



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: (Circle one)  
Plan A (\$500,000) Plan B (\$1,000,000) Plan C (\$2,000,000) Deductible: (Circle one)  
\$0 \$250 \$500 \$1,000 \$2,500  
Optional Riders:  AD&D: \$50,000 (add \$0.60 per person per day)  Sports Coverage (add \$1.25 per person per day)  
 Hazardous Activities (add 20% of premium)  Crisis Response (add \$1.40 per person per day)

**3. Beneficiary Information**

Beneficiary Name: \_\_\_\_\_ Beneficiary Relationship: \_\_\_\_\_

**4. 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. Max 10 individuals per plan)				

**5. Rate Information**

Daily Rate Total: \_\_\_\_\_

**A. Base Premium**

Total Daily Premium: \_\_\_\_\_  
Total Number of Days: \_\_\_\_\_  
Column A Subtotal: \_\_\_\_\_

**B. Buy Up Selections**

Column A Subtotal: \_\_\_\_\_  
Additional Buy-Up Selections: \_\_\_\_\_  
Additional AD&D: \_\_\_\_\_  
Sports Coverage: \_\_\_\_\_  
Hazardous Activities: \_\_\_\_\_  
Crisis Response: \_\_\_\_\_  
Administration Fee: +\$5.00  
Total Plan Cost: \_\_\_\_\_

**6. Payment Information**

Payment Method:  Check/Money Order  MasterCard  VISA  Discover  
Credit Card No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ CVW Code: \_\_\_\_\_  
Name on Card: \_\_\_\_\_  
Billing Address: \_\_\_\_\_  
Billing City: \_\_\_\_\_ Billing State/Province: \_\_\_\_\_ Billing Postal Code: \_\_\_\_\_ Billing Country: \_\_\_\_\_

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: X**

**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.

Arbitration Notice

Except for certain types of disputes described in the "Arbitration and Class Action Waiver" in your policy wording and also available here, and if you do not opt-out as set forth in that same section, you agree that disputes between you and WorldTrips and/or the Underwriters will be resolved by binding, individual arbitration, and you waive your right to bring or resolve any dispute as, or participate in, a class, consolidated, representative, collective, or private attorney general action or arbitration.

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.

## WorldMed Inbound Insurance Daily Rates

<b>Plan A – \$500,000 Limit</b>					
	\$0 Deductible	\$250 Deductible	\$500 Deductible	\$1,000 Deductible	\$2,500 Deductible
<b>Age</b>	<b>Daily Rate</b>	<b>Daily Rate</b>	<b>Daily Rate</b>	<b>Daily Rate</b>	<b>Daily Rate</b>
14 days - 17 years	\$2.93	\$2.32	\$2.10	\$1.87	\$1.68
18-29	\$2.93	\$2.32	\$2.10	\$1.87	\$1.68
30-39	\$4.03	\$3.20	\$2.89	\$2.56	\$2.30
40-49	\$6.25	\$5.00	\$4.47	\$4.01	\$3.60
50-59	\$9.79	\$7.85	\$6.93	\$6.25	\$5.63
60-64	\$11.98	\$9.61	\$8.52	\$7.69	\$6.91

<b>Plan B – \$1,000,000 Limit</b>					
	\$0 Deductible	\$250 Deductible	\$500 Deductible	\$1,000 Deductible	\$2,500 Deductible
<b>Age</b>	<b>Daily Rate</b>	<b>Daily Rate</b>	<b>Daily Rate</b>	<b>Daily Rate</b>	<b>Daily Rate</b>
14 days - 17 years	\$3.14	\$2.50	\$2.26	\$2.00	\$1.80
18-29	\$3.14	\$2.50	\$2.26	\$2.00	\$1.80
30-39	\$4.33	\$3.44	\$3.11	\$2.74	\$2.47
40-49	\$6.77	\$5.44	\$4.84	\$4.35	\$3.91
50-59	\$10.57	\$8.50	\$7.49	\$6.76	\$6.08
60-64	\$12.92	\$10.40	\$9.20	\$8.31	\$7.47

<b>Plan C – \$2,000,000 Limit</b>					
	\$0 Deductible	\$250 Deductible	\$500 Deductible	\$1,000 Deductible	\$2,500 Deductible
<b>Age</b>	<b>Daily Rate</b>	<b>Daily Rate</b>	<b>Daily Rate</b>	<b>Daily Rate</b>	<b>Daily Rate</b>
14 days - 17 years	\$3.30	\$2.63	\$2.38	\$2.09	\$1.89
18-29	\$3.30	\$2.63	\$2.38	\$2.09	\$1.89
30-39	\$4.55	\$3.61	\$3.26	\$2.88	\$2.58
40-49	\$7.10	\$5.70	\$5.09	\$4.57	\$4.11
50-59	\$11.10	\$8.93	\$7.87	\$7.09	\$6.38
60-64	\$13.57	\$10.92	\$9.67	\$8.72	\$7.85

The Inbound plan is for those whose travel includes the United States. If your travel does NOT include the United States, refer to the Outbound application instead.

## **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:** worldmed@travelinsure.com

**Fax:** (610) 537-9818

### **Additional Accidental Death and Dismemberment Coverage**

Your WorldMed Accidental Death and Dismemberment coverage is based on age. Benefits are as follows: Under 18: \$5,000; 18-69: \$50,000. For \$0.60 per person, per day, you can add an additional \$50,000 of Accidental Death and Dismemberment coverage. This option must be purchased for all travelers on the policy.

### **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 \$1.25 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.

### **Crisis Response**

Provides coverage for kidnap, ransom, natural disaster evacuation and expenses associated with crisis response. Offered at an additional \$1.40 per person, per day. This option must be purchased for all travelers on the policy.

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**

WorldMed Insurance cannot be renewed. However, if you anticipate staying outside of your home country and in a foreign country longer, you can purchase an additional WorldMed Insurance plan to begin at the end of your current plan. You may make changes to your personal information at any time, such as: address, email address and/or phone number. If you would like to select a different plan, deductible or different upgrade options, you will need to submit a new Enrollment.

### **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/worldmed>.