



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: _____

Requested Effective Date: ____/____/____ Requested End Date: ____/____/____
Policy: Plan A (\$50,000) Plan B (\$100,000) Deductible: \$50 \$250 \$500 \$1,000

Optional Buy-Up Selections: Enhanced AD&D: \$250,000 (Add \$18 per person per month)

2. Insurance Beneficiary Information

Beneficiary Name: _____ Beneficiary Relationship: _____

3. Participant Information

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

4. Rate Information

		Daily Rate Total:	
A. Base Premium		B. Buy Up Selections	
Total Daily Premium:	_____	Column A Subtotal:	_____
Total Number of Days:	X _____	Additional Buy-Up Selections:	_____
Column A Subtotal:	_____	Administration Fee:	+ \$5.00 _____
		Total Plan Cost:	_____

5. Payment Information

Payment Method: Check/Money Order MasterCard Visa Discover

Credit Card No.: _____ Expiration Date: _____ CVV Code: _____

Name on Card: _____

Mailing Address: _____

Mailing City: _____ Mailing State/Province: _____ Mailing Postal Code: _____ Mailing 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 Visit USA-HealthCare 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**



Visit USA-HealthCare Daily Rates

Plan A				
	\$50 Deductible	\$250 Deductible	\$500 Deductible	\$1,000 Deductible
Age	Daily Rate	Daily Rate	Daily Rate	Daily Rate
Child Only	\$8.10	\$6.47	\$5.83	\$5.20
Dependent Child	\$1.73	\$1.37	\$1.23	\$1.07
19-29	\$1.80	\$1.43	\$1.30	\$1.17
30-39	\$2.37	\$1.90	\$1.73	\$1.50
40-49	\$3.63	\$2.90	\$2.63	\$2.33
50-59	\$6.17	\$4.93	\$4.43	\$3.97
60-64	\$7.20	\$5.77	\$5.20	\$4.60
65-69	\$11.70	\$9.37	\$8.43	\$7.50
70-79*	\$19.70	\$15.77	\$14.20	\$12.60
80 and Above*	\$20.27	\$16.20	\$14.57	\$12.97

Plan B				
	\$50 Deductible	\$250 Deductible	\$500 Deductible	\$1,000 Deductible
Age	Daily Rate	Daily Rate	Daily Rate	Daily Rate
Child Only	\$11.33	\$9.07	\$8.17	\$7.27
Dependent Child	\$2.40	\$1.90	\$1.73	\$1.53
19-29	\$2.53	\$2.00	\$1.80	\$1.63
30-39	\$3.33	\$2.67	\$2.40	\$2.13
40-49	\$5.10	\$4.07	\$3.67	\$3.27
50-59	\$8.63	\$6.90	\$6.23	\$5.50
60-64	\$10.07	\$8.07	\$7.27	\$6.43
65-69	\$16.37	\$13.10	\$11.80	\$10.47
70-74*	\$20.66	\$16.53	\$14.36	\$13.20
75 and Above*	N/A	N/A	N/A	N/A

**Please note: *Plan B is only available for ages 0-69. 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 Completed Application and Payment To:

USI Affinity Travel Insurance Services
3070 Riverside Drive
Columbus, OH 43221
Email: vusa@travelinsure.com

Sports and Hazardous Activity Coverage

Your Visit USA-HealthCare coverage includes coverage for the following sports and 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; Zip Lining. If you need additional sports coverage, or coverage for hazardous activities not listed above, please call us at (800) 937-1387 for more options to cover your needs.

Enhanced Accidental Death and Dismemberment Coverage

Your Visit USA-HealthCare 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.

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. You must also return your original Certificate of Insurance to Travel Insurance Services.

Extending or Renewing Coverage

Visit USA-HealthCare is not renewable. However, if you choose to stay in the United States longer than your coverage end date, you can purchase an new Visit USA-HealthCare 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 should be made before the Effective Date. After the Effective date, no change can be made.

Questions?

If you have any questions about this plan, call Travel Insurance Services at (800) 937-1387. Office hours are Monday through Friday, 8:00 AM - 5:00 PM Pacific Time. Policy information is also available on our website at <http://www.travelinsure.com/vusa>