

Travel Guard Essential Expanded

Travel Insurance Plan ENROLLMENT FORM

STEP #1 ENROLLMENT

*Insured #1 Dr. Mrs. Mr. Ms. Last _____
 First _____ Middle Initial _____
 Date of Birth _____ E-mail Address _____
 *Address _____
 *City _____
 *State _____ *Zip _____
 *Telephone () _____
 Beneficiary _____
 *Destination _____
 *Airline _____ *Charter _____
 *Tour Operator _____ *Cruise Line _____
 *Date of Initial Trip Payment / / _____

AGENCY ARC# _____ Agent ID# _____

Additional Insureds

Insured #2 _____ *Date of Birth _____
 Insured #3 _____ *Date of Birth _____
 Insured #4 _____ *Date of Birth _____

* = Required Information.

STEP #2 PLAN COST CALCULATION

INSURED #1	INSURED #2	INSURED #3	INSURED #4
Trip Cost	Trip Cost	Trip Cost	Trip Cost
Plan Cost	Plan Cost	Plan Cost	Plan Cost
+	+	+	+

\$6
Policy Fee

TOTAL

ADDITIONAL COVERAGES

FLIGHT GUARD

_____ Service Fee **+\$3** = **TOTAL** _____
\$9.00 x # of persons

CAR RENTAL COLLISION COVERAGE

_____ Service Fee **+\$3** = **TOTAL** _____
\$9.00 x # of cars x # of days

UMBRELLA PACKAGE

INSURED #1	INSURED #2	INSURED #3	INSURED #4
Age	Age	Age	Age
Plan Cost	Plan Cost	Plan Cost	Plan Cost
+	+	+	+

Service Fee **+\$3** = **TOTAL** _____

GRAND TOTAL

Travel Insurance Rates

Trip Cost Per Person (for up to 30 days)	AGE						
	0-34	35-59	60-69	70-74	75-79	80-84	85+
\$ 0	\$ 14	\$ 21	\$ 27	\$ 31	\$ 46	\$ 58	\$ 67
\$ 1 - \$ 250	\$ 17	\$ 25	\$ 31	\$ 37	\$ 48	\$ 67	\$ 76
\$ 251 - \$ 500	\$ 20	\$ 30	\$ 34	\$ 43	\$ 51	\$ 77	\$ 85
\$ 501 - \$ 1,000	\$ 35	\$ 44	\$ 55	\$ 75	\$ 96	\$ 123	\$ 145
\$ 1,001 - \$ 1,500	\$ 45	\$ 60	\$ 75	\$ 99	\$ 136	\$ 161	\$ 205
\$ 1,501 - \$ 2,000	\$ 61	\$ 80	\$ 104	\$ 142	\$ 175	\$ 207	\$ 263
\$ 2,001 - \$ 2,500	\$ 78	\$ 100	\$ 128	\$ 174	\$ 214	\$ 254	\$ 330
\$ 2,501 - \$ 3,000	\$ 95	\$ 118	\$ 154	\$ 208	\$ 256	\$ 297	\$ 390
\$ 3,001 - \$ 3,500	\$ 111	\$ 125	\$ 180	\$ 242	\$ 292	\$ 341	\$ 447
\$ 3,501 - \$ 4,000	\$ 126	\$ 137	\$ 204	\$ 274	\$ 332	\$ 396	\$ 501
\$ 4,001 - \$ 4,500	\$ 142	\$ 157	\$ 260	\$ 310	\$ 371	\$ 459	\$ 562
\$ 4,501 - \$ 5,000	\$ 158	\$ 178	\$ 291	\$ 346	\$ 412	\$ 513	\$ 619
\$ 5,001 - \$ 5,500	\$ 182	\$ 210	\$ 319	\$ 403	\$ 451	\$ 573	\$ 678
\$ 5,501 - \$ 6,000	\$ 203	\$ 240	\$ 347	\$ 441	\$ 491	\$ 632	\$ 738
\$ 6,001 - \$ 6,500	\$ 220	\$ 262	\$ 379	\$ 479	\$ 530	\$ 694	\$ 795
\$ 6,501 - \$ 7,000	\$ 239	\$ 284	\$ 413	\$ 519	\$ 573	\$ 755	\$ 860
\$ 7,001 - \$ 8,000	\$ 263	\$ 309	\$ 462	\$ 586	\$ 653	\$ 847	\$ 977
\$ 8,001 - \$ 9,000	\$ 295	\$ 334	\$ 512	\$ 654	\$ 734	\$ 946	\$ 1,102
\$ 9,001 - \$ 10,000	\$ 328	\$ 363	\$ 567	\$ 723	\$ 822	\$ 1,044	\$ 1,226
\$ 10,001 - \$ 11,000	\$ 375	\$ 422	\$ 642	\$ 820	\$ 960	\$ 1,211	\$ 1,421
\$ 11,001 - \$ 12,000	\$ 424	\$ 477	\$ 707	\$ 913	\$ 1,080	\$ 1,363	\$ 1,594
\$ 12,001 - \$ 13,000	\$ 473	\$ 533	\$ 766	\$ 1,005	\$ 1,205	\$ 1,517	\$ 1,748
\$ 13,001 - \$ 14,000	\$ 522	\$ 591	\$ 834	\$ 1,093	\$ 1,333	\$ 1,678	\$ 1,901
\$ 14,001 - \$ 15,000	\$ 573	\$ 649	\$ 905	\$ 1,186	\$ 1,458	\$ 1,850	\$ 2,055
Umbrella Package	\$ 10	\$ 15	\$ 20	\$ 25	\$ 35	\$ 45	\$ 55

STEP #3 PAYMENT INFORMATION

Check or Money Order Payable to Travel Guard
 American Express® MasterCard®
 VISA® Discover/Novus®

Expires /

Name of Cardholder _____

Any person who knowingly and with intent defrauds any insurance company is subject to criminal and civil penalties. I represent that the above information is true and the dates reflect my intent to start and end my trip. **The coverage goes into effect after the plan cost is paid, at 12:01 a.m. on the day after the post-mark, telephone purchase, fax transmission date, or online purchase confirmation date.** The Insurer reserves the right to reject any Enrollment Form. I understand there is no coverage for loss due to pre-existing medical conditions, unless this insurance is purchased within the required time frame to waive this exclusion. I understand that if payment is returned unpayable for any reason, the coverage becomes null and void. I also understand that any changes to this Enrollment Form do not change the coverage of the policy. I have read, understand, and agree to the terms and conditions of the Insurance as detailed in the Description of Coverage.

Signature _____

Date _____

To Purchase:

Contact your travel agent or complete and mail in this application form to:
 1145 Clark Street; Stevens Point, WI 54481

