Enrollments

Enrolling Participants

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Enrolling NEW Participants

Step 1: Click on Add Enrollments.

You can enroll your NEW participants using one of the following methods:

a) Upload the CISI Import Template (typically used for groups)

<u>OR</u>

b) Manually Add Individuals (used for one-off enrollments)

Account Information • Generate your policy specific import templates • perform various activities with clicks Subscriptions • Upload enrollment templates • Send welcome package for in View/print invoice details Barticipant Search • Manage itinerary etc. • Make online payments			
Add individual enrollments Generate your policy specific import templates Upload enrollment templates Subscriptions Manage itinerary etc. Add individual enrollments Generate your policy specific import templates Send welcome email packages Manage itinerary etc. Add individual enrollments Generate your policy specific import templates Send welcome email packages Manage itinerary etc. Generate your policy specific import templates Send welcome package for im View/print invoice details Make online payments Receive notifications on outsta		Welcome to CISI Clie	ent Portal
Account Information • Generate your policy specific import templates • Derform various activities with clicks Subscriptions • Send welcome email packages • Send welcome package for im various activities with clicks Receive notifications • Send welcome email packages • Nanage itinerary etc.	SAL	Enroliments	Invoicing
Subscriptions • Manage itinerary etc. • Make online payments Participant Search • Receive notifications on outstands	Account Information	 Generate your policy specific import templates 	 Quickly search through invoices and perform various activities with just a fe clicks Send welcome package for invoices
Manage functory etc. Manage functory etc. Manage functory etc. Manage functory etc. Receive notifications on outst:	Subscriptions		
Add Enrollments Search & Reporting tools Travel information	Participant Search		Receive notifications on outstanding invoices

1. Select GENERATE TEMPLATE.

2.

CULTURAL INSURANCE SERVICES INTERNATIONAL	ipant Search Q Close	d Invoice Search			
"DESTINATION_CIT multiple cities, please alternative options. This will become effe	Y" field be completed on e separate each destination ective for all enrollments s	the enrollment ros on by a comma. If ubmitted after Fel	ter. The "destinati this functionality i oruary 15th, 2016	on city" field is a free for s not compatible with yo	affected students, we will be requiring that the m (allowing up to 256 characters). If your traveler i ur current enrollment system, please contact us to ge if any of the enrollments are missing "destinatio
Policy Number	Effective Date [†]	End Date [†]	Invoice	Template	ம Enrollment/Import tips
19 GLMN 00000000	15 -Aug- 2019	14-Aug-2020	+ Create Invoic	e 🛃 Generate Temp	Please read the instructions be-
	ate and save. must be completed in ional instructions on h				HELPFUL HINT: Save the completed template so you can access it again. If a group cancels, you can then use the saved spreadsheet to cancel or change coverage dates (so you won't have to

3. Once you have the template completed, Click on **CREATE INVOICE**.

Policy Number	Effective Date [†]	End Date [†]	Invoice	Template	Burollment/Import tips
19 GLMN 0000000	15-Aug-2019	14-Aug-2020	+ Create Invoice	Generate Template	Please read the instructio

complete the form again).

4. Click on IMPORTENROLLMENTS to upload the enrollments.

PO Number	Please note: once you create a PO number it can not be modified.			🛱 Delete Invoice
Enroliments	٥	+ Add Individual Enrollment	Import Enrollments	Generate Template
Enrollments do	not exist for this invoice. Please add or import enrollments.		\smile	

*If errors are generated, please double check to make sure the template was completed correctly. See page click here to verify if you completed the template correctly. If you need assistance, please email <u>enrollments@mycisi.com</u> or call Kathleen Connors at 203-399-5509.

5. Once uploaded, and no errors occurred, click on **CLOSE INVOICE**.

PO Number	Please note: once y	ou create a PO number i	H Sav	re				Delete Invoice	Close	Invoice
Enroliments	0				► Add Individual	Enrollment	🛎 Import E	nrollments .	Generate T	emplate
ast Name		First Name	Birth Date	Start Date	End Date	Orig. Cntry	Dest. Cntry	Periods	Total	Action
SMITH		JOHN	12-Oct- 1999	15-Aug- 2019	21-Nov- 2019	US	IT	98.0	121.52	n Delete

6. Prompts you to a **PAY NOW OR LATER** screen – **select which one**.

<u>Note</u>: You can also pay later by credit card.

If you are submitting payment by check, please use the address on the **bottom** of the **Invoice Cover Letter**.

Invoice Premi	um Summary		C View Invoice Report
Number of E	inrollees: 1		
Total Insura	nce Fees: \$98.74	55	SL Certificate
Payment Inform Expiration		Enter in Credit	
Credit Click Pay Later	Card #	Card information if you are paying right away.	
By Check if you are not paying at this time.	Pay Later By Check		

7. If you click pay later: Click OK when this box pops up.



8. Prompted to send Welcome Package screen. Click on Send Welcome Package.

Payment Method Accepted	🖨 Invoice Detail Report	Invoice Cover Letter	🖨 ID Cards
Your have choosen to pay this invoice at a later time. Payment must reach us within 30 days.			
	Print N	/iew Email reports	
Send welcome email packages to all students in this invoice	Email	Select all repo	orts Clear all
		lnvoice Det	ails
		🚔 Invoice Det	ails [Excel]
		🚔 Invoice Cov	er Letter
		🚔 Invoice ID C	Cards
	Email		🖾 Send
Send Welcome Package Email		1	
This will come from enrollments email address (<u>enrollments@culturalinsurance.co</u> and the subject line will be CISI Insurance Materials '.	10	u can downloa /or send the i	

cards, and consulate letters.

This contains the following:

- Participant ID Card
- Consulate Letter
- Brochure
- Claim Form
- How-to create a myCISI log in and link to our CISI Traveler App

9. This screen will appear. Click on Send Emails.

	send welcom	ie email blast					
	If you would like to provide email addresses of the participants, please do so below and save them before sending welcome emails, other please continue.						
This field allows you to edit the email address	Last name	First name	Email Address				
before sending the welcome package, or if you	SMITH	JOGN	JSMITH@EXAMPLE.EDU				
forgot to put in the email address, you can add one.							
	If you would like	to receive a confir	mation email, please enter a valid email address below.				
Receive an email with an excel spreadsheet to see			matori email, prease enter a valid email address below.				
if the email(s) went through successfully.	Your email a	address					
Copy yourself or others on the welcome emails	CC email addres	55					
being sent to participants. You or the person you	Enter email	address					
put will receive each welcome email.							
Click on Send Emails to complete the							
Send Welcome Package process.	1 out of 1 participant	s) have email address	see 📎 Send Emails				

4 | Page

(if you received any errors, please check for the following)

NOTE: All fields in yellow MUST be completed. Do not change the top row. The column titles are how our system reads the information you put in. Changing the names or leaving yellow columns blank will cause errors upon upload.

1. SPONSOR_CODE (MANDATORY FIELD)

If not already populated, please enter in your Sponsor Code (this will be the Sponsor ID you used to log into the Client Portal.)

2. POLICY_NUMBER (MANDATORY FIELD)

Please make sure the policy number is correct. The <u>Coverage Start Date</u> **must be within the effective dates**. Note: Make sure the Policy Number has the right year if you are using a template you already saved on your computer. To verify a Policy Number, you can go to **Add Enrollments** screen and see the coverage dates for each policy number. (*Examples:* **21** STB... or **21** GLM N... or **21** CC... **21** US...)

3. TRANSACTION_TYPE (MANDATORY FIELD)

If not already populated, please select NEW for new enrollees

	Transaction Type	Las
	NEW	-
Ν	IEW	
Ε	XT	-
E	RN	
Ε	RT	
C	AN	
R	EN	
C	OR	

4. **GENDER** (MANDATORY FIELD)

Use F, M, U *not* Female, Male, Unknown, *nor* m, f, u (has to be capitalized)

F	
Gender	Bir
	-
М	
F	-
U	

5. BIRTH_DATE (MANDATORY FIELD)

Please make sure that the correct birthdate is provided. (mm/dd/yyyy)

6. **START_DATE** (MANDATORY FIELD)

When the participant's coverage Begins (mm/dd/yyyy) Note: The <u>Coverage</u> **Start** Date must be within the effective dates of the corresponding policy number.

7. END_DATE (MANDATORY FIELD)

When the participant's coverage Ends (mm/dd/yyyy) Note: The <u>Coverage</u> <u>End</u> <u>Date</u> cannot exceed 12 months from the Coverage Start Date.

8. ENROLLMENT_CELL_CODE (MANDATORY FIELD)

Select the rate that applies. (Do NOT leave Enrollment Cell Code Blank - This calculates the cost)

Example: Enrollment Cell Code Insu

9. INSURANCE_TYPE (MANDATORY FIELD)

Select from dropdown if MED is not already pre-filled in.

10. COUNTRY_OF_ORIGIN (MANDATORY FIELD)

2-letter Country Codes, or the Country Name written out Example: Use **US** or **United States** <u>not</u> USA *You can type in the 2-letter code, write the Country Name, or select from the dropdown.*

11. COUNTRY_OF_DESTINATION (MANDATORY FIELD)

2-letter Country Codes, or the Country Name written out Example: Use **US** or **United States** <u>not</u> USA *You can type in the 2-letter code, write the Country Name, or select from the dropdown.*

TRAVELING TO MULTIPLE CITIES AND/OR COUNTRIES: List in City of Destination using a comma in between.

WHAT TO PUT FOR COUNTRY OF DESTINATION IF PARTICIPANTS ARE TRAVELING TO MORE THAN ONE COUNTRY:

Put the place the participant first travels to, is going to be spending the most time in, or needs a visa for.

ITINERARY FEATURE: Please have participants traveling to multiple countries download the CISI Traveler App OR Create a myCISI login via the Participant Portal on a computer and have them complete the **<u>Itinerary</u>** section. If there is civil unrest, a security evacuation is triggered, or a natural disaster occurs, they will appear on the roster we pull for that country.

12. SPONSOR_PROG_NAME (OPTIONAL FIELD)

<u>Optional Field</u> – This is not required by CISI, however this is beneficial to include if you have a specific program name. When you do a Participant Search, you can search by the Sponsor Program Name to pull up participants.

13. SPONSOR_PARTIC_ID (OPTIONAL FIELD)

<u>Optional Field</u> - This is not required by CISI, however this is helpful if you need to search for a participant later on and you have your own ID number you want to search by.

14. EMAIL_ADDRESS (MANDATORY FIELD)

(IF YOU DECIDE NOT TO INCLUDE THE EMAIL ADDRESSES, WE WILL NOT BE ABLE TO CONTACT OR SEND THE PARTICIPANT HIS/HER/THEIR INSURANCE INFORMATION VIA THE WELCOME PACKAGE EMAIL)

Note: Make sure there are no typos with @, a period (.), and no additional characters are included, such as ',' – this will generate an error and/or the participant will not receive their necessary insurance materials if it is not corrected before sending the welcome emails.

If you do not want to have the participants e-mail addresses listed, please put your own.

15. PHONE NUMBER (OPTIONAL FIELD)

This is in case we need to contact the participant.

16. PRIVACY_CONSENT (DO NOT DELETE)

Leave this column as-is. It is on the template because you are uploading personal information.

17. PRIVACY_CONSENT_LINK (DO NOT DELETE)

Leave this column as-is. It is on the template because you are uploading personal information.

18. SEC_EMAIL_ADDRESS (OPTIONAL FIELD)

If a participant has a second email address you want to include, or there is a team member that wants to also receive the welcome email, you can include it in this column.

HELPFUL HINT: COUNTRY OF ORIGIN & COUNTRY OF DESTINATION

Sheet 2 has the Country Names and two-letter Country Codes for your reference. 1. Select +CREATE INVOICE.

CULTURAL INSURANCE SERVICES INTERNATIONAL	nt Search Q Close	d Invoice Searc	h			
"DESTINATION_CITY" f multiple cities, please se alternative options. This will become effective	field be completed on t eparate each destination ve for all enrollments su	he enrollment ro n by a comma. I ubmitted after Fe	ster. The "destination f this functionality is abruary 15th, 2016.	n city" field is a free form not compatible with you	n (allowing ir current e	udents, we will be requiring that the up to 256 characters). If your traveler i nrollment system, please contact us to the enrollments are missing "destination
Policy Number	Effective Date [†]	End Date [†]	Invoice	Template		C Enrollment/Import tips
19 GLMN 00000000	15-Aug-2019	14-Aug-2020	+ Create Invoice	🛃 Generate Templa	ate	Please read the instructions be

2. Click on +ADD INDIVIDUAL ENROLLMENT to upload the enrollments.

PO		H Save			🛗 Delete Invoice
	ing purposes, or you can put the	nal. You can put in a PO number if you need program name or destination if it is helpful reate a PO number it cannot be modified.			
Enrollments	٥	C Change Existing Enrollments	+ Add Individual Enrollment	🛎 Import Enroliments	🛓 Generate Template

3. Enter in all fields that have ***** and click on **+ADD ENROLLMENT**.

First Name		* Last Name
Gender		* Date of Birth mm/dd/yyyy
Please Select One	~	
Origin Country		* Destination Country
Please Select One	~	Please Select One
Destination City		
Start Date mm/dd/yyyy		* End Date mm/dd/yyyy
		
Program Name		Sponsor Partic Id
mail Address		Secondary Email Address
Phone Number		
Coverage Type Enrollment Cell		* Insurance Type Reporting Cell
Please Select One	~	Please Select One

4. Once uploaded, and no errors occurred, click on **CLOSE INVOICE**.

Note: If you are enrolling more than one person, click on **+ADD ENROLLMENTS** again until you added all participants you wish to enroll, then **CLOSE INVOICE**.

PO Number Pleas	se note: once you create a PO number it c	R sa	ve				j Delete Invoic	Close	e Invoice
Enrollments 1				Add Individual	Enroliment	🛎 Import E	inrollments	🛃 Generate T	emplate
_ast Name	First Name	Birth Date	Start Date	End Date	Orig. Cntry	Dest. Cntry	Periods	Total	Action
змітн	JOHN	12-Oct-	15-Aug-	21-Nov-	US	IT	98.0	121.52	ŵ

5. Prompts you to a **PAY NOW OR LATER** screen – **select which one**. <u>Note</u>: You can also pay later by credit card.

If you are submitting payment by check, please use the address on the bottom of the Invoice Cover Letter.

Invoice Prem	ium Summary			C View Invoice Report
Number of	Enrollees: 1			
Total Insur	ance Fees: \$98.74			SSL Certificate
Payment Inforn Expiration		Ŧ		
Credit	Card #		Enter in Credit Card information if you are paying	
Click Pay Later	🖬 Submit P	ayment	right away.	
By Check if you are not paying at this time.	Pay Later I	By Check		

6. If you click pay later: Click OK when this box pops up.



7. Prompted to send Welcome Package screen. Click on Send Welcome Package.

Payment Method Accepted	🖨 Invoice Detail Report	A Invoice Cover Letter	🖨 ID Cards
Your have choosen to pay this invoice at a later time. Payment must reach us within 30 days.			
	Print	View Email reports	;
Send welcome email packages to all students in this invoice		Select all repo	orts Clear all
Send Welcome Package	Em	ail ? View/Print	
		🚔 Invoice Det	ails
		🚔 Invoice Det	ails [Excel]
		🖨 Invoice Cov	er Letter
		🚔 Invoice ID C	Cards
	Em	ail	🖾 Send
Send Welcome Package Email		1	
This will come from enrollments email address (<u>enrollments@culturalinsurance.cor</u> and the subject line will be CISI Insurance Materials '.		ou can downloa d/or send the i	

This contains the following:

- Participant ID Card
- Consulate Letter
- Brochure
- Claim Form
- How-to create a myCISI log in and link to our CISI Traveler App

This screen will appear. Click on Send Emails. 8.

	P	end weicom	e email blast	
		If you would like to provide please continue.	email addresses of the parti	sipants, please do so below and save them before sending welcome emails, otherwise
This field allows you to edit the email address		Last name	First name	Email Address
before sending the welcome package, or if you		SMITH	JOGN	JSMITH@EXAMPLE.EDU
forgot to put in the email address, you can add one.	1			
		lf you would like	to receive a confin	mation email, please enter a valid email address below.
Receive an email with an excel spreadsheet to see		Your email a	ddress	
if the email(s) went through successfully.		CC email addres		
Copy yourself or others on the welcome emails				
being sent to participants. You or the person you		Enter email	address	
put will receive each welcome email.				
Click on Send Emails to complete the Send Welcome Package process.	1	out of 1 participant(s) have email address	set Send Emails

and/or send the invoice, ID cards, and consulate letters.

1. Got to **Add Enrollments** on the Home Screen, left sidebar.

Aco	count Information	1
Sul	oscriptions	
Par	ticipant Search	
Ad	d Enrollments	

2. Click on Create Invoice.

Policy Number	Effective Date [†]	End Date [†]	Invoice	Template
21 XXXX123456	01-Jan-2021	31-Dec-2022	+ Create Invoice	Generate Template

3. Click on Change Existing Enrollments.

PO	➡ Save
The second second second	Please note: This field is optional. You can put in a PO number if you need Iling purposes, or you can put the program name or destination if it is helpful ou can leave it blank. Once you create a PO number it cannot be modified.
Enrollments	S O Change Existing Enrollments + Add Individual Enrollment 2 Import Enrollments Center Template
Enrollments do	to not exist for this invoice. Please add or import enrollments.

4. You can search for a participant by any of the following fields: First Name, Last Name, Gender, Date of Birth, Participant ID, Sponsor ID and/or Email Address. Not all fields need to be completed. Once you've entered in your preferred search field(s), click on **Search**.

Change Enrollments		×
Search Participants		
First name	Last name	
John	Johnson	
Gender	Date of birth mm/dd/yyyy	
	\$	
Participant Id	Sponsor Partic id	
	Ĝ	
Email		
C Reset Form		Q Search
		Cocarci

<u>Example:</u>
Searching by First and Last
Name: 'John Johnson'

Г

5. Click on the \blacksquare next to the enrollment you want to edit.

ntic Id E	Dob	Gender	Email	Start Date	End Date	INS	Org/Dest
48175 2	29-Feb-1984	м	EXAMPLE@EX.EDU	14-Jun-2021	01-Jan-2022	MED	US /IT

6. Click on Change Enrollment Dates.

Name	Partic Id	Dob	Gender	Email	Start Date	End Date	INS	Org/Dest	
JOHN JOHNSON	2548175	29-Feb-1984	М	EXAMPLE@EX.EDU	14-Jun-2021	01-Jan-2022	MED	US /IT	
							Change D	remographics	

7. Enter in new Coverage Dates in the **New Effective Date** and **New End Date**. Then click **Save Changes**.

Current End Date
01/01/2022
New End Date
01/21/2022

8. When the Save Changes? Box appears, click OK if you want to finalize the date change. *If you entered in the wrong date, click* Cancel to go back.

Change Enrollment Date		
Current Effective Date		Current End Date
06/14/2021		01/01/2022
New Effective Date	Save Changes?	
Go Back to Results	re Changes	Cancel OK

9. If you have another participant whose dates need to be adjusted, you can click on **Changing Existing Enrollments** and follow the same steps. Once you are done making the date corrections, proceed to Close the invoice like you would when enrolling NEW participants.

	note: This field is optional. You can put		eed				Delete Invoice		e Invoice
, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ses, or you can put the program name ve it blank. Once you create a PO numb								
ior you, or you carried	ve it blank. Once you create a PO humi	ber it cannot be mounieu.							
Enrollments 2						9 1		10	
Enrollments 2		C Change Existing E	nrollments 🕂	- Add Individual	Enrollment	🚨 Import Er	nrollments	💆 Generate 1	ſemplate
Enrollments 2	First Name	☑ Change Existing E Birth Date	nrollments + Start Date	- Add Individual End Date	Enrollment Orig. Cntry	lmport Er Dest. Cntry	nrollments Periods		Template Action
	First Name JOHN				Orig.	Dest.			Action

If a participant is no longer partaking in a program, you can cancel their coverage through the Client Portal.

<u>Please note</u>: This only works if you are canceling someone's coverage whose program has not started yet. If the start date is in the past, please email <u>enrollmets@mycisi.com</u> requesting to cancel the person's coverage and state that the person never left their Home Country to partake in the program. We will need the person's name, birthdate and/or CISI Participant ID.

Two ways to cancel coverage:

- **Group Cancellations** (When a whole program cancels, or if you have a large group)
- Individual Cancellations (typically used for one person, or if you have a few)

CANCELLING ONE OR A FEW PARTICIPANTS

To Cancel a participant's coverage whose program has not started yet, follow these instructions:



2. Click on Create Invoice.

Policy Number	Effective Date [†]	End Date [†]	Invoice	Template
21 XXXX123456	01-Jan-2021	31-Dec-2022	+ Create Invoice	Generate Template

3. Click on Change Existing Enrollments.

PO		H Save			Delete Invoice
Number	Please note: This field is optional. You can put in a PO numb	per if you need			
it for your bil	ing purposes, or you can put the program name or destination	if it is helpful			
for you, or yo	u can leave it blank. Once you create a PO number it cannot b	e modified.			
Enrollments	0 🗹 Char	nge Existing Enrollments	+ Add Individual Enrollment	Import Enrollments	🛓 Generate Template

4. You can search for a participant by any of the following fields: First Name, Last Name, Gender, Date of Birth, Participant ID, Sponsor ID and/or Email Address. Not all fields need to be completed. Once you've entered in your preferred search field(s), click on **Search**.

			Example: Searching by First and Las
Search Participants			Name: 'John Johnson'
First name		Last name	
lohn		johnson	
Gender		Date of birth mm/dd/yyyy	
	\$		
Participant Id		Sponsor Partic id	
	0		
Email			
C Reset Form			Bearch

5. Click on the \equiv next to the enrollment you want to edit.

		Dob	Gender	Email	Start Date	End Date	INS	Org/Dest	
JOHN JOHNSON	2548175	29-Feb-1984	М	EXAMPLE@EX.EDU	21-Sep-2021	21-Jan-2022	MED	US /FR	Ξ
	2040110	23-100-1004	101		21-000-2021	21-041-2022	INCO		

6. Select Cancel Enrollment.

Name	Partic Id	Dob	Gender	Email	Start Date	End Date		INS	Org/Dest	
JOHN JOHNSON	2548175	29-Feb-1984	М	EXAMPLE@EX.EDU	21-Sep-2021	21-Jan-20	22	MED	US /FR	
								-	mographics	
								-	rollment Date	es 1
							Ua	ncei Enr	oliment	

7. Select **OK** to cancel the coverage.

		Chang
		Cance
Cancel Enrollment?		
	\frown	
	Cancel OK	

8. If you need to cancel another participant's coverage, follow the same steps. Once done, Close the invoice.

it for your billing pu	ise note: This field is optional. You can p rposes, or you can put the program nam leave it blank. Once you create a PO num	e or destination if it is help	ful						
Enrollments 1		C Change Existing E	Enrollments	+ Add Individual	Enrollment	🛓 Import E	nrollments	差 Generate 1	emplate
Enrollments 1	First Name	C' Change Existing E Birth Date	Enrollments		Enrollment Orig. Cntry	≚ Import E Dest. Cntry	nrollments Periods		emplate Actior

IMPORTANT: After closing the invoice: If you need CISI to initiate a refund via credit card, ACH, or check because the initial enrollment has already been paid, please email <u>enrollments@mycisi.com</u> with the cancellation invoice and how you would like it to be refunded. See next page for additional information.

Cancellations and Date Corrections Resulting in a Negative Balance

Unused premium will be refunded. Please inform CISI your preferred methods below.

Please indicate if you would like us to do one of the following:

IF THE INITIAL INVOICE HAS BEEN PAID -

- a) Refund back onto Credit Card (if the Credit Card was the payment method);
- b) Refund via Check;
- c) Refund via ACH/Wire
- d) Keep the Credit on file to apply to a Future/Another Invoice (when you want to apply the credit, please email enrollments and provide the credit invoice number and the invoice you would like us to apply it to)

IF THE INITIAL INVOICE <u>HAS NOT BEEN</u> PAID -

- a) Apply the Credit to the Initial Invoice, and send an Updated Invoice; OR
- b) Keep the Credit on file to apply to a Future/Another Invoice (when you want to apply the credit, please email enrollments and provide the credit invoice number and the invoice you would like us to apply it to)

Through the Client Portal you can change the following:

- Birthdate
- Country of Origin
- Destination Country
- Sponsor Program
- Sponsor Program ID
- Gender
- Email Address

IMPORTANT: Name Changes need to be submitted to <u>enrollments@mycisi.com</u>. When emailing please provide the incorrect spelling so we can locate the person in the system, and what the correct spelling is.

1. Got to Add Enrollments on the Home Screen.

Account Information	templ • Uploa
Subscriptions	SendMana
Participant Search	
Add Enrollments	Searc'

2. Click on Create Invoice.

Policy Number	Effective Date [†]	End Date [†]	Invoice	Template
21 XXXX123456	01-Jan-2021	31-Dec-2022	+ Create Invoice	A Generate Template

3. Click on Change Existing Enrollments.

ILTURAL INSURA RVICES INTERNATIO		C+ La
PO	H Save	i Delete Invoid
Number	Please note : This field is optional. You can put in a PO number if you need ng purposes, or you can put the program name or destination if it is helpful	
-	i can leave it blank. Once you create a PO number it cannot be modified.	
-	a can leave it blank. Once you create a PO number it cannot be modified.	

4. You can search for a participant by any of the following fields: First Name, Last Name, Gender, Date of Birth, Participant ID, Sponsor ID and/or Email Address. Not all fields need to be completed. Once you've entered in your preferred search field(s), click on **Search**.

Change Enrollments			×
Search Participants			Example: Searching by First and Last Name: 'John Johnson'
First name		Last name	
john		johnson	
Gender		Date of birth mm/dd/yyyy	
	\$		
Participant Id		Sponsor Partic id	
	٥		
Email			
			\frown
C Reset Form			Q Search

5. Click on the \equiv next to the enrollment you want to edit.

Name	Partic Id	Dob	Gender	Email	Start Date	End Date	INS	Org/Dest	
JOHN JOHNSON	2548175	29-Feb-1984	м	EXAMPLE@EX.EDU	14-Jun-2021	01-Jan-2022	MED	US /IT	
				_					C
								Q Search	n Agair

6. Select Change Demographics.

Name	Partic Id	Dob	Gender	Email	Start Date	End Date	INS	Org/Dest	
JOHN JOHNSON	2548175	29-Feb-1984	М	EXAMPLE@EX.EDU	21-Sep-2021	21-Jan-2022	MED	US /IT	Ξ
						Ch	_	mographics rollment Date ollment) IS

7. Edit whichever fields need to be changed and click **Save Changes**.

Gender	Date of birth	
MALE	\$ 02/29/1984	
Email	Secondary Email	
EXAMPLE@EX.EDU		
Sponsor Partic id	Sponsor Program	
123456	FRANCE STUDY ABROAD	
Drigin	Destination	
United States	\$ France	

8. After saving the changes, you can either go to the **Home Screen** *or* click on **Delete Invoice** (*Delete Invoice does not undo the change you did to the participant's Demographics*). The Demographics do not change the rate so there is no invoice to process. Once you have saved the changes, you can go to **Participant Search** to confirm you've made your updates.

Example: John Johnson was originally going to Italy, and now going to France. Under his enrollment, you will see his Destination Country has changed to **FR**

	Last Name ↑	First Name	Participant Id	Dob	Gender	Email	Start Date	End Date	Origin Country	Dest. Country
	JOHNSON	JOHN	2548175	02/29/1984	Μ	KCONNORS@MYCISI.COM	06/14/21	01/01/22	US	IT
	JOHNSON	JOHN	2548175	02/29/1984	Μ	KCONNORS@MYCISI.COM	06/14/21	01/01/22	US	IT
	JOHNSON	JOHN	2548175	02/29/1984	М	KCONNORS@MYCISI.COM	09/21/21	01/21/22	US	FR ┥
S	earch	Pa	rticipa	ints			🔀 Pr	int View	Email re	eports

Grey font is for old enrollments and cancelled enrollmentts. The black font is the participant's correct coverage.

View, Add and/or Manage Itinerary for a Participant

For participant's traveling abroad on a multi-destination program or just taking off to another destination for the weekend, CISI can more accurately pinpoint the location of your participants during emergencies when the **Itinerary** section is completed. Participants can do this on their own via the CISI Traveler App and/or myCISI Participant Portal, however you have the ability to do it as well through the Client Portal.

To view, add and/or manage a participant's itinerary:

1. Go to Participant Search on the Home Screen, left sidebar.

1	
	Account Information
	Subscriptions
\langle	Participant Search
	Add Enrollments
	Enrollment Roster

2. Enter in Participant's Name or preferred parameters and click on Search.

	Search Participants	
X	First name	Last name
	Gender	Date of birth mm/dd/yyyy
Account Information	· · ·	
	Country of origin	Country of destination
Subscriptions	~	·
Participant Search	Coverage start date from mm/dd/yyyy	Coverage start date thru mm/dd/yyyy
Add Enrollments	Coverage end date from mm/dd/yyyy	Coverage end date thru mm/dd/yyyy
Enrollment Roster		
Emergency Roster	Program Name	Sponsor Partic Id
Outstanding Invoices	Only show current enrollees as of:	PolicyNumber
Closed Invoice Search	Contry show current enronees as of.	~
Policy Materials	□ Also search dependents	Active Only
U.S. Provider Search		
International Provider Search	C Reset Form	Q Search

3. Click on Participant ID.

and the second second	7	Filter	15/page	~								Tot	tal enrol	Iments: 1
		Last Name 🕇	First Name	Participant Id	Dob	Gender	Email	Start Date	End Date	Origin Country	Dest. Country	Total Billed		Policy Number
Ser In		JOHNSON	JOHN	2548175	02/29/1984	М	KCONNORS@MYCISI.COM	09/21/21	01/21/22	US	FR	\$0.00	399719	21 GLM N0001234
I ANNA	S	earch	Pa	rticipa	ints					×	Print Vi	ew En	nail repo	rts
ccount Information											click belo	-		
ubscriptions	Firs	st name				Last	t name				elcome er d participa		ckages t	0
larticipant Coarob	JOH	-IN				JOH	NSON				3 0 11			
Participant Search		HN					NSON			Selected	Send V		Pack	age

4. A box will pop up - Click on Manage Itinerary.

	7	Filter	15/page	~								Tot	tal enrol	Iments: 1
		Last Name ↑	First Name	Participant Id	Dob	Gender	Email	Start Date	End Date	Origin Country	Dest. Country	Total Billed	Invoice Id	Policy Number
Sent Li		JOHNSON	JOHN	2548175	Manage	Itinera	ONNORS@MYCISI.COM	09/21/21	01/21/22	US	FR	\$0.00	3997 1 9	21 GLM N00012345
I ANN	S	earch	Pa	rticipa	Close ants					×	Print Vi	ew En	nail repo	rts
Account Information										Please	click belo	w if you	l would l	ike to

5. From there you can add the participant's itinerary destination(s) and dates within their coverage dates, and click on **Save**. *All* * *must be completed. Repeat until all the destinations you wish to add are entered in.*

IMPORTANT: This feature is for the itinerary within the participant's coverage start date and end date. This does not extend their coverage. If you need to have the participant's coverage dates adjusted, please see the **Date Changes** section (Page 1-3) of this guide.

Destination Destination country City City Search cities From date From date To date Contact information Plesse provide the following if different from your primary contacts Cell Email	Itinerary details		
City *Search cities From date * To date * Contact information Please provide the following if different from your primary contacts Cell	Destination		
From date * To date * O Contact information Please provide the following if different from your primary contacts Cell	Destination country	*	
To date	City	*Search cities	
Contact information Please provide the following if different from your primary contacts Cell	From date	*	
Please provide the following if different from your primary contacts Cell	To date	*	
Cell			
		different from your primary contacts	
Email			
Note			
		11	
	Save Cancel		powered by Goog

6. After clicking Save, you will see the participant's itinerary information:

Country	City	From date	To date	Cell	Email	
ES	BARCELONA	10/01/2021	11/02/2021			Delete

From here, as mentioned above, you can add more destinations by clicking on **Add Destination**. You can also **Delete** if the participant's itinerary changes.