



FUNERAL

CREMATION

Participant: _____

Current Legal Address: _____

City: _____ County: _____ State: _____ Zip Code: _____

Date of Birth: ____/____/____ Sex: ____ Social Security #: ____ - ____ - ____ Home Phone #: (____) _____

Marketer: Paul Bartlett ID#: PABAAGI

Funeral Home/Company: _____

Address: _____

City: _____ County: _____ State: _____ Zip Code: _____

Phone#: (____) _____

Membership Benefits include

- ✓ Contacting a licensed funeral home or professional embalming service center near the place of death
 - ✓ Transporting the deceased from the place of death to the funeral home or service center for preparation
 - ✓ Preparation of the deceased for transport
 - ✓ Securing all documentation for shipping including one death certificate
 - ✓ Placing the deceased in appropriate shipping container
 - ✓ Tender to the airport for return to the airport closest to their legal residence that is capable of receiving human remains **including airfare**
- Note: Plan does not cover medical tourism.**

In the event of death of a Participant who is 100 miles or more away from his or her legal residence at the time of death, the Travel Plan by Inman will render every assistance, including locating a local, licensed funeral home, mortuary or direct disposition facility, arranging and paying for the transportation of the body from the site of death to the licensed funeral transport, purchasing the minimally necessary casket or air tray for transportation, arranging for the transportation of the remains to an airport capable of receiving human remains which is closest to the deceased's legal residence and securing all documentation including one death certificate.

Return of remains services are provided by Inman Shipping Worldwide when Participants are traveling 100 miles or more from their legal residence* or in another country which is not the country of residence. All services **MUST** be arranged by Inman Shipping Worldwide, **NO** claims for reimbursement will be accepted. Enrollment in the Travel Plan by Inman is not valid until payment has been received by the Travel Plan Administrative Center and an enrollment number has been issued to the purchaser.

*Legal residence is defined as the permanent fixed place of abode. Legal residence will require verification through voter registration, driver's registration, and/or other means. A nursing home will be deemed the residence if the stay there has exceeded 180 days.

If Participant enrolls in the Travel Plan while Participant is away from his or her legal residence, the plan of assistance will not become effective until the Participant has returned to his or her legal residence for subsequent travel.

Return to:

Travel Plan by Inman
9077 Stellhorn Crossing Parkway
Fort Wayne, IN 46815

Participant will be mailed their membership identification card and change of address from the Travel Plan by Inman.
Questions: (888) 889-8508

You may also sign up online at:
www.alternativelegacyplanning.com

____ Check enclosed, payable to Travel Plan by Inman.

Participant's Signature
02/18

Paul Bartlett
Marketer's Signature PABAAGI



Complete and mail form to: ONLY COMPLETE FOR CREDIT CARD SALE

Travel Plan by Inman
 9077 Stellhorn Crossing Parkway
 Fort Wayne, IN 46815

Note: Plan does not cover medical tourism.

Travel Plan Participant (s)

Member 1:		Date of birth:	
Phone:		Email Address:	
Address:		City:	
State:	Zip:	Gender: <input type="checkbox"/> Male	<input type="checkbox"/> Female

Member 2:		Date of birth:	
Phone:		Email Address:	
Address:		City:	
State:	Zip:	Gender: <input type="checkbox"/> Male	<input type="checkbox"/> Female

Payment Options (\$450 single, \$425 for 2nd plan at same address) TOTAL \$

- Check made payable to the Travel Plan by Inman submitted with Participation Agreement to:
 Travel Plan by Inman
 9077 Stellhorn Crossing Parkway
 Fort Wayne, IN 46815
- Credit card payment option: VISA MASTERCARD AMEX EXP DISCOVER
 Credit card number: _____ - _____ - _____ - _____ Exp. Date __/__/____ Security Code _____

Participant's Signature Printed Name Date

Marketer's Signature Paul Bartlett Printed Name Paul Bartlett
 Marketer ID: PABAAGI

Note: Upon completion of credit card transaction, this form will be shredded for participant's protection.