

# APPLICATION

STICH14591-18 v1

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Home Country Address: \_\_\_\_\_

Passport Number/Country: \_\_\_\_\_

Destination: \_\_\_\_\_

AD&D Beneficiary: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

Previously insured with Trawick International?  Yes  No

## COVERAGE SPECIFICS –

### [A] Accident Medical Expense Benefit Daily Premium Rates (rates based on \$250 deductible with a \$25,000 Accidental Death and Dismemberment Benefit)

Max Limit: \$50,000

Deductible	\$0	\$50	\$100	\$250	\$500	\$1,000	\$2,500	\$5,000
Up to age 21	\$1.43	\$1.42	\$1.21	\$1.10	\$0.99	\$0.88	\$0.77	\$0.75
22-29	\$1.47	\$1.46	\$1.24	\$1.13	\$1.02	\$0.90	\$0.79	\$0.75
30-39	\$1.95	\$1.90	\$1.65	\$1.50	\$1.35	\$1.20	\$1.05	\$0.94
40-49	\$2.90	\$2.75	\$2.45	\$2.23	\$2.01	\$1.78	\$1.56	\$1.45
50-59	\$4.53	\$4.39	\$3.91	\$3.55	\$3.20	\$2.84	\$2.52	\$2.41
60-64	\$5.30	\$5.15	\$4.55	\$4.20	\$3.90	\$3.30	\$3.00	\$2.85
65-69	\$6.25	\$6.16	\$5.00	\$4.70	\$4.20	\$3.79	\$3.30	\$3.10
70-79	\$8.90	\$8.45	\$7.40	\$6.70	\$6.00	\$5.06	\$4.75	\$4.40
80-89	\$27.00	\$25.00	\$22.00	\$20.00	\$18.00	\$16.00	\$14.40	\$12.20

Max Limit: \$100,000

Deductible	\$0	\$50	\$100	\$250	\$500	\$1,000	\$2,500	\$5,000
Up to age 21	\$1.75	\$1.72	\$1.49	\$1.35	\$1.21	\$1.08	\$0.94	\$0.89
22-29	\$1.82	\$1.79	\$1.54	\$1.40	\$1.26	\$1.12	\$0.98	\$0.95
30-39	\$2.60	\$2.50	\$2.20	\$2.00	\$1.80	\$1.60	\$1.45	\$1.40
40-49	\$3.75	\$3.37	\$3.03	\$2.75	\$2.48	\$2.20	\$1.93	\$1.92
50-59	\$5.72	\$5.48	\$4.84	\$4.40	\$3.96	\$3.52	\$3.36	\$3.08
60-64	\$6.60	\$6.45	\$5.80	\$5.25	\$5.04	\$4.48	\$3.75	\$3.60
65-69	N/A	N/A	N/A	\$6.15	\$5.50	\$4.85	\$4.40	\$4.00
70-79	N/A	N/A	N/A	\$9.25	\$8.00	\$7.50	\$6.50	\$6.00

Max Limit: \$250,000

Deductible	\$0	\$50	\$100	\$250	\$500	\$1,000	\$2,500	\$5,000
Up to age 21	\$2.14	\$2.08	\$1.82	\$1.35	\$1.33	\$1.32	\$1.15	\$0.87
22-29	\$2.22	\$2.15	\$1.88	\$1.71	\$1.54	\$1.37	\$1.20	\$1.05
30-39	\$3.10	\$2.86	\$2.60	\$2.40	\$2.16	\$1.89	\$1.61	\$1.50
40-49	\$4.35	\$4.15	\$3.80	\$3.50	\$3.25	\$2.64	\$2.51	\$2.24
50-59	\$7.50	\$7.10	\$6.33	\$5.75	\$5.18	\$4.60	\$4.03	\$3.95
60-64	\$8.50	\$7.90	\$7.50	\$6.75	\$6.15	\$5.50	\$4.85	\$4.70

Max Limit: \$500,000

Deductible	\$0	\$50	\$100	\$250	\$500	\$1,000	\$2,500	\$5,000
Up to age 21	\$2.21	\$2.14	\$1.87	\$1.70	\$1.53	\$1.36	\$1.19	\$0.97
22-29	\$2.35	\$2.27	\$1.99	\$1.81	\$1.63	\$1.45	\$1.27	\$1.20
30-39	\$3.19	\$3.04	\$2.70	\$2.48	\$2.23	\$1.96	\$1.72	\$1.60
40-49	\$4.55	\$4.30	\$4.13	\$3.75	\$3.38	\$3.00	\$2.63	\$2.60
50-59	\$7.54	\$7.14	\$6.38	\$5.80	\$5.22	\$4.64	\$4.10	\$4.02
60-64	\$8.25	\$8.05	\$7.70	\$7.00	\$6.30	\$5.60	\$4.90	\$4.80

Max Limit: \$1,000,000

Deductible	\$0	\$50	\$100	\$250	\$500	\$1,000	\$2,500	\$5,000
Up to age 21	\$2.47	\$2.30	\$2.09	\$1.90	\$1.71	\$1.52	\$1.33	\$1.13
22-29	\$2.48	\$2.38	\$2.10	\$1.91	\$1.72	\$1.53	\$1.34	\$1.29
30-39	\$3.75	\$3.40	\$3.13	\$2.80	\$2.52	\$2.20	\$1.93	\$1.82
40-49	\$4.88	\$4.75	\$4.40	\$4.00	\$3.60	\$3.20	\$2.80	\$2.70
50-59	\$8.06	\$7.64	\$6.82	\$6.20	\$5.58	\$4.96	\$4.50	\$4.23
60-64	\$10.00	\$9.90	\$8.80	\$8.00	\$7.20	\$6.40	\$5.60	\$5.49

**[B] Number of Days**

Requested Effective Date: \_\_\_/\_\_\_/\_\_\_ Requested Termination Date: \_\_\_/\_\_\_/\_\_\_ Number of Days [B] \_\_\_\_\_

Please note: The minimum initial period of coverage is 5 days, the maximum is 12 months.

**[C] Coverage Options Factors**

**Athletic Sports -Class 1** 1.20    **Athletic Sports - Class 2** 1.20 and \$26 per month    **Home Country/Follow Me Home** 1.10

**[D] Additional Accidental Death and Dismemberment Rates:**

Option 1: Increase to \$50,000 maximum AD&D benefit Additional \$0.25 per person per day - All Ages

Option 2: Increase to \$100,000 maximum AD&D benefit Additional \$0.50 per person per day - Ages 19 to 79 only

Option 3: Increase to \$250,000 maximum AD&D benefit Additional \$1.75 per person per day - Ages 19 to 69 only

Option 4: Increase to \$500,000 maximum AD&D benefit Additional \$4.00 per person per day - Ages 19 to 69 only

**CALCULATING YOUR PLAN COST**

**Name of Person(s) to be insured:**

	Date of Birth	Gender	Daily Rate
Traveler 1: _____	___/___/___	_____	\$ _____
Traveler 2: _____	___/___/___	_____	\$ _____
Traveler 3: _____	___/___/___	_____	\$ _____
Traveler 4: _____	___/___/___	_____	\$ _____

For more travelers, please attach an additional list of names

[A] Total Daily Rate - All travelers	\$
[B] Numbers of Days Coverage	x
Subtotal	\$
[C] Multiply Optional Coverage Factor (if applicable)	x
Subtotal	\$
[D] Add AD&D Upgrade Rate (if applicable) Rate \$ ____ x # days ____	+
<b>Total Payment Enclosed [A-D]</b>	<b>\$</b>

**PAYMENT METHOD**

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

We also accept MasterCard, Visa, American Express and Discover

Card Number: \_\_\_\_\_ Expiration Date: (MM/YY) \_\_\_\_/\_\_\_\_ CVV: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Daytime Phone: (\_\_\_\_) \_\_\_\_\_

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

If paying by credit card, I authorize Icon Services 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 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) (Proxy is someone acting on behalf of Insured)

\_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Date

Agent Name/Writing Number \_\_\_\_\_ - \_\_\_\_\_