

GROUP SUBMISSION FORM

FOR UNITED METHODIST INSURANCE AGENCY



**TRAVEL INSURED
INTERNATIONAL**

A CRUM & FORSTER COMPANY

USE THIS FORM TO PRE-BOOK YOUR GROUP, PRIOR TO FIRST TRIP PAYMENT.

Please note: For student groups, 80% of the travelers must be 35 years old or under.

Date:		
Agency/Company Name:		
Contact:	Phone:	
Address:	Fax:	
City:	State:	Zip:
Email: (email must be provided so electronic confirmation and plan documents can be sent)		
Group/Tour Name:		
Departure date: (For multiple trips attach separate page with scheduled travel dates)		Return Date:
First Deposit Received (Date):		Destination:
IMPORTANT: You are responsible for distribution of the Plan Documents to the Participants at the time of plan purchase. Plan Document links will be in the group registration confirmation email.		

PLAN SELECTION

Select which plan(s) you would like.

<input type="checkbox"/> Group Lite	<input type="checkbox"/> Group Deluxe <input type="checkbox"/> Group Deluxe with CFAR*	<input type="checkbox"/> Student Deluxe <input type="checkbox"/> Student Deluxe with CFAR*	<input type="checkbox"/> Student Basic <input type="checkbox"/> Student Basic with CFAR*
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*CFAR stands for Cancel for Any Reason. CFAR is not available to residents of New York State.

ADMINISTRATION:

1. All Group Plans must be pre-booked with Travel Insured prior to collecting trip deposit payments using this form.
2. Once the group is registered you will receive a Group Registration Confirmation email from Travel Insured. There will be a "Group Link" that you can copy from the email and provide to your travelers via email. Travelers will be able to purchase the travel protection from the group link with their own credit card.
3. a) **If the travelers are not using the Group Link and instead are paying you for the plan:** it is your responsibility to provide each participant with a copy of the appropriate Plan Document upon purchase of the plan. Plan Documents are located electronically in the Registration Confirmation email.
b) **If travelers are not using the Group Link:** one form of payment with the group manifest (name list) is due no later than the 15th of the month prior to the date of departure. Individual forms of payment will not be accepted. Payments can be made to Travel Insured International with your credit card by calling 844-440-8113, or by mailing a check made payable to Travel Insured, P.O. Box 6503, Glastonbury, CT 06033, Attn. Group Department. Please email your manifest with the form provided to the Group Department at groups@travelinsured.com. You may also fax the form to 860-528-8005.
4. A Group is defined as 10 or more insured passengers on the same plan, traveling to the same destination with shared core travel dates.
5. You must protect the full nonrefundable trip cost of each traveler in the group trip.

Group Administration Department

Phone: 844.440.8113

Email: groups@travelinsured.com