

# INBOUND<sup>®</sup>

## CHOICE



### **INJURY & SICKNESS MEDICAL INSURANCE FOR VISITORS**

Continuous & Renewable Protection. Coverage For Families & Individuals.



**SEVENCORNERS**

## ELIGIBILITY

### WHO CAN BUY INBOUND® CHOICE?

You are eligible for coverage if you are a non-United States citizen, who is at least 14 days old or younger than 70 years of age, and traveling to the U.S. for business, pleasure, to study, or to visit. Your coverage must become effective within 24 months of your arrival in the United States.

**It is your responsibility to maintain all records regarding travel history and age and provide necessary documents to Seven Corners to verify eligibility if required.**

### LENGTH OF COVERAGE

Your coverage length may vary from 5 days to a maximum of 364 days in a coverage period. Your total period of coverage cannot exceed 728 days (two 364-day coverage periods). You have the option to renew\* coverage in any increment of 5 days or more (there is a \$5 fee each time you renew).

\*Individuals who have their 70th birthday during their coverage period will continue to be covered through their current coverage period but will not be allowed to renew once that coverage period expires.

**coverage start date** - Coverage will begin on the latest of the following dates: the day after we receive your application and correct premium if you apply and pay online or by fax; or the day after the postmark date of your application and correct premium if you apply by mail; or the moment you depart your home country; or the date you request on your application. Your coverage start date is the same as your effective date.

**coverage expiration date** - Your coverage ends at 12:01 A.M. North American Eastern Time on the earlier of the following: the expiration date on your ID card; the 31st day of your trip to your home country; after completion of 364 days of coverage, unless the company agrees to extend coverage upon such expiration (coverage is available up to 2 years); the day you become a U.S. citizen; the date you enter active military service.

**Home Country** means the country where you have your true, fixed and permanent residence. If you are a United States Citizen, your home country is always the United States.

### WHY CHOOSE INBOUND® CHOICE?

You can feel confident with Inbound® Choice's strong financial backing through Certain Underwriters at Lloyd's, London, an established organization with an A.M. Best rating of "A" (*Excellent*). Your coverage will be there when you need it.

As your plan administrator, Seven Corners\* handles your insurance needs from start to finish, processing your purchase, providing all documents, and handling any claims. In addition, our 24/7 in-house travel assistance team, Seven Corners Assist, will help with your emergency and travel needs. Since 1993, we have provided travel insurance to worldwide travelers, and we are here to help. Contact details for Seven Corners Assist is shown on your ID card.

\*In California, operating under the name Seven Corners Insurance Services.

### IMPORTANT BENEFIT HIGHLIGHTS

**MEDICAL BENEFITS** - If your covered injury or sickness requires medical treatment, we will pay the coverage amounts listed in the schedule of benefits, minus your per person deductible. Treatment must be received within 364 days of the injury or sickness.

**HOME COUNTRY COVERAGE** - We will pay up to \$50,000 for an illness or injury which occurs while you are on an incidental trip to your home country (30 days per 364 days of purchased coverage or pro rata thereof, approximately 2½ days per month).

**INTERNATIONAL TRAVEL COVERAGE** - If you buy at least 30 days of coverage, you may travel to countries other than the United States for up to 30 days. This benefit does not include travel back to your home country, and it does not extend after your current expiration date.

## DESCRIPTION OF COVERAGE

**EMERGENCY MEDICAL EVACUATION\*** - If medically necessary:

1. We will transport you to adequate medical facilities.
2. We will transport you home after receiving medical treatment related to a medical evacuation.

### RETURN OF MORTAL REMAINS/LOCAL CREMATION OR BURIAL\*

We will return your remains to your home country if you should die while traveling or pay for local burial/cremation at the place of death.

\*Arrangements for evacuation and return of remains must be made by Seven Corners Assist.

### COMMON CARRIER ACCIDENTAL DEATH & DISMEMBERMENT

This benefit pays up to \$25,000 for accidents occurring while you are riding as a passenger in or on any land, water or air conveyance transporting passengers for hire. Your loss must occur within 365 days after the accident date. A description of the covered losses is shown below:

For Loss of:	Indemnity:
Life	Principal Sum
Both Hands or Both Feet or Sight of Both Eyes	Principal Sum
One Hand and One Foot	Principal Sum
Either Hand or Foot and Sight of One Eye	Principal Sum
Either Hand or Foot	One-Half the Principal Sum
Sight of One Eye	One-Half the Principal Sum

### CLAIMS

Filing a claim is easy! Simply send the itemized bill to Seven Corners within 90 days, along with a completed claim form. Payments can be converted to a currency of your choosing. You're only responsible for your deductible & coinsurance and any non-eligible expenses.

### PRE-EXISTING CONDITIONS

Pre-existing conditions are defined in detail in the plan document. A brief summary is shown here.

Pre-existing conditions include any medical condition, sickness, injury, illness, disease, mental illness or mental nervous disorder that existed with reasonable medical certainty during the 180 days before your coverage on Inbound Choice began, whether or not it was previously manifested, symptomatic, known, diagnosed, treated or disclosed. This includes but is not limited to any medical condition, sickness, injury, illness, disease, mental illness or mental nervous disorder for which medical advice, diagnosis, care or treatment was recommended or received or for which a reasonably prudent person would have sought treatment during the 180 days before the effective date.

### ACUTE ONSET

#### Non U.S. Citizens traveling in the United States

We pay up to the specified limit for an acute onset of a pre-existing condition *if the condition occurs in the United States during your coverage period, and if you receive treatment in the United States within 24 hours of the sudden and unexpected recurrence*. A pre-existing condition that is chronic, congenital or gradually worsens over time is not covered.

# SCHEDULE OF BENEFITS & COVERED EXPENSES

Age 14 Days To Age 69	Plan A	Plan B	Plan C	Plan D
	\$50,000 max per injury/sickness	\$75,000 max per injury/sickness	\$100,000 max per injury/sickness	\$130,000 max per injury/sickness
<b>INPATIENT</b>				
Hospital Room & Board including Laboratory Tests, X-rays, Prescription Medical and other miscellaneous	Up to \$1,500/day, 30 day max	Up to \$2,000 per day, 30 day max	Up to \$2,500/day, 30 day max	Up to \$3,000/day, 30 day max
Hospital Intensive Care Unit	Additional \$500/day, 8 day max	Additional \$500/day, 8 day max	Additional \$500/day, 8 day max	Additional \$800/day, 8 day max
Surgical Treatment	Up to \$2,100	Up to \$4,800	Up to \$5,800	Up to \$7,200
Anesthetist	Up to \$500	Up to \$750	Up to \$1,000	Up to \$1,650
Assistant Surgeon	Up to \$500	Up to \$750	Up to \$1,000	Up to \$1,650
Physician's Non-Surgical Visits	Up to \$60/visit, 1/day, 10 visits	Up to \$75/visit, 1/day, 10 visits	Up to \$90/visit, 1/day, 10 visits	Up to \$115/visit, 1/day, 10 visits
Consultant Physician, when requested by attending Physician	Up to \$250	Up to \$325	Up to \$500	Up to \$575
Pre-Admission Tests w/in 7 days before Hospital admission	Up to \$650	Up to \$975	Up to \$1,300	Up to \$1,300
Private Duty Nurse	Up to \$650			
<b>OUTPATIENT</b>				
Surgical Treatment	Up to \$2,100	Up to \$4,800	Up to \$5,800	Up to \$7,200
Anesthetist	Up to \$500	Up to \$750	Up to \$1,000	Up to \$1,650
Assistant Surgeon	Up to \$500	Up to \$750	Up to \$1,000	Up to \$1,650
Physician's Non-Surgical /Urgent Care Visits	Up to \$60/visit, 1/day, 10 visits	Up to \$75/visit, 1/day, 10 visits	Up to \$90/visit, 1/day, 10 visits	Up to \$115/visit, 1/day, 10 visits
Diagnostic X-rays & Lab Services	Up to \$250; Additional \$325 - One CAT scan, PET scan or MRI	Up to \$375; Additional \$325 - One CAT scan, PET scan or MRI	Up to \$500; Additional \$975 - One CAT scan, PET scan or MRI	Up to \$575; Additional \$975 - One CAT scan, PET scan or MRI
Hospital Emergency Room	Up to \$200 max	Up to \$500 max	Up to \$575 max	Up to \$750 max
Prescription Drugs	Up to \$250 Per Coverage Period			
Outpatient Surgical Facility	Up to \$600	Up to \$900	Up to \$1,200	Up to \$1,400
<b>OTHER SERVICES</b>				
Ambulance Services	Up to \$500	Up to \$500	Up to \$500	Up to \$500
Initial Orthopedic Prosthesis/Brace	Up to \$663	Up to \$994	Up to \$1,325	Up to \$1,600
Chemotherapy and/or Radiation Therapy	Up to \$663	Up to \$994	Up to \$1,325	Up to \$1,600
Dental Treatment for Injury to Sound, Natural Teeth	Up to \$650			
Mental & Nervous Disorder & Substance Abuse	Same as any Sickness			
Physiotherapy	Up to \$45/visit, 1/day, 12 visits			
Extended Care Facility	Covered under the Hospital Room & Board benefit			
Emergency Evacuation	\$50,000			
Return of Remains/ Local Cremation & Burial Benefit	\$25,000/ \$5,000			
Common Carrier AD&D Principal Sum	\$25,000			
Acute Onset of a Pre-existing Condition	\$50,000 per coverage period for Medical Expense Benefits (subject to the sublimits for each benefit shown above) & \$25,000 per coverage period for Emergency Medical Evacuation.	\$75,000 per coverage period for Medical Expense Benefits (subject to the sublimits for each benefit shown above) & \$25,000 per coverage period for Emergency Medical Evacuation.	\$100,000 per coverage period for Medical Expense Benefits (subject to the sublimits for each benefit shown above) & \$25,000 per coverage period for Emergency Medical Evacuation.	\$130,000 per coverage period for Medical Expense Benefits (subject to the sublimits for each benefit shown above) & \$25,000 per coverage period for Emergency Medical Evacuation.

# EXCLUSIONS AND LIMITATIONS

The list below is a summary of the exclusions in your plan document. A complete description of the provisions, benefits, and exclusions are contained in the plan document which you may view online. You will receive this document when your coverage is issued. If there is any difference between this brochure and your plan document, the provisions of the plan document will prevail.

- Pre-Existing Conditions as defined herein. If you are a non-U.S. citizen under age 70, this exclusion is waived for eligible medical expenses for an Acute Onset of a Pre-existing Condition(s) (as defined herein) as shown in the Schedule of Benefits for your chosen plan (Plan A, B, C, and D). Benefits will be administered as stated in section F, Acute Onset of a Pre-Existing Condition(s), for eligible medical expenses incurred in the United States, minus your Deductible and subject to the scheduled limits for benefits as stated in the Schedule of Benefits. For persons age 70 and over, there is no benefit. 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 this program. Any exclusion specifically listed in General Exclusions and Limitations, numbers 2 through 44, as well as the section entitled Additional Limitations and Exclusions for Elective Surgery and Elective Treatment, will not receive benefits from this waiver;
- Any loss that occurs while traveling solely for the purpose of obtaining medical treatment, while on a waiting list for a specific treatment, or while traveling against the advice of a Physician;
- Maximum benefit is reduced to \$50,000 for any illness or injury occurring while on an incidental trip to the Insured Person's Home Country;
- Routine physical, inoculations or other examinations including but not limited to laboratory, diagnostic, or x-ray examinations where there are no objective indications of impairment of normal health, or well baby care;
- Eye examinations; prescriptions or fitting of eyeglasses and contact lenses; eyeglasses, contact lenses; eye surgery when the primary purpose is to correct nearsightedness, farsightedness or astigmatism; or other treatment for visual defects and problems. "Visual Defects" means any physical defect of the eye which does or can impair normal vision;
- Hearing examinations or hearing aids; or other treatment for hearing defects and problems. "Hearing Defects" means any physical defect of the ear which does or can impair normal hearing;
- Treatment and the provision of false teeth or dentures or dental appliances, normal ear tests and the provision of hearing aids, hearing implants, cosmetic or plastic Surgery (including deviated nasal septum), dental expenses except as specifically provided in the Dental Emergency Treatment benefit;
- Services or supplies not necessary for the medical care of the patient's Injury or Sickness;
- Weak, strained or flat feet, corns, calluses, or toenails;
- Cosmetic surgery, or treatment for congenital anomalies (except as specifically provided), except reconstructive surgery as the result of a covered Injury or Sickness. Correction of a deviated nasal septum is considered cosmetic surgery unless it results from a covered Injury or Sickness;
- Elective surgery and elective treatment;
- Treatment, drugs, diagnostic or surgical procedures in connection with infertility, impotency, artificial insemination, sterilization or reversal thereof, unless infertility is a result of a covered Injury or Sickness;
- Birth control, including surgical procedures and devices;
- Routine new-born baby care, well-baby nursery and related Physician charges;
- Injury sustained while participating in professional, sponsored and/or organized Amateur or Interscholastic Athletics; including but not limited to the event, games, practice, conditioning and any other activity related to professional sponsored and/or organized Amateur of Interscholastic Athletics;
- Injury sustained while taking part in Mountaineering, hang gliding, parachuting, bungee jumping, racing by any animal or motor vehicle or motorcycle, snowmobiling, motorcycle / motor scooter riding (whether as a passenger or driver), scuba diving involving underwater breathing apparatus (unless PADI or NAUI certified), water skiing, wakeboard riding, jet skiing, windsurfing, snow skiing and snowboarding and any other sport, recreational, athletic, or adventure activity which is undertaken for thrill seeking and exposes the insured to abnormal or extreme risk of injury and/or is in violation of applicable laws, rules, or regulations; 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.
- Treatment paid for or furnished under any other individual, government, or group plan; previous plan; payable under any Worker's Compensation or Occupational Disease Law or Act; or charges provided at no cost to the Insured Person;
- Occupational Diseases, including but not limited to Disease(s) related to asbestos exposure, and the complications thereof, including asbestosis and mesothelioma related to asbestos exposure;
- Treatment for human organ or tissue transplants and their related treatment;
- War, hostilities or warlike operations (whether war be declared or not), Invasion, Act of an enemy foreign to the nationality of the Insured Person or the country in, or over, which the act occurs, Civil war, Riot, Rebellion, Insurrection, Revolution, Overthrow of the legally constituted government, Civil commotion assuming the proportions of, or amounting to, an uprising, Military or usurped power, Explosions of war weapons, Utilization of Nuclear, Chemical or Biological weapons of mass destruction howsoever these may be distributed or combined, Murder or Assault subsequently proved beyond reasonable doubt to have been the act of agents of a state foreign to the nationality of the Insured Person whether war be declared with that state or not, Terrorist activity. For the purpose of this Exclusion; i) Terrorist activity means an act, or acts, of any person, or group(s) of persons, committed for political, religious, ideological or similar purposes with the intention to influence any government and/or to put the public, or any section of the public, in fear. Terrorist activity can include, but not be limited to, the actual use of force or violence and/or the threat of such use. Furthermore, the perpetrators of terrorist activity can either be acting alone, or on behalf of, or in connection with any organization(s) or governments(s). ii) Utilization of Nuclear weapons of mass destruction means the use of any explosive nuclear weapon or device or the emission, discharge, dispersal, release or escape of fissile material emitting a level of radioactivity capable of causing incapacitating disablement or death amongst people or animals. iii) Utilization of Chemical weapons of mass destruction means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing incapacitating disablement or death amongst people or animals. iv) Utilization of Biological weapons of mass destruction means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) micro-organism(s) and/or biologically produced toxin(s) (including genetically modified organisms and chemically synthesized toxins) which are capable of causing incapacitating disablement or death amongst people or animals. Also excluded hereon is any Loss or expense of whatsoever nature directly or indirectly arising out of, contributed to, caused by, resulting from, or in connection with any action taken in controlling, preventing, or suppressing any, or all, of the situations described above. In the event any portion of this exclusion is found to be invalid or unenforceable, the remainder shall remain in full force and effect;
- Suicide or any attempt thereof, or self-destruction or any attempt thereof; intentionally self-inflicted Injury or Illness;
- Charges of an institution, health service, or infirmary for whose service payment is not required in the absence of insurance;
- Treatment of nervous or mental disorders, or Treatment in connection with alcohol, drug or chemical abuse, misuse, illegal use, overuse or dependency or use of any drug or narcotic agent; Injury sustained while under the influence of or Disablement due wholly or partly to the effects of intoxicating liquor, chemicals, or drugs or narcotic agent, unless administered under the advice of a Physician and said narcotic agent was taken in accordance with the proper dosing as directed by the physician; unless prescribed by a Physician, except as stated in the Schedule of Benefits for mental or nervous disorders;
- Loss incurred from riding in any aircraft, other than as a passenger in an aircraft licensed for the transportation of passengers;
- Treatment, services, supplies or facilities in a Hospital owned or operated by: a) the Veteran's Administration; or b) a national government or any of its agencies. (This exclusion does not apply to treatment when a charge is made which the Insured is required by law to pay);
- Duplicate services actually provided by both a certified nurse-midwife and Physician;
- Expenses payable under any prior plan which was in force for the person making the claim;
- Expenses incurred during a Hospital emergency room visit which are not of an emergency nature;
- Expenses incurred for outpatient treatment in connection with the detection or correction by manual or mechanical means of structural imbalance, distortion or subluxation in the human body for purposes of removing nerve interference and the effects thereof, where such interference is the result of or related to distortion, misalignment or subluxation of or in the vertebral

## EXCLUSIONS & LIMITATIONS

column;

- Injury sustained as the result of the Insured operating a motor vehicle while not properly licensed to do so in the jurisdiction the motor vehicle accident occurs
- Voluntary or elective abortion;
- Expenses covered by any other valid and collectible medical, health or accident insurance;
- Expenses incurred after the date insurance terminates for an Insured Person except as may be specifically provided;
- Treatment and or diagnosis of venereal disease, including all sexually transmitted diseases and conditions, and any and all consequences thereof;
- Treatment(s) which is incurred by an Insured Person(s) who is HIV Positive (i.e., infected with the human immunodeficiency virus, the cause of acquired immunodeficiency syndrome) at the time of Application for this Insurance, whether or not the Insured Person(s) was asymptomatic or symptomatic or had knowledge of his/her HIV status on the initial Effective Date of Coverage, or any associated diagnostic tests or charges for HIV infection, seropositivity to the AIDS virus, AIDS related illness(es), ARC Syndrome, AIDS, and all diseases caused by and/or related to HIV;
- Treatment(s) for HIV, the AIDS virus, AIDS related illness(es), ARC Syndrome, AIDS, and all diseases and illnesses caused by and/or related to HIV or arising as complications from these conditions including but not limited to the cost of testing for these conditions and/or charges for drug treatment(s) or surgeries;
- Treatment for tuberculosis, malaria, cholera, dengue fever and parasitic-sourced illnesses, including but not limited to treatment required as a result of complications from those same diseases, whether or not previously manifested or symptomatic prior to the effective date of the certificate;
- Charges incurred for treatment or surgeries which are Experimental / Investigational, or for research purposes; expenses which are non-medical in nature, expenses for custodial care, vocational, speech, recreational or music therapy;
- Expenses for services or supplies which are not recommended, approved and certified as Medically Necessary and reasonable by a Physician;
- Chiropractic care or complementary medicine including but not limited to acupuncture and massage;
- Services, supplies, or treatment prescribed, performed or provided by a Relative of the Insured Person or any family member of the Insured Person or anyone who lives with the Insured Person. This includes but is not limited to prescription medication and any diagnostic testing;
- Diagnosis or treatment of the Temporomandibular joint;
- Treatment required as a result of complications or consequences of a treatment or for a condition not covered under this plan;
- Expenses for home health care, custodial care and/ or daily living, including but not limited to food, housing, or home maker services;
- Expenses for environmental supplies, including but not limited to handrails, ramps, special telephones, air conditioners, or home delivered meals.
- Pregnancy expenses or Sickness resulting from pregnancy, childbirth, or miscarriage; or for miscarriage resulting from Injury

## IMPORTANT INFORMATION

**Please be aware that this is not a general health insurance plan, but an interim program intended for temporary use. Inbound® Choice does not guarantee payment to a facility or individual for medical expenses until we determine it is an eligible expense.**

**Medical Providers** - When seeking medical care, you may see any provider of your choice. You may visit [sevencorners.com](http://sevencorners.com) for help locating providers in the United States.

## LOCATION RESTRICTIONS

**State Restrictions:** We cannot accept an address in Maryland, New York, South Dakota, Colorado, and Washington state.

**Country Restrictions:** We cannot accept an address in Australia, Canada, Islamic Republic of Iran, Switzerland, Syrian Arab Republic, U.S. Virgin Islands, Gambia, Ghana, Nigeria, and Sierra Leone.

## PLAN COST

Rates Effective August 10, 2016

**Premiums for Ages 69 and Younger**

**\$0 per injury/sickness deductible per person**

**Plan Maximum Options**

Age	Plan A	Plan B	Plan C	Plan D
	\$50,000	\$75,000	\$100,000	\$130,000
	Daily	Daily	Daily	Daily
2 weeks – 18	\$1.12	\$1.50	\$1.66	\$2.40
19 – 29	\$1.14	\$1.37	\$1.67	\$2.33
30 – 39	\$1.29	\$1.53	\$1.75	\$2.28
40 – 49	\$1.34	\$1.62	\$1.83	\$2.42
50 – 59	\$1.84	\$2.16	\$2.52	\$3.25
60 – 69	\$2.16	\$2.48	\$2.82	\$3.67
Dependent Child*	\$1.05	\$1.33	\$1.57	\$2.28

**\$50 per injury/sickness deductible per person**

**Plan Maximum Options**

Age	Plan A	Plan B	Plan C	Plan D
	\$50,000	\$75,000	\$100,000	\$130,000
2 weeks – 18	\$0.95	\$1.20	\$1.32	\$1.93
19 – 29	\$0.96	\$1.14	\$1.33	\$1.75
30 – 39	\$1.08	\$1.27	\$1.45	\$1.87
40 – 49	\$1.14	\$1.33	\$1.52	\$2.00
50 – 59	\$1.57	\$1.85	\$2.09	\$2.72
60 – 69	\$1.78	\$2.07	\$2.37	\$3.05
Dependent Child*	\$0.87	\$1.20	\$1.28	\$1.88

**\$100 per injury/sickness deductible per person**

**Plan Maximum Options**

Age	Plan A	Plan B	Plan C	Plan D
	\$50,000	\$75,000	\$100,000	\$130,000
	Daily	Daily	Daily	Daily
2 weeks – 18	\$0.84	\$1.10	\$1.24	\$1.85
19 – 29	\$0.86	\$1.05	\$1.24	\$1.62
30 – 39	\$1.00	\$1.17	\$1.35	\$1.72
40 – 49	\$1.05	\$1.24	\$1.43	\$1.90
50 – 59	\$1.43	\$1.76	\$1.96	\$2.64
60 – 69	\$1.65	\$1.97	\$2.38	\$2.97
Dependent Child*	\$0.81	\$1.10	\$1.14	\$1.73

\*Dependent Child (Ages 2 weeks to 18) rate is applicable when at least one parent will also be covered under Inbound® Choice. f

# INBOUND® CHOICE APPLICATION

## APPLICANT INFORMATION

Mr.  Mrs.  Miss  Ms.

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

### address:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_

Email: \_\_\_\_\_

AD&D Beneficiary: \_\_\_\_\_ Relationship: \_\_\_\_\_

*We cannot accept an address from these states: Maryland, New York, South Dakota, Washington, Colorado.*

*We cannot accept an address from these countries: Australia, Canada, Islamic Republic of Iran, Switzerland, Syrian Arab Republic, the U.S. Virgin Islands, Gambia, Ghana, Nigeria, Sierra Leone.*

### passport & travel information:

Passport Number: \_\_\_\_\_

Country Issuing Passport: \_\_\_\_\_

When did or will you arrive in the United States?

(MM/DD/YYYY) \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Date you would like coverage to begin: (MM/DD/YYYY) \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Date you would like coverage to end: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (MM/DD/YY)

*Note: This plan is not available to United States citizens. Your coverage must begin within 24 months of your arrival in the United States. The minimum period of coverage is 5 days, maximum is 364 days. An automatic renewal notice will be sent to the email address listed above. Total plan length available is 728 days (approximately 24 months). 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: \_\_\_\_\_

### Selected Medical Plan Maximum:

Plan A: \$50,000  Plan B: \$75,000  Plan C: \$100,000  Plan D: \$130,000

### Selected Per Injury/Sickness Deductible:

\$0  \$50  \$100

Complete and return the application with payment made payable to:

**World Commercial Trust**  
**P.O. Box: 56575, Station A**  
**Toronto, ON M5W 4L1**

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

**Attention Applicants:** *Certain Underwriters at Lloyd's, London operates as an approved Surplus Lines market in the United States. The premiums listed under Plan Cost include a 2% trust fee.*

## CALCULATING YOUR PLAN COST

*(Please complete entire section.)*

	Date of Birth MM/DD/YY	Daily Rate
Applicant: _____	___ / ___ / ___	_____
Spouse: _____	___ / ___ / ___	_____
Child: _____	___ / ___ / ___	_____
Child: _____	___ / ___ / ___	_____
Child: _____	___ / ___ / ___	+ _____
<b>Daily Total:</b>		<b>\$ _____</b>
Minimum period of coverage is 5 days		
Multiply Daily Rate Total by number of days:		<b>x _____</b>
Administrative Fee Required:		<b>+ \$5.00 _____</b>
<b>Total Payment Enclosed (Total)</b>		<b>= _____</b>

## METHOD OF PAYMENT

Check  Money Order  MasterCard  Visa  
 Discover  American Express

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Daytime Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Name on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Signature (Required) \_\_\_\_\_

I hereby subscribe to the World Commercial Trust and enroll in the group coverage for which I am eligible under the Master Policy issued by Certain Underwriters at Lloyd's, London. The premiums listed include a trust fee. Total payment for the full term of coverage requested must be paid in U.S. dollars at the time of application in order for coverage to be issued. Coverage purchased by credit card is subject to validation and acceptance by the credit card company.

I understand that this coverage is not a general health insurance policy, but a limited benefit period, travel medical program intended for use while away from my Home Country.

I understand that the information contained herein, in the program brochures and the Certificate of Insurance (Certificate) is a summary of the benefits to which I may be entitled under the Master Policy and if, there is any difference, the provisions of the Certificate shall prevail. I understand that I may obtain a copy of the Master Policy upon request to Seven Corners. I declare that I have read and understand the terms and conditions of this product. I understand that pre-existing conditions, as defined, are excluded, unless otherwise specifically noted as covered in the Certificate.

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud. I understand that wherever coverage provided would be in violation of any law including U.S. or appropriate state law (including U.S. economic or trade sanctions), such coverage will be null and void.

Seven Corners, Inc. and Certain Underwriters at Lloyd's are subject to sanctions, prohibitions or restrictions under UN resolutions or the trade or economic sanctions, laws or regulations of the European Union (EU), United Kingdom or the United States (including those administered by the Office of Foreign Assets Control (OFAC)). If your Home Country is subject to US, EU or UN sanctions or you are personally the subject of any sanctions or are a "Designated Person" for EU or OFAC purposes (or any similar regime in any other country), we cannot provide you coverage, and any Certificate sent to you will be null and void from its issuance. For the purposes of this program, "Home Country" is the country where you have your true, fixed and permanent residence. Notwithstanding the foregoing, for United States Citizens, the Home Country is always the United States.

I hereby certify that my Home Country is not currently subject to US, EU or UN sanctions and that I am not a Designated Person (or otherwise personally subject to any sanctions law).

**THIS IS NOT QUALIFYING HEALTH COVERAGE ("MINIMUM ESSENTIAL COVERAGE") THAT SATISFIES THE HEALTH CARE COVERAGE REQUIREMENT OF THE AFFORDABLE CARE ACT. IF YOU DON'T HAVE MINIMUM ESSENTIAL COVERAGE, YOU MAY OWN AN ADDITIONAL PAYMENT WITH YOUR TAXES.**

Residents of India who are seeking to procure this insurance online whilst in India are required to obtain permission from the Central Government and Reserve Bank of India prior to purchasing this insurance.

\_\_\_\_\_  
 Signature of Insured or Proxy (Required) Date

## IMPORTANT INFORMATION

Inbound® Choice is underwritten by Certain Underwriters at Lloyd's of London, rated "A" (Excellent) by A.M. Best and "A+" (Strong) by Standard & Poor's.

## AGENT INFORMATION

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