

2014 Au Pair in America- Sports Insurance

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

your emonment.	
PARTICIPANT CONTACT	
First Name	Last Name
Date of Birth	APIA #
Program Start Date	Expected End Date
US Mailing Address	StateZIP
City	StateZIP
Phone Number(s) we may read E-mail address where materials	you at for any questions of this form:should be sent
ENROLLMENT INFORMA	ION:
enrollment form. Sports Insurance is valid fan active participant of the	earlier than 48 hours after the receipt of this completed or 12 full months from the date of purchase as long as you are Au Pair in America program. If you chose to leave the Au Pair your scheduled departure date, your Sports Insurance and any ed immediately.
All money orders and checenrollment form to:	s should be made out to CISI and sent along with the
Cultural Insurance Service 24493 Network Place Chicago, IL 60673-1244	International
Sports Insurance Premi	m Rate \$75.00
PAYMENT INFORMATION	Please provide the following credit card information:
Cardholder's name (please prin	Number Exp Date)
City	State ZIP_
I have read/understand the term	/conditions of the policy and authorize payment for the above enrollment.
Signature	Date
All ingunance materials are	to the a mail address provided above. Please contact CISI if you have any

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