



Travelwell ProtectSM 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	E-Mail
Telephone Number	Fax Number

Producer Information (If Applicable)

Agency Name	
Address	
City, State, ZIP	
Broker Name*	E-Mail*
Telephone Number*	Fax Number

Quote Request

Date Quote Submitted	Quote Due Date
Requested Effective Date	Policy Anniversary Date

Plan Selection *(Please select one choice)*

A. Travel Well Protect

WorldTraveler Plus (Includes Dependents & Business/Sojourn)

B. Travel Well Protect + Leisure

Note: Some exclusions apply. Please refer to the policy contract for details



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Prospect Demographic Information

Eligible Employees:

All Full-Time Employees Other (Please explain below in detail)

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. 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.

	U.S. & Non-U.S. Employees traveling to non-U.S. Destinations
Business Travel	
(A) Total Eligible Business Travelers	
(B) Number of Trips Per Year Per Traveler	
(C) Avg Duration of Trip	
(D) Total Business Travel Days (AxBxC)	
Leisure Travel (Optional)	
(E) Estimated Number of Travelers	
(F) Estimated Number of Trips Per Traveler	
(G) Estimated Duration of Trip	
(H) Total Estimated Leisure Travel Days (ExFxG)	
Overall Total Travel Days (D+H)	

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? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, with whom?	
Please provide a description of the current International Business Travel Plan or a copy of the certificate.	