

ACA COMPARABLE

# ISO-Care

## Unlimited



Accident & Sickness Insurance Plan  
for International Students attending Sacred Heart University

ISO18LUSHU

(800) 244-1180



Student Health Insurance

[www.isoa.org](http://www.isoa.org)

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## SUMMARY SCHEDULE OF BENEFITS

	ISO-Care Unlimited
Policy number	LF003276
Annual maximum	Unlimited
Deductible in-network <sup>1</sup>	\$100 per policy year
Deductible out-of-network	\$500 per policy year
Maximum out-of-pocket in-network expenses per policy year	\$5,000
Maximum out-of-pocket out-of-network expenses per policy year	\$6,350
Co-Insurance in-network	90% of preferred allowance
Co-Insurance out-of-network	60% of usual & customary
Physician visits:	
at Students Health Center	\$0 co-pay
at a primary care physician	\$30 co-pay
at a specialist physician	\$50 co-pay
Outpatient emergency room (waived if admitted)	\$200 co-pay
Hospitalization	\$250 co-pay
Maternity	Covered
Wellness & preventive care	Covered at 100% in-network or at SHC
Immunizations and Vaccinations <sup>2</sup>	100% of negotiated charges at designated St. Vincent's Multi Specialty Group Only (listed below). \$350 maximum elsewhere
Titers (covered only at designated location listed below) <sup>2</sup>	80% of negotiated charges
Prescriptions – additional deductible per fill <sup>3</sup>	\$30
Pre-existing conditions	Covered
Medical evacuation	\$100,000
Repatriation of remains	\$50,000

<sup>1</sup>No co-pay or deductible applies to wellness or preventative care when these services are delivered by a network provider or at the Student Health Center (SHC)

<sup>2</sup>Coverage offered only for MMR, Varicella, Meningococcal Acwy (1 dose) and TB Testing.

**Treatment must be rendered at:**

St. Vincent's Multi Specialty Group  
 2800 Main St,  
 Bridgeport, CT 06606  
 Phone: (203) 380-3920

<sup>3</sup>There is no deductible per prescription contraceptives.

## MONTHLY RATE

Age	ISO-Care
12 - 24	\$87
25 - 64	\$125

## ELIGIBILITY

You are eligible if you are a participant of ISO - International Student Organization, are a non-U.S. Citizen, have a current passport or visa and are temporarily residing outside your home country/country of permanent residence, while actively engaged in educational activity and enrolled in classes within 30 days of the plan's effective date. You are "actively engaged" in educational activity if you are one of the following:

1. F1 valid visa holder. F1 visa holder on OPT is not eligible.
2. Undergraduate student - registered for and attending classes on a full-time basis.
3. Graduate student.
4. Scholar or researcher who is invited by an educational organization.

Your non-U.S. spouse and eligible dependent children are also eligible for coverage if accompanying you.

For purposes of this insurance, if your home country (passport country) is different from your country of permanent residence (location in which you permanently reside), you will not be covered in either location. Permanent residents or persons who have applied for permanent residency are not eligible for coverage under the master policy.

## BENEFITS

We will pay benefits for covered expenses incurred by a plan participant for loss due to sickness or injury, subject to the maximum benefit for all services as shown in the schedule after the deductible and any required co-insurance and/or co-payments are satisfied. Covered expenses are considered incurred when the covered service is rendered, provided there is a charge made for such service.

We provide payment for services, procedures and supplies that are medically necessary. No benefits will be paid for expenses determined not to be medically necessary, including any or all days of hospital stay. The total payable for all covered expenses will not exceed the maximum benefit shown in the Schedule. No benefits will be paid for services designated as "No Benefits" in the Schedule.

## **Inpatient covered benefits include:**

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### **1. Hospital services:**

- a) Hospital room and board expense: daily semi-private room rate for a hospital stay; and
- b) General nursing care provided and charged for by the hospital.

Intensive care

Physiotherapy

Miscellaneous expenses:

- a) During a hospital stay; or
- b) As a precondition for a hospital stay.

Benefits will be paid for services and supplies such as: the cost of the operating room; laboratory tests; X-ray examinations; anesthesia; drugs (excluding take-home drugs) or medicines; therapeutic services; and supplies.

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### **2. Surgery services:**

Surgeon

Assistant surgeon

Anesthetist

Nurses:

- a) Private duty nursing care only;
- b) During a hospital stay;
- c) Ordered by a physician and
- d) Medically necessary.

General nursing care provided by the hospital is not covered under this benefit.

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**3. Physician's Visits** during a **hospital stay**. Benefits are limited to one visit per day. Benefits do not apply when related to surgery.

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**4. Preadmission Testing** limited to routine tests such as: complete blood count; urinalysis; and chest X-rays. If otherwise payable under the policy, major diagnostic procedures such as: cat-scans; NMR's; and blood chemistries will be paid under the hospital miscellaneous expenses benefit.

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**5. Psychotherapy** for the treatment of a mental or emotional disorder or of related bodily illness by psychological means where the psychotherapy is administered by a physician.

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## **Outpatient medical expenses include:**

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### **1. Surgery services**

Surgeon

Anesthetist

Miscellaneous for day surgery benefits will be paid for services and supplies such as: the cost of the operating room; laboratory tests; X-ray examinations; anesthesia; drugs or medicine; therapeutic services; and supplies.

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2. Miscellaneous hospital and physician services payable as shown in the schedule.

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  3. Physician's visits limited to one visit per day. Benefits do not apply when related to surgery or physiotherapy.

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  4. Physiotherapy limited to one visit per day.

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  5. Medical emergency as defined. Benefits will be paid as shown in the schedule.

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  6. Diagnostic x-ray services.

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  7. Radiation therapy

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  8. Laboratory procedures

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  9. Tests and Procedures:
    - a. Diagnostic services and medical procedures;
    - b. Performed by a physician;
    - c. Excluding physician's visits; Physiotherapy; X-rays; and Laboratory Procedures.

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  10. Injections:
    - a. When administered in the physician's office; and
    - b. Charged on the physician's statement.

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  11. Prescription drugs. Expenses including dressings, drugs and medicines prescribed by a Physician and administered on an outpatient basis, payable at 80% of charges.

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  12. Chemotherapy

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  13. Contraceptive management payable at 100%.

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  14. Preventative care when performed by a network provider or at SHC, payable at 100%.

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  15. Immunization/vaccination coverage offered only for MMR, Varicella, Meningococcal Acwy (1 dose) and TB Testing at 100% of negotiated charges when rendered at St. Vincent's Multi Specialty Group located at 2800 Main St, Bridgeport, CT 06606. Phone: (203) 380-3920.  
If rendered elsewhere, coverage is up to \$350 maximum.

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  16. Titers (covered only at St. Vincent's Multi Specialty Group) at 80% of negotiated charges
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Preventive Service: The following services shall be covered without regard to any deductible, co-payment, or co-insurance requirement that would otherwise apply:

1. Evidence-based items or services that have in effect a rating of "A" or "B" in the current recommendations of the United States Preventive Services Task Force;
2. Immunizations limited to coverage listed in #15 above.
3. With respect to plan participant who are infants, children and adolescents, evidence- informed preventive care and screenings provided for in the comprehensive guidelines supported by the Health Resources and Services Administration;
4. With respect to plan participants who are women, such additional preventive care and screenings not described in paragraph (1) as provided for in comprehensive guidelines supported by the Health Resources and Services Administration. For purposes of this section, recommendations of the United States Preventive Service Task Force regarding breast cancer screening, mammography, and prevention issued in or around November 2009 are not considered to be current. No recommendation of the United States Preventive Service Task Force shall serve to reduce the mammogram benefits.

## Other services:

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1. Ambulance services

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  2. Durable medical equipment - braces and appliances:
    - a. When prescribed by a physician; and
    - b. When a written prescription accompanies the claim when submitted. Braces and appliances include durable medical equipment which:
      - Is primarily and customarily used to serve a medical purpose
      - Can withstand repeated use, and
      - Is not generally useful to a person in the absence of sickness or injury.
      - No benefits will be paid for rental charges in excess of purchase price.

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  3. Consulting physician when requested and approved by the attending physician. Covered expenses will be paid under this benefit or under the physician's visits benefit, but not both on the same day.

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  4. Dental Treatment performed by a physician and made necessary by injury to natural teeth.

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  5. Prescription Drug Expenses including dressings, drugs and medicines prescribed by a Physician and administered on an outpatient basis, payable at 80% of charges.

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  6. Medical Services and Supplies: expenses for blood and blood transfusions; oxygen and its administration

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  7. Mental and nervous disorder (inpatient and outpatient).

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  8. Therapeutic termination of pregnancy.

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  9. Maternity. Covered medical expenses include charges made by a physician for pregnancy and childbirth services and supplies, including prenatal visits (non-preventive care), delivery and postnatal visits.

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  10. Alcoholism/drug abuse treatment: the benefits and maximum amounts are the same as any sickness.
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**Coordination of Benefits Provision:** When a plan participant is covered under more than one valid and collectible health insurance plan, benefits payable will be coordinated with the other plan. Reimbursement from all plans will never exceed 100%. A complete description of the coordination of benefits provision is included in the plan document on file with the plan manager.

**Conformity With State Statutes:** Any provision of the evidence of coverage which, on its effective date, is in conflict with the statutes of the state in which it is issued, is hereby amended to conform to the minimum requirements of such statutes.

## DEFINITIONS

**Eligible Expenses** means the usual, reasonable and customary charges for services or supplies which are incurred by the plan participant for the medically necessary treatment of an injury. Eligible expenses must be incurred while this coverage is in force.

**Plan Participant** means a person and dependent eligible for coverage as identified in the enrollment/application who is a non-United States citizen traveling outside of their home country and has his or her true fixed or permanent home and principal establishment outside of the United States and holds a current and valid passport for whom proper premium payment has been made when due, and who is therefore a plan participant under the policy.

**Dependent** means a plan participant's:

- 1) Lawful spouse, if not legally separated or divorced, or domestic partner or civil union partner.
- 2) Unmarried children under age 26.

The age limitations will not apply to a plan participant's unmarried child who is dependent on the plan participant or other care providers for lifetime care and supervision, and incapable of self-sustaining employment by reason of mental or physical handicap that occurred before age 26. Proof of such dependence and incapacity must be furnished to the company immediately upon enrollment or within 31 days of the child reaching the age limitation. Thereafter proof will be required whenever reasonably necessary, but not more often than once a year after the 2-year period following the age limitation.

**Spouse** means lawful spouse, if not legally separated or divorced or domestic partner or civil partner.

**Child** means the plan participant's natural child, adopted child (or child placed in the plan participant's home for purposes of adoption), foster child, stepchild, or other child for whom the plan participant has legal guardianship (proof will be required). A child must reside with the plan participant in a parent-child relationship. NOTE: In the event the plan participant shares physical custody of the child with another parent, the requirement that the child reside with the plan participant will be waived.

**Preferred Allowance** means the amount a network provider will accept as payment in full for eligible expenses.

**Injury** means bodily harm which results, directly and independently of disease or bodily infirmity, from an accident after the effective date of a plan participant's coverage under the plan document, while this coverage is in force as to the person whose Injury is the basis of the claim. All injuries to the same plan participant sustained in one accident, including all related conditions and recurring symptoms of the Injuries will be considered one Injury.

**Physician** means a person who is a qualified practitioner of medicine. As such, he or she must be acting within the scope of his/her license under the laws in the state in which he or she practices and providing only those medical services which are within the scope of his/her license or certificate. It does not include a plan participant, a plan participant's spouse, son, daughter, father, mother, brother or sister or other relative.

**Sickness** means sickness or disease contracted and causing loss commencing while the coverage is in force as to the plan participant whose sickness is the basis of claim. Any complication or any condition arising out of a sickness for which the plan participant is being treated or has received treatment will be considered as part of the original Sickness.

**Usual, Reasonable and Customary** means the most common charge for similar professional services, drugs, procedures, devices, supplies or treatment within the area in which the charge is incurred, so long as those charges are reasonable. The most common charge means the lesser of the actual amount charged by the provider; The negotiated rate; or The charge which would have been made by the provider for a comparable service or supply made by other providers in the same Geographic Area, as reasonable determined by us for the same service or supply.

Geographic Area means the three digit zip code in which the service, treatment, procedure, drugs or supplies are provided; a greater area if necessary to obtain a representative cross section of charge for a like treatment, service, procedure, device drug or supply.



## EXCLUSIONS

**The Policy does not cover any loss resulting from any of the following unless otherwise covered under the Policy by additional benefits:**

1. Eye examinations, eyeglasses, contact lenses, appliances or prescriptions therefore.
2. Hearing examinations or hearing aids, or other treatment for hearing defects and problems, unless payable as a covered expense associated with an injury covered by the policy.
3. Dental treatment, except as specifically provided for in the schedule.
4. War or any act of war, declared or undeclared.
5. Participation in a riot or civil disorder, commission of or attempt to commit a felony or fighting, except in self-defense.
6. Injury sustained while:
  - a. Participating in any interscholastic, intercollegiate, or professional sports, contest or competition; or
  - b. Traveling to or from such sport, contest or competition as a participant; or
  - c. Participating in any practice or conditioning program for such sport, contest or competition

\*Participating in sports clubs or intramural athletic activities is not excluded.
7. Skydiving; parachuting, motorcycling, scuba diving, jet skiing, mountain climbing (where ropes or guides are used), professional or amateur racing, spelunking, whitewater rafting, hang gliding, glider flying, parasailing, sail planning, or flight in any kind of aircraft, except while riding as passenger on a regularly scheduled flight of a commercial airline.
8. That part of medical expense payable by any automobile insurance policy without regard to fault.
9. Treatment in a military or veterans hospital or a hospital contracted for or operated by a national government or its agency unless:
  - a. The services are rendered on an medical emergency basis; and
  - b. A legal liability exists for the charges made on behalf of a Plan Participant for the services given in the absence of insurance.
10. Elective surgery and elective treatment, including but not limited to correction of a deviated nasal septum, treatment for congenital anomalies, acne, weak, strained or flat feet, corns, calluses or toenails, except as required to correct an injury for which benefits are otherwise payable under the policy.
11. Expenses to the extent that they are paid or payable under other valid and collectible group insurance or medical prepayment plan.
12. Reproductive/Infertility services including but not limited to: infertility (male or female); impotence, organic or otherwise; sterilization or reversal thereof.
13. Organ Transplants.
14. Expense incurred within your home country or country of regular domicile.
15. Elective abortion; elective cesarean section; pregnancy or childbirth of a dependent when dependent child of a plan participant (except for complications arising therefrom).
16. Ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste, from combustion of nuclear fuel, the radioactive, toxic, explosive or other hazardous properties of any nuclear assembly or nuclear component of such assembly.
17. Plan Participant being exposed to the Utilization of nuclear, chemical or biological weapons of mass destruction.

## MEDICAL EVACUATION/REPATRIATION

Benefits will be paid for covered expenses up to the maximum stated in the summary schedule of benefits if an injury or sickness commencing during the period of coverage results in the necessary emergency evacuation of the plan participant. An emergency evacuation must be ordered by a legally licensed physician who certifies that the severity of the plan participant's injury or sickness warrants the emergency evacuation.

### **"Medical Evacuation" means:**

If the local attending legally qualified physician and the authorized travel assistance company determine that transportation to a hospital or medical facility or your return to your primary place of residence is medically necessary to treat an unforeseen sickness or injury which is acute or life threatening and adequate medical treatment is not available in the immediate area, the transportation expense incurred will be paid for the usual and customary charges for transportation to the closest hospital or medical facility capable of providing that treatment. All expenses must be authorized in writing or by an authorized electronic or telephonic means in advance. For authorization please contact On-Call International (866) 509-7715 or (603) 328-1728.

## REPATRIATION OF REMAINS

In the event of the plan participant's death during a trip, the expense incurred within 30 days from the date of the covered loss will be paid for minimally necessary casket or air tray, preparation and transportation of the plan participant's remains to their home country/country of permanent residence.

All expenses must be authorized in writing or by an authorized electronic or telephonic means in advance. For authorization, contact On-Call International (866) 509-7715 or (603) 328-1728.

## PPO – PREFERRED PROVIDER ORGANIZATION

Students insured under this plan may choose to be treated within or outside of the **First Health** or **Multiplan** Networks.

**First Health** – (800) 226-5116 / [www.myfirsthealth.com](http://www.myfirsthealth.com)

**MultiPlan** – (888) 342-7427 / [www.multiplan.com](http://www.multiplan.com)

## PERIOD OF COVERAGE

Coverage will begin at 12:01 am on the latest of the following:

- a. The effective date of the policy; or
- b. The date the enrollment form and premium are received by the underwriting company or its designated representative; or
- c. The date requested on the enrollment form; or
- d. The date the participant enters the United States.

Coverage will terminate at the earliest of the following:

- a. The last date for which premium has been paid; or
- b. The date the plan participant returns to his home country and is no longer eligible; or
- c. The date of entry into active duty military service.

#### **Extension of Accident and Sickness Insurance Benefits**

If a plan participant is hospital confined at termination of coverage, benefits will continue to be paid until the earlier of either discharge from the hospital they are confined to or until the maximum benefit has been paid, whichever occurs first. In no event will benefits continue beyond 30 days beyond the term of coverage.

Newborn children coverage: coverage for a newborn child will begin from the moment of birth. You must give us notice within 31 days of the birth of the child. If notice is not given and additional required premium not paid within 31 days, coverage for the newborn child will terminate upon the expiration of the initial 31 day period.

## **CLAIM PROCEDURE**

In the event of sickness or injury, you should report to the student health service, if available, or the nearest physician or hospital. Persons covered under this plan may choose to be treated within or outside First Health or Multiplan networks. Reimbursement rates will vary according to the source of care as described under the summary schedule of benefits and medical expense benefits.

Please mail the completed claim form and accompanying documentation to the claims administrator, **HealthSmart, 3320 West Market Street, Suite 100, Fairlawn, OH 44333**. The completed claim form, all itemized bills, statements and receipts must be sent to the claims administrator no more than 90 days after a covered loss occurs or end, or as soon after that as is reasonably possible.

Should it become necessary to check upon the status of your filed claim, you may call the claims administrator at (800) 203-4720 between 8:00 A.M. and 5:00 P.M. EST Monday through Friday or e-mail at [iso@healthsmart.com](mailto:iso@healthsmart.com). On line claims status via the internet is available 24 hours a day at [www.healthsmart-iso.com](http://www.healthsmart-iso.com).

## **REFUND OF PREMIUM**

Premium refunds will be considered only for entry into the armed forces. Unearned funds will be refunded for the number of full months only. The refund request must be in writing and your medical insurance ID card must be returned with your request. Premium refunds will not be considered if a claim has been filed during the period of coverage. All refunds are subject to approval by the plan manager. **A \$50 ISO processing fee is applied to all approved cancellation.**

**Underwritten by: Advent Syndicate 780 at Lloyd's**

**Plan Manager: ISO**

This brochure provides you with a summary of the benefits of ISO-Care Unlimited plan as underwritten by Advent Syndicate 780 at Lloyd's. Lloyd's is rated A (Excellent) by AM Best Company 2017.

Please keep this brochure as a summary of the insurance plan as specified in the master policy that is on file with ISO-International Student Organization Trust established in the Cayman Islands (the "Trust"). The policy contains a complete description of all of the same terms and conditions outlined in this brochure including: benefits, limitations, and exclusions as underwritten by Advent Syndicate 780 at Lloyd's. In the event of a discrepancy, the policy will prevail.

## COMPLAINTS

Complaints handling procedures are located at [www.isoa.org/faq](http://www.isoa.org/faq).

## SUBSCRIPTION AGREEMENT

I hereby apply to be a plan participant of ISO - International Student Organization established in the Cayman Islands (the "trust") and to participate in the insurance coverage extended by certain underwriters at Lloyd's ("the insurers") to plan participants under the trust (the "coverage"). I understand that the coverage is not a general health insurance product, but is intended for use in the event of a sudden and unexpected event while traveling outside my home country. I understand that the coverage extended to me will terminate upon my return to my home country unless I qualify for a benefit period or home country coverage. I understand that I may obtain full details of the coverage by requesting a copy of the master policy from the plan manager. I understand that the liability of the Insurers as underwriters of the coverage is as provided in the master policy. By acceptance of coverage and/or submission of any claim for benefits, the plan participant ratifies the authority of the signer to so act and bind the plan participant.

The plan participant undertakes to make all premium payments as they fall due in respect of the coverage extended to them. The trustee shall not be responsible for the administration of such payments.

If the plan participant fails to make any premium payment due in respect of the coverage extended to them, subject to the discretion of the insurance company, such coverage will lapse.

The plan participant hereby confirms the accuracy of all information validity of all representations and warranties provided to the trustee in connection with its participation in the plan and/or the subscription for the insurance coverage, howsoever provided, including the terms of this subscription agreement, (together "representations & warranties"). The plan participant acknowledges that certain of such information will be relied upon by the Insurers as providers of the coverage and that any inaccuracy therein may result in the invalidity of such coverage as it relates to the plan participant, the loss of coverage and all monies paid in relation thereto. The plan participant hereby undertakes to inform the trustee of any change to any of matter that forms the subject of any of the representation & warranties. The plan participant hereby undertakes to indemnify and hold harmless the trustee against any loss or damage (including attorney's fees) occasioned by any inaccuracy in any representation & warranty or failure to advise the trustee of any change in any matter that forms the subject of any of the representation & warranties. The plan participant agrees that the trustee shall be entitled to rely on and to act in accordance with any written instruction purported to be provided by the plan participant and the plan participant hereby undertakes to indemnify and hold harmless the trustee against any loss or damage (including attorney's fees) occasioned by the trustee acting in accordance with any such instruction.

Payments under the terms of the coverage shall be paid by the insurers to the plan participant or directly to a provider if assignment of benefits has been authorized. The trustee shall not be responsible for the administration of such payments.

I confirm that I have satisfied myself that the coverage is appropriate for me and that I meet the eligibility criteria. This insurance is not subject to, and does not provide certain insurance benefits required by the United States' Patient Protection and Affordable Care Act ("PPACA"). PPACA requires certain US citizens or US residents to obtain PPACA compliant health insurance, or "minimum essential coverage." PPACA also requires certain employers to offer PPACA compliant insurance coverage to their employees. Tax penalties may be imposed on U.S. residents or citizens who do not maintain minimum essential coverage, and on certain employers who do not offer PPACA compliant insurance coverage to their employees. In some cases, certain individuals may be deemed to have minimum essential coverage under PPACA even if their insurance coverage does not provide all of the benefits required by PPACA. You should consult your attorney or tax professional to determine whether this policy meets any obligations you may have under PPACA. This plan is not designed to cover US residents and citizens. This policy is not subject to guaranteed issuance or renewal.

## **ASSISTANCE SERVICES**

Assistance services are provided by On Call International. An outline of the assistance services appears below.

### **Pre-Travel Assistance**

- Help in arranging special medical services needed while traveling

### **Medical Emergency Services**

- Worldwide, 24-hour medical location service
- Medical case monitoring, arrange communication between patient, family, physicians, employer, consulate, etc...
- Medical transportation arrangements
- Emergency message service for medical situations

### **Legal Assistance**

- Worldwide, 24-hour contact for non-criminal legal emergencies
- Legal referral to help you locate a consular official or attorney

### **Travel Assistance**

- Help with lost passports, tickets and documents

### **On Call International**

- U.S. or Canada: (866) 509-7715
- International: Contact International Operator to place your call to (603) 328-1728
- E-mail for emergencies to [mail@oncallinternational.com](mailto:mail@oncallinternational.com)

## ENROLLMENT FORM

Rates and benefits are valid for enrollment between August 1, 2018 and July 31, 2019. You may enroll for a period of 3 months minimum and up to 12 months maximum.

For immediate online enrollment, visit [www.isoa.org](http://www.isoa.org)

Please fill in the form, email or fax the form (if paying by credit/debit card), or mail it with a check or money order to ISO.

Last name: \_\_\_\_\_ First name: \_\_\_\_\_

Passport number/ school ID: \_\_\_\_\_ Name of school: \_\_\_\_\_

Home country: \_\_\_\_\_ Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

Date of birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Visa type in passport: \_\_\_\_\_  
month day year

U.S. address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mobile phone: \_\_\_\_\_ Home phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Please start my insurance coverage on: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
month day year

**You are eligible if you are a plan participant of ISO - International Student Organization. You must be outside your home country/country of permanent residence to receive the benefits of coverage.**

I wish to enroll under ISO-Care Unlimited plan (LF003276):

Applicant: number of months \_\_\_\_\_ x \$ \_\_\_\_\_ = \$ \_\_\_\_\_

**I wish to enroll for insurance under the terms of this brochure.**

Fraud Warning: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Signature\_\_\_\_\_ (Please sign here)

Please charge my credit/debit card: Visa [ ] MC [ ] AMEX [ ] Discover [ ]

Credit/debit card number: \_\_\_\_\_

Name as appears on card: \_\_\_\_\_

Billing address: \_\_\_\_\_

Expiration date \_\_\_\_ / \_\_\_\_ Security code (CVV 3 digits) \_\_\_\_\_  
mm / yyyy

Signature of card holder: \_\_\_\_\_

If paying by check, please make a check payable to ISOA and mail to: ISO, 150 West 30th Street, Suite 1101, New York, NY 10001. Fax form to: (212) 262-8920 (if paying by credit card).

**For immediate enrollment, visit [www.isoa.org](http://www.isoa.org).**

**If you have any questions please contact us at:**

**(800) 244-1180 | [mailbox@isoa.org](mailto:mailbox@isoa.org) | [www.isoa.org](http://www.isoa.org)**

**ISO representatives are here to assist you!**