

University of Wisconsin Law School  
Study Abroad Health Insurance Application  
Cultural Insurance Services International (CISI)  
CISI # 17 STB 009987904

(Details available at: [http://www.bussvc.wisc.edu/risk\\_mgt/international%20health%20insurance.html](http://www.bussvc.wisc.edu/risk_mgt/international%20health%20insurance.html))

Participant Name:

First

Middle Initial

Last

Date of Birth:

Gender:

Destination:

Date of Departure:

Date of Return:

Program Name:

Department Name:

Email Address:

In order to enroll, please complete this form and calculate the current premium (\$33.00 per month.) multiplied times the number of **months** you will be abroad on your study program (partial months are not allowed) **at least 3 weeks before departure**. Payment for the entire trip must be made prior to departure.

**x \$33.00 =**

# of months

**\*Payment due upon receipt. We do not accept credit or debit cards. CHECK OR MONEY ORDER ONLY. Please make checks payable to the UW Board of Regents**

Bring/send the completed form together with your check to:

Sumudu Atapattu

Director, Research Centers & International Programs

UW Law School (Room 6218)

975 Bascom Mall, Madison, WI 53706

(updated 11/22/2017)