VOYAGER

Accident & Sickness Insurance for International Visitors to the USA

ISO
Student Health Insurance

www.isoa.org
(800) 244-1180

ISO20V
This plan is not ACA compliant

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SUMMARY SCHEDULE OF BENEFITS

	VOYAGER
Policy number	CC001773
Per injury or sickness	$150,000
Lifetime medical maximum	Unlimited
Deductible[1]	$150
ER co-pay (waived if admitted)	$300
Co-insurance[2]	100%
Maternity	Not covered
Medical evacuation	$50,000
Repatriation of remains	$25,000
AD&D - Accidental death & dismemberment	$10,000

[1] Per injury or sickness

[2] Refer to the accident & sickness benefit description hereafter for per event and daily benefit limits.

MONTHLY RATES

Age	VOYAGER
7 – 24	$79
25 – 29	$85
30 – 64	$119
Dependent Child	$125

* This plan is not ACA compliant

ELIGIBILITY

You are eligible if you are a non-US citizen and participant of ISO - International Student Organization. You must have a current passport or visa to the USA and are temporarily residing outside your home country/country of permanent residence.

Your non-U.S. citizen, 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

Payment for any of the covered medical expenses will be no more than the benefit limit shown below to a maximum of $45,000 per event. After eligible benefits have been paid up to the maximum of $45,000, claims will be paid at 80% of usual, reasonable and customary charges up to the per injury or sickness maximum as shown in the schedule of benefits. Benefits are subject to the coordination of benefits provision.

Covered expenses are the preferred allowance for in-network providers or usual, reasonable and customary charges for out-of-network providers for medically necessary services and supplies incurred within 13 weeks from the date of the accident causing the injury or the onset of sickness. Treatment must begin no more than 30 days after the date of the accident or the onset of sickness. Please be aware that if you have a gap between policies or choose to change plans in any subsequent policy enrollment the plan benefits will be subjected to all plan exclusions including a new pre-existing condition exclusion and waiting period.

Covered Medical Expenses include:

	VOYAGER
Hospital room and board expense: daily semi-private room rate when hospital confined.	$1,250 per day, 30 days maximum
Intensive care: this benefit is payable in lieu of the hospital room and board expense	$1,775 per day, 8 days maximum
Hospital miscellaneous expenses: while hospital confined. Benefits will be paid for services and supplies such as: the cost of the operating room; laboratory tests; x-ray examination; anesthesia; drugs (excluding take home drugs) or medicines; therapeutic services; and supplies	$500 per day, 30 days maximum
Surgeon's benefit (inpatient or outpatient): physician's fees for surgery. Covered medical expenses will be paid under this Inpatient surgery benefit; or under the outpatient surgery benefit, but not for both	$3,000 maximum
Assistant surgeon (inpatient or outpatient)	25% of surgeon's benefit payable

Day surgery (outpatient): in connection with outpatient day surgery; excluding non- scheduled surgery and surgery performed in a hospital emergency room, trauma center, physician's office, or clinic. Benefits will be paid for services and supplies such as: the cost of the operating room, laboratory tests and x-ray examinations including professional fees, anesthesia, drugs or medicines, therapeutic services and supplies	$1,000 maximum
Pre-admission testing	$900 maximum
Anesthesia benefit (inpatient or outpatient)	25% of surgeon's benefit payable
Diagnostic x-rays & lab services Cat scan, PET scan or MRI	$400 maximum per event Additional $350 per event
Ambulance service	$400 maximum
Physician visits (inpatient or outpatient): benefits are limited to one physician's visit per day. Benefits do not apply when related to surgery. Covered medical expenses will be paid under the inpatient benefit or under the outpatient benefit for physician's visits but not both	$50 per visit, 1 visit/ per day, 30 days maximum
Consultant physician fees: when requested and approved by the attending physician	$400 maximum
Emergency room benefit: includes the attending physician's charges, x-rays, laboratory procedures, use of the emergency room and supplies. If a plan participant is admitted to the hospital following visit to the emergency room, the additional deductible is waived. After the deductible has been satisfied the plan will pay 80% of reasonable and customary charges	80% of reasonable and customary charges
Mental and nervous condition (inpatient)	80% payable, maximum of 30 days per coverage period
Mental and nervous condition (outpatient)	maximum of 40 visits, $5,000 maximum, per period of coverage, payable at 80%
Alcoholism/drug abuse treatment	Same as any sickness
Emergency dental expense: 1) performed by a physician; and 2) made necessary by injury to natural teeth. Routine dental care and treatment to the gums are not covered (see exclusion 20)	$500 maximum
Radiation therapy and or chemotherapy	$1,000 maximum
Physiotherapy (inpatient or outpatient)	$35 per visit, 1 visit per day, 12 visits maximum

Durable Medical Equipment - Braces and Appliances: must be medical equipment prescribed by a physician that 1) is primarily and customarily used to serve a medical purpose; 2) can withstand repeated use; and 3) generally is not useful to a person in the absence of injury. No benefits will be paid for rental charges in excess of the purchase price	$1,000 maximum
Prescription drugs (outpatient)	$100 maximum per event

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.

ACCIDENTAL DEATH & DISMEMBERMENT

If injury to the plan participant results, within 365 days of the date of a covered accident, in any one of the losses shown below, we will pay the benefit amount shown below for that loss, up to the principal sum of $10,000. If multiple losses occur, only one benefit amount, the largest, will be paid for all losses due to the same accident.

Covered Loss	**Benefit Amount**
Life	100% of the principal sum
Two or more members	100% of the principal sum
One member	50% of the principal sum
Thumb and index finger of the same hand	25% of the principal sum

"Member" means loss of hand or foot, loss of sight, loss of speech, and loss of hearing. "Loss of hand or foot" means complete severance through or above the wrist or ankle joint. "Loss of sight" means the total, permanent loss of sight of one eye. "Loss of speech" means total and permanent loss of audible communication that is irrecoverable by natural, surgical or artificial means. "Loss of hearing" means total and permanent loss of hearing in both ears that is irrecoverable and cannot be corrected by any means. "Loss of a thumb and index finger of the same hand" means complete severance through or above the metacarpophalangeal joints of the same hand (the joints between the fingers and the hand). "Severance" means the complete separation and dismemberment of the part from the body.

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.

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.

Pre-Existing Condition means an Injury or sickness, disease, or other condition during the 365 day period immediately prior to the date the plan participant's coverage is effective for which the plan participant: 1) a. received or received a recommendation for a test, examination, or medical treatment for a condition which first manifested itself, worsened or became acute or b. had symptoms which would have prompted a reasonable person to seek diagnosis, care or treatment; or 2) took or received a prescription for drugs or medicine. Item (2) of this definition does not apply to a condition which is treated or controlled solely through the taking of prescription drugs or medicine and remains treated or controlled without any adjustment or change in the required prescription throughout the 365 day period before coverage is effective under the plan participant's plan.

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.

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

Annual Maximum means the maximum payable limit per term of coverage, which is the lesser 3 months up to a maximum of 364 days.

Lifetime Medical Maximum means the maximum payable limit for all consecutive terms of coverage.

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 medical service 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.

Benefit Period means the period of time from the date of the accident causing the Injury for which benefits are payable, as shown in the schedule of benefits, and the date after which no further benefits will be paid.

For a complete list of definitions, please see the master certificate on file with the plan manager.

EXCLUSIONS

No benefits will be paid for loss or expense caused by, contributed to, or resulting from:

1. Suicide, attempted suicide (including drug overdose) self-destruction, attempted self-destruction or intentional self-inflicted Injury while sane or insane;
2. War or any act of war, declared or undeclared;
3. Voluntary, active participation in a riot or insurrection;
4. Medical expenses resulting from a motor vehicle accident (motorcycle accident is not covered) in excess of the coordination of benefits provision;
5. Organ transplants;
6. Treatment for an injury or sickness caused by, contributed to or resulting from the plan participant's voluntary use of alcohol, illegal drugs or any drugs or medication that is intentionally not taken in the dosage recommended by the manufacturer or for the purpose prescribed by the plan participant's physician;
7. Eligible expenses for which the plan participant would not be responsible in the absence of the policy;
8. Treatment of acne;
9. Charges which are in excess of usual, reasonable and customary charges;
10. Charges that are not medically necessary;
11. Charges provided at no cost to the plan participant;
12. Expenses incurred for treatment while in your home country;

13. Expenses incurred for an accident or sickness after the 13 week benefit period or incurred after the termination date of coverage;
14. Regular health checkups, immunizations, vaccinations, routine physical, or other examination where there are no objective indications or impairment in normal health;
15. Services or treatment rendered by an immediate Family member of the plan participant;
16. Benefits for enrolling solely for the purpose of obtaining medical treatment, while on a waiting list for a specific treatment, or while traveling against the advice of a physician;
17. Pre-existing conditions; however a Pre-existing condition will be covered after the plan participant has been continuously insured for 18 months under the same insurance plan;
18. Pregnancy or childbirth; elective abortion; elective cesarean section;
19. Drug, treatment or procedure that either promotes or prevents conception, or prevents childbirth, including but not limited to: artificial insemination, treatment for infertility or impotency, sterilization or reversal thereof;
20. Dental care or treatment other than care of sound, natural teeth and gums required on account of Injury resulting from an accident while the plan participant is covered under the policy, and rendered within 6 months of the accident;
21. Eyeglasses, contact lenses, hearing aids braces, appliances, or examinations or prescriptions therefore;
22. Weak, strained or flat feet, corns, calluses or ingrown toenails;
23. Expenses incurred during a emergency room visit which is not of an emergency nature;
24. Treatment paid for or furnished under any other individual or group policy, or other service or medical prepayment plan arranged through the employer to the extent so furnished or paid, or under any mandatory government program or facility set up for the treatment without cost to any individual;
25. Injury sustained while taking part in: mountaineering, hang gliding; parachuting; bungee jumping racing by horse, motor vehicle or motorcycle; snowmobiling; motorcycle/motor scooter riding; scuba diving, involving underwater breathing apparatus, unless PADI or NAUI certified; snorkeling; water skiing; jet skiing; snow skiing; spelunking; parasailing; white water rafting; surfing, unless part of a school credit course; and snowboarding.
26. Practice or play in any amateur, club, intramural, interscholastic, intercollegiate, professional or semiprofessional sports contest or competition;
27. Elective or cosmetic surgery and elective treatment or treatment for congenital anomalies (except as specifically provided), except for reconstructive surgery on a diseased or injured part of the body (correction of a deviated nasal septum is considered cosmetic surgery unless it results from a covered Injury or sickness);
28. Travel or flight in or on any vehicle for aerial navigation, including boarding or alighting from or while riding as a passenger in any aircraft not intended or licensed for the transportation of passengers.

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 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

Persons 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
MultiPlan – (888) 342-7427 / www.multiplan.com

MENTAL HEALTH HOTLINE

CareConnect provides 24/7 access to professional assistance to help manage personal concerns, emotional issues, transition and adjustment concerns, academic stress, career development and the demands of daily and family obligations.

Care Connect Behavioral Health Hotline - (888) 857-5462

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 and pay additional required premium within 31 days of the birth of the child. If notice is not given 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 insured 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**, Wellfleet, PO Box 15369, Springfield MA, 01115**. 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

855-664-5837 between 8:30 A.M. and 7:00 P.M. EST Monday through Thursday and between 8:30 A.M. and 5:00 P.M. EST Friday or e-mail at ISOclaims@wellfleet-iso.com. On line claims status via the internet is available 24 hours a day at www.wellfleet-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: Crum & Forster SPC, part of Crum & Forster Group Companies

Plan Manager: ISO

This brochure provides you with a summary of the benefits of the VOYAGER plan as underwritten by Crum & Forster SPC, part of Crum & Forster Group Companies, which is rated A (Excellent) for financial strength by AM Best Company 2019.

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. 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 Crum & Forster SPC, part of Crum & Forster Group Companies. In the event of a discrepancy, the policy will prevail.

COMPLAINTS

Complaints handling procedures are located at 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 Crum & Forster SPC, part of Crum & Forster Group Companies ("the Insurer") 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 Insurer as underwriter of the coverage is as provided in the master policy issued to the Trust. 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.

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

ENROLLMENT FORM

Rates and benefits are valid for enrollment between July 1, 2020 and December 30, 2020. You may enroll for a period of 3 months minimum and up to 12 months maximum.

For immediate online enrollment, visit 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:_____

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 VOYAGER (CC001773)

1) Applicant: number of months_____ x $_____ = $_____

2) Child 1: number of months_____ x $_____ = $_____

3) Child 2: number of months_____ x $_____ = $_____

4) Annual service fee: = $25_____

5) Total payment enclosed: (This sum must equal sum of payment) = $_____

Complete name and date of birth if insurance is requested:

	First name	Last name	Date of birth	Gender (circle)	Visa type in passport
Child 1			mm / dd / yyyy	Male / Female	
Child 2			mm / dd / yyyy	Male / Female	

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.

If you have any questions please contact us at:

(800) 244-1180 | mailbox@isoa.org | www.isoa.org

ISO representatives are here to assist you!