

Group Protection Plan - Enrollment Form

• Agency Information



Agency Name **ISTCA**
 Agency Address **333 Las Olas Way, Suite 1407, Fort Lauderdale, Florida 33301**
 Phone Number **877-460-9987**
 Email Address **SandraD@ISTCAtravel.com**

ARC #
 Source ID:

• Group Information

Group Name:*
 Destination: Final Trip Payment:
 Departure Date:
 Return Date:
 Name of Airline, Tour Operator/Cruise Line:

AIG Travel Guard Group Protection Cost

All amounts in US Dollars

Trip Cost Per person	0-34	35-59	60+
\$ 0	\$ 22	\$ 36	\$ 44
\$ 1 - \$ 500	\$ 30	\$ 42	\$ 68
\$ 501 - \$ 1,000	\$ 52	\$ 66	\$ 108
\$ 1,001 - \$ 1,500	\$ 70	\$ 86	\$ 138
\$ 1,501 - \$ 2,000	\$ 92	\$ 122	\$ 170
\$ 2,001 - \$ 2,500	\$ 122	\$ 158	\$ 220
\$ 2,501 - \$ 3,000	\$ 144	\$ 184	\$ 258
\$ 3,001 - \$ 3,500	\$ 176	\$ 196	\$ 328
\$ 3,501 - \$ 4,000	\$ 196	\$ 224	\$ 380
\$ 4,001 - \$ 4,500	\$ 224	\$ 248	\$ 430
\$ 4,501 - \$ 5,000	\$ 246	\$ 286	\$ 500
\$ 5,001 - \$ 5,500	\$ 286	\$ 328	\$ 550
\$ 5,501 - \$ 6,000	\$ 320	\$ 386	\$ 590
\$ 6,001 - \$ 6,500	\$ 348	\$ 422	\$ 650
\$ 6,501 - \$ 7,000	\$ 382	\$ 454	\$ 730
\$ 7,001 - \$ 8,000	\$ 412	\$ 492	\$ 790
\$ 8,001 - \$ 9,000	\$ 472	\$ 534	\$ 890
\$ 9,001 - \$ 10,000	\$ 526	\$ 588	\$ 990
\$ 10,001 - \$ 11,000	\$ 608	\$ 690	\$ 1,094
\$ 11,001 - \$ 12,000	\$ 690	\$ 780	\$ 1,196
\$ 12,001 - \$ 13,000	\$ 772	\$ 876	\$ 1,298
\$ 13,001 - \$ 14,000	\$ 854	\$ 968	\$ 1,400
\$ 14,001 - \$ 15,000	\$ 938	\$ 1,060	\$ 1,510
\$ 15,001 - \$ 16,000	\$ 1,002	\$ 1,132	\$ 1,612
\$ 16,001 - \$ 17,000	\$ 1,066	\$ 1,204	\$ 1,716
\$ 17,001 - \$ 18,000	\$ 1,130	\$ 1,278	\$ 1,820
\$ 18,001 - \$ 19,000	\$ 1,196	\$ 1,350	\$ 1,924
\$ 19,001 - \$ 20,000	\$ 1,260	\$ 1,424	\$ 2,028
\$ 20,001 - \$ 21,000	\$ 1,324	\$ 1,496	\$ 2,132
\$ 21,001 - \$ 22,000	\$ 1,388	\$ 1,570	\$ 2,236
\$ 22,001 - \$ 23,000	\$ 1,454	\$ 1,642	\$ 2,340
\$ 23,001 - \$ 24,000	\$ 1,518	\$ 1,716	\$ 2,444
\$ 24,001 - \$ 25,000	\$ 1,582	\$ 1,788	\$ 2,548
Optional Additional Medical Plan Cost	\$ 10	\$ 14	\$ 18

• Coverage and Service/Pricing Information

Coverage	Benefit Amount
Trip Cancellation (Maximum Limit \$25,000 per person)	Trip Cost*
Trip Interruption	150% of Trip Cost
Trip Interruption - Return Air Only	\$750 or 150% of Trip Cost (whichever is greater)
Missed Connection	\$250
Trip Delay (\$150 max/day)	\$750
Medical Expense	\$25,000
Emergency Medical Transportation	\$250,000
Baggage & Personal Effects	\$1,000
Baggage Delay	\$250
Accidental Death and Dismemberment	\$25,000
AIG Travel Assist	Included
LiveTravel®	Included

Optional Additional Medical -- \$25,000 additional Medical Expense Coverage can be added. (Cannot be purchased separately)

*Coverage only included if the required plan cost has been paid

• Plan Cost Calculation

For trips exceeding 30 days add \$3.50 per day per person

Trip Cost Per Person	Trip Cost 1			Trip Cost 2			Trip Cost 3			Grand Total
	0-34	35-59	60+	0-34	35-59	60+	0-34	35-59	60+	
Age Bracket										
Plan Cost Per Person										
Number of People										
Total Plan Cost										

• Payment Information

- Payment via credit card or check only payable to **Travel Insurance Center**
- American Express MasterCard VISA Discover/Novus

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Expiration Date

Please include the following:

- Copy of Group Manifest
- Copy of cancellation penalties
- Enrollment Form

Name of Cardholder _____

Signature: _____ Date: _____