

Hospitality Recruiters, Inc.
SCHEDULE OF BENEFITS

Medical Maximum:	\$50,000 Medical Maximum is per Person per Policy Period*
Deductible:	\$250 Deductible is per Person per Policy Period*
Coinsurance:	<i>Inside the United States and Canada:</i> After you pay the deductible, the program pays 80% of the next \$5,000 of eligible expenses, then 100% to the selected Maximum.
Hospital Indemnity:	\$100 / night (traveling outside the U.S. and Canada) In addition to any other Covered Expense.
Dental (Emergency):	\$100 (or \$500 for accidents)
Emergency Medical Evacuation/ Repatriation:	\$300,000 (in addition to the Medical Maximum)
Home Country Coverage	Incidental Trips to The Home Country: \$50,000 Follow Me Home Coverage: \$5,000
Return of Mortal Remains:	\$50,000
Emergency Reunion:	\$50,000
Return of Minor Child(ren):	\$50,000
Interruption of Trip:	\$5,000
Loss of Checked Luggage:	\$250
Local Ambulance Expense:	\$5,000
Accidental Death & Dismemberment (AD&D):	\$10,000 Principal Sum for Insured Aggregate Limit of five (5) times the Principal Sum applies.
* Policy Period Definition	The period of coverage typically beginning with the Effective Date and ending with the Termination Date.
Effective Date Definition	Coverage will become effective upon the moment of arrival in USA and the date that full premium is received.
Termination Date Definition	Individual coverage will end on the earlier of the following: 1) Your return to your Home Country; or 2) The date shown on the ID Card, for which plan cost has been paid; 3) The date you are no longer eligible under this plan.

DAILY RATE: \$2.14/Per Person

There is an additional administrative cost of \$25.00 per coverage period.

Start Date: _____ End Date: _____

_____ (Total days) X \$2.14 (Rate per day) = _____ + \$25 (Admin fee) = (Total Premium Due). Coverage to begin upon payment of this amount.

SEASONAL/TEMPORARY WORKER INSURANCE ENROLLMENT FORM

Federal Express this form & payment to:
 Hospitality Recruiters, Inc.
 5429 LBJ Freeway, Suite 625,
 Dallas, Texas 75240
 Tel: 972-778-9690

The basic information necessary for enrollment to this program is as outlined below.
 The **total premium** for all months covered is **payable and due upon enrollment**.
 This payment must be in the form of a money order, or cashiers check.

The following is to be completed by person enrolling in insurance program:

ENROLLEE INFORMATION

NAME (LAST, FIRST, INITIAL)	DATE OF BIRTH (MM/DD/YYYY)	SEX (Check one) <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	HOME COUNTRY
MARITAL STATUS	PERSON TO CONTACT IN CASE OF EMERGENCY		
	Name: _____		Phone: _____
	Address: _____		Relationship: _____
TRAVEL DATES: H2B Employer: _____		LOSS BENEFICIARY:	
ARRIVAL DATE IN UNITED STATES: _____		Name: _____	
DEPARTURE DATE (RETURN TO HOME COUNTRY): _____		Address: _____	
		Phone: _____	
		Relationship: _____	

This form to be Federal Expressed to Sharron Coon with Payment. **No insurance** goes into effect until payment is processed.

Premium Calculation:

Daily Rate: \$2.14/Per Person - There is an additional administrative cost of \$25 per coverage period.

Start Date: _____ End Date: _____

of Days x \$2.14 (daily rate) = _____ + \$25 (Admin Fee) = _____ Total Due*

*** Coverage to begin upon payment in full by money order or cashier's check, payable to Hospitality Recruiters, Inc.**

I am aware that this health insurance program is being provided as an accomodation for H2B Visa Employees traveling in the United States or Temporary Foreign Workers in Canada. I have read the summary plan description and schedule description of benefits and understand the plan is a complete description of all benefits available. No verbal representations or assurances may modify this agreement.

_____ Signature

_____ Date

Declination of Insurance

By signing below you are declining the insurance offered by Hospitality Recruiters.

Print Name

Signature

Date