

How Do I Apply?

Fill out the attached application and mail it to us;

ISIS Incoming Application

INSTRUCTIONS: If you are leaving within 2 weeks, please order by telephone, using a major credit card. Our toll-free telephone number is **1-800-247-5575**, fax number **(202) 296-0007** or email: info@isis-travelinsurance.com. Please print clearly.

Name: _____

Address: _____

City: _____ Country: _____

Date of Birth: _____

Home Tel (____) _____ Work Tel (____) _____

E-Mail Address: _____

Passport Number(s): _____

Trip Departure Date: _____ Trip Completion Date: _____

No. of Travel Days: _____ (Count departure and return days.)

Type of Insurance Plan: **A B C D**

Youth or Student Card Number (if applicable): _____

Family Members to be covered (*name, ages*, relationship to Applicant*): _____

Emergency Contact Name & Telephone No.: _____

Beneficiary: _____

Relationship to Applicant: _____

Beneficiary's Address: _____

Traveling Companion(s): _____

Hazardous Sports Option: 10% extra premium Yes No

Cancellation Option: 5% of travel Sum Yes No

***Persons age 65 or older are not eligible for coverage.**

Payment for all Travelers: \$ _____

SELECT PAYMENT METHOD:

CHECK or MONEY ORDER (Payable to VISIT)

MasterCard VISA American Express

Card Number: _____

Expiration Date (month/year): _____

Print Name as it appears on card: _____

NOTE: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information may be guilty of insurance fraud.

Signature of Applicant _____

Date _____

Mail the completed application and the appropriate premium amount to:

VISIT-ISIS HEALTH PROGRAMS

PO Box 20069

Alexandria, VA 22320-9804

202-347-7324

800-247-5575

Enroll by fax at 202-296-0007

Enroll online at:

www.isis-travelinsurance.com