



VISIT[®] Travel & Medical Insurance Program

for International Students, Scholars, Spouses, Families and Visitors

**Call VISIT[®] Today 1-800-247-5575 or
Visit Us on the web at www.visitinsurance.com**

VISIT[®] offers **Student/Family Insurance Plans** that have lower prices and more coverage, including the **Economy, Standard & Super** (and New **Platinum**) Student and Family Plans and the improved "**Plan E Plus**" for Students, Non-Students, and Visitors to the USA and Canada.

We invite you to explore our Insurance Plans to see how they may benefit your F1/J1 students and their family members, as well as students that are not required to buy university insurance plans (such as graduate and post-doctoral students and scholars, spouses, dependents, international university employees, and visiting family members).

Our **Outbound Plans** offer coverage for short- or long-term travel outside the USA (including non-US travel). These **Outbound Plans** are ideal for Study Abroad, educational travel, work/travel, ecotourism, and student/teacher exchange.

**All Plans are available in 1 to 12 month terms
Students may ORDER ONLINE - Immediate Confirmation!**

STUDENT PLANS

- International Students & Scholars (F1, J1, H, M or Q visa)
- Ideal for OPT & AT
- Visiting Faculty
- ESL or High School Students
- Any Study/Research in USA/Canada
- Includes Maternity coverage

Choose from 9 Student Plans

- **Economy** - \$100K or \$250K
- **Standard** - \$100K or \$250K
- **Super** - \$100K or \$250K
- **Platinum** - \$100K or \$250K
- **E^{PLUS}** - \$100K (no maternity)

FAMILY PLANS

- International Students & Scholars (F1, J1, H, M or Q visa)
- Spouse and/or Dependents
- Ideal for OPT & AT
- Visiting Faculty
- ESL Students
- Any Study/Research in USA/Canada
- Includes Maternity coverage

Choose from 9 Family Plans

- **Economy** - \$100K or \$250K
- **Standard** - \$100K or \$250K
- **Super** - \$100K or \$250K
- **Platinum** - \$100K or \$250K
- **E^{PLUS}** - \$100K (no maternity)

STUDENT/VISITOR PLANS

Ideal for any Student or Scholar not requiring Maternity, or any other Non-Student Visitor to USA and/or Canada:

- International Student/Scholar
- Spouse & Dependents
- Non-Student Visitors to the USA
- Ideal for OPT and AT
- Work/Travel/Practical Training
- Includes trip interruption, lost baggage, return of minor child
- Available to age 79!

Choose from 2 Visitor Plans

- **E^{PLUS}** - \$100K
- **E^{PLUS}** - \$100K hazardous sports

OUTBOUND FROM USA

- US citizens traveling abroad
- Study Abroad
- Work/Travel Abroad
- Cultural Exchange

Choose from 2 Plans

- **Atlas** - Short-term health insurance for individuals traveling outside their Home Country
- **CitizenSecure** – An international major-medical and term life insurance for individuals and families

See Prices on Back



PRICES Incoming to USA (2011-2012 School Year)

VISIT® Travel & Medical Insurance

Visit www.visitinsurance.com for Plan details

Rates are per person/per month - Rates Effective July 1, 2011

ECONOMY PLANS (Choose \$100K OR \$250K)				
<i>Deductible - \$100 (\$50 Student Health) per injury or illness/ Co-insurance – 80/20 to \$10,000 with \$10,000 Maternity Coverage</i>				
AGE	ECON100 Student	ECON100 Spouse	ECON250 Student	ECON250 Spouse
12-18	\$44	\$121	\$48	\$133
19-23	\$55	\$152	\$58	\$161
24-30	\$119	\$333	\$128	\$356
31-40	\$191	\$535	\$203	\$567
41-49	\$276	\$769	\$292	\$816
50-64	\$376	\$1,048	\$399	\$1,112
Child	\$104		\$115	
STANDARD PLANS (Choose \$100K OR \$250K)				
<i>Deductible - \$100 (\$50 Student Health) per injury or illness / Co-insurance – 80/20 to \$5,000 with \$10,000 Maternity Coverage</i>				
AGE	STD100 Student	STD100 Spouse	STD250 Student	STD250 Spouse
12-18	\$46	\$128	\$49	\$137
19-23	\$57	\$158	\$60	\$168
24-30	\$122	\$340	\$128	\$359
31-40	\$200	\$560	\$212	\$590
41-49	\$297	\$828	\$313	\$872
50-64	\$405	\$1,128	\$426	\$1,187
Child	\$111		\$118	
SUPER PLANS (Choose \$100K OR \$250K)				
<i>Deductible - \$100 (\$50 Student Health) per injury or illness / Co-insurance - 80/20 to \$5,000 w/ Maternity Coverage to Policy Max</i>				
AGE	SPR100 Student	SPR100 Spouse	SPR250 Student	SPR250 Spouse
12-18	\$51	\$143	\$55	\$155
19-23	\$62	\$174	\$70	\$193
24-30	\$143	\$399	\$158	\$441
31-40	\$252	\$704	\$276	\$771
41-49	\$298	\$830	\$324	\$904
50-64	\$405	\$1,131	\$441	\$1,231
Child	\$124		\$135	
PLATINUM PLANS (Choose \$100K OR \$250K)				
<i>Deductible - \$100 (\$50 Student Health) per injury or illness / Co-insurance – 80/20 to \$5,000 w/ Maternity Coverage to Policy Max Shorter waiting period for Pre-existing Conditions (6 months) & Unlimited Med Evac and Repatriation</i>				
AGE	PLT100 Student	PLT100 Spouse	PLT250 Student	PLT250 Spouse
12-18	\$50	\$140	\$53	\$150
19-23	\$68	\$191	\$77	\$212
24-30	\$159	\$441	\$175	\$486
31-40	\$277	\$773	\$305	\$850
41-49	\$328	\$913	\$356	\$993
50-64	\$445	\$1,243	\$485	\$1,353
Child	\$137		\$150	
EPlus (No Maternity) \$100K				
<i>Deductible - \$100 per policy period/Co-insurance – 80/20 to \$5,000</i>				
AGE	PLAN EPlus		AGE	PLAN EPlus Hazardous Sports
0-29	\$43		0-29	\$50
30-39	\$57		30-39	\$66
40-49	\$90		40-49	\$95
50-59	\$135		50-59	\$155
60-64	\$169		60-64	\$195
65-69	\$210		65-69	\$242
70-79	\$265		70-79	\$305

Rates are subject to change. Please visit our website at www.visitinsurance.com for current rates and coverages. Additional coverage is available for persons over 79 years of age. Please call 1-800-247-5575 for premium rates.

How Do I Apply?
VISIT® Travel & Medical Insurance
Program Application

INSTRUCTIONS: Please complete all information on the following application. Incomplete applications may cause a delay in processing your application. Please print clearly.

Please print clearly.

Name: _____

Address: _____
(Please indicate an address in the US)

City: _____ State: _____ Zip: _____

Home Country: _____

Date of Birth: _____ Gender: _____

Home Tel (____) _____ Work Tel (____) _____

E-Mail Address: _____

Passport Number: _____

VISA Status: J1 F1 J2 F2 Other: _____

Policy Effective: _____ Renewal: Yes / No

Policy Expiration Date: _____

No. of Coverage Days: _____
(Count first and last day of coverage.)

Type of Insurance Plan: ECON100 ECON250
STD100 STD250 SPR100 SPR250 PLT100
PLT250 E^{PLUS} E^{PLUS} Hazardous

Primary Destination: _____

Name of the University or College in which you are enrolled: (please complete if you are a students):

Family Members to be covered on this policy (name, date of birth, relationship): Premiums are per/person.

Emergency Contact Name & Telephone No.:

Beneficiary: _____

Relationship to Applicant: _____

Beneficiary's Address: _____

Maximum policy term is 12 months, but you may re-enroll for successive terms, as desired. Applicant must meet application criteria and all conditions and pre-existing exclusions apply.

These rates are for persons traveling abroad and their family members traveling with them. Please review the plan overviews carefully prior to purchasing the policy. Please call 1-800-247-5575 if you have any questions.

Cancellation Policy. All premiums are fully earned upon Application, and are Non-Refundable. Please apply only for the term of coverage you need, and re-apply as necessary as your plans may change.

Payment Total for All Applicants: \$ _____

**Premiums are Per Person.*

SELECT PAYMENT METHOD:

CHECK or MONEY ORDER (Payable to **VISIT**)

MasterCard VISA American Express

Card Number: _____

Expiration Date (month/year): _____

Security Code: _____

Billing Address: _____

Print Name as it appears on card:

FRAUD ADVISORY: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information may be guilty of insurance fraud. Insurance fraud may include deliberate misuse of coverage verification during University registration.

APPLICANT STATEMENT: I have read the above application, fraud advisory, and any attachments. I declare that the information provided in them is true, complete and correct to the best of my knowledge and belief. This information is being offered to the company as an inducement to issue the policy for which I am applying.

Signature of Applicant _____ Date _____

MAIL the Completed Application & Premium to:

VISIT® Travel & Medical Insurance Program

PO Box 210, Mount Vernon, VA 22121

Enroll by Phone: 1-800-247-5575

Enroll by Fax: 1-703-991-9164

Enroll Online:

www.visitinsurance.com