

GeoBlue Voyager Enrollment Form

To pay by personal check, cashier's check or money order complete this form.

Insured Traveler Information

Please enroll me in the following plan: Essential Choice

Do you have a primary health plan*?: Yes No

\$ _____ \$ _____
Deductible Choice Medical Limit Choice

Enrollee's Name

_____ \$ _____
Enrollee's DOB (mm/dd/yyyy) Plan Cost

Spouse's Name

_____ \$ _____
Spouse's DOB (mm/dd/yyyy) Plan Cost

Child's Name

_____ \$ _____
Child's DOB (mm/dd/yyyy) Plan Cost

Child's Name

_____ \$ _____
Child's DOB (mm/dd/yyyy) Plan Cost

TOTAL PLAN COST \$ _____
(see pricing tables on pages 6 and 7)

For additional children, please attach detailed sheet.
Price includes membership fee for the Global Citizens Association.

Please send fulfillment packet to:

First, Middle, Last Name

Address

City State Zip

Phone

E-mail Address (optional)

*This is a requirement to be eligible for Voyager Choice. **Note:** VA and Medicaid do not satisfy the primary health plan requirement for Voyager Choice.

Trip Information

Departure Date Return Date Number of Days

Make check payable to Worldwide Insurance Services and return this form to

Insubuy, Inc
4200 Mapleshade Ln, Suite 200
Plano, TX 75093 USA

I understand that certain medical conditions are not covered. For details, refer to the "Exclusions" section of this brochure. I certify that the ages of insureds listed in this enrollment form are true and correct. I understand that failure to provide correct ages may affect my coverage. I acknowledge that I have read the fraud statements found in this brochure (if applicable). For Choice purchasers: I agree that all Travelers are currently covered by a primary health plan.

Beneficiary

Beneficiary's Relationship

Signature of Enrollee

Please read and sign below:

I declare to the best of my knowledge and believe that the information given in this enrollment form is true and complete. By signing and returning this form, I agree to become a member of the Global Citizens Association and acknowledge that any use of the Global Health and Safety Resources is subject to the terms and conditions set forth in the Membership Agreement which will be mailed to me with my welcome packet.

Signature of Enrollee

To find a doctor or healthcare information for your destination, please visit geobluetravelinsurance.com. Click on member login, click on register here, enter your certificate number and other details. Your certificate number will be included in your welcome packet.

GeoBlue Voyager Essential
Daily Rate Table

Maximum Benefit >	\$50,000	\$100,000	\$500,000	\$1,000,000
Age				
\$0 Deductible				
0-18	\$ 0.93	\$ 1.00	\$ 1.05	\$ 1.07
19-29	\$ 1.29	\$ 1.37	\$ 1.44	\$ 1.46
30-39	\$ 1.65	\$ 1.74	\$ 1.84	\$ 1.86
40-49	\$ 2.35	\$ 2.49	\$ 2.61	\$ 2.66
50-59	\$ 3.17	\$ 3.36	\$ 3.53	\$ 3.59
60-64	\$ 4.69	\$ 4.99	\$ 5.23	\$ 5.32
65-69	\$ 5.88	\$ 6.24	\$ 6.54	\$ 6.66
70-74	\$ 9.40	\$ 9.98	\$ 10.46	\$ 10.64
75-84	n/a	n/a	n/a	n/a
\$100 Deductible				
0-18	\$ 0.82	\$ 0.91	\$ 0.95	\$ 0.97
19-29	\$ 1.13	\$ 1.26	\$ 1.30	\$ 1.33
30-39	\$ 1.45	\$ 1.61	\$ 1.66	\$ 1.70
40-49	\$ 2.07	\$ 2.28	\$ 2.37	\$ 2.43
50-59	\$ 2.79	\$ 3.09	\$ 3.20	\$ 3.28
60-64	\$ 4.14	\$ 4.57	\$ 4.75	\$ 4.85
65-69	\$ 5.18	\$ 5.71	\$ 5.93	\$ 6.07
70-74	\$ 8.28	\$ 9.12	\$ 9.48	\$ 9.70
75-84	n/a	n/a	n/a	n/a
\$250 Deductible				
0-18	\$ 0.76	\$ 0.84	\$ 0.88	\$ 0.90
19-29	\$ 1.04	\$ 1.14	\$ 1.22	\$ 1.24
30-39	\$ 1.31	\$ 1.46	\$ 1.54	\$ 1.56
40-49	\$ 1.88	\$ 2.08	\$ 2.21	\$ 2.25
50-59	\$ 2.54	\$ 2.80	\$ 2.97	\$ 3.03
60-64	\$ 3.76	\$ 4.16	\$ 4.41	\$ 4.49
65-69	\$ 4.70	\$ 5.21	\$ 5.51	\$ 5.62
70-74	\$ 7.53	\$ 8.33	\$ 8.82	\$ 8.99
75-84	n/a	n/a	n/a	n/a
\$500 Deductible				
0-18	\$ 0.67	\$ 0.75	\$ 0.82	\$ 0.84
19-29	\$ 0.92	\$ 1.03	\$ 1.12	\$ 1.14
30-39	\$ 1.18	\$ 1.30	\$ 1.44	\$ 1.47
40-49	\$ 1.68	\$ 1.86	\$ 2.05	\$ 2.09
50-59	\$ 2.27	\$ 2.51	\$ 2.76	\$ 2.82
60-64	\$ 3.36	\$ 3.72	\$ 4.10	\$ 4.19
65-69	\$ 4.21	\$ 4.65	\$ 5.12	\$ 5.23
70-74	\$ 6.72	\$ 7.43	\$ 8.19	\$ 8.37
75-84	n/a	n/a	n/a	n/a

Rates are based on the traveler's age and number of travel days (7-day minimum). Rates are available at the deductibles and medical limits shown.

GeoBlue Voyager Choice
Daily Rate Table

Maximum Benefit >	\$50,000	\$100,000	\$500,000	\$1,000,000
Age				
\$0 Deductible				
0-18	\$ 1.06	\$ 1.16	\$ 1.28	\$ 1.30
19-29	\$ 1.45	\$ 1.60	\$ 1.75	\$ 1.80
30-39	\$ 1.85	\$ 2.03	\$ 2.24	\$ 2.28
40-49	\$ 2.64	\$ 2.90	\$ 3.19	\$ 3.27
50-59	\$ 3.56	\$ 3.91	\$ 4.31	\$ 4.41
60-64	\$ 5.27	\$ 5.79	\$ 6.38	\$ 6.52
65-69	\$ 6.60	\$ 7.23	\$ 7.99	\$ 8.16
70-74	\$ 10.55	\$ 11.57	\$ 12.78	\$ 13.04
75-84	\$ 18.47	\$ 20.25	\$ 22.37	\$ 22.83
\$100 Deductible				
0-18	\$ 0.93	\$ 1.03	\$ 1.16	\$ 1.18
19-29	\$ 1.28	\$ 1.42	\$ 1.61	\$ 1.63
30-39	\$ 1.63	\$ 1.80	\$ 2.04	\$ 2.07
40-49	\$ 2.33	\$ 2.56	\$ 2.91	\$ 2.96
50-59	\$ 3.14	\$ 3.47	\$ 3.92	\$ 4.00
60-64	\$ 4.65	\$ 5.12	\$ 5.81	\$ 5.92
65-69	\$ 5.82	\$ 6.41	\$ 7.27	\$ 7.40
70-74	\$ 9.30	\$ 10.24	\$ 11.62	\$ 11.84
75-84	\$ 16.29	\$ 17.92	\$ 20.34	\$ 20.73
\$250 Deductible				
0-18	\$ 0.84	\$ 0.92	\$ 1.08	\$ 1.10
19-29	\$ 1.14	\$ 1.27	\$ 1.49	\$ 1.51
30-39	\$ 1.47	\$ 1.63	\$ 1.89	\$ 1.93
40-49	\$ 2.09	\$ 2.31	\$ 2.71	\$ 2.76
50-59	\$ 2.82	\$ 3.13	\$ 3.65	\$ 3.73
60-64	\$ 4.19	\$ 4.63	\$ 5.41	\$ 5.52
65-69	\$ 5.23	\$ 5.79	\$ 6.76	\$ 6.90
70-74	\$ 8.37	\$ 9.26	\$ 10.82	\$ 11.05
75-84	\$ 14.65	\$ 16.20	\$ 18.93	\$ 19.32
\$500 Deductible				
0-18	\$ 0.76	\$ 0.82	\$ 1.00	\$ 1.03
19-29	\$ 1.05	\$ 1.13	\$ 1.38	\$ 1.42
30-39	\$ 1.32	\$ 1.45	\$ 1.75	\$ 1.81
40-49	\$ 1.89	\$ 2.06	\$ 2.52	\$ 2.57
50-59	\$ 2.56	\$ 2.78	\$ 3.39	\$ 3.48
60-64	\$ 3.78	\$ 4.12	\$ 5.03	\$ 5.15
65-69	\$ 4.74	\$ 5.16	\$ 6.29	\$ 6.44
70-74	\$ 7.57	\$ 8.23	\$ 10.06	\$ 10.28
75-84	\$ 13.24	\$ 14.42	\$ 17.61	\$ 18.00

See the "Cost Calculation" guide on page 5 to help calculate your cost. Rates are subject to change without notice. Rates effective January 1, 2016.