



INTERNATIONAL PROGRAMS

Health Insurance with Cultural Insurance Services International (CISI)

Print in CAPITAL BLOCK LETTERS

First Name

Last Name

CIRCLE ONE

Sex:

Female

Male

Home address

Country of citizenship

Date of birth

Exact Dates of Trip/Travel

Destination (List Country or Countries)

Name of Abroad Program

E-mail address

I hereby certify that this information is true and understand that any false statements on my part may result in the forfeiture of any benefits associated with the contractual arrangements with vendor. I agree to enroll in the short-term health insurance coverage with Cultural Insurance Services International and authorize the International Programs office to charge my student account for the cost of the plan (\$35/month).

Signature

Date

P.O. Box 9597, Roanoke, Virginia 24020-1597  
(800) 511-6612 • Fax: (540) 362-6693  
E-mail: [abroad@hollins.edu](mailto:abroad@hollins.edu)  
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