

Atlas Essential™ America - For Non-U.S. Citizens traveling to the U.S.

\$0 Deductible

Maximum Limit	\$50,000	\$100,000	\$250,000	\$500,000	\$1 Million
Age	Daily	Daily	Daily	Daily	Daily
14d-29y	1.19	1.52	1.66	2.00	2.21
30-39	1.61	2.24	2.58	2.62	2.82
40-49	2.39	2.99	3.33	3.75	4.19
50-59	3.56	4.49	5.50	5.93	6.34
60-64	4.16	5.45	7.17	7.43	7.93
65-69	4.71	6.03	8.01	8.26	8.81
70-79	6.78	8.69	9.92	N/A	N/A
80+*	10.80	N/A	N/A	N/A	N/A

\$100 Deductible

Maximum Limit	\$50,000	\$100,000	\$250,000	\$500,000	\$1 Million
Age	Daily	Daily	Daily	Daily	Daily
14d-29y	0.76	0.97	1.06	1.28	1.41
30-39	1.03	1.44	1.65	1.68	1.80
40-49	1.53	1.91	2.13	2.40	2.68
50-59	2.28	2.87	3.52	3.79	4.05
60-64	2.66	3.49	4.59	4.75	5.07
65-69	3.01	3.86	5.12	5.29	5.64
70-79	4.34	5.55	6.90	N/A	N/A
80+*	6.91	N/A	N/A	N/A	N/A

\$100 Deductible

Maximum Limit	\$50,000	\$100,000	\$250,000	\$500,000	\$1 Million
Age	Daily	Daily	Daily	Daily	Daily
14d-29y	1.04	1.34	1.46	1.76	1.94
30-39	1.42	1.97	2.27	2.31	2.48
40-49	2.11	2.63	2.93	3.30	3.68
50-59	3.13	3.95	4.84	5.21	5.58
60-64	3.66	4.80	6.31	6.53	6.97
65-69	4.14	5.31	7.05	7.27	7.75
70-79	5.97	7.65	8.75	N/A	N/A
80+*	9.50	N/A	N/A	N/A	N/A

\$250 Deductible

Maximum Limit	\$50,000	\$100,000	\$250,000	\$500,000	\$1 Million
Age	Daily	Daily	Daily	Daily	Daily
14d-29y	0.66	0.85	0.93	1.12	1.23
30-39	0.90	1.26	1.45	1.47	1.58
40-49	1.34	1.67	1.86	2.10	2.35
50-59	1.99	2.51	3.08	3.32	3.55
60-64	2.33	3.06	4.02	4.16	4.44
65-69	2.63	3.38	4.49	4.63	4.93
70-79	3.80	4.87	6.03	N/A	N/A
80+*	6.05	N/A	N/A	N/A	N/A

\$250 Deductible

Maximum Limit	\$50,000	\$100,000	\$250,000	\$500,000	\$1 Million
Age	Daily	Daily	Daily	Daily	Daily
14d-29y	0.95	1.21	1.33	1.60	1.77
30-39	1.29	1.79	2.06	2.10	2.26
40-49	1.91	2.39	2.67	3.00	3.35
50-59	2.85	3.59	4.40	4.74	5.07
60-64	3.33	4.36	5.74	5.94	6.34
65-69	3.76	4.82	6.41	6.61	7.05
70-79	5.43	6.95	7.96	N/A	N/A
80+*	8.64	N/A	N/A	N/A	N/A

\$500 Deductible

Maximum Limit	\$50,000	\$100,000	\$250,000	\$500,000	\$1 Million
Age	Daily	Daily	Daily	Daily	Daily
14d-29y	0.56	0.73	0.82	1.00	1.10
30-39	0.75	1.09	1.28	1.31	1.42
40-49	1.12	1.45	1.65	1.88	2.10
50-59	1.66	2.18	2.73	2.96	3.18
60-64	1.94	2.65	3.55	3.71	3.97
65-69	2.19	2.92	3.97	4.13	4.42
70-79	3.17	4.22	5.34	N/A	N/A
80+*	5.05	N/A	N/A	N/A	N/A

\$500 Deductible

Maximum Limit	\$50,000	\$100,000	\$250,000	\$500,000	\$1 Million
Age	Daily	Daily	Daily	Daily	Daily
14d-29y	0.86	1.09	1.20	1.44	1.59
30-39	1.16	1.61	1.86	1.89	2.03
40-49	1.72	2.15	2.40	2.70	3.01
50-59	2.56	3.23	3.97	4.26	4.57
60-64	2.99	3.93	5.17	5.35	5.71
65-69	3.39	4.34	5.77	5.95	6.34
70-79	4.88	6.25	7.80	N/A	N/A
80+*	7.78	N/A	N/A	N/A	N/A

Rates are shown in US dollars and are effective 04/01/2018. Rates are subject to change. Charges will include Surplus Lines taxes and fees when applicable.

*\$10,000 Maximum Limit for age 80 and over.

If for any reason you wish to cancel your policy, you must submit your cancellation request in writing to Tokio Marine HCC Medical Insurance Services Group in order to receive a refund or premium.

Cancellation requests received after the policy effective date will be subject to the following conditions:

- 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.

Atlas Essential™ International - For Non-U.S. Citizens traveling to the U.S.

\$0 Deductible

Maximum Limit	\$50,000	\$100,000	\$250,000	\$500,000	\$1 Million
Age	Daily	Daily	Daily	Daily	Daily
14d-29y	0.76	0.96	1.13	1.25	1.24
30-39	0.91	1.16	1.31	1.44	1.44
40-49	1.54	1.77	1.95	2.11	2.08
50-59	2.67	2.86	3.12	3.34	3.30
60-64	3.27	3.43	3.75	4.05	3.98
65-69*	3.88	4.50	N/A	N/A	N/A
70-79*	6.05	7.01	N/A	N/A	N/A
80+**	10.68	N/A	N/A	N/A	N/A

\$1000 Deductible

Maximum Limit	\$50,000	\$100,000	\$250,000	\$500,000	\$1 Million
Age	Daily	Daily	Daily	Daily	Daily
14d-29y	0.48	0.62	0.71	0.81	0.79
30-39	0.58	0.75	0.83	0.92	0.93
40-49	0.98	1.13	1.25	1.34	1.34
50-59	1.69	1.83	1.99	2.14	2.11
60-64	2.09	2.19	2.40	2.59	2.55
65-69*	2.48	2.88	N/A	N/A	N/A
70-79*	3.88	4.49	N/A	N/A	N/A
80+**	6.84	N/A	N/A	N/A	N/A

\$100 Deductible

Maximum Limit	\$50,000	\$100,000	\$250,000	\$500,000	\$1 Million
Age	Daily	Daily	Daily	Daily	Daily
14d-29y	0.68	0.86	1.00	1.12	1.10
30-39	0.80	1.06	1.17	1.30	1.29
40-49	1.35	1.58	1.74	1.88	1.87
50-59	2.38	2.56	2.79	2.97	2.94
60-64	2.92	3.06	3.36	3.60	3.55
65-69*	3.46	4.03	N/A	N/A	N/A
70-79*	5.40	6.26	N/A	N/A	N/A
80+**	9.54	N/A	N/A	N/A	N/A

\$2500 Deductible

Maximum Limit	\$50,000	\$100,000	\$250,000	\$500,000	\$1 Million
Age	Daily	Daily	Daily	Daily	Daily
14d-29y	0.43	0.53	0.62	0.69	0.68
30-39	0.50	0.65	0.72	0.80	0.80
40-49	0.83	0.97	1.07	1.15	1.14
50-59	1.47	1.58	1.73	1.84	1.82
60-64	1.80	1.88	2.07	2.24	2.20
65-69*	2.14	2.48	N/A	N/A	N/A
70-79*	3.34	3.87	N/A	N/A	N/A
80+**	5.89	N/A	N/A	N/A	N/A

\$250 Deductible

Maximum Limit	\$50,000	\$100,000	\$250,000	\$500,000	\$1 Million
Age	Daily	Daily	Daily	Daily	Daily
14d-29y	0.59	0.76	0.87	0.97	0.95
30-39	0.70	0.91	1.02	1.12	1.13
40-49	1.18	1.36	1.51	1.63	1.62
50-59	2.06	2.23	2.42	2.58	2.56
60-64	2.54	2.64	2.92	3.14	3.08
65-69*	3.02	3.50	N/A	N/A	N/A
70-79*	4.71	5.46	N/A	N/A	N/A
80+**	8.29	N/A	N/A	N/A	N/A

\$5000 Deductible

Maximum Limit	\$50,000	\$100,000	\$250,000	\$500,000	\$1 Million
Age	Daily	Daily	Daily	Daily	Daily
14d-29y	0.35	0.46	0.55	0.61	0.62
30-39	0.42	0.56	0.65	0.71	0.72
40-49	0.70	0.85	0.97	1.03	1.03
50-59	1.25	1.39	1.55	1.64	1.66
60-64	1.52	1.65	1.87	2.00	1.99
65-69*	1.81	2.17	N/A	N/A	N/A
70-79*	2.81	3.40	N/A	N/A	N/A
80+**	4.99	N/A	N/A	N/A	N/A

\$500 Deductible

Maximum Limit	\$50,000	\$100,000	\$250,000	\$500,000	\$1 Million
Age	Daily	Daily	Daily	Daily	Daily
14d-29y	0.53	0.67	0.78	0.87	0.85
30-39	0.63	0.82	0.92	1.01	1.02
40-49	1.06	1.24	1.35	1.46	1.45
50-59	1.85	1.99	2.17	2.32	2.30
60-64	2.29	2.39	2.62	2.82	2.77
65-69*	2.72	3.13	N/A	N/A	N/A
70-79*	4.23	4.89	N/A	N/A	N/A
80+**	7.47	N/A	N/A	N/A	N/A

Rates are shown in US dollars and are effective 07/15/2020. Rates are subject to change.
 Charges will include Surplus Lines taxes and fees when applicable.

*\$100,000 Maximum Limit for ages 65-79; **\$10,000 Maximum Limit for age 80 and over.

If for any reason you wish to cancel your policy, you must submit your cancellation request in writing to WorldTrips in order to receive a refund or premium. Cancellation requests received after the policy effective date will be subject to the following conditions:

- 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.

ATLAS TRAVEL ESSENTIAL™ APPLICATION

WorldTrips

Lloyd's Coverholder

Please print clearly and provide complete information.

Last Name:		First Name:		MI:
Complete Mailing Address and Telephone #:		Home Country:		Requested Effective Date (mm/dd/yy):
		Countries to be visited:		Date of Return (to Home Country):
E-mail Address (required for Extension of Coverage notification):		Maximum Coverage Limit Selected:		
Beneficiary (include relationship to Applicant):		Maximum Deductible Selected:		

Please complete for all individuals to be covered. List applicable rates for the Maximum Limit Option Selected.					Column R
#	Last Name, First Name as it should appear on ID Card	Birth Date (mm/dd/yy)	Gender	Citizenship	Daily Rate
1					
2					
3					
4					

A	Subtotal (add Column R , #1 - #4 above)	A	
B	Trip Duration (# of Days)	B	
C	TOTAL Premium Due (multiply Line A by Line B)	C	
D	OPTIONAL Express Delivery Charge: Add \$20.00 for US Delivery, \$30.00 Non-US Delivery	D	
E	FLORIDA SURPLUS (Tax) Are you traveling to Florida to work? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, multiply Line C total by 1.050.	E	
F	TOTAL AMOUNT DUE (Add above Lines C, D, and E together)	F	

Form of Payment: <input type="checkbox"/> Credit Card <input type="checkbox"/> Check/Money Order		Name as it appears on card:	
Credit Card #:	Expiration Date (mm/yy):	Complete Billing Address (include daytime phone #):	
Signature:			
Payment by Credit Card* : By signing above, the cardholder authorizes WorldTrips to debit his or her Discover, VISA, MasterCard or American Express account for the amount specified above. Please submit this completed Application by mail or by fax to your Agent or to WorldTrips. WorldTrips 251 North Illinois Street, Suite 600 Indianapolis, IN 46204		Checks and Money Orders should be made payable to WorldTrips. Please send your Check or Money Order along with this Application via mail or courier to: WorldTrips 15748 Collection Center Dr. Chicago, IL 60693-0157	

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. If requesting cancellation, I understand that I must notify WorldTrips, in writing, prior to the effective date for a full refund and that express delivery charges are not refundable.

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. For further information on how we process your personal information please see our Privacy Policy <https://www.worldtrips.com/about-worldtrips/privacy-policy/>. 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 WorldTrips Client Zone for transaction instructions regarding policy extensions and/or renewal eligibility. I understand that if my insurance is not Extended or Renewed prior to or on the current coverage expiration date I must purchase a new policy in order to have coverage. 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 WorldTrips. It is the responsibility of Indian residents purchasing insurance cover to obtain permission from the Central Government and Reserve Bank of India. 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, and as a representative, authorize WorldTrips to provide any applicable claims Explanation of Benefits (EOB) to assist communication in the claims process. 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. 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. **Arbitration Notice:** EXCEPT FOR CERTAIN TYPES OF DISPUTES DESCRIBED IN THE "ARBITRATION AND CLASS ACTION WAIVER" IN YOUR POLICY WORDING, AND IF YOU DO NOT OPT-OUT AS SET FORTH IN THAT SAME SECTION, YOU AGREE THAT DISPUTES BETWEEN YOU AND WORLDTrips AND/OR THE UNDERWRITERS WILL BE RESOLVED BY BINDING, INDIVIDUAL ARBITRATION, AND YOU WAIVE YOUR RIGHT TO BRING OR RESOLVE ANY DISPUTE AS, OR PARTICIPATE IN, A CLASS, CONSOLIDATED, REPRESENTATIVE, COLLECTIVE, OR PRIVATE ATTORNEY GENERAL ACTION OR ARBITRATION.

Signature of Applicant:	Date of Signature: 23566
Signature of Agent: HCC Medical Insurance Services Phone: 800-605-2282 E-mail: orders@hecemis.com	Date of Signature:

For more information or for assistance completing this application, please contact:

Producer Number: _____