

HAZARDOUS SPORTS RIDER ENROLLMENT FORM

Designed for the adventurous traveler. Whether you're planning to ski, mountain climb or parasail while on your vacation out of the country, GatewayConnexions has coverage available that can be added to your medical coverage to provide additional protection for the following sports activities: scuba diving, snow sports such as skiing and snowboarding, mountain climbing, sky diving, professional or amateur racing, piloting an aircraft, rock climbing, caving, ice climbing, parasailing, paragliding, bungee jumping, hot air ballooning, trampoline jumping, motorcycle riding, or other extreme sports.

Required Information

Insured:

Last Name _____ First Name _____

Date of Birth _____ Email _____

Address _____

City _____ State _____ Zip _____ Phone No. (____) _____

Beneficiary _____

Destination(s) _____

Airline _____

Outfitter _____

Charter _____

Date of Initial Trip Payment _____ Departure Date _____ Return Date _____

Plan cost is 25% of medical plan premium per person.

Coverage can only be purchased if purchased in conjunction with the following GatewayConnexions medical plans: USA, Visit America, Premier, International, Global, Global Reach, or Study Abroad.

Additional Insureds

Insured #2 _____ Insured #3 _____ Insured #4 _____

Relationship to Insured _____ Relationship to Insured _____ Relationship to Insured _____

Date of Birth _____ Date of Birth _____ Date of Birth _____

Statement of Acknowledgement

Premium, Eligibility criteria and plan provisions including limitations and exclusions are subject to change. Coverage is issued according to plan specifications and rates in effect at the time of Application.

In this transaction, Marsh U.S. Consumer, a service of Seabury & Smith, Inc. (Marsh), is acting as the exclusive insurance agent and program manager for The Insurance Company of the State of Pennsylvania ("Insurer") for this type of coverage, and not as your insurance broker. As the agent for Insurer, Marsh will perform all of the functions necessary to provide insurance program management services for the Plan on behalf of the Insurer. Marsh & McLennan Companies, Inc. and its subsidiaries own equity interests in certain insurers and have contractual arrangements with certain insurers and wholesale brokers. Information regarding such interests and contracts is available at <http://global.marsh.com/about/Transparency.php>. Marsh earns and retains interest income on premium held by Marsh on behalf of insurers during the period between receipt of such payments from clients and the time such payments are remitted to the applicable insurer, where permitted by law. The premium quoted includes thirty-eight and a half percent commission payable to Marsh. Your premium payment indicates your consent to this commission for this policy period and subsequent renewals, including any changes in commission rates at any such renewals.

I acknowledge that I have read, understand and agree to the terms and conditions of this insurance coverage as it has been presented to me in this brochure.

Signature _____ Date _____

This enrollment form can be faxed to:
(515) 365-1248

Or send to:
GatewayConnexions
Plan Administrator
PO Box 14468
Des Moines, Iowa 50306-3468

Toll-free in U.S./Canada:
(800) 282-4495

Direct:
(515) 365-6565