



Enrollment information: Please complete all sections. Enter Spouse and Child details only for dependents who are to be covered under this plan, if any. Questions? Call us at +1(866) INSUBUY.

<b>1. Participant Information</b>				<b>2. Student Information</b>			
Name (First and Last)		Date of Birth (MM/DD/YYYY)	Gender	Citizenship	Name of College/University:		State:
Student					Full-Time Undergraduate	Full-Time Graduate	Scholar
Spouse					Travel Visa Type <i>Non Us-Citizens Only:</i> F-1 J-1 Other		Date Classes Begin / /
Child					Date of Departure from Home Country / /		Date of Return to Home Country / /
Child							
Child (If more children, attach additional sheets.)							
Mailing Address:			City:				
Apt./Suite/Etc.:			State/Province:				
			Postal Code:				
Home Country:	Host Country:	Primary Telephone:		Alternate Telephone:			
Primary E-mail:		Alternate E-mail:					
				<b>3. Plan Selections</b> <i>Please make a selection in each section.</i>			
				<b>Type of Coverage:</b>			
				Student Only		Student & Children	
				Student & Spouse		Student & Family	
				<b>Plan Level:</b>			
				Basic		Preferred	
				Standard		Platinum	
				<b>Requested Coverage Dates:</b> ____/____/____ to ____/____/____			

<b>4. Payment Options</b>		<i>Please select Single Payments OR Monthly Payments</i>
<input type="checkbox"/> <b>Single Payment</b> - I want to pay the full amount in one single payment  _____ X _____ + \$5.00 Administration Fee = _____ <small>Number of Days      Daily Rate      Total Amount Due</small>		<input type="checkbox"/> <b>Monthly Payments*</b> - I want to be automatically charged every 30 days, over a 364-day period <i>First payment due</i> 34 X _____ + \$5.00 Administration Fee = _____ <small>Number of Days      Daily Rate      First Payment Due</small> <i>Additional payment cost:</i> 30 X _____ + \$5.00 Administration Fee = _____ <small>Number of Days      Daily Rate      Monthly Payment</small>

<b>5. Payment Information</b>			
Payment Method:    Check/Money Order    MasterCard    Visa    Discover    American Express			
Credit Card #:		CVV:	Expiration Date:
Name on Card:		Signature:	
Address:		City:	
Apt./Suite/Etc.:		State/Province:	
		Postal Code:	

Signature of Applicant:	Date:
Signature of Spouse:	Date:

I hereby apply for membership in the Atlas/International Citizen Group Insurance Trust, Hamilton, Bermuda and for the insurance provided to members by Lloyd's. I understand that the personal information I am submitting in this section will result in automated decisions. For further information on how we process your personal information please see our [Privacy Policy](#). When we make an automated decision about you, you have the right to contest the decision, to express your point of view, and to require a human review of the decision. Please contact your producer for additional information. I understand that the insurance applied for is not a general health insurance policy, but is intended for use in the event of a sudden and unexpected event while traveling while pursuing educational endeavors outside my Home Country. I certify that I am a Full-time Student, Scholar, or other eligible Participant as required by the definitions of this policy. I understand that my insurance terminates upon my return to my Home Country unless I qualify for a Benefit Period or Home Country Coverage. I understand this insurance contains a Pre-existing Condition exclusion and other restrictions and exclusions. I understand that, prior to my current coverage expiration date, I can visit the WorldTrips Client Zone for transaction instructions regarding policy extensions and/or renewal eligibility. I understand that if my insurance is not Extended or Renewed prior to or on the current coverage expiration date I must purchase a new policy in order to have coverage. I understand that the information contained herein is a summary of the Master Policy and that I may obtain a complete copy of the Master Policy upon request to WorldTrips. It is the responsibility of Indian residents purchasing insurance cover to obtain permission from the Central Government and Reserve Bank of India. I understand that Lloyd's, as underwriter of the plan, is solely liable for the coverage and benefits provided under the insurance. I understand that Lloyd's operates as an approved, non-admitted insurer in all states of the United States except Illinois and Kentucky where they are admitted. As such, claims under this insurance may not be made against any state guaranty fund. I understand and agree that the insurance agent/broker, if any, assisting with this Application is a representative of the Applicant, and as a representative, authorize WorldTrips to provide any applicable claims Explanation of Benefits (EOB) to assist communication in the claims process. Licensed insurance brokers and independent agents are compensated through commissions calculated as a percentage of premium for the purchase, renewal, placement or servicing of insurance coverage. If signed by a representative of the Applicant, the undersigned warrants his/her capacity to so act. If signed as guardian or proxy of the Applicant, the undersigned warrants his/her capacity to so act. By acceptance of coverage and/or submission of any claim for benefits, the Applicant ratifies the authority of the signer to so act and bind the Applicant. Rates include surplus lines taxes and fees where applicable.

#### Arbitration Notice

Except for certain types of disputes described in the "Arbitration and Class Action Waiver" in your policy wording and also available at <https://www.insubuy.com/study-usa-healthcare/student-medical-insurance/>, and if you do not opt-out as set forth in that same section, you agree that disputes between you and WorldTrips and/or the Underwriters will be resolved by binding, individual arbitration, and you waive your right to bring or resolve any dispute as, or participate in, a class, consolidated, representative, collective, or private attorney general action or arbitration.

If requesting cancellation, I understand that I must notify my insurance agent/broker, in writing, prior to the effective date for a full refund and that express delivery charges are not refundable.

## Study USA-HealthCare Daily Rates

Student Only Per Day Rates					Student and Spouse Per Day Rates				
Age	Basic	Standard	Preferred	Platinum	Age	Basic	Standard	Preferred	Platinum
Under 25	\$1.24	\$1.65	\$2.64	\$4.49	Under 25	N/A	\$2.97	\$4.75	\$8.07
25-29	\$2.29	\$3.05	\$4.88	\$8.30	25-29	N/A	\$5.49	\$8.78	\$14.95
30-34	\$3.11	\$4.14	\$6.62	\$11.25	30-34	N/A	\$7.45	\$11.92	\$20.27
35-39	\$4.40	\$5.86	\$9.38	\$15.95	35-39	N/A	\$10.55	\$16.90	\$28.69
40-44	\$6.93	\$9.24	\$14.78	\$25.13	40-44	N/A	\$16.62	\$26.62	\$45.23
45-49	\$9.86	\$13.15	\$21.04	\$35.77	45-49	N/A	\$23.67	\$37.88	\$64.41
50-54	\$13.31	\$17.75	\$28.40	\$48.28	50-54	N/A	\$31.95	\$51.12	\$86.91
55-65	\$17.98	\$23.97	\$38.35	\$65.20	55-65	N/A	\$43.15	\$69.03	\$117.36

  

Student and Child Per Day Rates					Student and Family Per Day Rates				
Age	Basic	Standard	Preferred	Platinum	Age	Basic	Standard	Preferred	Platinum
Under 25	N/A	\$ 3.06	\$ 4.88	\$ 8.30	Under 25	N/A	\$4.77	\$7.60	\$12.93
25-29	N/A	\$ 4.42	\$ 7.73	\$ 13.15	25-29	N/A	\$7.23	\$12.40	\$21.10
30-34	N/A	\$ 5.51	\$ 9.67	\$ 16.43	30-34	N/A	\$9.20	\$15.79	\$26.84
35-39	N/A	\$ 7.23	\$ 12.43	\$ 21.13	35-39	N/A	\$12.29	\$20.76	\$35.29
40-44	N/A	\$ 10.96	\$ 18.60	\$ 31.60	40-44	N/A	\$18.82	\$31.48	\$53.47
45-49	N/A	\$ 15.49	\$ 26.06	\$ 44.32	45-49	N/A	\$26.64	\$44.24	\$75.22
50-54	N/A	\$ 19.44	\$ 32.07	\$ 54.50	50-54	N/A	\$34.11	\$55.79	\$94.81
55-65	N/A	\$ 25.87	\$ 42.48	\$ 72.21	55-65	N/A	\$45.56	\$74.27	\$126.26

### Email or Mail Completed Application and Payment To:

Insubuy, LLC.

4200 Mapleshade Ln., Suite 200

Plano, TX 75093

Email: [info@insubuy.com](mailto:info@insubuy.com)

### Cancellations and Refunds

**Single Payment:** To be eligible for a full refund, the request for cancellation must be received in writing prior to the effective date. Cancellation requests received after the effective date will be subject to the following conditions:

- A) A \$25 cancellation fee will apply
- B) No refunds available 60 days after the effective date
- C) Only members who have no claims are eligible for premium refund

**Monthly Payment:** To be eligible for a full refund, the request for cancellation must be received in writing prior to the effective date. If the plan is cancelled after the effective date, all future scheduled payments will be cancelled.

### Extending or Renewing Coverage

After your initial purchase, you may extend your coverage up to a maximum of 364 days from the initial effective date. You may renew your coverage as long as you continue to meet the eligibility requirements. Renewal may be completed within the last 6 months of a 12-month certificate period. Deductible and coinsurance must be re-satisfied as of each renewal date. After four years of continuous coverage or any break in coverage, a new plan must be purchased. A new application is required and you must re-satisfy your deductible, coinsurance, pre-existing condition provisions, and all other benefit limits. Extensions and renewals can be made online with payment by credit card, or by calling us at +1 (866) INSUBUY.

### Questions?

If you have any questions about this plan, call Insubuy at +1 (866) INSUBUY. Policy information is also available on our website at <https://www.insubuy.com/study-usa-insurance/>.