

Medical Insurance Application 20081102

*****NAME MUST BE EXACTLY THE SAME AS YOUR PASSPORT*****

NAME: Mr. Mrs. Miss Ms. _____

ADDRESS: _____

CITY: _____ PROV: _____ POSTAL: _____

HOME PHONE: _____ WORK PHONE: _____ CELL: _____ Fax: _____

EMAIL: _____ TEAM TRIP TRAVELLING TO: LESOTHO, AFRICA

TRIP DEPARTURE DATE: Nov 2, 2008

TRIP RETURN DATE: Nov 16, 2008

Out Of Country Medical Coverage

- YES, I want out of country medical coverage (\$2,000,000.00 coverage per person)
This coverage is offered through **Frederick Travel** as authorized agent

PLEASE CIRCLE APPLICABLE AGE CATEGORY

UP TO 30 YRS \$17.25

31- 54YRS \$21.75

55-60YRS \$ 26.25

61-65YRS \$39.75

66-70 YRS \$56.25

71-76YRS \$142.50

Medical Insurance Fee: \$ _____ Date of birth: _____ / _____ / _____ day/month/year (**mandatory)

Payment: **CREDIT CARD ONLY** \$ _____ Visa Master Card

Card Number: _____ Expiry Date: _____ / _____ Signature: _____
Month/Year

- I decline this insurance coverage and will provide proof of alternate medical coverage

Insured must read and sign below:

I hereby authorize release of any information that is needed to process a claim filed under this policy, in conjunction with the purchase of this policy to T.I.C. Agencies Ltd or its representative. I am in good health and know no reason to seek medical attention. I am aware that if I have any condition affecting my health, that claims relating to this condition may be excluded under this policy.

Insured's Signature _____ Date Signed _____