GeoBlue
Cover Your World

GeoBlue Trekker®

Health and Accident Insurance for Multi-trip International Travel

How to Apply

Short-term health insurance

For U.S. residents traveling abroad

Cover Your World

How To Order

Money Back Guarantee

We are so confident in our products that we offer the best guarantee in the business!

If you are not completely satisfied with your purchase, notify us in writing indicating your desire to cancel. If you have not departed on your trip before the date of the communication, you will receive a full refund.

Protect Your Health Around the World

What is GeoBlue Trekker®?

GeoBlue Trekker provides the traveler with international health insurance for multiple trips throughout the year. It is also a complete package of services to help you identify, access and pay for quality healthcare anywhere in the world.

GeoBlue Trekker fills health and safety gaps internationally:

Insurance — Even if you are already enrolled in a health plan, your coverage is limited when you travel abroad. In fact, your plan may not pay to have you safely evacuated if you are critically ill.

Information — Where do you turn to learn which hospitals and physicians meet your standards? Keep up with breaking news about health and safety threats? Translate key medical terms and brand-name drugs?

Access to quality care — How do you find a western-trained, English-speaking doctor with the appropriate skills? How do you arrange a convenient appointment?

Each GeoBlue Trekker policy includes broad, deep and reliable Global Health and Safety Services easily accessed through the web or our toll-free customer service center.

Why Choose GeoBlue Trekker?

Strength of a U.S. Insurer

Underwritten by 4 Ever Life Insurance Company, rated A- (Excellent) by A.M. Best. 4 Ever Life is an independent licensee of the Blue Cross and Blue Shield Association.

Better Coverage

Our plans have met the standards of state regulators and feature coverage more generous than plans sold as “surplus coverage” by foreign, non-admitted insurers. For example, our plan covers every trip taken, up to 70 days in length. In addition, we do not impose pre-certification penalties for hospitalization. Lastly, we provide coverage for pre-existing medical conditions and injuries related to a terrorist act.

A Better Kind of Care

Global travelers can leave home feeling confident that a trusted source of care is available at a moment’s notice - no matter what town, country or time zone. Travel anywhere knowing that if your health is a concern, getting good care is not.

GeoBlue Trekker Benefits

Medical Benefits	Essential	Choice
Maximum International Benefits per Insured Person per policy period	$50,000	$250,000*
Deductible per Insured Person per policy period	$50	$50
After the Deductible is satisfied, benefits are paid for	Covered Expenses as follows up to the Medical Limit:	

Benefits	Insurer Pays **
Professional Services: a. Surgery, anesthesia, radiation therapy, in-hospital doctor visits, diagnostic X-ray and lab	100%
b. Office Visits: including X-rays and lab work billed by the attending physician	100%
Inpatient Hospital Services: a. Surgery, X-rays, In-hospital doctor visits	100%
b. Inpatient medical emergency	100%
Ambulatory Surgical Center	100%
Ambulance Service (non-medical evacuation)	100% up to $1,000
Benefits for claims resulting from downhill (alpine) skiing and scuba diving Maximum Benefit	up to $10,000
Outside the U.S. Outpatient prescription drugs: Limit of $2500 (Essential) and $5000 (Choice)	100% of Covered Expenses
Dental Care required due to an injury 100% of Covered Expenses	up to $200 maximum per Trip Period
Dental care for Relief of Pain	100% of Covered Expenses up to $100 maximum per Trip Period
Physical and Occupational Therapy 6 visits per Period of Insurance	$100 Maximum payment per visit.

* For Individuals aged 70 – 84, the Maximum International Medical Benefit for Trekker Choice is $100,000.

** After Medical Benefit Deductible Is Paid

*** Without a Deductible Being Applicable

Other Benefits	Insurer Pays***	
	Essential	Choice
Accidental Death and Dismemberment	$0	$25,000
Repatriation of Remains	$15,000	$25,000
Medical Evacuation	$250,000	$500,000
Bedside Visit	Maximum Benefit per Trip Period up to $1,500 for the cost of one economy round-trip airfare ticket to the place of the Hospital Confinement for one (1) person.	

The benefits outlined in the table show the payment percentages for Covered Expenses after the Insured Person has satisfied his or her Deductible. This plan includes a Deductible of $50 per Insured Person per Trip Coverage Period, which can be waived under certain circumstances. Covered Expenses are based on Reasonable Charges which may be less than actual billed charges. Providers can bill the Insured Person for amounts exceeding Covered Expenses. Contracted Providers are contracted to accept reasonable charges.

Available to U.S. residents, age 84 or younger, who live in approved states. Individuals aged 70-84 are eligible only for a $100,000 medical limit. See Eligibility Requirements. Covers all international trips (up to 70 days duration per trip) in a 364 day period. Participants must be enrolled in a Primary Health Plan.

Plan Pricing Table

GeoBlue Trekker rates are based on the age of the applicant. For Individual + 1 and family rates, please use the age of the most senior applicant.

GeoBlue Trekker Annual Rates

Essential Plan			
Age	Individual	Individual+1*	Family
50 & Under	$100	$165	$285
51-66	$120	$200	$315
67-84	$150	$235	$370

Please Note:

*Family members only

Rates shown include a $3.50 membership fee. Rates are subject to change wihout notice. Rates effective January 1, 2016.

Plan Summary

This Plan provides short-term, limited duration coverage while the Insured Person is temporarily away from Home. The Insured Person may not purchase insurance under this Plan for a Period of Insurance longer than 12 months. He/she may request coverage for additional Periods of Insurance of up to 12 months. The Coverage Area is any place that is anywhere in the world.

This Plan description provides a brief description of the types of benefits available under this Plan. It also contains many important terms (such as "Medically Necessary" and "Covered Expense") that are defined in the Certificate of Coverage. This description should be used only as a quick reference tool. The entire Certificate of Coverage sets forth, in detail, the rights and obligations of both the Insured Person and the Insurer. It is, therefore, important that the entire Certificate of Coverage be read carefully!

The "Insurer" of the insurance policy that funds this Plan is 4 Ever Life Insurance Company, rated A- (Excellent) by A.M. Best. 4 Ever Life is an independent licensee of the Blue Cross and Blue Shield Association

The "Administrator" is GeoBlue, One Radnor Corporate Center, Suite 100, Radnor, PA 19087.

The term "Insured Person," means the Eligible Participant who purchased this insurance plus his/her Dependents for whom coverage was purchased.

Persons Eligible for Coverage: Eligible Participants and their Eligible Dependents are the only people qualified to be covered by this Plan. An Eligible Participant is a member of a Group who has submitted an enrollment form, if applicable, and has paid the premium for the insurance. An Eligible Dependent is a person who is the Eligible Participant's spouse; unmarried natural child, stepchild or legally adopted child who has not yet reached age 19; an unmarried child, of any age, who is incapable of self support due to continuing mental retardation or physical disability and who is chiefly dependent on the Eligible Participant; and an unmarried child, from his/her 19th to 22nd birthday who is a full-time student attending an accredited college, university, vocational or technical school, and who is fully dependent upon the Eligible Participant for support. An Eligible Participant or an Eligible Dependent must also be: (a) a resident of the U.S., (b) under Age 85 and (c) enrolled in a Primary Plan.

Primary Plan is a Group health benefit plan, an Individual health benefit plan or a governmental health plan designed to be the first payer of claims for an Insured Person. If Medicare is the Primary Plan, see the Certificate of Coverage to determine how this Plan will pay benefits. Medicaid and VA benefits are not considered Primary Plans.

Trip Coverage Start Date: The Insured Person's coverage under this Plan for a trip during the Period of Insurance starts for a scheduled trip to a Foreign Country, when the Insured Person boards a conveyance at the start of the trip; and notwithstanding the foregoing, no coverage is in effect for a trip unless the Insured Person is scheduled to spend at least 24 hours away from Home.

Trip Coverage End Date: The Insured Person's coverage under this Plan for a trip ends for a scheduled trip to a Foreign Country, when the Insured Person alights from a conveyance at the completion of the trip; and in no event will coverage for a trip extend past the Maximum Trip Coverage Period of 70 days.

Excess Coverage: This Plan will reduce the amount payable by the amount to which the Insured Person is entitled, whether or not a claim is made for the benefits.

Deductible: The Deductible amount per Insured Person per Period of Insurance is shown in the Matrix. This Deductible is the amount of Covered Expenses the Insured Person must pay for any Covered Expenses incurred for services received. The Deductible is waived for medical services provided by the GeoBlue International Healthcare Community of Providers

GeoBlue International Healthcare Community consists of physicians, dentists, mental health professionals, other allied health professionals, hospitals, health systems and medical practices in countries throughout the world, all dedicated to providing high quality medical care to international travelers, employees and students. The providers are accessed through the GeoBlue online database or through the GeoBlue customer services.

The benefits of this Plan will be provided for each Insured Person for a covered Illness or Injury and for those services that are Medically Necessary and for

Plan Summary (continued)

which the Insured Person has benefits. (The fact that a Physician prescribes or orders a service does not, by itself, mean that the service is Medically Necessary or that the service is a Covered Service.) The Insured Person may telephone the Administrator at the number shown on his/her identification card if he/she has any questions about whether services are covered.

Choice of Hospital and Physician: Nothing contained in this Plan restricts or interferes with the Eligible Participant's right to select the Hospital or Physician of the Insured Person's choice. Also, nothing in this Plan restricts the Insured Person's right to receive, at his/her expense, any treatment not covered by this Plan.

Trip Coverage Period Maximum Benefit: The combined total of all medical benefits paid to the Insured Person is limited to the amount shown in the Matrix during each Period of Insurance and Trip Coverage Period.

After the Deductible (if applicable) is satisfied, benefits are paid for Medically Necessary, Covered Expenses as follows:

For These Benefits - The Plan Pays:

1. For Ambulance Service (non Medical Evacuation), 100% up to $1,000;
2. For claims resulting from (a) downhill (alpine) skiing and (b) scuba diving (certification by the Professional Association of Diving Instructors (PADI) or the National Association of Underwater Instructors (NAUI) or diving under the supervision of a certified instructor required), 100% up $10,000;
3. For Outpatient prescription drugs outside the U.S., 100% of Reasonable Charges for Covered Expenses;
4. For Dental Care required due to an Injury, 100% of Covered Expenses up to $200 per Trip Coverage Period; For Dental Care for Relief of Pain, 100% of Covered Expenses up to $100 per Trip Period.

Services and Supplies Provided by a Hospital:

1. Inpatient services and supplies provided by the Hospital except private room charges above the prevailing two-bedroom rate of the facility;
2. Outpatient services and supplies including those in connection with Outpatient surgery performed at an Ambulatory Surgical Center;
3. The payment of Inpatient Covered Expenses is subject to these conditions: (a) Services must be those which are regularly provided and billed by the Hospital and (b) Services are provided only for the number of days required to treat the Insured Person's Illness or Injury.

Note: No benefits will be provided for personal items, such as TV, radio, guest trays, etc.

Professional and Other Services: This Plan will pay Covered Expenses for:

1. Services of a Physician;
2. Services of an anesthesiologist or an anesthetist;
3. Outpatient diagnostic radiology and laboratory services;
4. Surgical implants;
5. The first pair of contact lenses or the first pair of eyeglasses when required as a result of a covered eye surgery;
6. Self-Administered, injectable drugs;
7. Syringes when dispensed with self-administered, injectable drugs (exceptinsulin);
8. Blood transfusions, including blood processing and the cost of unreplaced blood and blood products;
9. Rental or purchase of medical equipment and/or supplies that are all of the following: (a) ordered by a Physician, (b) of no further use when medical need ends, (c) usable only by the patient, (d) not primarily for the Insured Person's comfort or hygiene, (e) not for environmental control, (f) not for exercise and (g) manufactured specifically for medical use; (Note: Medical equipment and supplies must meet all of the above guidelines in order to be eligible for benefits under this Plan. The fact that a Physician prescribes or orders equipment or supplies does not necessarily qualify the equipment or supply for payment. Rental charges that exceed the reasonable purchase price of the equipment are not covered.

Accidental Death And Dismemberment Benefit: This Plan will pay the benefit stated below if an Insured Person sustains an Injury resulting in any of the following losses within 365 days after the date the Injury is sustained: Loss of life- 100% of the Principal Sum and Loss of one hand, one foot or sight in one eye -50% of the Principal Sum. Loss of one hand or loss of one foot means the actual severance through or above the wrist or ankle joints. Loss of the sight of one eye means the entire and irrecoverable loss of sight in that eye. If more than one of the losses stated above is due to the same Accident, this Plan will pay 100% of the Principal Sum. In no event will this Plan pay more than the Principal Sum for loss to the Insured Person due to any one Accident. There is no coverage for loss of life or dismemberment for or arising from an Accident in the Insured Person's Home Country. The Principal Sum is shown in the Matrix.

Repatriation of Remains Benefit: If an Injury or a Sickness results in the Insured Person's loss of life outside the U.S., this Plan will pay the Reasonable Expense incurred for cremation or for preparation of the body for burial in, and for transportation of the body to, the Home Area up to the amount shown in the Matrix. Payment of this benefit is subject to the Exclusions and Conditions on Eligibility for Benefits.

Medical Evacuation Benefit: If an Insured Person is involved in an accident or suffers a sudden, unforeseen illness requiring emergency medical services, while traveling outside of his/her home country, the Administrator will coordinate and pay for a medically-supervised evacuation, up to the Maximum Limit shown in the Schedule of Benefits, to the nearest appropriate medical facility. This medically-supervised evacuation will be to the nearest medical facility only if the facility is capable of providing adequate care and if adequate care is not available locally and the Injury or Sickness requires immediate emergency medical treatment, without which there would be a significant risk of death or serious impairment. The determination of whether a medical condition constitutes an emergency and whether area facilities are capable of providing adequate medical care shall be made by physicians designated by the Administrator after consultation with the attending physician on the Insured Person's medical conditions. The decision of these designated physicians shall be conclusive in determining the need for medical evacuation services. Transportation shall not be considered medically necessary if the physician designated by the Administrator determines that the Insured Person can continue his/her trip or can use the original transportation arrangements that he/she purchased. Only one transport is covered in connection with one course of an illness or accident. The Insurer will pay Reasonable Charges for escort services if the Insured Person is a minor or if the Insured Person is disabled during a trip and an escort is recommended in writing by the attending Physician and approved by the Insurer. As part of a medical evacuation, the Administrator shall also make all necessary arrangements for ground transportation to and from the hospital, as well as pre-admission arrangements, where possible, at the receiving hospital. Following stabilization, when medically necessary and subject to the Administrator's prior approval, the Insurer will pay for a medically supervised return to the Insured Person's permanent residence or, if appropriate, to a health care facility nearer to their permanent residence or for one-way economy airfare to the Insured Person's point of origin, if necessary. Transportation shall not be considered medically necessary if the physician designated by the Administrator determines that the Insured Person can continue his/her trip or can use the original transportation arrangements that he/she purchased. All evacuations must be approved and coordinated by Administrator designated physicians. Transportation must be by the most direct and economical route. With respect to this provision only, the following is in lieu of the Policy's Extension of Benefits provision: No benefits are payable for Covered Expenses incurred after the date the Insured Person's insurance under the Policy terminates. The combined benefit for all necessary evacuation services is listed in the Overview Matrix.

Bedside Visit Benefit: If the Insured Person is Hospital Confined due to an Injury or Sickness for more than 7 days while traveling outside the U.S., this Plan will pay up to a maximum benefit of $1,500 for the cost of one economy round trip air fare ticket to the place of the Hospital Confinement for one person designated by the Insured Person. With respect to any one trip, this benefit is payable only once for that trip, regardless of the number of Insured Persons on that trip. No more than one (1) visit may be made during any 12-month period. No benefits are payable prior to the end of the 7-day Hospital Confinement. No benefits are payable unless the trip is approved in advance by the Administrator.

Exclusions: The Plan does not provide benefits for:

1. Any amounts in excess of maximum amounts of Covered Expenses stated in this Plan.
2. Services not specifically listed in this Plan as Covered Services.
3. Expenses incurred in the Home Country.
4. Services or supplies that are not Medically Necessary as defined by the Insurer.
5. Services or supplies that the Insurer considers to be Experimental or Investigative.
6. Expenses incurred for elective treatment or elective surgery.
7. Services received before the Effective Date of coverage or during an inpatient stay that began before that Effective Date of Coverage.
8. Services received after coverage ends unless an extension of benefits applies as specifically stated under Extension of Benefits in the 'Who is Eligible for Coverage' section of this Plan.
9. Services for which the Insured Person has no legal obligation to pay or for which no charge would be made if he/she did not have a health policy or insurance coverage.
10. Services for any condition for which benefits are recovered or can be recovered, either by adjudication, settlement or otherwise, under any workers' compensation, employer's liability law or occupational disease law, even if the Insured Person does not claim those benefits.
11. Treatment or medical services required while traveling against the advice of a Physician, while on a waiting list for a specific treatment, or when traveling for the purpose of obtaining medical treatment.
12. Services related to pregnancy or maternity care other than for complications of pregnancy that may arise during a Trip Coverage Period.
13. Conditions caused by or contributed by (a) The inadvertent release of nuclear energy when government funds are available for treatment of Illness or Injury arising from such release of nuclear energy; (b) An Insured Person participating in the military service of any country; (c) An Insured Person participating in an insurrection, rebellion, or riot; (d) Services received for any condition caused by an Insured Person's commission of, or attempt to commit a felony or to which a contributing cause was the Insured Person being engaged in an illegal occupation; (e) An Insured Person voluntarily using illegal drugs; intentionally taking over the counter medication not in accordance with recommended dosage and warning instructions; and intentionally misusing prescription drugs.
14. Any services provided by a local, state or federal government agency except when payment under this Plan is expressly required by federal or state law.
15. Professional services received or supplies purchased from the Insured Person, a person who lives in the Insured Person's home or who is related to the Insured Person by blood, marriage or adoption, or the Insured Person's employer.
16. Inpatient or outpatient services of a private duty nurse.
17. Inpatient room and board charges in connection with a Hospital stay primarily for environmental change, physical therapy or treatment of chronic pain; Custodial Care or rest cures; services provided by a rest home, a home for the aged, a nursing home or any similar facility service.
18. Inpatient room and board charges in connection with a Hospital stay primarily for diagnostic tests which could have been performed safely on an outpatient basis.
19. Treatment of Mental, Emotional of Functional Nervous Conditions or Disorders.

20. Treatment of Drug, alcohol, or other substance addiction or abuse.
21. Dental services, dentures, bridges, crowns, caps or other dental prostheses, extraction of teeth or treatment to the teeth or gums, except as specifically stated under Dental Care and/or Dental Care for Accidental Injury in the Benefits section of this Plan.
22. Dental and orthodontic services for Temporomandibular Joint Dysfunction (TMJ).
23. Orthodontic Services, braces and other orthodontic appliances.
24. Dental Implants: Dental materials implanted into or on bone or soft tissue or any associated procedure as part of the implantation or removal of dental implants.
25. Routine hearing tests or hearing aids.
26. Optometric services, eye exercises including orthoptics, eyeglasses, contact lenses, routine eye exams, and routine eye refractions, except as specifically stated in this Plan.
27. An eye surgery solely for the purpose of correcting refractive defects of the eye, such as near-sightedness (myopia), astigmatism and/or farsightedness (presbyopia).
28. Outpatient speech therapy.
29. Any Drugs, medications, or other substances dispensed or administered in any outpatient setting except as specifically stated in this Plan. This includes, but is not limited to, items dispensed by a Physician.
30. Any intentionally self-inflicted Injury or Illness. This exclusion does not apply to the Medical Evacuation Benefit, to the Repatriation of Remains Benefit and to the Bedside Visit Benefit.
31. Cosmetic surgery or other services for beautification, including any medical complications that are generally predictable and associated with such services by the organized medical community. This exclusion does not apply to Reconstructive Surgery to restore a bodily function or to correct a deformity caused by Injury or congenital defect of a newborn child, or to Medically Necessary reconstructive surgery performed to restore symmetry incident to a mastectomy.
32. Procedures or treatments to change characteristics of the body to those of the opposite sex. This includes any medical, surgical or psychiatric treatment or study related to sex change.
33. Treatment of sexual dysfunction or inadequacy.
34. All services related to the evaluation or treatment of fertility and/or Infertility, including, but not limited to, all tests, consultations, examinations, medications, invasive, medical, laboratory or surgical procedures including sterilization reversals and In vitro fertilization
35. All contraceptive services and supplies, including but not limited to, all consultations, examinations, evaluations, medications, medical, laboratory, devices, or surgical procedures.
36. Cryopreservation of sperm or eggs.
37. Orthopedic shoes (except when joined to braces) or shoe inserts, including orthotics.
38. Services primarily for weight reduction or treatment of obesity including morbid obesity, or any care which involves weight reduction as a main method of treatment.
39. Routine physical exams or tests that do not directly treat an actual Illness, Injury or condition, including those required by employment or government authority.
40. Charges by a provider for telephone consultations.
41. Items which are furnished primarily for the Eligible Participant's personal comfort or convenience (air purifiers, air conditioners, humidifiers, exercise equipment, treadmills, spas, elevators and supplies for hygiene or beautification, etc.).
42. Educational services except as specifically provided or arranged by the Insurer.
43. Nutritional counseling or food supplements.
44. Durable medical equipment not specifically listed as Covered Services in the Covered Services section of this Plan. Excluded durable medical equipment includes, but is not limited to: orthopedic shoes or shoe inserts; air purifiers, air conditioners, humidifiers; exercise equipment, treadmills; spas; elevators; supplies for comfort, hygiene or beautification; disposable sheaths and supplies; correction appliances or support appliances and supplies such as stockings.
45. Physical and/or Occupational Therapy/Medicine, except when provided during an inpatient Hospital confinement or as specifically provided under the benefits for Physical and/or Occupational Therapy/Medicine.
46. All infusion therapy, chemotherapy, hemodialysis together with any associated supplies, Drugs or professional services are excluded.
47. Joint replacement or arthroplasty surgery of any kind.
48. Growth Hormone Treatment.
49. Routine foot care including the cutting or removal of corns or calluses; the trimming of nails, routine hygienic care and any service rendered in the absence of localized Illness, Injury or symptoms involving the feet.
50. Charges for which the Insurer are unable to determine the Insurer's liability because the Eligible Participant or an Insured Person failed, within 90 days, or as soon as reasonably possible to: (a) authorize the Insurer to receive all the medical records and information the Insurer requested; or (b) provide the Insurer with information the Insurer requested regarding the circumstances of the claim or other insurance coverage.
51. Charges for the services of a standby Physician.
52. Charges for animal to human organ transplants.
53. Under the medical treatment benefits, for loss due to or arising from a motor vehicle Accident if the Insured Person operated the vehicle without a proper license in the jurisdiction where the Accident occurred.
54. Loss arising from
    a. participating in any intercollegiate/interscholastic sport, contest or competition;
    b. participating in any intramural sport competition, contest or competition;
    c. participating in any club sport competition, contest or competition;
    d. participating in any professional sport, contest or competition;
    e. while participating in any practice or condition program for such sport, contest or competition;
    f. Racing or speed contests;
    g. sky diving, mountaineering (where ropes are customarily used), ultra light aircraft, parasailing, sail planning, hang gliding, bungee cord jumping, spelunking, extreme skiing.
55. Claims arising from loss because of riding in any aircraft except one licensed for the transportation of passengers.
56. Treatment for or arising from sexually transmittable diseases. (This exclusion does not apply to HIV, AIDS, ARC or any derivative or variation.)
57. Under the Accidental Death and Dismemberment provision, for loss of life or dismemberment for or arising from an Accident in the U.S.
58. Under the Repatriation of Remains Benefit and the Medical Evacuation Benefit provision, for repatriation of remains or medical evacuation of the Covered Accident in the U.S.
59. Treatment of Congenital Conditions.

Notice of Claims: Within 20 days after an Insured Person receives Covered Services, or as soon as reasonably possible, he/she (or someone on his/her behalf) must notify the Administrator in writing of the claim.
Proof of Loss: Within 90 days after the Insured Person receives Covered Services, he/she must send the Administrator written proof of loss. If it is not reasonably possible to give the Administrator written proof in the time required, the Administrator will not reduce or deny the claim for being late if the proof is

filed as soon as reasonably possible. Unless the Insured Person is not legally capable, the required proof must always be given to the Administrator no later than one year from the date otherwise required.

Time Payment of Claims: Benefits for a loss covered under this Plan will be paid as soon as the Administrator receives proper written proof of such loss. Any benefits payable to the Insured Person and unpaid at the Insured Person's death will be paid to the Insured Person's estate.

Payment of Claims: The Administrator will pay all or a portion of any indemnities provided for health care services by a health care services provider directly to the Insured Person, unless the Insured Person directs otherwise in writing by the time proofs of loss are filed. The Administrator cannot require that the services be rendered by a particular health care services provider.

Assignment of Claim Payments: The Administrator will recognize any assignment made under this Plan, if it is duly executed on a form acceptable to the Administrator; and a copy is on file with the Administrator. The Administrator assumes no responsibility for the validity or effect of an assignment.

This is a summary of the benefits provided by the insurance policy. Any person who knowingly and with intent to defraud or deceive any insurance company submits an insurance application or statement of claim containing any false, incomplete or misleading information may by subject to civil or criminal penalties, depending upon state law. If you are a resident of California, Florida, Kentucky, New Jersey, New York, Ohio, Oklahoma or Pennsylvania see the FRAUD NOTICE for additional information. In addition to the fraud warning information on the attached, the fraud warning can be viewed at geobluetravelinsurance.com/purchase/fraudAgreement.cfm.

The Administrator is **GeoBlue**
One Radnor Corporate Center
Suite 100
Radnor, PA 19087

Phone 1.855.481.6647

Fax 610.672.9635

Visit customerservice@geo-blue.com

GeoBlue
Cover Your World

GeoBlue is the trade name of Worldwide Insurance Services, LLC, an independent licensee of the Blue Cross and Blue Shield Association. Made available in cooperation with Blue Cross and Blue Shield companies in select service areas. Insurance

4 EVER
LIFE INSURANCE COMPANY

4EL-T12/XMP-54367

GeoBlue Trekker Enrollment Form

Insured Traveler Information

Please enroll me in the following plan:

☐ Trekker Essential ☐ Trekker Choice

Enrollee's Name

$

Enrollee's DOB (mm/dd/yyyy) Plan Cost

Spouse's Name

$

Spouse's DOB (mm/dd/yyyy) Plan Cost

Child's Name

$

Child's DOB (mm/dd/yyyy) Plan Cost

Child's Name

$

Child's DOB (mm/dd/yyyy) Plan Cost

TOTAL PLAN COST $ _____

(see pricing tables on page 5)

For additional children, please attach detailed sheet. Price includes membership fee for the Global Citizens Association.

Please send the Certificate of Coverage and fulfillment packet to:

First, Middle, Last Name

Address

City State Zip

Phone

E-mail Address (optional)

Activation Information

Requested Effective Date

Payment Options

☐ Personal Check (make check payable to "Worldwide Insurance Services")

☐ VISA ☐ MasterCard ☐ AmEx ☐ Discover

Card Number

Expiration Date (mm/yy) Security Code*

Name on Card

I understand that certain medical conditions are not covered. For details, refer to the "Plan Summary" section of this brochure. I certify that I live in an eligible state (please check with your agent or call GeoBlue for availability). I certify that the ages of persons listed in this enrollment form are true and correct. I understand that failure to provide correct ages may affect my coverage. I acknowledge that I have read the fraud statements found in this brochure (if applicable). I agree that all Travelers are currently covered by a primary health plan.

Beneficiary

Beneficiary's Relationship

Signature of Enrollee

Please read and sign below:
I declare to the best of my knowledge and believe that the information given in this enrollment form is true and complete. By signing and returning this form, I agree and acknowledge that any use of the Global Health and Safety Resources is subject to the terms and conditions set forth in the Membership Agreement which will be mailed to me with my welcome packet.

Signature of Enrollee

To find a doctor or healthcare information for your destination, please visit geobluetravelinsurance.com. Click on member login, click on register here, enter your certificate number and other details. Your certificate number will be included in your welcome packet.

* **For Visa/Mastercard/Discover:** The security code is the last three digits of the code in in the signature panel on the back of the card.

For American Express: The security code is the 4 digits printed just above and to the right of the embossed credit card number on the front of the card.

Agent I.D. No. 80848