

# liaison® international

2009



**medical insurance** that covers you outside your home country

5 days to 6 months\* of coverage for:

- non-citizens visiting the united states
- united states citizens traveling overseas



**SEVEN CORNERS**

# schedule of coverage

All coverages and plan costs listed in this brochure are in U.S. Dollar amounts.

**medical maximum:** \$50,000; \$100,000; \$500,000; \$1,000,000 (ages 80+, maximum limited to \$15,000)

**deductible:** \$0; \$100; \$250; \$500; \$1000; \$2500 Deductible is per person per Period of Coverage, maximum of three (3) Period of Coverage Deductibles per family. The selected Deductible and Coinsurance amount must be met for each six (6) month period. (see *Continuing Coverage*)

## coinsurance:

**class 1:** U.S. or Canadian citizen traveling outside the United States. After You pay the Deductible, the plan pays 100% to the selected Medical Maximum.

**class 2:** Non U. S. citizens traveling to the United States.

**option 1:** After You pay the Deductible, the plan pays 80% of the next \$5,000 of eligible expenses, then 100% to the selected Medical Maximum

**option 2:** After You pay the Deductible, the plan pays 100% of the next \$2,500 of eligible expenses, then 80% to the selected Medical Maximum

**hospital indemnity:**\* **class 1:** \$150 per night, up to a maximum of thirty (30) days

**dental (sudden relief of pain):**\* **class 1:** \$100

**dental (accident coverage):** To a maximum of \$500

**emergency medical evacuation/ repatriation:** \$300,000 (in addition to the Medical Maximum)

**home country coverage:** Incidental Trips to The Home Country: Up to \$50,000; Extension of Benefits: Up to \$5,000

**return of mortal remains:** \$50,000

**emergency reunion:** \$50,000

**return of minor child(ren):** \$50,000

**interruption of trip:** \$5,000

**loss of checked luggage:** \$250

**local ambulance expense:** \$5,000

**accidental death & dismemberment (ad&d):** \$25,000 Principal Sum for Insured or Insured Spouse, \$5,000 for Dependent Child(ren) *Note: In the event of a Common Carrier Accidental Death, this benefit will not be paid.*

**common carrier accidental death:** \$50,000 Principal Sum for Insured or Insured Spouse; \$10,000 per Dependent child(ren) under age of eighteen (18); \$250,000 Maximum per family

**hospital room & board:** Usual, reasonable and customary to the selected Medical Maximum

**intensive care:** Usual, reasonable and customary to the selected Medical Maximum

**outpatient medical expenses:** Usual, reasonable and customary to the selected Medical Maximum

**terrorism:** Usual, reasonable and customary to the selected Medical Maximum (This benefit not available for states underwritten by Certain Underwriters at Lloyd's of London)

**unexpected recurrence of a pre-existing conditions:**\* **class 1:** Up to \$20,000 for U.S. and Canadian citizens traveling outside the United States (Age 65+, up to \$2,500, refer to exclusion #1 for details)

**benefit period:** 180 days

\* These benefits are only available to Class 1 individuals

# why choose seven corners?

## value

Seven Corners utilizes widely recognized and reputable insurance organizations to underwrite our programs. We realize that the value of an insurance program is in the professionalism of the underlying organization. Seven Corners continually invests in its people, systems, and solutions to make the insurance buying experience a favorable one for our clientele.

## convenience

Our program brochures and documentation offer a detailed description of the product and underlying coverage.

## doctors & hospitals worldwide

Seven Corners has access to over 12,000 doctors and hospitals worldwide. With one phone call, we can assist you in locating a provider. Seven Corners' Assist is trained to help you locate appropriate care.

## why international medical insurance?

Each year, millions of people travel beyond the boundaries of their medical insurance. If you are concerned with the potential out-of-pocket expenses that could result from an Injury or Illness while traveling, Liaison® International offers medical coverage and emergency services to individuals and families traveling outside their Home Country. This brochure is a brief description of Liaison® International. After you have purchased the program a complete Program Summary will be mailed to you.

## eligibility

Liaison® International Plan provides coverage for individuals and families provided You are either:

**Class 1:** U.S. or Canadian citizen traveling outside the United States

**Class 2:** Non U.S. citizens traveling to the United States\*

\*Restriction: Class 2 individuals are not eligible for coverage if they have been residing in the U.S. for eighteen (18) consecutive months.

## why choose seven corners?

### eligibility (cont.)

Eligible individuals may also purchase coverage for their eligible dependents. An eligible spouse shall be defined as the Primary Insured's legal spouse. An Eligible Dependent Child shall mean the Primary Insured Person's unmarried child(ren) over fourteen (14) days and under nineteen (19) years of age.

Home Country is defined as: The country where You have Your true, fixed and permanent home and principal establishment.

**It is the Insured Person's responsibility to maintain all records regarding travel history, age and provide any documents to the Administrator, which would verify Eligibility Requirements.**

### period of coverage

The minimum Period of Coverage under the Liaison® International Plan is five (5) days, maximum is six (6) months. Coverage can be purchased in a combination of monthly and/or daily periods by paying the appropriate Plan Cost.

### effective date

Your coverage begins on the latest of the following:

1. The date and time the Company receives a completed application and Plan Cost for the Period of Coverage; or
2. The Effective Date requested on the application; or
3. The moment You depart Your Home Country; or
4. The date the Company approves the application.

### expiration date

Your coverage terminates on the earlier of the following:

1. Your return to Your Home Country (except as provided under the Home Country Coverage); or
2. The expiration of six (6) months from the Effective Date of Coverage; or
3. The date shown on the ID card; or
4. The end of the period for which Plan Cost has been paid; or
5. The date You fail to be considered an Eligible Person; or
6. The maximum benefit amount has been paid.

## description of coverage

### medical expenses

Liaison® International Plan shall pay Usual, Reasonable and Customary charges for Covered Expenses, excess of the chosen Deductible and Coinsurance up to the selected Medical Maximum, incurred by You due to an Accidental Injury or Illness which occurred during the Period of Coverage outside Your Home Country (*except as provided under the Home Country Coverage*). All bodily disorders existing simultaneously which are due to the same or related causes shall be considered one Disablement. If a Disablement is due to causes which are the same or related to the cause of a prior Disablement, the Disablement shall be considered a continuation of the prior Disablement and not a separate Disablement. The initial Treatment of an Injury or Illness must occur within thirty (30) days of the date of Injury or onset of Illness.

Only such expenses which are specifically enumerated in the following list of charges, which are incurred within one hundred and eighty (180) days from the date of accident or onset of Illness and which are not excluded shall be considered Covered Expenses:

1. Charges made by a Hospital for room and board, floor nursing and other services inclusive of charges for professional service and with the exception of personal services of a non-medical nature; provided, however, that expenses do not exceed the Hospital's average charge for semi-private room and board accommodations.
2. Charges made for Intensive Care or Coronary Care charges and nursing services.
3. Charges made for diagnosis, Treatment and Surgery by a Physician.
4. Charges made for an operating room.
5. Charges made for Outpatient Treatment, same as any other Treatment covered on an Inpatient basis. This includes ambulatory Surgical centers, Physicians' Outpatient visits/examinations, clinic care, and Surgical opinion consultations.
6. Charges made for the cost and administration of anesthetics.
7. Charges for medication, x-ray services, laboratory tests and services, the use of radium and radioactive isotopes, oxygen, blood, transfusions, iron lungs, and medical Treatment.
8. Charges for physiotherapy, if recommended by a Physician for the Treatment of a specific Disablement and administered by a licensed physiotherapist.

## description of coverage

### medical expenses (continued)

9. Dressings, drugs, and Medicines that can only be obtained upon a written prescription of a Physician or Surgeon.
10. Local transportation to or from the nearest Hospital or to and from the nearest Hospital with facilities for required Treatment. Such transportation shall be by licensed ground ambulance only to a limit of \$5,000, within the metropolitan area in which You are located at that time the service is used. If You are in a rural area, then licensed air ambulance transportation to the nearest metropolitan area shall be considered a Covered Expense.

### dental (accident coverage)

This Plan shall pay in excess of the chosen Deductible and Coinsurance of up to a maximum of \$500, for emergency Treatment to repair or replace sound natural teeth damaged as the result of a covered accident.

### dental (emergency relief of pain)

**(Class 1 Individuals only)** – This plan shall pay in excess of the chosen Deductible and Coinsurance up to a maximum of \$100, for emergency Treatment for the relief of pain to natural teeth.

### emergency medical evacuation/repatriation

The Plan will pay Covered Expenses incurred if any covered Injury or Illness commences during the Period of Coverage that results in the Medically Necessary Emergency Medical Evacuation or Repatriation (*Your medical condition warrants immediate transportation from the medical facility where You are located to the nearest adequate medical facility where medical Treatment can be obtained*).\*

### return of mortal remains

The Program will pay the reasonable Covered Expenses incurred up to a maximum of \$50,000 to return your remains to your Home Country, if you should die.\*

### emergency medical reunion

When Emergency Medical Evacuation or Repatriation is ordered and the attending Physician recommends that a family member travel with You, the plan will arrange and pay, up to \$50,000, for a round trip economy-class transportation for one individual of Your choice, from Your Home Country, to be at Your side while You are hospitalized.\*

### return of minor child(ren)

Should You be traveling alone with a Minor Child(ren) and are hospitalized because of a covered Illness or Injury and the Minor Child(ren), under age nineteen (19), is left unattended, the Plan will arrange and pay up to \$50,000 for a one way economy fare to their Home Country (*including the cost of an attendant escort, if necessary to insure the safety and welfare of a Minor Child(ren)*).\*

### hospital indemnity

**(Class 1 Individuals only)** If You are confined to a Hospital as a registered Inpatient as the result of an Illness or Injury which occurs during Your Period of Coverage, this plan will pay Benefits up to \$150 per day of confinement, in addition to any other covered expense, up to a maximum of thirty (30) days.

### interruption of trip

If You are unable to continue the trip due to the death of an Immediate Family member (*parent, spouse, sibling or child*) or due to serious damage to Your principal residence from fire, flood or similar natural disaster (*tornado, earthquake, hurricane, etc.*), the Plan will reimburse (*up to \$5,000*) for the cost of economy travel, less the value of applied credit from an unused return travel ticket, to return You home to Your area of principal residence.\*

*\*NOTE: In the event of Emergency Medical Evacuation, Repatriation, Return of Mortal Remains, Emergency Reunion, Return of Minor Child(ren) or Interruption of Trip benefit is needed or utilized, all arrangements must be made by the Assistance Service Provider. Complete details about the benefits and the required notification of the Assistance Service Provider are contained in the Program Summary.*

## description of coverage

### assistance services

Upon enrollment into Liaison® International, you are eligible to use any of the assistance services provided by the Assistance Services Provider. Additional information is contained in the Program Summary.

- Open 24 hours / day, 365 days a year
- Multilingual personnel
- Physicians / nurses on staff
- Locate local facilities
- Help with emergency situations

### home country coverage

**Incidental Trips to Your Home Country:** This benefit covers you for incidental trips to your Home Country (*30 days per six (6) months of purchased coverage or pro rata thereof - example: approximately 5 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 your Home Country.

*Please Note: If You do not use Your Home Country Coverage days within Your Period of Coverage, they do not extend after Your Expiration Date.*

**Extension of Benefits:** This plan shall pay for Covered Expenses incurred in your Home Country up to \$5,000 for conditions that are first diagnosed and treated outside Your Home Country (*Does not apply for Emergency Medical Evacuation or Repatriation*).

### loss of checked luggage

If your checked luggage is permanently lost by the airline, the program will reimburse you for the replacement of clothing and personal hygiene items lost to a maximum per article limit of \$50 (*up to \$250*). This benefit is secondary to any other (*including airline*) coverage available. You must furnish proof to the Company that full reimbursement has been obtained from the airline.

### unexpected recurrence of a pre-existing condition

**(Class 1 Individuals only)** This Plan shall pay, up to \$20,000 (*Age sixty-five (65) and older, up to \$2,500*) subject to the chosen Deductible and Coinsurance, for Covered Expenses resulting from a sudden, unexpected recurrence of a Pre-existing Condition while traveling outside the United States. This benefit does not include coverage for known, scheduled, required, or expected medical care, drugs or Treatments existent or necessary prior to the Effective Date of coverage.

### options

#### continuing coverage

A continuation of coverage option is available to participants whose initial Period of Coverage is less than six (6) months. If the participant must extend their trip beyond their initial Period of Coverage, that participant may purchase an additional Period of Coverage not to exceed six (6) months in total from their original effective date. While a new Period of Coverage will be issued, the participant's original effective date will be used with regards to calculating their Deductible, Coinsurance, as well as determining any Pre-existing conditions.

#### hazardous sport coverage

Hazardous Sport Coverage: the following are covered if the required premium has been paid: motorcycle/motor scooter riding (*whether as a driver or passenger*), hang gliding, parachuting, bungee jumping, water skiing, snow skiing, snowmobiling, snowboarding and spelunking.

Parachuting shall mean an activity involving the breaking of a free fall from an airplane using a parachute.

## description of coverage

### pre-notification / referral

In order to ensure Your claims are addressed as efficiently as possible, You or the provider of service must contact the Assistance Company for pre-notification prior to: any medical Treatment in the U.S. as well as hospital admissions and inpatient / outpatient surgeries incurred worldwide. The Assistance Company has trained personnel available 24 hours a day, 7 days a week throughout the year to answer Your questions, provide assistance, and guide You to an appropriate facility if necessary. In the case of an Emergency Admission, the Assistance Company must be contacted within 48 hours, or as soon as reasonably possible. Pre-notification does not guarantee that benefits will be paid.

*Please be aware that this is not a general health insurance policy, but an interim, limited benefit period, travel medical plan intended for use while away from Your Home Country. The Liaison® International Plan can not guarantee payment to an individual or a facility for medical expenses until it has been determined that it is an eligible expense and a signed agreement has been received from the appropriate medical facility.*

### 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.

### claim submission

Filing a claim with Seven Corners is easy. You will receive a Liaison® International identification card and claim form after your application has been processed. When you receive Treatment, send the original, itemized bills to Seven Corners within ninety (90) days. Eligible bills are automatically converted from local currencies to U.S. dollars. For payments of eligible medical expenses, notify Seven Corners of Pending Treatments and we can refer you to approved healthcare providers worldwide. You're only responsible for your Deductible, Coinsurance and non-eligible expenses. For more details, consult the Program Summary that is provided with your insurance kit, or contact the Seven Corners Claim Department.

## description of exclusions

### exclusions

No Benefit shall be payable for Accident Medical, Sickness Medical, Hospital Indemnity, Unexpected Recurrence, Dental, Emergency Medical Evacuation/Repatriation, Return of Mortal Remains, Return of Minor Child, Emergency Medical Reunion, as the result of:

1. Pre-existing Conditions: Any Injury or Illness which meets the following criteria (*unless covered under the Unexpected Recurrence benefit*): 1) a condition that would have caused a person to seek medical advice, diagnosis, care or Treatment during the 36 months prior to the Effective Date of coverage under this Policy; 2) a condition for which medical advice, diagnosis, care or Treatment was recommended or received during the 36 months prior to the Effective Date of coverage under this Policy. For Class 1 Individuals, the period is 12 months instead of 36 months. This exclusion does not apply to Emergency Evacuation/Repatriation or Return of Mortal Remains.

*Note: Class 1 – U.S. or Canadians citizens traveling outside the United States shall receive up to \$20,000 (Age 65+, up to \$2,500) subject to the chosen Deductible and Coinsurance, for Covered Expenses resulting from a sudden, unexpected recurrence of a Pre-existing Condition while traveling outside the United States. This benefit does not include coverage for known, scheduled, required, or expected medical care, drugs or Treatments existent or necessary prior to the Effective Date of coverage.*

2. Injury or Illness which is not presented to the Company for payment within three (3) months of receiving Treatment;
3. Charges for Treatment which is not Medically Necessary;
4. Charges provided at no cost to You;
5. Charges for Treatment which exceeds Reasonable and Customary charges;
6. Charges incurred for Surgery or Treatments which are, Experimental/ Investigational, or for research purposes;
7. Services, supplies or Treatment, including any period of Hospital confinement, which were not recommended, approved and certified as Medically Necessary and reasonable by a Physician;
8. Suicide, or any attempt thereof, while sane or self destruction or any attempt thereof, while insane;
9. Any consequence, whether proximately or remotely occasioned by, or traceable to, or arising in connection with the following, which shall hereinafter for the purposes of this Exclusion be called the "Incidents": War, invasion, act of foreign enemy hostilities, warlike operations (whether war be declared or not), or civil war, mutiny, riot,

## description of exclusions

### exclusions (cont.)

strike, military or popular uprising insurrection, rebellion, revolution, military or usurped power, any act of any person acting on behalf of or in connection with any organization with activities directed towards the overthrow by force of the Government du jure or de facto; martial law or state of siege or any events or causes which determine the proclamation or maintenance of martial law or state of siege, any consequence happening or arising during the existence of abnormal conditions (whether physical or otherwise), whether proximately or remotely occasioned by, traceable to, arising in connection with, any of the said Incidents shall be deemed to be consequences for which the Company shall not be liable under this Policy except to the extent that the Insured Person shall prove that such consequence happened independently of the existence of such abnormal conditions.

10. Injury sustained while participating in professional athletics;
11. Injury sustained while participating in amateur or interscholastic athletics; this exclusion does not apply to non-competitive, recreational or intramural activities; *Note: A sponsored and/or organized Amateur or Interscholastic Athletic event includes training camps, team sports, or any formal grouping of people participating in one or multiple events that may/ may not require a fee for participation.*
12. Routine physicals, immunizations or other examinations where there are no objective indications or impairment in normal health, and laboratory diagnostic or x-ray examinations, except in the course of a disablement established by a prior call or attendance of a Physician;
13. Treatment of the temporomandibular joint;
14. Vocational, speech, recreational or music therapy;
15. Services or supplies performed or provided by a relative of Yours, or anyone who lives with You;
16. Cosmetic or plastic Surgery, except as the result of a covered Accident; for the purposes of this Plan, Treatment of a deviated nasal septum shall be considered a cosmetic condition;
17. Elective Surgery which can be postponed until You return to Your Home Country, where the objective of the trip is to seek medical advice, Treatment or Surgery;
18. Treatment and the provision of false teeth or dentures, normal ear tests and the provision of hearing aids;
19. Eye refractions or eye examinations for the purpose of prescribing corrective lenses for eyeglasses or for the fitting thereof, unless caused by Accidental bodily Injury incurred while covered hereunder;
20. Treatment in connection with alcoholism and drug addiction, or use of any drug or narcotic agent;
21. Injury sustained or Disablement due wholly or partly to the Insured

### exclusions (cont.)

being intoxicated as defined and determined by the laws of the state where the Injury occurred; or to the Insured being under the influence of any narcotic, unless administered on the advice of a Physician;

22. Any Mental and Nervous disorders or rest cures;
23. Congenital abnormalities and conditions arising out of or resulting there from;
24. Expenses which are non-medical in nature;
25. Expenses as a result of or in connection with intentionally self-inflicted Injury or Illness;
26. Expenses as a result of or in connection with the commission of a felony offense;
27. Injury sustained while taking part in mountaineering; hang gliding; parachuting; bungee jumping; racing by horse, motor vehicle or motorcycle; snowmobiling; motorcycle/motor scooter riding (whether as a driver or passenger); scuba diving, involving underwater breathing apparatus (unless PADI or NAUI certified); water skiing; snow skiing; spelunking; parasailing and snowboarding.  
*Hazardous Sport Coverage: the following are covered if the required premium has been paid: motorcycle/motor scooter riding (whether as a driver or passenger), hang gliding, parachuting, bungee jumping, water skiing, snow skiing, snowmobiling, snowboarding and spelunking*
  - 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.
  - Parachuting shall mean an activity involving the breaking of a free fall from an airplane using a parachute.
28. Treatment paid for or furnished under any other individual or group policy or other service or medical pre-payment plan arranged through the employer to the extent so furnished or paid, or under any mandatory government plan or facility set up for Treatment without any cost to You;
29. Treatment of venereal disease;
30. Dental care, except as the result of Injury to natural teeth caused by Accident, unless otherwise covered under this Plan;
31. Routine Dental Treatment;
32. For Pregnancy or Illness resulting from Pregnancy, childbirth, or miscarriage;
33. For miscarriage resulting from Accident;
34. Drug, Treatment or procedure that either promotes or prevents conception, or prevents childbirth, including but not limited to: artificial insemination, Treatment for infertility or impotency, sterilization or reversal thereof;

## description of exclusions

### exclusions (cont.)

35. Treatment for human organ tissue transplants and their related Treatment;
36. Expenses incurred while in Your Home Country, except as provided under the Home Country Coverage;
37. Expenses incurred during a Hospital emergency visit which is not of an emergency nature;
38. Covered Expenses incurred for which the Trip to the Host Country was undertaken to seek medical Treatment for a condition;
39. Covered Expenses incurred during a Trip after Your Physician has limited or restricted travel;
40. This Policy does not insure against loss or damage (*including death or injury*) and any associated cost or expense resulting directly from the discharge, explosion or use of any device, weapon or material employing or involving nuclear fission, nuclear fusion or radioactive force, or chemical, biological, radiological or similar agents, whether in time of peace or war, and regardless of who commits the act.
41. Sex change operations, or for Treatment of sexual dysfunction or sexual inadequacy;
42. Weight reduction programs or the surgical Treatment of obesity;
43. Expenses resulting from Acquired Immune Deficiency Syndrome (AIDS), Aids-Related Complex (ARC) or the Human Immunodeficiency Virus (HIV).

## additional information

### seven corners assist

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.

### the insurance company

Liaison® International is underwritten by Nationwide Mutual Insurance Company, Nationwide Life Insurance Company and Nationwide Mutual Fire Insurance Company. (*States not underwritten by Nationwide are underwritten by Certain Underwriters at Lloyd's of London. Please contact Seven Corners for a listing of these states.*)

### the program administrator

Medical care is different throughout the world and providing quality medical attention should be the ultimate goal of any program. Most companies are not prepared to meet the unique needs of international travelers. An organization must be equipped to address foreign currencies, international doctors and hospitals, as well as unusual claim forms and documents. Liaison® International is designed and administered by Seven Corners, Inc. The claim and assistance professionals at Seven Corners collectively have over 250 years of experience in claim processing and administration.

### seven corners

Since 1993, Seven Corners, Inc. has alleviated many of the concerns with international travel by providing insurance plans to private citizens, governments, missionaries, students, and corporations of various nations around the globe. Each year, thousands of insureds purchase coverage from Seven Corners in order to obtain the most comprehensive and reliable products in the international insurance industry. Our assistance professionals are experienced in the complexity and importance of receiving medical care internationally. As an insured of Seven Corners, you can feel confident that there is someone ready to assist you with a medical situation 24 hours a day, 7 days a week, 365 days a year.

## additional information

### information

Liaison® International is available in all states for foreign nationals traveling in the United States. For a U.S. citizen traveling overseas, the program is available in selected states. For a current list of available states, please check with your agent. Policy terms and conditions are briefly outlined in this brochure.

Complete provisions pertaining to this insurance are contained in the Master Policy on file with the trustee, American Consumer Insurance Trust, and Liaison® International. In the event of any conflict between this brochure and the Master Policy, the Master Policy will govern. A Program Summary, listing more detailed exclusions, will be mailed to you along with Your ID Card once coverage is purchased.

**Excluded Country List:** Coverage is not available for travel to or from the following Countries\*:

Balkans Sanctions  
 Belarus Sanctions  
 Burma Sanctions  
 Cote d'Ivoire (Ivory Coast)  
 Cuba Sanctions  
 Democratic Republic of Congo Sanctions  
 Iran Sanctions  
 Iraq Sanctions  
 Liberia Sanctions  
 North Korea Sanctions  
 Palestinian Authority Sanctions  
 Sudan Sanctions  
 Syria Sanctions  
 Zimbabwe Sanctions

\* The above list is subject to change.

### notice to florida residents

The benefits of this policy providing Your coverage are governed by the law of a state other than Florida. Your Homeowners policy, if any, may provide coverage for loss of personal effects provided by the Loss of Checked Luggage coverage. This insurance is not required in connection with the purchase of Your travel arrangements.

## monthly & daily rates

Rates based on a \$250 Deductible

Effective Jan. 1, 2009

### U.S. or Canadian Citizens Traveling Outside the United States

#### Policy Maximum Options

| Age              | \$50,000      | \$100,000     | \$500,000     | \$1,000,000   |
|------------------|---------------|---------------|---------------|---------------|
|                  | Monthly/Daily | Monthly/Daily | Monthly/Daily | Monthly/Daily |
| 19 to 29         | \$26/ 0.87    | \$31/ 1.03    | \$36/ 1.20    | \$41/ 1.37    |
| 30 to 39         | \$31/ 1.03    | \$36/ 1.20    | \$48/ 1.60    | \$55/ 1.83    |
| 40 to 49         | \$52/ 1.73    | \$58/ 1.93    | \$65/ 2.17    | \$73/ 2.43    |
| 50 to 59         | \$89/ 2.97    | \$102/ 3.40   | \$109/ 3.63   | \$115/ 3.83   |
| 60 to 64         | \$112/ 3.73   | \$134/ 4.47   | \$146/ 4.87   | \$165/ 5.50   |
| 65 to 69         | \$130/ 4.33   | \$143/ 4.77   | \$150/ 5.00   | \$170/ 5.67   |
| 70 to 79         | \$195/ 6.50   | \$275/ 9.17   | N/A           | N/A           |
| 80 plus*         | \$341/ 11.37  | N/A           | N/A           | N/A           |
| Dependent Child* | \$18/ 0.60    | \$23/ 0.77    | \$25/ 0.83    | \$27/ 0.90    |
| Child Alone*     | \$29/ 0.97    | \$33/ 1.10    | \$36/ 1.20    | \$39/ 1.30    |

### Non U.S. citizens traveling to the United States

#### Option 1 - 80% Coinsurance to \$5,000, then 100% to Plan Maximum

#### Policy Maximum Options

| Age              | \$50,000      | \$100,000     | \$500,000     | \$1,000,000   |
|------------------|---------------|---------------|---------------|---------------|
|                  | Monthly/Daily | Monthly/Daily | Monthly/Daily | Monthly/Daily |
| 19 to 29         | \$41/ 1.37    | \$48/ 1.60    | \$65/ 2.17    | \$73/ 2.43    |
| 30 to 39         | \$55/ 1.83    | \$65/ 2.17    | \$86/ 2.87    | \$96/ 3.20    |
| 40 to 49         | \$82/ 2.73    | \$92/ 3.07    | \$126/ 4.20   | \$138/ 4.60   |
| 50 to 59         | \$126/ 4.20   | \$153/ 5.10   | \$183/ 6.10   | \$216/ 7.20   |
| 60 to 64         | \$153/ 5.10   | \$192/ 6.40   | \$237/ 7.90   | \$272/ 9.07   |
| 65 to 69         | \$195/ 6.50   | N/A           | N/A           | N/A           |
| 70 to 79         | \$246/ 8.20   | N/A           | N/A           | N/A           |
| 80 plus*         | \$428/ 14.27  | N/A           | N/A           | N/A           |
| Dependent Child* | \$25/ 0.83    | \$29/ 0.97    | \$38/ 1.27    | \$41/ 1.37    |
| Child Alone*     | \$41/ 1.37    | \$49/ 1.63    | \$61/ 2.03    | \$68/ 2.27    |

### Non U.S. citizens traveling to the United States

#### Option 2 - 100% Coinsurance to \$2,500, then 80% to Plan Maximum

#### Policy Maximum Options

| Age              | \$50,000      | \$100,000     | \$500,000     | \$1,000,000   |
|------------------|---------------|---------------|---------------|---------------|
|                  | Monthly/Daily | Monthly/Daily | Monthly/Daily | Monthly/Daily |
| 19 to 29         | \$38/ 1.27    | \$43/ 1.43    | \$59/ 1.97    | \$66/ 2.20    |
| 30 to 39         | \$50/ 1.67    | \$59/ 1.97    | \$78/ 2.60    | \$87/ 2.90    |
| 40 to 49         | \$75/ 2.50    | \$84/ 2.80    | \$115/ 3.83   | \$126/ 4.20   |
| 50 to 59         | \$115/ 3.83   | \$139/ 4.63   | \$167/ 5.57   | \$197/ 6.57   |
| 60 to 64         | \$139/ 4.63   | \$175/ 5.83   | \$216/ 7.20   | \$248/ 8.27   |
| 65 to 69         | \$178/ 5.93   | N/A           | N/A           | N/A           |
| 70 to 79         | \$224/ 7.47   | N/A           | N/A           | N/A           |
| 80 plus*         | \$389/ 12.97  | N/A           | N/A           | N/A           |
| Dependent Child* | \$23/ 0.77    | \$26/ 0.87    | \$35/ 1.17    | \$37/ 1.23    |
| Child Alone*     | \$38/ 1.27    | \$43/ 1.43    | \$59/ 1.97    | \$66/ 2.20    |

\* Ages 80+ limited to \$15,000. Dep. Child rate is applicable when at least one parent will also be covered under Liaison® International. Child Alone rate is used when a child will be insured by themselves.

## why liaison® international

- rapid processing
- a+ "superior" rated, u.s. insurance company
- professional customer service
- 24 hour worldwide assistance
- online quote & purchase

## about seven corners



### SEVEN CORNERS

Since 1993, Seven Corners has provided medical insurance to corporations, international travelers, expatriates, students, overseas visitors, immigrants and global citizens. With expertise and efficiency, we've served clients in more than a hundred countries.

## for additional information:

## enrolling in liaison® international

1. Complete the entire Liaison® International Application. Payment for the entire period of coverage is due at the time of application.
2. If paying by check or money order, make payable to: "Seven Corners" and enclose it together with completed Application.
3. If paying by credit card, complete the Application and mail or fax to Seven Corners. Be sure to sign the Method of Payment section.
4. Read the brochure and sign the Application.

Return the Application with your payment for the total premium to:

**Insurance Services of America**  
**1757 E. Baseline Road, Suite 126**  
**Gilbert, AZ 85233**  
**Fax: 480-821-9297**

*(You may fax if paying by credit card only. Originals are not required if application is faxed to Seven Corners with credit card payment.)*

(please print or type using black ink)

**Official Use Only:**

Cert#: \_\_\_\_\_ Processed: \_\_\_\_\_ Eff. Date: \_\_\_\_\_ Agent: **1567**

**applicant information**

Last Name: \_\_\_\_\_  
 First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_  
 Country of Permanent, fixed Residence: \_\_\_\_\_  
*(Home Country)*  
 Passport Number/Country: \_\_\_\_\_  
 Departure Date from your Home Country? (MM/DD/YY) \_\_\_/\_\_\_/\_\_\_  
 AD&D Beneficiary: \_\_\_\_\_  
 Relationship: \_\_\_\_\_  
*(Accidental Death & Dismemberment)*  
**address of correspondence - where id card is to be sent:**  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_  
 Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_  
 Work Phone: ( ) \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Previously insured by Seven Corners?  Yes  No ID #: \_\_\_\_\_  
 When would you like coverage to begin? (MM/DD/YY) \_\_\_/\_\_\_/\_\_\_  
 Destination?: \_\_\_\_\_ Length of trip?: \_\_\_\_\_  
 What is your expected return date? (MM/DD/YY) \_\_\_/\_\_\_/\_\_\_

*Please note: The minimum period of coverage is 5 days, the maximum is 6 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 before Seven Corners receives and accepts your application and correct payment.*

**calculating your plan cost**

*(Please complete entire section.)*

| Name of Person(s) to be Insured: | Date of Birth<br>MM/DD/YY | Monthly<br>Rate | Daily<br>Rate |
|----------------------------------|---------------------------|-----------------|---------------|
| Applicant: _____                 | ___/___/___               |                 |               |
| Spouse: _____                    | ___/___/___               |                 |               |
| Child: _____                     | ___/___/___               |                 |               |
| Child: _____                     | ___/___/___               |                 |               |
| Child: _____                     | ___/___/___               |                 |               |
| <b>Total:</b>                    |                           | <b>\$</b>       | <b>\$</b>     |

**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]:                                    |   | \$        |
| Total of [A] and [B]:                               |   | \$        |
| Multiply by Deductible Factor:                      | x |           |
| Total:  |   | \$        |
| Multiply by Coverage Option Factor: (If applicable) | x |           |
| <b>Total Payment Enclosed:</b>                      |   | <b>\$</b> |

**coverage specifics**

Are you traveling:  to the U.S. or  outside the U.S.  
 Non U.S. Citizens traveling to the U.S:  
 80% coinsurance to 1st \$5,000, then 100% to Plan max  
 100% coinsurance to 1st \$2,500, then 80% Plan max  
 Policy Maximum:  \$50,000  \$100,000  \$500,000  \$1,000,000

| Deductible: | Option                          | Factor |
|-------------|---------------------------------|--------|
|             | <input type="checkbox"/> \$0    | 1.30   |
|             | <input type="checkbox"/> \$100  | 1.10   |
|             | <input type="checkbox"/> \$250  | 1.00   |
|             | <input type="checkbox"/> \$500  | .90    |
|             | <input type="checkbox"/> \$1000 | .80    |
|             | <input type="checkbox"/> \$2500 | .70    |

**continuing**

Coverage Option:  No  Yes *(must buy at least 3 months)*  
 Coverage Option:  Hazardous Sport Coverage (1.15)

In Florida, Florida Resident – Agent No. A269211

**method of payment**

Check  Money Order  MasterCard  
 Visa  Discover  American Express

Card Number: \_\_\_\_\_  
 Expiration Date: \_\_\_\_\_ Daytime Phone: ( ) \_\_\_\_\_  
 Name on Card: \_\_\_\_\_  
 Billing Address: \_\_\_\_\_  
 Signature *(Required)* \_\_\_\_\_

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 Exclusion number 1, 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 Nationwide Mutual Insurance Company, Nationwide Life Insurance Company and Nationwide Mutual 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)* *(Proxy is someone acting on behalf of insured)* \_\_\_\_\_ Date \_\_\_\_\_

## administered by:



### SEVEN CORNERS

303 Congressional Boulevard  
Carmel, IN 46032



## insurance carrier:

Underwritten by Nationwide Mutual Insurance Company, Nationwide Life Insurance Company and Nationwide Mutual Fire Company. Nationwide, the Nationwide framemark and On Your Side are federally registered service marks of Nationwide Mutual Insurance Company. Nationwide Specialty Health is a service mark of Nationwide Mutual Insurance Company. *(States not underwritten by Nationwide are underwritten by Certain Underwriters at Lloyd's of London. Please contact Seven Corners for a listing of these states.)*



**Nationwide<sup>®</sup>**  
*On Your Side*

Nationwide Specialty Health<sup>SM</sup>

## for additional information:

### Insurance Services of America

1757 E. Baseline Road  
Suite 126  
Gilbert, AZ 85233  
P: 800-647-4589  
F: 480-821-9297

Email: [Mark@isabrokers.com](mailto:Mark@isabrokers.com)  
[www.worldwidemedical.com](http://www.worldwidemedical.com)