

# Vacation Protection Plan



friendship force  
INTERNATIONAL

## TRAVEL INSURANCE PLAN ENROLLMENT FORM

### STEP #1 ENROLLMENT

\*Insured #1  Dr.  Mrs.  Mr.  Ms. Last  Male  Female

First Middle Initial

Date of Birth E-mail Address

\*Address

\*City

\*State \*Zip

\*Telephone ( )

Beneficiary

\*Destination

\*Airline \*Charter

\*Tour Operator \*Cruise Line

\*Date of Initial Trip Payment / /

\*Departure Date / / \*Return Date / /

**\* = Required Information.**

AGENCY ARC# 122525 Agent ID#

#### Additional Insureds

Insured #2 Date of Birth

Insured #3 Date of Birth

Insured #4 Date of Birth

Any person who knowingly and with intent defrauds any insurance company is subject to criminal and civil penalties. I represent that the above information is true and the dates reflect my intent to start and end my trip. **The coverage goes into effect after the plan cost is paid, at 12:01 a.m. on the day after the postmark, telephone purchase, fax transmission date, or online purchase confirmation date.** The Insurer reserves the right to reject any Enrollment Form. I understand there is no coverage for loss due to pre-existing medical conditions, unless this insurance is purchased within the required time frame to waive this exclusion. I understand that if payment is returned unpayable for any reason, the coverage becomes null and void. I also understand that any changes to this Enrollment Form do not change the coverage of the policy. I have read, understand, and agree to the terms and conditions of the Insurance as detailed in the Description of Coverage.

Signature Date

3300 Business Park Drive  
Stevens Point, WI 54482

Travel Smart. Travel Insurance.

#### To Purchase:

Go to Friendship Force's website ([www.thefriendshipforce.org](http://www.thefriendshipforce.org)) or complete and mail in this application form.

### Travel Insurance Rates

Trip Cost per person	Plan Cost per person	Trip Cost per person	Plan Cost per person
\$ 0 - \$ 500	\$ 40	\$ 9,001 - \$10,000	\$ 464
\$ 501 - \$1,000	\$ 57	\$10,001 - \$11,000	\$ 540
\$1,001 - \$1,500	\$ 78	\$11,001 - \$12,000	\$ 612
\$1,501 - \$2,000	\$103	\$12,001 - \$13,000	\$ 685
\$2,001 - \$2,500	\$130	\$13,001 - \$14,000	\$ 760
\$2,501 - \$3,000	\$153	\$14,001 - \$15,000	\$ 837
\$3,001 - \$3,500	\$163	\$15,001 - \$16,000	\$1,194
\$3,501 - \$4,000	\$178	\$16,001 - \$ 17,000	\$1,271
\$4,001 - \$4,500	\$204	\$17,001 - \$ 18,000	\$1,348
\$4,501 - \$5,000	\$227	\$18,001 - \$19,000	\$1,425
\$5,001 - \$5,500	\$268	\$19,001 - \$20,000	\$1,502
\$5,501 - \$6,000	\$309	\$20,001 - \$21,000	\$1,579
\$6,001 - \$6,500	\$338	\$21,001 - \$22,000	\$1,656
\$6,501 - \$7,000	\$366	\$22,001 - \$23,000	\$1,733
\$7,001 - \$8,000	\$398	\$23,001 - \$24,000	\$1,810
\$8,001 - \$9,000	\$431	\$24,001 - \$25,000	\$1,887

For trips over \$25,000 or in excess of 30 days, call 1.866.476.6698

### STEP #2 PLAN COST CALCULATION

INSURED #1	INSURED #2	INSURED #3	INSURED #4
Trip Cost	Trip Cost	Trip Cost	Trip Cost
Plan Cost	Plan Cost	Plan Cost	Plan Cost
+	+	+	

Total of all plan costs  + \$5 Policy Fee = **TOTAL**

### STEP #3 PAYMENT INFORMATION

- Check or Money Order Payable to Travel Guard
- American Express®  MasterCard®
- VISA®  Discover/Novus®

\_\_\_\_\_

Expires /

Name of Cardholder \_\_\_\_\_