



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: ___/___/___

2. Plan Information

Budget Plans: Plan A (\$50,000; Age 80+ \$20,000)
 Plan B (\$150,000)
 Deductible (Per Incident): \$0 \$50 \$100 \$250

Standard Plans: Plan A (\$75,000; Age 80+ \$20,000)
 Plan B (\$200,000)
 Deductible (Per Certificate): \$0 \$250 \$500 \$1000
 Optional Rider: Additional AD&D (under Age 70): (Add \$0.25 per person per day)

Superior Plan: (\$250,000; Age 70-79: \$150,000; Age 80+ \$20,000)
 Deductible (Per Certificate): \$0 \$250 \$500 \$1000
 Optional Riders: Additional AD&D (under Age 70): (Add \$0.25 per person per day)
 Intercollegiate Sports: (Add \$1.25 per person per day)
 Hazardous Activities: (Add 20% of premium to total)

3. Insurance Beneficiary Information

Beneficiary Name: _____ Beneficiary Relationship: _____

4. Participant Information

Name (First and Last)	Date of Birth (MM/DD/YYYY)	Gender	Daily Rate
Enrollee	___/___/___		
Spouse	___/___/___		
Child (If more children, attach additional sheets.)	___/___/___		
Daily Rate Total:			

5. Rate Information

A. Base Premium		B. Buy Up Solutions	
Total Daily Premium:	_____	Column A Subtotal:	_____
Total Number of Days:	X _____	Additional Buy-Up Selections:	
Column A Subtotal:	_____	Additional AD&D:	_____
		Sports Coverage:	_____
		Hazardous Activities:	_____
		Administration Fee:	+ \$5.00
		Total Plan Cost:	_____

6. Payment Information

Payment Method: Check/Money Order MasterCard Visa Discover American Express

Credit Card No.: _____ Expiration Date: _____ CW Code: _____

Name on Card: _____

Billing Address _____

Billing City: _____ Billing State/Province: _____ Billing Postal Code: _____ Billing Country: _____

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 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 outside my Home Country. I understand this insurance contains a Pre-existing Condition exclusion, a Pre-notification Penalty and other restrictions and exclusions. 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 HCC Medical Insurance Services. 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. 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. Additionally, some licensed producers may also receive bonuses and incentive trips or prizes associated with sales contests based on sales criteria, such as the overall sales volume or for the percentage of completed sales through HCC Medical Insurance Services. Please contact your insurance broker to obtain information about the specific compensation they may receive in connection with the issuance of your 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.

Signature of Applicant: _____

Date: _____

Rates: Per Person Per Day

Age	Budget Plan A			
	Deductible (per incident)			
	\$0	\$50	\$100	\$250
0-29	1.15	0.97	0.87	0.69
30-39	1.30	1.08	0.98	0.78
40-49	1.34	1.14	1.03	0.81
50-59	1.87	1.59	1.45	1.15
60-69	2.22	1.82	1.68	1.33
70-79	N/A	N/A	2.96	2.37
80+	N/A	N/A	9.57	7.69
Dep Child	1.05	0.87	0.76	0.60

Age	Budget Plan B			
	Deductible (per incident)			
	\$0	\$50	\$100	\$250
0-29	2.15	1.77	1.64	1.31
30-39	2.32	1.91	1.73	1.38
40-49	2.47	2.02	1.92	1.53
50-59	3.31	2.77	2.67	2.14
60-69	3.78	3.14	3.04	2.43
70-79	N/A	N/A	N/A	N/A
80+	N/A	N/A	N/A	N/A
Dep Child	1.96	1.59	1.42	1.13

Age	Standard Plan A			
	Deductible (per certificate)			
	\$0	\$250	\$500	\$1000
0-29	1.37	1.10	1.00	0.89
30-39	1.86	1.49	1.35	1.21
40-49	2.74	2.20	1.99	1.77
50-59	4.07	3.26	2.95	2.63
60-64	4.75	3.81	3.44	3.07
65-69	5.36	4.30	3.88	3.47
70-79	7.73	6.20	5.59	5.00
80+	15.41	12.45	11.30	10.20

Age	Standard Plan B			
	Deductible (per certificate)			
	\$0	\$250	\$500	\$1000
0-29	2.26	1.38	1.24	1.11
30-39	2.66	2.13	1.92	1.71
40-49	3.43	2.75	2.48	2.20
50-59	5.66	4.53	4.08	3.63
60-64	7.37	5.90	5.31	4.72
65-69	8.23	6.58	5.93	5.27
70-79	N/A	N/A	N/A	N/A
80+	N/A	N/A	N/A	N/A

Age	Superior Plan			
	Deductible (per certificate)			
	\$0	\$250	\$500	\$1000
0-29	2.68	2.16	1.95	1.75
30-39	4.16	3.35	3.02	2.71
40-49	5.50	4.42	4.00	3.58
50-59	8.83	7.09	6.41	5.74
60-64	11.51	9.24	8.36	7.49
65-69	12.86	10.31	9.33	8.35
70-79	15.45	12.42	11.29	10.17
80+	26.11	21.05	19.07	17.18

Standard Plan Optional Rider:

\$50,000 Additional AD&D (Ages 0-69): 0.25/day

Superior Plan Optional Riders:

Optional 50K AD&D Rider (Ages 0-69): 0.25/day

Optional Intercollegiate Sports Rider: 1.25/day

Optional Hazardous Activities Rider: 20%

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

USI Affinity Travel Insurance Services
One International Plaza, Suite 400
Philadelphia, PA 19113

Email: vusa@travelinsure.com

Fax: (610) 537-9818

Additional Accidental Death and Dismemberment Coverage – Standard and Superior Plans Only

Your Visit USA-HealthCare 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. If you purchase the Standard or Superior plans, for \$0.25 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. Additional Accidental Death and Dismemberment is not available for those 70 and above.

Intercollegiate, Interscholastic, or Organized Amateur Sports – Superior Plan Only

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 – Superior Plan Only

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. Hazardous activities include Injury resulting from participation in Professional Sports including practice; aviation (except when traveling solely as a passenger in a commercial aircraft); base jumping; canyoning; Hang-Gliding; zip lining; parachuting, paragliding, sky surfing or parasailing; running with bulls; kayaking, white water rafting, or surfing; mountain biking; mountain climbing over 4500 meters; off road motorized vehicles including all-terrain vehicles, snowmobiles, motorcycles or motor scooters unless licensed, motorized dirt bikes, motocross racing or jet skis; snow skiing, or snowboarding, Heli-skiing except for recreational downhill and/or cross country snow skiing or snowboarding (no coverage provided while skiing away from prepared and marked in-bound territories and/or against the advice of the local ski school or local authoritative body); racing by any animal or motorized vehicle; spelunking; sub aqua pursuits involving underwater breathing apparatus unless PADI/NAUI certified, or accompanied by a certified instructor at depths of less than 10 meters; avalanche training; Aussie rules football; big game hunting; bobsleigh, skeleton, luge, any type of boxing or martial arts, hot air ballooning as a pilot; jousting; modern pentathlon; powerlifting; quad biking outdoor endurance events, speed trials; speedway; or wrestling.

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 Refunds of an insurance policy will only be considered when written request is received prior to the Effective Date. After the Effective Date, the premium is considered fully earned and non-refundable. Partial refunds are not available. All refunds are subject to a \$25 processing fee. Please mail, fax, or email a refund request to Travel Insurance Services.

Extending, Renewing, or Changing Coverage

Visit USA-HealthCare is not renewable. However, if you choose to stay abroad longer than your coverage end date, you can purchase a new Visit USA-HealthCare 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/VisitUSA>.