

USAway Major Medical

Sample Online Enrollment

USAway Major Medical

**PETERSEN**
INTERNATIONAL UNDERWRITERS

[Contact Us](#) [View Brochure](#) [View Terms & Conditions](#)

USAway Major Medical Application

Applicant

Countries

Quotation

Address

Summary

Disclosure

Payment

Complete

Applicant

Individual

First Name

Last Name

Date of Birth

Gender

Effective Date:

Expiry Date:

Continue

THIS IS NOT QUALIFYING HEALTH COVERAGE ("MINIMUM ESSENTIAL COVERAGE") THAT SATISFIES THE HEALTH COVERAGE REQUIREMENT OF THE AFFORDABLE CARE ACT. IF YOU DON'T HAVE MINIMUM ESSENTIAL COVERAGE, YOU MAY OWE AN ADDITIONAL PAYMENT WITH YOUR TAXES.

This plan does not cover pre-existing conditions.

This plan does not cover preventative care.


Coverage cannot be purchased in the following states: MD, NY, SD


© Petersen International Underwriters. 2007-2018. All rights reserved.


USAway Major Medical


Sample Online Enrollment

USAway Major Medical

**PETERSEN**
INTERNATIONAL UNDERWRITERS

 Contact Us

 View Brochure

 View Terms & Conditions

USAway Major Medical Application

Applicant

Countries

Quotation

Address

Summary


Disclosure


Payment

Complete

Base coverage does not include any of the following countries/territories. Please select below to add to coverage:

<input type="checkbox"/> AFGHANISTAN	<input type="checkbox"/> IRAN	<input type="checkbox"/> MYANMAR
<input type="checkbox"/> ALGERIA	<input type="checkbox"/> IRAQ	<input type="checkbox"/> NIGERIA
<input type="checkbox"/> ANGOLA	<input type="checkbox"/> ISRAEL (EXCLUDING GAZA STRIP AND WEST BANK)	<input type="checkbox"/> PAKISTAN
<input type="checkbox"/> BURUNDI	<input type="checkbox"/> ISRAEL - GAZA STRIP ONLY	<input type="checkbox"/> RWANDA
<input type="checkbox"/> CENTRAL AFRICAN REPUBLIC	<input type="checkbox"/> ISRAEL - WEST BANK ONLY	<input type="checkbox"/> SAUDI ARABIA
<input type="checkbox"/> CHAD	<input type="checkbox"/> IVORY COAST	<input type="checkbox"/> SENEGAL
<input type="checkbox"/> CHECHNYA	<input type="checkbox"/> JORDAN	<input type="checkbox"/> SIERRA LEONE
<input type="checkbox"/> COLOMBIA	<input type="checkbox"/> KENYA	<input type="checkbox"/> SOMALIA
<input type="checkbox"/> CONGO	<input type="checkbox"/> KUWAIT	<input type="checkbox"/> SUDAN
<input type="checkbox"/> CONGO (DEMOCRATIC REPUBLIC)	<input type="checkbox"/> LEBANON	<input type="checkbox"/> SUDAN (SOUTH)
<input type="checkbox"/> EAST TIMOR	<input type="checkbox"/> LIBERIA	<input type="checkbox"/> SYRIA
<input type="checkbox"/> EGYPT	<input type="checkbox"/> LIBYA	<input type="checkbox"/> UGANDA
<input type="checkbox"/> ERITREA	<input type="checkbox"/> MALI	<input type="checkbox"/> VENEZUELA
<input type="checkbox"/> ETHIOPIA	<input type="checkbox"/> MOROCCO	<input type="checkbox"/> YEMEN
<input type="checkbox"/> HAITI		

 Previous

Continue 

THIS IS NOT QUALIFYING HEALTH COVERAGE ("MINIMUM ESSENTIAL COVERAGE") THAT SATISFIES THE HEALTH COVERAGE REQUIREMENT OF THE AFFORDABLE CARE ACT. IF YOU DON'T HAVE MINIMUM ESSENTIAL COVERAGE, YOU MAY OWE AN ADDITIONAL PAYMENT WITH YOUR TAXES.

This plan does not cover pre-existing conditions.


This plan does not cover preventative care.


Coverage cannot be purchased in the following states: MD, NY, SD


USAway Major Medical


Sample Online Enrollment

USAway Major Medical

**PETERSEN**
INTERNATIONAL UNDERWRITERS

 Contact Us

 View Brochure

 View Terms & Conditions

USAway Major Medical Application

Applicant

Countries

Quotation

Address

Summary

Disclosure

Payment

Complete

Total In Full Payment

Please select the coverage type by clicking the premium amount where your deductible and maximum benefit intersect.

Deductible (?)	Maximum Benefit (?)				
	\$50,000	\$250,000	\$500,000	\$1,000,000	\$5,000,000
\$5,000	\$28	\$30	\$32	\$34	\$52
\$2,500	\$35	\$38	\$40	\$42	\$65
\$1,000	\$39	\$41	\$44	\$47	\$72
\$500	\$43	\$46	\$49	\$52	\$80
\$100	\$52	\$55	\$59	\$62	\$97
\$0	\$64	\$69	\$74	\$78	\$122

Benefit Description

Insured	Age	Deductible (?)	Max. Benefit (?)	Hazardous Sports (?)	Payment In Full
SAMPLE ENROLLMENT	55	\$2,500	\$500,000	<input type="checkbox"/> Include	\$40.00

Previous

Email Quote

Continue

THIS IS NOT QUALIFYING HEALTH COVERAGE ("MINIMUM ESSENTIAL COVERAGE") THAT SATISFIES THE HEALTH COVERAGE REQUIREMENT OF THE AFFORDABLE CARE ACT. IF YOU DON'T HAVE MINIMUM ESSENTIAL COVERAGE, YOU MAY OWE AN ADDITIONAL PAYMENT WITH YOUR TAXES.

This plan does not cover pre-existing conditions.


This plan does not cover preventative care.

Coverage cannot be purchased in the following states: MD, NY, SD

USAway Major Medical

Sample Online Enrollment

USAway Major Medical



[Contact Us](#)[View Brochure](#)[View Terms & Conditions](#)

USAway Major Medical Application

Applicant

Countries

Quotation

Address

Summary

Disclosure

Payment

Complete

We must have a US address (not PO Box) for premium tax filing purposes. If you are a US citizen going abroad, use your current US address.

Street Address

23929 Valencia Blvd Second Floor

City

Valencia

State/Province*

California

Zip/Postal Code

91355

Phone number

(800) 345-8816

Email Address

piu@piu.org

Retype Email Address

piu@piu.org

Previous

Continue

THIS IS NOT QUALIFYING HEALTH COVERAGE ("MINIMUM ESSENTIAL COVERAGE") THAT SATISFIES THE HEALTH COVERAGE REQUIREMENT OF THE AFFORDABLE CARE ACT. IF YOU DON'T HAVE MINIMUM ESSENTIAL COVERAGE, YOU MAY OWE AN ADDITIONAL PAYMENT WITH YOUR TAXES.

This plan does not cover pre-existing conditions.

This plan does not cover preventative care.


Coverage cannot be purchased in the following states: MD, NY, SD

© Petersen International Underwriters. 2007-2018. All rights reserved.

USAway Major Medical

Sample Online Enrollment

USAway Major Medical



[Contact Us](#)[View Brochure](#)[View Terms & Conditions](#)

USAway Major Medical Application

Applicant

Countries

Quotation

Address

Summary

Disclosure

Payment

Complete

Please review your coverage information

Insured	Gender	DOB	Deductible	Max. Benefit	Hazardous Sports	In Full Premium
SAMPLE ENROLLMENT	MALE	07/23/1962	\$5,000	\$500,000	NOT INCLUDED	\$32.00
Total						\$32.00

Address:

23929 Valencia Blvd Second Floor
Valencia, CA 91355

E-Mail:

piu@piu.org

Phone Number:

(800) 345-8816

Policy Fulfillment:

E-Mail

Coverage Dates:

03/01/2018 - 03/07/2018

In Full Premium:

\$32.00

Excluded countries:

WORLDWIDE, EXCLUDING COUNTRIES/TERRITORIES AS PER ATTACHED ENDORSEMENT ([view excluded countries](#))

Previous

Continue

THIS IS NOT QUALIFYING HEALTH COVERAGE ("MINIMUM ESSENTIAL COVERAGE") THAT SATISFIES THE HEALTH COVERAGE REQUIREMENT OF THE AFFORDABLE CARE ACT. IF YOU DON'T HAVE MINIMUM ESSENTIAL COVERAGE, YOU MAY OWE AN ADDITIONAL PAYMENT WITH YOUR TAXES.

This plan does not cover pre-existing conditions.

This plan does not cover preventative care.

Coverage cannot be purchased in the following states: MD, NY, SD


© Petersen International Underwriters. 2007-2018. All rights reserved.

USAway Major Medical

Sample Online Enrollment

USAway Major Medical

192.168.1.57/rbsusaway/disclosure?id=9vcku24a2iuvl91468atlh9ctffjtik7&producer=000PIU

**PETERSEN**
INTERNATIONAL UNDERWRITERS

[Contact Us](#) [View Brochure](#) [View Terms & Conditions](#)

USAway Major Medical Application

Applicant

Countries

Quotation

Address

Summary

Disclosure

Payment

Complete

Declaration

I declare that the above statements are true and complete. I/we am/are in good health and ordinarily enjoy good health. I agree that this proposal shall form the basis of the contract should the insurance be effected and any misstatements above may be grounds for rescission. I understand that this is a temporary insurance policy designed to cover the insured person(s) for medical expenses incurred during the policy period and a new period of insurance is only available at the option of the underwriter and is subject to a new pre-existing condition exclusion. I understand the terms and conditions of this product. I understand I am financially responsible for the expenses incurred until the claim has been determined to be an eligible expense.

I also understand that since this is a temporary policy it is exempt from the Patient Protection and Affordable Care Act (PPACA) so pre-existing conditions are not covered by this policy.

☒ I understand that my below electronic signature is the legal equivalent of my manual signature.

Review your signature

SAMPLE ENROLLMENT

Previous

Continue

THIS IS NOT QUALIFYING HEALTH COVERAGE ("MINIMUM ESSENTIAL COVERAGE") THAT SATISFIES THE HEALTH COVERAGE REQUIREMENT OF THE AFFORDABLE CARE ACT. IF YOU DON'T HAVE MINIMUM ESSENTIAL COVERAGE, YOU MAY OWE AN ADDITIONAL PAYMENT WITH YOUR TAXES.

This plan does not cover pre-existing conditions.

This plan does not cover preventative care.


Coverage cannot be purchased in the following states: MD, NY, SD


© Petersen International Underwriters. 2007-2018. All rights reserved.


USAway Major Medical


Sample Online Enrollment

USAway Major Medical

**PETERSEN**
INTERNATIONAL UNDERWRITERS

 Contact Us

 View Brochure

 View Terms & Conditions

USAway Major Medical Application

Applicant

Countries

Quotation

Address

Summary

Disclosure


Payment

Complete

In Full Payment: \$40.00

Payment Information

Credit/Debit Card # (Visa, Master Card, Discover, American Express)



Expiration Date:

/


Card Security Code:


I hereby authorize Petersen International Underwriters to debit my account for the in full premium.

I understand that if my deduction is not honored, Petersen International Underwriters has the right to cancel my enrollment.

I understand that there are not refunds, premium is fully earned from purchase.

☐ Checking this box will serve as your signature

 Previous

Purchase 

THIS IS NOT QUALIFYING HEALTH COVERAGE ("MINIMUM ESSENTIAL COVERAGE") THAT SATISFIES THE HEALTH COVERAGE REQUIREMENT OF THE AFFORDABLE CARE ACT. IF YOU DON'T HAVE MINIMUM ESSENTIAL COVERAGE, YOU MAY OWE AN ADDITIONAL PAYMENT WITH YOUR TAXES.

This plan does not cover pre-existing conditions.

This plan does not cover preventative care.

Coverage cannot be purchased in the following states: MD, NY, SD

© Petersen International Underwriters. 2007-2018. All rights reserved.

©Petersen International Underwriters

USAway Major Medical Sample Enrollment - 03-01-2018