



LRFA INTERNATIONAL TRAVEL PLAN APPLICATION

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This area for LRFA office use only	
LRFA Member #	
Effective Date	
Waiting Period	

LRFA MEMBER'S INFORMATION

Member's Last Name	First Name	MI	LRFA Membership #
Passport Number		Family Doctor's Name & Phone Number	
Member's Address			
City	State	Zip Code	
Phone	E-mail		
Beneficiary	Relationship		

COVERAGE DATES & PLAN

DESTINATION	Effective date will be the latest of: 1) date of departure, 2) date requested, or 3) date application and premium are received.
EFFECTIVE DATE Month Day Year	Coverage automatically terminates when covered person returns to the Home Country.
RETURN DATE Month Day Year	
PERIOD OF COVERAGE days	<p style="text-align: center;"><i>PLEASE SELECT COVERAGE PLAN:</i></p> <input type="checkbox"/> Benefit Plan A <input type="checkbox"/> Benefit Plan B

PAYMENT FOR COVERAGE DUE

Maximum period of coverage is eight (8) months

	Name	Date of Birth	Age	Nr. of Days	Payment
Covered Person					
Dependent Child					
Dependent Child					
Total Payment:					

EXAMPLES:
 For 01 to 15 day travel - 15 day rate applies
 For 16 to 30 day travel - 30 day rate applies
 For 31 to 45 day travel - 15 day rate + 30 day rate applies
 For 46 to 60 day travel - 2 x 30 day rate applies
(include both the departure and return dates in your total day count)

SIGNATURE

I agree to all the terms of the LRFA International Travel Plan. I understand that this is not a general health insurance, and that it is intended for use in the event of a sudden and unexpected sickness or accident. I understand that pre-existing conditions are not covered.

LRFA Member's Signature Date