Lotus Travel, Inc.

Travelex worldwide money
Insurance Services

TRAVEL INSURANCE ENROLLMENT FORM

FAX COMPLETED FORM TO (425) 484 2133
Agent name: (LOTUS AGENT)

For questions, call Toll-free No: 1-800-956-8873
or email to info@lotustours.net

LOCATION NO: 47-0014
TRAVEL MAX PLAN: ☐ STM 0811

Note: To use the same enrollment form, all individuals must be Family Members as defined in the Certificate of Insurance. Please list covered children (including adoptive children). Plan fees are non-refundable after the 10-day Review Period.

Please print clearly for accurate processing.

TRAVELER DETAILS

Name: (Last, First)	Birth Date (MM/DD/YYYY)	Trip Cost/person	Plan Cost
Traveler #1:		$	$
Traveler #2:		$	$
Traveler #3:		$	$
Traveler #4:		$	$

Trips 31 – 180 days in length (including arrival and departure days) _____ (# of Travelers) X _____ (# of Days over 30) X $8 = $ _____ (EXTRA DAYS TOTAL)

CUSTOMIZED YOUR TRIP PROTECTION PLAN WITH THIS OPTIONAL UPGRADE :

(Please check if you would like to purchase the following optional upgrade)

☐ Cancel for Any Reason Pak (Base Plan + extra days x 50%) $ _____

Non-refundable Processing Fee $ 8.00

Total Amount Due (and authorized as payment) $ _____

Address: _____

City: _____ State: _____ Zip: _____ Daytime Phone: _____

Primary Traveler Email: (Provide to receive Confirmation of Coverage via Email) _____

Beneficiary Name (Estate Designated if left blank): _____

TRIP AND PAYMENT DETAILS

Departure Date: _____ Return Date: _____

Country of Destination: _____ Tour Operator: _____

Cruise Line: _____ Airline: _____

Credit Card: ☐ Visa â ☐ Discover/Novus â ☐ MasterCard â ☐ American Express â

Account #: _____ Exp Date: _____ (MM/YY)

Name (as appears on card): _____

Signature (as appears on card): _____ Date: _____ (MM/DD/YYYY)
(Mandatory for all payment types)

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an Insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.