

International Travelers Medical and Travel Insurance for Multi-Trip Travels by Individual & Family Minimum Benefits Basic Insurance : Atlas MultiTrip Plan Instructions To Get Price Quote and Sign Up

Highlights of Benefits

- Maximum Coverage: \$1,000,000
- \$250 per covered trip
- Coinsurance: 100% within PPO after deductible. Outside PPO: Usual, reasonable and customary
- Preexisting Condition: No benefit.
- Accidental Death and Dismemberment: basic and additional optional.
- Personal liability: \$25,000 third person injury, \$25,000 third person property, \$2,500 related third person property.
- Optional Personal liability Rider: Up to \$75,000 lifetime maximum.
- Emergency Medical Evacuation: Up to \$1,000,000
- Trip interruption: Up to \$10,000.

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

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

Free Quote - Atlas MultiTrip™

I understand that this 364 day policy provides coverage for multiple trips of 30 or 45 days duration or less. ?

Are you a US citizen and/or a US resident?
 Yes No

Will your trip include the US or US territories as a destination country?
 Yes No

Do you maintain medical insurance coverage in your Home Country?
 Yes No

Date Coverage Should Begin: ?
11/01/2019 mm/dd/yyyy

Applicant Date of Birth:
03/12/1990 mm/dd/yyyy

Spouse Date of Birth (if to be covered):
09/18/1985 mm/dd/yyyy

+ Add a child

Child Date of Birth (if to be covered):
06/15/2015 mm/dd/yyyy

[Eligibility Requirements](#)

GET QUOTE

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:

Check: I understand that this 364 days policy provides coverage for multiple trips or 30 or 45 days duration or less.

Check either of radio button for: Are you a US citizen and/or US resident? No

Will your trip include the US or US territories as destination country? Yes.

Date Coverage Should Begin, Date Coverage Should End,

Birth dates of applicant, spouse, and child/children (must be less than age 19)

Check and Verify:

- Eligibility Requirements
- Insurance Product Information
- Review coverage

Click on button GET QUOTE to get Price Quotes

✓ Quote 2 Applicant Information 3 Eligibility Details 4 Payment 5 Summary

Applicant Information

Coverage Option: Including US

Trips of 30 Days or less - \$439.00

Trips of 45 Days or less - \$540.00

Applicant Name: (First, MI, Last)

Date of Birth:

Gender: M F

Country: (where mail will be received)

Mailing Address

Street:


City/Region:

Postal Code:

Phone:

Email:

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In Need of Assistance? 

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Health Protection Plans, Inc

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Quote Summary

Your Age(s): 29, 34, 4
Coverage Start: 11/01/2019
Coverage End: 10/29/2020
Deductible: \$250
Maximum Coverage: \$1,000,000.00

Tab 2: Applicant Information

In field Coverage Option, select your choice of duration of typical trips:

Trips of 30 days or less, or

Trips of 45 days or less.

Fill the other data fields.

Click on button NEXT

Free Quote - Atlas MultiTrip™

Recommended for You:

Crisis Response Coverage with \$10,000 Natural Disaster Evacuation ?

Increase your coverage amount to **\$100,000** for only **\$119.00 / person**

Add to my Order

Personal Liability Coverage ?

Increase your coverage amount to **\$100,000** for only **\$29.00 / person**

Add to my Order

Accidental Death and Dismemberment Coverage (for members 18-69) ?

Increase your coverage amount to **\$50,000** for only **\$29.00 / person**

Add to my Order

You are recommended to enhance these optional additional coverages for the quoted prices:

Natural Disaster Evacuation

Personal Liability,

Accidental Death and Dismemberment

Click button NEXT

[Quote](#) | [Applicant Information](#) | **3 Eligibility Details** | [4 Payment](#) | [5 Summary](#)

Eligibility Details

Applicant Citizenship: [?](#)

Applicant Home Country: [?](#)

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

Spouse

First Name Last Name

Date of Birth: 09/18/1985
 Gender: M F
 Citizenship:

Child

First Name Last Name

Date of Birth: 06/15/2015
 Gender: M F
 Citizenship:

ID Cards: [?](#)

Beneficiary for Accidental Death Benefit: [?](#)

[BACK](#) | [Save Progress](#) | [NEXT](#)

In Need of Assistance?

Your Producer:
Health Protection Plans, Inc

Telephone:
407-792-6060

E-mail:
ContactUs@HealthProtectionPlans.com

Quote Summary

Price: \$540.00
 Your Age(s): 29, 34, 4
 Coverage Start: 11/01/2019
 Coverage End: 10/29/2020
 Deductible: \$250
 Maximum Coverage: \$1,000,000.00

[START OVER](#)

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Tab 3 Eligibility Details

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.

Fill the form showing details about applicant, spouse, and child/children. (below age 19)

Click button NEXT

Tab 4 Payment opens. Fill payment details, accept Terms and Conditions.

Click NEXT to Tab 5 'Summary'.

Complete the application and SUBMIT.