GeoBlue
Cover Your World

GeoBlue Voyager®

Health Insurance and Assistance
for Single-trip International Travel

How to Apply

Mail **Insurance Services of America**
Attn: Insurance Services of America
1757 E Baseline Rd
Suite 126
Gilbert, 85233

Call (800)647-4589

Fax (480)821-9297

Short-term health insurance

For U.S. residents traveling abroad

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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 Voyager®?

Travel health insurance that helps short-term leisure, student, business or missionary travelers identify access and pay for quality healthcare.

GeoBlue Voyager 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 brandname 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 Voyager 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?

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 are U.S. licensed and feature coverage more generous than plans sold as “surplus coverage.”

- Our plans do not restrict illnesses or injuries resulting from a terrorist act.
- We do not impose pre-certification penalties for hospitalization.
- We provide coverage for pre-existing conditions for medical evacuation. Pre-existing conditions are also covered for medical services by our Choice plan.

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 Voyager Benefits

Medical Benefits	
Maximum Benefit per Insured Person per policy period >	Four Options: $50,000; $100,000; $500,000; $1,000,000
Deductible per Insured Person per policy period >	Four Options: $0; $100; $250; $500
After the Deductible is satisfied, benefits are paid for	Covered Expenses as follows up to the Medical Limit:

Benefits	Insurer Pays **	
	Essential	Choice*
Professional Services: Surgery, anesthesia, radiation therapy, inpatient doctor visits, X-ray and lab	100%	100%
Office visits, including X-rays and lab	100%	100%
Inpatient Hospital Services: Surgery, X-rays and lab	100%	100%
Inpatient medical emergency	100%	100%
Ambulatory surgical center	100%	100%
Ambulance service	100% up to $1,000	
Claims resulting from downhill skiing and scuba diving	Maximum Benefit up to $10,000	
Outpatient prescription drugs outside the U.S.	50% of Expenses up to $5,000	100% of Expenses up to $5,000
Dental care required due to an injury	100% of Covered Expenses up to $200 maximum per trip period	100% of Covered Expenses up to $500 maximum per trip period
Dental care for relief of pain	100% of Covered Expenses up to $100 maximum per trip period	100% of Covered Expenses up to $250 maximum per trip period
Physical and Occupational Therapy	6 visits per Period of Insurance. $100 Max payment per visit.	

Other Benefits	Insurer Pays ***	
	Essential	Choice
Accidental Death and Dismemberment	Maximum Benefit Principal Sum up to $25,000	Maximum Benefit Principal Sum up to $50,000
Repatriation of Remains	Maximum Benefit up to $25,000	
Medical Evacuation	Maximum Benefit per Trip Period for all evacuations up to $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.	

Please note: You can only purchase GeoBlue Voyager prior to departing on your trip.

The benefits outlined in the table show the payment percentages for Covered Expenses AFTER the Insured Person has satisfied their Deductible. 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. GeoBlue Contracted Providers are contracted to accept Reasonable Charges. This plan is available to U.S. residents, age 74 or younger (84 or younger for the Choice plan), who live in approved states. This is a nonrenewable plan. Subsequent periods of insurance can be purchased, in which case new Deductible, Eligibility and Pre-existing Condition Exclusions will apply.

* To be eligible for GeoBlue Voyager Choice, you must be enrolled in a primary health plan. See plan summary section for details.

** After Medical Benefit Deductible Is Paid

*** Without a Deductible Being Applicable

Cost Calculation

Rates are based on the deductible and medical limit you choose along with your age and the length of your trip. The plan pricing tables provide daily rates based on these variables.

Three easy steps to calculate your plan cost:

Step 1 - Pick a plan deductible and medical limit from the rate tables on pages 6 and 7

Step 2 - Find the corresponding daily rate based on the age of the enrollee

Step 3 - Multiply the daily rate by the number of travel days required (7-day minimum)

Group Rates: 5+ travelers qualify for rates 10% lower. Contact us to sign up.

Cost Calculation Example

A 50-year-old traveler selecting a GeoBlue Voyager Choice plan with a $250 deductible and a $500,000 medical limit would pay a daily rate of $3.65.
For a 10-day trip, the plan cost would be $3.65 x 10 = $36.50

Please Note:

If you purchase the GeoBlue Voyager Choice plan, you must be concurrently covered by a primary health plan (please see Plan Summary section on page 8 for a definition of a Primary Plan), and you are not subject to a Pre-existing Conditions exclusion (please see Pre-existing Conditions in the Exclusions section on page 12).

Plan Summary

Requirements for an Insured Person: An Insured person must be under Age 85; and enrolled in a Primary Plan; and Home Country is the U.S.; and For children under age 6, must be enrolled with a parent; and Initial purchase must be made in home country prior to departing on trip.

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. NOTE: Medicaid and VA benefits are not deemed a primary health plan.

Trip Coverage Period Start Date: For a scheduled trip to a Foreign Country, the Insured Person's coverage starts when he/she boards a conveyance at the start of the trip.

Trip Coverage Period End Date: Coverage ends: (1) for a scheduled trip to a Foreign Country, when the Insured Person alights from a conveyance at the completion of the trip; or (2) if the Insured Person is covered under the Medical Evacuation Benefit, upon the Insured Person's evacuation to his/her Home Area.

Maximum Trip Coverage Period: Coverage for any one trip may not exceed 180 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, under any Other Plan. The Coverage Area is any place that is outside the United States.

Benefits: An Insured Person is eligible for benefits only during the Trip Coverage Period. The benefits purchased will be paid by this Plan for Covered Expenses after the Insured Person has satisfied any Deductible and prior to satisfaction of his/her Out-of-Pocket Maximum. 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. The combined total of all medical benefits paid to the Insured Person is limited to the maximum amount purchased.

Hospitals, Physicians and Other Providers: The amount that will be treated as a Covered Expense for services provided by a Provider will not exceed the lesser of actual billed charges or a Reasonable Charge. Exception: If Medicare is the primary payer, there are special rules that apply to the payment of benefits. See the Certificate of Coverage or insurance policy for these rules. The Insured Person will always be responsible for any expense incurred that is not covered under this Plan.

Limited Benefits: This Plan pays: (1) for Ambulance Service (Nonmedical 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 is required), 100% up to $10,000; (3) for Outpatient prescription drugs outside the U.S., 50% (100% for the Choice plan) of Reasonable Charges for Covered Expenses; (4) for Dental Care required due to an Injury, 100% of Covered Expenses up to $200 ($500 for the Choice plan) maximum per Trip Period; and (5) for Dental Care for Relief of Pain, 100% of Covered Expenses up to $100 ($500 for the Choice Plan) maximum per Trip Period.

Services and Supplies Provided by a Hospital: For any eligible condition other than for Mental, Emotional or Functional Nervous Conditions or Disorders, Alcoholism or Drug Abuse; this Plan will pay the indicated benefits on Covered Expenses for: (1) inpatient services and supplies provided by the Hospital except private room charges above the prevailing two-bedroom rate of the facility and (2) outpatient services and supplies including those in connection with Outpatient surgery performed at an Ambulatory Surgical Center. Payment of Inpatient Covered Expenses is subject to services that are (1) regularly provided and billed by the Hospital and (2) 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) radiation therapy and hemodialysis treatment; (5) surgical implants; (6) artificial limbs or eyes; (7) the first pair of contact lenses or the first pair of eyeglasses when required as a result of a covered eye surgery; (8) self-administered injectable drugs; (9) syringes when dispensed with self-administered, injectable drugs (except insulin); (10) blood transfusions, including blood processing and the cost of unreplaced blood and blood products; (11) services for the detection and prevention of osteoporosis for qualified individuals; and (12) rental or purchase of medical equipment and/or supplies.

Complications of Pregnancy: Complications of Pregnancy are overed under this Plan as any other medical condition.

Treatment Received from Foreign Country Providers: Benefits for services and supplies received from Foreign Country Providers are covered. The Insured Person may seek the assistance of GeoBlue in locating a provider.

Accidental Death and Dismemberment Benefit: This Plan will pay the benefit stated below if a Insured Person sustains an Injury resulting in any of the losses stated below within 365 days after the date the Injury is sustained: Loss of life - 100% of the Principal Sum or Loss of one hand, one foot or the 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.

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 maximum stated for this benefit in Benefits chart above. This Plan will not pay any claims unless the expense has been approved by the Administrator before the body is prepared for transportation.

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 airfare ticket to the place of the Hospital Confinement for one person designated by the Insured Person. This benefit is payable only once for a trip, regardless of the number of Insured Persons on that trip. No more than one 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. 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.
20. Dental and orthodontic services for Temporomandibular Joint Dysfunction (TMJ).
21. Orthodontic Services, braces and other orthodontic appliances.
22. 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.
23. Routine hearing tests or hearing aids.
24. Optometric services, eye exercises including orthoptics, eyeglasses, contact lenses, routine eye exams, and routine eye refractions, except as specifically stated in this Plan.
25. An eye surgery solely for the purpose of correcting refractive defects of the eye, such as near-sightedness (myopia), astigmatism and/or farsightedness (presbyopia).
26. Outpatient speech therapy.
27. 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.
28. 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.
29. 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.
30. 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.
31. Treatment of sexual dysfunction or inadequacy.
32. 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
33. All contraceptive services and supplies, including but not limited to, all consultations, examinations, evaluations, medications, medical, laboratory, devices, or surgical procedures.
34. Cryopreservation of sperm or eggs.
35. Orthopedic shoes (except when joined to braces) or shoe inserts, including orthotics.
36. 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.
37. Routine physical exams or tests that do not directly treat an actual Illness, Injury or condition, including those required by employment or government authority.
38. Charges by a provider for telephone consultations.
39. 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.).
40. Educational services except as specifically provided or arranged by the Insurer.
41. Nutritional counseling or food supplements.

42. 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.
43. 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.
44. All infusion therapy, chemotherapy, hemodialysis together with any associated supplies, Drugs or professional services are excluded.
45. Joint replacement or arthroplasty surgery of any kind.
46. Growth Hormone Treatment.
47. 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.
48. 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.
49. Charges for the services of a standby Physician.
50. Charges for animal to human organ transplants.
51. 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.
52. 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.
53. Claims arising from loss due to riding in any aircraft except one licensed for the transportation of passengers.
54. Treatment for or arising from sexually transmittable diseases. (This exclusion does not apply to HIV, AIDS, ARC or any derivative or variation.)
55. Under the Accidental Death and Dismemberment provision, for loss of life or dismemberment for or arising from an Accident in the U.S.
56. 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.
57. Treatment of Congenital Conditions.

Please note: You can only purchase this policy prior to departing on your trip. Exceptions to this rule: if you have purchased a policy prior to departure and would like to extend the current plan or would like to enroll in a subsequent policy. The latter is permitted if you have been overseas for longer than six months. If you enroll in a subsequent policy, a new deductible, medical limit and pre-existing condition exclusion will apply.

Pre-existing Conditions: Benefits are not available for any services received on or within 6 months (0 months for the GeoBlue Voyager Choice plan) after the Insured Person became insured if those services are related to a Pre-existing Condition. Pre-existing Condition means a medical condition for which medical advice, diagnosis, care, or treatment was recommended or received during the 6 months (0 months for the GeoBlue Voyager Choice plan) immediately preceding the Insured Person's Effective Date of Coverage. This exclusion does not apply to a Newborn who is enrolled within 31 days of birth or a newly adopted child who is enrolled within 31 days from either the date of placement of the child in the home or the date of the final decree of adoption. This exclusion does not apply to the Medical Evacuation, Repatriation of Remains and Bedside Visit Benefits.

Notice of Claim: 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 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 Participant and unpaid at the Insured Participant's death will be paid to the Insured Person's estate.

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 Voyager Enrollment Form

Insured Traveler Information

Please enroll me in the following plan:

☐ Essential ☐ Choice

Do you have a primary health plan*?: ☐ Yes ☐ No

$ $

Deductible Choice Medical Limit 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 pages 6 and 7)

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

Please send fulfillment packet to:

First, Middle, Last Name

Address

City State Zip

Phone

E-mail Address (optional)

*This is a requirement to be eligible for Voyager Choice. **Note:** VA and Medicaid do not satisfy the primary health plan requirement for Voyager Choice.

Trip Information

Departure Date Return Date Number of Days

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 "Exclusions" 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 insureds 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). For Choice purchasers: 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. 82146