



StudentSecure® Group (Groups of 5-24 people)

Elite - Coverage Excluding the US

Age	Participant Only
Under 18	\$ 3.56
18-24	\$ 3.56
25-30	\$ 3.56
31-40	\$ 7.71
41-50	\$ 17.37
51-64*	\$ 22.08

Elite - Coverage Including the US

Age	Participant Only
Under 18	\$ 5.12
18-24	\$ 5.12
25-30	\$ 10.40
31-40	\$ 20.71
41-50	\$ 36.55
51-64*	\$ 49.04

Select - Coverage Excluding the US

Age	Participant Only
Under 18	\$ 2.06
18-24	\$ 2.06
25-30	\$ 2.16
31-40	\$ 5.06
41-50	\$ 11.37
51-64*	\$ 14.46

Select - Coverage Including the US

Age	Participant Only
Under 18	\$ 2.78
18-24	\$ 2.78
25-30	\$ 6.12
31-40	\$ 13.31
41-50	\$ 23.65
51-64*	\$ 31.89

Budget - Coverage Excluding the US

Age	Participant Only
Under 18	\$ 1.19
18-24	\$ 1.19
25-30	\$ 1.34
31-40	\$ 3.09
41-50	\$ 8.56
51-64*	\$ 11.62

Budget - Coverage Including the US

Age	Participant Only
Under 18	\$ 1.34
18-24	\$ 1.34
25-30	\$ 2.57
31-40	\$ 6.28
41-50	\$ 12.30
51-64*	\$ 16.55

Smart - Coverage Excluding the US

Age	Participant Only
Under 18	\$ 0.75
18-24	\$ 0.75
25-30	\$ 0.94
31-40	\$ 2.06
41-50	\$ 3.69
51-64*	\$ 5.34

Smart - Coverage Including the US

Age	Participant Only
Under 18	\$ 0.90
18-24	\$ 0.90
25-30	\$ 1.84
31-40	\$ 4.09
41-50	\$ 7.18
51-64*	\$ 9.71

Rates are effective 05/15/2019. Rates are subject to change.

* Applicants 65+ years of age may contact an HCC representative for further assistance.

To be eligible for a full refund, the request for cancellation must be received prior to the policy effective date. Cancellation requests received after the policy effective date will be subject to the following conditions: (1) A \$25 cancellation fee will apply (2) Only the unused portion of the plan cost will be refunded (unused (whole-months in the case of Monthly Payments) (3) Only members who have no claims are eligible for premium refund (4) After 60 days, no refunds are granted



StudentSecure® Group (Groups of 25 or more people)

Elite - Coverage Excluding the US

Age	Participant Only
Under 18	\$ 3.38
18-24	\$ 3.38
25-30	\$ 3.38
31-40	\$ 7.31
41-50	\$ 16.45
51-64*	\$ 20.92

Elite - Coverage Including the US

Age	Participant Only
Under 18	\$ 4.85
18-24	\$ 4.85
25-30	\$ 9.86
31-40	\$ 19.62
41-50	\$ 34.62
51-64*	\$ 46.46

Select - Coverage Excluding the US

Age	Participant Only
Under 18	\$ 1.95
18-24	\$ 1.95
25-30	\$ 2.04
31-40	\$ 4.80
41-50	\$ 10.77
51-64*	\$ 13.70

Select - Coverage Including the US

Age	Participant Only
Under 18	\$ 2.64
18-24	\$ 2.64
25-30	\$ 5.80
31-40	\$ 12.61
41-50	\$ 22.40
51-64*	\$ 30.21

Budget - Coverage Excluding the US

Age	Participant Only
Under 18	\$ 1.13
18-24	\$ 1.13
25-30	\$ 1.27
31-40	\$ 2.93
41-50	\$ 8.11
51-64*	\$ 11.01

Budget - Coverage Including the US

Age	Participant Only
Under 18	\$ 1.27
18-24	\$ 1.27
25-30	\$ 2.43
31-40	\$ 5.95
41-50	\$ 11.66
51-64*	\$ 15.68

Smart - Coverage Excluding the US

Age	Participant Only
Under 18	\$ 0.71
18-24	\$ 0.71
25-30	\$ 0.89
31-40	\$ 1.95
41-50	\$ 3.49
51-64*	\$ 5.06

Smart - Coverage Including the US

Age	Participant Only
Under 18	\$ 0.86
18-24	\$ 0.86
25-30	\$ 1.75
31-40	\$ 3.88
41-50	\$ 6.80
51-64*	\$ 9.20

Rates are effective 05/15/2019. Rates are subject to change.

* Applicants 65+ years of age may contact an HCC representative for further assistance.

To be eligible for a full refund, the request for cancellation must be received prior to the policy effective date. Cancellation requests received after the policy effective date will be subject to the following conditions: (1) A \$25 cancellation fee will apply (2) Only the unused portion of the plan cost will be refunded (unused (whole-months in the case of Monthly Payments) (3) Only members who have no claims are eligible for premium refund (4) After 60 days, no refunds are granted



Group Travel Medical Program
Tokio Marine HCC Medical Insurance Services
Lloyd's Coverholder

Group Application

Custom or Atlas Group ONLY

Custom or Student Group ONLY

Plan: Standard Atlas Group Rate Custom Atlas Group Rate

Plan: Elite Select Budget Smart Custom or Blended

For Custom Group, please complete the following:

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Deductible: per Injury or Illness:
 Participant's Overall Maximum Limit:
 Coinsurance: Plan covers 100% of Eligible Expenses
 Buy-Ups: AD&D Crisis Response Personal Liability

Deductible: per Injury or Illness:
 Participant's Overall Maximum Limit:
 Coinsurance: Plan covers 100% of Eligible Expenses
 Buy-Ups: AD&D Crisis Response (not applicable with Smart or Budget)

Custom Group Rate \$ _____ Per Day Per Month

Custom Group Rate \$ _____ Per Day Per Month

Group Name: _____

Coverage Start Date: _____ Coverage End Date: _____ Destination Country: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone #: _____

E-mail: _____

Contact Name: _____

Is the group/organization based in Florida? Yes No **If yes, please add a factor of 1.051 to quoted rate**

IF APPLICABLE: Census information should be provided via spreadsheet (CSV file) containing the following information for each individual to be covered: First Name, Last Name, Gender, DOB, US Citizen? (y/n), Home Country, Departure Date, Return Date, Email address. A sample spreadsheet will be provided.

Payment Mode: Check/Money Order VISA Discover Card MasterCard American Express

Credit Card #: _____

Expiration Date: _____

Name on Card: _____

COMPLETE Billing Address: _____

Signature: _____

Check or money orders should be made payable, in US dollars, to HCC Medical Insurance Services. If paying by credit card, I authorize HCC Medical Insurance Services to debit my Discover, VISA, MasterCard or American Express account for the amount specified above. Coverage purchased by credit card is subject to validation and acceptance by the credit card company. Total payment for the initial term of coverage requested must be entirely paid in U.S. dollars at time of Application or prior to the Effective Date of Coverage. Checks and Money Orders should be made payable to HCC Medical Insurance Services. Please send your Check or Money Order via mail or courier to:

HCC Medical Insurance Services
15748 Collection Center Dr.
Chicago, IL 60693-0157

Terms and Conditions: The Sponsoring Organization (Sponsor), on behalf of and as authorized agent and proxy for each of the group participants listed on the Application, hereby applies for membership in the Atlas/International Citizen Group Insurance Trust, Hamilton, Bermuda, and for the insurance provided to members by Lloyd's. The Sponsor and all group participants understand that the insurance applied for is not a general health insurance policy but is intended for use by members in the event of a sudden and unexpected event while traveling or studying outside their Home Country(ies) Those on study abroad programs certify that they are Full-time Students or Full-time Scholars as required by the definitions of the policy. The Sponsor and all group participants understand this insurance may contain a Pre-existing Condition exclusion and other restrictions and exclusions. The Sponsor and all group participants understand that renewal of this insurance is subject to continued eligibility and will not be effective unless confirmed in writing by Tokio Marine HCC - Medical Insurance Services Group. Renewal eligibility is subject to plan type. If individual coverage is not renewed or extended, successive periods of insurance will require re-satisfaction of the Deductible, Coinsurance, Pre-existing Condition provision, and all other conditions of the insurance following acceptance of a new Enrollment. The Sponsor and all group participants understand that the information contained herein is a summary of the Master Policy and that they may obtain a complete copy of the Master Policy upon request to Tokio Marine HCC - Medical Insurance Services Group. The Sponsor and all group participants understand that Lloyd's, as underwriter of the plan, is solely liable for the coverage and benefits provided under the insurance. The Sponsor and all group participants 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. The Sponsor and all group participants understand and agree that the insurance agent/broker, if any, assisting with this Application is their representative. 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. Additionally, some licensed producers may also receive bonuses, incentive trips, or prizes associated with sales contests based on sales criteria, such as the overall sales volume or for the percentage of completed sales through Tokio Marine HCC - Medical Insurance Services Group. Please contact your insurance broker to obtain information about the specific compensation they may receive in connection with the issuance of your coverage. If signed by a representative of the Sponsor, the undersigned warrants his/her capacity to so act. If signed as Sponsor, the undersigned warrants his/her authority to so act. By acceptance of coverage and/or submission of any claim for benefits, each group participant ratifies the authority of the signer to so act and bind the group participant. **Arbitration Notice:** EXCEPT FOR CERTAIN TYPES OF DISPUTES DESCRIBED IN THE "ARBITRATION AND CLASS ACTION WAIVER" IN ARTICLE 11, AND IF YOU DO NOT OPT-OUT AS SET FORTH IN THAT SAME SECTION, YOU AGREE THAT DISPUTES BETWEEN YOU AND THE MIS GROUP 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.

Contingencies and Conditions

Signature of Sponsor

Date of Signature

FOR PRODUCER USE ONLY

Producer ID Number: **24765**

Producer name: **Kevin Knauss**

Producer Signature:

Date:

INTERNAL USE ONLY

COMM:

Group #:

Client ID#:

Submitted by:

Date: