



Agent number
214207

Group Outreach Travel Medical Census

Group Name: _____ Contact Name: _____

Address: _____ Telephone: _____

_____ Email Address: _____

City: _____ State: _____ Zip: _____ Fax Number _____

Destination _____ Desired Medical Benefit Limit \$ _____ Deductible _____

Method of Delivery

(Please check one)

- Email**
 Regular Mail

ID cards will be sent to the team leader at the address listed under contact name.

*minimum **5** persons
**** up to age 69, call if over**

Name	Date of Birth	Age	Beneficiary (not mandatory)	Departure Date	Return Date	# of days	Cost per person	Totals
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								

*Please list additional team on separate sheet of paper.

Total \$ _____

Method of payment: ___ VISA ___ MasterCard ___ AMEX ___ Check ___ (payable to IMG)

Credit Card Number: _____ Expiration Date _____ 3 digit code _____

Signature: _____ Print Name: _____

If paying by credit card, I authorize IMG to bill my credit card for the total charge specified in the "total Premium" box.

Mail payment to: Full Armor Insurance Services Inc.
 2001 South Mopac, Suite 1927
 Austin, Texas 78746
 Toll Free: **1.800.680.2576**
 Fax: 512.233.0532

Average Age of Group (check one deductible)	0-29 years			30-39 years			40-69 years		
	<input type="checkbox"/> \$0	<input type="checkbox"/> \$100	<input type="checkbox"/> \$250	<input type="checkbox"/> \$0	<input type="checkbox"/> \$100	<input type="checkbox"/> \$250	<input type="checkbox"/> \$0	<input type="checkbox"/> \$100	<input type="checkbox"/> \$250
Option 1 \$100,000 Maximum	<input type="checkbox"/> \$1.35 per day	<input type="checkbox"/> \$1.19 per day	<input type="checkbox"/> \$1.08 per day	<input type="checkbox"/> \$1.58 per day	<input type="checkbox"/> \$1.39 per day	<input type="checkbox"/> \$1.26 per day	<input type="checkbox"/> \$2.25 per day	<input type="checkbox"/> \$2.00 per day	<input type="checkbox"/> \$1.80 per day
Option 2 \$250,000 Maximum	<input type="checkbox"/> \$1.64 per day	<input type="checkbox"/> \$1.44 per day	<input type="checkbox"/> \$1.31 per day	<input type="checkbox"/> \$2.14 per day	<input type="checkbox"/> \$1.89 per day	<input type="checkbox"/> \$1.71 per day	<input type="checkbox"/> \$2.50 per day	<input type="checkbox"/> \$2.20 per day	<input type="checkbox"/> \$2.00 per day
Option 3 \$1,000,000 Maximum	<input type="checkbox"/> \$1.80 per day	<input type="checkbox"/> \$1.58 per day	<input type="checkbox"/> \$1.44 per day	<input type="checkbox"/> \$2.36 per day	<input type="checkbox"/> \$2.08 per day	<input type="checkbox"/> \$1.89 per day	<input type="checkbox"/> \$2.75 per day	<input type="checkbox"/> \$2.45 per day	<input type="checkbox"/> \$2.20 per day



Group Outreach Census Page 2

214207

Name	Date of Birth	Age	Beneficiary	Departure Date	Return Date	# of days	Cost per person	Totals
11.								
12.								
13.								
14.								
15.								
16.								
17.								
18.								
19.								
20.								
21.								
22.								
23.								
24.								
25.								



Group Outreach Travel Medical Insurance Worksheet

(see if your group qualifies for additional special pricing)

$$\frac{\text{Group Total Age}}{\text{\# of people in group}} = \text{Average Age of Group}$$

Please circle the applicable daily rate based on calculations above and also list on Group Application where requested. Please attach this to the faxed application.

NO INCREASE IN RATES!!

		Option 1: \$100,000 Maximum		Option 2: \$250,000 Maximum		Option 3: \$1,000,000 Maximum	
0-29 years Average Age of your group	\$0 deductible	\$1.35 per day	New for 06/07	\$1.64 per day	New for 06/07	\$1.80 per day	New for 06/07
	\$100 deductible	\$1.19 per day	\$1.32 2005 rate	\$1.44 per day	\$1.60 2005 rate	\$1.58 per day	\$1.76 2005 rate
	\$250 deductible	\$1.08 per day	\$1.20 2005 rate	\$1.31 per day	\$1.45 2005 rate	\$1.44 per day	\$1.60 2005 rate
		Option 1: \$100,000 Maximum		Option 2: \$250,000 Maximum		Option 3: \$1,000,000 Maximum	
30-39 years Average Age of your group	\$0 deductible	\$1.58 per day	New for 06/07	\$2.14 per day	New for 06/07	\$2.36 per day	New for 06/07
	\$100 deductible	\$1.39 per day	\$1.54 2005 rate	\$1.89 per day	\$2.10 2005 rate	\$2.08 per day	\$2.31 2005 rate
	\$250 deductible	\$1.26 per day	\$1.40 2005 rate	\$1.71 per day	\$1.90 2005 rate	\$1.89 per day	\$2.10 2005 rate
		Option 1: \$100,000 Maximum		Option 2: \$250,000 Maximum		Option 3: \$1,000,000 Maximum	
40-69 years Average Age of your group	\$0 deductible	\$2.25 per day	New for 06/07	\$2.50 per day	New for 06/07	\$2.75 per day	New for 06/07
	\$100 deductible	\$2.00 per day	2.20 2005 rate	\$2.20 per day	\$2.42 2005 rate	\$2.45 per day	\$2.70 2005 rate
*everyone pays the same rate	\$250 deductible	\$1.80 per day	\$2.00 2005 rate	\$2.00 per day	\$2.20 2005 rate	\$2.20 per day	\$2.45 2005 rate

FULL ARMOR INSURANCE SERVICES INC.

Mission Trip Information Sheet

Please fill and attach with the census and request to bind coverage.

Contact Name: _____

Mission Organization: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Fax #: _____

Email Address: _____

Number of mission trips you take each year? _____

Average Age of Missionaries? _____ Average Number per trip? _____

Thank you for sharing this information with us. We look forward to serving the insurance needs of your mission group. If there is anything we can do to make your life easier please let us know.

Please fax this or mail to:

Full Armor Insurance Services Inc.
2001 South Mopac, Suite 1927
Austin, Texas 78746

Fax: 512.233.0532