



**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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