child 2: \_\_\_\_\_  
Last First month/day/year

**I wish to enroll for insurance under the terms of this brochure. I know it is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.**

Signature

month/day/year

Make check payable to ISO.  
Mail to: 250 West 49th Street, Suite 806  
New York, NY 10019  
Fax form to: (212) 262-8920 (if paying by credit card)