

Global Travel Protection Enrollment Form



Fax form to: 1-323-655-1774

Your email address _____

Enrollment Form Directions

Directions: Completely fill out this enrollment form. Be sure to include the names and birthdates of all insureds in the Additional Insureds Information section below or attach an additional page, if necessary. Incomplete forms may be rejected. Please note your trip insurance cannot be purchased on or after your trip departure date.

Purchaser Information

Full Name _____

Date of birth ____ / ____ / ____

Address _____

City _____ State _____ Zip _____

Daytime Telephone _____

Departure Date ____ / ____ / ____ Return Date ____ / ____ / ____

Destination _____

When did you make the deposit on your trip? ____ / ____ / ____

Cox & Kings

Airline _____

Additional Insureds Information

Insured #2 Full Name _____

Date of birth ____ / ____ / ____

Insured #3 Full Name _____

Date of birth ____ / ____ / ____

Insured #4 Full Name _____

Date of birth ____ / ____ / ____

Insurance coverage is underwritten by BCS Insurance Company, rated "A-" (Excellent) by A.M. Best Co., under BCS Form No. 52.201 or 52.401, or Jefferson Insurance Company, rated "A" (Excellent) by A.M. Best Co., under Jefferson Form No. 101-C-XX-01 or 101-P-XX-01, depending on the insured's state. Access America is a brand of World Access Service Corp., a company of Mondial Assistance. World Access Service Corp. is the licensed producer and administrator of this plan and an affiliate of Jefferson Insurance Company. The insured shall not receive any special benefit or advantage because of the affiliation between World Access Service Corp. and Jefferson Insurance Company.

ACCAM

AGENT CODE (opt.)

F024290 —

10429_101111

Coverage and Price Information

A. Choose the plan you wish to purchase. Benefits are per person. All insureds must purchase the same plan.

- Global Travel Protection
 Global Travel Protection with BizPack

B. If individuals within your family have different trip costs, please use the average trip cost to determine the coverage level per person.

\$ _____ ÷ _____ = \$ _____
Total trip cost # of insureds Coverage level per person

C. Multiply the coverage level per person from section B above by 7%. With BizPack multiply coverage level by 7.5%.

Purchaser	+	\$ _____	Rate
Insured #2	+	\$ _____	Rate
Insured #3	+	\$ _____	Rate
Insured #4	+	\$ _____	Rate

D. Add non-refundable processing fee \$ 6.00

E. Calculate your total payment (C+D) \$ _____

F. Choose your payment method (check one)

- Check or Money Order (Enclose and make payable to Access America)
 American Express MasterCard VISA
 Discover Card Diners Club Exp. Date ____ / ____

Card Number _____

Print Name _____
(as it appears on card)

By signing below I acknowledge that certain benefits may not be payable due to Existing Medical Conditions or foreseeability of loss at time of purchase. (Refer to www.accessamerica.com for details.)

NY residents only: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Signature of Enrollee _____

Date _____