

## Individual & Group Application Form

This is a temporary major medical insurance plan intended for **reimbursement** of eligible expenses from injuries or illnesses which occur within a specified geographical area. Benefits may be assignable once validated. Until then, benefits are paid directly to you to reimburse you for necessary medical expenses which have been paid by you, subject to covered expenses as outlined in the certificate.

### Maximum Benefit Factors (A)

Name (Last, First)	Date of Birth	Gender	Travel Dates
	/ /	M / F	/ / to / /
	/ /	M / F	
	/ /	M / F	
	/ /	M / F	
	/ /	M / F	

\*If additional applicants please attach a separate page.

### Contact Information (B)

Number & Street \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Email \_\_\_\_\_ Telephone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

### Coverage Amount (C)

Deductible: \$ \_\_\_\_\_ Maximum Benefit: \$ \_\_\_\_\_

### Optional Coverage (D)

- Sports or Activities Coverage      • Specify Sport or Activity \_\_\_\_\_
- War & Terrorism Coverage          • Specify Countries \_\_\_\_\_
- Frequent Traveler Option            • Number of Months Traveling \_\_\_\_\_
- Cardiac/Cancer Limitation Removal – Not available over age 59.

### Payment Options (E)

1. **Check** - Payable to Petersen International Underwriters
2. **Credit Card:**  Visa (2% fee)    MasterCard (2% fee)    American Express (3.5% fee)  
     Credit Card #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
     Expiration Date: \_\_\_\_ / \_\_\_\_

## Declaration

**I understand this coverage is for persons traveling outside the United States of America. I understand the Terms and Conditions of this product. I (We) am/ are in good health and ordinarily enjoy good health. I understand that Pre-existing Conditions as defined in the Terms and Conditions are excluded. Payment for the full term of coverage must be paid in U.S. dollars at the time the certificate is issued and it is earned in full.**

Proposed Insured \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Please Print