

Gold (Protect Assist)

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 / /

*Departure Date / / *Return Date / /

*** = Required Information.**

AGENCY ARC# _____ **Agent ID#** 49662

Additional Insureds

Insured #2 _____ Date of Birth _____

Insured #3 _____ Date of Birth _____

Insured #4 _____ Date of Birth _____

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	\$ 19	\$ 29	\$ 37	\$ 49	\$ 61	\$ 97	\$ 103
\$ 1 - \$ 250	\$ 23	\$ 32	\$ 38	\$ 52	\$ 63	\$ 100	\$ 109
\$ 251 - \$ 500	\$ 25	\$ 36	\$ 41	\$ 54	\$ 65	\$ 104	\$ 120
\$ 501 - \$ 1,000	\$ 41	\$ 52	\$ 66	\$ 91	\$ 112	\$ 163	\$ 182
\$ 1,001 - \$ 1,500	\$ 53	\$ 71	\$ 91	\$ 124	\$ 158	\$ 217	\$ 258
\$ 1,501 - \$ 2,000	\$ 72	\$ 95	\$ 125	\$ 175	\$ 216	\$ 280	\$ 331
\$ 2,001 - \$ 2,500	\$ 92	\$ 120	\$ 155	\$ 257	\$ 308	\$ 342	\$ 403
\$ 2,501 - \$ 3,000	\$ 111	\$ 141	\$ 184	\$ 333	\$ 383	\$ 404	\$ 476
\$ 3,001 - \$ 3,500	\$ 130	\$ 150	\$ 215	\$ 373	\$ 429	\$ 469	\$ 553
\$ 3,501 - \$ 4,000	\$ 148	\$ 164	\$ 244	\$ 414	\$ 455	\$ 580	\$ 632
\$ 4,001 - \$ 4,500	\$ 165	\$ 187	\$ 308	\$ 445	\$ 490	\$ 616	\$ 693
\$ 4,501 - \$ 5,000	\$ 184	\$ 209	\$ 346	\$ 476	\$ 524	\$ 697	\$ 765
\$ 5,001 - \$ 5,500	\$ 211	\$ 247	\$ 380	\$ 507	\$ 560	\$ 821	\$ 894
\$ 5,501 - \$ 6,000	\$ 239	\$ 284	\$ 414	\$ 538	\$ 590	\$ 850	\$ 925
\$ 6,001 - \$ 6,500	\$ 260	\$ 311	\$ 451	\$ 573	\$ 637	\$ 905	\$ 985
\$ 6,501 - \$ 7,000	\$ 281	\$ 337	\$ 489	\$ 618	\$ 684	\$ 964	\$ 1,057
\$ 7,001 - \$ 8,000	\$ 309	\$ 368	\$ 551	\$ 705	\$ 878	\$ 1,171	\$ 1,274
\$ 8,001 - \$ 9,000	\$ 347	\$ 399	\$ 614	\$ 798	\$ 995	\$ 1,336	\$ 1,454
\$ 9,001 - \$ 10,000	\$ 384	\$ 429	\$ 675	\$ 880	\$ 1,118	\$ 1,498	\$ 1,629
\$ 10,001 - \$ 11,000	\$ 441	\$ 496	\$ 764	\$ 978	\$ 1,236	\$ 1,656	\$ 1,800
\$ 11,001 - \$ 12,000	\$ 498	\$ 562	\$ 840	\$ 1,090	\$ 1,352	\$ 1,812	\$ 1,972
\$ 12,001 - \$ 13,000	\$ 555	\$ 630	\$ 910	\$ 1,199	\$ 1,470	\$ 1,970	\$ 2,154
\$ 13,001 - \$ 14,000	\$ 615	\$ 698	\$ 992	\$ 1,307	\$ 1,597	\$ 2,127	\$ 2,349
\$ 14,001 - \$ 15,000	\$ 676	\$ 769	\$ 1,074	\$ 1,415	\$ 1,756	\$ 2,285	\$ 2,543
Medical Coverage Upgrade	\$13	\$18	\$24	\$32	\$42	\$54	\$65

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	
				Service Fee
				+ \$7

TOTAL

ADDITIONAL COVERAGES

FLIGHT GUARD

X =

Plan Cost # of persons

CAR RENTAL COLLISION COVERAGE

\$9 X =

CANCEL FOR ANY REASON:

Multiply base plan cost of each insured by 1.4.

X =

MEDICAL COVERAGE UPGRADE

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

GRAND TOTAL

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:
3300 Business Park Drive; Stevens Point, WI 54481 or, fax to: **800-955-8785**

