

TravMed Abroad Enrollment Form

Mail application to: MEDEX Insurance Services, Inc. | P.O. Box 19056 Baltimore, Maryland 21284

Please call 800-732-5309 between 8:00 A.M - 5:00 P.M. EST Monday - Friday for telephone assistance. You may fax your enrollment to us at 410-308-7905.

Applicant Information

NAME(S) OF APPLICANT(S): _____ DATE OF BIRTH _____

1) _____

2) _____

3) _____

ADDRESS: _____

Street Address

City

State

Zip

HOME PHONE: _____

WORK PHONE: _____

FAX NUMBER: _____

GROUP NAME: _____

(if applicable)

ARE YOU A PERMANENT RESIDENT OF THE U.S.? YES / NO

LIST ALL MEDICAL CONDITIONS:

EMERGENCY CONTACT: _____

EMERGENCY CONTACT PHONE: _____

PRIMARY OR OTHER INSURANCE PLAN:

NAME: _____

POLICY NUMBER: _____

PHONE NUMBER: _____

Declaration of Applicant

I hereby apply to purchase the insurance and agree that this declaration and the information given herein shall form the basis of the contract(s) between the Insured Person(s) and the Insurer.

Signature

Date

Dates of Coverage

FROM: _____ THROUGH: _____ = _____
total # of days of coverage

COUNTRIES VISITING: _____

Premium Calculation

I. PER TRIP ENROLLMENT

7 day minimum, 90 day maximum per trip.

$\$4.00 \times$ _____ = \$ _____ \times _____ = \$ _____
of days of travel # of persons
* \$5.75 for ages 71-80, \$8.00 for ages 81-85

OPTIONAL BENEFITS

Optional coverage(s) can only be purchased in conjunction with Plan I.

TRIP CANCELLATION AND INTERRUPTION

Minimum coverage \$300 Maximum coverage \$5,000; Price: 6% (.06) of coverage requested.
Must be purchased more than 10 days prior to departure.

$.06 \times$ _____ = \$ _____ \times _____ = \$ _____
coverage requested total cost of coverage # of persons

LOST BAGGAGE

Maximum Coverage: \$1,000; Limit per article: \$250; Deductible: \$100;
Price: \$2.50 per person, per day that baggage is checked on common carrier.

$\$2.50 \times$ _____ = \$ _____ \times _____ = \$ _____
of days on common carrier # of persons

II. ANNUAL FREQUENT TRAVELER

No one trip can be more than 30 consecutive days. Please call for quote if average number of trips per year exceeds 5.

$\$200 \times$ _____ = \$ _____
of persons
* \$250 for ages 71-80

TOTAL PREMIUM DUE: \$ _____

Payment Information

Method of Payment (circle one):

American Express / VISA / MasterCard / Check enclosed

(payable to TravMed Abroad)

CARD NUMBER: _____

EXPIRATION DATE: _____

CARDHOLDER: _____

SIGNATURE: _____