



LT Care Solutions, Inc

Internet: www.LTcareSolutions.com
E-Mail: dlandwehr@ltcaresolutions.com
Phone: (316) 733-1820
Fax: (316) 462-0894



Cruises

Whether it is legal liability or moral responsibility, individuals who coordinate and arrange for groups to travel internationally create a great deal of liability for their organization.

Assuming, or even requiring, that all travelers have medical protection does not shield the group organizer from liability. Inadequate coverage or the trip leader's inability (lack of training) to assist a traveler during an emergency, accident, or sickness, can lead to out-of-pocket expenses the organization may be obligated to cover.

For as little as \$2 a day, everyone in your group can be covered and, equally important, the trip leader can call upon trained experts to coordinate any type of emergency assistance need.



Foreign Tours

Have you read page 2 of your passport?



*"Peace of Mind"
Coverage Card*



Vacation



LT Care Solutions Inc.
2837 N Edwards
Wichita, KS 67204
Telephone: (316) 733-1820
Facsimile: (316) 462-0894



Adventure Trips

LT Care Solutions *Instructions for Completing Group Census*

(For groups of 5 or more only. No Minimum # of days required.)
*Benefits Available through Age 79. See Policy for details.

Part A

- Complete the Name and Address of your group or organization.
- List the Name of a contact person for your group, and include his/her telephone and fax number.
- Please include an email address.

Part B

- Complete ALL columns on the census.
- Each person should be listed individually. Do not use family names, i.e., Smith family.
- If there are more that 10 people in the group, photocopy the form as needed.

Part C

- Select a method of payment.
- Cardholder must sign where indicated.
- NOTE: The census cannot be processed unless this section is filled out **completely** and **signed**. All payments should be made payable to “IMG.”

Part D

- Select an Option.
- Calculate the total premium due.
Example: A group of six will be traveling to South America for 10 days.
Option 1 is the plan selected
 $10 \text{ (# of days)} \times \$2.00 \text{ (Option 1)} \times 6 \text{ (# of people)} = \$120 \text{ Total Premium}$

Fax the completed Census with payment to (316) 462-0894

For any questions or additional information, please contact the following:

David Landwehr: Individual & Group Travel
Email: dlandwehr@ltcaresolutions.com
Phone: (316) 773-1820
Fax: (316) 462-0894



Thank-you for letting us care for you. We wish you a safe trip and a pleasant journey. Please help us protect your friends and loved ones by passing this information along to them or letting them know they can reach us over the internet at www.LTCareSolutions.com

LT Care Solutions Inc. Group Enrollment Form

Part A

Group Name: _____
 Address: _____

 City: _____ State: _____ Zip: _____

Contact Name: _____
 Telephone: _____
 Fax Number: _____
 E-Mail: _____

Agent Number: 58891

Part B

	Name	Date of Birth	Date of Departure	Date of Return	Total # of Days	Passport Number or Social Security Number	Beneficiary	Destination
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

Part C

Method of Payment: VISA MasterCard American Express Discover JCB

Credit Card Number: _____ Expiration Date: _____ Security Code: _____

Signature: _____ Name on Credit Card: _____

If paying by credit card, I authorize IMG to bill my credit card for the total charge as specified in "Total Premium" below:

Premium per person per day (Choose only one)

Part D For Groups of **5 or more only**: (\$0 Deductible)

- Option 1: \$2.00 \$100,000 Maximum
- Option 2: \$2.20 \$250,000 Maximum
- Option 3: \$2.45 \$1,000,000 Maximum

$$\frac{\text{(\# of Days)}}{\text{(\# of Days)}} \times \frac{\text{(Premium)}}{\text{(Premium)}} \times \frac{\text{(\# of Group)}}{\text{(\# of Group)}} = \frac{\text{(Total Premium)}}{\text{(Total Premium)}}$$

[Include total for additional pages]

**Overnight
Delivery
Option**
 Add
\$20.00

Year 2009 Rates

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**ALL PAYMENTS
SHOULD BE
MADE TO "IMG"**

Schedule of Benefits Plan Information

Deductible	Your choice of US\$0,
Coinsurance For Treatment received outside the U.S. and Canada	No Coinsurance
For treatment received within the U.S. and Canada:	
In the PPO Network	The plan pays 90% of eligible expenses up to US\$5,000, then 100% up to Policy Maximum
Out of the PPO Network	The plan pays 80% of eligible expenses up to US\$5,000, then 100% up to Policy Maximum

MEDICAL BENEFITS

Usual, reasonable and customary charges,
subject to deductible and coinsurance

Hospital Room and Board	Up to Policy Maximum for average semi-private room rate
Intensive Care	Up to Policy Maximum
Medical Expenses	Up to Policy Maximum
Outpatient Medical	Up to Policy Maximum
Local Ambulance	Up to Policy Maximum
Emergency Room Accident	Up to Policy Maximum
Emergency Illness- with in-patient admission	Up to Policy Maximum
Emergency Illness- without In-patient admission	Up to Policy Maximum with additional US\$250 deductible
Dental Injury due to accident	Up to Policy Maximum
Sudden dental pain	Up to US\$100

International Emergency Care When coordinated through the plan Administrator

Emergency Evacuation	Up to \$500,000 Lifetime Maximum Benefit
Emergency Reunion	Up to US\$15,000
Return of Mortal Remains	Up to US\$25,000
Returning Minor Children	Up to US\$5,000
Political Evacuation	Up to US\$10,000

ADDITIONAL BENEFITS

Benefit Period	Six Months
Incidental Home Country Coverage	Up to a cumulative two weeks
End of Trip Home Country Coverage	One month for every five months of travel coverage purchased, up to a maximum of two months
Common Carrier Accidental Death	US\$50,000 to beneficiary; maximum of US\$250,000 per family
Sports & Activities Coverage	Up to Policy Maximum for basic sports
Accidental Death & Dismemberment	US\$25,000 principal sum
Terrorism Coverage	Up to US\$50,000 lifetime maximum
Identity Theft Assistance	Up to US\$500 per Period of Coverage
Natural Disaster	\$100 per day for five days
Trip Interruption	Up to \$5,000
Lost Luggage	Up to US\$50 per item of personal property; maximum of US\$250 per Period of Coverage

ADDITIONAL BENEFITS FOR U.S. CITIZENS ONLY

Indemnity	Up to US\$100 per night
Sudden Recurrence of a Pre-existing Condition	
Medical	Up to US\$15,000 of eligible expenses
Emergency Medical Evacuation	Up to US\$25,000 of eligible expenses

*For ages up to 69, \$1,000,000 in coverage available.
For those age 70-79, \$100,000 maximum benefit
This is a summary of benefits only. Please see policy
for actual benefit descriptions.*