

assist america®

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Princeton, NJ 08540
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EXPATRIATE COVERAGE FORM

Company: _____ Contact: _____ Tel. _____ E-mail: _____

Policy # _____ (Note: Expiration date to coincide with original policy effective/renewal date)

Name of Employee	Spouse	Children	Location	Effective Date	Expiration Date	Fee*

Expatriate Coverage waives the 100-mile/90-day exclusion for Assist America services. **Total Cost:** _____

*The annual rate is \$60 per individual, \$100 per family. Please make check payable to Assist America and mail to the address above.