



# VOYAGER

Health insurance plans for  
non-US citizens in America

United State Fire Insurance Company



Student Health Plans

A leading medical insurance plan, especially  
designed for students and visitors to the USA

- F1 / F2 / J1 / J2
- Other visa holders
- Dependents
- Visitors
- Exchange students
- Exchange Scholars
- Foreign Researchers
- Internships

(800) 244-1180

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

# VOYAGER Health Insurance Plans

ISO is proud to offer you VOYAGER, comprehensive short-term medical insurance plans. VOYAGER is specially designed to meet the particular needs of international ISO members visiting the USA.

Due to the cost of health care in the USA, the highest in the world, all visitors are advised to purchase personal medical insurance that will cover them in case of injury or sickness.

## Eligibility

You are eligible if you are a non-US citizen, member of ISO and under age 55. You must have a current passport or visa to the USA, and are temporarily residing outside your home country/country of permanent residence.

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.

## Summary Schedule of Benefits

| Benefits   | VOYAGER Elite<br>UCL3335S | VOYAGER<br>UCL3336S |
|--|---------------------------|---------------------|
| Lifetime Medical Maximum   | \$250,000                 | \$100,000           |
| Per Injury or Sickness   | \$150,000                 | \$50,000            |
| Deductible   | \$90<br>per event         | \$150<br>per event  |
| Co-insurance<br><sup>†</sup> The program will pay 100% of Covered Medical Expenses up to the Benefit Limit as shown hereafter. | 100% <sup>†</sup>         | 100% <sup>†</sup>   |
| Repatriation   | \$25,000                  | \$25,000            |
| Medical Evacuation   | \$50,000                  | \$50,000            |
| AD&D - Accidental Death & Dismemberment  | \$10,000                  | \$10,000            |

## Monthly Rates

| Age               | VOYAGER Elite | VOYAGER |
|-------------------|---------------|---------|
| Rate under age 55 | \$69          | \$57    |

# Medical Expense Benefits

When a covered Injury or Sickness requires treatment by a Physician, 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 Injury 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 13 weeks from the date of the accident causing the injury or the onset of sickness. Treatment must begin no more than 30 days after the date of the accident or the onset of sickness.

## **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. \$1,250/day to 30 days maximum.
- 2** Hospital Miscellaneous Expenses: 1) while Hospital Confined; or 2) 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. \$500 per day, 30 days maximum.
- 3** Intensive Care. Additional \$525/day to 8 days maximum.
- 4** Physiotherapy (Inpatient). \$35 per visit, 1 visit/day, 12 visits maximum.
- 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. \$3,000 maximum.
- 6** Anesthetist Services: in connection with Inpatient surgery. 25% of Surgery maximum.
- 7** Assistant Surgeon (Inpatient): 25% of Surgery Maximum.
- 8** 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. \$500 maximum. General nursing care provided by the Hospital is not covered under this benefit.
- 9** Physician's Visits when Hospital Confined. Benefits are limited to one Physician's visit per day. Benefits do not apply when related to surgery. \$50 per visit, 1 visit/day, 30 visits maximum. Covered medical expenses will be paid under the Inpatient benefit or under the Outpatient benefit for Physician's Visits but not both.
- 10** Pre-admission Testing within 7 days before Hospital admission: limited to routine tests such as: complete blood count; urinalysis; and chest X-ray. \$900 maximum. If otherwise payable under the policy, major diagnostic procedures such as: Cat Scans; NMR's; and blood chemistries will be paid under the "Hospital Miscellaneous" benefit.
- 11** Mental and Nervous Disorder (inpatient): benefits are limited to 1 visit per

- day to a maximum of 30 visits per benefit period;
- 12 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. \$3,000 maximum.
  - 13 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. \$1,000 maximum.
  - 14 Anesthetist (Outpatient):** in connection with Outpatient surgery. 25% of Surgery maximum.
  - 15 Assistant Surgeon (Outpatient).** 25% of Surgery Maximum.
  - 16 Physician's Visits (Outpatient):** Includes injections administered during visit. Benefits do not apply when related to surgery or Physiotherapy. \$50 per visit, 1 visit/day, 30 visits maximum. Covered medical expenses will be paid under the Outpatient benefit or under the Inpatient benefit for Physician's visits but not both.
  - 17 Physiotherapy (outpatient).** \$35 per visit, 1 visit/day, 12 visits maximum.
  - 18 Diagnostic X-rays & Lab services (Outpatient):** \$400 maximum. Cat Scan, PET Scan or MRI up to \$250 additional.
  - 19 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. 75% of Reasonable and Customary to \$300 maximum.
  - 20 Radiation Therapy and or Chemotherapy (Outpatient).** \$1,000 maximum.
  - 21 Prescription Drugs (Outpatient):** \$100 maximum.
  - 22 Mental and Nervous Disorder (outpatient):** benefits are limited to 1 visit per day to a maximum of 30 visits per year;
  - 23 Ambulance Service.** \$400 maximum.
  - 24 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. \$1,000 maximum. No benefits will be paid for rental charges in excess of purchase price.
  - 25 Consultant Physician Fees (Inpatient):** when requested and approved by the attending Physician. \$400 maximum.
  - 26 Dental Treatment:** 1) performed by a Physician; and 2) made necessary by Injury to Sound, Natural Teeth. \$500 maximum. Routine dental care and treatment to the gums are not covered.
  - 27 Alcoholism/Drug Abuse Treatment:** the benefits and the maximum amounts are the same as any Sickness.

**28** 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/her 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.

**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 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.

## Repatriation Expense

If the Insured dies prior to his/her termination of coverage under the policy, benefits will be paid up to a maximum of \$25,000 for: a) cost of embalming; b) coffin; and c) transportation of the body to the Insured's home country. This benefit does not include the transportation expense of anyone accompanying the deceased.

## Medical Evacuation

The company will pay benefits for covered expenses up to maximum of \$50,000 if any injury or illness commencing during the course of a trip results in the necessary emergency evacuation of the Insured person. An emergency evacuation must be ordered by a legally licensed physician who certifies that the severity of the insured Person's injury or illness warrants the emergency evacuation.

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



# Accidental Death & Dismemberment

**Accidental Death Benefit.** If Injury to the Insured results in death within 365 days of the date of the accident that caused the Injury, the Company will pay 100% of the Maximum Amount.

**Accidental Dismemberment Benefit.** If Injury to the Insured results, within 365 days of the date of the accident that caused the Injury, in any one of the Losses specified below, the Company will pay the percentage of the Maximum Amount shown below for that Loss:

| <b>For Loss of</b>                        | <b>%of Maximum Amount</b> |
|---|---------------------------|
| Both Hands or Both Feet .....             | 100%                      |
| Sight of Both Eyes .....                  | 100%                      |
| One Hand and One Foot .....               | 100%                      |
| One Hand and the Sight of One Eye .....   | 100%                      |
| One Foot and the Sight of One Eye .....   | 100%                      |
| Speech and Hearing in Both Ears .....     | 100%                      |
| One Hand or One Foot .....                | 50%                       |
| The Sight of One Eye .....                | 50%                       |
| Speech or Hearing in Both Ears .....      | 50%                       |
| Hearing in One Ear .....                  | 25%                       |
| Thumb and Index Finger of Same Hand ..... | 25%                       |

"Loss" of a hand or foot means complete severance through or above the wrist or ankle joint. "Loss" of sight of an eye means total and irrecoverable loss of the entire sight in that eye. "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.

If more than one Loss is sustained by an Insured as a result of the same accident, only one amount, the largest, will be paid.

## 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.

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## United State Fire Insurance Company

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This brochure provides you with the benefits of **VOYAGER** and **VOYAGER** Elite 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 (UCL3335S, UCL3336S), will govern in all cases.

## Exclusions

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

- 1 For Pre-Existing Conditions, defined as 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; however Pre-Existing Condition will be covered after the person has been continued under this or any other insurance policy for the previous 18 months with no more than a 60 day gap in coverage.
- 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;
- 5 Hearing examinations or hearing aids; or other treatment for hearing defects and problems;
- 6 Dental treatment, except as the result of Injury to 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 Drug, treatment or procedure that either promotes or prevents conception, or prevents childbirth, including but not limited to: artificial insemination, treatment for infertility or impotency, sterilization or reversal thereof;
- 12 Participation in professional or intercollegiate athletics;
- 13 Injury or Sickness for which benefits are paid or payable under any Worker's Compensation or Occupational Disease Law or Act, or similar legislation;
- 14 Organ transplants;
- 15 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);
- 16 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;
- 17 Suicide or attempted suicide (including drug overdose) while sane or insane (while sane in Missouri); or intentionally self-inflicted Injury;
- 18 Charges of an institution, health service, or infirmary for whose service payment is not required in the absence of insurance;
- 19 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;
- 20 Loss incurred from riding in any aircraft, other than as a passenger in an aircraft licensed for the transportation of passengers;
- 21 Duplicate services actually provided by both a certified nurse-midwife and Physician;
- 22 Expenses payable under any prior policy which was in force for the person making the claim;
- 23 Expenses incurred during a Hospital emergency room visit which is not of an emergency nature;
- 24 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;
- 25 Medical expense resulting from a motor vehicle accident in excess of that which is payable under any valid and collectible insurance;
  - 26 Pregnancy or childbirth, elective abortion or elective cesarean section;
  - 27 Expenses covered by any other valid and collectible medical, health or accident insurance;
  - 28 Expenses incurred after the date insurance terminates for an Insured Person except as may be specifically provided;
  - 29 Expenses incurred for injuries resulting from the use of alcohol or intoxicants, or any drugs unless prescribed by a Physician;
  - 30 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;
  - 31 For miscarriage resulting from accident;
  - 32 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, and medically necessary;
  - 33 For specific named hazards: motorcycle driving, scuba diving, skiing, mountain climbing, sky diving, professional or amateur racing, and piloting an aircraft;
  - 34 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;
  - 35 Treatment of Acne;
  - 36 Elective Surgery and Elective Treatment. For details on what is determined to be Elective Surgery and Elective Treatment contact Klais at (800) 331-1096.

## Period of Coverage

Coverage will begin at 12:01 a.m. on the latest of the following:

- a Date of departure from your home country/country of permanent residence;
- b Date the enrollment form and premium are received by the Company or its designated representative; or
- c Date requested on the enrollment form.

Coverage will terminate on the earliest of the following:

- a Date of return to your home country/country of permanent residence;
- b Date you are no longer eligible for this insurance; or
- c The last day for which premium has been paid for; or
- d Date the Policy terminates (unless the Company and Policyholder agree, in writing, to permit coverage to continue to the end of the period for which premiums have been paid in lieu of a return of unearned premium); or
- e The date of entry into active duty military service.

## 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;



## Definitions (continued)

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 or 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 convalescent, nursing, or rest home or facility, or a home for the aged;
- a place mainly providing custodial, educational, or rehabilitative care; or
- 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

Assistance services are provided by On Call International. 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, arrange 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

### 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)

## Claim Procedure

In the event of Sickness or Injury, you should report to 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. Insured's 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.

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).

# VOYAGER Enrollment Form

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

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

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

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

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

Name of School (if available): \_\_\_\_\_

SS# / School ID (if available): \_\_\_\_\_

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)

# COMPASS VOYAGER Enrollment Form

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):

VOYAGER Elite (UCL3335S) ..... \$69 a month

VOYAGER (UCL3336S) ..... \$57 a month

Applicant:

1 Number of months \_\_\_\_\_ x \_\_\_\_\_ = \$ \_\_\_\_\_

2 Application administration fee = \$25.00

3 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: \_\_\_\_\_

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 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 a check payable to ISO.

Mail to ISO at: 250 West 49th Street, Suite 806 New York, NY 10019

For immediate enrollment, visit [www.iso.org](http://www.iso.org)

Fax form to: (212) 262-8920 (if paying by credit card)

