

StudentSecure® Monthly

Elite - Coverage Excluding the US

Age	Participant Only
Under 18	\$ 135.00
18-24	\$ 135.00
25-30	\$ 136.00
31-40	\$ 320.00
41-50	\$ 718.00
51-64*	\$ 914.00

Elite - Coverage Including the US

Age	Participant Only
Under 18	\$ 193.00
18-24	\$ 193.00
25-30	\$ 397.00
31-40	\$ 856.00
41-50	\$ 1,512.00
51-64*	\$ 2,028.00

Select - Coverage Excluding the US

Age	Participant Only
Under 18	\$ 74.00
18-24	\$ 74.00
25-30	\$ 79.00
31-40	\$ 191.00
41-50	\$ 431.00
51-64*	\$ 547.00

Select - Coverage Including the US

Age	Participant Only
Under 18	\$ 99.00
18-24	\$ 99.00
25-30	\$ 225.00
31-40	\$ 503.00
41-50	\$ 894.00
51-64*	\$ 1,206.00

Budget - Coverage Excluding the US

Age	Participant Only
Under 18	\$ 43.00
18-24	\$ 43.00
25-30	\$ 52.00
31-40	\$ 113.00
41-50	\$ 312.00
51-64*	\$ 424.00

Budget - Coverage Including the US

Age	Participant Only
Under 18	\$ 48.00
18-24	\$ 48.00
25-30	\$ 97.00
31-40	\$ 230.00
41-50	\$ 449.00
51-64*	\$ 604.00

Smart - Coverage Excluding the US

Age	Participant Only
Under 18	\$ 25.00
18-24	\$ 25.00
25-30	\$ 34.00
31-40	\$ 83.00
41-50	\$ 148.00
51-64*	\$ 214.00

Smart - Coverage Including the US

Age	Participant Only
Under 18	\$ 30.00
18-24	\$ 30.00
25-30	\$ 66.00
31-40	\$ 164.00
41-50	\$ 288.00
51-64*	\$ 389.00

Rates are effective 12/1/2021. 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®

Daily

Elite - Coverage Excluding the US

Age	Participant Only
Under 18	\$ 4.44
18-24	\$ 4.44
25-30	\$ 4.47
31-40	\$ 10.52
41-50	\$ 23.61
51-64*	\$ 30.05

Elite - Coverage Including the US

Age	Participant Only
Under 18	\$ 6.35
18-24	\$ 6.35
25-30	\$ 13.05
31-40	\$ 28.14
41-50	\$ 49.71
51-64*	\$ 66.67

Select - Coverage Excluding the US

Age	Participant Only
Under 18	\$ 2.43
18-24	\$ 2.43
25-30	\$ 2.60
31-40	\$ 6.28
41-50	\$ 14.17
51-64*	\$ 17.98

Select - Coverage Including the US

Age	Participant Only
Under 18	\$ 3.25
18-24	\$ 3.25
25-30	\$ 7.40
31-40	\$ 16.54
41-50	\$ 29.39
51-64*	\$ 39.65

Budget - Coverage Excluding the US

Age	Participant Only
Under 18	\$ 1.41
18-24	\$ 1.41
25-30	\$ 1.71
31-40	\$ 3.72
41-50	\$ 10.26
51-64*	\$ 13.94

Budget - Coverage Including the US

Age	Participant Only
Under 18	\$ 1.58
18-24	\$ 1.58
25-30	\$ 3.19
31-40	\$ 7.56
41-50	\$ 14.76
51-64*	\$ 19.86

Smart - Coverage Excluding the US

Age	Participant Only
Under 18	\$ 0.82
18-24	\$ 0.82
25-30	\$ 1.12
31-40	\$ 2.73
41-50	\$ 4.87
51-64*	\$ 7.04

Smart - Coverage Including the US

Age	Participant Only
Under 18	\$ 0.99
18-24	\$ 0.99
25-30	\$ 2.17
31-40	\$ 5.39
41-50	\$ 9.47
51-64*	\$ 12.79

Rates are effective 12/1/2021. Rates are subject to change.

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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® Optional Coverages

Accidental Death & Dismemberment Coverage (for members 18-69)				
Plan Selection	Elite	Select	Budget	Smart
daily	\$0.15	\$0.15	Not Available	Not Available
monthly	\$4.65	\$4.65	Not Available	Not Available

Crisis Response Coverage				
Plan Selection	Elite	Select	Budget	Smart
daily	\$1.40	\$1.40	Not Available	Not Available
monthly	\$42.58	\$42.58	Not Available	Not Available

Intercollegiate, Interscholastic, Intramural, or Club Sports Coverage				
Plan Selection	Elite	Select	Budget	Smart
daily	\$0.66	\$0.66	\$0.33	Not Available
monthly	\$20.00	\$20.00	\$10.00	Not Available

StudentSecure® Application

WorldTrips

Lloyd's Coverholder

Enrollment Information - Please complete all sections				
Name (First and Last)	Date of Birth (MM/DD/YYYY)	Gender	Citizenship	U.S. Coverage: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>U.S. citizens/residents must select "No"</i>
Participant				Plan Level: <input type="checkbox"/> Elite <input type="checkbox"/> Select <input type="checkbox"/> Budget <input type="checkbox"/> Smart Buy-Ups: <input type="checkbox"/> Crisis Response (not applicable with Smart or Budget) <input type="checkbox"/> Sports (not applicable with Smart)
Complete Mailing Address:				Plan Selections - Single Payment OR Monthly Payments. <input type="checkbox"/> Single Payment - I want to pay in full now. (Must include any purchased Buy-Up rates also, if applicable.) Buy-Ups + Daily Cost (refer to rate tables): _____ Multiply by # of days to be covered: X _____ <u>Florida Surplus Lines Tax:</u> Applies if: <input type="checkbox"/> FL Resident <input type="checkbox"/> FL Destination X 1.050 Total amount due: _____
Email	Telephone			
Name of School Organization		Home Country		
State (if in US)		Host Country		
<input type="checkbox"/> High School/Secondary <input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate <input type="checkbox"/> Scholar	Number of Hours Enrolled: _____	Type of Visa (I-94) Non-US Citizens Only <input type="checkbox"/> F-1 <input type="checkbox"/> M-1 <input type="checkbox"/> J-1 <input type="checkbox"/> R-1		<u>Florida Surplus Lines Tax:</u> Applies if: <input type="checkbox"/> FL Resident <input type="checkbox"/> FL Destination X 1.050 Add Administrative charge: + \$5.00 Monthly amount due (This amount will be charged <u>each</u> month, including the first): _____ Number of months to be covered: _____
Coverage Start Date: ____/____/____	Date Classes Begin: ____/____/____	Coverage End Date: ____/____/____		
Form of Payment: <input type="checkbox"/> Credit Card <input type="checkbox"/> Check/Money Order				Name as it appears on card:
Credit Card #:		Expiration Date (mm/yy):		Complete Billing Address (include daytime phone #):
Signature:				
Payment by Credit Card*: By signing above, the cardholder authorizes WorldTrips to debit his or her Discover, VISA MasterCard or American Express account for the amount specified above. Please submit this completed Application by mail or by fax to your Agent or to WorldTrips. WorldTrips 4 Carter Green, Suite 400 Carmel, IN 46032				Checks and Money Orders should be made payable to WorldTrips. Please send your Check or Money Order along with this Application via mail or courier to: WorldTrips 15748 Collection Center Dr. Chicago, IL 60693-0157
I understand that coverage purchased by credit card is subject to validation and acceptance by the credit card company. If requesting cancellation, I understand that I must notify WorldTrips, in writing, prior to the effective date for a full refund and that express delivery charges are not refundable.*If I have selected a monthly plan, I hereby request and authorize WorldTrips to debit my Credit Card account for the proper installment amounts on the due dates of the installments. This authorization will remain in effect for the duration of the Coverage Period elected or until revoked by me in writing.				
Authorization				
I hereby apply for membership in the Atlas/International Citizen Group Insurance Trust, Hamilton, Bermuda and for the insurance provided to members by Lloyd's. For further information on how we process your personal information please see our Privacy Policy https://www.worldtrips.com/about-worldtrips/privacy-policy/ . I understand that the insurance applied for is not a general health insurance policy, but is intended for use in the event of a sudden and unexpected event while pursuing educational endeavors outside my Home Country. I certify that I am a Full-time Student, Scholar, or other eligible participant as required by the definitions of this policy. I understand that my insurance terminates upon my return to my Home Country unless I qualify for a Benefit Period or Home Country Coverage. I understand this insurance contains a Pre-existing Condition exclusion and other restrictions and exclusions. I understand that, prior to my current coverage expiration date, I can visit the WorldTrips Student Zone for transaction instructions regarding policy extensions and/or renewal eligibility. I understand that the information contained herein is a summary of the Master Policy and that I may obtain a complete copy of the Master Policy upon request to WorldTrips. It is the responsibility of Indian residents purchasing insurance cover to obtain permission from the Central Government and Reserve Bank of India. I understand that Lloyd's, as underwriter of the plan, is solely liable for the coverage and benefits provided under the insurance. I 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. I understand and agree that the insurance agent/broker, if any, assisting with this Application is a representative of the Applicant, and as a representative, authorize WorldTrips to provide any applicable claims Explanation of Benefits (EOB) to assist communication in the claims process. 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. If signed by a representative of the Applicant, the undersigned warrants his/her capacity to so act. If signed as guardian or proxy of the Applicant, the undersigned warrants his/her capacity to so act. By acceptance of coverage and/or submission of any claim for benefits, the Applicant ratifies the authority of the signer to so act and bind the Applicant. Rates include surplus lines taxes and fees where applicable. Arbitration Notice: EXCEPT FOR CERTAIN TYPES OF DISPUTES DESCRIBED IN THE "ARBITRATION AND CLASS ACTION WAIVER" IN YOUR POLICY WORDING, AND IF YOU DO NOT OPT-OUT AS SET FORTH IN THAT SAME SECTION, YOU AGREE THAT DISPUTES BETWEEN YOU AND WORLDTRIPS 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.				
Applicant Signature:		Date:	Parent/Guardian Signature (if applicable):	Date:

For more information or for assistance completing this application, please contact:

Producer Number: _____