

International Travelers Medical and Travel Insurance for Family
Minimum Benefits Basic Insurance : Atlas Essential Plan
Instructions To Get Price Quote and Sign Up

Highlights of Benefits

- 7 Deductibles, \$0.00 to \$5,000.
- Coinsurance: 75% within PPO. Outside PPO: Usual, reasonable and customary
- Preexisting Condition: No benefit.
- Accidental Death and Dismemberment: No benefit
- Personal liability: No benefit
- Emergency Medical Evacuation: \$500,000
- Maximum Coverage: Age 80 or older - \$10,000; Age 70 to 79 - \$50,000 or \$250,000. All others: \$50,000, \$100,000, \$250,000, \$500,000, or \$1,000,000.

Quote and Sign up Instructions (hypothetical family) for Atlas Essential Plan

1 Quote | 2 Applicant Information | 3 Eligibility Details | 4 Payment | 5 Summary

Free Quote - Atlas Essential

Will your trip include the US or US territories as a destination country? [?](#)
 Yes No


Date Coverage Should Begin: [?](#) Date Coverage Should End: [?](#)

Applicant Date of Birth: Spouse Date of Birth (if to be covered):

Child Date of Birth (if to be covered):
[Add a child](#)

[GET QUOTE](#)

[Eligibility Requirements](#)

In Need of Assistance? 

Your Producer:
Health Protection Plans, Inc

Telephone:
407-792-6060

E-mail:
ContactUs@HealthProtectionPlans.com

Insurance Product Information Document | [Review Coverage](#) | [Disclaimer](#) | [Privacy Policy](#) | [Cookie Settings](#) | [Important Notices](#)

Tab 1: Quote

Fill this form for basic information:

Will your trip include the US or US Territories as destination country? Yes / No.

Date Coverage Should Begin, Date Coverage Should End,

Birth dates of applicant, spouse, and child (must be less than 18)

Check and Verify:

- Eligibility Requirements
- Insurance Product Information
- Review coverage
- Disclaimer
- Privacy Policy
- Cookie Settings
- Important Notices

Click on button [GET QUOTE](#) to get Price Quotes

See next screen of Tab 1.

Select deductible in by checking radio button in section:

Deductible per Certificate Period, and watch changes in Price quote corresponding to the deductible selected for five levels of Coverage Amount, (the maximum amount of insurance coverage you desire)

Select deductible as: \$500

Select the Coverage Amount you desire, say (hypothetically \$500,000)

Click on button NEXT to start application process under Tab 2 Application Information.

In **Tab 2 Application Information** screen:

See the Quote Summary in the right column. If you want to start over again, click on the button **START OVER**. Note that this price quote is for the duration of coverage certificate for family of three individuals.

The applicant fills up this form to sign up for insurance coverage.

Click NEXT to go to next screen. A warning like below appears:


If the proposed insured is physically located in the Country of Australia during this quoting session, then the purchase of this policy is prohibited and must be cancelled by clicking the cancel button. Otherwise, please click next.

not be in the country of application for insurance.

This is warning that applicants must be physically out of Country of Australia during the duration of the policy for the policy to be valid. Click NEXT to confirm that applicants will

Quote Applicant Information **3 Eligibility Details** 4 Payment 5 Summary

Eligibility Details

In Need of Assistance? 

Your Producer:
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Telephone:
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E-mail:
ContactUs@HealthProtectionPlans.com

Applicant Citizenship:

Applicant Home Country:

Primary Destination: (Additional destinations can be added after purchase)

Spouse

First Name: Last Name:

Date of Birth:

Gender: M F

Citizenship:

Passport No. (optional):

Child

First Name: Last Name:

Date of Birth:

Gender: M F

Citizenship:

Passport No. (optional):

ID Cards:

BACK **Save Progress** **NEXT**

Price: \$1,284.39
Your Age(s): 40, 34, 17
Coverage Start: 12/01/2019
Coverage End: 06/30/2020
Deductible: \$500.00
Maximum Coverage: \$500,000.00

START OVER


Insurance Product Information Document | Review Coverage | Disclaimer | Privacy Policy | Cookie Settings | Important Notices

Tab 3 Eligibility Details appears.

Fill the basic information of citizenship, home country, name of spouse, name of child

Quote Applicant Information Eligibility Details **4 Payment** 5 Summary

Payment

In Need of Assistance? 

Your Producer:
Health Protection Plans, Inc

Telephone:
407-792-6060

E-mail:
ContactUs@HealthProtectionPlans.com

Amount Due: \$1,284.39

Card Number:

Card Security Code:

Expiration Date:

Cardholder Information:

Enter Different Cardholder Information

Name on Card:

Cardholder Address:

City / Region:

State / Postal Code:

Country:

Daytime Telephone:

Price: \$1,284.39
Your Age(s): 40, 34, 17
Coverage Start: 12/01/2019
Coverage End: 06/30/2020
Deductible: \$500.00
Maximum Coverage: \$500,000.00

START OVER

Click button NEXT to open next screen at

Tab 4: Payment.

Fill up payment information and be ready to place order.

Terms and Conditions

I hereby apply for membership in the Atlas/International Citizen Group Insurance Trust, Hamilton, Bermuda and for the insurance provided to members by Lloyd's. I 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 understand that my insurance terminates upon my return to my Home Country unless I qualify for a Benefit Period or Home Country Coverage. I understand this insurance contains a Pre-existing Condition exclusion and other restrictions and exclusions. I understand that, prior to my current coverage expiration date, I can visit the Tokio Marine HCC – MIS Group Client Zone for transaction instructions regarding policy extensions and/or renewal eligibility. I understand that if my insurance is not Extended or Renewed prior to or on the current coverage expiration date I must purchase a new policy in order to have coverage. I understand that the information contained herein is a summary of the Master Policy and that I may obtain a complete copy of the Master Policy upon request to [redacted].

By checking this box, I agree to the above Terms and Conditions and I authorize Tokio Marine HCC – MIS Group to debit my VISA, MasterCard, American Express, Discover Card or PayPal account for the amount specified above. Coverage purchased by credit card is subject to validation and acceptance by the credit card company. If requesting cancellation, I understand that I must notify Tokio Marine HCC – MIS Group, IN WRITING, PRIOR to the effective date for a full refund and that express delivery charges are not refundable.

Please note that the personal information you are submitting in this section will result in automated decisions. For further information on how we process your personal information please see our Privacy Policy <https://www.hccmis.com/about-hccmis/privacy-policy/>. When we make an automated decision about you, you have the right to contest the decision, to express your point of view, and to require a human review of the decision. Please contact your producer for additional information.

PLACE ORDER

Browse over Terms and Conditions, check the box over shaded area, and click on PLACE ORDER.

The system verifies the Credit Card information, and then accepts the order. The transaction appears on screen under tab 5 Summary.

Follow instruction on the screen.

