

APPLICATION

VISITORSPLAN17V1

INSURED INFORMATION - When there are two or more people on the same application they must choose the same plan.

Insured # 1 Last Name: _____

Insured # First Name and MI: _____ Gender M or F

Passport Number/Issuing Country: _____ Date of Birth (mm/dd/YYYY) _____

Insured #2 Last Name: _____

Insured #2 First Name and MI: _____ Gender M or F

Passport Number/Issuing Country: _____ Date of Birth (mm/dd/YYYY) _____

Insured #3 Last Name: _____

Insured #3 First Name and MI: _____ Gender M or F

Passport Number/Issuing Country: _____ Date of Birth (mm/dd/YYYY) _____

Insured #4 Last Name: _____

Insured #4 First Name and MI: _____ Gender M or F

Passport Number/Issuing Country: _____ Date of Birth (mm/dd/YYYY) _____

HomeCountryAddress: _____

Destination: _____

AD&D Beneficiary: _____ Relationship: _____

Phone: (____) _____ Email Address: _____

When did or will you arrive in the United States: ____/____/____ (MM/DD/YYYY)

Date to begin coverage: ____/____/____ (MM/DD/YYYY) Date to end coverage: ____/____/____ (MM/DD/YYYY)

Note: This program is not available to United States citizens. Your coverage must begin within 12 months of your arrival in the United States. The minimum period of coverage is 5 days, maximum is 364 days. Total program length available is 364 days. Coverage cannot begin until you depart from your home Country and Trawick International both receives and accepts your application and correct premium.

PLAN CHOICES (CIRCLE ONE)

Plans ages 14 days to 69 years:

Economy \$0 Deductible	Basic \$0 Deductible	Silver \$0 Deductible	Gold \$0 Deductible	Platinum \$0 Deductible
Economy \$0 Deductible	Basic \$50 Deductible	Silver \$50 Deductible	Gold \$50 Deductible	Platinum \$50 Deductible
Economy \$100 Deductible	Basic \$100 Deductible	Silver \$100 Deductible	Gold \$100 Deductible	Platinum \$100 Deductible

Plans ages 50 to *89 years: (*age 89 can be enrolled, however, coverage can only be purchased up to the date of someone's 90th birthday)

Diamond \$100 Deductible Diamond \$200 Deductible



RATE CALCULATOR		
Personal Information	DailyRate (from chart above)	Monthly Rate (from chart above)
Insured #1		
Insured #2		
Insured #3		
Insured #4		
Number of days or months	x	x
	\$	\$
TOTAL PREMIUM - DAILY RATE PLUS MONTHLY RATE		\$

Method of Payment

Make Check or Money Order payable to "Icon Services Inc." and must be in U.S. dollars and from a US bank.

Check Money Order MasterCard Visa Discover American Express

Card Number: _____ Epiration Date: (MM/YY) _____ / _____ CVV: _____

Name on Card: _____ Daytime Phone: (_____) _____

Address: _____

City: _____ State: _____ Postal Code: _____ Country: _____

If paying by credit card, I authorize Icon Services Inc. to debit my Discover, VISA, MasterCard or American Express account for the amount specified above. Coverage purchased by credit card is subject to validation and acceptance by the credit card company. Total payment for the initial term of coverage requested must be entirely paid in U.S. dollars at time of Application or prior to the Effective Date of Coverage.

I understand this insurance contains a Pre-Existing Condition exclusion, and other restrictions and exclusions. I understand that if I am eligible for renewal of this insurance that it may be transacted on line and only before my current coverage expiration date. I understand that the information contained herein is a summary of the certificate and that I will receive my certificate upon acceptance by Trawick. I understand that GBG Insurance Limited, as underwriter of the plan, is solely liable for the coverage and benefits provided under the insurance. Claims under this insurance may not be made against any state guaranty fund. I understand and agree that the agent/broker/representative, if any, assisting with this Application is a representative of the Applicant. If signed by a representative of the Applicant, the undersigned warrants his/her capacity to so act. If signed as guardian or proxy of the Applicant, the undersigned warrants his/her capacity to so act. By acceptance of coverage and/or submission of any claim for benefits, the Applicant ratifies the authority of the signer to so act and bind the Applicant. I hereby apply for membership in the EGlobal Tourist Trust, Hamilton, Bermuda and for the insurance provided to me by GBG Insurance Limited I understand that the insurance applied for is not a general health insurance policy, but is intended for use in the event of a sudden or unexpected event while traveling outside my Home Country as declared on my application.

_____/_____/_____
 Signature of Insured or Proxy (Required) Date
 (Proxy is someone acting on behalf of Insured)

Agent Name/Writing Number _____ - _____



RATES - ECONOMY PLAN

Rates are based on Age and Plan/Deductible chosen. Plan is available from ages 14 days up to age 69.

ECONOMY - \$0 DEDUCTIBLE \$25,000 PER INJURY OR SICKNESS MEDICAL MAXIMUM

\$0 Per Injury / Sickness Deductible Per Person

Ages	Daily
14 Days -18 Years	\$0.82
19-29	\$0.76
30-39	\$0.83
40-49	\$0.86
50-59	\$1.25
60-69	\$1.45

ECONOMY - \$50 DEDUCTIBLE \$25,000 PER INJURY OR SICKNESS MEDICAL MAXIMUM

\$50 Per Injury / Sickness Deductible Per Person

Ages	Daily
14 Days -18 Years	\$0.70
19-29	\$0.63
30-39	\$0.69
40-49	\$0.73
50-59	\$.99
60-69	\$1.23

ECONOMY- \$100 DEDUCTIBLE \$25,000 PER INJURY OR SICKNESS MEDICAL MAXIMUM

\$100 Per Injury / Sickness Deductible Per Person

Ages	Daily
14 Days -18 Years	\$0.67
19-29	\$0.55
30-39	\$0.62
40-49	\$0.65
50-59	\$0.90
60-69	\$1.13



RATES - BASIC PLAN

Rates are based on Age and Plan/Deductible chosen. Plan is available from ages 14 days up to age 69.

BASIC - \$0 DEDUCTIBLE \$50,000 PER INJURY OR SICKNESS MEDICAL MAXIMUM

\$0 Per Injury / Sickness Deductible Per Person

Ages	Daily
14 Days -18 Years	\$1.30
19-29	\$1.10
30-39	\$1.20
40-49	\$1.30
50-59	\$1.81
60-69	\$1.99

BASIC - \$50 DEDUCTIBLE \$50,000 PER INJURY OR SICKNESS MEDICAL MAXIMUM

\$50 Per Injury / Sickness Deductible Per Person

Ages	Daily
14 Days -18 Years	\$1.05
19-29	\$0.85
30-39	\$1.03
40-49	\$1.05
50-59	\$1.53
60-69	\$1.69

BASIC - \$100 DEDUCTIBLE \$50,000 PER INJURY OR SICKNESS MEDICAL MAXIMUM

\$100 Per Injury / Sickness Deductible Per Person

Ages	Daily
14 Days -18 Years	\$1.00
19-29	\$0.80
30-39	\$0.90
40-49	\$0.98
50-59	\$1.30
60-69	\$1.53



RATES - SILVER PLAN

Rates are based on Age and Plan/Deductible chosen. Plan is available from age 14 days up to age 69.

SILVER - \$0 DEDUCTIBLE \$75,000 PER INJURY OR SICKNESS MEDICAL MAXIMUM

\$0 Per Injury / Sickness Deductible Per Person

Ages	Daily
14 Days -18 Years	\$1.50
19-29	\$1.25
30-39	\$1.45
40-49	\$1.58
50-59	\$2.12
60-69	\$2.40

SILVER - \$50 DEDUCTIBLE \$75,000 PER INJURY OR SICKNESS MEDICAL MAXIMUM

\$50 Per Injury / Sickness Deductible Per Person

Ages	Daily
14 Days -18 Years	\$1.25
19-29	\$1.00
30-39	\$1.19
40-49	\$1.25
50-59	\$1.79
60-69	\$1.99

SILVER - \$100 DEDUCTIBLE \$75,000 PER INJURY OR SICKNESS MEDICAL MAXIMUM

\$100 Per Injury / Sickness Deductible Per Person

Ages	Daily
14 Days -18 Years	\$1.15
19-29	\$0.95
30-39	\$1.10
40-49	\$1.23
50-59	\$1.65
60-69	\$1.86



RATES - GOLD PLAN

Rates are based on Age and Plan/Deductible chosen. Plan is available from age 14 days up to age 69.

GOLD - \$0 DEDUCTIBLE \$100,000 PER INJURY OR SICKNESS MEDICAL MAXIMUM

\$0 Per Injury / Sickness Deductible Per Person

Ages	Daily
14 Days -18 Years	\$1.70
19-29	\$1.40
30-39	\$1.59
40-49	\$1.70
50-59	\$2.32
60-69	\$2.63

GOLD - \$50 DEDUCTIBLE \$100,000 PER INJURY OR SICKNESS MEDICAL MAXIMUM

\$50 Per Injury / Sickness Deductible Per Person

Ages	Daily
14 Days -18 Years	\$1.40
19-29	\$1.15
30-39	\$1.32
40-49	\$1.40
50-59	\$1.90
60-69	\$2.13

GOLD - \$100 DEDUCTIBLE \$100,000 PER INJURY OR SICKNESS MEDICAL MAXIMUM

\$100 Per Injury / Sickness Deductible Per Person

Ages	Daily
14 Days -18 Years	\$1.30
19-29	\$1.05
30-39	\$1.21
40-49	\$1.33
50-59	\$1.80
60-69	\$2.00



RATES - PLATINUM PLAN

Rates are based on Age and Plan/Deductible chosen. Plan is available from age 14 days up to age 69.

PLATINUM \$0 DEDUCTIBLE \$175,000 PER SICKNESS OR INJURY MEDICAL MAXIMUM

\$0 Per Injury / Sickness Deductible Per Person

Ages	Daily
14 Days -18 Years	\$2.20
19-29	\$1.85
30-39	\$2.19
40-49	\$2.38
50-59	\$3.30
60-69	\$3.57

PLATINUM \$50 DEDUCTIBLE \$175,000 PER SICKNESS OR INJURY MEDICAL MAXIMUM

\$50 Per Injury / Sickness Deductible Per Person

Ages	Daily
14 Days -18 Years	\$1.85
19-29	\$1.70
30-39	\$1.80
40-49	\$1.89
50-59	\$2.65
60-69	\$2.95

PLATINUM \$100 DEDUCTIBLE \$175,000 PER SICKNESS OR INJURY MEDICAL MAXIMUM

\$100 Per Injury / Sickness Deductible Per Person

Ages	Daily
14 Days -18 Years	\$1.70
19-29	\$1.40
30-39	\$1.65
40-49	\$1.83
50-59	\$2.58
60-69	\$2.89



DIAMOND PLAN RATES

Rates are based on Age and Plan/Deductible chosen. Coverage is available from ages 50 up to age 89, however all coverage ends upon reaching age 90.

MONTHLY/DAILY PREMIUMS FOR AGES 50 TO 89

DIAMOND- \$100 DEDUCTIBLE \$50,000 PER INJURY OR SICKNESS MEDICAL MAXIMUM \$100 Per Injury / Sickness Deductible Per Person

Ages	Daily
50-59	\$1.30
60-69	\$1.50
70-74	\$2.47
75-79	\$2.82
80-84	\$5.83
85-89	\$8.00

DIAMOND \$200 DEDUCTIBLE \$100 Per Injury / Sickness Deductible Per Person

Ages	Daily
50-59	\$1.10
60-69	\$1.25
70-74	\$2.23
75-79	\$2.53
80-84	\$5.08
85-89	\$6.80

