

Study Abroad Health Insurance Application
Cultural Insurance Services International (CISI)
Policy # GLM N04835256

Participant Name: _____
 First Middle Initial Last

Date of Birth: _____

Destination: _____

Date of Departure: _____

Date of Return: _____

Program Name: _____

Department Name: _____

In order to enroll, please complete this form and calculate the current premium (\$34.00 per month.) multiplied times the number of months you will be abroad on your study program (weeks are now allowed) **at least 2 weeks before departure.**

Payment for the entire trip must be made prior to departure.

_____ x \$34.00 = \$total premium.
of months

***Payment due upon receipt. We do not accept credit or debit cards. CHECK OR MONEY ORDER ONLY. Please make checks payable to the UW Board of Regents**

Send the completed form together with your premium to:

Sumudu Atapattu
Associate Director
Global Legal Studies Center
UW Law School (Room 6218)
975 Bascom Mall, Madison, WI 53706