



Cultural Insurance Services International - Claim Form

- **Program Name :** THE STUDY ABROAD FOUNDATION, AFFILIATE OF IES
- **Policy Number :** 19 GLM N14285349-ERS
- **Participant ID Number** (from the front of your insurance card) : 2479773

Mailing Address: 1 High Ridge Park, Stamford, CT 06905 | **E-mail:** claimhelp@mycisi.com | **Fax:** (203) 399-5596

For claim submission questions, call (203) 399-5130, or e-mail claimhelp@mycisi.com

Instructions:

1. Fully complete and sign the form for either the Interruption Benefit or Lost Checked Baggage Benefit claim.
2. Attach **itemized bills** for all amounts being claimed. *We recommend you provide us with a copy and keep the originals for yourself.
4. Submit claim form and attachments via mail, e-mail, or by fax (provided above).

► NAME AND CONTACT INFORMATION OF THE INSURED

Name of the Insured: _____ Date of Birth: ____/____/____
(month/day/year)

*Please indicate which is your home address: ☐ U.S. Address ☐ Address Abroad

U.S. Address: _____
street address apt/unit # city state zip code

Address Abroad: _____

E-mail Address: _____ Phone Number: _____

► FOR CLAIMS RELATED TO THE TRIP INTERRUPTION BENEFIT

* In order to claim monies back related to the Trip Interruption Benefit, you **MUST** submit following :

- Flight Itinerary including your name, travel dates and departure and arrival locations.
- Documentation showing proof of the family member's death - copy of the Death Certificate and/or Obituary

Please provide us with the relevant details of your incident below or the details and value of your loss. You may attach an additional page if necessary :

► FOR CLAIMS RELATED TO THE LOST CHECKED BAGGAGE BENEFIT

* In order to claim monies back related to Lost Checked Baggage Benefit, you **MUST** submit following :

- Itemized listing of items lost or stolen with approximate values at the time of loss
- Police Report or report and response from transportation carrier

Please provide us with the relevant details of your incident below or the details and value of your loss. You may attach an additional page if necessary :

► REIMBURSEMENT

Any eligible reimbursement will be made in U.S currency (USD) via check. If you would like your eligible reimbursement in another currency via wire transfer, please contact CISI at 203-399-5130 or claimhelp@mycisi.com for instructions.

► CONSENT TO RELEASE MEDICAL INFORMATION

I hereby authorize any insurance company, Hospital or Physician or other person who has attended or examined me, including those in my home country to furnish to Cultural Insurance Services International or any of their duly appointed representatives, any and all information with respect to any sickness/illness or injury, medical history, consultation, prescriptions or treatment, and copies of all hospital or medical reports. A photo static copy of this authorization shall be considered as effective and valid as the original.

I certify that the information furnished by me in support of this claim is true and correct.

Warning: Any person who, knowingly or with intent to defraud or to facilitate a fraud against any insurance company or other person, submits an application or files a claim for insurance containing false, deceptive or misleading information may be guilty of insurance fraud.

Name (please print) _____

Signature _____ Date _____

