



## VISIT<sup>®</sup> International Health Insurance

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### VISIT<sup>®</sup> Group Information Form

VISIT<sup>®</sup> International Health Insurance offers worldwide Medical & Accident Insurance (including Medical Evacuation and Repatriation), especially designed for Cultural Exchange and Educational Programs including the US State Department's J-1 Visa Exchange Visitor Program.

Although we do offer insurance for Individual travelers as well (see [www.visitinsurance.com](http://www.visitinsurance.com) for our rates for Students and Visitors), the best way to offer better coverage for a lower price is to provide a **Group Insurance Quote**. To provide a proposal for your Group(s), please provide the following information:

#### BASIC GROUP INFORMATION

Name of Group or Sponsor: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_ Contact Email: \_\_\_\_\_

Group Mailing Address: \_\_\_\_\_

Number of Participants: \_\_\_\_\_

Coverage Period (Start and End Date): \_\_\_\_\_

Is your Group be coming to the USA? YES / NO

If Traveling outside the USA, what countries? \_\_\_\_\_

**Date of Birth of each participant** (or age range of participants). If you have a **Census** of your participants with dates of birth, please provide this information in an Excel spreadsheet.

**Coverage desired.** Please indicate if there are specific coverages you would like to include in the policy (i.e. maternity, pre-existing condition coverage, preventive care, ACA-compliant plan). If you have a current policy that you would like to quote the same coverages, please provide us with a copy of the policy.

**Past Claims experience** (if available). Please provide the claims history for your group for the last three years.

Please contact us at 1-800-247-5575 or email us at [info@visitinsurance.com](mailto:info@visitinsurance.com) with any questions.

We look forward to assisting you with your Group Health Insurance.