

## To Enroll in TravelGap Multi-Trip

by Mail, Phone, Fax or Online

### HTH Worldwide

Mail Timothy Jennings  
PO Box 6374  
Jackson, WY 83002

Visit [www.individualhealth.com](http://www.individualhealth.com)  
E-Mail [sales@individualhealth.com](mailto:sales@individualhealth.com)

Call 307-690-0427

## TravelGap® Multi-Trip

Health Insurance and Assistance  
for Domestic and International Travel

Timothy Jennings



*Helping world travelers  
stay safe and healthy*

**HTH Worldwide**

Multiple-term health insurance for U.S. residents traveling frequently

## Protect Your Health Around the World

### WHAT IS TRAVELGAP MULTI-TRIP?

*TravelGap® Multi-Trip provides the frequent traveler with international health insurance for multiple trips throughout the year. It also includes a complete package of services to help you identify, access and pay for quality healthcare anywhere in the world.*

#### **TravelGap® Multi-Trip fills health and safety gaps internationally:**

**Insurance** — Even if you are already enrolled in a health plan, your coverage is limited when you travel abroad. In fact, your plan may not pay to have you safely evacuated if you are critically ill.

**Information** — Where do you turn to learn which hospitals and physicians meet your standards? Keep up with breaking news about health and safety threats? Translate key medical terms and brand-name drugs?

**Access to quality care** — How do you find a western-trained, English-speaking doctor with the appropriate skills? How do you arrange a convenient appointment?

**Each TravelGap® Multi-Trip policy includes 24/7 access to our customer service team and global health and safety tools.**

### WHY CHOOSE HTH WORLDWIDE?

#### **Strength of a U.S. Underwriter**

TravelGap® Multi-Trip is underwritten by Nationwide Mutual Insurance Company, rated A+ (Excellent) by A.M. Best.

#### **Better Coverage**

Our plans have met the standards of state regulators and feature coverage more generous than plans sold as “surplus coverage” by foreign, nonadmitted insurers. For example, our plan covers every trip taken, up to 70 days in length. In addition, we do not impose precertification penalties for hospitalization. Lastly, we provide coverage for preexisting medical conditions and injuries related to a terrorist act.

#### **Highest Standards of Service**

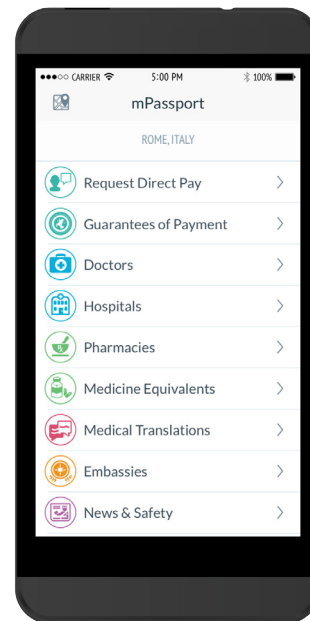
HTH Worldwide is a leader in international health insurance and assistance. HTH insurance programs are designed to meet the highest expectations for quality and service.

### 10-Day Money-Back Guarantee

We are so confident in our products that we offer the best guarantee in the business! If you are not completely satisfied with your TravelGap® Multi-Trip purchase, return your ID card to HTH within 10 days of receipt and include a letter indicating your desire to cancel. If you have not departed on your trip before the date of the letter, you will receive a full refund.



With mPassport®, HTH Worldwide's member app, you have convenient access to the best local doctors, hospitals and resources anywhere in the world.



### HTH's Global Health and Safety Resources

- Request an appointment and secure cashless access for care outside the U.S. through Direct Pay
- Select a doctor, specialist or medical facility outside the U.S.
- Translate medical terms and phrases in thirteen languages; audio feature allows you to play the translation
- Find a medication's availability, generic name and local brand name.
- Show/fax/email ID card to providers
- Access issued Guarantees of Payment
- View country and city level health and security profiles

## TRAVELGAP MULTI-TRIP BENEFITS

MEDICAL BENEFITS		Silver	Gold
• Maximum International Benefits per Insured Person per policy period		\$50,000	\$250,000*
*For Individuals aged 70 – 84, the Maximum International Medical Benefit for TravelGap Gold is \$100,000.			
• Deductible per Insured Person per policy period		\$50	\$50
After the Deductible is satisfied, benefits are paid for Covered Expenses as follows up to the Medical Limit			
Benefits		Insurer Pays After Medical Benefit Deductible Is Paid	
Professional Services	a. Surgery, anesthesia, radiation therapy, in-hospital doctor visits, diagnostic X-ray and lab	100%	
	b. Office Visits: including X-rays and lab work billed by the attending physician	100%	
Inpatient Hospital Services	a. Surgery, X-rays, In-hospital doctor visits	100%	
	b. In-patient medical emergency	100%	
Other	Ambulatory Surgical Center	100%	
	Outside the U.S. Outpatient prescription drugs	100% of Covered Expenses	
	Dental care required due to an injury	\$200 for accidental dental expenses; \$100 for sickness dental expenses	
Other Benefits			
		Silver	Gold
Accidental Death and Dismemberment		\$0	\$25,000
Repatriation of Remains¹		\$15,000	\$25,000
Medical Evacuation¹		\$250,000	\$500,000
Bedside Visit¹		Maximum Benefit per Trip Period up to \$1,500 for the cost of one economy round-trip airfare ticket to the place of the Hospital Confinement for one (1) person.	

<sup>1</sup>This benefit is not underwritten by Nationwide Mutual Insurance Company. Services are provided by HTH Assistance Company.

**Medical Evacuation:** If You sustain an Injury or suffer a sudden Sickness while traveling outside the U.S., HTH Worldwide will arrange and pay the Medically Necessary expenses incurred, up to the lifetime Maximum Limit for all medical evacuations shown in the Schedule of Benefits, for a medical evacuation to the nearest Hospital, appropriate medical facility or back to the Your Home Country. Transportation must be by the most direct and economical route. However, before HTH Worldwide makes any arrangement or payment, HTH Worldwide requires written certification by the attending physician that the evacuation is Medically Necessary. HTH Worldwide will arrange and pay for Reasonable Charges for escort services if You are a minor or if You are disabled during the trip and an escort is recommended in writing by the attending physician and approved by the Assistance Company. Any expenses for the medical evacuation require the Assistance Company's prior approval.

**Repatriation of Remains:** If an Injury or Sickness results in Your loss of life outside the U.S., the Assistance Company will arrange pay the Reasonable Expenses incurred for cremation or for preparation of the body for burial in, and for transportation of the body to, the Home Country up to the amount shown in the Schedule of Benefits. Any expenses for a Repatriation of Remains require the Assistance Company's prior approval.

**Bedside Visit Benefit:** If You are confined to a hospital due to an Injury or Sickness for more than 7 days while traveling outside the U.S., the Assistance Company will arrange and pay up to the maximum amount shown in the Schedule of Benefits for the cost of one economy round trip air fare ticket to the place of the hospital confinement for one person designated by You. No more than one (1) visit may be made during any 12-month period. Any expenses for a Bedside Visit require the Assistance Company's prior approval.

The benefits outlined in the table show the payment percentages for Covered Expenses **after** the Insured Person has satisfied his or her Deductible. This plan includes a Deductible of \$50 per Insured Person per Trip Coverage Period, which can be waived if you schedule your appointment through HTH Worldwide. Covered Expenses are based on Reasonable Charges which may be less than actual billed charges. Providers can bill the Insured Person for amounts exceeding Covered Expenses. HTH Contracted Providers are contracted to accept reasonable charges.

Available to U.S. residents, age 84 or younger, who live in approved states. Individuals aged 70-84 are eligible only for a \$100,000 medical limit. See Eligibility Requirements.

Covers all domestic and international trips (up to 70 days duration per trip) in a 364 day period. Participants must be enrolled in a Primary Health Plan.

There is no pre-existing condition exclusion.



## PLAN PRICING TABLE

## HOW TO ORDER

TravelGap® Multi-Trip rates are based on the age of the applicant. For Individual + 1 and family rates please use the age of the most senior applicant.



### TRAVELGAP MULTI-TRIP ANNUAL PRICES

Gold	Individual	Individual + 1*	Family
Age 50 & under	\$175	\$295	\$505
Age 51-66	\$220	\$390	\$600
Age 67-84	\$265	\$460	\$715

Silver	Individual	Individual + 1*	Family
Age 50 & under	\$100	\$165	\$285
Age 51-66	\$120	\$200	\$315
Age 67-84	\$150	\$235	\$370

\*Family members only

Rates are subject to change without notice. Rates effective January 1, 2016.

by Mail, Phone, Fax or Online

Applications are available online or may be initiated by telephone or email. **See back cover for details.**

**To request a copy of a complete Plan Description, please contact: 1.888.243.2358.**



# PLAN SUMMARY

## TERM OF COVERAGE

WHEN YOUR COVERAGE BEGINS - Provided:

- (a) coverage has been elected; and
- (b) the required premium has been paid.

All coverage will begin at 12:01A.M. local time at Your location on the Scheduled Departure Date of any Trip

WHEN YOUR COVERAGE ENDS:

The annual coverage provided under this Certificate will end at 11:59 P.M. local time three hundred sixty-five (365) days after the Effective Date. Your coverage per Trip will end at 11:59 P.M. local time on the date that is the earliest of the following:

- (a) the Scheduled Return Date as stated on the travel tickets;
- (b) the date You return to Your origination point if prior to the Scheduled Return Date;
- (c) the date You leave or change the Trip (unless due to Unforeseen and unavoidable circumstances covered by the Policy);
- (d) if You extend the return date, coverage will terminate at 11:59 P.M., local time, at Your location on the Scheduled Return Date, unless otherwise authorized by the Company in advance of the Scheduled Return Date;
- (e) Your return to Your Home Country.

## GENERAL DEFINITIONS - Throughout this document, when capitalized, certain words and phrases are defined as follows:

**Accident** means a sudden, unexpected, unintended, specific event that occurs at an identifiable time and place, but shall also include exposure resulting from a mishap to a conveyance in which You are traveling.

**Accidental Injury** means Bodily Injury caused by an Accident (of external origin) being the direct and independent cause in the Loss and that 1) requires a physical examination and medical treatment by a Physician and 2) commences while Your coverage is in effect.

**Actual Cash Value** means the lesser of the replacement cost and the purchase price less depreciation.

**Bodily Contact Sports** means any sport where the objective is to physically render an opponent unable to continue with the competition such as boxing and full contact karate.

**Bodily Injury** means identifiable physical injury that is caused by an Accident and is independent of disease or bodily infirmity.

**Certificate of Insurance** means this document, and any endorsements, riders or amendments that will attach during the period of coverage.

**Company** means Nationwide Mutual Insurance Company.

Confirmation of Benefits means the document that outlines Your benefits and Maximum Benefit amounts.

**Covered Expenses** means expenses incurred by You that are for Medically Necessary care or treatment; due to Sickness or Bodily Injury; prescribed, performed or ordered by a Physician; Reasonable and Customary Charges incurred while insured under this Certificate; and that do not exceed the Maximum Benefit limits shown in the Confirmation of Benefits, under each stated benefit.

**Deductible** means the amount of expenses for covered services and supplies that must be incurred by You before specified benefits become payable.

**Domestic Partner** means a person with whom You reside and can show evidence of cohabitation (including the shared responsibility for basic living expenses) for at least the previous six (6) months and has an affidavit of domestic partnership, if recognized by the jurisdiction within which You reside.

**Effective Date** means 12:01 A.M. local time, at Your location, on the day after the required premium for such coverage is received by the Company or its authorized representative.

**Extreme Sports** means an athletic pursuit that involves a high degree of danger or risk.

**Family Member** means Your legal or common law spouse, parent, legal guardian, step-parent, grandparent, parents-in-law, grandchild, natural or adopted child, step-child, children-in-law, brother, sister, step-brother, step-sister, brother-in-law, sister-in-law, aunt, uncle, niece or nephew, Domestic Partner who reside in the United States, Canada or Mexico.

**Home Country** means the country where You have Your true, fixed and permanent home and principal establishment.

**Hospital** means a facility that:

- (a) holds a valid license if it is required by the law;
- (b) operates primarily for the care and treatment of sick or injured persons as in-patients;
- (c) has a staff of one or more Physicians available at all times;
- (d) provides twenty-four (24) hour nursing service and has at least one registered professional nurse on duty or call;
- (e) has organized diagnostic and surgical facilities, either on the premises or in facilities available to the hospital on a pre-arranged basis; and
- (f) is not, except incidentally, a clinic, nursing home, rest home, drug or physical rehabilitation facility or convalescent home for the aged, or similar institution.

**Insured** means the person who enrolled for coverage and whose premium was paid under the Policy.

**Loss** means Bodily Injury, Sickness or damage sustained by You, while coverage is in effect, in consequence of happening of one or more of the occurrences against which the Company has undertaken to indemnify You.

**Maximum Benefit** means the largest total amount that the Company will pay under any one benefit for You, as shown on the Confirmation of Benefits.

**Medically Necessary** means a service or supply that: (a) is recommended by the attending Physician; (b) is appropriate and consistent with the diagnosis in accord with accepted standards of community practice; (c) could not have been omitted without adversely affecting Your condition or quality of medical care; (d) is delivered at the most appropriate level of care and not primarily for the sake of convenience; and (e) is not considered experimental unless coverage for experimental services or supplies is required by law.

**Mountaineering** means the sport, hobby or profession of walking, hiking and climbing up mountains either: 1) utilizing harnesses, ropes, crampons, or ice axes; or 2) ascending 4,500 meters or above.

**Parachuting** means an activity involving the breaking of a free fall from an airplane using a parachute.

**Physician** means a licensed practitioner of medical, surgical or dental services, acting within the scope of his/her license. The treating Physician may not be You, a Traveling Companion or a Family Member.

**Policy** means the Group Master Policy including the application and any endorsements, riders or amendments that will attach during the period of coverage.

**Reasonable and Customary Charges** means charges commonly used by Physicians in the locality in which care is furnished.

**Scheduled Departure Date** means the date on which You are originally scheduled to leave on the Trip.

**Scheduled Return Date** means the date on which You are originally scheduled to return to the point of origin or to a different final destination.

**Sickness** means an illness or disease of the body that: 1) requires a physical examination and medical treatment by a Physician and 2) commences while Your coverage is in effect. An illness or disease of the body that begins prior to the Effective Date of coverage is not a Sickness as defined herein and is not covered by this Certificate unless it suddenly worsens or becomes acute after the Effective Date.

**Sound Natural Teeth** means teeth that are whole or properly restored and are without impairment, periodontal or other conditions and are not in need of the treatment provided for any reason other than an Accidental Injury. For purposes of this Certificate, teeth previously restored with a crown, inlay, onlay, or porcelain restoration or treated by endodontics, except amalgam or composite resin fillings, are not considered Sound Natural Teeth.

**Trip** means a trip outside Your Home Country not to exceed seventy (70) days.

**You or Your** refers to the Insured.

## BENEFITS

### ACCIDENTAL DEATH AND DISMEMBERMENT

The Company will pay the percentage of the Principal Sum shown in the Table of Losses when You, as a result of an Accidental Injury occurring during the Trip, sustain a Loss shown in the Table below. The Loss must occur within three hundred sixty-five (365) days after the date of the Accident causing the Loss.

## PLAN SUMMARY CONTINUED

The Principal Sum is shown on the Confirmation of Benefits. If more than one Loss is sustained as the result of an Accident, the amount payable shall be the largest amount of a sustained Loss shown in the Table of Losses.

### TABLE OF LOSSES

Loss of:	Percentage of Principal Sum:
Life	100%
Both hands or both feet	100%
Sight of both eyes	100%
One hand and one foot	100%
Either hand or foot and sight of one eye	100%
Either hand or foot	50%
Sight of one eye	50%

"Loss" with regard to:

1. hand or foot, means actual complete severance through and above the wrist or ankle joints; and
2. eye means an entire and irrecoverable Loss of sight;
3. speech or hearing means entire and irrecoverable Loss of speech or hearing of both ears; and
4. thumb and index finger means actual severance through or above the joint that meets the finger at the palm.

### EXPOSURE

The Company will pay benefits for covered Losses that result from You being unavoidably exposed to the elements due to an Accident. The Loss must occur within three hundred sixty-five (365) days after the event that caused the exposure.

### DISAPPEARANCE

The Company will pay benefits for Loss of life if Your body cannot be located within three hundred sixty-five (365) days after Your disappearance due to an Accident.

### ACCIDENT MEDICAL EXPENSE

The Company will reimburse benefits up to the Maximum Benefit shown on the Confirmation of Benefits subject to any Deductible shown on the Confirmation of Coverage, if You incur Covered Medical Expenses for Treatment of an Accidental Injury that occurs during the Trip.

Treatment means necessary medical treatment that must be performed during the Trip due to the serious and acute nature of the Accidental Injury.

Covered Medical Expenses are expenses incurred for necessary services and supplies: (a) listed below; and (b) ordered or prescribed by the attending Physician as Medically Necessary for treatment, that are limited to:

- (a) the services of a Physician;
- (b) charges for Hospital confinement and use of operating rooms;
- (c) charges for anesthetics (including administration); x-ray examinations or treatments, and laboratory tests;
- (d) ambulance service; and
- (e) drugs, medicines and therapeutic services.

The Company will not pay benefits in excess of the Reasonable and Customary Charges. The Company will not cover any expenses provided by another party at no cost to You, or already included within the cost of the Trip.

The Company will pay benefits up to the Maximum Benefit shown on the Confirmation of Benefits for dental Treatment for Accidental Injury to Sound Natural Teeth. Both the Accidental Injury and the dental Treatment must occur during the Trip.

If You are Hospitalized due to an Accidental Injury that first occurred during the course of the Trip beyond the Scheduled Return Date, overage under this benefit will be extended until You are released from the Hospital or until Maximum Benefits under this Certificate have been paid.

### SICKNESS MEDICAL EXPENSE

The Company will reimburse benefits up to the Maximum Benefit shown on the Confirmation of Benefits subject to any Deductible shown on the Confirmation of Coverage, if You incur Covered Medical Expenses as a result of Treatment of a Sickness that first manifests itself during the Trip.

Treatment means necessary medical treatment that must be performed during the Trip due to the serious and acute nature of the Sickness.

Covered Medical Expenses are expenses incurred for necessary services and supplies: (a) listed below; and (b) ordered or prescribed by the attending Physician as Medically Necessary for treatment, that are limited to:

- (a) the services of a Physician;
- (b) charges for Hospital confinement and use of operating rooms;
- (c) charge for anesthetics (including administration); x-ray examinations or treatments, and laboratory tests;
- (d) ambulance service;
- (e) drugs, medicines and therapeutic services;
- (f) emergency dental treatment for the relief of pain.

The Company will not pay benefits in excess of the Reasonable and Customary Charges.

The Company will not cover any expenses provided by another party at no cost to You or already included within the cost of the Trip.

If You are Hospitalized due to a Sickness that first occurred during the course of the Trip beyond the Scheduled Return Date, coverage under this benefit will be extended until You are released from the Hospital or until Maximum Benefits under this Certificate have been paid.

### LIMITATIONS AND EXCLUSIONS

**The following exclusions apply to Accidental Death & Dismemberment, Accident Medical Expense and Sickness Medical Expense:**

Loss caused by or resulting from:

1. suicide, attempted suicide or any intentionally self-inflicted injury while sane or insane, unless results in the death of a non-traveling Family Member;
2. intentionally self-inflicted injuries;
3. war, invasion, acts of foreign enemies, hostilities between nations (whether declared or not), civil war;
4. participation in any military maneuver or training exercise;
5. piloting or learning to pilot or acting as a member of the crew of any aircraft;
6. participation as a professional in athletics;
7. being under the influence of drugs or intoxicants, unless prescribed and used in accordance with the instructions provided by a Physician;
8. commission or the attempt to commit a dishonest, fraudulent or criminal act;
9. participating in Bodily Contact Sports; skydiving; hang-gliding; Parachuting; Mountaineering; any race; bungee cord jumping; speed contest (speed contest shall not include any of the regatta races); spelunking or caving; heliskiing; extreme skiing; Extreme Sports;
10. dental treatment except as a result of an injury to Sound Natural Teeth within twelve (12) months of the injury;
11. pregnancy and childbirth (except for complications of pregnancy);
12. curtailment or delayed return for other than covered reasons;
13. traveling for the purpose of securing medical treatment;
14. services not shown as covered;
15. directly or indirectly, the actual, alleged or threatened discharge, dispersal, seepage, migration, escape, release or exposure to any hazardous biological, chemical, nuclear radioactive material, gas, matter or contamination;
16. care or treatment that is not Medically Necessary;
17. care or treatment for which compensation is payable under Worker's Compensation Law, any Occupational Disease law; the 4800 Time Benefit plan or similar legislation;
18. care or treatment that is payable under any other Insurance policy;
19. Accidental Injury or Sickness when traveling against the advice of a Physician;
20. cosmetic surgery except for: reconstructive surgery incidental to or following surgery for trauma, or infection or other covered disease of the part of the body reconstructed, or to treat a congenital malformation of a child.
21. canyoning or canyoneering (traveling in canyons using a variety of techniques that may include walking, scrambling, climbing, jumping, abseiling and/or swimming);
22. any expenses incurred in the Home Country.

## PLAN SUMMARY CONTINUED

### GENERAL PROVISIONS

**COORDINATION OF BENEFITS** - The Coordination of Benefits ("COB") provision applies to This Plan when You have health care coverage under more than one Plan.

**EXCESS INSURANCE LIMITATION** - The insurance provided by this Certificate shall be in excess of all other valid and collectible insurance or indemnity. If at the time of the occurrence of any Loss there is other valid and collectible insurance or indemnity in place, the Company shall be liable only for the excess of the amount of Loss, over the amount of such other Insurance or indemnity.

**PAYMENT OF CLAIMS** - The Company, or its designated representative, will pay a claim after receipt of acceptable Proof of Loss. Benefits for Loss of life are payable to Your beneficiary. If a beneficiary is not otherwise designated by You, benefits for

Loss of life will be paid to the first of the following surviving preference beneficiaries:

- a) Your spouse;
- b) Your child or children jointly;
- c) Your parents jointly if both are living or the surviving parent if only one survives;
- d) Your brothers and sisters jointly; or
- e) Your estate.

All other claims will be paid to You. In the event You are a minor, incompetent or otherwise unable to give a valid release for the claim, the Company may make arrangement to pay claims to Your legal guardian, committee or other qualified representative.

Any payment made in good faith will discharge the Company's liability to the extent of the claim.

The applicable benefit amount will be reduced by the amount of benefits, if any, previously paid by Other Insurance policies. In no event will the Company reimburse You for an amount greater than the amount paid by You.

**NOTICE OF CLAIM** - Written notice of claim must be given by the claimant (either You or someone acting for You) to the Company or its designated representative within twenty (20) days after a covered Loss first begins or as soon as reasonably possible. Notice should include Your name and the Plan number. Notice should be sent to the Company's administrative office, or to the Company's designated representative.

**PROOF OF LOSS** - The claimant must send the Company, or its designated representative, Proof of Loss within ninety (90) days after a covered Loss occurs or as soon as reasonably possible. Failure to furnish such proof within the time required shall not invalidate nor reduce any claim if it was not reasonably possible to give proof within such time, provided such proof is furnished as soon as reasonably possible and in no event, except in the absence of legal capacity, later than one year from the time proof is otherwise required.

**TIME OF PAYMENT OF CLAIMS** - Benefits payable under this Certificate for any Loss other than Loss for which this Certificate provides any periodic payment will be paid immediately upon receipt of due written Proof of such Loss. Subject to due written Proof of Loss, all accrued indemnities for Loss for which this Certificate provides periodic payment will be paid monthly and any balance remaining unpaid upon the termination of liability, will be paid immediately upon receipt of due written proof. All claims shall be paid within thirty (30) days following receipt by the Company of due Proof of Loss. Failure to pay within such period shall entitle the claimant to interest at the rate of six (6) percent per annum from the thirtieth (30th) day after receipt of such Proof of Loss to the date of late payment, provided that interest amounting to less than one dollar need not be paid. You or Your assignee shall be notified by the Company or designated representative of any known failure to provide sufficient documentation for a due Proof of Loss within thirty (30) days after receipt of the claim. Any required interest payments shall be made within thirty (30) days after the payment.

Insurance provided by this Description of Coverage is subject to all of the terms and conditions of the Policy underwritten by Nationwide Mutual Insurance Company. If there is a conflict between the Policy and this Description of Coverage, the Policy will govern. If you are a resident of the following states, AK, ME, MD, MT, NV, UT or VT, the Policy number is: NSHTC 2500. If You are a resident of CO, Your coverage is provided under Form NSHTC 2500 IND A&H and P&C. If You are a resident of TX, Your coverage is provided under Form NSHTC 2500 A&H and P&C. Complete copies of any of these forms are available by calling HTH Worldwide Insurance Services at 888-243-2358, or 610-254-8769.

### HTH Worldwide

100 Matsonford Road  
One Radnor Corporate Center, Suite 100  
Radnor, PA 19087  
1.888.243.2358  
FAX 610.293.3529  
customerservice@hthworldwide.com



**Nationwide®**

**UNDERWRITTEN BY** - Nationwide Mutual Insurance Company located at One Nationwide Plaza, Columbus, OH 43215. Nationwide and the Nationwide N and Eagle are service marks of Nationwide Mutual Insurance Company.

NW-TG-MT14/6283



## TRAVELGAP MULTI-TRIP ENROLLMENT FORM

### Insured (Traveler) information

Applicant's Name	DOB (mm/dd/yyyy)
Spouse's Name	DOB (mm/dd/yyyy)
Child's Name	DOB (mm/dd/yyyy)
Child's Name	DOB (mm/dd/yyyy)

For additional children, please attach detailed sheet.

**PLAN COST** (see table to the left) \$ \_\_\_\_\_

### Please send the Certificate of Coverage and fulfillment packet to:

First Name: \_\_\_\_\_ MI: \_\_\_\_\_  
Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Phone: \_\_\_\_\_  
eMail (optional): \_\_\_\_\_

### Activation Information

Please enroll me in the following plan: ☐ TravelGap Silver ☐ TravelGap Gold

Requested Effective Date: \_\_\_\_\_

Beneficiary: \_\_\_\_\_

Beneficiary's Relationship: \_\_\_\_\_

### Payment Options

☐ Personal Check (make checks payable to "HTH Worldwide")

☐ VISA ☐ MasterCard ☐ American Express ☐ Discover

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Name on Card: (if different from above): \_\_\_\_\_

I understand that certain medical conditions are not covered. For details, refer to the "Plan Summary" section of this brochure. I certify that I live in an eligible state (Plan not available in Minnesota or New Hampshire). I certify that the ages of persons listed in this enrollment form are true and correct. I understand that failure to provide correct ages may affect my coverage. I acknowledge that I have read the fraud statements found in this brochure (if applicable).

Signature of Enrollee: \_\_\_\_\_

### Please read and sign

I declare to the best of my knowledge and believe that the information given in this enrollment form is true and complete. By signing and returning this form, I agree and acknowledge that any use of the HTH Global Health and Safety Resources is subject to the terms and conditions set forth in the Membership Agreement which will be mailed to me with my welcome packet.

Signature of Enrollee: \_\_\_\_\_

To find a doctor or healthcare information for your destination, please visit **hthtravelinsurance.com**. Click on member login, click on register here, enter your certificate number and other details. Your certificate number will be included in your welcome packet.

For Agent's use only. Agent # 72366