THE BEACON STUDENT TRAVEL PLAN - APPLICATION

Student Applicant Details - Please complete all fields

A) Name (Last, Middle, First):   Date of Birth (M/D/Y):

Sex: Citizenship: Host Country:

Family Applicant Details - Please print all family member(s) names of those family members applying for coverage under the Student Travel Plan. If further space is need please include the additional family members on a blank piece of paper.

Name(s) - Last, Middle, First	Male/Female	Country of Citizenship	Date of Birth(M/D/Y)
B)			
C)			
D)			
E)			

Non-US Residence Address - Please Print

Street Address:

City/State: Country: Zip:

Email: Phone #:

Forwarding Address

Street Address:

City/State: Postal Code: Country:

Would you like your insurance documents/correspondences emailed to the Applicant? ☐ Yes ☐ No

(Reimbursement checks will be sent to the mailing address provided above)

Academic Details - Please complete all fields

Type of School:
- ☐ Intermediate School
- ☐ High School/Secondary
- ☐ University/College
- ☐ Graduate School

Type of Visa (Non-US Citizens):
- ☐ F-1
- ☐ J-1
- ☐ M-1
- ☐ R-1

Type of Enrollment:
- ☐ Part-Time (Less than 12 Credit Hours)
- ☐ Full-Time (More than 12 Credit Hours)

Name of School/Organization:

Date School starts (M/D/Y):   Requested Effective Date (M/D/Y):   Requested Days of Coverage:

Student Travel Group Plan Coverage Type - Please choose one

☐ Beacon Elite - $500,000   ☐ Beacon Advantage(Member & Family) - $250,000   ☐ Beacon Choice - $200,000

Student Travel Group Plan Rates - Rates are based on "Applicant A's" age.

Beacon Elite Plan

Age Band	Member Only	Member & Spouse	Member & Child	Member & Family
Under 19	$2.48	N/A	N/A	N/A
19 - 24	$2.48	$10.65	$6.44	$24.28
25 - 30	$3.72	$14.88	$7.78	$28.60
31 - 40	$7.32	$19.72	$8.60	$38.22
41 - 50	$14.05	$30.28	$15.34	$41.86
51 - 64	$19.55	$36.58	$20.00	$49.72

Beacon Advantage Plan

Age Band	Member Only	Member & Spouse	Member & Child	Member & Family
Under 19	$1.36	N/A	N/A	N/A
19 - 24	$1.36	$8.48	$4.30	$11.25
25 - 30	$2.75	$8.65	$4.60	$11.45
31 - 40	$4.32	$10.25	$5.48	$13.36
41 - 50	$9.10	$19.20	$12.20	$24.35
51 - 64	$13.36	$22.48	$16.50	$28.30

Beacon Choice Plan

Age Band	Member Only
Under 19	$0.89
19 - 24	$0.89
25 - 30	$1.92
31 - 40	$3.32
41 - 50	$7.30
51 - 64	$10.70

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Premium Calculation (Please note, applications without payment of premium will not be approved)	
Premium Subtotal - $	Optional Sports Rider Enter 1.3 -

Premium Subtotal x Optional Sports Rider = Premium Total $

Payment Details - Please choose one		
☐ Visa Card	☐ Master Card	☐ Discover Card
☐ American Express Card	☐ Check	☐ Money Order

All payments must be made in U.S. dollars. Please make checks and money orders payable to Azimuth Risk Solutions (Azimuth). If paying by credit card, I authorize Azimuth to debit my Visa card, MasterCard, American Express card, or Discover card account for the total amount due as specified on the Application. Coverage purchased by credit card is subject to validation and acceptance by the credit card company. I understand that coverage will not be effective if the credit card company denies the charge. Note; on American Express cards, the CSC is a 4 digit number printed on the front above the account number. On all other cards, it is a 3 digit value printed on the signature panel on the back of the card immediately following the account number, or a portion of the account number.

Name as it appears on card:	Billing Address:	
City/State:	Postal Code:	Country:
Credit Card Number:	Expiration Date (mm/yy):	Card Security Code (CSC):
Authorized Signature:		Date (M/D/Y):

I (we) hereby apply for membership in the Beacon/ Axis Series Group Insurance Trust (Anguilla), and for the insurance provided to Participating Member(s) by certain Underwriters at Lloyd's. I (we) understand that the insurance applied for is not a general health insurance policy, but is intended for use in the event of a sudden and unexpected event while traveling outside my Home Country. I (we) understand this insurance contains a Pre-existing Condition exclusion, a Pre-certification Requirement and other restrictions and exclusions. I (we) understand that if eligible for extensions of this Insurance, it may only be transacted online and will not be effective unless such transaction is confirmed in writing by Azimuth. I (we) understand that the information contained herein is a summary of benefits and that I (we) may obtain a complete copy of the Master Policy upon request to Azimuth. I (we) understand that Certain Underwriters at Lloyd's, as underwriter of the plan, is solely liable for the coverage and benefits provided under this insurance. I (we) understand that Lloyd's operates as an approved, non-admitted insurer in all states of the United States except Illinois and Kentucky where they are admitted. As such, claims under this insurance may not be made against any state guaranty fund. I (we) understand and agree that the insurance agent/broker, if any, assisting with this Application is a representative of the Applicant. If signed by a representative of the Applicant, the undersigned warrants his/her capacity to so act. If signed as guardian or proxy of the Applicant, the undersigned warrants his/her capacity to so act. By acceptance of coverage and/or submission of any claim for benefits, the Applicant ratifies the authority of the signer to so act and bind the Applicant(s).

Signature of Applicant or Representative:	Date of Signature (M/D/Y):

Insurance Agent/Broker Use Only	
Agent Name: Astolfo Bolivar	Agent Number: 7e4f4a7d
Company Name: Mi Casa Agency	Email: bolivargroup@gmail.com
Company Phone #: 3059786031	Company Fax #:
Email: bolivargroup@gmail.com	Website:
Address: 399 Sundial Circle	City, State, Zip: Pompano Beach, Florida, 33068
Agent/Broker Signature: Astolfo Bolivar	Date (M,D,Y):