

# TravMed International Travel Insurance Enrollment Form

You must be a US Citizen, a permanent resident or have a green card to be eligible for enrollment in this program  
(PLEASE PRINT INFORMATION CLEARLY)

Website: www.medassist.com Phone: 1(800)732-5309 Fax: 1(410)308-7905 E-mail: info@medexassist.com

Name of Applicant(s): 1) \_\_\_\_\_ 2) \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Home Phone #: (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

Date(s) of Birth: 1) \_\_\_\_\_ 2) \_\_\_\_\_

In Emergency, Contact: \_\_\_\_\_  
Name Phone #

Department Name/Contact: \_\_\_\_\_  
(if applicable) Department Name Department Contact Name Contact Phone #

Are you a Permanent Resident of the U.S.?  Yes  No  Yes  No

List All Medical Conditions: \_\_\_\_\_

Countries Visiting: \_\_\_\_\_

Travel Coverage Dates: Departure Date: \_\_\_\_\_ Return Date: \_\_\_\_\_

Premium Calculation: \_\_\_\_\_ x \_\_\_\_\_ x \$4.00 (thru age 70) = \_\_\_\_\_  
(be sure to include the # of applicants total # of days \$5.75 (age 71-80) total premium  
departure and return date) -----7 day minimum, 90 day maximum per trip-----

Payment Method:  Check enclosed made payable to **TravMed**  
 VISA  MasterCard  American Express  
Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
Cardholder Name: \_\_\_\_\_  
Cardholder Signature: \_\_\_\_\_

**TravMed/MEDEX Identification Card and Details of Coverage will be processed and mailed to you.**

## OPTIONAL BENEFITS

### TRIP CANCELLATION AND INTERRUPTION

(Minimum coverage \$300 Maximum coverage \$5,000; Price: \$6.00 per \$100 of coverage)

\$6.00 X \_\_\_\_\_ = \$ \_\_\_\_\_ x \_\_\_\_\_ = \$ \_\_\_\_\_  
# of per \$100 of coverage total cost of coverage # of persons

### LOST BAGGAGE (Maximum coverage: \$1,000; Limit per article: \$250; Deductible: \$100; Price: \$2.50 per person, per day)

\$2.50 X \_\_\_\_\_ = \$ \_\_\_\_\_ x \_\_\_\_\_ = \$ \_\_\_\_\_  
# of days on a common carrier # of persons

### FOR OFFICE USE (payment by check/money order/credit card)

Check #: \_\_\_\_\_ Amount Received: \_\_\_\_\_ Credit Card Approval #: \_\_\_\_\_

Source: \_\_\_\_\_ Producer: \_\_\_\_\_

Policy Processed and Mailed: \_\_\_\_\_

Clerk: \_\_\_\_\_ Date: \_\_\_\_\_

Please allow 15 days prior to your departure for processing of the Enrollment Form. Return the completed form with your payment to UNM Department of Safety & Risk Services, 1801 Tucker NE, Albuquerque, NM 87131. Your TravMed/MEDEX Identification Card and Details of coverage will be processed and mailed to you at the address on the Enrollment Form.