

How Do I Apply?

Fill out the attached application and mail it to us;

ISIS Outgoing 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: _____ State: _____ Zip: _____

Date of Birth: _____ Gender: _____

Social Security No.: _____

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

E-Mail Address: _____

Passport Number: _____

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): _____

Primary Destination: _____

Return Destination: _____

Family Members to be covered (name, date of birth, relationship): _____

Emergency Contact Name & Telephone No.: _____

Beneficiary: _____

Relationship to Applicant: _____

Beneficiary's Address: _____

Traveling Companion (s): _____

Hazardous Sports Option: 10% extra premium Yes No

*Seniors 60-70 years of age are eligible for coverage through the ISIS Health Insurance Plan with full benefits as outlined in this brochure, our website and in the Certificate of Insurance. Premiums for Seniors are double the listed premium rate.

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: _____

I subscribe to the Consumer Life and Health Association and enroll in the Group Travel Accident and Sickness Plan for which I am eligible. The insurance benefits are underwritten by American Fidelity Assurance Company. I understand that benefits may not be payable due to Pre-Existing conditions.

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