

INBOUND[®]

USA



INJURY & SICKNESS MEDICAL INSURANCE FOR VISITORS

Continuous & Renewable Protection. Coverage For Families & Individuals.



SEVEN CORNERS

ELIGIBILITY

WHO CAN BUY INBOUND® USA?

You are eligible for coverage if you are a non-United States citizen at least 14 days old who is traveling to the U.S. for business, pleasure, or to study. Your coverage must become effective within 12 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 364 days. You have the option to renew coverage in whatever increment you choose subject to a 5 day minimum (there is a \$5 fee each time you renew). You may apply for a new period of coverage after 364 days if you return to your home country before doing so.

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.

Coverage Expiration Date - Your coverage ends at 12:01 AM North American Eastern Time on the earlier of the following: the date you return to your home country; 364 days after your effective date; the expiration date on your ID card; the day you become a U.S. citizen or enter into 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.

YOUR INSURANCE COMPANY

Inbound® USA is underwritten by Certain Underwriters at Lloyd's of London and is rated "A" (Excellent) by A.M. Best. In addition to being one of the largest insurance entities in the world, Lloyd's has over 300 years of experience in the international insurance business.

As your plan administrator, Seven Corners* handles your insurance needs from start to finish, processing your purchase, providing all documents, and handling any claims. 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 182 days of the injury or sickness.

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.

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.

DESCRIPTION OF COVERAGE

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 and 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 (365 days if you are 70 and older) before your coverage on Inbound USA 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 (365 days if you are 70 and older) before the coverage start 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.

IMPORTANT INFORMATION

Please be aware that this is not a general health insurance policy, but an interim program intended for temporary use. Inbound® USA 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 sevendcorners.com for help locating providers in the United States.

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.

SCHEDULE OF BENEFITS & COVERED SERVICES

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
INPATIENT				
Hospital Room & Board including Laboratory Tests, X-rays, Prescription Medical and other miscellaneous	Up to \$1,400/day, 30 day max	Up to \$1,725/day, 30 day max	Up to \$2,000/day, 30 day max	Up to \$2,585/day, 30 day max
Hospital Intensive Care Unit	Additional \$660/day, 8 day max	Additional \$755/day, 8 day max	Additional \$850/day, 8 day max	Additional \$1,105/day, 8 day max
Surgical Treatment	Up to \$3,300	Up to \$4,400	Up to \$5,500	Up to \$7,150
Anesthetist	Up to \$825	Up to \$1,100	Up to \$1,375	Up to \$1,775
Assistant Surgeon	Up to \$825	Up to \$1,100	Up to \$1,375	Up to \$1,775
Physician's Non-Surgical Visits	Up to \$60/visit, 1/day, 30 visits max	Up to \$75/visit, 1/day, 30 visits max	Up to \$85/visit, 1/day, 30 visits max	Up to \$115/visit, 1/day, 30 visits max
Consulting Physician, when requested by attending Physician	Up to \$450	Up to \$475	Up to \$500	Up to \$650
Private Duty Nurse	Up to \$550	Up to \$550	Up to \$550	Up to \$700
Pre-Admission Tests w/in 7 days before Hospital admission	Up to \$1,100	Up to \$1,100	Up to \$1,100	Up to \$1,450
OUTPATIENT				
Surgical Treatment	Up to \$3,300	Up to \$4,400	Up to \$5,500	Up to \$7,150
Anesthetist	Up to \$825	Up to \$1,100	Up to \$1,375	Up to \$1,775
Assistant Surgeon	Up to \$825	Up to \$1,100	Up to \$1,375	Up to \$1,775
Physician's Non-Surgical / Urgent Care Visits	Up to \$60/visit, 1/day, 10 visits max	Up to \$75/visit, 1/day, 10 visits max	Up to \$85/visit, 1/day, 10 visits max	Up to \$115/visit, 1/day, 10 visits max
Diagnostic X-rays & Lab Services	Up to \$450 - Additional \$250 - One CAT scan, PET scan or MRI	Up to \$475 - additional \$375 - One CAT scan, PET scan or MRI	Up to \$500 - Additional \$500 - One CAT scan, PET scan or MRI	Up to \$650 - Additional \$600 - One CAT scan, PET scan or MRI
Hospital Emergency Room (all expenses incurred therein)	Up to \$330	Up to \$465	Up to \$550	Up to \$750
Prescription Drugs	Up to \$250 Per Coverage Period			
Outpatient Surgical Facility	Up to \$1,000	Up to \$1,050	Up to \$1,100	Up to \$1,400
OTHER TREATMENT & SERVICES				
Ambulance Services	Up to \$450	Up to \$475	Up to \$475	Up to \$475
Initial Orthopedic Prosthesis/brace	Up to \$1,100	Up to \$1,200	Up to \$1,300	Up to \$1,700
Durable Medical Equipment	Up to \$1,100	Up to \$1,200	Up to \$1,300	Up to \$1,700
Chemotherapy and/or Radiation Therapy	Up to \$1,100	Up to \$1,225	Up to \$1,350	Up to \$1,750
Dental Treatment for Injury to Sound, Natural Teeth	Up to \$550			
Mental & Nervous Disorder & Substance Abuse	Same as any Sickness			
Physiotherapy	Up to \$40/visit, 1/day, 12 visits max			
Extended Care Facility	Covered Under Hospital Room & Board			
Emergency Evacuation	\$50,000			
Return of Remains/ Local Cremation/Burial	\$25,000 \$5,000			
AD&D Principal Sum	\$25,000 Common Carrier			
Acute Onset of a Pre-existing Condition	\$50,000 <i>per coverage period</i> for Medical Expense Benefits (subject to the sublimits for each benefit shown above) & \$25,000 <i>per coverage period</i> for Emergency medical Evacuation	\$75,000 <i>per coverage period</i> for Medical Expense Benefits (subject to the sublimits for each benefit shown above) & \$25,000 <i>per coverage period</i> for Emergency medical Evacuation	\$100,000 <i>per coverage period</i> for Medical Expense Benefits (subject to the sublimits for each benefit shown above) & \$25,000 <i>per coverage period</i> for Emergency medical Evacuation	\$130,000 <i>per coverage period</i> for Medical Expense Benefits (subject to the sublimits for each benefit shown above) & \$25,000 <i>per coverage period</i> for Emergency medical Evacuation

If you turn 70 years old during the purchased coverage period, the 70 and over benefit schedule becomes effective on the day you turn 70. If you have the \$100,000 or \$130,000 per injury or sickness plan maximum, you will receive the \$70,000 per injury or sickness schedule for age 70 and older. If you have the \$75,000 or \$50,000 per injury or sickness plan maximum, you will receive the \$50,000 per injury or sickness schedule for age 70 and older.

SCHEDULE OF BENEFITS & COVERED SERVICES (CONT.)

Age 70 to Age 99	Plan J	Plan K
INPATIENT	\$50,000 Max per Injury/Sickness	\$70,000 Max per Injury/Sickness
Hospital Room & Board including Laboratory Tests, X-rays, Prescription Medical and other miscellaneous	Up to \$1,050/day, 30 day max	Up to \$1,470/day, 30 day max
Hospital Intensive Care Unit	Additional \$460/day, 8 day max	Additional \$640/day, 8 day max
Surgical Treatment	Up to \$2,750	Up to \$3,850
Anesthetist	Up to \$685	Up to \$960
Assistant Surgeon	Up to \$685	Up to \$960
Physician's Non-Surgical Visits	Up to \$55/visit, 1/day, 30 visits max	Up to \$75/visit, 1/day, 30 visits max
A Consulting Physician, when requested by attending Physician	Up to \$400	Up to \$560
Private Duty Nurse	Up to \$450	
Pre-Admission Tests w/in 7 days before Hospital admission	Up to \$775	Up to \$1,085
OUTPATIENT		
Surgical Treatment	Up to \$2,750	Up to \$3,850
Anesthetist	Up to \$685	Up to \$960
Assistant Surgeon	Up to \$685	Up to \$960
Physician's Non-Surgical / Urgent Care Visits	Up to \$55/visit, 1/day, 10 visits max	Up to \$75/visit, 1/day, 10 visits max
Diagnostic X-rays & Lab Services	Up to \$400 - Additional \$250 - One CAT scan, PET scan or MRI	Up to \$560 – additional \$300 - One CAT scan, PET scan or MRI
Hospital Emergency Room (all expenses incurred therein)	Up to \$250	Up to \$350
Prescription Drugs	Up to \$200 Per Coverage Period	Up to \$250 Per Coverage Period
Outpatient Surgical Facility	Up to \$850	Up to \$1,190
OTHER TREATMENT AND SERVICES		
Ambulance Services	Up to \$450	
Initial Orthopedic Prosthesis/brace	Up to \$850	Up to \$1,190
Durable Medical Equipment	Up to 1,000	
Chemotherapy and/or radiation therapy	Up to \$850	Up to \$1,190
Dental Treatment for Injury to Sound, Natural Teeth	Up to \$550	
Mental & Nervous Disorder & Substance Abuse	Same as any Sickness	
Physiotherapy	Up to \$40/visit, 1/day, 12 visits max	
Extended Care Facility	Covered under the Hospital Room & Board	
Emergency Evacuation	\$50,000	
Return of Remains/ Local Creamation/Burial	\$25,000 \$5,000	
AD&D Principal Sum	\$25,000 Common Carrier	
Accute Onset of Pre-existing Conditions	This benefit is not available if you are 70 or older	

EXCLUSIONS & 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.

No benefits will be paid for loss or expense caused by, contributed to, or resulting from:

- 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, or D). Benefits will be administered as stated in section G, 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 36, as well as the section entitled Additional Limitations and Exclusions for Elective Surgery and Elective Treatment, will not receive benefits from this waiver;
- Any expenses incurred when travel was undertaken solely for the purpose obtaining medical treatment or while traveling against the advice of a Physician;
- Expense incurred within the Insured Person's Home Country or country of regular domicile;
- Routine physicals, inoculations, or other examinations where there are no objective indications of impairment of normal health, or well baby care, new-born baby care; well-baby nursery and related Physician charges;
- Prescriptions or fitting of eyeglasses and contact lenses; eye examinations; 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;
- Dental treatment, except as the result of injury to sound, natural teeth;
- Services or supplies performed or provided by a Member of the Insured Person's family, or anyone who lives with the Insured Person;
- Expenses which were not recommended, approved and certified as Medically Necessary and reasonable by a Physician;
- 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 covered Sickness;
- Elective Surgery and Elective Treatment;
- Drug, treatment or procedure that either promotes or prevents conception, or prevents childbirth;
- 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;
- Organ transplants;
- 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;
- Participation in a riot or civil disorder, commission of or attempt to commit a felony in the country in which it was attempted or committed;
- Suicide or attempted suicide (including drug overdose), while sane or insane (while sane in Missouri), or intentionally self-inflicted Injury;
- Expenses 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, except as stated in the Schedule of Benefits, or treatment of alcoholism or drug abuse, except as provided for treatment of mental or nervous disorders, according to the Schedule of Benefits;
- 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 incurred during a hospital emergency room visit which is 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 sublimation 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 column;
- Injury sustained while taking part in mountaineering where ropes or guides are normally used, hang gliding, parachuting, bungee jumping, racing by horse or motor vehicle or motorcycle, snowmobiling, motorcycle/motor scooter riding, scuba diving involving underwater breathing apparatus (unless PADI or NAUI certified), water skiing, snow skiing and snow boarding;

EXCLUSIONS & LIMITATIONS

- Treatment paid for or furnished under any other individual, government, or group policy; previous policy; 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;
- Expense incurred after the Expiration Date for an Insured Person except as may be specifically provided;
- Expenses for treatment in connection with alcoholism and drug addiction, or use of any drug or narcotic agent or for Injury or Sickness due to wholly or partly to the effects of intoxicating liquor or drugs, unless prescribed by a Physician;
- Sexually transmitted diseases;
- Pregnancy expenses or Sickness resulting from pregnancy, childbirth, or miscarriage; or for miscarriage resulting from Injury; or voluntary or elective abortion;
- Treatment while confined primarily to receive custodial care, educational or rehabilitative care and nursing services in a long term facility, spa, hydroclinic, weight loss clinic, sanatorium, nursing home or similar facilities;
- Expenses for Speech therapy, Occupational therapy or Vocational Rehabilitation.
- 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

PLAN COST

Rates Effective August 10, 2016

\$0 Per Injury / Sickness Deductible Per Person

Plan Maximum Options

Age	Plan A \$50,000 Daily	Plan B \$75,000 Daily	Plan C \$100,000 Daily	Plan D \$130,000 Daily
2 weeks - 18	\$1.51	\$1.78	\$2.04	\$2.65
19 - 29	\$1.15	\$1.41	\$1.61	\$2.09
30 - 39	\$1.28	\$1.51	\$1.72	\$2.25
40 - 49	\$1.32	\$1.62	\$1.79	\$2.40
50 - 59	\$1.82	\$2.14	\$2.50	\$3.21
60 - 69	\$2.16	\$2.47	\$2.81	\$3.65
Dependent Child*	\$1.43	\$1.69	\$1.94	\$2.52

\$50 Per Injury / Sickness Deductible Per Person

Plan Maximum Options

Age	Plan A \$50,000 Daily	Plan B \$75,000 Daily	Plan C \$100,000 Daily	Plan D \$130,000 Daily
2 weeks - 18	\$1.26	\$1.47	\$1.69	\$2.19
19 - 29	\$0.98	\$1.17	\$1.33	\$1.73
30 - 39	\$1.07	\$1.26	\$1.44	\$1.86
40 - 49	\$1.13	\$1.33	\$1.51	\$1.97
50 - 59	\$1.56	\$1.82	\$2.08	\$2.69
60 - 69	\$1.78	\$2.06	\$2.36	\$3.04
Dependent Child*	\$1.22	\$1.40	\$1.61	\$2.08

\$100 Per Injury / Sickness Deductible Per Person

Plan Maximum Options

Age	Plan A \$50,000 Daily	Plan B \$75,000 Daily	Plan C \$100,000 Daily	Plan D \$130,000 Daily
2 weeks - 18	\$1.16	\$1.37	\$1.57	\$2.05
19 - 29	\$0.88	\$1.06	\$1.24	\$1.61
30 - 39	\$0.98	\$1.16	\$1.34	\$1.69
40 - 49	\$1.02	\$1.23	\$1.42	\$1.87
50 - 59	\$1.42	\$1.75	\$1.95	\$2.60
60 - 69	\$1.64	\$1.96	\$2.26	\$2.95
Dependent Child*	\$1.10	\$1.30	\$1.49	\$1.95

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

Monthly/Daily Premiums for Ages 70 and Older

\$100 Per Injury / Sickness Deductible Per Person

Plan Maximum Options

Age	Plan J \$50,000 Daily	Plan K \$70,000 Daily
Age 70 - 74	\$2.98	\$4.16
Age 75 - 79	\$3.28	\$4.58
Age 80 - 84	\$6.60	\$9.26
Age 85 - 89	\$9.52	\$13.33
Age 90 - 94	\$10.30	\$14.43
Age 95 - 99	\$11.84	\$16.56

\$200 Per Injury / Sickness Deductible Per Person

Plan Maximum Options

Age	Plan J \$50,000 Daily	Plan K \$70,000 Daily
Age 70 - 74	\$2.55	\$3.47
Age 75 - 79	\$2.73	\$3.82
Age 80 - 84	\$5.51	\$7.71
Age 85 - 89	\$8.11	\$11.36
Age 90 - 94	\$8.78	\$12.29
Age 95 - 99	\$10.08	\$14.11

INBOUND® USA APPLICATION

APPLICANT INFORMATION

Mr. Mrs. Miss Ms

Last Name: _____

First Name: _____ M.I. _____

Passport Number: _____

Passport Country: _____

FOR ACCIDENTAL DEATH & DISMEMBERMENT BENEFIT

Beneficiary: _____ Relationship: _____

ADDRESS

Name: _____

Address: _____

City: _____ State: _____ Postal Code: _____

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

Email Address: _____

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.

When did or will you arrive in the United States: ___/___/___ (MM/DD/YY)

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

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

Note: This program is not available to United States citizens. Your coverage must begin within 12 months of your arrival in the United States. The minimum period of coverage is 5 days, maximum is 364 days. Total plan length available is 364 days. 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: _____

Age 2 weeks to Age 69:

Plan A: \$50,000

Plan B: \$75,000

Plan C: \$100,000

Plan D: \$130,000

Age 70 to 99:

Plan J: \$50,000

Plan K: \$70,000

Selected Per Injury/Sickness Deductible:

\$0 \$50 \$100 \$200 (Age 70 and over are only eligible for \$100 and \$200)

If there are applicants below age 70 and applicants age 70 and above, separate applications must be submitted.

Complete and return the Application with your payment 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: _____	___/___/___	_____
	Daily Total:	\$ _____
Minimum period of coverage is 5 days		
Multiply Daily Rate Total by number of days:		x _____
Total Payment Enclosed (Total)		= _____

METHOD OF PAYMENT

- Check Money Order MasterCard
 Visa Discover American Express

Card Number: _____

Expiration Date: _____ Daytime Phone: () _____

Name as it appears on Card: _____

Signature (Required) _____

Billing Address: _____

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® USA 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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Disclaimer: This brochure is intended as a brief summary of benefits and services. It is not your plan document. If there is any difference between this brochure and your plan document, the provisions of the plan document will prevail. Benefits and premiums are subject to change.