

CHANGE REQUEST

Reference Number:

Date Requested:

Submitted By:

Name:

Group Name (if applicable):

Telephone Number:

Email Address:

Insurance Plan/Provider:

Destination:

Medical Benefit:

Deductible:

ADD	REMOVE	Name	Date of Birth	Departure Date	Return Date	Additional Cost
1.						
2.						
3.						
4.						
5.						
6.						

Please list all changes in the table above. When adding a member, use the same cost per day rate as the trip they are being added to. If you have any questions, please call 1-800-680-2576.

Total \$

If changes require additional costs, please complete credit card information below:

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.