

Enrollee Application – Diplomat Long Term (LT)

DLT: 5/2017

Please Note: Coverage is not available for citizens of Australia or residents of New York, Maryland and South Dakota. Coverage is not available for travel in Iran.

Last Name: _____ First Name: _____ Middle: _____

Home Country Address: _____

City: _____ State: _____ Zip Code: _____ Country: _____

Passport Number: _____ Issuing Country: _____

For Accidental Death Benefit:

Beneficiary: _____ Relationship: _____

Address: _____

Send Policy to: Email Postal Service Check box if Home Country Address is the mailing address

Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____ Country: _____

Email: _____ Phone: _____

Requested Effective Date: _____ Termination Date: _____ Total # of Months (B) _____

Destination: _____ (Must be purchased for a minimum of 3 months)

Plan Maximum (Circle One)	Deductible Factors (Circle One) (C)	Optional Benefit Enhancements & Factors (Circle All That Apply)
Traveling TO the USA	\$0 = 1.3 \$500 = 0.9	(D) Enhanced AD&D Benefit (Age 18+): _____
Plan A - \$500,000	\$50 = 1.2 \$1000 = 0.8	(E) Athletic Sports & Hazardous Activity x 1.25
Plan B - \$1,000,000	\$100 = 1.1 \$2500 = 0.7	(E) Home Country Coverage x 1.10
Traveling OUTSIDE the USA	\$250 = 1 \$5000 = 0.6	Total (E) _____ (only add numbers after decimal)
Plan A - \$500,000		(F) Special Sport Flat Rate: _____
Plan B - \$1,000,000		List Table & Option #: _____

Calculating Your Plan Cost

Name of Persons to be Insured	Gender	Date of Birth (MM/DD/YYYY)	Monthly Premium
Enrollee: _____	M or F	___/___/___	_____
Spouse: _____	M or F	___/___/___	_____
Child: _____	M or F	___/___/___	_____
Child: _____	M or F	___/___/___	_____
Child: _____	M or F	___/___/___	_____

Total Monthly Plan Cost (A): _____

_____ X _____ = _____ X _____ = _____

Total Monthly Plan Cost (A) X Total # of Months (B) = Sub-Total X Deductible Factor (C) = Sub-Total

+ _____ = _____ X _____ + _____ + \$10.00

Enhanced AD&D (D) = Sub-Total X Benefit Enhancement (E) + Special Sport (F) + Admin Fee

Factor

Total Plan Cost:

Coverage cannot begin until Global Underwriters receives your completed enrollment form and correct plan cost.

Payment Method: Check/Money Order (Payable to Global Underwriters) MasterCard / Visa / Discover

Card #: _____ - _____ - _____ - _____ Expiration Date: ___ / ___

Cardholder Name: _____ Signature: _____

Cardholder City: _____ State: _____ Zip Code: _____

I have read and fully understand the exclusions list and agree to the Subscription Agreement on this brochure. Check or money order must be made payable to Global Underwriters Inc. All plan cost payments must be paid in U.S. Dollars at the time enrollment coverage is made. If paying by credit card, I authorize Global Underwriters Agency Inc. to bill my Visa/MasterCard/Discover account for the total plan cost. Coverage purchased by credit card is subject to validation and acceptance by the credit card company. I hereby subscribe to the Diplomat Long Term (LT) plan and enroll in coverage for which I am eligible under the plan issued by Advent Underwriting Limited on behalf of Syndicate 780 at Lloyd's.

Signature of Insured or Proxy: _____

Date: _____

Agent Name/#: _____ GA Name/#: _____

Note: The insurance offered under the Plan Document, is not subject to, and will not be administered as a PPACA (Patient Protection and Affordable Care Act) insurance plan. PPACA requires certain US residents and citizens obtain PPACA compliant insurance coverage. The policy and Plan Document is not subject to guaranteed issuance or renewal.

Diplomat LT (Monthly Rates)

Traveling to the United States

Plan A - \$500,000	With \$250 Deductible	Plan B - \$1,000,000	With \$250 Deductible
Ages 18 -29	\$84.17	Ages 18 -29	\$95.86
Ages 30-39	\$109.89	Ages 30-39	\$122.75
Ages 40-49	\$163.66	Ages 40-49	\$182.37
Ages 50-59	\$230.30	Ages 50-59	\$263.03
Ages 60-64	\$267.71	Ages 60-64	\$319.15
Ages 65-69	\$291.09	Ages 65-69	\$346.03
Ages 70-79 (\$100K max)	\$579.84	Ages 70-79 (\$100K max)	N/A
80+ (\$20K max)	\$666.35	80+ (\$20K max)	N/A
Dependent Child	\$56.12	Dependent Child	\$67.80
Child Alone	\$61.96	Child Alone	\$74.82

Traveling Outside the United States

Plan A - \$500,000	With \$250 Deductible	Plan B - \$1,000,000	With \$250 Deductible
Ages 18 -29	\$49.09	Ages 18 -29	\$60.79
Ages 30-39	\$64.29	Ages 30-39	\$73.65
Ages 40-49	\$86.51	Ages 40-49	\$97.04
Ages 50-59	\$143.80	Ages 50-59	\$165.99
Ages 60-64	\$191.73	Ages 60-64	\$230.30
Ages 65-69	\$197.57	Ages 65-69	\$241.99
Ages 70-79 (\$100K max)	\$376.42	Ages 70-79 (\$100K max)	N/A
80+ (\$20K max)	\$415.01	80+ (\$20K max)	N/A
Dependent Child	\$35.07	Dependent Child	\$37.40
Child Alone	\$47.93	Child Alone	\$57.29

Diplomat LT must be purchased for a minimum of 3 months, the maximum is 365 days. Renewal coverage may be purchased for up to 365 days at a time, to a maximum of 3 years.

Optional Enhancement Benefits

War Risk Coverage: for travel Outside of the USA and the insured's home country, please call your agent or Global Underwriters Agency for a quote.

Enhanced AD&D Benefit Rates (Per Person / Month)

*Enhanced AD&D amount and additional rate only apply to age 18+

\$100,000 Total Coverage	\$6.00	Total AD&D coverage includes the \$25,000 base amount.
\$250,000 Total Coverage	\$18.00	
\$500,000 Total Coverage	\$38.00	
\$750,000 Total Coverage	\$58.00	
\$1,000,000 Total Coverage	\$78.00	

Optional Enhancement Benefits

Home Country Coverage Benefit - provides limited coverage under Your Medical Expense Benefit while in Your Home Country. The plan pays 80% up to \$5,000 of Covered Expenses, then 100% to a maximum of 1) \$50,000 for Incidental Trip(s) to your Home Country or 2) \$10,000 for Extension of Benefits (Follow Me Home Coverage). **(Apply 1.10 factor to your total premium)**

Athletic Sports & Hazardous Activity Benefit - provides coverage if Your Injury or Illness results from the below enumerated Athletic Sports & Hazardous activities. NOTE: Any Athletic Sport & Hazardous Activity not expressly covered hereunder is excluded from this policy unless the activity is approved by the company prior to purchase or the activity is non-contact and engaged in by You solely for leisure, recreation, entertainment, or fitness purposes only.

Table 1: For the below listed activities apply the 1.25 factor to the base premium:

(1) Low Option - BMX; Bobsledding; Bungee Jumping; Canoeing/Kayaking; Canopying; Cave tubing; Hang Gliding; Horseback Riding; Hot Air Ballooning; Jet Skiing; Martial Arts/Karate (Non-competitive); Motor Scooter; Motorcycling; Mountain Biking; Piloting any Non-commercial Aircraft; Safari; Scuba Diving (Not to exceed 30 feet, Resort Course or equivalent required); Snow Skiing (Recreational); Snowboarding (Recreational); Snowmobiling; Spelunking/Caving; Surfing (Recreational); Trekking (Not exceeding Class IV Difficulty on Yosemite Decimal System); Wakeboarding; Water skiing; Whitewater Rafting (Class I through V rapids); Wind Surfing; Zip Lining.

For the below listed activities apply the 1.25 factor to the base premium plus the monthly flat rate listed:

(2) Middle Option - additional \$25.00 flat monthly rate

Aerial Photograph (Use of proper restraints required); BMX (Racing or Competitive); Flying in any chartered/leased aircraft or helicopter Heli-skiing; High Diving; Hot Air Ballooning (As a pilot); Mountain Climbing (14,000 ft. & below - Ropes & proper safety equipment required); Parachuting; Paragliding; Parasailing; Parascending; Rock Climbing (Ropes & proper safety equipment required); Scuba Diving (Below 30 feet, PADI/NAUI Certification required, or insured must be accompanied by a certified diving instructor); Skydiving; Snow Skiing Off-Piste.

(3) High Option - additional \$50.00 flat monthly rate

Big Game Hunting (Use of Firearms); Diving with Sharks; Mountain Climbing (14,000 ft. & above - Ropes, proper safety equipment & certified guide required); Running with the Bulls; Security Detail (use of firearms).

Table 2: For the below listed Intercollegiate, Interscholastic Athletics, Club Sports, and Organized Amateur Sports, apply the 1.25 factor to the base premium plus the monthly flat rate listed.

Under this enhancement, the Benefit is reduced to \$20,000 for any Covered Injury or Illness resulting from:

(1) Low Option - additional \$12.00 flat monthly rate

Ballet; Baseball; Cheerleading; Cross Country; Diving; Equestrian; Fencing; Field Hockey; Golf; Polo (Horse); Polo (Water); Rowing; Softball; Surfing; Swimming; Tennis; Track & Field; Volleyball.

(2) Middle Option - additional \$26.00 flat monthly rate

Basketball; Competitive Cycling (Road, Track, CX); Ice Hockey; Inline Skating (Helmet & Proper Equipment Required); Lacrosse; Martial Arts/Karate; Modern Pentathlon; Skiing (Slalom, Giant Slalom, Downhill); Ski Jumping; Wrestling.

(3) High Option - additional \$80.00 flat monthly rate

Football (No Division One); Gymnastics; Rugby (No Division One); Soccer.