

UNIVERSITY OF ILLINOIS AT CHICAGO

STUDY ABROAD OFFICE

502 UH

http://studyabroad.uic.edu

312.413.7662



PETITION FOR EXEMPTION FROM UNIVERSITY OF ILLINOIS CISI INSURANCE (TO BE COMPLETED BY INSURANCE COMPANY)

Date: _____

The _____ Health

Insurance Company hereby certifies that Mr./Ms. _____ will be covered under our health insurance program while studying abroad for the dates indicated below, with benefits at a minimum as broad as those provided by Cultural Insurance Services International shown below:

- 100% of accident medical/sickness expense up to \$100,000 per incident (unlimited number of incidents)
• No deductible
• \$500 maximum coverage for a pre-existing condition
• CISI can make payments in most local currencies
• Mental and nervous benefit: Inpatients covered 100% to \$2,500 maximum. Outpatients covered 100% to \$500 maximum.
• Emergency Medical Evacuation
• Emergency family reunion benefit: after 7 days hospitalization, up to \$2,500 available for air fare, hotel and meals, \$75/day maximum for one family member
• Medical repatriation up to \$50,000
• Repatriation of remains up to \$50,000
• Accidental death and dismemberment (disappearance paid as accidental death): \$10,000 after one year
• 100% of prescription drug expenses
• Home country coverage up to \$5,000
• Emergency 24-hour telephone assistance
• Medical/travel/technical assistance services

Start date of study abroad term _____ End date of study abroad term _____

Sincerely,

(Title)

This section is to be completed by the Director of the UIC Study Abroad Office

___ I approve the petition for exemption from CISI

___ I do not approve the petition for exemption from CISI

Signature _____ Date _____