

Travel Choice International

COMPANY PLAN WORKSHEET

(4 Additional Maximum – Eligible Members include Active Employees or Immediate Family Members)

Licensee's Name _____

Contract # _____

Date of Purchase _____

ADDITIONAL MEMBER NAME

RELATIONSHIP

AGE

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

The Additional Member(s) listed above shall enjoy access to the same benefits and services in the Program that are available to the Licensee.