

Please print clearly & complete all parts of this form. Incorrect or incomplete forms or payments will be returned unprocessed.

# Fax Enrollment Form

HELPLINE 1-888-TVL-SAFE (1-888-885-7233) FAX 1-800-303-6015

## 1. Travel Information

Travel Agency \_\_\_\_\_

Agent Name \_\_\_\_\_

Travel Agent Code \_\_\_\_\_ Agency Fax # \_\_\_\_\_

Travel Destination \_\_\_\_\_

Departure Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Return Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Total Trip Days (Inc. dep & ret dates) \_\_\_\_ Trip Deposit Date\* \_\_\_\_/\_\_\_\_/\_\_\_\_

Indicate below the types of travel arrangements you are insuring:

- Air Airline \_\_\_\_\_
- Land Travel Supplier \_\_\_\_\_
- Cruise Cruise line \_\_\_\_\_
- Other \_\_\_\_\_
- I agree I have the legal authorization to purchase TravelSafe on behalf of all travelers listed on this form, and certify that all information is accurate. I also attest I have given or mailed the Primary Traveler a TravelSafe brochure.

Agent Signature \_\_\_\_\_

Fax the completed form to 800-303-6015. Credit Card authorization must accompany fax orders. If the form is faxed, please do not also mail it.

## 2. Primary Traveler Information

Name (First) \_\_\_\_\_ (M.I.) \_\_\_\_\_

(Last) \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Postal Code \_\_\_\_\_ Phone (Day) \_\_\_\_\_

Phone (Eve.) \_\_\_\_\_ Fax # \_\_\_\_\_

E-mail \_\_\_\_\_

Send confirmation to Primary Insured via:  E-mail  Fax  Mail

## 3. Participant(s)

This plan is only available to citizens or residents of the U.S. or Canada. Eligibility for purchase will be confirmed on all claims. If it is determined that a person is not a citizen or resident of the U.S. or Canada, his or her claim will be denied and premium will be refunded.

Name (List all travelers, first name then last name) Gender Age Trip Cost

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

## 4. Determine Premium Rates

The premium rate table contains the premium rates per person, based upon age and cost of trip, for trips 30 days or less. Match the correct trip cost row and age column. For trips over 30 days (up to 120 days in total), add the premium surcharge of \$5 per person per day. The **Optional Cancel For Any Reason Benefit (CFAR)** cost is calculated with a rate factor, please see schedule to look at rate factor. You must indicate in Item #1 of the Enrollment Form the types of prepaid travel arrangements you are insuring... air, land, cruise and/or other. You should insure 100% of those arrangements that have any cancellation penalty or restriction. If you insure a lesser amount, the maximum benefit for Trip Cancellation and Trip Interruption will be limited to the amount of coverage you purchased; and there will be no coverage available under the optional Cancel For Any Reason Benefit, if purchased.

\*CFAR only available for purchase within 15 days of the Trip Deposit Date. 10/09

## Premium Rate Table (For Trips 30 Days or Less)

TRIP COST PER PERSON	UP TO AGE 35	AGE 36 TO 50	AGE 51 TO 65	AGE 66 TO 72	AGE 73 TO 79	AGE 80 & OVER
No Trip Cost Rates	\$25	\$32	\$36	\$43	\$63	\$81
\$1 to \$500	\$32	\$38	\$45	\$57	\$77	\$99
\$501 to \$1,000	\$38	\$51	\$57	\$77	\$115	\$146
\$1,001 to \$1,500	\$51	\$63	\$96	\$128	\$179	\$212
\$1,501 to \$2,000	\$70	\$89	\$133	\$179	\$243	\$292
\$2,001 to \$2,500	\$89	\$115	\$172	\$229	\$306	\$371
\$2,501 to \$3,000	\$108	\$140	\$210	\$281	\$371	\$450
\$3,001 to \$3,500	\$128	\$165	\$249	\$332	\$434	\$529
\$3,501 to \$4,000	\$154	\$192	\$287	\$383	\$497	\$608
\$4,001 to \$4,500	\$179	\$217	\$325	\$434	\$563	\$687
\$4,501 to \$5,000	\$205	\$242	\$364	\$485	\$626	\$768
\$5,001 to \$5,500	\$231	\$269	\$402	\$537	\$689	\$848
\$5,501 to \$6,000	\$255	\$294	\$441	\$588	\$753	\$925
\$6,001 to \$6,500	\$280	\$319	\$479	\$638	\$818	\$1,006
\$6,501 to \$7,000	\$305	\$346	\$518	\$689	\$881	\$1,085
\$7,001 to \$7,500	\$332	\$371	\$556	\$740	\$945	\$1,164
\$7,501 to \$8,000	\$357	\$396	\$593	\$791	\$1,010	\$1,243
\$8,001 to \$8,500	\$384	\$420	\$633	\$843	\$1,074	\$1,322
\$8,501 to \$9,000	\$407	\$447	\$671	\$893	\$1,137	\$1,401
\$9,001 to \$9,500	\$434	\$472	\$710	\$945	\$1,200	\$1,480
\$9,501 to \$10,000	\$459	\$497	\$750	\$994	\$1,266	\$1,559
<b>CFAR Rate Factor</b>	<b>1.50</b>	<b>1.50</b>	<b>1.46</b>	<b>1.44</b>	<b>1.42</b>	<b>1.40</b>

FOR TRIPS OVER \$10,000 CALL 888-TVL-SAFE (888-885-7233)

## 5. Payment Calculation

TravelSafe Base Premium (from Rate Table)	Add'l Base Premium Trips Over 30 Days (\$5.00 X No. Days Over 30 Days)	Total Base Premium	See Above For CFAR Rate Factor (Use Only if buying option)	Total Payment (Round to nearest dollar)
1. \$ _____	+	\$ _____	=	\$ _____
2. \$ _____	+	\$ _____	=	\$ _____
3. \$ _____	+	\$ _____	=	\$ _____
4. \$ _____	+	\$ _____	=	\$ _____

Subtotal for all Participants \$ \_\_\_\_\_

Non-Refundable Enrollment Processing Fee \$ **6.00**

Total Premium Payable to TravelSafe \$ \_\_\_\_\_

## 6. Method of Payment

Form of Payment:  Check  AMEX  Discover  Mastercard  Visa

Check # \_\_\_\_\_ Made Payable and Faxed to TravelSafe

Card # \_\_\_\_\_

Validation Code: \_\_\_\_\_ Exp. Date \_\_\_\_/\_\_\_\_

**You will find the validation code** (last 3 digits) at the end of the signature strip on the back of the card if using Discover, Mastercard or VISA. For American Express, the number (4 digits) is on the front of the card above and to the right of the card number.

Cardholder Name: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

If Cardholder address differs from Primary Traveler address, complete below.

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_