

LEISURE TRAVEL INSURANCE ENROLLMENT FORM

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. Policy must be purchased within 7 days of the initial trip payment.

Plan Cost is: \$49.00

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

Additional Insureds

Insured #2, Insured #3, Insured #4, Relationship to Insured, 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...

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