Lotus Travel, Inc.

Travelex worldwide money
Insurance Services

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 MAX PLAN: ☐ TTM 0814

Notes:
1. Effective June 15, 2016, Travelex Insurance Services will no longer offer an exception to provide trip protection coverage to non-US residents.
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 10-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:		$	$
Traveler #2:		$	$
Traveler #3:		$	$
Traveler #4:		$	$

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

CUSTOMIZED YOUR TRIP PROTECTION PLAN WITH THIS OPTIONAL UPGRADE :

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

☐ **Cancel for Any Reason Pak** (Base Plan + extra days x 50%) $ _____

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 #: _____ **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.