



“Lite” Plan - Group Travel Insurance Enrollment Form

Toll Free: 866-979-6753; Direct 402-343-3699; Fax: 402-343-9959

Today’s Date: **Month** **Day** **Year**
 / /

Group Name: _____

Tour Name: _____

Demographics of Group (church, student, etc) _____

Group Contact Person: _____ **Phone:** _____

Mailing Address: _____

City: _____ **State** _____ **ZIP** _____

Email: _____

Travel Destination: _____

Purpose of Trip: (educational, leisure, etc) _____

Departure Date: _____ **Return Date:** _____

Total Travelers: _____ **Premium Calculation = \$** _____

PAYMENT INFORMATION:

Payment via: MC VISA AMEX DISCOVER **Exp. Date:** **Month** **Year**
 / / **CVC code** _ _ _ _

Name on Card: _____ **Card #:** _____

Please fax to TravelInsuranceCenter.com Attn: Group Enrollments 1-402-343-9959

Group Travel Insurance Roster

First Name: _____ Last Name: _____
Address: _____ State: _____ Zip: _____
Trip Cost: \$ _____ add CFAR Premium: \$ _____

First Name: _____ Last Name: _____
Address: _____ State: _____ Zip: _____
Trip Cost: \$ _____ add CFAR Premium: \$ _____

First Name: _____ Last Name: _____
Address: _____ State: _____ Zip: _____
Trip Cost: \$ _____ add CFAR Premium: \$ _____

First Name: _____ Last Name: _____
Address: _____ State: _____ Zip: _____
Trip Cost: \$ _____ add CFAR Premium: \$ _____

First Name: _____ Last Name: _____
Address: _____ State: _____ Zip: _____
Trip Cost: \$ _____ add CFAR Premium: \$ _____

First Name: _____ Last Name: _____
Address: _____ State: _____ Zip: _____
Trip Cost: \$ _____ add CFAR Premium: \$ _____

First Name: _____ Last Name: _____
Address: _____ State: _____ Zip: _____
Trip Cost: \$ _____ add CFAR Premium: \$ _____

First Name: _____ Last Name: _____
Address: _____ State: _____ Zip: _____
Trip Cost: \$ _____ add CFAR Premium: \$ _____

First Name: _____ Last Name: _____
Address: _____ State: _____ Zip: _____
Trip Cost: \$ _____ add CFAR Premium: \$ _____

Group Travel Insurance Roster

First Name: _____ Last Name: _____
Address: _____ State: _____ Zip: _____
Trip Cost: \$ _____ add CFAR Premium: \$ _____

First Name: _____ Last Name: _____
Address: _____ State: _____ Zip: _____
Trip Cost: \$ _____ add CFAR Premium: \$ _____

First Name: _____ Last Name: _____
Address: _____ State: _____ Zip: _____
Trip Cost: \$ _____ add CFAR Premium: \$ _____

First Name: _____ Last Name: _____
Address: _____ State: _____ Zip: _____
Trip Cost: \$ _____ add CFAR Premium: \$ _____

First Name: _____ Last Name: _____
Address: _____ State: _____ Zip: _____
Trip Cost: \$ _____ add CFAR Premium: \$ _____

First Name: _____ Last Name: _____
Address: _____ State: _____ Zip: _____
Trip Cost: \$ _____ add CFAR Premium: \$ _____

First Name: _____ Last Name: _____
Address: _____ State: _____ Zip: _____
Trip Cost: \$ _____ add CFAR Premium: \$ _____

First Name: _____ Last Name: _____
Address: _____ State: _____ Zip: _____
Trip Cost: \$ _____ add CFAR Premium: \$ _____

First Name: _____ Last Name: _____
Address: _____ State: _____ Zip: _____
Trip Cost: \$ _____ add CFAR Premium: \$ _____

Group Travel Insurance Roster

First Name: _____ Last Name: _____
Address: _____ State: _____ Zip: _____
Trip Cost: \$ _____ add CFAR Premium: \$ _____

First Name: _____ Last Name: _____
Address: _____ State: _____ Zip: _____
Trip Cost: \$ _____ add CFAR Premium: \$ _____

First Name: _____ Last Name: _____
Address: _____ State: _____ Zip: _____
Trip Cost: \$ _____ add CFAR Premium: \$ _____

First Name: _____ Last Name: _____
Address: _____ State: _____ Zip: _____
Trip Cost: \$ _____ add CFAR Premium: \$ _____

First Name: _____ Last Name: _____
Address: _____ State: _____ Zip: _____
Trip Cost: \$ _____ add CFAR Premium: \$ _____

First Name: _____ Last Name: _____
Address: _____ State: _____ Zip: _____
Trip Cost: \$ _____ add CFAR Premium: \$ _____

First Name: _____ Last Name: _____
Address: _____ State: _____ Zip: _____
Trip Cost: \$ _____ add CFAR Premium: \$ _____

First Name: _____ Last Name: _____
Address: _____ State: _____ Zip: _____
Trip Cost: \$ _____ add CFAR Premium: \$ _____

First Name: _____ Last Name: _____
Address: _____ State: _____ Zip: _____
Trip Cost: \$ _____ add CFAR Premium: \$ _____

Group Travel Insurance Roster

First Name: _____ Last Name: _____
Address: _____ State: _____ Zip: _____
Trip Cost: \$ _____ add CFAR Premium: \$ _____

First Name: _____ Last Name: _____
Address: _____ State: _____ Zip: _____
Trip Cost: \$ _____ add CFAR Premium: \$ _____

First Name: _____ Last Name: _____
Address: _____ State: _____ Zip: _____
Trip Cost: \$ _____ add CFAR Premium: \$ _____

First Name: _____ Last Name: _____
Address: _____ State: _____ Zip: _____
Trip Cost: \$ _____ add CFAR Premium: \$ _____

First Name: _____ Last Name: _____
Address: _____ State: _____ Zip: _____
Trip Cost: \$ _____ add CFAR Premium: \$ _____

First Name: _____ Last Name: _____
Address: _____ State: _____ Zip: _____
Trip Cost: \$ _____ add CFAR Premium: \$ _____

First Name: _____ Last Name: _____
Address: _____ State: _____ Zip: _____
Trip Cost: \$ _____ add CFAR Premium: \$ _____

First Name: _____ Last Name: _____
Address: _____ State: _____ Zip: _____
Trip Cost: \$ _____ add CFAR Premium: \$ _____