



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 \_\_\_

Name on Card: \_\_\_\_\_ Card #: \_\_\_\_\_

Source ID: WTC

**Effective immediately, group plans with Cancel for Any Reason (CFAR) can now only be registered if the departure date is at least 90 days away. This change applies to Group Deluxe with CFAR, Student Deluxe with CFAR, and Student Basic with CFAR.**

# 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: \_\_\_\_\_  
Trip Cost: \$ \_\_\_\_\_ add CFAR Premium: \$ \_\_\_\_\_

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