



INSURANCE SERVICES OF AMERICA
International Health Insurance Specialists

Name of Group: _____

New Group _____

Add-on to Existing Group _____

Contact Person: _____

Dates of Travel: _____

Destination: _____

Fax Number: _____

Phone Number: _____

Email: _____

Address: _____

Number of Days: _____ **Months:** _____

Plan: A _____ B _____ C _____ D _____ E _____ F _____

Total premium (from census form): _____

Payment method: Check _____ Visa _____ Mastercard _____ Discover _____

CC #: _____

Exp. Date: _____

Signature of cardholder: _____



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Group Enrollment Procedures

Assured:

Insurance Services of America

1. **Complete the Group Enrollment Form.** By completing the Group Enrollment page and submitting the total premium, the group plan will commence.
2. **Enrolling Individuals or Teams.** Communicating the names, birth dates, start and end dates, and plan option selection via fax, email, or regular mail is all that is necessary. Payment is to be included at time of enrollment for all covered members. Effective date cannot be earlier than the date received by SRI. **Note:** Binding coverage for the entire group and the initial covered travelers can be done simultaneously.
3. **What you will receive.** Upon execution of the group contract and receipt of the required items above, an instructional summary will be provided containing emergency phone numbers, claims procedures, program benefits and definitions, the group policy number, and other related information. This information can be copied and distributed by the client at their discretion. (Most commonly a single representative or group leader will retain this information and be the sole contact for the group).
4. **Flexibility.** SRI will try to accommodate requests to modify these administrative procedures.



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Insurance Services of America Group Premiums

Medical Maximum (Per Policy Period)	\$25,000			\$50,000		
	Plan A	Plan B	Plan C	Plan D	Plan E	Plan F
Deductible (Per Policy Period)	\$50	\$250	\$500	\$50	\$250	\$500
Monthly Premium (Individual)						
Traveling to the US	\$74.55	\$64.05	\$57.75	\$80.85	\$70.35	\$64.05
Traveling Outside the US	\$59.85	\$50.40	\$45.15	\$65.10	\$55.65	\$50.40
Daily Premium (Individual)						
Traveling to the US	\$2.49	\$2.14	\$1.93	\$2.70	\$2.35	\$2.14
Traveling Outside the US	\$2.00	\$1.68	\$1.51	\$2.17	\$1.86	\$1.60

Single + 1: multiply single rate by 1.75

Family: multiply single rate by 2.50 (maximum number of children is 5)