



## Travel Medical Insurance Fact Finder (Fillable)

Use this form to collect information needed to obtain accurate quotes for a travel medical insurance policy.

### 1. Traveler Information

Primary applicant full legal name:

Date of birth (MM/DD/YYYY):  Gender (if required)

Country of citizenship:  Country of residence:

State/Province of residence:

Additional travelers (names / DOBs / relationship):

### 2. Trip Details

Destination country/countries:

Primary destination:  Total trip length (days):

Departure date:  Return date:  Trips:  Single  Multiple

Travel purpose (check all that apply):

- |   |   |
|---|---|
| <input type="checkbox"/> Leisure / vacation | <input type="checkbox"/> Visiting family or friends       |
| <input type="checkbox"/> Business           | <input type="checkbox"/> Missionary / volunteer           |
| <input type="checkbox"/> Study / student    | <input type="checkbox"/> Digital nomad / long-term travel |

Other purpose:

### 3. Coverage Requirements

Desired medical coverage limit:  \$50,000  \$100,000  \$250,000  \$500,000+

Deductible preference:  \$0  \$100  \$250  \$500 Other:

Emergency medical evacuation required?  Yes  No Repatriation of remains required?  Yes  No



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### 4. Pre-Existing Medical Conditions

Any pre-existing medical conditions?  Yes  No

If yes, provide details (conditions, diagnosis date, treatment/meds, stability period):

### 5. Activities & Risk Factors

Select any that apply:

- |  |  |
|--|--|
| <input type="checkbox"/> Hiking / trekking     | <input type="checkbox"/> Manual labor        |
| <input type="checkbox"/> Skiing / snowboarding | <input type="checkbox"/> Professional sports |
| <input type="checkbox"/> Scuba diving          | <input type="checkbox"/> None of the above   |
| <input type="checkbox"/> Adventure sports      |  |

Describe activities and level:

### 6. Existing Coverage

Do you currently have any health insurance?  Yes  No

Will it cover you internationally?  Yes  No  Unsure

Other travel insurance coverage in place:  Trip cancellation  Credit card travel  Employer-provided

### 7. Optional Benefits

- |   |   |
|---|---|
| <input type="checkbox"/> Trip interruption    | <input type="checkbox"/> AD&D                   |
| <input type="checkbox"/> Trip delay           | <input type="checkbox"/> COVID-19 / pandemics   |
| <input type="checkbox"/> Lost/delayed baggage | <input type="checkbox"/> 24/7 travel assistance |

### 8. Policy Structure Preference

Policy type (check all that apply):

- Comprehensive travel medical
- Medical-only
- Annual / multi-trip plan
- Long-term / expatriate-style

Budget range (if known): \$

### 9. Beneficiary Information (if required)

Beneficiary name:

Relationship:  Contact information:



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**11. Agent / Advisor Use Only**

Quote requested date:  Advisor name:

Advisor phone number:  Advisor email:

Insurers approached: