

## APPLICATION

USACOSTSAVER17V1

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

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

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

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

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

Correspondence Address  Same as Home Country Address

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

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

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

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_\_) \_\_\_\_\_

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

Previously insured with Trawick International?  Yes  No

## COVERAGE SPECIFICS

### [A] Accident Medical Expense Benefit Daily Premium Rates:

Persons up to age 64 are eligible for all plans

Persons age 65 and over are eligible for the \$50,000 plan only.

(rates based on \$250 deductible with a \$25,000 Accidental Death and Dismemberment Benefit)

| Maximum Limit | \$50,000 | \$50,000 | \$50,000 | \$50,000 | \$50,000 | \$50,000 | \$50,000 | \$50,000 |
|---------------|----------|----------|----------|----------|----------|----------|----------|----------|
| Deductible    | \$0      | \$50     | \$100    | \$250    | \$500    | \$1000   | \$2500   | \$5000   |
| Age           | Daily    | Daily    | Daily    | Daily    | Daily    | Daily    | Daily    | Daily    |
| Up to age 21  | \$1.24   | \$1.14   | \$0.93   | \$0.95   | \$0.86   | \$0.76   | \$0.67   | \$0.34   |
| 22 to 29      | \$1.26   | \$1.16   | \$1.07   | \$0.97   | \$0.87   | \$0.78   | \$0.68   | \$0.58   |
| 30 to 39      | \$1.69   | \$1.56   | \$1.43   | \$1.30   | \$1.17   | \$1.04   | \$0.91   | \$0.77   |
| 40 to 49      | \$2.60   | \$2.40   | \$2.20   | \$2.00   | \$1.80   | \$1.60   | \$1.40   | \$1.16   |
| 50 to 59      | \$4.43   | \$4.09   | \$3.75   | \$3.41   | \$3.07   | \$2.73   | \$2.39   | \$2.07   |
| 60 to 64      | \$5.59   | \$5.16   | \$4.73   | \$4.30   | \$3.87   | \$3.44   | \$3.01   | \$2.65   |
| 65 to 69      | \$6.41   | \$5.92   | \$5.42   | \$4.93   | \$4.44   | \$3.94   | \$3.45   | \$3.05   |
| 70 to 79      | \$8.78   | \$8.10   | \$7.43   | \$6.75   | \$6.08   | \$5.40   | \$4.73   | \$4.15   |
| 80 to 89      | \$18.20  | \$16.80  | \$15.40  | \$14.00  | \$12.60  | \$11.20  | \$9.80   | \$6.90   |

| Maximum Limit | \$100,000 | \$100,000 | \$100,000 | \$100,000 | \$100,000 | \$100,000 | \$100,000 | \$100,000 |
|---------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| Deductible    | \$0       | \$50      | \$100     | \$250     | \$500     | \$1000    | \$2500    | \$5000    |
| Up to age 21  | \$1.39    | \$1.28    | \$1.18    | \$1.07    | \$0.96    | \$0.86    | \$0.75    | \$0.40    |
| 22 to 29      | \$1.66    | \$1.54    | \$1.41    | \$1.28    | \$1.15    | \$1.02    | \$0.90    | \$0.67    |
| 30 to 39      | \$2.15    | \$1.98    | \$1.82    | \$1.65    | \$1.49    | \$1.32    | \$1.16    | \$0.92    |
| 40 to 49      | \$2.83    | \$2.94    | \$2.70    | \$2.45    | \$2.21    | \$1.96    | \$1.72    | \$1.31    |
| 50 to 59      | \$5.59    | \$5.16    | \$4.73    | \$4.30    | \$3.87    | \$3.44    | \$3.01    | \$2.76    |
| 60 to 64      | \$7.09    | \$6.54    | \$6.00    | \$5.45    | \$4.91    | \$4.36    | \$3.82    | \$3.34    |

| Maximum Limit | \$250,000 | \$250,000 | \$250,000 | \$250,000 | \$250,000 | \$250,000 | \$250,000 | \$250,000 |
|---------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| Age           | Daily     | Daily     | Daily     | Daily     | Daily     | Daily     | Daily     | Daily     |
| Deductible    | \$0       | \$50      | \$100     | \$250     | \$500     | \$1000    | \$2500    | \$5000    |
| Up to age 21  | \$1.56    | \$1.44    | \$1.32    | \$1.20    | \$1.08    | \$0.96    | \$0.84    | \$0.46    |
| 22 to 29      | \$1.89    | \$1.74    | \$1.60    | \$1.45    | \$1.31    | \$1.16    | \$1.02    | \$0.80    |
| 30 to 39      | \$2.59    | \$2.39    | \$2.19    | \$1.99    | \$1.79    | \$1.59    | \$1.39    | \$1.07    |
| 40 to 49      | \$3.38    | \$3.48    | \$3.19    | \$2.90    | \$2.61    | \$2.32    | \$2.03    | \$1.56    |
| 50 to 59      | \$6.68    | \$6.17    | \$5.65    | \$5.14    | \$4.63    | \$4.11    | \$3.60    | \$3.33    |
| 60 to 64      | \$7.85    | \$7.25    | \$6.64    | \$6.04    | \$5.45    | \$4.83    | \$4.23    | \$3.62    |

| Maximum Limit | \$500,000 | \$500,000 | \$500,000 | \$500,000 | \$500,000 | \$500,000 | \$500,000 | \$500,000 |
|---------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| Deductible    | \$0       | \$50      | \$100     | \$250     | \$500     | \$1000    | \$2500    | \$5000    |
| Age           | Daily     | Daily     | Daily     | Daily     | Daily     | Daily     | Daily     | Daily     |
| Up to age 21  | \$1.82    | \$1.68    | \$1.54    | \$1.40    | \$1.26    | \$1.12    | \$0.98    | \$0.53    |
| 22 to 29      | \$2.01    | \$1.86    | \$1.70    | \$1.55    | \$1.40    | \$1.24    | \$1.09    | \$0.92    |
| 30 to 39      | \$2.73    | \$2.52    | \$2.31    | \$2.10    | \$1.89    | \$1.68    | \$1.47    | \$1.22    |
| 40 to 49      | \$3.90    | \$3.72    | \$3.41    | \$3.10    | \$2.79    | \$2.48    | \$2.17    | \$1.80    |
| 50 to 59      | \$7.09    | \$6.54    | \$6.00    | \$5.45    | \$4.91    | \$4.36    | \$3.82    | \$3.09    |
| 60 to 64      | \$8.69    | \$8.02    | \$7.35    | \$6.68    | \$6.01    | \$5.34    | \$4.68    | \$4.00    |

| Maximum Limit | \$1,000,000 | \$1,000,000 | \$1,000,000 | \$1,000,000 | \$1,000,000 | \$1,000,000 | \$1,000,000 | \$1,000,000 |
|---------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|
| Deductible    | \$0         | \$50        | \$100       | \$250       | \$500       | \$1000      | \$2500      | \$5000      |
| Up to age 21  | \$2.08      | \$1.92      | \$1.76      | \$1.60      | \$1.44      | \$1.28      | \$1.12      | \$0.58      |
| 22 to 29      | \$2.21      | \$2.04      | \$1.87      | \$1.70      | \$1.53      | \$1.36      | \$1.19      | \$0.99      |
| 30 to 39      | \$2.96      | \$2.74      | \$2.51      | \$2.28      | \$2.05      | \$1.82      | \$1.60      | \$1.37      |
| 40 to 49      | \$4.28      | \$4.26      | \$3.91      | \$3.55      | \$3.20      | \$2.84      | \$2.49      | \$1.97      |
| 50 to 59      | \$7.79      | \$7.19      | \$6.59      | \$5.99      | \$5.39      | \$4.79      | \$4.19      | \$3.64      |
| 60 to 64      | \$9.95      | \$9.18      | \$8.42      | \$7.65      | \$6.89      | \$6.12      | \$5.36      | \$4.60      |

**[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 - see page 5 for details: (multiply)**

**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: (add)**

- Option 1: Increase to \$50,000 maximum benefit      Additional \$0.25 per person per day - Available for all ages
- Option 2: Increase to \$100,000 maximum benefit      Additional \$0.50 per person per day - Available for ages 19 up to 79
- Option 3: Increase to \$250,000 maximum benefit      Additional \$1.75 per person per day - Available for ages 19 up to 69
- Option 4: Increase to \$500,000 maximum benefit      Additional \$4.00 per person per day - Available for ages 19 up to 69

**Calculating Your Plan Cost**

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

|                   | Date of Birth | Daily Rate - per person |
|-------------------|---------------|-------------------------|
| Traveler 1: _____ | ___/___/___   | _____                   |
| Traveler 2: _____ | ___/___/___   | _____                   |
| Traveler 3: _____ | ___/___/___   | _____                   |
| Traveler 4: _____ | ___/___/___   | _____                   |

[A]Total Daily Rate: \_\_\_\_\_

|                                                              |           |
|--------------------------------------------------------------|-----------|
| [A] Total Daily Rate - all Travelers                         | \$        |
| [B] Total Number of Days Covered                             | x         |
| Subtotal                                                     | \$        |
| [C] Multiply Coverage Option Factor (if applicable)          | x         |
| Subtotal                                                     | \$        |
| [D] Add AD&D Upgrade Rate (if applicable) # days x Rate = \$ | +         |
| <b>Total Payment Enclosed [A-D]</b>                          | <b>\$</b> |

**Method of Payment**

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 \_\_\_\_\_ - \_\_\_\_\_