



"Deluxe" Plan - Group Travel Insurance Enrollment Form

Toll Free: 866-979-6753; Direct 402-343-3699; Fax: 402-343-9959

Today's Date: **Month** **Day** **Year**
 / /

Group Name: _____

Tour Name: _____

Demographics of Group (church, student, etc) _____

Group Contact Person: _____ **Phone:** _____

Mailing Address: _____

City: _____ **State** _____ **ZIP** _____

Email: _____

Travel Destination: _____

Purpose of Trip: (educational, leisure, etc) _____

Departure Date: _____ **Return Date:** _____

Total Travelers: _____ **Premium Calculation = \$** _____

PAYMENT INFORMATION:

Payment via: MC VISA AMEX DISCOVER **Exp. Date:** _____ / _____ **CVC code** _ _ _

Name on Card: _____ **Card #:** _____

Please fax to TravelInsuranceCenter.com Attn: Group Enrollments 1-402-343-9959

Effective immediately, group plans with Cancel for Any Reason (CFAR) can now only be registered if the departure date is at least 90 days away. This change applies to Group Deluxe with CFAR, Student Deluxe with CFAR, and Student Basic with CFAR.

Group Travel Insurance Roster

(CFAR = Cancel For Any Reason / 50% additional premium added)
CFAR option is not available to NY residents

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Trip Cost: \$ _____ add CFAR Premium: \$ _____

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