

Are you an insurance agent? No Yes
 請問您是保險代理人嗎?
 If yes, what is your PC # 133013

請勿變更此處

1. Visitor Information 訪客信息

Insured First Name:
 被保險人名字
Surname: **Middle Initial:**
 姓氏
Email Address:
 電子郵件
 (Your Confirmation of Insurance will be sent via email.)
 (確認通過後將有電子郵件發送)
Home Country Address
 原居住國地址
Street:
 街道
City: **Postal Code:**
 城市 郵政代碼
Country:

Arrival Date in USA:
 到達美國日期

Passport Number:
 護照號碼
Country of Citizenship:
 國籍
 (This product is not available to U.S. citizens.)
 此產品不提供給美國公民

Beneficiary: (FirstName Surname) (名在前面, 姓在後面)
 受益人
 (You will be the beneficiary for your insured spouse and children.)

2. U.S. Mailing Address 美國寄件地址

Send Insurance Certificate to this U.S. address, in care of U.S. Resident:

c/o Name: (FirstName LastName)
 名字 (名在前面, 姓在後面)
Address:
 地址
City:
 城市
State: **Zip Code:**
 州 郵政代碼

Phone:
 電話
 Home (xxx-xxx-xxxx):
 家裏電話
 Business (xxx-xxx-xxxx):
 公司電話
 (You must include at least one phone number.)
 (至少要留一個電話號碼)

3. Applicants' Information 申請人資料

| | 姓氏 Surname | 名字 First Name | 別名 Middle Initial | 出生日期 Date of Birth |
|------------------------|----------------------|----------------------|----------------------|---|
| Insured 被保險人 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text" value="Month"/> <input type="text" value="Day"/> <input type="text" value="Year"/> <input type="text" value="Month"/> <input type="text" value="Day"/> <input type="text" value="Year"/> |
| Spouse 配偶 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text" value="Month"/> <input type="text" value="Day"/> <input type="text" value="Year"/> <input type="text" value="Month"/> <input type="text" value="Day"/> <input type="text" value="Year"/> |
| Child#1 子女#1 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text" value="Month"/> <input type="text" value="Day"/> <input type="text" value="Year"/> <input type="text" value="Month"/> <input type="text" value="Day"/> <input type="text" value="Year"/> |
| Child#2 子女#2 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text" value="Month"/> <input type="text" value="Day"/> <input type="text" value="Year"/> <input type="text" value="Month"/> <input type="text" value="Day"/> <input type="text" value="Year"/> |
| Child#3 子女#3 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text" value="Month"/> <input type="text" value="Day"/> <input type="text" value="Year"/> <input type="text" value="Month"/> <input type="text" value="Day"/> <input type="text" value="Year"/> |

4. Requested Coverage Period (Applies to all applicants) 旅程日期

Example: One month of coverage is from Oct. 15 to Nov. 14.

Effective Date(mm/dd/yyyy): 由 Calendar
Expiration Date(mm/dd/yyyy): 至 Calendar
 (Cannot be more than 12 months after Effective Date)
 (有效日期不能超過12個月)

5. Plan Selection (Applies to all applicants) 計劃選擇

Choose Plan: Plan A Plan B
 選擇計劃
Choose Deductible: \$50 \$250 \$500 \$1,000
 選擇自付額
Additional AD&D: Yes No
 附加意外保險 是 否
Hazardous Activity Coverage: Yes No
 危害活動性活動保險項目 是 否

5. Enrollment Agreement 註冊協議

I hereby subscribe to the Group Insurance Trust (District of Columbia) and enroll in the group coverage for which I am eligible under the group contract issued by the Insurance Company of the State of Pennsylvania. The insured(s) understand(s) that this insurance will not pay for any expenses incurred caused by any pre-existing condition (refer to Exclusions). All claims will be fully investigated. Refund of premium, less a \$20 processing fee, will be returned only if a written request is received by Travel Insurance Services prior to the effective date of coverage. After the effective date of coverage, the premium is considered fully earned and non-refundable. I hereby certify that I have fully read, understand, and agree to the Visit USA-HealthCare™ Insurance Brief Outline of Coverages.

I agree to enroll under the conditions of this Enrollment Agreement.
 我同意在這個協議下註冊

繼續