



Travel Well Protect An Aetna WorldTravelerSM Plus Product Request for Proposal

Aetna International
Coverage underwritten by Aetna Life &
Casualty (Bermuda) Ltd.
Visit us at www.AetnaInternational.com

Aetna International Contact Information

Name	
Telephone Number	Fax Number

Prospect / Customer Information

Name	
Address	
City, State, ZIP	
Contact Name	Email
Telephone Number	Fax Number

Producer Information (If Applicable)

Agency Name	
Address	
City, State, ZIP	
Broker Name	Email
Telephone Number	Fax Number

Quote Request

Date Quote Submitted	Quote Due Date
Requested Effective Date	Policy Anniversary Date
Medical Plan	
<input type="checkbox"/> Travel Well Protect (Includes Dependents, AD&D 100K Business/Sojourn)	
<input type="checkbox"/> Travel Well Protect + Leisure (Includes Dependents, AD&D 100K Business/Sojourn and Leisure Travel)	
<input type="checkbox"/> Aetna World Traveler custom plan (Contact Aetna international Representative for customized options)	



Travel Well Protect

An Aetna WorldTravelerSM Plus Product

Request for Proposal

Aetna International
 Coverage underwritten by Aetna Life & Casualty (Bermuda) Ltd.
 Visit us at www.AetnaInternational.com

Prospect Demographic Information

Number of Travelers (should include estimates on employees): _____

U.S.* and non U.S. residents traveling to non-U.S. destinations _____

* U.S. is defined as any of the 50 United States or U.S. territories/protectorates. Travel between any combination of the 50 United States and U.S. territories/protectorates is considered traveling within the home country (U.S.) and excluded from coverage.

Note: Travelers are covered for trips outside of their home country that do not exceed 180 consecutive travel days with no more than 270 travel days in a 12 month period. Coverage within the U.S. is excluded.

	U.S. & Non-U.S. Employees traveling to non-U.S. Destinations
Business Travel	
(A) Total eligible Business Travelers	
(B) Estimated Number of Trips per Traveler	
(C) Average Trip Duration (including Business Sojourns)	
Estimated Total Travel Days (AxBxC)	
Leisure Travel (Optional)	
(D) Estimated Number of Travelers	
(E) Estimated Number of Trips Per Traveler	
(F) Estimated Duration of Trip	
Total Estimated Leisure Travel Days (DxExF)	
Overall Total Travel Days (Total Business and Total Leisure Travel)	

Destination Information: Please list top destinations for travel outside the United States.

1.	5.
2.	6.
3.	7.
4.	8.

Does prospect currently offer an International Business Travel Plan to your international travelers? Yes No
 If Yes, with whom?

Please provide a description of the current International Business Travel Plan or a copy of the certificate.