



OFFICIAL USE ONLY: Cert.# Approved Source Code 1096 Eff. Date

Primary Insured Information

Dr. Mr. Mrs. Ms. Last Name First Name Home Country Address City/State Postal Code/Zip Code Country Passport Country Passport# Country of Residence Country of Destination

NO YES When will you depart? When did you depart? Have you had Gateway insurance as a Primary Insured or a dependent since your departure date? Have you had other insurance as a Primary Insured or a dependent since your departure date? Insurance Company Name

Mailing Address (Insurance coverage documents and renewal notices are mailed here):

c/o Contact Name Organization Name (if applicable) Address City State Zip Code Country

Contact Information

Day Phone Fax Email

Accidental Death & Dismemberment Benefit - Loss of Life

Beneficiary Name Relationship If there is no designated beneficiary or the designated beneficiary is not living after the Primary Insured's death, the AD&D benefits will be paid in equal shares to the survivors in the first surviving class of those that follow: the Primary Insured's (1) spouse; (2) children; (3) parents; or (4) brothers and sisters.

Request Effective Date and Term of Insurance

Begin insurance on month/day/year and continue for months (6 months minimum, 12 months maximum).

Coverage Selections

Select Plan Type: 1 2 3 Select Deductible: Option A \$100 Option B \$500 Option C \$1,000 Corresponding Rate Factor: 1.00 .85 .70

Purpose of International Travel

Select one: Academic/Educational Program International Work Assignment Practical Training J Visa Exchange Visitor Program Cultural Exchange Pleasure Travel Spouse or Child of International Exchange Participant Other Sponsor/Host Organization Name: Sponsor/Host Email: Sponsor/Host Phone:



## Persons to be Insured

Print names of person(s) to be insured

	Last Name	First Name	Date of Birth	Premium from Chart
Primary Insured	_____	_____	____/____/____ month/day/year	\$ _____
Spouse	_____	_____	____/____/____ month/day/year	\$ _____
Child	_____	_____	____/____/____ month/day/year	\$ _____
Child	_____	_____	____/____/____ month/day/year	\$ _____
Child	_____	_____	____/____/____ month/day/year	\$ _____
<b>Total Base Premium</b>				\$ _____

## Calculating Your Premium

Enter Total Base Premium \$ \_\_\_\_\_

Enter Rate Factor (see Application page 1—Coverage Selections) X \_\_\_\_\_

**Subtotal #1** \$ \_\_\_\_\_

Select Additional Optional AD&D

Option 1—\$12 or  Option 2—\$30 \$ \_\_\_\_\_

Number of Adults (1 or 2) X \_\_\_\_\_

**Subtotal #2** \$ \_\_\_\_\_

New Total Base Premium (add Subtotal #1 and Subtotal #2) \$ \_\_\_\_\_

Multiply by number of months (minimum 6, maximum 12) X \_\_\_\_\_

**Total Premium Due** \$ \_\_\_\_\_

## Monthly Premium Rates Per Person Based on \$100 Deductible

Each Adult:	Plan Type		
	1	2	3
<b>Age 29 or under</b>	\$80	\$68	\$105
<b>30-54</b>	\$125	\$94	\$145
<b>55-64</b>	\$205	\$157	\$243
<b>65 or above</b>	\$432	\$360	\$558
<b>Each Dependent Child (to Age 18, or age 23 if a full-time student)</b>	\$40	\$37	\$57

Additional Accidental Death & Dismemberment Coverage (Optional):

	Each Adult
<b>Option 1:</b> Additional \$100,000 Principal Sum	\$ 12
<b>Option 2:</b> Additional \$250,000 Principal Sum	\$ 30

Please Note:

- Above premium rates represent \$100 Deductible. Selection of higher Deductible lowers premium. Rate factors and instructions appear on page 1 of Application form.
- If Child (under age 18) is the only person listed on Application, Adult Rates (age 29 and under) apply.
- Options 1 and 2 are available only to persons age 18 and older. If purchased, both Primary Insured and Spouse must have same coverage amount.
- The minimum Term of Insurance for Gateway Premier is 6 months, maximum 12 months. Coverage may be renewed for a minimum of 3 months up to a maximum of 12 months at a time, to a maximum total of 5 years.
- Plan Selection – see brochure
  - Worldwide, including U.S.
  - Worldwide, excluding U.S.
  - Employment assignments Worldwide, excluding U.S.

## Statement of Acknowledgment

Premium, Eligibility Criteria, and Plan Provisions including Limitations and Exclusions are subject to change. Coverage is issued according to plan specifications and rates in effect at time of Application.

*The Insurance Company of the State of Pennsylvania (the Insurer), a member of American International Group, Inc. (AIG) insures this Plan. Marsh Affinity Group Services (Marsh), a service of Seabury & Smith, provides insurance program management services for the Plan on behalf of the Insurer and does not represent you or your organization as insurance agent or broker in connection with this insurance transaction.*

*I acknowledge that I have read, understand, and agree to the terms and conditions of this insurance coverage as it has been presented to me in this brochure.*

Signature of Primary Insured or Other Third Party (Required) \_\_\_\_\_

Date \_\_\_\_\_  
month/day/year

## Method of Payment

Total premium due for the Term of Insurance requested must be paid in U.S. dollars at the time of Application. Purchase by credit card is subject to validation and acceptance by credit card company.

Check  Money Order  American Express  MasterCard  Visa

Card# \_\_\_\_\_ Expiration Date \_\_\_\_/\_\_\_\_  
month/year

Name on Card \_\_\_\_\_

Cardholder's Email \_\_\_\_\_

Daytime Phone \_\_\_\_\_

*My signature authorizes the Gateway Plan Administrator to charge my credit card (if selected above) for the total premium due for the Term of Insurance requested.*

Signature of Cardholder \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Required if paying by Credit Card) month/day/year

## How To Apply

Print, sign and date the completed Application form. Submit with premium payment to the Gateway Plan Administrator.

### Payment by Credit Card

Fax Application form to **202-367-5076** or mail to address shown below.

### Payment by Check

Make check or money order payable to **Gateway Plan Administrator** and mail with Application form.

### Mailing Address:

Gateway Plan Administrator  
1255 23rd Street, N.W., Suite 300  
Washington, DC 20037