



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 SELECT PLAN: STS 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 X X \$8 = \$

(including arrival and departure days) # of Travelers # of Days over 30 EXTRA DAYS TOTAL

CUSTOMIZED YOUR TRIP PROTECTION PLAN WITH THESE OPTIONAL UPGRADES:

(Please check if you would like to purchase any of the following optional upgrades)

Transportation Pak (\$59) \$

LIFESTYLE PAKS

Active Family Pak: Protection for \$49 per Enrollment plan \$

Adventurer Plus Pak: Protection for \$49 per Enrollment plan \$

Professional Pak: Protection for \$99 per Enrollment plan \$

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 Discover/Novus MasterCard American Express

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

Name (as appears on card): _____

Signature (as appears on card): _____
(Mandatory for all payment types)

Date: _____ (MM/DD/YYYY)

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.