



# Lloyd's Certificate

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**This Insurance** is effected with certain Underwriters at Lloyd's, London.

**This Certificate** is issued in accordance with the limited authorization granted to the Correspondent by certain Underwriters at Lloyd's, London whose syndicate numbers and the proportions underwritten by them can be ascertained from the office of the said Correspondent (such Underwriters being hereinafter called "Underwriters") and in consideration of the premium specified herein, Underwriters hereby bind themselves severally and not jointly, each for his own part and not one for another, their Executors and Administrators.

**The Assured** is requested to read this Certificate, and if it is not correct, return it immediately to the Correspondent for appropriate alteration.

All inquires regarding this Certificate should be addressed to the following Correspondent:



303 Congressional Boulevard  
Carmel, IN 46032

**CERTIFICATE PROVISIONS**

1. **Signature Required.** This Certificate shall not be valid unless signed by the Correspondent on the attached Declaration Page.
2. **Correspondent Not Insurer.** The Correspondent is not an Insurer hereunder and neither is nor shall be liable for any loss or claim whatsoever. The Insurers hereunder are those Underwriters at Lloyd's, London whose syndicate numbers can be ascertained as hereinbefore set forth. As used in this Certificate "Underwriters" shall be deemed to include incorporated as well as unincorporated persons or entities that are Underwriters at Lloyd's, London.
3. **Cancellation.** If this Certificate provides for cancellation and this Certificate is cancelled after the inception date, earned premium must be paid for the time the insurance has been in force.
4. **Service of Suit.** It is agreed that in the event of the failure of Underwriters to pay any amount claimed to be due hereunder, Underwriters, at the request of the Assured, will submit to the jurisdiction of a Court of competent jurisdiction within the United States. Nothing in this Clause constitutes or should be understood to constitute a waiver of Underwriters' rights to commence an action in any Court of competent jurisdiction in the United States, to remove an action to a United States District Court, or to seek a transfer of a case to another Court as permitted by the laws of the United States or of any State in the United States. It is further agreed that service of process in such suit may be made upon the firm or person name in item 6 of the attached Declaration Page, and that in any suit instituted against any one of them upon this contract, Underwriters will abide by the final decision of such Court or of any Appellate Court in the event of an appeal. The above-named are authorized and directed to accept service of process on behalf of Underwriters in any such suit and/or upon request of the Assured to give a written undertaking to the Assured that they will enter a general appearance upon Underwriters' behalf in the event such a suit shall be instituted. Further, pursuant to any statute of any state, territory or district of the United States which makes provision therefor, Underwriters hereby designate the Superintendent, Commissioner or Director of Insurance or other officer specified for that purpose in the statute, or his successors in office, as their true and lawful attorney upon whom may be served any lawful process in any action, suit or proceeding instituted by or on behalf of the Assured or any beneficiary hereunder arising out of this contract of insurance, and hereby designate the above-mentioned as the person to whom the said officer is authorized to mail such process or a true copy thereof.
5. **Assignment.** This Certificate shall not be assigned either in whole or in part without the written consent of the Correspondent endorsed hereon.
6. **Attached Conditions Incorporated.** This Certificate is made and accepted subject to all the provisions, conditions and warranties set forth herein, attached or endorsed, all of which are to be considered as incorporated herein.
7. **Short Rate Cancellation.** If the attached provisions provide for cancellation, the table below will be used to calculate the short rate proportion of the premium when applicable under the terms of cancellation.

**Short Rate Cancellation Table for Term of One Year.**

Days Insurance In Force	Per Cent of One Year Premium	Days Insurance In Force	Per Cent of One Year Premium	Days Insurance In Force	Per Cent of One Year Premium	Days Insurance In Force	Per Cent of One Year Premium
1.....	5 %	66- 69.....	29 %	154 -.....	156 53	256 -.....	260 77
2.....	6	70- 73.....	30		%		%
3 - 4.....	7	74- 76.....	31	157 -.....	160 54	261 -.....	264 78
5 - 6.....	8	77- 80.....	32	161 -.....	164 55	265 -.....	269 79
7 - 8.....	9	81- 83.....	33	165 -.....	167 56	270 -.....	273 (9 mos.) 80
9 - 10.....	10	84- 87.....	34	168 -.....	171 57	274 -.....	278 81
11-12.....	11	88-91 (3 mos.).....	35	172 -.....	175 58	279 -.....	282 82
13-14.....	12	92- 94.....	36	176 -.....	178 59	283 -.....	287 83
15-16.....	13	95- 98.....	37	179 -.....	182 (6 mos.) 60	288 -.....	291 84
17-18.....	14	99-102.....	38	183 -.....	187 61	292 -.....	296 85
19-20.....	15	103 -.....	105 39	188 -.....	191 62	297 -.....	301 86
21-22.....	16	106 -.....	109 40	192 -.....	196 63	302 -.....	305 (10 mos.) 87
23-25.....	17	110 -.....	113 41	197 -.....	200 64	306 -.....	310 88
26-29.....	18	114 -.....	116 42	201 -.....	205 65	311 -.....	314 89
30-32 (1 mos.).....	19	117 -.....	120 43	206 -.....	209 66	315 -.....	319 90
33-36.....	20	121 -.....	124 (4 mos.) 44	210 -.....	214 (7 mos.) 67	320 -.....	323 91
37-40.....	21	125 -.....	127 45	215 -.....	218 68	324 -.....	328 92
41-43.....	22	128 -.....	131 46	219 -.....	223 69	329 -.....	332 93
44-47.....	23	132 -.....	135 47	224 -.....	228 70	333 -.....	337 (11 mos.) 94
48-51.....	24	136 -.....	138 48	229 -.....	232 71	338 -.....	342 95
52-54.....	25	139 -.....	142 49	233 -.....	237 72	343 -.....	346 96
55-58.....	26	143 -.....	146 50	238 -.....	241 73	347 -.....	351 97
59-62 (2 mos.).....	27	147 -.....	149 51	242 -.....	246 (8 mos.) 74	352 -.....	355 98
63-65.....	28	150 -.....	153 (5 mos.) 52	247 -.....	250 75	356 -.....	360 99
				251 -.....	255 76	361 -.....	365 (12 mos.)100

Rules applicable to insurance with terms less than or more than one year:

- A. If insurance has been in force for one year or less, apply the short rate table for annual insurance to the full annual premium determined as for insurance written for a term of one year.
- B. If insurance has been in force for more than one year:
  1. Determine full annual premium as for insurance written for a term on one year.
  2. Deduct such premium from the full insurance premium, and on the remainder calculate the pro rata earned premium on the basis of the ratio of the length of time beyond one year the insurance has been in force to the length of time beyond one year for which the policy was originally written.
  3. Add premium produced in accordance with items (1) and (2) to obtain earned premium during full period insurance has been in force.

CERTIFICATE OF INSURANCE DECLARATIONS

Inbound Immigrant  
LON08-080515-01TM-Z

This Declaration is attached to and forms part of certificate provisions

ITEM 1. NAMED INSURED AND MAILING ADDRESS: AS STATED ON THE ID CARD

Inbound Immigrant  
Global International Trust  
Washington, DC, USA

ITEM 2. POLICY PERIOD: AS STATED ON THE ID CARD TERM: AS STATED ON THE ID CARD

12:01 A.M., North American Eastern Time

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS CERTIFICATE, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS CERTIFICATE.

International Travel Medical Coverage:

Inbound Immigrant

**Daily Rates (Effective October 1, 2011)**

**\$75 Per Injury / Sickness Deductible Per Person**

Age Bands	\$50,000			\$100,000		
	Daily Premium	Surplus Lines Tax	Daily Charge	Daily Premium	Surplus Lines Tax	Daily Charge
2 weeks -18	\$2.17	2%	\$2.13	\$3.17	2%	\$3.11
19 - 29	\$1.74	2%	\$1.71	\$2.54	2%	\$2.49
30 - 39	\$1.97	2%	\$1.93	\$2.87	2%	\$2.81
40 - 49	\$2.17	2%	\$2.13	\$3.17	2%	\$3.11
50 - 59	\$3.27	2%	\$3.21	\$4.60	2%	\$4.51
60 - 69	\$3.44	2%	\$3.37	\$4.84	2%	\$4.75
Dep Child*	\$1.80	2%	\$1.76	\$2.70	2%	\$2.65

\*Dependent Child rate is applicable when at least one parent will also be covered under Inbound Immigrant.

**\$150 Per Injury / Sickness Deductible Per Person**

Age Bands	\$50,000			\$100,000		
	Daily Premium	Surplus Lines Tax	Daily Charge	Daily Premium	Surplus Lines Tax	Daily Charge
2 weeks -18	\$2.07	2%	\$2.03	\$3.04	2%	\$2.98
19 - 29	\$1.67	2%	\$1.64	\$2.44	2%	\$2.39
30 - 39	\$1.87	2%	\$1.83	\$2.74	2%	\$2.69
40 - 49	\$2.07	2%	\$2.03	\$3.04	2%	\$2.98
50 - 59	\$3.17	2%	\$3.11	\$4.50	2%	\$4.41
60 - 69	\$3.34	2%	\$3.27	\$4.74	2%	\$4.65
Dep Child*	\$1.70	2%	\$1.67	\$2.54	2%	\$2.49

\*Dependent Child rate is applicable when at least one parent will also be covered under Inbound Immigrant.

**Monthly Premiums for Ages 70 and Older**

**\$125 Per Injury / Sickness Deductible Per Person**

Age Bands	\$50,000		
	Daily Premium	Surplus Lines Tax	Daily Charge
70 - 74	\$3.94	2%	\$3.86
75 - 79	\$4.07	2%	\$3.99
80 - 84	\$5.27	2%	\$5.17
85 - 89	\$5.54	2%	\$5.43
90 - 94	\$5.84	2%	\$5.73
95 - 99	\$6.10	2%	\$5.98

**\$250 Per Injury / Sickness Deductible Per Person**

Age Bands	\$50,000		
	Daily Premium	Surplus Lines Tax	Daily Charge
70 - 74	\$3.60	2%	\$3.53
75 - 79	\$3.70	2%	\$3.63
80 - 84	\$4.80	2%	\$4.71
85 - 89	\$5.04	2%	\$4.94
90 - 94	\$5.30	2%	\$5.20
95 - 99	\$5.57	2%	\$5.46

<u>Mode</u>
Premium payable, In Advance:
Surplus Lines Agent: James J. Krampen, Jr.
Surplus Lines Agent License #: 2845819 (DC)
Surplus Lines Agent Address: 303 Congressional Blvd. Carmel, IN 46032

This certificate of Insurance is made and accepted subject to the foregoing stipulations and conditions together with such other provisions, agreement or conditions as may be endorsed or added here to.

Dated: 10/01/2011

By: \_\_\_\_\_  
(Correspondent – James J. Krampen, Jr.)

# Certain Underwriters at Lloyds, London

(Herein called the Company)

The Company, in consideration of the payment of required premium, agrees with the Policyholder named in the Declarations (herein called Policyholder) to insure eligible persons of the Policyholder (herein individually called Insured Person), to the extent herein provided and subject to all of the exceptions, limitations and provisions of the Policy.

## Inbound<sup>SM</sup> Immigrant

This document is a Program Summary outlining the full description in the Inbound Immigrant Policy, LON11-110801-01TM

### Administrator

Seven Corners, Inc.

303 Congressional Blvd., Carmel, IN 46032

800-335-0611 or 317-575-2652 fax: 317-575-2659 - www.sevencorners.com

Seven Corners Claims Office

800-335-0477 or 317-575-2656

Fax 317-575-2256 – claims@sevencorners.com

Seven Corners Assist

800-690-6295 or 317-818-2808

Fax 317-815-5984 – assist@sevencorners.com

Seven Corners Assist must be contacted:

- As soon as non-emergency hospitalization is recommended.
- Within 48 hours of the first working day following an emergency admission.
- When your physician recommends any surgery, including outpatient.
- For emergency evacuation, repatriation of remains and assistance services.

### ELIGIBILITY

Persons who are non-US citizens, over the age of fourteen (14) days who are traveling to the United States for business, pleasure, to study or to immigrate, who have arrived in the United States within the twenty-four (24) months prior to the proposed Effective Date, who have paid premium as outlined in the enrollment application, and who have completed the enrollment form in complete detail are eligible for Inbound Immigrant. The Company maintains its right to investigate to verify that the eligibility requirements have been met. If and whenever the Company discovers that the policy eligibility requirements have not been met, its only obligation is refund of premium.

For the purposes of this program, persons between the ages of fourteen (14) days through sixty-nine (69) years are considered one class of Insured Person, and persons age seventy (70) and over are considered another class of Insured Person.

The eligibility date for Dependent Child(ren) of a Named Insured (as defined) shall be determined in accordance with the following: (1) If a Named Insured has Dependent Child(ren) on the date he or she is eligible for insurance; or (2) If a Named Insured acquires Dependent Child(ren) after the Effective date, such Dependent Child(ren) becomes eligible on the date the Insured acquires a Dependent Child who is within the limits of a dependent, unmarried child set forth in the "Definition" section of the policy. Dependent Child(ren) eligibility expires concurrently with that of the Named Insured.

### EFFECTIVE DATE

Effective Date under the program shall become effective at 12:01 AM North American Eastern Time on the latest of the following dates:

1. The Named Insured's departure from his home country; or
2. The date the application and premium are received by the Administrator; or
3. The date the application and premium are accepted by the Administrator; or
4. The date requested on the application.

Dependent Child(ren) coverage will not be effective prior to that of the Named Insured.

### EXPIRATION DATE

The coverage provided with respect to the Named Insured shall terminate at 12:01 AM North American Eastern Time on the earliest of the following dates:

1. The date shown on the insurance confirmation card, for which the premium is paid; or
2. The thirty-first (31<sup>st</sup>) day of any Insured Person's return trip to his or her Home Country whether days of the trip are consecutive or not; or
3. Sixty (60) months after the Named Insured's original effective date; or
4. The date the Named Insured becomes a United States citizen; or
5. The date of entry into active duty military service; or
6. The date the master policy terminates (unless the Company agrees, in writing, to permit coverage to continue to the end of the period for which premiums have been paid in lieu of a return of unearned premiums);
7. In addition, for Dependent Child(ren), coverage expires the date the Named Insured(s) coverage expires or the date they cease to be considered a Dependent Child.

### DEFINITIONS

"ACCIDENT" or "ACCIDENTAL" shall mean an event, independent of illness or self-inflicted means, which is the direct cause of bodily Injury to an Insured Person.

"BENEFIT PERIOD" shall mean the duration of time following an Eligible Accident, Injury or Illness in which to receive Medically Necessary Covered Expenses. If Your plan terminates during Your Benefit Period, You will still be eligible to receive Treatment so long as the treatment is within Your Benefit Period and outside Your Home Country (except as provided under the Home Country Coverage). Treatment due to an Injury must be performed by a Physician and meet the following conditions: a) begins within thirty (30) days after date of Injury; and b) is received within 12 months (32 weeks for Insured Persons age seventy (70) and over) after date of Injury; or Due to Sickness of an Insured Person provided Covered Medical Expenses are incurred within 12 months (32 weeks for Insured Persons age seventy (70) and over) after the date of first treatment for such Sickness.

"COMPANY" shall mean Certain Underwriters at Lloyd's, London

"COVERED MEDICAL EXPENSES" means reasonable charges which are: 1) not in excess of the maximum benefit amount payable per service as specified in the Schedule of Benefits; 2) made for services and supplies not excluded under the policy; 3) made for services and supplies which are a Medical Necessity; 4) made for services included in the Schedule of Benefits; and 5) in excess of the amount stated as a deductible, if any. Covered medical expenses will be deemed "incurred" only: 1) when the covered services are provided; and 2) when a charge is made to the Insured Person for such services.

**"DISABLEMENT"** as used with respect to medical expenses shall mean an Illness or an Accidental bodily Injury necessitating medical treatment by a Physician as defined in this Policy.  
**"DEDUCTIBLE"** means the amount of eligible Covered Expenses which are the responsibility of each Insured Person and must be paid by each Insured Person before benefits under the Policy are payable by the Company. Such amount will be subtracted from the amount or amounts charged and otherwise payable as Covered Medical Expenses. The deductible will apply per occurrence (for each Injury or Sickness) as specified in the Schedule of Benefits.

**"DEPENDENT CHILD(REN)"** means a Named Insured's dependent, unmarried children living with the Named Insured. This includes stepchildren, legally adopted children and children of adopting parents pending adoption procedures. Children shall cease to be dependent on the first occurrence of: (1) the end of the month in which they marry; or (2) the end of the month in which they attain the age of nineteen (19) years. The attainment of the limiting age will not operate to terminate the coverage of such child while the child is and continues to be both: (1) incapable of self-sustaining employment by reason of mental retardation or physical handicap; and (2) chiefly dependent upon the Insured Person for support and maintenance. Proof of such incapacity and dependency shall be furnished to the Company: 1) by the Named Insured; and 2) within thirty-one (31) days of the child's attainment of the limiting age. Subsequently, such proof must be given to the Company upon request following the child's attainment of the limiting age. If a claim is denied under the policy because the child has attained the limiting age for dependent children, the burden is on the Insured Person to establish that the child is and continues to be handicapped as defined by subsection (1) and (2).

**"ELIGIBLE BENEFIT(S)"** shall mean benefits payable by the Company to reimburse expenses which are for Medically Necessary services, supplies, care, or treatment; due to Illness or Injury; prescribed, performed or ordered by a Physician; Reasonable and Customary charges; incurred while insured under this program and which do not exceed the maximum benefit.

**"EMERGENCY"** shall mean a medical condition manifesting itself by acute signs or symptoms which could reasonably result in placing the Insured Person's life or limb in danger if medical attention is not provided within 24 hours.

**"EXPERIMENTAL/INVESTIGATIONAL"** means all services or supplies associated with: 1) treatment or diagnostic evaluation which is not generally and widely accepted in the practice of medicine in the United States of America or which does not have evidence of effectiveness documented in peer reviewed articles in medical journals published in the United States. For the treatment or diagnostic evaluation to be considered effective such articles should indicate that it is more effective than others available; or if less effective than other available treatments or diagnostic evaluations, is safer or less costly; 2) A drug which does not have FDA marketing approval; 3) A medical device which does not have FDA marketing approval; or has FDA approval under 21 CFR 807.81, but does not have evidence of effectiveness for the proposed use documented in peer reviewed articles in medical journals published in the United States. For the device to be considered effective, such articles should indicate that it is more effective than other available devices for the proposed use; or if less effective than other available devices, or is safer or less costly. The Company will make the final determination as to whether a service or supply is Experimental/Investigational.

**"EXCESS PROVISION"** means the plan benefits are payable for covered expenses not covered and payable by any other plan providing medical expense benefits. If there is no other valid and collectible benefits available from any other source, this plan will pay the covered expenses up to the limits of the policy.

**"HOME COUNTRY"** means the country where the Insured Person's Passport was issued.

**"HOSPITAL"** means a licensed or properly accredited general Hospital which: 1) is open at all times; 2) is operated primarily and continuously for the treatment of and surgery for sick and injured person as inpatients; 3) is under the supervision of a staff of one or more legally qualified Physicians available at all times; 4) continuously provides on the premises 24 hour nursing service by Registered Nurses; 5) provides organized facilities for diagnosis and major surgery on the premises; and 6) is not primarily a clinic, nursing, rest or convalescent home, or an institution specializing in or primarily treating Mental and Nervous Disorders.

**"HOSPITAL CONFINED/HOSPITAL CONFINEMENT"** means confined in a Hospital for at least eighteen (18) hours by reason of an Injury or Sickness for which benefits are payable.

**"ILLNESS"** wherever used in this Policy shall mean any medical condition, sickness, disease, disability, birth defect, congenital defect, chronic infirmity or disorder of any kind. Provided, however, that Illness does not include any learning disabilities or attitudinal or disciplinary problems. All Illnesses that exist simultaneously or which arise subsequent to a prior Illness and which directly or indirectly relate to or result or arise from the same or related causes or as a consequence thereof or from one another are considered to be one Illness. Further, if a subsequent Illness results or arises from causes or consequences that are the same as or related to the causes or consequences of a prior Illness, the subsequent Illness will be deemed to be a continuation of the prior Illness and not a separate Illness.

**"INJURY"** means bodily Injury: 1) directly and independently caused by specific accident which is unrelated to any pathological, functional, or structural disorder or Injury; 2) treated by a Physician within thirty (30) days after the date of accident; and 3) which causes loss during the term of the policy.

**"INSURED PERSON"** means: 1) the Named Insured; and 2) Dependent Child(ren) of the Named Insured, if: 1) the Dependent Child(ren) is properly enrolled in the program; and 2) the appropriate dependent premium has been paid. The term "Insured" also means Insured Person.

**"INTENSIVE CARE"** means (1) a specifically designated facility of the Hospital that provides the highest level of medical care; and (2) which is restricted to those patients who are critically ill or injured. Such facility must be separate and apart from the surgical recovery room and from rooms, beds and wards customarily used for patient confinement.

**"LOSS"** in reference to quadriplegia, paraplegia, hemiplegia, and uniplegia, shall mean the complete and irreversible paralysis of such limbs and with regard to hands and feet, actual severance through and above the wrist or ankle joints, and with regard to eyes, entire irrecoverable Loss of sight.

**"MEDICAL EMERGENCY"** means the occurrence of a sudden, serious and unexpected Sickness or Injury. In the absence of immediate medical attention, a reasonable person could believe this condition would result in: (1) Death; (2) Permanent placement of the Insured's health in jeopardy; (3) Serious impairment of bodily functions; or (4) Serious and permanent dysfunction of any body organ or part. Expenses incurred for "Medical Emergency" will be paid only for Sickness or Injury which fulfills the above conditions. These expenses will not be paid for minor injuries or minor Sicknesses.

**"MEDICAL NECESSITY/MEDICALLY NECESSARY"** means those services or supplies provided or prescribed by a Hospital or Physician which are: (1) Essential for the symptoms and diagnosis or treatment of the Sickness or Injury; (2) Provided for the diagnosis, or the direct care and treatment of the Sickness or Injury; (3) In accordance with the standards of good medical practice; (4) Not primarily for the convenience of the Insured, or the Insured's Physician; and (5) The most appropriate supply or level of service which can safely be provided to the Insured. The Medical Necessity of being Hospital Confined means that: 1) the Insured requires acute care as a bed patient; and 2) the Insured cannot receive safe and adequate care as an outpatient. The policy only provides payment for services, procedures and supplies which in the judgement of the Company are a Medical Necessity. No benefits will be paid for expenses which are determined not to be a Medical Necessity, including any or all days of Hospital Confinement.

**"MENTAL AND NERVOUS DISORDER"** means a Sickness that is a mental, emotional or behavioral disorder.

**"NAMED INSURED"** means an eligible person who: 1) has completed an application; and 2) that application and the appropriate premium for coverage has been paid and accepted by the Administrator.

**"NEWBORN INFANT"** means any child born of an Insured while that person is insured under the policy. Newborn Infants will be covered under the policy for the first thirty-one (31) days after birth ONLY IF the Newborn Infant's mother was both a) insured under the policy when the Newborn Infant was born and b) her pregnancy was a covered condition under the policy. Coverage for such child will be for Injury or Sickness, including medically diagnosed congenital defects, birth abnormalities, prematurity and nursery care; benefits will be the same as for the Insured Person who is the child's parent. The Insured will have the right to continue such coverage for the child beyond the first thirty-one (31) days. To continue coverage the Insured must, within the thirty-one (31) days after the child's birth: 1) submit an application for the Newborn child (ren); and 2) pay the required additional premium for the continued coverage. If the Insured does not use this right as stated here, all coverage as to that child will terminate at the end of the first thirty-one (31) days after the child's birth.

**"OUTPATIENT"** shall mean an Insured Person who receives care in a Hospital or another institution, including: ambulatory surgical center; convalescent/skilled nursing facility; or Physician's office, for an Illness or Injury, but who is confined and is not charged for room and board.

**"PHYSICIAN"** means a person, other than the Insured or a member of the Insured's family, who holds a medical license or medical certificate. In this Policy shall mean a doctor of medicine or a doctor of osteopathy licensed to render medical services or perform Surgery in accordance with the laws of the jurisdiction where such professional services are performed, however, such definition will exclude chiropractors and physiotherapists.

**"PHYSIOTHERAPY"** means any form of the following: physical or mechanical therapy; diathermy; ultra-sonic therapy; heat treatment in any form; manipulation or massage administered by a Physician.

**"POLICY PERIOD OR PERIOD OF COVERAGE"** shall mean the period of coverage issued by the Company to the Insured Person, typically beginning with the Effective Date and ending with the Termination Date or the date coverage is renewed by the Company. Maximum Period of Coverage is 12 months.

**"PRE-EXISTING CONDITION"** shall mean any medical condition, sickness, Injury, Illness, disease, Mental Illness or Mental Nervous Disorder, regardless of the cause including any congenital, chronic, subsequent, or recurring complications or consequences related thereto or resulting therefrom that with reasonable medical certainty existed at the time of application or within the one hundred and eighty (180) days (three hundred and sixty five (365) days for Insured Persons 70 and older) immediately prior to the Insured Person's Effective Date under the policy, whether or not previously manifested, symptomatic, known, diagnosed, treated or disclosed. This specifically includes but is not limited to any medical condition, sickness, Injury, Illness, disease, Mental Illness

or Mental Nervous Disorder, for which medical advice, diagnosis, care or treatment was recommended or received or for which a reasonably prudent person would have sought treatment during the one hundred and eighty (180) days (three hundred and sixty five (365) days for Insured Persons 70 and older) immediately preceding the effective date of coverage under this policy.

“**PRESCRIPTION DRUGS**” means: 1) prescription legend drugs; 2) compound medications of which at least one ingredient is a prescription legend drug; 3) any other drugs which under the applicable state or federal law may be dispensed only upon written prescription of a Physician; and 4) injectable insulin.

“**RELATIVE**” shall mean spouse, parent, sibling, child, grandparent, grandchild, step-parent, step-child, step-sibling, in-laws (parent, son, daughter, brother and sister), aunt, uncle, niece, nephew, legal guardian, ward, or cousin of the Insured Person.

“**SERVICE PROVIDER**” shall mean a Hospital, convalescent/skilled nursing facility, ambulatory surgical center, psychiatric Hospital, community mental health center, residential treatment facility, psychiatric treatment facility, alcohol or drug dependency treatment center, birthing center, Physician, dentist, chiropractor, licensed medical practitioner, nurse, medical laboratory, assistance service company, air/ground ambulance firm, or any other such facility that the Company approves.

“**SICKNESS**” means Sickness or disease of the Insured Person which causes loss, and originates while the Insured Person is covered under the policy. All related conditions and recurrent symptoms of the same or similar condition will be considered one Sickness.

“**SOUND, NATURAL TEETH**” means natural teeth, the major portion of the individual tooth is present, regardless of fillings or caps; and is not carious, abscessed or defective.

“**SURGERY**” shall mean an invasive diagnostic procedure; or the treatment of Illness or Injury by manual or instrumental operations performed by a Physician while the patient is under general or local anesthesia.

“**TREATMENT(S)**” shall mean medical or surgical management of a patient designed to resolve the Illness(es) or Injury(ies) based on standard and accepted medical practice. For purposes of this Certificate, the course of action will only include those scheduled and approved benefits, for which the Insured Person(s) is eligible.

**SCHEDULE OF BENEFITS**

**INJURY AND SICKNESS MEDICAL BENEFITS (PART A)**

**Maximum Benefit Limit Per Sickness or Injury:**

Ages 14 days through 69: Option \$50,000 (Plan A) or \$100,000 (Plan B)  
 Age 70 and over: \$50,000

**Deductible Per Person Per Sickness or Injury:**

Ages 14 days through 69: Option \$75 or \$150  
 Age 70 and over: Option \$125 or \$250

No Coinsurance applies.

	Plan A	Plan B	Age 70 and Over
<b>INPATIENT</b>	<b>\$50,000 Max per injury/sickness</b>	<b>\$100,000 Max per injury/sickness</b>	<b>\$50,000 Max per injury/sickness</b>
Hospital Room & Board including Laboratory Tests, X-Rays, Prescription Medical and other miscellaneous	Up to \$1725/day, 30 day max	Up to \$2400 per day, 30 day max	Up to \$1250/day, 30 day max
Hospital Intensive Care Unit	Additional \$725 /day, 8 day max	Additional \$1025/day, 8 day max	Additional \$525/day, 8 day max
Surgical Treatment	Up to \$4200	Up to \$6950	Up to \$3350
Anesthetist	Up to \$1000	Up to \$1650	Up to \$800
Assistant Surgeon	Up to \$1000	Up to \$1650	Up to \$800
Physician's Non-Surgical Visits	Up to \$75/visit, 1/day, 30 visits	Up to \$100/visit, 1/day, 30 visits	Up to \$65/visit, 1/day, 30 visits
Consultant Physician, when requested by attending Physician	Up to \$500	Up to \$575	Up to \$450
Pre-Admission Tests w/in 7 days before Hospital admission	Up to \$1300	Up to \$1300	Up to \$900
Private Duty Nurse	Up to \$650	Up to \$650	Up to \$650
<b>OUTPATIENT</b>			
Surgical Treatment	Up to \$4200	Up to \$6950	Up to \$3350
Anesthetist	Up to \$1000	Up to \$1650	Up to \$800
Assistant Surgeon	Up to \$1000	Up to \$1650	Up to \$800
Physician's Non-Surgical Visits	Up to \$75/visit, 1/day, 10 visits	Up to \$100/visit, 1/day, 10 visits	Up to \$65/visit, 1/day, 10 visits
Diagnostic X-rays & Lab Services	Up to \$500	Up to \$575	Up to \$450
	Additional \$325 - One Cat scan, PET scan or MRI	Additional \$975 - One Cat scan, PET scan or MRI	Additional \$325 - One Cat scan, PET scan or MRI
Hospital Emergency Room	Up to \$400 max	Up to \$650 max	Up to \$325 max
Prescription Drugs	Up to \$135	Up to \$200	Up to \$100
Day surgery miscellaneous, related to outpatient scheduled surgery performed at a Hospital or licensed outpatient surgery center; including the cost of operating room, anesthesia, drugs and medicines and medical supplies.	Up to \$1200	Up to \$1400	Up to \$1050
<b>OTHERS</b>			
Ambulance Services	Up to \$500	Up to \$500	Up to \$500
Initial Orthopedic Prosthesis/brace	Up to \$1325	Up to \$1600	Up to \$1000
Chemotherapy and/or radiation therapy	Up to \$1325	Up to \$1600	Up to \$1000
Dental Treatment for Injury to Sound, Natural Teeth	Up to \$650	Up to \$650	Up to \$650
Mental & Nervous Disorder & Substance Abuse	Same as any Sickness	Same as any Sickness	Same as any Sickness
Maternity (conception occurs at least 90 days after your effective date)	Up to \$2,800	Up to \$2,800	N/A
Physiotherapy	Up to \$45/visit, 1/day, 12 visits	Up to \$45/visit, 1/day, 12 visits	Up to \$45/visit, 1/day, 12 visits
Emergency Evacuation	\$10,000	\$10,000	\$10,000
Repatriation of Remains	\$7,500	\$7,500	\$7,500
AD&D Principal Sum	\$25,000 Common Carrier	\$25,000 Common Carrier	\$25,000 Common Carrier
<i>If an insured person turns 70 years old during the purchased coverage period, the age 70 and over benefit schedule becomes effective upon the day the insured turns 70.</i>			

## EMERGENCY EVACUATION AND REPATRIATION OF REMAINS (PART B)

<u>BENEFIT</u>	<u>MAXIMUM AMOUNT</u>
Emergency Evacuation	\$10,000 maximum benefit
Repatriation of Remains	\$7,500 maximum benefit

## COMMON CARRIER ACCIDENTAL DEATH & DISMEMBERMENT (PART C)

<u>BENEFIT</u>	<u>PRINCIPAL SUM</u>
Accidental Death & Dismemberment	\$25,000

### A. MEDICAL EXPENSE BENEFITS – INJURY AND SICKNESS

When a covered Injury or Sickness requires treatment by a Physician, the policy will provide benefits for the maximum benefit amount payable per service as specified in the Schedule of Benefits for Medically Necessary Covered Medical Expenses which exceed the deductible per person for each Injury or Sickness. The total payable for all Covered Medical Expenses will be no more than the Maximum Benefit Limit per Sickness or Injury. Benefits are subject to the Excess Provision.

Covered Medical Expenses will be paid under the Schedule of Benefits for loss:

- 1) Due to Injury to an Insured Person provided that treatment by a Physician: a) begins within thirty (30) days after date of Injury; and b) is received within 12 months (32 weeks for Insured Persons age seventy (70) and over) after date of Injury; or
- 2) Due to Sickness of an Insured Person provided Covered Medical Expenses are incurred within 12 months (32 weeks for Insured Persons age seventy (70) and over) after the date of first treatment for such Sickness.

If a benefit is designated in the Schedule of Benefits, Covered Medical Expenses include:

- 1) Room and Board Expense: 1) daily semi-private room rate when Hospital Confined; and 2) general nursing care provided and charged for by the Hospital.
- 2) Intensive Care.
- 3) Hospital Miscellaneous Expenses: 1) while Hospital Confined; or 2) for pre-admission expenses for being Hospital Confined. Benefits will be paid for services and supplies such as: the cost of the operating room; laboratory tests; x-ray examination; anesthesia; drugs (excluding take home drugs) or medicines; therapeutic services; and supplies.
- 4) Physiotherapy (inpatient).
- 5) Surgery: Physician's fees for inpatient surgery. Payment will be made based upon the surgical schedule as specified in the Schedule of Benefits. Covered medical expenses will be paid under this inpatient surgery benefit; or under the outpatient surgery benefit, but not for both.
- 6) Anesthetist Services: in connection with inpatient surgery.
- 7) Private Duty Nurse's Services: 1) private duty nursing care only; 2) while Hospital Confined; 3) ordered by a licensed Physician; and 4) a Medical Necessity. General nursing care provided by the Hospital is not covered under this benefit.
- 8) Physician's Visits: when Hospital Confined. Benefits are limited to one Physician's visit per day. Benefits do not apply when related to surgery. Covered medical expenses will be paid under the inpatient benefit or under the outpatient benefit for Physician's Visits but not both.
- 9) Pre-admission Testing: limited to routine tests such as: complete blood count; urinalysis; and chest x-ray. If otherwise payable under the policy, major diagnostic procedures such as: cat-scans; NMR's; and blood chemistries will be paid under the "Hospital Miscellaneous" benefit.
- 10) Mental and Nervous Disorder (inpatient): the benefits and the maximum amounts are specified in the Schedule of Benefits. Benefits are limited to one Physician's visit per day.
- 11) Surgery (outpatient): Physician's fees for outpatient surgery. Payment will be made based upon the surgical schedule as specified in the Schedule of Benefits. Covered medical expenses will be paid under this outpatient surgery benefit; or under the inpatient surgery benefit, but not both.
- 12) Day Surgery Miscellaneous (Outpatient): in connection with outpatient day surgery; excluding non-scheduled surgery, and surgery performed in a Hospital emergency room, trauma center, Physician's office, or clinic. Benefits will be paid for services and supplies such as: the cost of the operating room, laboratory tests and x-ray examinations including professional fees, anesthesia, drugs or medicines, therapeutic services and supplies.
- 13) Anesthetist (Outpatient): in connection with outpatient surgery.
- 14) Physician's Visits (Outpatient): Includes injections administered during visit. Benefits do not apply when related to surgery or Physiotherapy. Covered medical expenses will be paid under the outpatient benefit or under the inpatient benefit for Physician's visits but not both.
- 15) Medical Emergency Expenses (Outpatient): only in connection with a Medical Emergency as defined. Benefits will be paid for the use of the emergency room and supplies.
- 16) Radiation Therapy (Outpatient)
- 17) Chemotherapy (Outpatient)
- 18) Prescription Drugs (Outpatient)
- 19) Mental and Nervous Disorder (Outpatient): the benefits and the maximum amounts are specified in the Schedule of Benefits. Benefits are limited to one Physician's visit per day.
- 20) Ambulance Service.
- 21) Braces and Appliances: 1) when prescribed by a Physician; and 2) a written prescription accompanies the claim when submitted. Replacement braces and appliances are not covered. Braces and appliances include durable, medical equipment which is equipment that: 1) is primarily and customarily used to serve a medical purpose; 2) can withstand repeated use; and 3) generally is not useful to a person in the absence of Injury or Sickness. No benefits will be paid for rental charges in excess of purchase price.
- 22) Consultant Physician Fees: when requested and approved by the attending Physician.
- 23) Dental Treatment: 1) performed by a Physician; and 2) made necessary by Injury to Sound, Natural Teeth. Routine dental care and treatment to the gums are not covered.
- 24) Alcoholism/Drug Abuse Treatment: the benefits and the maximum amounts are specified in the Schedule of Benefits.

### B. EMERGENCY EVACUATION

The Company will pay benefits for covered expenses incurred up to a maximum of \$10,000, if an Injury or Sickness commencing during the period of coverage results in the necessary emergency evacuation of the Insured Person. An Emergency Evacuation must be ordered by a legally licensed Physician who certifies that the severity of the Insured Person's Injury or Sickness warrants the emergency evacuation of the Insured Person. Benefits are subject to the Excess Provision.

Emergency Evacuation means:

- a) the Insured Person's medical condition warrants immediate transportation from the place where the Insured Person is injured or sick to the nearest Hospital where appropriate medical treatment can be obtained; or
- b) after being treated at a local Hospital, the Insured Person's medical condition warrants transportation to the place where he or she resides to obtain further medical treatment or to recover; or
- c) both a) and b) above.

Covered expenses are expenses, up to the maximum, for transportation, medical services and medical supplies necessarily incurred in connection with emergency evacuation of the Insured Person.

All transportation arrangements made for evacuating the Insured Person must be by the most direct and economical route. **Seven Corners Assist must make all arrangements and must authorize all expenses in advance for any Emergency Evacuation benefits to be payable**

Covered expenses must be: (a) recommended by the attending Physician; (b) required by the standard regulations of the conveyance transporting the Insured Person; and (c) authorized in advance by Seven Corners Assist.

Transportation means any land, water or air conveyance required to transport the Insured Person during an emergency evacuation. Transportation includes, but is not limited to, air ambulance, land ambulance, and private motor vehicles.

**C. REPATRIATION OF REMAINS**

The Company will pay the reasonable covered expenses incurred to return the Insured Person's body to the Insured Person's Home Country if he or she dies, not to exceed the maximum of \$7,500. Benefits are subject to the Excess Provision.

Seven Corners Assist must make all arrangements and must authorize all expenses in advance for any Repatriation of Remains benefits to be payable. The Company reserves the right to determine the benefits payable, including reductions, if it is not reasonably possible to contact Seven Corners Assist in advance.

Covered expenses include, but are not limited to, expenses for embalming, cremation, a minimally necessary container appropriate for transportation, shipping costs, and the necessary government authorizations.

**D. HOME COUNTRY COVERAGE**

**Incidental Trips to Your Home Country:** This benefit covers the Insured Person for incidental trips to his or her Home country (30 days per 12 months of purchased coverage or pro rata thereof – example: approximately 2½ days per month of purchased coverage). Maximum benefit is reduced to \$50,000 for any illness or injury occurring while on an incidental trip to the Home Country.

**E. INTERNATIONAL TRAVEL COVERAGE**

An insured person may travel to additional countries, other than the United States, up to a maximum of 30 days. You must purchase a minimum of 1 month of coverage. International travel coverage does not include travel back to the insured person's home country, and it does not extend after your current expiration date. International travel must be utilized during your current Period of Coverage.

**F. COMMON CARRIER ACCIDENTAL DEATH AND DISMEMBERMENT INDEMNITY**

Accidental Death & Dismemberment Coverage shall apply only to covered accidents sustained by an Insured Person:

- 1. While riding as a passenger (but not as a pilot, operator or member of the crew) in or on (including getting in or out of, or on or off of):
  - A) any land, water or air conveyance operated under a license for the transportation of passengers for hire; or
  - B) any Military Air Transport Aircraft; or
- 2. By being struck down by any aircraft.

The Company shall pay an indemnity determined from the Table of Losses below if an Insured Person sustains a loss stated therein resulting from Injury, provided that:

- (a) such loss occurs within three hundred and sixty five (365) days after the date of accident causing such loss; or
- (b) the indemnity payable for any such loss shall be the amount stated opposite such loss in said Table and the Principal Sum stated therein shall be the amount stated in the Schedule of Benefits, as applicable to such person and this Coverage; and
- (c) if more than one loss stated in said Table is sustained as the result of one accident, only one of the amounts so stated in said Table, the largest, shall be payable.

For Loss of:	Indemnity
Life.....	Principal Sum
Both Hands or Both Feet or Sight of Both Eyes.....	Principal Sum
One Hand and One Foot.....	Principal Sum
Either Hand or Foot and Sight of One Eye.....	Principal Sum
Either Hand or Foot.....	One-Half the Principal Sum
Sight of One Eye.....	One-Half the Principal Sum

The term "loss" as used herein shall mean with regard to hands and feet, actual severance through or above wrist or ankle joints, and with regard to eyes, entire irrecoverable loss of sight.

**G. AGGREGATE LIMIT OF INDEMNITY**

The Aggregate Limit of Indemnity of \$125,000 shall be the total limit of the Company's liability for all indemnities payable under Accidental Death and Dismemberment Indemnity with respect to all classes of Insured Persons arising out of Injury sustained by two (2) or more Insured Persons as the result of any one accident.

If the total of such indemnity exceeds said Aggregate Limit of Indemnity, the Company shall not be liable to any one such Insured Person for a greater proportion of such Insured Person's Indemnity afforded by the Accidental Death and Dismemberment Indemnity than said Aggregate Limit of Indemnity bears to the total Indemnities afforded by this Accident Death and Dismemberment Indemnity to all such Insured Persons.

**H. EXCESS PROVISION**

All benefits, except Accidental Death and Dismemberment, shall be in excess of all other valid and collectible insurance and shall apply only when such benefits are exhausted. If an Insured's Injury or Sickness is due to an act or omission of another, benefits payable by this plan are subject to recovery from amounts eventually paid to the Insured by or on behalf of, the other person.

**PREMIUM RATES**

**PREMIUMS CURRENTLY IN FORCE CAN BE FOUND ON THE CURRENT BROCHURE FOR INBOUND IMMIGRANT**

An Eligible Person may enroll for periods of coverage ranging from five (5) days to twelve (12) months, subject to the following rules: Five (5) days premium is the minimum acceptable premium; twelve (12) month's premium is the maximum acceptable premium; and the full premium is payable at the time of enrollment. Initial enrollment must occur within twenty-four (24) months of an Eligible Person's arrival in the United States.

Coverage may be renewed, if available, for additional periods at the premium rate in force at the time of renewal. The maximum total period of coverage for any one (1) Insured Person cannot exceed sixty (60) months. There is a \$5 admin fee each time you renew, and renewal notices will be provided to you via e-mail. Additionally, the company may change aspects of the program, including rates, at any renewal date.

**REFUND PROCEDURE**

Seven Corners realizes that there is uncertainty in international travel. Refund of total plan cost will only be considered if written request is received by Seven Corners prior to the Effective Date of Coverage. If written request is received after the Effective Date of coverage, the unused portion of the plan cost may be refunded minus a cancellation fee, provided no claim has been submitted to Seven Corners for reimbursement.

**EXCLUSIONS AND LIMITATIONS**

No benefits will be paid for loss or expense caused by, contributed to, or resulting from:

- 1) Pre-Existing Conditions; as defined
- 2) No benefits will be paid for loss or expense caused by, contributed to, or resulting any loss that occurs while traveling or enrolling solely for the purpose of obtaining medical treatment, while on a waiting list for a specific treatment, or while traveling against the advice of a Physician;
- 3) Maximum benefit is reduced to \$50,000 for any illness or injury occurring while on an incidental trip to the Insured Person's Home Country;
- 4) Routine physical, inoculations or other examinations where there are no objective indications of impairment of normal health, or well baby care;
- 5) Eye examinations; prescriptions or fitting of eyeglasses and contact lenses; or other treatment for visual defects and problems. "Visual Defects" means any physical defect of the eye which does or can impair normal vision;
- 6) Hearing examinations or hearing aids; or other treatment for hearing defects and problems. "Hearing Defects" means any physical defect of the ear which does or can impair normal hearing;

- 7) Dental treatment, except as the result of Injury to Sound, Natural Teeth as stated in the Schedule of Benefits;
- 8) Professional services rendered by a member of the Insured Person's immediate family, or anyone who lives with the Insured Person;
- 9) Services or supplies not necessary for the medical care of the patient's Injury or Sickness;
- 10) Weak, strained or flat feet, corns, calluses, or toenails;
- 11) Cosmetic surgery, or treatment for congenital anomalies (except as specifically provided), except reconstructive surgery as the result of a covered Injury or Sickness. Correction of a deviated nasal septum is considered cosmetic surgery unless it results from a covered Injury or Sickness;
- 12) Elective surgery and elective treatment;
- 13) Treatment, drugs, diagnostic or surgical procedures in connection with infertility, impotency, artificial insemination, sterilization or reversal thereof, unless infertility is a result of a covered Injury or Sickness;
- 14) Birth control, including surgical procedures and devices;
- 15) Routine new-born baby care, well-baby nursery and related Physician charges;
- 16) Injury sustained while participating in professional, sponsored, and/or organized amateur or intercollegiate athletics;
- 17) Injury sustained while taking part in Mountaineering, hang gliding, parachuting, bungee jumping, racing by horse or motor vehicle or motorcycle, snowmobiling, motorcycle / motor scooter riding (whether as a passenger or driver), scuba diving involving underwater breathing apparatus (unless PADI or NAUI certified), water skiing, wakeboard riding, jet skiing, windsurfing, snow skiing and snow boarding  
Mountaineering shall mean the sport, hobby or profession of walking, hiking, and climbing up mountains either:
  - 1) utilizing harnesses, ropes, crampons or ice axes; or
  - 2) ascending 4500 meters or above.
- 18) Injury or Sickness for which benefits are paid or payable under any Worker's Compensation or Occupational Disease Law or Act, or similar legislation;
- 19) Organ and tissue transplants and related services and supplies;
- 20) War, hostilities or warlike operations (whether war be declared or not), Invasion, Act of an enemy foreign to the nationality of the Insured Person or the country in, or over, which the act occurs, Civil war, Riot, Rebellion, Insurrection, Revolution, Overthrow of the legally constituted government, Civil commotion assuming the proportions of, or amounting to, an uprising, Military or usurped power, Explosions of war weapons, Utilization of Nuclear, Chemical or Biological weapons of mass destruction howsoever these may be distributed or combined, Murder or Assault subsequently proved beyond reasonable doubt to have been the act of agents of a state foreign to the nationality of the Insured Person whether war be declared with that state or not, Terrorist activity. For the purpose of this Exclusion: i) Terrorist activity means an act, or acts, of any person, or group(s) of persons, committed for political, religious, ideological or similar purposes with the intention to influence any government and/or to put the public, or any section of the public, in fear. Terrorist activity can include, but not be limited to, the actual use of force or violence and/or the threat of such use. Furthermore, the perpetrators of terrorist activity can either be acting alone, or on behalf of, or in connection with any organization(s) or governments(s). ii) Utilization of Nuclear weapons of mass destruction means the use of any explosive nuclear weapon or device or the emission, discharge, dispersal, release or escape of fissile material emitting a level of radioactivity capable of causing incapacitating disablement or death amongst people or animals. iii) Utilization of Chemical weapons of mass destruction means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing incapacitating disablement or death amongst people or animals. iv) Utilization of Biological weapons of mass destruction means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) micro-organism(s) and/or biologically produced toxin(s) (including genetically modified organisms and chemically synthesized toxins) which are capable of causing incapacitating disablement or death amongst people or animals. Also excluded hereon is any Loss or expense of whatsoever nature directly or indirectly arising out of, contributed to, caused by, resulting from, or in connection with any action taken in controlling, preventing, or suppressing any, or all, of the situations described above. In the event any portion of this exclusion is found to be invalid or unenforceable, the remainder shall remain in full force and effect;
- 21) Suicide or attempted suicide (including drug overdose) while sane or insane (while sane in Missouri); or intentionally self-inflicted Injury;
- 22) Charges of an institution, health service, or infirmary for whose service payment is not required in the absence of insurance;
- 23) Treatment of nervous or mental disorders, or Treatment of alcohol, chemical, or drug addiction, dependency, use or abuse including illness(es) caused by such addiction, dependency, use or abuse, injuries incurred while under the influence of or resulting from the use of alcohol, chemicals or drugs, unless prescribed by a Physician, except as stated in the Schedule of Benefits for mental or nervous disorders;
- 24) Loss incurred from riding in any aircraft, other than as a passenger in an aircraft licensed for the transportation of passengers;
- 25) Treatment, services, supplies or facilities in a Hospital owned or operated by: a) the Veteran's Administration; or b) a national government or any of its agencies. (This exclusion does not apply to treatment when a charge is made which the Insured is required by law to pay);
- 26) Duplicate services actually provided by both a certified nurse-midwife and Physician;
- 27) Expenses payable under any prior policy which was in force for the person making the claim;
- 28) Expenses incurred during a Hospital emergency room visit which is not of an emergency nature;
- 29) Expenses incurred for outpatient treatment in connection with the detection or correction by manual or mechanical means of structural imbalance, distortion or subluxation in the human body for purposes of removing nerve interference and the effects thereof, where such interference is the result of or related to distortion, misalignment or subluxation of or in the vertebral column;
- 30) Medical expense resulting from a motor vehicle accident in excess of that which is payable under any valid and collectible insurance;
- 31) Voluntary or elective abortion;
- 32) Expenses covered by any other valid and collectible medical, health or accident insurance;
- 33) Expenses incurred after the date insurance terminates for an Insured Person except as may be specifically provided;
- 34) Sexually transmitted and venereal disease(s);
- 35) Treatment(s) which is incurred by an Insured Person(s) who is HIV Positive (i.e., infected with the human immunodeficiency virus, the cause of acquired immunodeficiency syndrome) at the time of Application for this Insurance, whether or not the Insured Person(s) was asymptomatic or symptomatic or had knowledge of his/her HIV status on the initial Effective Date of Coverage, or any associated diagnostic tests or charges for HIV infection, seropositivity to the AIDS virus, AIDS related Illness(es), ARC Syndrome, AIDS, and all diseases caused by and/or related to HIV.
- 36) Treatment(s) for HIV, the AIDS virus, AIDS related Illness(es), ARC Syndrome, AIDS, and all diseases and illnesses caused by and/or related to HIV or arising as complications from these conditions including but not limited to the cost of testing for these conditions and/or charges for drug treatment(s) or surgeries;
- 37) Treatment for tuberculosis, malaria, cholera, dengue fever and parasitic-sourced illnesses, including but not limited to treatment required as a result of complications from those same diseases, whether or not previously manifested or symptomatic prior to the effective date of the Policy.
- 38) Charges incurred for treatment or surgeries which are Experimental / Investigational, or for research purposes; expenses which are non-medical in nature, expenses for custodial care, vocational, speech, recreational or music therapy, or durable medical equipment;
- 39) Expenses for services or supplies which are not recommended, approved and certified as Medically Necessary and reasonable by a Physician;
- 40) Chiropractic care or complementary medicine including but not limited to acupuncture and massage;
- 41) Services performed or supplies provided by a Relative of the Insured Person, or anyone who lives with the Insured Person;
- 42) Treatment of the Temporomandibular joint;
- 43) Treatment required as a result of complications or consequences of a treatment or for a condition not covered under this Policy;
- 44) Expenses for home health care, custodial care and/ or daily living, including but not limited to food, housing, or home maker services;

**THERE ARE NO BENEFITS PROVIDED FOR THE FOLLOWING:**

**Elective Surgery and Elective Treatment:** including but is not limited to surgery and/or treatment for acne; acupuncture; allergy; including allergy testing; alopecia; biofeedback-type services; birth control; breast implants; breast reduction; circumcision; corns, calluses and bunions; cosmetic procedures, except cosmetic surgery required to correct an Injury for which benefits are otherwise payable under the policy; family planning; fertility tests; gynecomastia; hirsutism; impotence, organic or otherwise; infertility (male or female), including any services or supplies rendered for the purpose or with the intent of inducing conception; learning disabilities; nasal and sinus surgery; nicotine addiction; nonmalignant warts, moles and lesions; obesity and any condition resulting therefrom (including hernia of any kind); patient controlled anesthesia treatment of a covered Injury; sexual reassignment surgery; skeletal irregularities of one or both jaws, including orthognathia and mandibular retrognathia; sleep disorders, including testing thereof; temporomandibular joint dysfunction, tubal ligation; vasectomy; and weight reduction. Elective surgery and elective treatment includes any service, treatment; or supplies that: 1) are deemed by the company to be researched or experimental; or 2) are not recognized and generally accepted medical practices in the United States.

**POLICY PROVISIONS**

1. Notice of Claim: Written notice of claim must be given to the Company within ninety (90) days after the occurrence or commencement of any Disablement covered by the Policy, or as soon thereafter as is reasonably possible. Notice given by or on behalf of the claimant to the Administrative Offices of the Company, or to any authorized agent of the Company, with information sufficient to identify the Insured Person shall be deemed notice to the Company.
2. Claim Forms: The Company, upon receipt of a notice of claim, will furnish to the claimant such forms as are usually furnished by it for filing Proofs of Loss. If such forms are not furnished within fifteen (15) days after the giving of such notice the claimant shall be deemed to have complied with the requirements of the Policy as to Proof of Loss upon submitting, within the time fixed in the Policy for filing Proofs of Loss, written proof covering the occurrence, the character and the extent of the Disablement for which claim is made.
3. Proof of Loss: Written Proof of Loss must be furnished to the Company at its said office in case of claim for loss for which this Policy provides any periodic payment contingent upon continuing loss within ninety (90) days after the termination of the period for which the Company is liable and in case of claim for any other loss within ninety (90) days after the date of such loss. Failure to furnish such proof within the time required shall not invalidate nor reduce any claim if it was not reasonably possible to give proof within such time, provided such proof is furnished as soon as reasonably possible. The Company at its option may pend resolution and adjudication of submitted claims and/ or deny coverage for Proof of Loss submitted thereafter, or for incomplete Proof of Loss, and / or failure to submit Proof of Loss.
4. Time of Payment of Claims: Indemnities payable under the Policy for any loss other than loss for which the Policy provides any periodic payment will be paid immediately upon receipt of due written proof of such loss. Subject to due written Proof of Loss, all accrued indemnities for loss for which the Policy provides periodic payment will be paid at the expiration of each four (4) weeks during the continuance of the period for which the Company is liable, and any balance remaining unpaid upon the termination of liability will be paid immediately upon receipt of due written proof.
5. Payment of Claims: Indemnity for loss of life will be payable in accordance with the beneficiary designation and the provisions respecting such payment which may be prescribed herein and effective at the time of payment. If no such designation or provision is then effective, such indemnity shall be payable to the estate of the Insured Person. Any other accrued indemnities unpaid at the Insured Person's death may, at the option of the Company, be paid either to such beneficiary or to such estate. All other indemnities will be payable to the Insured Person. If any indemnity of the Policy shall be payable to the estate of an Insured Person, or to an Insured Person who is a minor or otherwise not competent to give a valid release, the Company may pay such indemnity, up to an amount not exceeding \$1,000, to any Relative by blood or connection by marriage of the Insured Person who is deemed by the Company to be equitably entitled thereto. Any payment made by the Company in good faith pursuant to this provision shall fully discharge the Company to the extent of such payment. Subject to any written direction of the Insured Person all or a portion of any indemnities provided by this Policy on account of Hospital, nursing, medical or Surgical service may, at the Company's option and unless the Insured Person requests otherwise in writing not later than the time for filing proof of such loss, be paid directly to the Hospital or person rendering such services, but it is not required that the service be rendered by a particular Hospital or person.
6. Physical Examination and Autopsy: The Company at its own expenses shall have the right and opportunity to examine the person of any individual whose Injury or Illness is the basis of claim when and as often as it may reasonably require during the pendency of a claim hereunder and to make an autopsy in case of death, where it is not forbidden by law.
7. Misrepresentation: Any misstatement, omission, concealment or fraud, either in the Insured Person's application which forms a part of the Certificate, or in relation to any statement, certification or warranty made by the Insured Person or his/ her representatives, agents, or proxies, whether in writing or otherwise, to the Company or their respective agents, employees or representatives, or in connection with the making of any claim under this Certificate, shall render this Certificate null and void and all claims and benefits under this Certificate shall be forfeited and waived.
8. Legal Actions: No actions at law or in equity shall be brought to recover on the Policy prior to the expiration of sixty (60) days after written proof of loss has been furnished in accordance with requirements of this Policy. No such action shall be brought after expiration of three (3) years after that time written Proof of Loss is required to be furnished.

**Excess Benefits**

All coverages, except Accidental Death and Dismemberment, shall be in excess of all other valid and collectible Insurance Indemnity and shall apply only when such benefits are exhausted. Other valid and collectible Insurance Indemnity for which benefits may be payable are Insurance programs provided by:

- (a) Individual, group or blanket Insurance or coverage;
- (b) Other prepayment coverage provided on a group or individual basis;
- (c) Any coverage under labor management trusted plans, union welfare plans, employer organizational plans, employee benefit organization plans, or other arrangement of benefits for individuals of a group;
- (d) Any coverage required or provided by any statute, socialized Insurance program;
- (e) Any no-fault automobile Insurance;
- (f) Any third party liability Insurance.

**Subrogation**

To the extent the Company pays for a loss suffered by an Insured, the Company will take over the rights and remedies the Insured had relating to the loss. This is known as subrogation. The Insured must help the Company to preserve its rights against those responsible for the loss. This may involve signing any papers and taking any other steps the Company may require. If the Company takes over an Insured's rights, the Insured must sign an appropriate subrogation form supplied by the Company.

**Coverage Intent**

Please be aware that this is not a general health insurance policy but an interim travel medical program intended for use while away from your Home Country or Country of Residence.

**Pre-Notification and Network Procedures**

1. *Pre-Notification* - You or someone on Your behalf are required to contact Seven Corners Assist in the following situations:
  - a) Within 48 hours of an emergency hospital admission anywhere in the world.
  - b) Before a scheduled, non-emergency hospital admission anywhere in the world.
  - c) Before receiving any medical treatment inside the United States.
  - d) Before inpatient or outpatient surgery worldwide.

***Pre-Notification does not guarantee that benefits will be paid.***

2. *Network*

- a) Outside of the United States: Seven Corners has an extensive network of international providers, many of which have direct pay agreements. We recommend You contact Seven Corners Assist for a provider referral, however, You may seek treatment at any facility.

*Utilizing the network does not guarantee benefits or that the treating facility will bill Seven Corners direct.*

Contact information for Seven Corners Assist is provided below and on the back of Your ID Card. Our multilingual representatives are available 24/7 to help you. Contact us immediately for Emergency Medical Evacuation, Return of Remains, Emergency Reunion, and Return of Minor Child(ren).

A listing of network providers can be found at [www.sevencorners.com/networkproviders](http://www.sevencorners.com/networkproviders) or by contacting Seven Corners Assist. In addition, WellAbroad.com provides a complete listing of providers as well as other important and varied up-to-date travel information.

Seven Corners Assist  
Inside the United States: 1-800-690-6295  
Outside the United States: 0-317-818-2808 (Collect)  
Fax: 1-317-815-5984  
E-mail: [assist@sevencorners.com](mailto:assist@sevencorners.com)

**Wellabroad.com**

In our ever changing world, Seven Corners' WellAbroad® seeks to prepare individuals and groups with the advanced tools for successful travel. WellAbroad® offers medical, political and cultural information and includes many benefits and educational resources, such as:

- Text messaging alerts - Registered users receive updates regarding weather emergencies, security issues, custom alerts, and health care or pandemic warnings.
- Provider network directory - Clients and travelers can create customized country profiles which allow instant access to providers in the specified regions to which they are traveling.
- Online forums - Fellow travelers and Seven Corners' staff post experiences and travel tips which can be accessed at any time.

**Claims Services**

**Important Note:** Claim forms and receipts for medical expenses must be sent to Seven Corners quickly. Claim submissions must be made within ninety (90) after the Date of Service. Should they be received after ninety (90) days, they may be considered ineligible.

To report claims or verify eligibility, send the original bills and claim forms to Seven Corners, Inc., or call or fax to the numbers below.

Be certain to include Your ID# shown on the ID Card with all correspondences:

Seven Corners, Inc.  
303 Congressional Blvd; Carmel, IN 46032  
800-335-0477 or 317-575-2256 FAX 317-575-2659 email: [info@sevencorners.com](mailto:info@sevencorners.com) [www.SevenCorners.com](http://www.SevenCorners.com)

**Insurance Company**

This Insurance, under Policy LON11-110801-01TM, is underwritten by Certain Underwriters at Lloyds, London, rated A "Excellent" by AM Best.

#### SEVERABILITY OF INTEREST CLAUSE

This Policy shall operate in all respects as if a separate Policy had been issued to each party insured hereunder, except that in no event shall the total liability of the Insurers in respect of all parties insured hereunder exceed the Limit of Indemnity stated in this Policy. - LSW1001

#### LLOYD'S PRIVACY POLICY STATEMENT

#### UNDERWRITERS AT LLOYD'S, LONDON

The Certain Underwriters at Lloyd's, London want you to know how we protect the confidentiality of your non-public personal information. We want you to know how and why we use and disclose the information that we have about you. The following describes our policies and practices for securing the privacy of our current and former customers.

#### INFORMATION WE COLLECT

The non-public personal information that we collect about you includes, but is not limited to:

- Information contained in applications or other forms that you submit to us, such as name, address, and social security number
- Information about your transactions with our affiliates or other third-parties, such as balances and payment history
- c) Information we receive from a consumer-reporting agency, such as credit-worthiness or credit history

#### INFORMATION WE DISCLOSE

We disclose the information that we have when it is necessary to provide our products and services. We may also disclose information when the law requires or permits us to do so,

#### CONFIDENTIALITY AND SECURITY

Only our employees and others who need the information to service your account have access to your personal information. We have measures in place to secure our paper files and computer systems.

#### RIGHT TO ACCESS OR CORRECT YOUR PERSONAL INFORMATION

You have a right to request access to or correction of your personal information that is in our possession.

#### CONTACTING US

If you have any questions about this privacy notice or would like to learn more about how we protect your privacy, please contact the agent or broker who handled this insurance. We can provide a more detailed statement of our privacy practices upon request. - LSW1135b

# LLOYD'S

One Lime Street London EC3M &HA