



Enrollment information: Please complete all sections. Enter Spouse and Child details only for dependents who are to be covered under this plan, if any. Questions? Call us at (800) 937-1387.

**1. Applicant Information**

Last/Surname: \_\_\_\_\_ First/Given Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home City: \_\_\_\_\_ Home State/Province: \_\_\_\_\_ Home Postal Code: \_\_\_\_\_ Home Country: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_ Passport Number: \_\_\_\_\_

Destination Country: \_\_\_\_\_

Requested Effective Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Requested End Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Policy:  Plan A (\$25,000)  Plan B (\$100,000) Deductible:  \$50  \$250  \$500  \$1,000

Optional Buy-Up Selections:  Enhanced AD&D: \$225,000 (Add \$18 per person per month)  Other: \_\_\_\_\_

**2. Insurance Beneficiary Information**

Beneficiary Name: \_\_\_\_\_ Beneficiary Relationship: \_\_\_\_\_

Beneficiary Address: \_\_\_\_\_

**3. Participant Information**

Name (First and Last)	Date of Birth (MM/DD/YYYY)	Gender	Daily Rate
Enrollee	____/____/____		
Spouse	____/____/____		
Child	____/____/____		
Child (If more children, attach additional sheets.)	____/____/____		

**4. Rate Information**

		Daily Rate Total:	
<b>A. Base Premium</b> Total Daily Premium: _____ Total Number of Days: <b>X</b> _____ Column A Subtotal: _____		<b>B. Buy Up Selections</b> Column A Subtotal: _____ Additional Buy-Up Selections: Enhanced AD&D: _____ Other: _____ Other: _____ Other: _____ Administration Fee: <b>+ \$5.00</b> Total Plan Cost: _____	

**5. Payment Information**

Payment Method:  Check/Money Order  MasterCard  Visa  Discover

Credit Card No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ CVV Code: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Billing City: \_\_\_\_\_ Billing State/Province: \_\_\_\_\_ Billing Postal Code: \_\_\_\_\_ Billing Country: \_\_\_\_\_

I have read and fully understand the exclusions lists of this policy. Check or money order must be made payable to Travel Insurance Services. All premium payments must be paid in U.S. Dollars at the time enrollment coverage is made. If paying by credit card, I authorize Travel Insurance Services to bill my Visa/Mastercard/Discover account for the total premium. Coverage purchased by credit card is subject to validation and acceptance by the credit card company. I hereby subscribe to the InterMedical Insurance plan and enroll for coverage for which I am eligible under the policy issued by United States Fire Insurance Company.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Official Use Only:

Date Rec'd: \_\_\_\_\_ Source: \_\_\_\_\_ PC#: **133028**

# InterMedical Insurance Daily Rates

Plan A				
	\$50 Deductible	\$250 Deductible	\$500 Deductible	\$1,000 Deductible
Age	Daily Rate	Daily Rate	Daily Rate	Daily Rate
Child Only*	\$1.16	\$0.97	\$0.87	\$0.77
Dependent Child*	\$0.73	\$0.61	\$0.55	\$0.49
18-29	\$1.05	\$0.88	\$0.79	\$0.70
30-39	\$1.25	\$1.04	\$0.94	\$0.83
40-49	\$2.22	\$1.85	\$1.67	\$1.48
50-59	\$3.62	\$3.02	\$2.72	\$2.41
60-64	\$4.34	\$3.62	\$3.26	\$2.89
65-69	\$5.12	\$4.27	\$3.84	\$3.41
70-79**	\$7.52	\$6.27	\$5.64	\$5.01
80 and Above**	\$14.32	\$11.93	\$10.74	\$9.55

Plan B				
	\$50 Deductible	\$250 Deductible	\$500 Deductible	\$1,000 Deductible
Age	Daily Rate	Daily Rate	Daily Rate	Daily Rate
Child Only	\$1.64	\$1.37	\$1.23	\$1.09
Dependent Child*	\$1.09	\$0.91	\$0.82	\$0.73
18-29	\$1.47	\$1.23	\$1.10	\$0.98
30-39	\$1.70	\$1.42	\$1.28	\$1.13
40-49	\$2.61	\$2.18	\$1.96	\$1.74
50-59	\$4.36	\$3.63	\$3.27	\$2.91
60-64	\$5.53	\$4.61	\$4.15	\$3.69
65-69	\$5.91	\$4.93	\$4.43	\$3.94
70-79**	\$10.77	\$8.98	\$8.08	\$7.18
80 and Above**	N/A	N/A	N/A	N/A

\*A Child or Dependent Child is an unmarried child at least 14 days old, and under 18 years old.

\*\*Please note: Plan B is only available for ages 0-79. The Medical Expense Benefit Limit for persons ages 75-79 is \$50,000. The Medical Expense Benefit for persons ages 80+ is \$20,000.

### Mail, Fax, or Email Completed Application and Payment To:

**USI Affinity Travel Insurance Services**  
**3070 Riverside Drive**  
**Columbus, OH 43221**  
**Email: [imed@travelinsure.com](mailto:imed@travelinsure.com)**  
**Fax: (610) 537-9818**

### Sports and Hazardous Activity Coverage

The Athletic Sports & Hazardous Activity Benefit provides coverage if Your Injury or Illness results from the below enumerated Athletic Sports & Hazardous activities: Bobsledding, Bungee Jumping, Canopying, Hang Gliding, Heli-skiing, Horseback Riding, Jet-, Snow-, and Water Skiing, Kayaking, Martial Arts, Motorcycling & Motor Scooter, Mountain Biking, Mountain Climbing (under 14,000 feet), Paragliding, Parasailing, Piloting any Non-commercial Aircraft, Safari, Scuba Diving, Skydiving, Snowboarding, Snowmobiling, Spelunking, Surfing, Trekking, Whitewater Rafting (up to and including Class V Rapid only), Wind Surfing, and Zip Lining. An Enhanced Athletic Sports & Hazardous Activity Rider is available for purchase. Call 1(800)937-1387 for additional information and cost.

### Enhanced Accidental Death and Dismemberment Coverage

Your InterMedical coverage includes \$25,000 of Accidental Death and Dismemberment Coverage. For \$18.00 per person, per month, you can add an additional \$225,000 of coverage. For more coverage options, please call us at (800) 937-1387 for other options.

### Enhanced Coverages: War Risk, Home Country, and Trip Cancellation:

Your InterMedical coverage can also include the following, for a nominal fee:

- **Home Country Coverage:** The Home Country Coverage Rider provides limited coverage under your Medical Expense Benefit while in your Home Country. The plan pays 90% up to \$10,000 of Covered Expenses, then 100% to a maximum of \$25,000 for Incidental Trip(s) to your Home Country.
- **War Risk:** the War Risk Rider provides coverage of the insured person's loss caused in whole or in part by, or resulting in whole or in part from an act of war, declared or not.
- **Trip Cancellation Coverage:** Trip Cancellation coverage provides benefits for losses the insured person incurs for trips canceled up to the time and date of departure for covered reasons.

To learn more about these coverages, please call us at (800) 937-1387.

### Cancellations and Refunds

Cancellations and Refunds of an insurance policy will only be considered when written request is received prior to the Effective Date. After the Effective Date, the premium is considered fully earned and non-refundable. Partial refunds are not available. All refunds are subject to a \$25 processing fee. Please mail, fax, or email a refund request to Travel Insurance Services.

### Extending, Renewing, or Changing Coverage

InterMedical Insurance is not renewable. However, if you choose to stay abroad longer than your coverage end date, you can purchase a new InterMedical Insurance plan. Simply purchase prior to the expiration date of the first policy. The "Requested Effective Date" should be one day after the first policy's expiration date. Any changes to the original policy, if necessary, should be made before the Effective Date. After the Effective date, no changes can be made.

### Questions?

If you have any questions about this plan, call Travel Insurance Services at (800) 937-1387. Policy information is also available on our website at <http://www.travelinsure.com/imed>