

ROUNDRIP® CHOICE ENROLLMENT FORM

AGENT # 1265

All enrollees must be located within the United States at the time of purchase.

ENROLLEE INFORMATION

(First Name – Middle Name – Last Name)

Primary Enrollee: _____

Birth Date (MM/DD/YYYY) ____/____/____ Sex: M F

Enrollee 2: _____

Birth Date (MM/DD/YYYY) ____/____/____ Sex: M F

Enrollee 3: _____

Birth Date (MM/DD/YYYY) ____/____/____ Sex: M F

Enrollee 4: _____

Birth Date (MM/DD/YYYY) ____/____/____ Sex: M F

TRIP INFORMATION

Trip Start Date (MM/DD/YYYY) ____/____/____

Trip End Date (MM/DD/YYYY) ____/____/____

Initial Trip Payment/Deposit Date (MM/DD/YYYY) ____/____/____

Destination: _____

(Please list all if there is more than one.)

Name of Travel Supplier: _____

(Airline, Tour Operator, Cruise Line, etc.)

PERSONAL INFORMATION

Your Residence Address: _____

(must be a U.S. address)

City/State/Zip: _____

Phone: (____) _____ Fax: (____) _____

Email Address: _____

Beneficiary: _____

(For AD&D and optional Flight Accident Coverage)

METHOD OF PAYMENT

Check/Money Order Payable to Seven Corners

Visa MasterCard Discover/Novus

Diners Club American Express

Signature is required below for all methods of payment.

Card Number: _____

Expiration Date: ____/____ Phone: (____) _____

Name on Card: _____

Billing Address: _____

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an Insurer, submits an enrollment form or files a claim containing a false or deceptive statement is guilty of insurance fraud*. Plan costs are non-refundable after a 10-day review period. I declare that I have read & understand the terms & conditions of this product. I agree that if I am purchasing this plan for a third party, I have forwarded a copy of the plan document to the third party. Whenever coverage provided by this plan would be in violation of U.S or appropriate state law, including U.S. economic or trade sanctions, such coverage will be null & void. I understand that pre-existing conditions are covered if a) I enroll in this plan within 20 days of my initial payment or deposit for my trip and b) insure all prepaid trip costs that are subject to cancellation penalties or restrictions and also insure the cost of any subsequent travel arrangements added to my trip within 20 days of the payment or deposit for those travel arrangements and c) I am not disabled from travel when I pay my premium. I attest that all persons listed on this enrollment form are currently located in the United States.

*For LA residents: Any person who knowingly presents a false or fraudulent claim for payment of a loss or a benefit or knowingly presents false information in an enrollment form for insurance is guilty of a crime and may be subject to fines and confinement in prison; for ME residents: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits; for OH residents: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an enrollment form or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Signature: mandatory for all payment options. _____

Date _____

ROUNDRIP CHOICE - RATE CALCULATION

Plan must be purchased prior to departure. Please choose the corresponding Plan Rate for each traveler's trip cost from the Plan Cost section of this brochure.

	Trip Cost	Plan Rate*
Primary Enrollee	\$ _____	\$ _____
Enrollee 2	\$ _____	\$ _____
Enrollee 3	\$ _____	\$ _____
Enrollee 4	\$ _____	\$ _____

*Plan Rate must be listed for all travelers.

Cost A = \$ _____

FOR TRIPS OF 31 – 90 DAYS (if applicable)

Include departure and return dates in calculation. For trips 31-90 days, there is an additional daily charge of \$4 per person.

$$\$4 \times \frac{\text{# of Days Over 30}}{\text{Total # of Travelers}} \times \text{Total # of Travelers} = \$ \text{Cost B}$$

$$\text{Total Base Plan Cost (C)} = \text{Cost A} + \text{Cost B} = \$ \text{Cost C}$$

OPTIONAL CANCEL FOR ANY REASON

If chosen, must be purchased within 20 days of initial trip payment/deposit.

$$\text{Multiply } (0.40) \times \$ \text{Cost C} = \$ \text{Cost D}$$

OPTIONAL FLIGHT ACCIDENT COVERAGE - PER PERSON (CHOOSE ONE)

$$\$100,000 \text{ Protection for } \$9 \times \text{Total # of Travelers} = \$ \text{Cost E}$$

$$\$250,000 \text{ Protection for } \$22 \times \text{Total # of Travelers} = \$ \text{Cost E}$$

$$\$500,000 \text{ Protection for } \$45 \times \text{Total # of Travelers} = \$ \text{Cost E}$$

OPTIONAL RENTAL CAR DAMAGE COVERAGE

$$\$35,000 \text{ Protection for } \$7 \text{ per day per car rental} \times \text{Total # of Days} = \$ \text{Cost F}$$

OPTIONAL CANCEL FOR WORK REASONS

If chosen, must be purchased within 20 days of initial trip payment/deposit.

$$\$25 \text{ per person per plan} \times \text{Total # of Travelers} = \$ \text{Cost G}$$

OPTIONAL LOST SKI DAYS & EQUIPMENT RENTAL

You may not purchase both the golf and ski option on the same plan. Select A or B for ski:

$$\begin{aligned} & \text{a) } \$1,000: \$25 \text{ per person per plan} \times \text{Total # of Travelers} = \$ \text{Cost H} \\ & \text{OR} \\ & \text{b) } \$500: \$13 \text{ per person per plan} \times \text{Total # of Travelers} = \$ \text{Cost H} \end{aligned}$$

OPTIONAL LOST GOLF ROUNDS & EQUIPMENT RENTAL

You may not purchase both the golf and ski option on the same plan. Select A or B for golf:

$$\begin{aligned} & \text{a) } \$1,000: \$25 \text{ per person per plan} \times \text{Total # of Travelers} = \$ \text{Cost I} \\ & \text{OR} \\ & \text{b) } \$500: \$13 \text{ per person per plan} \times \text{Total # of Travelers} = \$ \text{Cost I} \end{aligned}$$

TOTAL RATE CALCULATION

Plan costs are non-refundable after 10 days.

$$\text{Total Base Plan Cost (C)} + \text{D} + \text{E} + \text{F} + \text{G} + \text{H} + \text{I} = \$ \text{Total Amount Due}$$

This is your Total Amount Due

Total Amount Due is authorized as payment.

COMPLETING YOUR ENROLLMENT FORM

Please complete this enrollment form in full or apply online. Total plan cost is due at the time of enrollment. Also, a signature in the method of payment section of this form is required. If paying by check or money order, make payable to Seven Corners and mail with your enrollment form. If paying by credit card, you may mail or fax to us. (Originals are not required if the enrollment form is faxed with credit card payment.)

Seven Corners, Inc.

303 Congressional Boulevard, Carmel, IN 46032 USA

Fax: 317-575-2659 (credit card orders only)

Phone: 800-335-0611 or 317-575-2652

Online: www.sevencorners.com