



Greetings from Lotus Travel!

Are you and your family ready for an incredible journey?

Your departure date is coming up so here is an important consideration:

TRAVEL INSURANCE – Lotus Travel recommends that all families consider purchasing travel insurance. With the unforeseen challenges in today's global economy, unexpected natural disaster occurrences or the bankruptcy of certain airlines, we want you to travel with peace of mind. These days, travel insurance is much more than just protecting your savings against travel complications; it goes further to protect your family and your travel companions against medical emergencies and unfortunate events. Will you be purchasing travel insurance for this trip?

YES NO

We advise that you purchase your trip protection plan as soon as ANY initial trip deposit has been applied or when you receive your travel invoice, whichever occurs first.

Lotus Travel offers **Travel Select**, which is most suitable for international travel and also offer the most customizable travel protection for families. One may also choose upgrades, such as for Cancel for Any Reason and other important features.

IMPORTANT NOTES:

1. Travelex Insurance Services are eligible for US residents, including non-US citizens who reside in United States or US resident who works abroad and maintains primary residence in United States.
2. If you do not wish to purchase travel insurance, it is our policy to receive a signed waiver

*For further information or direct questions on one or more services, please contact **MARICEL CLIMACOSA** at **cel@lotustours.net** or **1-800-956-8873** and she will be happy to assist you.





TRAVEL INSURANCE ENROLLMENT FORM

FAX COMPLETED FORM TO (425) 484 2133

Agent name: **MARICEL CLIMACOSA**

For questions, call Toll-free No: 1-800-956-8873
or email to cel@lotustours.net

LOCATION NO: 47-0014
TRAVEL SELECT PLAN

Notes:
1. Travelex Insurance Services are eligible for US residents, including non-US citizens who reside in United States or US resident who works abroad and maintains primary residence in United States.
2. To use the same enrollment form, all individuals must be Family Members as defined in the Certificate of Insurance. Please list covered children (including adoptive children). Plan fees are non-refundable after the 15-day Review Period.
Please print clearly for accurate processing.

TRAVELER DETAILS

Name: (Last, First)	Birth Date (MM/DD/YYYY)	Trip Cost/person	Plan Cost
Traveler #1:		\$	\$
Name: (Last, First)	Birth Date (MM/DD/YYYY)	Trip Cost/person	Plan Cost
Traveler #2:		\$	\$
Name: (Last, First)	Birth Date (MM/DD/YYYY)	Trip Cost/person	Plan Cost
Traveler #3:		\$	\$
Name: (Last, First)	Birth Date (MM/DD/YYYY)	Trip Cost/person	Plan Cost
Traveler #4:		\$	\$

Trips 31 – 180 days in length
(including arrival and departure days) _____ X _____ X \$8 = \$ _____
of Travelers # of Days over 30 EXTRA DAYS TOTAL

CUSTOMIZE YOUR TRIP PROTECTION PLAN WITH THESE OPTIONAL UPGRADES:

(Please check if you would like to purchase the following optional upgrade)

- Cancel for Any Reason (Base Plan + extra days x 65%) \$ _____
- Air AD&D Coverage-Common Carrier Air only (\$20 per person/per plan) \$ _____
- Car Rental Collision Coverage (\$10 per day/per plan) \$ _____
- Adventure Sports Coverage (\$11 per person/per plan) \$ _____
- Additional Medical Coverage (Based on age and trip cost) \$ _____

Total Amount Due (and authorized as payment) \$ _____

Address: _____

City: _____ State: _____ Zip: _____ Daytime Phone: _____

Primary Traveler Email: (Provide to receive Confirmation of Coverage via Email) _____

Beneficiary Name (Estate Designated if left blank): _____

TRIP AND PAYMENT DETAILS

Departure Date: _____ Return Date: _____

Country of Destination: _____ Tour Operator: _____

Cruise Line: _____ Originating Airline: _____

Credit Card: Visa® Discover/Novus® MasterCard® American Express®

Account #:

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 Exp Date: _____ (MM/YY)

Name (as appears on card): _____
Signature (as appears on card): _____ (Mandatory for all payment types)
Date: _____ (MM/DD/YYYY)

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an Insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.



TRAVEL PROTECTION PLAN WAIVER

FAX COMPLETED FORM TO (425) 484 2133

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Lotus Travel recommends every family to purchase a Travelex Travel Protection Plan to help protect you and your family along with your trip investment before traveling. Due to the risks involved with being uninsured for your trip, Lotus Travel asks you to show proof of travel insurance prior to departure.

If you choose not to purchase insurance coverage prior to traveling, it is standard policy that we obtain a signed waiver that releases any interest. By signing below, you release interest in obtaining travel insurance for your trip and understand that Lotus Travel is not responsible for any medical conditions, trip cancellation, trip interruption, trip delays or loss of life during your trip for you or any family members accompanying you on this trip.

Before signing below, please consider these questions:

- Does your medical insurance cover you outside of the U.S.?
- Can you afford to be medically evacuated (estimated at \$100,000+)?
- What if your baggage is lost, stolen, or delayed and your identity is compromised?
- What if you need to interrupt your trip due to a family emergency at home and need to return to home immediately – are you covered?

TRAVELER DETAILS

Name: (Last, First) Traveler #1:	Birth Date (MM/DD/YYYY)		
Name: (Last, First) Traveler #2:	Birth Date (MM/DD/YYYY)		
Name: (Last, First) Traveler #3:	Birth Date (MM/DD/YYYY)		
Name: (Last, First) Traveler #4:	Birth Date (MM/DD/YYYY)		

Signature

Printed Name

Date

For more information, please visit our website at:
<http://www.lotustours.net/insurance/travelex/index.shtml>

You can also contact **MARICEL CLIMACOSA** at:
cel@lotustours.net or 1-800-956-8873