



Student Group Travel Insurance Enrollment Form
 Toll Free: 866-979-6753; Direct 402-343-3621; Fax: 402-343-9959

Month Day Year
 Today's Date: / /

Please check the box for the plan you have selected

- Deluxe Plan Post Departure Plan Basic Plan

(Available to student, civic, and youth organizations with 80% or more travelers 35 years of age or younger.
 Please note: A family traveling together does not qualify as a group for these plans.)

GROUP INFORMATION:

Group Name: _____

Contact Person: _____ Phone: _____

Mailing Address: _____

City: _____ State _____ ZIP _____

Email: _____

Travel Destination: _____

Departure Date: _____ Return Date: _____

Total Number of Travelers: _____ **Total Premium Due\$** _____

PAYMENT INFORMATION CHECKLIST

___ Payment via: MC VISA AMEX DISCOVER Exp Date: _____ / _____ CVC code _____
mm yy

Name on Card: _____ Card #: _____

Source ID: WTC

Group Travel Insurance Roster

(CFAR = Cancel For Any Reason / 50% additional premium added)
CFAR option is not available to NY residents

First Name: _____ Last Name: _____
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