



alliance abroad group

J-1 Intern & Trainee Ski & Travel Insurance Request & Payment Form

Your program fees include medical insurance for the duration of your DS-2019 dates, but it does not cover ski related accidents. It also does not cover any travel beyond your DS-2019 end date.

We care about your health and safety and encourage you to purchase additional coverage if you plan to ski, or travel in the US after your program.

What is the Cost of the Insurance?

Travel Insurance after program (one month): **\$60** (no partial months)

Ski Insurance after program (one month): **\$20**

Ski Insurance during program (per month): **\$20**

Note: You cannot purchase ski insurance past your DS-2019 end date without also purchasing extra travel insurance.

What do I need to do to sign up? You need to fill out the attached page with the exact dates that you want the insurance. We need to have this form faxed or emailed back to us no later than two weeks prior to your requested insurance start date. Payment in full is required at the time of the request. You can send us a check, money order, or you can provide a credit or debit card information. The insurance will not be requested until payment is verified. Once your insurance has been requested, we will send you a verification email.

Please return the form in one of the following ways:

1. Fax the attached sheet:

Fax #: 512-382-8868

Attn: Support Services

2. Scan and email to: supportinfo@allianceabroad.com

3. Send the form via mail to the following address:

Alliance Abroad Group

Attn: Support Services

1221 S Mopac Expwy, Suite 100

Austin, TX 78746

If you have any questions regarding your insurance coverage, please call us at 1.866.622.7623 for help!

INSURANCE REQUEST FORM



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Date:
Participant Name:
AAG ID # (if available):
E-mail Address (required):
Phone in US:
Address in the United States:
Address in Home Country:

Start date insurance request (MM/DD/YY):
End date insurance request (MM/DD/YY):

Note: You cannot purchase ski insurance past your DS-2019 end date without also purchasing extra travel insurance.

Insurance costs:

Travel Insurance after program (one month): **\$60** (no partial months)
Ski Insurance after program (one month): **\$20**
Ski Insurance during program (per month): **\$20**

Check the box of which insurance you are requesting:

Ski Insurance Travel Insurance Both

Fill in the box below to calculate total amount due:

Insurance Type	Price	Quantity	Total
Ski Insurance (per month)	\$20		
1-month Extra Ski Insurance (after DS 2019 end date)	\$20		
1-month Extra Travel Insurance	\$60		
TOTAL AMOUNT DUE:			

Credit Card Info: All information below is required in order to process a credit card payment!

Cardholder's Name:
Card Type (American Express, MasterCard or Visa):
Card Number:
Expiration Date:
Security Code (last 3 digits on the back of the card):
Amount to be billed:

I hereby authorize Alliance Abroad Group to charge \$_____ to the above referenced credit card.

Cardholder's Signature: _____ **Date:** _____

Checks or Money Orders:

Checks and money orders must be made out to Alliance Abroad Group and sent with this completed form to:
Alliance Abroad Group; Attn: Support Services; 1221 S Mopac Expy, Ste 100; Austin, TX 78746

*****OFFICE USE ONLY*****

Work/Travel Department Signature: _____ **Date:** _____
Finance Department Signature: _____ **Date:** _____
Date processed: _____ **Authorization Number:** _____