



Please submit this form and all related correspondent to:

**Worldwide Expatriate Association Ltd.**

P.O. Box 4428, Columbus Centre  
Road Town, Tortola, BVI

Toll Free 1 (800) 280-8478  
Phone 1 (305) 390-0808  
Email [app-info@weadirect.com](mailto:app-info@weadirect.com)  
URL [www.weadirect.com](http://www.weadirect.com)

Company Name:	<input style="width: 100%;" type="text"/>		
Address:	<input style="width: 100%;" type="text"/>		
	<input style="width: 100%;" type="text"/>		
Country:	<input style="width: 35%;" type="text"/>	Zip / Postal Code:	<input style="width: 30%;" type="text"/>
Group Administrator:	<input style="width: 100%;" type="text"/>		
Telephone:	<input style="width: 35%;" type="text"/>	Fax:	<input style="width: 30%;" type="text"/>
E-mail address:	<input style="width: 100%;" type="text"/>		
Requested Effective Date:	<input style="width: 25%;" type="text"/>	Premium Deposit Due:	<input style="width: 25%;" type="text"/>
Monthly Total Premium Amount:	<input style="width: 100%;" type="text"/>		
Total Number of Employees:	<input style="width: 100%;" type="text"/>		
Total Number of Eligible Employees:	<input style="width: 25%;" type="text"/>	Total Number of Employees Applying for Coverage:	<input style="width: 25%;" type="text"/>

**Benefits**

On behalf of the Employer, applicant named Prospective Policyholder hereby applies for the WEA Group Plans for the following coverage and benefits:

**Medical**

Deductible Amounts      US\$250       US\$500       US\$1,000       US\$2,500   
    US\$5,000       Other: US\$

**OPTIONAL BENEFITS:**

**Dental**    Yes     No   
**Vision**    Yes     No

**Life Insurance (per Employee)**

Yes       No       If 'Yes', please specify amount \$

**Payment Agreement**

Please make the deposit check or credit card payable to: Worldwide Expatriate Association.

Enclosed is the payment of 1/12th of the estimated premium as deposit. Employer understands that no coverage shall be effective unless and until notified in writing by WEA, that Employer's application has been accepted by WEA for and on behalf of the Company. Employer understands that any such acceptance is at the sole discretion of WEA. If Employer's application is not accepted, WEA's sole obligation will be to return the deposit to Employer.

Employer understands that, as an employer employing persons in foreign jurisdictions, Employer may be subject to foreign laws with respect to the provision of medical benefits and/or the insurance of those benefits. Employer understands and agrees that WEA has not investigated whether or how the purchase of this insurance complies with the laws of any foreign jurisdiction. Employer further understands and agrees that Employer is solely responsible for compliance with all applicable foreign laws.



