

additional information

how to calculate your premium

Premium: 45-year-old non-US citizen traveling to the United States, from March 15th to April 10th

Example: \$50 per Injury / Sickness deductible and \$50,000 per incident maximum, with pre-existing condition option

Daily Rate for 45 year old, \$1.26 per day:
 Optional Pre-Ex Benefit \$1.26 x 1.26 = **\$1.59 (New Daily rate)**
 x
 March 15th through April 10th equals 27 days: **27 days**
 Total Premium Submitted: **\$42.93**

Please be aware that this is not a general health insurance policy, but an interim program intended for temporary use. Inbound® USA does not guarantee payment to a facility or individual for medical expenses until the Company determines that it is an eligible expense.

what you will receive

Upon successful enrollment in Inbound® USA, you will receive an information packet from Seven Corners, if you choose written fulfillment. If an email address is provided, you will receive electronic fulfillment which provides complete policy details. Both methods will include your ID Card and Program Summary. The Program Summary describes all the benefits of Inbound® USA in complete detail. In addition, the Program Summary explains the procedure for submitting claims.

refund of premium

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.

the insurance company

Inbound® USA is underwritten by Certain Underwriters at Lloyd's of London and is rated A "Excellent" by A.M. Best. In addition to being one of the largest insurance entities in the world, Lloyd's has over 300 years of experience in the international insurance business.

****Attention Applicants:** Certain Underwriters at Lloyd's of London, operates as an approved Surplus Lines market in the United States. The premiums listed include a general Surplus Lines Tax. Your State of Residence may warrant an additional Surplus Lines Tax, Stamping Fees and administration fee. Upon receipt and review of your application, Seven Corners will inform you if additional Surplus Lines Taxes and fees will apply. If so, Seven Corners will request the payment of the additional Surplus Lines Taxes and fees from you prior to issuing coverage. The additional Surplus Lines Taxes and fees shall be listed on the declaration page of your policy.

monthly & daily rates

Monthly Rates Effective February 1, 2012**

\$50 Per Injury / Sickness Deductible Per Person Policy Maximum Options

Age	Plan A	Plan B	Plan C	Plan D
	\$50,000	\$75,000	\$100,000	\$130,000
	<i>Monthly/Daily</i>	<i>Monthly/Daily</i>	<i>Monthly/Daily</i>	<i>Monthly/Daily</i>
2 weeks - 18	\$45 / \$1.51	\$53 / \$1.78	\$61 / \$2.04	\$80 / \$2.65
19 - 29	\$38 / \$1.25	\$44 / \$1.46	\$51 / \$1.68	\$66 / \$2.18
30 - 39	\$42 / \$1.40	\$50 / \$1.65	\$57 / \$1.89	\$74 / \$2.46
40 - 49	\$45 / \$1.51	\$53 / \$1.78	\$61 / \$2.04	\$80 / \$2.65
50 - 59	\$62 / \$2.06	\$72 / \$2.39	\$82 / \$2.73	\$106 / \$3.54
60 - 69	\$69 / \$2.29	\$80 / \$2.66	\$91 / \$3.03	\$118 / \$3.94
Dependent Child (Age 2 weeks - 18)*	\$43 / \$1.43	\$51 / \$1.69	\$58 / \$1.94	\$76 / \$2.52

\$50 Per Injury / Sickness Deductible Per Person Policy Maximum Options

Age	Plan A	Plan B	Plan C	Plan D
	\$50,000	\$75,000	\$100,000	\$130,000
	<i>Monthly/Daily</i>	<i>Monthly/Daily</i>	<i>Monthly/Daily</i>	<i>Monthly/Daily</i>
2 weeks - 18	\$38 / \$1.26	\$44 / \$1.47	\$51 / \$1.69	\$66 / \$2.19
19 - 29	\$31 / \$1.04	\$37 / \$1.22	\$42 / \$1.39	\$54 / \$1.81
30 - 39	\$35 / \$1.17	\$41 / \$1.37	\$47 / \$1.57	\$61 / \$2.03
40 - 49	\$38 / \$1.26	\$44 / \$1.47	\$51 / \$1.69	\$66 / \$2.19
50 - 59	\$52 / \$1.72	\$60 / \$2.00	\$68 / \$2.28	\$89 / \$2.96
60 - 69	\$57 / \$1.91	\$67 / \$2.22	\$76 / \$2.53	\$99 / \$3.29
Dependent Child (Age 2 weeks - 18)*	\$36 / \$1.20	\$42 / \$1.40	\$48 / \$1.61	\$62 / \$2.08

\$100 Per Injury / Sickness Deductible Per Person Policy Maximum Options

Age	Plan A	Plan B	Plan C	Plan D
	\$50,000	\$75,000	\$100,000	\$130,000
	<i>Monthly/Daily</i>	<i>Monthly/Daily</i>	<i>Monthly/Daily</i>	<i>Monthly/Daily</i>
2 weeks - 18	\$35 / \$1.16	\$41 / \$1.37	\$47 / \$1.57	\$62 / \$2.05
19 - 29	\$29 / \$0.96	\$34 / \$1.13	\$39 / \$1.30	\$51 / \$1.69
30 - 39	\$32 / \$1.08	\$38 / \$1.27	\$44 / \$1.46	\$57 / \$1.90
40 - 49	\$35 / \$1.16	\$41 / \$1.37	\$47 / \$1.57	\$62 / \$2.05
50 - 59	\$48 / \$1.59	\$57 / \$1.90	\$67 / \$2.22	\$86 / \$2.88
60 - 69	\$53 / \$1.78	\$64 / \$2.12	\$74 / \$2.47	\$96 / \$3.21
Dependent Child (Age 2 weeks - 18)*	\$33 / \$1.10	\$39 / \$1.30	\$45 / \$1.49	\$59 / \$1.95

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

Monthly/ Daily Premiums for Ages 70 and Older

\$100 Per Injury / Sickness Deductible Per Person Policy Maximum Options

Age	Plan J	Plan K
	\$50,000	\$70,000
	<i>Monthly/Daily</i>	<i>Monthly/Daily</i>
Age 70 - 74	\$89 / \$2.98	\$125 / \$4.16
Age 75 - 79	\$98 / \$3.28	\$137 / \$4.58
Age 80 - 84	\$198 / \$6.60	\$278 / \$9.26
Age 85 - 89	\$286 / \$9.52	\$400 / \$13.33
Age 90 - 94	\$309 / \$10.30	\$433 / \$14.43
Age 95 - 99	\$356 / \$11.84	\$497 / \$16.56

\$200 Per Injury / Sickness Deductible Per Person Policy Maximum Options

Age	Plan J	Plan K
	\$50,000	\$70,000
	<i>Monthly/Daily</i>	<i>Monthly/Daily</i>
Age 70 - 74	\$74 / \$2.48	\$104 / \$3.47
Age 75 - 79	\$82 / \$2.73	\$115 / \$3.82
Age 80 - 84	\$166 / \$5.51	\$232 / \$7.71
Age 85 - 89	\$244 / \$8.11	\$341 / \$11.36
Age 90 - 94	\$264 / \$8.78	\$369 / \$12.29
Age 95 - 99	\$303 / \$10.08	\$424 / \$14.11

inbound® usa application

Effective February 1, 2012

(please print or type using black ink)

Official Use Only:

Cert#:

Processed:

Eff. Date:

Agent:

applicant information

Mr. Mrs. Miss Ms

Last Name: _____

First Name: _____ M.I. _____

Country of Permanent, fixed Residence (Home Country) _____

Passport Number: _____

Passport Country: _____

for accidental death & dismemberment benefit

Beneficiary: _____ Relationship: _____

us address of correspondence (address must be in the united states)

Name: _____

Address: _____

City: _____ State: _____ Postal Code: _____

Work Phone: () _____ Home Phone: () _____

Email Address: _____

When did or will you arrive in the United States: ___/___/___ (MM/DD/YY)

Date you would like coverage to begin: ___/___/___ (MM/DD/YY)

Note: This program is not available to United States citizens. Your coverage must begin within twelve (12) months of your arrival in the United States. The minimum period of coverage is 5 days, maximum is three hundred and sixty-four (364) days. Total program length available is three hundred and sixty-four (364) days. Coverage cannot begin until you depart from your home Country and Seven Corners both receives and accepts your application and correct premium.

coverage specifics

Have you purchased insurance through Seven Corners before? No Yes

If Yes, ID Number: _____

Age 2 weeks to Age 69:

Plan A: \$50,000

Plan B: \$75,000

Plan C: \$100,000

Plan D: \$130,000

Age 70 to 99:

Plan J: \$50,000

Plan K: \$70,000

Selected Per Injury/Sickness

Deductible:

\$0

\$50

\$100

Agess 70 and over options:

\$100

\$200

Optional Pre-Ex Benefit

Yes

No

Paper ID Card Fulfillment

Yes

No

If there are one or more applicants below age 70 and one or more applicants age 70 and above, separate applications must be submitted.

calculating your plan cost (please complete entire section)

	Date of Birth (MM/DD/YY)	Monthly Rate	Daily Rate
Applicant: _____	(___/___/___)		
Spouse: _____	(___/___/___)		
Child: _____	(___/___/___)		
Child: _____	(___/___/___)		
Child: _____	(___/___/___)		
Total:		\$	\$

Minimum period of coverage is 5 days

Multiply Monthly Rate Total by number of months: _____ X _____

Monthly Total [A]: \$ _____

Multiply Daily Rate Total by number of days: _____ X _____

Daily Total [B]: \$ _____

Optional Pre-Ex Benefit (If Chosen) (Total of [A] and [B]) X 1.26: \$ _____

Total Payment Enclosed (Total of [A] and [B]): \$ _____

method of payment

Check Money Order MasterCard

Visa Discover American Express

Card Number: _____ CWV: _____

Expiration Date: _____ Daytime Phone: () _____

Name as it appears on Card: _____

Signature (Required) _____

Billing Address: _____

Make Check or Money Order Payable to: "Seven Corners". Total Payment for the Full Term of coverage requested on this application must be paid in U.S. Dollars at the time application for coverage is made. Coverage purchased by credit card is subject to validation and acceptance by credit card company. I declare that I agree to and have read and understand the terms and conditions of this product as outlined in this brochure and the program summary, including that coverage is not available to any U.S. citizen. I understand that pre-existing conditions, as defined in the program summary, are not covered. I understand that this is not a general health insurance product, but a limited benefit program designed to provide basic benefits under certain circumstances. I also understand that Lloyd's operates as an approved but non-admitted insurer in most US states and that claims may not be made against any state guarantee fund. I understand and agree that this program does not comply with any US state insurance law. I also understand any person who, with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an enrollment form, or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

I hereby subscribe to the Global International Trust and enroll in the group coverage for which I am eligible under the group contract issued by Certain Underwriters at Lloyd's, London. As signatory, I declare that I am affirming all statements for all persons listed on the application (and declare that I have the authority to do so).

Signature of Insured or Proxy (Required)

Date