



List of insured persons
Group Tour

TRAVEL INSURANCE

Distributor's name: _____ Blue Cross code: _____

Your name: _____ Contract number: _____

Departure date: _____ Return date: _____ Issue date: _____

Name of insured	Date of birth	Chosen product*	Cancellation before departure	Premium	Tax	Commission rate	Method of payment		Amount to charge on the credit card	Net amount
							Credit card number	Exp. date		
TOTAL										

* Indicate the following codes according to the chosen product.

Chosen product **Code**
Package Plus FV +
Standard Package FV REG

Chosen product **Code**
Package Plus without emergency medical care FV + NO MED
Standard Package without medical emergency medical care FV REG NO MED

Chosen product **Code**
Canada Package FC
Trip Cancellation only ANN

Chosen product **Code**
Emergency Medical Care only - Group MED- AG
Emergency Medical Care only - Individual MED- AV