



ACCIDENT AND SICKNESS INSURANCE FOR INTEREXCHANGE, INC.

You must complete this page if you are not already covered by International Accident and Sickness Insurance and would like to purchase coverage through Travel Insurance Services.

Administered by: TRAVEL INSURANCE SERVICES
 Underwritten By: The Insurance Company of the State of Pennsylvania
 Philadelphia, Pennsylvania
 A Member Company of American International Group, Inc. (AIG)

Work & Travel USA

Policy No. GLB-9109323

SCHEDULE OF BENEFITS

LIMITS

Per Accident or Sickness Medical (\$40 co-pay per visit)	up to \$75,000
Accidental Death & Dismemberment	up to \$10,000
Emergency Medical Evacuation	up to \$30,000
Repatriation of Remains	up to \$7,500

**Note: Our travel insurance policy provides treatment in case of medical emergency or unexpected illness during your program. This is not health insurance and will not cover pre-existing conditions, congenital disorders, routine medical exams, dental care, pregnancy, or other items outlined in the Exclusions section of the policy brochure. If an injury occurs during work hours, it may be the responsibility of your employer, who would need to submit a claim with their Worker's Compensation Insurance provider.*

Please complete the form below and submit with application to InterExchange

Last Name:	First Name:	Email Address:
Current Mailing Address: (Street)		
City:	Country:	Postal Code:
Months of Insurance:	Start Date:	

Please enclose payment for insurance for the entire period. Insurance must be paid in full at time of application. The Insurance Fee is \$40.00 per month. Insurance can be ordered for full months only.

If the participant needs to cancel the insurance coverage, a refund will be issued if the participant:

- Returns the DS-2019 form to InterExchange as proof that s/he is no longer on the program; or
- Provides confirmation of existing insurance policy by completing the *Confirmation of Existing Insurance* form to InterExchange

All insurance refunds will start from the closest full month following the cancellation date.

Signature _____ Date (MM/DD/YYYY) _____