

## Atlas MultiTrip™

<b>Atlas MultiTrip America – For Non-U.S. Citizens Traveling to the U.S.</b>		
	30 Days per Trip	45 Days per Trip
Maximum Trip Duration	30 Days per Trip	45 Days per Trip
Participant - Annual Premium	\$257.00	\$315.00
Spouse and up to two children*	\$131.00	\$162.00
Each additional child*	\$51.00	\$63.00

<b>Atlas MultiTrip International – For Travel Outside of the U.S.</b>		
	30 Days per Trip	45 Days per Trip
Maximum Trip Duration	30 Days per Trip	45 Days per Trip
Participant - Annual Premium	\$188.00	\$230.00
Spouse and up to two children*	\$94.00	\$115.00
Each additional child*	\$38.00	\$46.00

Rates are shown in US dollars and are effective 04/01/17. Rates are subject to change. Surplus Lines taxes and fees will be charged when applicable.

Eligibility for Atlas MultiTrip policy coverage requires that each applicant's age be between 14 days and up to 75 years of age.

\*Children under 19 years of age

Premiums are fully earned on the Certificate Effective Date and are nonrefundable thereafter.

**ATLAS MULTITRIP™ APPLICATION**

**WorldTrips**

**Lloyd's Coverholder**

Please print clearly and provide complete information.

<b>1. Please select your area of coverage:</b>	<b>Excluding the U.S.</b>	<b>Including the U.S.</b> (Avaialbe to Non-US citizens and residents only)
<b>2. Destination Country:</b> _____	and	<b>Home Country:</b> _____
<b>3. Start Coverage Date (mm/dd/yyyy):</b> ____/____/____		
<b>4. I understand this 364 - day policy provides coverage for trips of short durations as selected below.</b> <span style="float:right"><b>Yes</b></span>		
<b>5. Select Trip Duration</b> (See attached Rate Sheet for applicable trip duration rates):	<b>30-days or less</b>	<b>45-days or less</b>
<b>6. Do you maintain medical insurance coverage in your Home Country?</b>	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>
<b>7. Beneficiary:</b> _____		

Please complete for **all** individuals to be covered. List applicable annual rates for the policy options selected.

	Name (Last, First)	Birthdate (mm/dd/yyyy)	Gender	Citizenship	Annual Premium*
Insured:					
Spouse:					
Child 1:					
Child 2:					
Child 3:					

\* **Florida Surplus Lines (Tax):** Is group or individual traveling to FL to work? If yes, multiply "individual" rates for all purchases/Buy-Ups\*\* by 1.050.

**Subtotal (A):** \_\_\_\_\_

\*\* **Purchase Buy-Ups?**     Accidental Death & Dismemberment     Crisis Response     Personal Liability

**Subtotal (B):** \_\_\_\_\_

**TOTAL AMOUNT DUE** - Total from above Lines A and B and from additional census (if any): \_\_\_\_\_

Form of Payment: <input type="checkbox"/> Credit Card <input type="checkbox"/> Check/Money Order Email address: _____ Credit Card #: _____      Expiration Date (mm/yy): _____ Signature: _____	Name as it appears on card and Mailing Address: _____  Complete Billing Address (include daytime phone #): _____  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
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 pecified 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	

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:
Signature of Spouse:	Date of Signature:

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For more information on medical insurance services, please contact:

**HCC Medical Insurance Services**  
 Phone: 800-605-2282  
 E-mail: [orders@hccmis.com](mailto:orders@hccmis.com)

Producer Number: \_\_\_\_\_