



**Travel With Protection Plan Enrollment Form**

To calculate your total premium, insert the trip cost, then multiply by the rate factor below.

Under age 50 = .0500      Age 50-59 = .0587      Age 60-69 = .0750

Insured #1

$$\text{\$ } \frac{\text{Trip Cost}}{\text{Rate Factor}} \times \text{Rate Factor} = \text{\$ } \frac{\text{Total Premium}}{\text{Rate Factor}}$$

Insured #2

$$\text{\$ } \frac{\text{Trip Cost}}{\text{Rate Factor}} \times \text{Rate Factor} = \text{\$ } \frac{\text{Total Premium}}{\text{Rate Factor}}$$

Insured #3

$$\text{\$ } \frac{\text{Trip Cost}}{\text{Rate Factor}} \times \text{Rate Factor} = \text{\$ } \frac{\text{Total Premium}}{\text{Rate Factor}}$$

Insured #4

$$\text{\$ } \frac{\text{Trip Cost}}{\text{Rate Factor}} \times \text{Rate Factor} = \text{\$ } \frac{\text{Total Premium}}{\text{Rate Factor}}$$

$$\text{\$ } \frac{\text{Total Travel Protection Cost}}{\text{Rate Factor}}$$

Note: Trip cost is subject to a \$300.00 minimum.

**Please note: This policy contains a preexisting condition exclusion. If the insured has a preexisting condition you need to enroll in the program within 14 days of the initial trip deposit for the preexisting condition to be waived. For more information regarding this waiver please refer to the back page of our brochure which can be downloaded from this website.**

Please mail completed form to:  
Assurance Solutions, Inc.  
PO. BOX 91004 – Louisville, Kentucky – 40291-0004.  
To enroll by phone, or for other information, please call: 1-888-316-7541.



**Travel With Protection Plan Enrollment Form (Continued)**

Travel Protection Cost: \$ \_\_\_\_\_

Date of Departure: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Return: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of School, Camp, Group, in applicable: \_\_\_\_\_

Traveler #1 Last Name: \_\_\_\_\_

Traveler #1 First Name: \_\_\_\_\_ Birth Year: \_\_\_\_\_

Traveler #2 Last Name: \_\_\_\_\_

Traveler #2 First Name: \_\_\_\_\_ Birth Year: \_\_\_\_\_

Traveler #3 Last Name: \_\_\_\_\_

Traveler #3 First Name: \_\_\_\_\_ Birth Year: \_\_\_\_\_

Traveler #4 Last Name: \_\_\_\_\_

Traveler #4 First Name: \_\_\_\_\_ Birth Year: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_ (Please include area code)

E-mail address: \_\_\_\_\_

**Payment Information**

Please indicate type of payment:  Check [ Payable to ItravelInsured ]  
 Mastercard  Visa  Amex  Discover

Card Number: \_\_\_\_\_ Expiration: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_ Signature: \_\_\_\_\_

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