



# TRAVEL INSURANCE ENROLLMENT FORM

FAX COMPLETED FORM TO (425) 484 2133  
Agent name: \_\_\_\_\_

For questions, call Toll-free No: 1-800-956-8873  
or email to [info@lotustours.net](mailto:info@lotustours.net)

LOCATION NO: **47-0014**  
TRAVEL PLAN:  MTS 0710  MTSA 0710

**Note:** 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

<b>Traveler #1:</b> Primary Full Name (Last Name, First name)	Birth Date (MM / DD / YYYY)	Trip Cost per person
<b>Traveler #2:</b> Full Name (Last Name, First name)	Birth Date (MM / DD / YYYY)	Trip Cost per person
<b>Traveler #3:</b> Full Name (Last Name, First name)	Birth Date (MM / DD / YYYY)	Trip Cost per person
<b>Traveler #4:</b> Full Name (Last Name, First name)	Birth Date (MM / DD / YYYY)	Trip Cost per person

**Primary Traveler Email:** \_\_\_\_\_ **Daytime Phone:** \_\_\_\_\_  
(Provide to receive Confirmation of Coverage via Email)

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Beneficiary Name** (Estate Designated if left blank): \_\_\_\_\_

## PREMIUM CALCULATION

**Total Base Plan Rate** (calculate below for all travelers)

\$ _____	+	\$ _____	+	\$ _____	+	\$ _____	=	\$ _____
<small>Primary Traveler</small>		<small>Second Traveler</small>		<small>Third Traveler</small>		<small>Fourth Traveler</small>		<small>BASE PLAN TOTAL</small>

  

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

## CUSTOMIZED YOUR TRIP PROTECTION PLAN WITH THESE OPTIONAL UPGRADES :

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

- Optional Cancel For Any Reason Pak (Base plan + Extra Days X 40%) \$ \_\_\_\_\_
  - Optional Transportation Pak (\$59) \$ \_\_\_\_\_
- Non-refundable Processing Fee** \$ **8.00**
- Total Amount Due** (and authorized as payment) \$ \_\_\_\_\_

## TRIP AND PAYMENT DETAILS

**Departure Date:** \_\_\_\_\_ **Return Date:** \_\_\_\_\_

**Country of Destination:** \_\_\_\_\_ **Tour Operator:** \_\_\_\_\_

**Cruise Line:** \_\_\_\_\_ **Airline:** \_\_\_\_\_

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

**Account #:** \_\_\_\_\_ **Exp Date:** \_\_\_\_\_  
(MM/YY)

**Name** (as appears on card): \_\_\_\_\_

**Signature** (as appears on card): \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Mandatory for all payment types) (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.