



Last Name: _____

First Name: _____

Insurance ID: _____

(Located on your Insurance ID card)

VISA Verification Questionnaire

Thank you for selecting the ISO Health Insurance Plan. SISCO Benefits is the claim administrator of your plan. Please answer the following questions to have your claim processed:

1. Do you have any other insurance or medical plan? Yes No
If yes, please provide the insurance ID card of your other insurance plan.

2. To verify you meet the eligibility requirements of your plan, please provide a copy of your valid VISA with corresponding legal documents for our records.

The legal documents that are accepted but not limited to specifying your VISA are:

- I-20 form copy for F1 VISA holder;
- DS 2019 form copy for J1 VISA holder;
- EAD card copy for Optional Practical Training (OPT) status;

If you have any questions, please contact a member of our customer service team.

Please send response to:

SISCO Benefits | PO Box 3190 | Dubuque IA 52004-3190

Email: ISOservice@siscobenefits.com

Phone: (833) 577-2586 or Fax: (563) 557-3398