



## Atlas Group America® - For Non-US Citizens traveling to the U.S. (Groups of 5-24 People)

\$0 Deductible

Maximum Limit	\$50,000	\$100,000	\$250,000	\$500,000	\$1 Million	\$2 Million
Age	Daily	Daily	Daily	Daily	Daily	Daily
14d-29y	1.92	2.41	2.75	3.45	3.92	4.12
30-39	2.34	3.19	3.81	4.05	4.48	4.72
40-49	3.37	4.12	4.74	5.63	6.45	6.80
50-59	5.53	6.89	8.69	9.87	10.84	11.39
60-64	7.04	9.12	12.35	13.46	14.77	15.53
65-69*	8.23	10.38	N/A	N/A	N/A	N/A
70-79*	12.88	16.25	N/A	N/A	N/A	N/A
80+**	19.13	N/A	N/A	N/A	N/A	N/A

\$1000 Deductible

Maximum Limit	\$50,000	\$100,000	\$250,000	\$500,000	\$1 Million	\$2 Million
Age	Daily	Daily	Daily	Daily	Daily	Daily
14d-29y	1.08	1.36	1.54	1.94	2.21	2.33
30-39	1.31	1.81	2.12	2.30	2.53	2.66
40-49	1.88	2.33	2.67	3.16	3.64	3.83
50-59	3.11	3.88	4.90	5.54	6.09	6.41
60-64	3.96	5.14	6.95	7.59	8.33	8.74
65-69*	4.62	5.84	N/A	N/A	N/A	N/A
70-79*	7.24	9.14	N/A	N/A	N/A	N/A
80+**	10.76	N/A	N/A	N/A	N/A	N/A

\$100 Deductible

Maximum Limit	\$50,000	\$100,000	\$250,000	\$500,000	\$1 Million	\$2 Million
Age	Daily	Daily	Daily	Daily	Daily	Daily
14d-29y	1.69	2.13	2.40	3.05	3.44	3.63
30-39	2.06	2.82	3.35	3.57	3.96	4.15
40-49	2.96	3.64	4.17	4.96	5.68	5.96
50-59	4.88	6.05	7.65	8.69	9.53	10.01
60-64	6.18	8.01	10.87	11.85	12.99	13.66
65-69*	7.23	9.14	N/A	N/A	N/A	N/A
70-79*	11.33	14.28	N/A	N/A	N/A	N/A
80+**	16.82	N/A	N/A	N/A	N/A	N/A

\$2500 Deductible

Maximum Limit	\$50,000	\$100,000	\$250,000	\$500,000	\$1 Million	\$2 Million
Age	Daily	Daily	Daily	Daily	Daily	Daily
14d-29y	1.02	1.27	1.45	1.83	2.06	2.18
30-39	1.22	1.71	2.02	2.16	2.38	2.49
40-49	1.77	2.19	2.50	2.97	3.41	3.58
50-59	2.93	3.64	4.58	5.21	5.72	6.01
60-64	3.72	4.82	6.52	7.11	7.80	8.20
65-69*	4.32	5.47	N/A	N/A	N/A	N/A
70-79*	6.81	8.58	N/A	N/A	N/A	N/A
80+**	10.08	N/A	N/A	N/A	N/A	N/A

\$250 Deductible

Maximum Limit	\$50,000	\$100,000	\$250,000	\$500,000	\$1 Million	\$2 Million
Age	Daily	Daily	Daily	Daily	Daily	Daily
14d-29y	1.36	1.72	1.94	2.44	2.79	2.93
30-39	1.66	2.26	2.69	2.89	3.18	3.35
40-49	2.37	2.93	3.36	3.98	4.56	4.79
50-59	3.92	4.87	6.16	6.98	7.67	8.06
60-64	5.00	6.44	8.74	9.51	10.45	10.98
65-69*	5.81	7.34	N/A	N/A	N/A	N/A
70-79*	9.11	11.48	N/A	N/A	N/A	N/A
80+**	13.52	N/A	N/A	N/A	N/A	N/A

\$5000 Deductible

Maximum Limit	\$50,000	\$100,000	\$250,000	\$500,000	\$1 Million	\$2 Million
Age	Daily	Daily	Daily	Daily	Daily	Daily
14d-29y	0.84	1.07	1.26	1.60	1.81	1.91
30-39	1.01	1.43	1.75	1.88	2.10	2.20
40-49	1.47	1.85	2.18	2.60	2.99	3.15
50-59	2.39	3.08	3.99	4.55	5.03	5.29
60-64	3.05	4.10	5.67	6.24	6.84	7.21
65-69*	3.56	4.66	N/A	N/A	N/A	N/A
70-79*	5.42	7.08	N/A	N/A	N/A	N/A
80+**	8.27	N/A	N/A	N/A	N/A	N/A

\$500 Deductible

Maximum Limit	\$50,000	\$100,000	\$250,000	\$500,000	\$1 Million	\$2 Million
Age	Daily	Daily	Daily	Daily	Daily	Daily
14d-29y	1.23	1.55	1.76	2.23	2.52	2.66
30-39	1.49	2.07	2.44	2.60	2.90	3.04
40-49	2.17	2.66	3.06	3.61	4.16	4.36
50-59	3.56	4.43	5.59	6.33	6.98	7.34
60-64	4.53	5.86	7.95	8.66	9.50	9.99
65-69*	5.29	6.66	N/A	N/A	N/A	N/A
70-79*	8.27	10.45	N/A	N/A	N/A	N/A
80+**	12.30	N/A	N/A	N/A	N/A	N/A

Rates are shown in US dollars and are effective 02/01/2023. Rates are subject to change.

Charges will include Surplus Lines taxes and fees when applicable.

\*\*\$10,000 Maximum Limit for age 80 and over.

If for any reason you wish to cancel your policy, you must submit your cancellation request in writing to WorldTrips in order to receive a refund or premium.

Cancellation requests received after the policy effective date will be subject to the following conditions:

- 1) a \$25 cancellation fee will apply; and
- 2) only the unused portion of the plan cost will be refunded; and
- 3) only members who have no claims are eligible for premium refund.



## Atlas Group America® - For Non-US Citizens traveling to the U.S. (Groups of 25+ People)

\$0 Deductible

Maximum Limit	\$50,000	\$100,000	\$250,000	\$500,000	\$1 Million	\$2 Million
Age	Daily	Daily	Daily	Daily	Daily	Daily
14d-29y	1.81	2.28	2.59	3.26	3.71	3.89
30-39	2.21	3.01	3.60	3.83	4.23	4.45
40-49	3.18	3.89	4.48	5.32	6.09	6.42
50-59	5.22	6.51	8.21	9.32	10.23	10.75
60-64	6.65	8.61	11.66	12.71	13.95	14.67
65-69*	7.77	9.80	N/A	N/A	N/A	N/A
70-79*	12.16	15.34	N/A	N/A	N/A	N/A
80+**	18.07	N/A	N/A	N/A	N/A	N/A

\$1000 Deductible

Maximum Limit	\$50,000	\$100,000	\$250,000	\$500,000	\$1 Million	\$2 Million
Age	Daily	Daily	Daily	Daily	Daily	Daily
14d-29y	1.02	1.28	1.45	1.83	2.09	2.20
30-39	1.24	1.71	2.01	2.17	2.39	2.52
40-49	1.78	2.20	2.52	2.98	3.43	3.61
50-59	2.94	3.66	4.62	5.24	5.75	6.05
60-64	3.74	4.85	6.56	7.17	7.86	8.25
65-69*	4.36	5.52	N/A	N/A	N/A	N/A
70-79*	6.83	8.64	N/A	N/A	N/A	N/A
80+**	10.16	N/A	N/A	N/A	N/A	N/A

\$100 Deductible

Maximum Limit	\$50,000	\$100,000	\$250,000	\$500,000	\$1 Million	\$2 Million
Age	Daily	Daily	Daily	Daily	Daily	Daily
14d-29y	1.60	2.01	2.27	2.88	3.25	3.43
30-39	1.95	2.66	3.16	3.37	3.74	3.92
40-49	2.80	3.43	3.94	4.68	5.36	5.63
50-59	4.61	5.71	7.23	8.20	9.00	9.45
60-64	5.84	7.57	10.27	11.19	12.27	12.90
65-69*	6.83	8.63	N/A	N/A	N/A	N/A
70-79*	10.70	13.49	N/A	N/A	N/A	N/A
80+**	15.89	N/A	N/A	N/A	N/A	N/A

\$2500 Deductible

Maximum Limit	\$50,000	\$100,000	\$250,000	\$500,000	\$1 Million	\$2 Million
Age	Daily	Daily	Daily	Daily	Daily	Daily
14d-29y	0.96	1.20	1.37	1.73	1.95	2.06
30-39	1.16	1.62	1.90	2.04	2.24	2.35
40-49	1.67	2.07	2.36	2.81	3.22	3.38
50-59	2.76	3.43	4.33	4.92	5.41	5.68
60-64	3.51	4.55	6.15	6.72	7.37	7.74
65-69*	4.08	5.17	N/A	N/A	N/A	N/A
70-79*	6.43	8.10	N/A	N/A	N/A	N/A
80+**	9.52	N/A	N/A	N/A	N/A	N/A

\$250 Deductible

Maximum Limit	\$50,000	\$100,000	\$250,000	\$500,000	\$1 Million	\$2 Million
Age	Daily	Daily	Daily	Daily	Daily	Daily
14d-29y	1.28	1.62	1.83	2.30	2.64	2.76
30-39	1.56	2.13	2.54	2.73	3.00	3.16
40-49	2.24	2.77	3.17	3.76	4.31	4.52
50-59	3.71	4.60	5.81	6.59	7.24	7.62
60-64	4.72	6.08	8.25	8.98	9.87	10.37
65-69*	5.49	6.94	N/A	N/A	N/A	N/A
70-79*	8.60	10.84	N/A	N/A	N/A	N/A
80+**	12.77	N/A	N/A	N/A	N/A	N/A

\$5000 Deductible

Maximum Limit	\$50,000	\$100,000	\$250,000	\$500,000	\$1 Million	\$2 Million
Age	Daily	Daily	Daily	Daily	Daily	Daily
14d-29y	0.79	1.01	1.19	1.51	1.71	1.80
30-39	0.95	1.35	1.65	1.78	1.98	2.07
40-49	1.39	1.75	2.06	2.46	2.82	2.98
50-59	2.26	2.91	3.77	4.30	4.75	5.00
60-64	2.88	3.87	5.36	5.89	6.46	6.81
65-69*	3.36	4.40	N/A	N/A	N/A	N/A
70-79*	5.12	6.69	N/A	N/A	N/A	N/A
80+**	7.81	N/A	N/A	N/A	N/A	N/A

\$500 Deductible

Maximum Limit	\$50,000	\$100,000	\$250,000	\$500,000	\$1 Million	\$2 Million
Age	Daily	Daily	Daily	Daily	Daily	Daily
14d-29y	1.16	1.46	1.66	2.11	2.38	2.52
30-39	1.41	1.96	2.30	2.46	2.74	2.87
40-49	2.05	2.52	2.89	3.41	3.93	4.11
50-59	3.36	4.18	5.28	5.98	6.59	6.93
60-64	4.28	5.53	7.51	8.18	8.97	9.44
65-69*	5.00	6.29	N/A	N/A	N/A	N/A
70-79*	7.81	9.87	N/A	N/A	N/A	N/A
80+**	11.62	N/A	N/A	N/A	N/A	N/A

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Cancellation requests received after the policy effective date will be subject to the following conditions:

- 1) a \$25 cancellation fee will apply; and
- 2) only the unused portion of the plan cost will be refunded; and
- 3) only members who have no claims are eligible for premium refund.



## Atlas Group International® - For travel outside of the U.S. (Groups of 5-24 People)

\$0 Deductible

Maximum Limit	\$50,000	\$100,000	\$250,000	\$500,000	\$1 Million	\$2 Million
Age	Daily	Daily	Daily	Daily	Daily	Daily
14d-29y	0.98	1.19	1.41	1.64	1.74	1.77
30-39	1.20	1.53	1.78	1.99	2.18	2.24
40-49	1.98	2.21	2.56	2.86	3.06	3.16
50-59	3.48	3.64	4.19	4.49	4.85	5.01
60-64	4.27	4.37	5.01	5.48	5.85	6.01
65-69*	4.86	5.36	N/A	N/A	N/A	N/A
70-79*	7.88	8.70	N/A	N/A	N/A	N/A
80+**	14.51	N/A	N/A	N/A	N/A	N/A

\$100 Deductible

Maximum Limit	\$50,000	\$100,000	\$250,000	\$500,000	\$1 Million	\$2 Million
Age	Daily	Daily	Daily	Daily	Daily	Daily
14d-29y	0.63	0.76	0.90	1.05	1.10	1.14
30-39	0.76	0.98	1.14	1.27	1.40	1.44
40-49	1.31	1.43	1.63	1.84	1.96	2.02
50-59	2.21	2.34	2.70	2.87	3.11	3.20
60-64	2.73	2.80	3.18	3.51	3.74	3.86
65-69*	3.20	3.53	N/A	N/A	N/A	N/A
70-79*	5.04	5.56	N/A	N/A	N/A	N/A
80+**	9.28	N/A	N/A	N/A	N/A	N/A

\$250 Deductible

Maximum Limit	\$50,000	\$100,000	\$250,000	\$500,000	\$1 Million	\$2 Million
Age	Daily	Daily	Daily	Daily	Daily	Daily
14d-29y	0.89	1.06	1.24	1.48	1.55	1.59
30-39	1.08	1.37	1.61	1.80	1.93	1.98
40-49	1.77	1.95	2.29	2.56	2.75	2.82
50-59	3.11	3.27	3.75	4.02	4.34	4.47
60-64	3.82	3.92	4.48	4.91	5.22	5.36
65-69*	4.37	4.79	N/A	N/A	N/A	N/A
70-79*	7.06	7.77	N/A	N/A	N/A	N/A
80+**	12.98	N/A	N/A	N/A	N/A	N/A

\$500 Deductible

Maximum Limit	\$50,000	\$100,000	\$250,000	\$500,000	\$1 Million	\$2 Million
Age	Daily	Daily	Daily	Daily	Daily	Daily
14d-29y	0.53	0.66	0.77	0.91	0.95	0.98
30-39	0.66	0.86	0.99	1.12	1.21	1.23
40-49	1.13	1.25	1.40	1.57	1.67	1.74
50-59	1.91	1.99	2.32	2.47	2.67	2.76
60-64	2.36	2.40	2.77	3.03	3.22	3.33
65-69*	2.77	3.05	N/A	N/A	N/A	N/A
70-79*	4.37	4.81	N/A	N/A	N/A	N/A
80+**	8.01	N/A	N/A	N/A	N/A	N/A

\$1000 Deductible

Maximum Limit	\$50,000	\$100,000	\$250,000	\$500,000	\$1 Million	\$2 Million
Age	Daily	Daily	Daily	Daily	Daily	Daily
14d-29y	0.77	0.93	1.10	1.27	1.33	1.39
30-39	0.96	1.20	1.39	1.55	1.69	1.75
40-49	1.58	1.76	1.97	2.22	2.38	2.46
50-59	2.69	2.83	3.28	3.48	3.77	3.89
60-64	3.33	3.39	3.88	4.28	4.54	4.67
65-69*	3.89	4.28	N/A	N/A	N/A	N/A
70-79*	6.15	6.77	N/A	N/A	N/A	N/A
80+**	11.25	N/A	N/A	N/A	N/A	N/A

\$2500 Deductible

Maximum Limit	\$50,000	\$100,000	\$250,000	\$500,000	\$1 Million	\$2 Million
Age	Daily	Daily	Daily	Daily	Daily	Daily
14d-29y	0.45	0.56	0.68	0.79	0.85	0.89
30-39	0.56	0.73	0.88	0.98	1.07	1.13
40-49	0.94	1.08	1.22	1.37	1.50	1.58
50-59	1.58	1.73	2.02	2.17	2.38	2.49
60-64	1.94	2.10	2.41	2.65	2.87	3.02
65-69*	2.29	2.62	N/A	N/A	N/A	N/A
70-79*	3.61	4.13	N/A	N/A	N/A	N/A
80+**	6.64	N/A	N/A	N/A	N/A	N/A

\$5000 Deductible

Maximum Limit	\$50,000	\$100,000	\$250,000	\$500,000	\$1 Million	\$2 Million
Age	Daily	Daily	Daily	Daily	Daily	Daily
14d-29y	0.68	0.81	0.98	1.13	1.21	1.23
30-39	0.85	1.07	1.24	1.39	1.53	1.58
40-49	1.43	1.58	1.78	1.99	2.16	2.21
50-59	2.45	2.54	2.94	3.13	3.39	3.50
60-64	2.98	3.05	3.49	3.83	4.08	4.21
65-69*	3.50	3.84	N/A	N/A	N/A	N/A
70-79*	5.51	6.06	N/A	N/A	N/A	N/A
80+**	10.13	N/A	N/A	N/A	N/A	N/A

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- 1) a \$25 cancellation fee will apply; and
- 2) only the unused portion of the plan cost will be refunded; and
- 3) only members who have no claims are eligible for premium refund.



## Atlas Group International® - For travel outside of the U.S. (Groups of 25+ People)

\$0 Deductible

Maximum Limit	\$50,000	\$100,000	\$250,000	\$500,000	\$1 Million	\$2 Million
Age	Daily	Daily	Daily	Daily	Daily	Daily
14d-29y	0.93	1.12	1.33	1.55	1.64	1.67
30-39	1.13	1.45	1.68	1.88	2.06	2.12
40-49	1.87	2.08	2.41	2.70	2.89	2.98
50-59	3.29	3.43	3.96	4.24	4.58	4.73
60-64	4.03	4.13	4.73	5.18	5.53	5.68
65-69*	4.59	5.06	N/A	N/A	N/A	N/A
70-79*	7.44	8.22	N/A	N/A	N/A	N/A
80+**	13.70	N/A	N/A	N/A	N/A	N/A

\$1000 Deductible

Maximum Limit	\$50,000	\$100,000	\$250,000	\$500,000	\$1 Million	\$2 Million
Age	Daily	Daily	Daily	Daily	Daily	Daily
14d-29y	0.60	0.71	0.85	0.99	1.04	1.08
30-39	0.71	0.93	1.08	1.20	1.33	1.36
40-49	1.23	1.35	1.54	1.73	1.85	1.90
50-59	2.09	2.21	2.55	2.71	2.94	3.03
60-64	2.58	2.64	3.00	3.32	3.54	3.65
65-69*	3.02	3.33	N/A	N/A	N/A	N/A
70-79*	4.76	5.25	N/A	N/A	N/A	N/A
80+**	8.76	N/A	N/A	N/A	N/A	N/A

\$100 Deductible

Maximum Limit	\$50,000	\$100,000	\$250,000	\$500,000	\$1 Million	\$2 Million
Age	Daily	Daily	Daily	Daily	Daily	Daily
14d-29y	0.84	1.00	1.17	1.39	1.46	1.50
30-39	1.02	1.29	1.52	1.70	1.82	1.87
40-49	1.67	1.84	2.16	2.41	2.59	2.66
50-59	2.93	3.09	3.54	3.80	4.10	4.22
60-64	3.60	3.70	4.23	4.63	4.93	5.07
65-69*	4.12	4.52	N/A	N/A	N/A	N/A
70-79*	6.66	7.34	N/A	N/A	N/A	N/A
80+**	12.26	N/A	N/A	N/A	N/A	N/A

\$2500 Deductible

Maximum Limit	\$50,000	\$100,000	\$250,000	\$500,000	\$1 Million	\$2 Million
Age	Daily	Daily	Daily	Daily	Daily	Daily
14d-29y	0.50	0.62	0.72	0.86	0.90	0.93
30-39	0.62	0.81	0.94	1.05	1.14	1.16
40-49	1.07	1.18	1.32	1.48	1.58	1.64
50-59	1.80	1.88	2.19	2.33	2.52	2.61
60-64	2.23	2.27	2.62	2.86	3.04	3.15
65-69*	2.62	2.88	N/A	N/A	N/A	N/A
70-79*	4.12	4.54	N/A	N/A	N/A	N/A
80+**	7.57	N/A	N/A	N/A	N/A	N/A

\$250 Deductible

Maximum Limit	\$50,000	\$100,000	\$250,000	\$500,000	\$1 Million	\$2 Million
Age	Daily	Daily	Daily	Daily	Daily	Daily
14d-29y	0.72	0.88	1.04	1.20	1.26	1.31
30-39	0.91	1.13	1.31	1.46	1.60	1.65
40-49	1.50	1.67	1.86	2.10	2.24	2.32
50-59	2.54	2.67	3.09	3.29	3.56	3.67
60-64	3.15	3.20	3.66	4.04	4.28	4.41
65-69*	3.67	4.05	N/A	N/A	N/A	N/A
70-79*	5.81	6.39	N/A	N/A	N/A	N/A
80+**	10.63	N/A	N/A	N/A	N/A	N/A

\$5000 Deductible

Maximum Limit	\$50,000	\$100,000	\$250,000	\$500,000	\$1 Million	\$2 Million
Age	Daily	Daily	Daily	Daily	Daily	Daily
14d-29y	0.43	0.53	0.64	0.75	0.80	0.84
30-39	0.53	0.69	0.83	0.93	1.01	1.06
40-49	0.88	1.02	1.15	1.29	1.42	1.50
50-59	1.50	1.63	1.90	2.05	2.24	2.35
60-64	1.84	1.98	2.28	2.50	2.71	2.85
65-69*	2.16	2.47	N/A	N/A	N/A	N/A
70-79*	3.41	3.90	N/A	N/A	N/A	N/A
80+**	6.27	N/A	N/A	N/A	N/A	N/A

\$500 Deductible

Maximum Limit	\$50,000	\$100,000	\$250,000	\$500,000	\$1 Million	\$2 Million
Age	Daily	Daily	Daily	Daily	Daily	Daily
14d-29y	0.65	0.77	0.93	1.07	1.14	1.16
30-39	0.80	1.01	1.17	1.31	1.45	1.49
40-49	1.35	1.49	1.68	1.88	2.04	2.09
50-59	2.31	2.40	2.78	2.96	3.20	3.31
60-64	2.81	2.88	3.30	3.62	3.85	3.98
65-69*	3.31	3.63	N/A	N/A	N/A	N/A
70-79*	5.20	5.72	N/A	N/A	N/A	N/A
80+**	9.56	N/A	N/A	N/A	N/A	N/A

Rates are shown in US dollars and are effective 02/01/2023. Rates are subject to change.

Charges will include Surplus Lines taxes and fees when applicable.

\*\*\$10,000 Maximum Limit for age 80 and over.

If for any reason you wish to cancel your policy, you must submit your cancellation request in writing to WorldTrips in order to receive a refund or premium.

Cancellation requests received after the policy effective date will be subject to the following conditions:

- 1) a \$25 cancellation fee will apply; and
- 2) only the unused portion of the plan cost will be refunded; and
- 3) only members who have no claims are eligible for premium refund.



## Atlas Group® Optional Coverages

(Groups of 5-24 People)

Accidental Death & Dismemberment Coverage (for members 18-69)	
\$0.30	per person per day

Crisis Response Coverage with \$10,000 Natural Disaster Evacuation	
\$1.25	per person per day

Personal Liability Coverage	
\$0.30	per person per day

Rates are shown in US dollars and are effective 02/01/2023. Rates are subject to change.

Charges will include Surplus Lines taxes and fees when applicable.

If for any reason you wish to cancel your policy, you must submit your cancellation request in writing to WorldTrips in order to receive a refund or premium.

Cancellation requests received after the policy effective date will be subject to the following conditions:

- 1) a \$25 cancellation fee will apply; and
- 2) only the unused portion of the plan cost will be refunded; and
- 3) only members who have no claims are eligible for premium refund.



## Atlas Group® Optional Coverages

(Groups of 25+ People)

Accidental Death & Dismemberment Coverage (for members 18-69)	
\$0.30	per person per day

Crisis Response Coverage with \$10,000 Natural Disaster Evacuation	
\$1.25	per person per day

Personal Liability Coverage	
\$0.30	per person per day

Rates are shown in US dollars and are effective 02/01/2023. Rates are subject to change.

Charges will include Surplus Lines taxes and fees when applicable.

If for any reason you wish to cancel your policy, you must submit your cancellation request in writing to WorldTrips in order to receive a refund or premium.

Cancellation requests received after the policy effective date will be subject to the following conditions:

- 1) a \$25 cancellation fee will apply; and
- 2) only the unused portion of the plan cost will be refunded; and
- 3) only members who have no claims are eligible for premium refund.



# WorldTrips

## Group Travel Medical Program

WorldTrips

Lloyd's Coverholder

### Group Application

Custom or Atlas Group ONLY				Custom or Student Group ONLY					
Plan:	Standard Atlas Group Rate	Custom Atlas Group Rate		Plan:	Elite	Select	Budget	Smart	Custom or Blended
<b>For Custom Group, please complete the following:</b> Deductible: per Injury or Illness: Participant's Overall Maximum Limit: Coinsurance: Plan covers 100% of Eligible Expenses Buy-Ups: AD&D Crisis Response Personal Liability				<b>For Custom Group, please complete the following:</b> Deductible: per Injury or Illness: Participant's Overall Maximum Limit: Coinsurance: Plan covers 100% of Eligible Expenses Buy-Ups: AD&D Crisis Response (not applicable with Smart or Budget) Sports (not applicable with Smart)					
Custom Group Rate	\$		Per Day Per Month	Custom Group Rate	\$			Per Day Per Month	
Group Name:				Coverage Start Date:		Coverage End Date:		Destination Country:	
Street Address:				City:		State:		Zip Code:	
Telephone #:			E-mail:				Contact Name:		
Is the group/organization based in Florida?				Yes No <b>If yes, please add a factor of 1.050 to quoted rate</b>					
<b>IF APPLICABLE:</b> Census information should be provided via spreadsheet (CSV file) containing the following information for each individual to be covered: First Name, Last Name, Gender, DOB, US Citizen? (y/n), Home Country, Departure Date, Return Date, Email address. A sample spreadsheet will be provided.									
Payment Mode:		Check/Money Order	VISA	Discover Card	MasterCard	American Express			
Credit Card # :				Expiration Date:					
Name on Card:				COMPLETE Billing Address:					
Signature:									
<b>Payment by Credit Card*:</b> By signing above, the cardholder authorizes WorldTrips to debit his or her Discover, VISA, MasterCard or American Express account for the amount specified above. Please submit this completed Application by mail or by fax to your Agent or to WorldTrips. WorldTrips 4 Carter Green, Suite 400 Carmel, IN 46032				Checks and Money Orders should be made payable to WorldTrips. Please send your Check or Money Order via mail or courier to: WorldTrips 15748 Collection Center Dr. Chicago, IL 60693-0157					
I understand that coverage purchased by credit card is subject to validation and acceptance by the credit card company. If requesting cancellation, I understand that I must notify WorldTrips, in writing, prior to the effective date for a full refund and that express delivery charges are not refundable.*If I have selected a monthly plan, I hereby request and authorize WorldTrips to debit my Credit Card account for the proper installment amounts on the due dates of the installments. This authorization will remain in effect for the duration of the Coverage Period elected or until revoked by me in writing.									
The Sponsoring Organization (Sponsor), on behalf of and as authorized agent and proxy for each of the group participants listed on the Application, hereby applies for membership in the Atlas/International Citizen Group Insurance Trust, Hamilton, Bermuda, and for the insurance provided to members by Lloyd's. The Sponsor and all group participants understand that the insurance applied for is not a general health insurance policy but is intended for use by members in the event of a sudden and unexpected event while traveling or studying outside their Home Country(ies) Those on study abroad programs certify that they are Full-time Students, Scholars, or other eligible Participants as required by the definitions of the policy. The Sponsor and all group participants understand that insurance terminates upon return to the Home Country unless qualifying for a Benefit Period or Home Country Coverage. The Sponsor and all group participants understand that this insurance may contain a Pre-existing Condition exclusion and other restrictions and exclusions. The Sponsor and all group participants understand that renewal of this insurance is subject to continued eligibility and will not be effective unless confirmed in writing by WorldTrips. Renewal eligibility is subject to plan type. If individual coverage is not renewed or extended, successive periods of insurance will require re-satisfaction of the Deductible, Coinsurance, Pre-existing Condition provision, and all other conditions of the insurance following acceptance of a new Enrollment. The Sponsor and all group participants understand that the information contained herein is a summary of the Master Policy and that they may obtain a complete copy of the Master Policy upon request to WorldTrips. It is the responsibility of Indian residents purchasing insurance cover to obtain permission from the Central Government and Reserve Bank of India. The Sponsor and all group participants understand that Lloyd's, as underwriter of the plan, is solely liable for the coverage and benefits provided under the insurance. The Sponsor and all group participants understand that Lloyd's operates as an approved, non-admitted insurer in all states of the United States except Illinois and Kentucky where they are admitted. As such, claims under this insurance may not be made against any state guaranty fund. The Sponsor and all group participants understand and agree that the insurance agent/broker, if any, assisting with this Application is their representative, and as a representative, authorize WorldTrips to provide any applicable claims Explanation of Benefits (EOB) to assist communication in the claims process. Licensed insurance brokers and independent agents are compensated through commissions calculated as a percentage of premium for the purchase, renewal, placement or servicing of insurance coverage. If signed by a representative of the Sponsor, the undersigned warrants his/her capacity to so act. If signed as Sponsor, the undersigned warrants his/her authority to so act. By acceptance of coverage and/or submission of any claim for benefits, each group participant ratifies the authority of the signer to so act and bind the group participant. Rates include surplus lines taxes and fees where applicable. <b>Arbitration Notice:</b> EXCEPT FOR CERTAIN TYPES OF DISPUTES DESCRIBED IN THE "ARBITRATION AND CLASS ACTION WAIVER" IN YOUR POLICY WORDING, AND IF YOU DO NOT OPT-OUT AS SET FORTH IN THAT SAME SECTION, YOU AGREE THAT DISPUTES BETWEEN YOU AND WORLDTRIPS AND/OR THE UNDERWRITERS WILL BE RESOLVED BY BINDING, INDIVIDUAL ARBITRATION, AND YOU WAIVE YOUR RIGHT TO BRING OR RESOLVE ANY DISPUTE AS, OR PARTICIPATE IN, A CLASS, CONSOLIDATED, REPRESENTATIVE, COLLECTIVE, OR PRIVATE ATTORNEY GENERAL ACTION OR ARBITRATION.									
Signature of Sponsor				Date of Signature					
<b>FOR PRODUCER USE ONLY</b>									
Producer ID Number:				Producer name:					
Producer Signature:				Date:					
<b>INTERNAL USE ONLY</b>									
COMM:									
Group #:				Client ID#:					
Submitted by:				Date:					