

Enrollment information: Please complete all sections. Enter Spouse and Child details only for dependents who are to be covered under this plan, if any. Questions? Call us at (800) 937-1387.

1. Applicant Information

Last/Surname: _____ First/Given Name: _____ Middle: _____
 Home Address: _____
 Home City: _____ Home State/Province: _____ Home Postal Code: _____ Home Country: _____
 Phone: _____ E-Mail Address: _____
 Destination Country: _____

Requested Effective Date: ____/____/____ Requested End Date: ____/____/____
 Policy: Plan A (\$50,000) Plan B (\$100,000) Plan C (\$150,000) Deductible: \$0 \$250 \$500 \$1,000

Optional Riders: AD&D: \$100,000 (Add \$0.60 per person per day) Sports Coverage (add \$2.00 per day) Hazardous Activities (20% of premium)

2. Beneficiary Information

Beneficiary Name: _____ Beneficiary Relationship: _____

3. Participant Information

Name (First and Last)	Country of Citizenship	Date of Birth MM/DD/YYYY	Gender	Daily Rate
Enrollee		____/____/____		
Spouse		____/____/____		
Child (if more children, attach additional sheets)		____/____/____		

4. Rate Information

Daily Rate Total: _____

A. Base Premium

Total Daily Premium: _____

Total Number of Days: **X** _____

Column A Subtotal: _____

B. Buy Up Selections

Column A Subtotal: _____

Additional Buy-Up Selections:

Additional AD&D: _____

Sports Coverage: _____

Hazardous Activities: _____

Administration Fee: **+ \$5.00**

Total Plan Cost: _____

5. Payment Information

Payment Method: Check/Money Order MasterCard Visa Discover

Credit Card No.: _____ Expiration Date: _____ CVV Code: _____
 Name on Card: _____
 Billing Address: _____
 Billing City: _____ Billing State/Province: _____ Billing Postal Code: _____ Billing Country: _____
 Signature: _____

By signing above, the cardholder authorizes USI Affinity Travel Insurance Services to debit his or her Discover, VISA, MasterCard or American Express account for the amount specified above.

Total payment for the initial term of coverage requested must be entirely paid in U.S. dollars at time of application or prior to the Effective Date of Coverage. Coverage purchased by credit card is subject to validation and acceptance by the credit card company.

Signature of Applicant: _____

Date: _____

I hereby apply for membership in the Atlas/International Citizen Group Insurance Trust, Hamilton, Bermuda and for the insurance provided to members by Lloyd's. I understand that the personal information I am submitting in this section will result in automated decisions. For further information on how we process your personal information please see our Privacy Policy <https://www.worldtrips.com/about-worldtrips/privacy-policy/>. When we make an automated decision about you, you have the right to contest the decision, to express your point of view, and to require a human review of the decision. Please contact your producer for additional information. I understand that the insurance applied for is not a general health insurance policy, but is intended for use in the event of a sudden and unexpected event while traveling outside my Home Country. I understand that my insurance terminates upon my return to my Home Country unless I qualify for a Benefit Period or Home Country Coverage. I understand this insurance contains a Pre-existing Condition exclusion and other restrictions and exclusions. I understand that, prior to my current coverage expiration date, I can visit the WorldTrips Client Zone for transaction instructions regarding policy Extensions and/or Renewal eligibility. I understand that if my insurance is not Extended or Renewed prior to or on the current coverage expiration date I must purchase a new policy in order to have coverage. I understand that the information contained herein is a summary of the Master Policy and that I may obtain a complete copy of the Master Policy upon request to WorldTrips. It is the responsibility of Indian residents purchasing insurance cover to obtain permission from the Central Government and Reserve Bank of India. I understand that Lloyd's, as underwriter of the plan, is solely liable for the coverage and benefits provided under the insurance. I understand that Lloyd's operates as an approved, non-admitted insurer in all states of the United States except Illinois and Kentucky where they are admitted. As such, claims under this insurance may not be made against any state guaranty fund. I understand and agree that the insurance agent/broker, if any, assisting with this Application is a representative of the Applicant, and as a representative, authorize WorldTrips to provide any applicable claims Explanation of Benefits (EOB) to assist communication in the claims process. Licensed insurance brokers and independent agents are compensated through commissions calculated as a percentage of premium for the purchase, renewal, placement, or servicing of insurance coverage. If signed by a representative of the Applicant, the undersigned warrants his/her capacity to so act. If signed as guardian or proxy of the Applicant, the undersigned warrants his/her capacity to so act. By acceptance of coverage and/or submission of any claim for benefits, the Applicant ratifies the authority of the signer to so act and bind the Applicant. Rates include surplus lines taxes and fees where applicable.

If requesting cancellation, I understand that I must notify WorldTrips or my insurance agent/broker, in writing, prior to the effective date for a full refund and that express delivery charges are not refundable.

Insurance Daily Rates:

Plan A	\$50,000 Medical Expense Benefit Limit			
	Deductible			
	\$0	\$250	\$500	\$1,000
Age	Daily Rate	Daily Rate	Daily Rate	Daily Rate
<i>14 days-29 years</i>	\$1.78	\$1.55	\$1.46	\$1.35
30-39	\$1.96	\$1.70	\$1.59	\$1.49
40-49	\$2.80	\$2.36	\$2.19	\$2.01
50-59	\$4.07	\$3.39	\$3.11	\$2.85
60-64	\$4.71	\$3.90	\$3.58	\$3.25
65-69	\$5.65	\$3.90	\$4.31	\$3.94
70-79	\$7.89	\$3.90	\$5.94	\$5.40
80+**	\$16.64	\$3.90	\$12.16	\$10.88

Plan B	\$100,000 Medical Expense Benefit Limit			
	Deductible			
	\$0	\$250	\$500	\$1,000
Age	Daily Rate	Daily Rate	Daily Rate	Daily Rate
<i>14 days-29 years</i>	\$1.94	\$1.67	\$1.56	\$1.44
30-39	\$2.24	\$1.91	\$1.77	\$1.65
40-49	\$3.06	\$2.50	\$2.28	\$2.17
50-59	\$4.82	\$3.88	\$3.49	\$3.05
60-64	\$5.72	\$4.57	\$4.08	\$3.56
65-69	\$6.94	\$5.57	\$4.99	\$4.37
70-79	\$9.40	\$7.72	\$7.02	\$6.38
80+**	N/A	N/A	N/A	N/A

Plan C	\$150,000 Medical Expense Benefit Limit			
	Deductible			
	\$0	\$250	\$500	\$1,000
Age	Daily Rate	Daily Rate	Daily Rate	Daily Rate
<i>14 days-29 years</i>	\$2.05	\$1.76	\$1.66	\$1.53
30-39	\$2.38	\$2.02	\$1.88	\$1.74
40-49	\$3.28	\$2.66	\$2.42	\$2.30
50-59	\$5.16	\$4.16	\$3.70	\$3.24
60-64	\$6.14	\$4.85	\$4.32	\$3.74
65-69**	N/A	N/A	N/A	N/A
70-79**	N/A	N/A	N/A	N/A
80+**	N/A	N/A	N/A	N/A

*A child or dependent child is an unmarried child at least 14 days old, and under 18 years old.

**Please note: All plan levels at the full medical expense limit are only available for ages 0-64. Individuals age 65-79 are eligible for Plans A and B at the full medical expense limit. Individuals age 80 and above are eligible only for Plan A, but the Medical Expense Benefit Limit for this age group is \$10,000.

Mail, Fax, or Email Completed Application and Payment To:

Mail: USI Affinity Travel Insurance Services
3805 West Chester Pike, Suite 200
Newtown Square, PA 19073
Email: imed@travelinsure.com
Fax: (610) 537-9818

Additional Coverage Options:

Additional Accidental Death and Dismemberment Coverage

Your InterMedical Accidental Death and Dismemberment coverage is based on age. Benefits are as follows: Under 18: \$5,000; 18-69: \$50,000; 70-74: \$20,000; 75 and above: \$10,000. For \$0.60 per person, per day, you can add an additional \$100,000 of Accidental Death and Dismemberment coverage. This option must be purchased for all travelers on the policy. *Additional Accidental Death and Dismemberment is not available for those 70 and above.*

Intercollegiate, Interscholastic, or Organized Amateur Sports

For those planning to participate in Intercollegiate, Interscholastic, or Organized Amateur Sports while traveling, an additional rider is available for \$2.00 per day. This option must be purchased for all travelers on the policy.

Hazardous Activity Coverage

For those planning to participate in hazardous activities while traveling, an additional Hazardous Activities rider is available for purchase, for an additional 20% of your total premium.

To learn more about these coverages or for questions, consult your producer or please call us at (800) 937-1387.

Cancellations and Refunds

Cancellations and refund of an insurance policy will be considered when written request is received prior to the Effective Date. After the Certificate Effective Date, premium maybe refunded subject to the following provisions:

1. A \$25 cancellation fee will apply; and
2. Only the unused portion of the plan cost will be refunded, and
3. Only members who have no claims are eligible for premium refund.

Please mail, fax, or email a refund request to Travel Insurance Services.

Extending, Renewing, or Changing Coverage

InterMedical Insurance is not renewable. However, if you choose to stay abroad longer than your coverage end date, you can purchase a new InterMedical Insurance plan. Simply purchase prior to the expiration date of the first policy. The "Requested Effective Date" should be one day after the first policy's expiration date. Any changes to the original policy, if necessary, should be made before the Effective Date. After the Effective date, no changes can be made.

Questions?

If you have any questions about this plan, call Travel Insurance Services at (800) 937-1387. Policy information is also available on our website at <http://www.travelinsure.com/intermedical>.