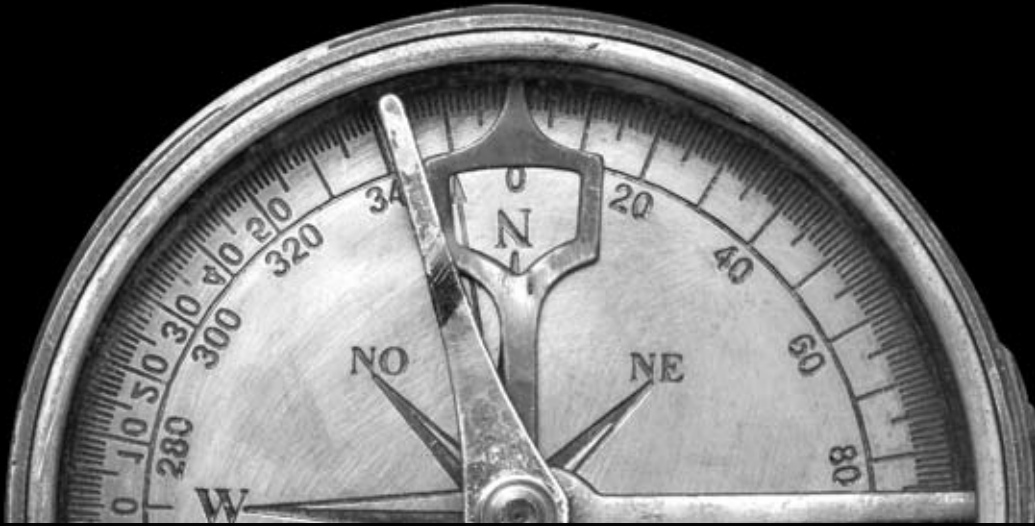


# COMPASS PLATINUM

*ISO's exclusive comprehensive health insurance plan  
for international students and scholars*



**AIG** AIG Companies<sup>SM</sup>

ISO provides health insurance plans to international students and scholars.  
COMPASS PLATINUM plan exceeds U.S. State Department  
requirements for foreign students with F1 or J1 Visa.

- F1 visa holders
- J1 visa holders
- Researchers
- Scholars
- OPT students
- ESL students

(800) 244-1180

**ISO**  
Student Health Insurance

[www.isoa.org/platinum](http://www.isoa.org/platinum)

# COMPASS PLATINUM

*Setting a higher standard for student health insurance*

ISO is proud to offer you COMPASS PLATINUM ISO's exclusive comprehensive insurance plan for international students and scholars. COMPASS PLATINUM is designed to meet the specific needs of those who are looking for the upmost coverage in health insurance and are currently studying in the USA.

## Eligibility

You are eligible if you 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 education or research activities if you are one of the following:

- ♦ F1/J1 valid Visa holder
- ♦ Undergraduate – registered for and attending classes for twelve (12) or more credits hours
- ♦ Graduate Student
- ♦ Scholar or researcher who is invited by an educational organization
- ♦ Students involved in education, educational activities, or research related activities

Your spouse and dependent children under the age of 19 are also eligible for coverage if accompanying you.

For purposes of this insurance, if the Eligible Person's home country or country of permanent residence (passport country) is different from the Eligible Person's country of permanent residence (location in which the Eligible Person permanently resides), the Eligible Person will not be covered in either location.

## Preferred Provider Organization (PPO)



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 delivering quality health care at affordable rates. Insured's can call Beech Street toll free at (800) 432-1776 Monday through Friday, 8:00 A.M. to 8:00 P.M. EST. To access Beech Street on-line provider locator visit [www.beechstreet.com](http://www.beechstreet.com).

## Monthly Rates

### Student

**\$87**

Student & spouse

\$357

Student & family up to 2 children

\$647

Each additional child

\$130

# Summary Schedule of Benefits

Description	In PPO Network	Out-of-Network
Medical expense per accident or sickness	\$200,000	Same
Lifetime medical maximum	No Maximum	\$1,000,000
Deductible	\$0	Same
Maximum out-of-pocket expenses <sup>1</sup>	\$2,000 annually	No Maximum
Co-insurance	80% of the 1st \$4,000; 100% up to \$200,000	70% / 30% up to \$200,000
Co-payments <sup>2</sup>		
At student health center	\$0	\$0
Elsewhere	\$40	\$60
Prescription	\$30 generic / \$40 all other	\$60
ER visit (waived if admitted)	\$100	\$150
Hospitalization	\$250	\$500
Pre-existing condition	Covered after 6 months	Same
Maternity	Covered as any other illness	Same
Prescription	\$2,000 annually	Same
X-ray and lab tests	\$2,000 annually	Same
Medical evacuation	\$100,000	Same
Repatriation of remains	\$50,000	Same
Accidental death & dismemberment	\$15,000	Same

<sup>1</sup> Not including co-payment

<sup>2</sup> Co-payments are waived if student is treated on site at student health center and is not referred off campus.

• In case of a student not being able to be treated at health center, and subsequently referred to off campus private doctor, co-payment will be half of scheduled amount.

• In case of treatment not being possible at student health center and student is referred to the ER, co-payment will be half of scheduled amount.

• In case of treatment not being available at student health center and student is referred to the ER and then subsequently hospitalized; ER, doctor's visit and hospitalization co-payments will be integrated to a maximum of \$250 in PPO or \$500 elsewhere.

## Covered Medical Expenses

When a covered Injury or Sickness requires treatment by a Physician, this Policy will provide benefits for the Usual and Customary Charges for Medically Necessary Covered Medical Expenses which exceed the Co-Payment per person for each Injury or Sickness. Payment for any Covered Medical Expense will be no more than the Benefit Limit shown for it and will be subject to the co-insurance percentage amount set forth. 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 Medical Expenses will be paid under the Schedule of Benefits for loss:**

- 1 Due to Injury to an Insured Person provided that treatment by a Physician: **a)** begins within 30 days after date of Injury; and **b)** is received within 26 weeks after date of Injury; or
- 2 Due to Sickness of an Insured Person provided Covered Medical Expenses are incurred within 26 weeks after the date of first treatment for such Sickness.

### **If a benefit is designated in the Schedule of Benefits, Covered Medical Expenses include:**

- 1 Room and Board Expense: 1) daily semi-private room rate when Hospital Confined; and 2) general nursing care provided and charged for by the Hospital.
- 2 Intensive Care.
- 3 Hospital/Miscellaneous Expenses: 1) while Hospital Confined; or 2) for pre-admission expenses for being Hospital Confined. Benefits will be paid for services and supplies such as: the cost of the operating room; laboratory tests; x-ray examination; anesthesia; drugs (excluding take home drugs) or medicines; therapeutic services; and supplies.
- 4 Physiotherapy (inpatient).
- 5 Surgery: Physician's fees for inpatient surgery. Payment will be made based upon the surgical schedule as specified in the Schedule of Benefits. Covered medical expenses will be paid under this inpatient surgery benefit; or under the outpatient surgery benefit, but not for both.
- 6 Anesthetist Services: in connection with inpatient surgery.
- 7 Private Duty Nurse's Services: 1) private duty nursing care only; 2) while Hospital Confined; 3) ordered by a licensed Physician; and 4) a Medical Necessity. General nursing care provided by the Hospital is not covered under this benefit.
- 8 Physician's Visits: when Hospital Confined. Benefits are limited to one Physician's visit per day. Benefits do not apply when related to surgery. Covered medical expenses will be paid under the inpatient benefit or under the outpatient benefit for Physician's Visits but not both.
- 9 Pre-admission Testing: limited to routine tests such as: complete blood count; urinalysis; and chest x-ray. If otherwise payable under this policy, major diagnostic procedures such as: cat-scans; NMR's; and blood chemistries will be paid under the "Hospital Miscellaneous" benefit.
- 10 Mental and Nervous Disorder (inpatient): benefits are limited to a lifetime maximum of \$5,000. Benefits are limited to one Physician's visit per day.
- 11 Surgery (outpatient): Physician's fees for outpatient surgery. Payment will be made based upon the surgical schedule as specified in the Schedule of Benefits. Covered medical expenses will be paid under this outpatient surgery benefit; or under the inpatient surgery benefit, but not both.
- 12 Day Surgery Miscellaneous (Outpatient): in connection with outpatient day surgery; excluding non-scheduled surgery and surgery performed in a Hospital emergency room, trauma center, Physician's office, or clinic. Benefits will be paid for services and supplies such as: the cost of the operating room, laboratory tests and x-ray examinations including professional fees, anesthesia, drugs or medicines, therapeutic services and supplies.
- 13 Anesthetist (Outpatient): in connection with outpatient surgery.

- 14 **Physician's Visits (Outpatient):** Includes injections administered during visit. Benefits do not apply when related to surgery or Physiotherapy. Covered medical expenses will be paid under the outpatient benefit or under the inpatient benefit for Physician's visits but not both.
- 15 **Medical Emergency Expenses (Outpatient):** only in connection with a Medical Emergency as defined. Benefits will be paid for the use of the emergency room and supplies.
- 16 **Radiation Therapy (Outpatient)**
- 17 **Chemotherapy (Outpatient)**
- 18 **Prescription Drugs (Outpatient)**
- 19 **Mental and Nervous Disorder (outpatient):** benefits are limited to a lifetime maximum of \$1,000. Benefits are limited to one Physician's visit per day.
- 20 **Ambulance Service.**
- 21 **Braces and Appliances:** 1) when prescribed by a Physician; and 2) a written prescription accompanies the claim when submitted. Replacement braces and appliances are not covered. Braces and appliances include durable, medical equipment which is 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 or Sickness. No benefits will be paid for rental charges in excess of purchase price.
- 22 **Consultant Physician Fees:** when requested and approved by the attending Physician.
- 23 **Dental Treatment** maximum benefits of \$300: 1) performed by a Physician; and 2) made necessary by Injury to Sound, Natural Teeth. Routine dental care and treatment to the gums are not covered.
- 24 **Alcoholism/Drug Abuse Treatment:** the benefits and the maximum amounts are specified in the Schedule of Benefits.
- 25 **Benefits are payable only for those Covered Medical Expenses incurred while the policy is in effect for the Insured Person.** No benefits are payable for any expenses incurred after the date insurance terminates, except if an Insured Person is hospitalized on the date his insurance terminates. Benefits will continue to be paid until the completion of the hospital stay, but not to exceed a period of 31 days from the termination date, or the Maximum Policy Benefit, whichever occurs first.
- 26 **Any child conceived on or after the effective date and born of insured, will be covered under the policy for the first 31 days after birth.** Coverage for such child will be for Injury or Sickness including medically diagnosed congenital defects, birth abnormalities, prematurity, and nursery care when the child is sick or injured. To continue coverage beyond 31 days, written application and payment of any required premium must be made to ISO and forwarded to the Underwriting Company.

**Excess Provision:** All benefits shall be in excess of all other valid and collectible insurance and shall apply only when such benefits are exhausted. If an Insured's Injury or Sickness is due to an act or omission of another, benefits payable by this plan are subject to recovery from amounts eventually paid to the Insured by or on behalf of, the other person.

**Conformity with State Statutes:** Any provision of this 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.

## Medical Evacuation

Benefits will be paid for covered expenses up to a maximum of \$100,000 if any 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. Covered expenses must be authorized in advance by AIG Assist.

## Repatriation of Benefits

If the Insured dies prior to his/her termination of coverage under the policy, benefits will be paid up to a maximum of \$50,000 for: a) cost of embalming; b) coffin; c) transportation of the body to the Insured's home country/country of permanent residence. AIG Assist must make all arrangements and must authorize all expenses in advance for any Repatriation of Remains benefits to be payable.

## Accidental Death & Dismemberment

The Company shall pay an indemnity determined from the Table of Losses if an Insured Person sustains a loss stated therein resulting from Injury, provided that: a) such loss occurs within 365 days after the date of accident causing such loss; b) the indemnity payable for any such loss shall be the amount stated opposite such loss in said Table, and the Principal Sum stated in the Summary Schedule of Benefits; and c) if more than one loss stated in said Table is sustained as the result of one accident, only one of the amounts so stated in said Table, the largest, shall be payable.

The term "loss" as used herein shall mean with regard to hands and feet, actual severance through or above wrist or ankle joints, and with regard to eyes, entire irrecoverable loss of sight. "Loss" of hearing in an ear means total and irrecoverable loss of the entire ability to hear in that ear. "Loss" of speech means total and irrecoverable loss of the entire ability to speak. "Loss" of thumb and index finger means complete severance through or above the metacarpophalangeal joint of both digits.

### Table of losses

For Loss of:	% of maximum amount
Life	100%
Both Hands or Both Feet or Sight of Both Eyes	100%
One Hand and One Foot	100%
Either Hand or Foot and Sight of One Eye	100%
Speech and Hearing	100%
Either Hand or Foot	50%
Speech or Hearing	50%
Sight of One Eye	50%
Thumb and Index Finger of the Same Hand	25%

**Disappearance:** If the body of an Insured Person has not been found within one year of the disappearance, forced landing, stranding, sinking or wrecking of a conveyance in which such person was an occupant, then it shall be deemed, subject to all other terms and provisions of the policy, that such Insured Person shall have suffered loss of life within the meaning of the policy.

## Assistance Services

Assistance services are provided by AIG Assist®, a member company of American International Group, Inc. An outline of the assistance services appears below

### Pre-Travel Assistance

- ♦ Help in arranging special medical services needed while traveling

### Medical Emergency Services

- ♦ Worldwide, 24-hour medical location service
- ♦ Medical case monitoring, arrangement of communication between patient, family, physicians, employer, consulate, etc...
- ♦ Medical transportation arrangements
- ♦ Emergency message service for medical situations

### Legal Assistance

- ♦ Worldwide, 24-hour contact for non-criminal legal emergencies
- ♦ Legal referral to help you locate a consular official or attorney

### Travel Assistance

- ♦ Help with lost passports, tickets and documents

### AIG Assist®

U.S. and Canada: (800) 626-2427    International: (01-713) 267-2525.

## Period of Coverage

### Effective Date:

Insurance under this policy shall become effective at 12:01 AM on the latest of the following dates:

1. The Insured's departure from his home country/country of permanent residence; or
2. The date the application and premium are received and accepted by the Company, or its authorized representative; or
3. The date requested on the application.

Dependent's coverage will not be effective prior to that of the Named Insured.

### Termination Date:

Coverage provided to Insured shall terminate on the earliest of the following dates:

1. The last day for which premium has been paid; or
2. The date the policy terminates; or
3. The date Insured returns to his Home country/country of permanent residence; or
4. The date Insured becomes a US citizen or is considered a US resident by the state in which they are residing; or
5. The date Insured is no longer eligible for this insurance; or
6. The date of entry into active duty military service.

## Exclusions

### **No benefits will be paid for loss or expense caused by, contributed to, or resulting from:**

- 1 Pre-existing Conditions; however, a Pre-Existing Condition will be covered after the person has been continuously insured for 6 months under this policy issued to the Policyholder, provided continuous insurance is maintained;
- 2 No benefits will be paid for loss or expense caused by, enrolling solely for the purpose of obtaining medical treatment, while on a waiting list for a specific treatment, or while traveling against the advice of a Physician;
- 3 For routine physical or other examination where there are no objective indications or impairment in normal health, and laboratory diagnostic or X-ray examination except in the course of a disability established by the prior call or attendance of a physician;
- 4 Eye examinations; prescriptions or fitting of eyeglasses and contact lenses; or other treatment for visual defects and problems. "Visual Defects" means any physical defect of the eye which does or can impair normal vision;
- 5 Hearing examinations or hearing aids; or other treatment for hearing defects and problems. "Hearing Defects" means any physical defect of the ear which does or can impair normal hearing;
- 6 Dental treatment, except as the result of Injury to Sound, Natural Teeth as stated in the Schedule of Benefits;
- 7 Professional services rendered by a member of the Insured Person's immediate family, or anyone who lives with the Insured Person;
- 8 Services or supplies not necessary for the medical care of the patient's Injury or Sickness;
- 9 Weak, strained or flat feet, corns, calluses, or toenails;
- 10 Cosmetic surgery, or treatment for congenital anomalies (except as specifically provided), except reconstructive surgery as the result of a covered Injury or Sickness. Correction of a deviated nasal septum is considered cosmetic surgery unless it results from a covered Injury or Sickness;
- 11 Diagnostic or surgical procedures in connection with infertility unless infertility is a result of a covered Injury or Sickness;
- 12 Birth control, including surgical procedures and devices;
- 13 Routine new-born baby care, well-baby nursery, well-baby care, and related Physician charges;
- 14 Participation in professional or intercollegiate athletics;
- 15 Injury or Sickness for which benefits are paid or payable under any Worker's Compensation or Occupational Disease Law or Act, or similar legislation;
- 16 Organ transplants;
- 17 War or any act of war, declared or undeclared; or while in the armed forces of any country (a pro-rate premium will be refunded upon request for such period not covered);
- 18 Participation in a riot or civil disorder; commission of or attempt to commit a felony in the country in which it was attempted or committed;
- 19 Suicide or attempted suicide (including drug overdose) while sane or insane (while sane in Missouri); or intentionally self-inflicted Injury;
- 20 Charges of an institution, health service, or infirmary for whose service payment is not required in the absence of insurance;
- 21 Treatment of nervous or mental disorders, except as stated in the Schedule of Benefits, or treatment of alcoholism or drug abuse, except as provided for treatment of mental or nervous disorders, according to the Schedule of Benefits;
- 22 Loss incurred from riding in any aircraft, other than as a passenger in an aircraft licensed for the transportation of passengers;
- 23 Duplicate services actually provided by both a certified nurse-midwife and Physician;
- 24 Expenses payable under any prior policy which was in force for the person making the claim;
- 25 Expenses incurred during a Hospital emergency room visit which is not of an emergency nature;
- 26 Expenses incurred for outpatient treatment in connection with the detection or correction by manual or mechanical means of structural imbalance, distortion or subluxation in the human body for purposes of removing nerve interference and the effects thereof, where such interference is the result of or related to distortion, misalignment or subluxation of or in the vertebral column;

- 27 Pregnancy or childbirth (except when conception occurs while insured hereunder); elective abortion; elective cesarean section; pregnancy or childbirth for a dependent when dependent child of an Insured Student (except for complications arising therefrom);
- 28 Expenses covered by any other valid and collectible medical, health or accident insurance;
- 29 Expenses incurred after the date insurance terminates for an Insured Person except as may be specifically provided;
- 30 Expenses incurred for injuries resulting from the use of alcohol or intoxicants, or any drugs unless prescribed by a Physician;
- 31 Sexually transmitted diseases;
- 32 HIV infection, HIV-related illnesses and AIDS;
- 33 For services, supplies or treatment, including any period of hospital confinement, which were not recommended, approved and certified as necessary and reasonable by a physician;
- 34 For miscarriage resulting from accident, which exceed \$500;
- 35 For the ordinary cost of a one way airplane ticket used in the transportation back to the Insured's country where an air ambulance benefit is provided;
- 36 For specific named hazards: motorcycle driving, scuba diving, skiing, mountain climbing, sky diving, professional or amateur racing, and piloting an aircraft;
- 37 Treatment paid for or furnished under any other individual or group policy, or other service or medical pre-payment plan arranged through the employer to the extent so furnished or paid, or under any mandatory government program or facility set up for the treatment without cost to any individual;
- 38 Treatment of Acne;
- 39 Elective Surgery and Elective Treatment\*.

\* For details on what is determined to be Elective Surgery and Elective Treatment contact ACI at (888) 293-9229.

## Definitions

**Covered Medical Expenses** means reasonable charges which are: 1) not in excess of Usual and Customary Charges; 2) not in excess of the maximum benefit amount payable per service as specified in the Schedule of Benefits; 3) made for services and supplies not excluded under the policy; 4) made for services and supplies which are a Medical Necessity; 5) made for services included in the Schedule of Benefits; and 6) in excess of the amount stated as a deductible, if any. Covered medical expenses will be deemed "incurred" only: 1) when the covered services are provided; and 2) when a charge is made to the Insured Person for such services.

**Hospital** means a licensed or properly accredited general Hospital which; 1) is open at all times; 2) is operated primarily and continuously for the treatment of and surgery for sick and injured person as inpatients; 3) is under the supervision of a staff of one or more legally qualified Physicians available at all times; 4) continuously provides on the premises 24 hour nursing service by Registered Nurses; 5) provides organized facilities for diagnosis and major surgery on the premises; and 6) is not primarily a clinic, nursing, rest or convalescent home, or an institution specializing in or primarily treating Mental and Nervous Disorders.

**Injury** means bodily Injury: 1) directly and independently caused by specific accident which is unrelated to any pathological, functional, or structural disorder or Injury; 2) treated by a Physician within 30 days after the date of accident; and 3) which causes loss during the term of the policy.

**Pre-Existing Condition** means: any injury or illness which was contracted or which manifested itself, or for which treatment or medication was prescribed, prior to the effective date of this insurance as to the Insured.

## Definition (continued)

**Sickness** means Sickness or disease of the Insured Person which causes loss, and originates while the Insured Person is covered under this policy. All related conditions and recurrent symptoms of the same or similar condition will be considered one Sickness.

**Usual And Customary Charges** means charges for medical services or supplies essential to the care of the Insured if they are the amount normally charged by the provider for similar services and supplies and do not exceed the amount ordinarily charged by most providers of comparable services and supplies in the locality where the services or supplies are received.

## 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. If the Student Health Service is not available, contact Beech Street PPO Network for a participating doctor at (800) 432-1776 or [www.beechstreet.com](http://www.beechstreet.com).

In order to use the services of a Network provider, you must present your Medical ID 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. Insured's are responsible to verify that a provider is a participant prior to services being rendered.

Completed claim form and accompanying documentation should be mailed to the claims administrator, Administrative Concepts, Inc., 994 Old Eagle School Road Suite 1005, Wayne, PA 19087.

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 (888) 293-9229 between 9:00 A.M. and 5:00 P.M EST. Monday through Friday. On line claims status via the internet is available 24 hours a day at [www.visit-aci.com](http://www.visit-aci.com).



**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!**



This brochure provides you with a brief summary of COMPASS PLATINUM comprehensive short-term medical insurance plans, as underwritten by The Insurance Company of the State of Pennsylvania, Philadelphia, PA, a Member Company of American International Group (AIG). If any conflict should arise between the contents of this brochure and the Policies (GLB 9117179) or if any point is not covered herein, the terms of the Policy will govern in all cases.

## Refund of Premium

Unearned funds will be refunded, less a \$50 processing fee, for the number of full months only. 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. 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.

# COMPASS PLATINUM Enrollment Form

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

Rates are valid for coverage with an effective date on or after July 1, 2008 and until July 1, 2009. Coverage may not extend beyond January 31, 2010 under Policy #GLB 9117179.

Minimum coverage is 3 months. You must be outside your home country/country of permanent residence to receive the benefits of coverage.

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

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

Visa:  F-1  J-1  Other \_\_\_\_\_ Home Country (Passport Country): \_\_\_\_\_

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

Address: \_\_\_\_\_

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

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

I wish to enroll under COMPASS PLATINUM. Please start my coverage on: \_\_\_\_\_  
month / day / year

Student only ..... Number of months \_\_\_\_\_ x \$87 = \$ \_\_\_\_\_

Student & spouse ..... Number of months \_\_\_\_\_ x \$357 = \$ \_\_\_\_\_

Student & family up to 2 children: ..... Number of months \_\_\_\_\_ x \$647 = \$ \_\_\_\_\_

Each additional child: ..... Number of months \_\_\_\_\_ x \$130 = \$ \_\_\_\_\_

Application administration fee \$10

Total Payment Enclosed (This sum must equal sum of payment) = \$ \_\_\_\_\_

Please charge my credit card: Visa  MC  AMEX  Discover

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
month / day / year

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

Name on Credit Card: \_\_\_\_\_ Signature of Card Holder: \_\_\_\_\_

Complete name and date of birth if insurance is requested for dependents

Spouse: \_\_\_\_\_  M  F \_\_\_\_\_  
Last Name First Name Gender date of birth (mm/dd/yy)

Child 1: \_\_\_\_\_  M  F \_\_\_\_\_  
Last Name First Name Gender date of birth (mm/dd/yy)

Child 2: \_\_\_\_\_  M  F \_\_\_\_\_  
Last Name First Name Gender date of birth (mm/dd/yy)

I wish to enroll for insurance under the terms of the Master Policy. It is a crime to provide false or misleading information to an insurer for the purpose of defaulting 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)**  
**If you have any questions please contact ISO at (800) 244-1180**



250 West 49th Street, Suite 806  
New York, NY 10019 (800) 244-1180