



Enrollment information: Please complete all sections. Enter Spouse and Child details only for dependents who are to be covered under this plan, if any. Questions? Call us at +1 (866) INSU-BUY.

1. Applicant Information

Last/Surname: _____ First/Given Name: _____ Middle: _____
 Home Address: _____
 Home City: _____ Home State/Province: _____ Home Postal Code: _____ Home Country: _____
 Phone: _____ E-Mail Address: _____ Passport Number: _____
 Country of Citizenship: _____ Destination Country: _____

Requested Effective Date: ____/____/____ Requested End Date: ____/____/____ Policy: Plan A (\$25,000) Plan B (\$100,000) Deductible: \$0 \$250 \$500 \$1,000

Optional Riders: AD&D: \$50,000 (Add \$0.25 per person per day) Sports Coverage (add \$1.25 per day) Hazardous Activities (20% of premium)

2. Insurance Beneficiary Information

Beneficiary Name: _____ Beneficiary Relationship: _____
 Beneficiary Address: _____

3. Participant Information

Name (First and Last)	Date of Birth (MM/DD/YYYY)	Gender	Daily Rate
Enrollee	____/____/____		
Spouse	____/____/____		
Child (If more children, attach additional sheets.)	____/____/____		

4. Rate Information

		Daily Rate Total:	
A. Base Premium		B. Buy Up Selections	
Total Daily Premium:	_____	Column A Subtotal:	_____
Total Number of Days:	X _____	Additional Buy-Up Selections:	
Column A Subtotal:	_____	Additional AD&D:	_____
		Sports Coverage:	_____
		Hazardous Activities:	_____
		Administration Fee:	+ \$5.00
		Total Plan Cost:	_____

5. Payment Information

Payment Method: Check/Money Order MasterCard Visa Discover
 Credit Card No.: _____ Expiration Date: _____ CVV Code: _____
 Name on Card: _____
 Billing Address: _____
 Billing City: _____ Billing State/Province: _____ Billing Postal Code: _____ Billing Country: _____

I hereby apply for membership in the Atlas/International Citizen Group Insurance Trust, Hamilton, Bermuda and for the insurance provided to members by Lloyd's. I understand that the insurance applied for is not a general health insurance policy, but is intended for use in the event of a sudden and unexpected event while outside my Home Country. I understand this insurance contains a Pre-existing Condition exclusion, a Pre-notification Penalty and other restrictions and exclusions. I understand that the information contained herein is a summary of the Master Policy and that I may obtain a complete copy of the Master Policy upon request to HCC Medical Insurance Services. I understand that Lloyd's, as underwriter of the plan, is solely liable for the coverage and benefits provided under the insurance. I understand that Lloyd's operates as an approved, non-admitted insurer in all states of the United States except Illinois and Kentucky where they are admitted. As such, claims under this insurance may not be made against any state guaranty fund. I understand and agree that the insurance agent/broker, if any, assisting with this Application is a representative of the Applicant. Licensed insurance brokers and independent agents are compensated through commissions calculated as a percentage of premium for the purchase, renewal, placement or servicing of insurance coverage. Additionally, some licensed producers may also receive bonuses and incentive trips or prizes associated with sales contests based on sales criteria, such as the overall sales volume or for the percentage of completed sales through HCC Medical Insurance Services. Please contact your insurance broker to obtain information about the specific compensation they may receive in connection with the issuance of your coverage. If signed by a representative of the Applicant, the undersigned warrants his/her capacity to so act. If signed as guardian or proxy of the Applicant, the undersigned warrants his/her capacity to so act. By acceptance of coverage and/or submission of any claim for benefits, the Applicant ratifies the authority of the signer to so act and bind the Applicant.

Signature of Applicant: _____ Date: _____

InterMedical Insurance Daily Rates

Plan A				
	\$0 Deductible	\$250 Deductible	\$500 Deductible	\$1,000 Deductible
Age	Daily Rate	Daily Rate	Daily Rate	Daily Rate
14 days - 17 yrs.	\$1.00	\$0.80	\$0.72	\$0.64
18-29	\$1.00	\$0.80	\$0.72	\$0.64
30-39	\$1.15	\$0.92	\$0.83	\$0.74
40-49	\$1.85	\$1.48	\$1.33	\$1.18
50-59	\$2.95	\$2.36	\$2.12	\$1.89
60-64	\$3.55	\$2.84	\$2.56	\$2.27
65-69	\$4.15	\$3.32	\$2.99	\$2.66
70-79**	\$6.01	\$4.81	\$4.33	\$3.85
80 and Above**	\$15.00	\$12.00	\$10.80	\$9.60

Plan B				
	\$0 Deductible	\$250 Deductible	\$500 Deductible	\$1,000 Deductible
Age	Daily Rate	Daily Rate	Daily Rate	Daily Rate
14 days - 17 yrs.	\$1.29	\$1.03	\$0.93	\$0.82
18-29	\$1.29	\$1.03	\$0.93	\$0.82
30-39	\$1.58	\$1.26	\$1.13	\$1.01
40-49	\$2.94	\$2.35	\$2.12	\$1.88
50-59	\$5.11	\$4.09	\$3.68	\$3.27
60-64	\$6.28	\$5.02	\$4.52	\$4.02
65-69	\$7.48	\$5.98	\$5.38	\$4.78
70-79**	N/A	N/A	N/A	N/A
80 and Above**	N/A	N/A	N/A	N/A

****Please note: Plan B at the full medical expense limit is only available for ages 0-69. The Medical Expense Benefit Limit for persons ages 70-79 is \$50,000; 80 and above: \$10,000. Accidental Death and Dismemberment coverage is based on age: Under 18: \$5,000; 18-69: \$50,000; 70-74: \$20,000; 75 and above: \$10,000. Additional Accidental Death and Dismemberment is not available for those 70 and above.**

Mail, or Fax Your Completed Application and Payment To:

Insubuy, Inc.
4200 Mapleshade Ln, Suite 200
Plano, TX 75903
Phone: +1 (866) INSUBUY
Fax: (972) 767-4470
Email: info@insubuy.com

Additional Accidental Death and Dismemberment Coverage

Your InterMedical Accidental Death and Dismemberment coverage is based on age. Benefits are as follows: Under 18: \$2,000; 18-69: \$50,000; 70-74: \$20,000; 75 and above: \$10,000. For \$0.25 per person, per day, you can add an additional \$50,000 of Accidental Death and Dismemberment coverage. This option must be purchased for all travelers on the policy. *Additional Accidental Death and Dismemberment is not available for those 70 and above.*

Intercollegiate, Interscholastic, or Organized Amateur Sports

For those planning to participate in Intercollegiate, Interscholastic, or Organized Amateur Sports while traveling, an additional rider is available for \$1.25 per day. This option must be purchased for all travelers on the policy.

Hazardous Activity Coverage

For those planning to participate in hazardous activities while traveling, an additional Hazardous Activities rider is available for purchase, for an additional 20% of your total premium. Hazardous activities include Injury resulting from participation in Professional Sports including practice; aviation (except when traveling solely as a passenger in a commercial aircraft); base jumping; canyoning; Hang-Gliding; zip lining; parachuting, paragliding, sky surfing or parasailing; running with bulls; kayaking, white water rafting, or; surfing; mountain biking; mountain climbing over 4500 meters;; off road motorized vehicles including all-terrain vehicles, snowmobiles, motorcycles or motor scooters unless licensed, motorized dirt bikes, motocross racing or jet skis; snow skiing, or snowboarding, Heli-skiing except for recreational downhill and/or cross country snow skiing or snowboarding (no coverage provided while skiing away from prepared and marked in-bound territories and/or against the advice of the local ski school or local authoritative body); racing by any animal or motorized vehicle; spelunking; sub aqua pursuits involving underwater breathing apparatus unless PADI/NAUI certified, or accompanied by a certified instructor at depths of less than 10 meters; avalanche training; Aussie rules football; big game hunting; bobsleigh, skeleton, luge, any type of boxing or martial arts, hot air ballooning as a pilot; jousting; modern pentathlon; powerlifting; quad biking outdoor endurance events, speed trials; speedway; or wrestling. *Only medical expenses are covered under the Hazardous Activities rider.*

To learn more about these coverages, please call us at +1 (866) INSUBUY.

Cancellations and Refunds

Cancellations and Refunds of an insurance policy will only be considered when written request is received prior to the Effective Date. After the Effective Date, the premium is considered fully earned and non-refundable. Partial refunds are not available. All refunds are subject to a \$25 processing fee. Please mail, fax, or email a refund request to Insubuy, Inc.

Extending, Renewing, or Changing Coverage

InterMedical Insurance is not renewable. However, if you choose to stay abroad longer than your coverage end date, you can purchase a new InterMedical Insurance plan. Simply purchase prior to the expiration date of the first policy. The "Requested Effective Date" should be one day after the first policy's expiration date. Any changes to the original policy, if necessary, should be made before the Effective Date. After the Effective date, no changes can be made.

Questions?

If you have any questions about this plan, call Insubuy at +1 (866) INSUBUY. Policy information is also available on our website at <http://www.insubuy.com/intermedical-insurance/>.