Lotus Travel, Inc.

# 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: ☐ TTS 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 THESE OPTIONAL UPGRADES :

(Please check if you would like to purchase any of the following optional upgrades)

☐ **Transportation Pak** ($59) $ _____

**LIFESTYLE PAKS**

☐ **Active Family Pak:** Protection for $49 per Enrollment plan $ _____
☐ **Adventurer Plus Pak:** Protection for $49 per Enrollment plan $ _____
☐ **Professional Pak:** Protection for $99 per Enrollment plan $ _____

**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.