

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)	Deductible: \$0 \$250 \$500 \$1,000
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Optional Riders: AD&D: \$50,000 (Add \$0.25 per person per day) Sports Coverage (add \$1.25 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.

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 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 Tokio Marine HCC - MIS Group Client Zone for transaction instructions regarding policy extensions and/or renewal eligibility. 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 Tokio Marine HCC - Medical Insurance Services Group. 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 Tokio Marine HCC - Medical Insurance Services Group. 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: _____

WorldMed Outbound Insurance Daily Rates:

Plan A - \$500,000 Limit				
	\$0 Deductible	\$250 Deductible	\$500 Deductible	\$1,000 Deductible
Age	Daily Rate	Daily Rate	Daily Rate	Daily Rate
14 days – 17 yrs	\$1.47	\$1.19	\$1.05	\$0.96
18-29	\$1.47	\$1.19	\$1.05	\$0.96
30-39	\$1.86	\$1.50	\$1.33	\$1.20
40-49	\$2.48	\$2.13	\$1.78	\$1.72
50-59	\$4.27	\$3.40	\$3.04	\$2.61
60-64	\$5.27	\$4.19	\$3.76	\$3.21
65-69	\$6.30	\$5.32	\$4.49	\$4.14
70+	N/A	N/A	N/A	N/A

Plan B - \$1,000,000 Limit				
	\$0 Deductible	\$250 Deductible	\$500 Deductible	\$1,000 Deductible
Age	Daily Rate	Daily Rate	Daily Rate	Daily Rate
14 days – 17 yrs	\$1.55	\$1.25	\$1.12	\$1.00
18-29	\$1.55	\$1.25	\$1.12	\$1.00
30-39	\$1.98	\$1.57	\$1.42	\$1.26
40-49	\$2.53	\$2.17	\$1.81	\$1.75
50-59	\$4.37	\$3.46	\$3.11	\$2.66
60-64	\$5.33	\$4.23	\$3.81	\$3.25
65-69	\$6.36	\$5.37	\$4.54	\$4.17
70+	N/A	N/A	N/A	N/A

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

Mail: USI Affinity Travel Insurance Services
 One International Plaza, Suite 400
 Philadelphia, PA 19113
 Email: worldmed@travelinsure.com
 Fax: (610) 537-9831

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 \$0.25 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.

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.

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>.