

additional information

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, customs 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.

Happy travels – www.wellabroad.com.

seven corners assist

u.s. provider network (ppo) (foreign nationals visiting the united states)

When you are in the United States, you have the ability to use any medical provider/facility of your choice. Seven Corners Assist does, however, have a list of recommended providers/facilities for you to use. Please visit our website at www.sevencorners.com or call our 24-hour assistance center to locate the nearest medical facility. Kindly note that when you are pre-notifying, visiting a physician or medical facility, please be sure to present your ID Card.

international network (u.s. citizens traveling overseas)

Seven Corners Assist is a leading provider of customized emergency assistance services to international organizations, corporations, government entities, insurance companies, and individual travelers. Regardless of the location, Seven Corners Assist provides valuable assistance in locating the best possible medical treatment.

Seven Corners has access to over 12,000 doctors and hospitals worldwide. With one phone call, we can assist you in locating a physician in order to receive the care you need. Additionally, Seven Corners Assist is trained to reach outside of our network in order to locate the care you need as quickly as possible.

Contact information for Seven Corners Assist is located on your ID Card.

rates

Effective January 1, 2012

Age Band	Participant	Participant's Spouse	Participant's Child
	monthly/daily	monthly/daily	monthly/daily

U.S. Students Study Abroad

Plan A – 80% Coinsurance / \$50 Deductible

12-18	\$31.00/\$1.03	\$74.00/\$2.46	\$67.00/\$2.24
19-23	\$31.00/\$1.03	\$74.00/\$2.46	\$67.00/\$2.24
24-30	\$47.00/\$1.57	\$113.00/\$3.77	\$67.00/\$2.24
31-40	\$70.00/\$2.33	\$168.00/\$5.61	\$67.00/\$2.24
41-50	\$134.00/\$4.47	\$268.00/\$8.94	\$67.00/\$2.24
51-64	\$240.00/\$8.00	\$352.00/\$11.72	\$67.00/\$2.24

Plan B – 80% Coinsurance / \$0 Deductible

12-18	\$33.00/\$1.10	\$79.00/\$2.63	\$72.00/\$2.41
19-23	\$33.00/\$1.10	\$79.00/\$2.63	\$72.00/\$2.41
24-30	\$51.00/\$1.70	\$122.00/\$4.08	\$72.00/\$2.41
31-40	\$75.00/\$2.50	\$181.00/\$6.02	\$72.00/\$2.41
41-50	\$144.00/\$4.80	\$288.00/\$9.60	\$72.00/\$2.41
51-64	\$257.00/\$8.57	\$377.00/\$12.55	\$72.00/\$2.41

Plan C – 100% Coinsurance / \$50 Deductible

12-18	\$34.00/\$1.13	\$81.00/\$2.70	\$69.00/\$2.30
19-23	\$34.00/\$1.13	\$81.00/\$2.70	\$69.00/\$2.30
24-30	\$51.00/\$1.70	\$122.00/\$4.08	\$69.00/\$2.30
31-40	\$76.00/\$2.53	\$183.00/\$6.09	\$69.00/\$2.30
41-50	\$146.00/\$4.87	\$292.00/\$9.74	\$69.00/\$2.30
51-64	\$261.00/\$8.70	\$383.00/\$12.75	\$69.00/\$2.30

Plan D – 100% Coinsurance / \$0 Deductible

12-18	\$36.00/\$1.20	\$86.00/\$2.86	\$80.00/\$2.68
19-23	\$36.00/\$1.20	\$86.00/\$2.87	\$80.00/\$2.68
24-30	\$55.00/\$1.83	\$132.00/\$4.40	\$80.00/\$2.68
31-40	\$81.00/\$2.70	\$195.00/\$6.50	\$80.00/\$2.68
41-50	\$156.00/\$5.20	\$312.00/\$10.40	\$80.00/\$2.68
51-64	\$279.00/\$9.30	\$409.00/\$13.62	\$80.00/\$2.68

Foreign Nationals Visiting the U.S.

Plan M – 80% Coinsurance / see schedule for deductible

12-18	\$48.00/\$1.60	\$134.00/\$4.47	\$133.00/\$4.43
19-23	\$61.00/\$2.03	\$238.00/\$7.93	\$133.00/\$4.43
24-30	\$128.00/\$4.27	\$338.00/\$11.27	\$133.00/\$4.43
31-40	\$198.00/\$6.60	\$411.00/\$13.70	\$133.00/\$4.43
41-50	\$252.00/\$8.40	\$509.00/\$16.97	\$133.00/\$4.43
51-64	\$355.00/\$11.83	\$509.00/\$16.97	\$133.00/\$4.43

Plan N – 100% Coinsurance / see schedule for deductible

12-18	\$135.00/\$4.50	\$265.00/\$8.83	\$263.00/\$8.77
19-23	\$145.00/\$4.83	\$339.00/\$11.30	\$263.00/\$8.77
24-30	\$250.00/\$8.33	\$603.00/\$20.10	\$263.00/\$8.77
31-40	\$274.00/\$9.13	\$775.00/\$25.83	\$263.00/\$8.77
41-50	\$299.00/\$9.97	\$846.00/\$28.20	\$263.00/\$8.77
51-64	\$367.00/\$12.23	\$896.00/\$29.87	\$263.00/\$8.77

(please print or type using black ink)

Official Use Only:

Cert#:

Processed:

Eff. Date:

Agent:

applicant information

Choose One, you are...

- US Citizen Studying Overseas; or
- International Students - Foreign National Student Studying in the United States

- Mr. Mrs. Miss Ms

Last Name: _____

First Name: _____ M.I. _____

Country of Permanent, fixed Residence (Home Country) _____

Passport Number: _____

For Foreign Nationals, Visa Number: _____

Visa Type : _____

Departure Date from your Home Country: ___/___/___ (MM/DD/YY)

for accidental death & dismemberment benefit:

Beneficiary: _____ Relationship: _____

address of correspondence (where ID card is to be sent)

Name: _____

Address: _____

City: _____ State: _____

Postal Code: _____ Country: _____

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

Email Address: _____

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

Destination?: _____

Name of School or Educational Institution: _____

What is your expected return date?: ___/___/___ (MM/DD/YY)

Please note: The minimum period of coverage is 5 days, the maximum is 12 months (please see Continuing Coverage Option). Coverage must be purchased in increments of no less than 5 days. Coverage cannot begin until your departure from your Home Country, nor will coverage begin until Seven Corners receives and accepts your application and correct payment.

coverage specifics

U.S. Citizens, please choose plan:

- Plan A: \$50 deductible, 80% coinsurance
- Plan B: \$0 deductible, 80% coinsurance
- Plan C: \$50 deductible, 100% coinsurance
- Plan D: \$0 deductible, 100% coinsurance

Foreign Nationals, please choose plan:

- Plan M: After deductible, 80% coinsurance
- Plan N: After deductible, 100% coinsurance

Continuing Coverage Option:

- No Yes (must buy at least 3 months)

calculating your plan cost (please complete entire section)

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

Minimum period of coverage is 15 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]: \$ _____

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

method of payment

- Check Money Order MasterCard
- Visa Discover American Express

Card Number: _____ CVV: _____

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 must be paid in U.S. dollars (checks must be issued from a U.S. bank) at the time application for coverage is made. Coverage purchased by credit card is subject to validation and acceptance by the credit card company. I declare that I understand the terms and conditions of this product, as outlined in this brochure. I understand that pre-existing conditions, as defined in the definitions section, are excluded. I understand this program is for persons traveling outside their home country.

I hereby subscribe to the American Consumer Insurance Trust and enroll in the group coverage for which I am eligible under the group contract issued by United States Fire Insurance Company. For Special States, it is the Global International Trust by Certain Underwriters at Lloyd's of London.

Signature of Insured or Proxy (Required)

Date