

# RESIDE®



## WORLDWIDE MEDICAL INSURANCE

Protect Yourself & Your Loved Ones No Matter Where You Live.

Agent Information:



Phone: 1-866-384-9104

E-mail: [insurance@VisitorsCoverage.com](mailto:insurance@VisitorsCoverage.com)

[www.VisitorsCoverage.com](http://www.VisitorsCoverage.com)



**SEVEN CORNERS**

# SCHEDULE OF BENEFITS

A Policy Period is 364 days in length.	Treatment Received Inside The United States And Canada	Treatment Received Outside The United States And Canada
<b>LIFETIME MAXIMUM</b> Deductible Options, per person per injury/sickness	<b>US \$500,000</b> \$70, \$100, \$150, \$250, \$500, \$1000 After the per injury/sickness deductible, the program will pay up to the amount listed below for each injury/sickness.	<b>US \$5,000,000</b>
<b>INPATIENT</b> Private or Semi-Private Room, Per Day (maximum of 240 consecutive days) Intensive Care Room, Per Day (maximum of 180 consecutive days) Surgical Treatment Anesthetist's Charges Assistant Surgeon Physician's Non-Surgical/Urgent Care Visit Laboratory Tests and X-rays Prescription Medication Chemotherapy and Radiation Therapy Organ Transplant Durable Medical Equipment	US \$600 US \$1,500 US \$3,000 US \$600 US \$600 US \$60/visit, max 10 US \$450 US \$100 US \$1,000 US \$100,000 US \$100	US \$900 US \$2,000 US \$5,000 US \$1,000 US \$1,000 US \$75/visit, max 10 US \$600 US \$125 US \$1,250 US \$130,000 US \$200
<b>MATERNITY</b> Normal and complicated child delivery maximum, including pre- and postnatal care which is reimbursed according to the limits shown within this Schedule of Benefits. Waiting period of 364 days before maternity benefit begins.  Professional service related to hospitalization, per day	US \$2,500 per pregnancy   US \$200	US \$4,000 per pregnancy   US \$250
<b>OUTPATIENT</b> Surgical Treatment Anesthetist's Charges Assistant Surgeon Physician's Non-Surgical/Urgent Care Visit Hospital Emergency Room (all expenses incurred therein) Prescription Medication Chemotherapy and Radiation Therapy Laboratory Tests and X-rays	US \$3,000 US \$600 US \$600 US \$60/visit, max 10 US \$350 US \$100 US \$1,000 US \$450	US \$5,000 US \$1,000 US \$1,000 US \$75/visit, max 10 US \$500 US \$125 US \$1,250 US \$600
<b>OTHER TREATMENT</b> Dental treatment for Injury to sound, natural teeth Psychiatrist Endoscopy (i.e. Gastroscopy, Colonoscopy, Cystoscopy) Various Scans (i.e. MRI, CAT, Echocardiography) Chiropractors Physiotherapy Well Child Care (not subject to deductible) 180-day waiting period, under age 19 Preventative Benefit (females and males, age 19 and over) for checkups, routine physical exams, female preventative exams and mammograms, (not subject to deductible) 180-day waiting period	US \$500 US \$60/visit, max 10 US \$450 US \$450 US \$60/visit, max 3 US \$60/visit, max 10 US \$60/visit, max 2 US \$60/visit, max 1	US \$500 US \$75/visit, max 10 US \$600 US \$600 US \$75/visit, max 3 US \$75/visit, max 10 US \$75/visit, max 2 US \$75/visit, max 1
<b>NEWBORN COVERAGE</b> Lifetime maximum for the first 31 days after birth, per limits as stated in the Certificate of Coverage	US \$5,000	US \$10,000
<b>TRANSPORTATION</b> Local ground ambulance Emergency Evacuation, when adequate medical facilities or treatment is not available locally (pre-approval required)  Return of Mortal Remains (pre-approval required)	US \$1,500 US \$25,000  US \$20,000	US \$2,000 US \$50,000  US \$25,000
<b>ACCIDENTAL DEATH &amp; DISMEMBERMENT</b> 24 Hour Accidental Death and Dismemberment - Insured and Spouse - Dependent Children	Principal Sum  US \$10,000 US \$2,000	Principal Sum  US \$10,000 US \$2,000
Common Carrier Accidental Death and Dismemberment - Insured and Spouse - Dependent Children	US \$40,000 US \$8,000	US \$40,000 US \$8,000

# DESCRIPTION OF COVERAGE

## WHY CHOOSE RESIDE WORLDWIDE?

Reside Worldwide is a scheduled benefit plan with the flexibility and security you need no matter where you are in the world! Whether you are a U.S. citizen spending extended time overseas or a foreign national looking for added protection in your home country and while traveling, Reside follows you wherever you go. With a worldwide network of providers, a 24-hour assistance team, and a seasoned administrative staff, we are here to ensure you receive the care you need.

## WHO IS ELIGIBLE FOR RESIDE WORLDWIDE?

If coverage begins before your 75th birthday, you may renew, at the discretion of the underwriter, as long as you remain eligible and pay your renewal premium. You will not be required to answer medical questions at renewal, and you cannot be singled out for cancellation.

## WORLDWIDE COVERAGE

You may choose from two coverage areas, each with different pricing. If you are residing in or traveling to the U.S. or Canada, choose Geographical Treatment Area A (*worldwide coverage including the U.S. & Canada*). If your plans do not include time in the U.S. or Canada, you may choose Geographical Treatment Area B (*worldwide coverage excluding the U.S. & Canada*).

**Please note that once a Geographical Treatment Area is purchased, changes are not available on the same certificate.**

**For U.S. Citizens and Non-U.S. Citizens:** With both treatment area options, your time in the U.S. must be limited to 180 days in any given 364-day period. If you exceed 180 days, your coverage will immediately terminate.

*\*It is your responsibility to maintain all records regarding travel history, age and student status. Seven Corners may require this information to verify eligibility requirements.*

## HOW DO I APPLY FOR COVERAGE

Simply submit the online application with your payment. If you would like a paper application, please contact your agent or call Customer Service at 1-800-335-0611. We will review your application within two business days and request additional information if needed. If accepted, you will receive an ID card with your effective date, conditions of acceptance, and certificate of coverage with program details. If Seven Corners is unable to offer coverage, we will return your premium without delay.

## PRENOTIFICATION

To ensure that you receive the best care possible, we require that you or someone on your behalf contact Seven Corners Assist at least 48 hours before receiving medical treatment and no later than 48 hours after an emergency. Contact information for Seven Corners Assist is on your ID Card.

## HOW DO I FILE A CLAIM?

Simply complete our claim form and submit it with your itemized bills and receipts (if you have already paid for the medical expenses). If acceptable with the facility, Seven Corners will pay the hospital or doctor directly.

## DEDUCTIBLES, COINSURANCE & POLICY MAXIMUMS

You have six deductible options, and your deductible applies to each injury and each sickness.

The amount covered for each expense is shown in the schedule of benefits on page one. Benefits vary by area of treatment, depending on whether you are inside the U.S. & Canada or outside the U.S. & Canada. If you travel during treatment from one area to another, the limitations of the new area apply. If you did not purchase Geographical Treatment Area A (*worldwide including the U.S. & Canada*), there is no coverage for treatment in the U.S. and Canada.

## YOUR UNDERWRITER

Reside Worldwide is underwritten by Certain Underwriters at Lloyd's of London and Tramont Insurance Company Limited. Both companies have the experience and financial strength to provide the security you need in a health insurance provider. Your residence address determines which one provides your coverage. Pricing and benefits are identical for both companies.

Lloyd's of London has over 300 years of experience in the international insurance business and is one of the largest insurance entities in the world. Please visit [lloyds.com](http://lloyds.com) for details. Tramont Insurance Company Limited is a worldwide insurer with the expertise to provide quality international health insurance. Please visit [tramontinsurance.com](http://tramontinsurance.com) for details.

## SEVEN CORNERS, YOUR PROGRAM ADMINISTRATOR

Seven Corners, Inc.\* has administered Reside Worldwide since its inception. With 20 years of experience, we have a strong history of providing innovative solutions to handle the demands of the international insurance arena. Our staff of professionals serves the needs of thousands of policyholders throughout the world. We provide insurance for private citizens, governments, missionaries, students, and corporations of various nations around the globe. You can feel confident knowing that Seven Corners is here to assist you with your needs from the time you complete your application through the claims payment process.

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

# DESCRIPTION OF COVERAGE

## IMPORTANT BENEFIT DETAILS

We offer a variety of benefits as shown in the Schedule of Benefits. We highlight a few key coverages below that may be especially important to you as part of your international health insurance program.

**Maternity** - Reside Worldwide provides maternity coverage. Expenses related to a pregnancy within the first 364 days of coverage are not covered.

**Newborn Children** are automatically covered for the first 31 days after birth, if the mother remains eligible for coverage and her pregnancy is covered. To extend coverage, we must receive the newborn's application and premium within 31 days of birth. Based on the application, riders limiting or excluding certain medical conditions and/or body parts may be required.

**Preventative Benefits & Well Child Care** - We offer coverage for checkups and routine visits for all members after 180 days.

**Emergency Medical Evacuation** - We will transport you to receive proper care if it is not available in your area. If medically necessary, we will return you home.

**Return of Remains** - We will transport your remains home should you die while traveling.

## LIMITATIONS

**Pre-existing Conditions** are defined as any medical condition, sickness, injury, illness, disease, mental illness or mental nervous disorder, regardless of the cause, including any congenital, chronic, subsequent, or recurring complications or consequences related thereto or resulting therefrom that with reasonable medical certainty existed at the time of application or any time prior to your effective date of coverage, whether or not previously manifested, symptomatic, known, diagnosed, treated or disclosed. This specifically 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 prior to the effective date of coverage.

All pre-existing conditions will be considered, provided you have not:

- suffered symptoms, consulted any physician for treatment, advice or check-ups for these pre-existing conditions or
- taken medication (including drugs, medicines, special diets or injections) for a continuous period of 24 months prior to the date of the treatments and expenses that are being considered for coverage.

This means that when you submit a claim, we will look back 24 months from the date of service. If you were not symptomatic, treated, medicated or diagnosed for the condition for which you received treatment in the last 24 months, the claim is payable. If you were treated, medicated or diagnosed for the condition within the last 24 months, the claim expense would be considered pre-existing and would not be covered.

## LIMITATIONS (CONT.)

**Exclusions\***: The following conditions, treatments, supplies, services, and/or expenses are not covered.

- Treatment of the following which manifest themselves or are recommended, or in which symptoms occur during the first 180 days of coverage: any breast condition, any prostate condition, reproductive system disorders, gall stones, kidney stones, any acne diagnosis or acne-related condition, any surgery that is not emergency in nature.
- Pre-existing conditions as defined in this brochure.
- Expenses for pregnancy within the first 364 days of coverage.
- Claims not presented to us within 90 days of treatment.
- Treatment that is not medically necessary; exceeds reasonable & customary charges; treatment provided at no cost to you or performed by a relative or anyone who lives with you; experimental treatment; non-medical expenses; phone consultations.
- Suicide or any attempted suicide; self-inflicted injury or illness.
- War or warlike operations.
- Injury in organized, professional, amateur, or interscholastic athletics.
- Routine physicals or procedures, unless listed in the schedule of benefits as covered.
- Temporomandibular joint.
- Vocational, speech, recreational or music therapy.
- Cosmetic surgery except as a result of a covered accident.
- Dental or eye treatment unless otherwise covered.
- Injuries/illnesses due to alcohol, chemical, or drug use.
- Custodial, rehabilitative, or nursing home care.
- Congenital conditions.
- Expenses in connection with the commission or attempt of a criminal offense.
- Injury while taking part in mountaineering, hang gliding, parachuting, bungee jumping, racing by horse, motor or motorcycle, SCUBA diving (unless PADI, NAUI, YMCA, SSI or PDIC certified).
- Venereal or sexually transmitted disease; HIV; AIDS.
- Treatment, medication, or procedures to promote or prevent conception or prevent childbirth.
- Chronic Fatigue Syndrome; occupational diseases; weight control.
- Pregnancy expenses incurred by a dependent child.

*\*Above is a review of the exclusions in the certificate. This brochure is intended as a brief summary of benefits and services and is not your policy. A complete description of the provisions, benefits, and exclusions are contained in the certificate of coverage, which is provided to you after your coverage has been issued. You may view a sample certificate of coverage online or request one from your agent or our customer service team at 1-800-335-0611. If there is any difference between this brochure and your certificate of coverage, the provisions of the certificate will prevail.*

## Worldwide Rates Including U.S. and Canada (Geographical Treatment Area A) (Rates for China\*)

Age	Policy Period Premium \$70 Per Incident Deductible	Policy Period Premium \$100 Per Incident Deductible	Policy Period Premium \$150 Per Incident Deductible	Policy Period Premium \$250 Per Incident Deductible	Policy Period Premium \$500 Per Incident Deductible	Policy Period Premium \$1000 Per Incident Deductible
14 days through 18	US \$596	US \$541	US \$519	US \$487	US \$433	US \$379
19 through 29	US \$627	US \$570	US \$547	US \$513	US \$455	US \$399
30 through 39	US \$909	US \$763	US \$733	US \$688	US \$611	US \$535
40 through 49	US \$1,085	US \$987	US \$947	US \$888	US \$789	US \$691
50 through 59	US \$1,213	US \$1,103	US \$1,059	US \$993	US \$882	US \$772
60 through 69	US \$2,258	US \$2,053	US \$1,970	US \$1,847	US \$1,642	US \$1,437
70 through 74	US \$3,270	US \$2,973	US \$2,855	US \$2,676	US \$2,378	US \$2,081

## Worldwide Rates Excluding U.S. and Canada (Geographical Treatment Area B) (Rates for China\*)

Age	Policy Period Premium \$70 Per Incident Deductible	Policy Period Premium \$100 Per Incident Deductible	Policy Period Premium \$150 Per Incident Deductible	Policy Period Premium \$250 Per Incident Deductible	Policy Period Premium \$500 Per Incident Deductible	Policy Period Premium \$1000 Per Incident Deductible
14 days through 18	US \$487	US \$443	US \$425	US \$398	US \$354	US \$310
19 through 29	US \$513	US \$466	US \$447	US \$419	US \$373	US \$327
30 through 39	US \$744	US \$624	US \$600	US \$563	US \$500	US \$438
40 through 49	US \$888	US \$807	US \$775	US \$727	US \$646	US \$565
50 through 59	US \$993	US \$903	US \$867	US \$813	US \$722	US \$632
60 through 69	US \$1,848	US \$1,679	US \$1,612	US \$1,511	US \$1,344	US \$1,175
70 through 74	US \$2,676	US \$2,433	US \$2,336	US \$2,190	US \$1,946	US \$1,703

\*Rates for China and Hong Kong are higher than the rates shown above. They are 300% higher for individuals under age 19 and 50% higher for individuals age 19 and older.

If you wish to pay premiums in two, four, or twelve installments per policy period, you must do so by credit/debit card only. Seven Corners will automatically charge the credit/debit card on the due date of the premium installment. The Premium Installment Factors to be applied to the Total Premium are as follows:

One Payment per Policy Period 1.00 / Two Payments per Policy Period 0.55 / Four Payments per Policy Period 0.28 / Twelve Payments per Policy Period 0.10

**IMPORTANT NOTICE:** The premiums referenced above are applicable for the initial 364-day coverage period, after you have been accepted by Seven Corners. Seven Corners reserves the right to increase the stated premiums based upon your medical condition at the time of application and underwriting. Applicants with chronic and/or severe medical conditions may be declined. At each renewal period, Seven Corners will inform you of the renewal premium for each subsequent coverage period based on your age and deductible category.

**Attention Applicants:** Certain Underwriters at Lloyd's of London operates as an approved Surplus Lines insurer in most U.S. states. The premiums listed above include Surplus Lines Taxes and Fees where applicable. For Tramont Insurance Company Limited, the premiums listed above include an Administrative Fee.

# SEVEN CORNERS ASSIST

## **WHEN UNPRONOUNCEABLE DISEASES OCCUR IN UNPRONOUNCEABLE COUNTRIES WE ARE HERE TO HELP!**

Our multilingual Seven Corners Assist team is a leading provider of 24/7 customized emergency assistance services to international organizations, corporations, government entities, insurance companies, and individual travelers.

### **24/7 ASSISTANCE WITH TRAVEL:**

We can provide local weather details, currency rates, embassy contact information, contact information for interpreters, guidance for lost passport recovery, and pre-trip information including inoculation and visa requirements.

### **24/7 MEDICAL ASSISTANCE WHILE TRAVELING**

We can locate appropriate medical care; arrange phone conferences between your attending and home physicians; arrange second opinions; relay emergency messages; provide medical bill payment guarantees, medical benefit authorizations, and 24-hour ticketing for emergency family visits; arrange emergency medical evacuations, medical transportation home after treatment, escorts & transportation for unaccompanied children; medical record transfers; and return of remains for deceased travelers.

## **WELLABROAD - WELLABROAD.COM**

Seven Corners' WellAbroad® is our real-time website with information to provide you with the advanced tools for successful travel. We have medical, political and cultural resources for your use:

- Text messaging alerts - Receive updates on weather, security issues, customs alerts, and health care or pandemic warnings.
- Provider network directory - Create customized country profiles with instant access to providers in your area.
- Online forums - Fellow travelers and Seven Corners' staff post experiences and travel tips.

## **IMPORTANT INFORMATION**

*Lloyd's of London and Tramont Insurance Company Limited are international insurance entities, and coverage under Reside is not regulated by any U.S. state insurance department. Lloyd's of London operates as a surplus lines insurer in most U.S. states. Tramont Insurance Company Limited operates as an authorized insurer worldwide (coverage with Tramont cannot be initiated and purchased in the British Virgin Islands, U.S. Virgin Islands, and the U.S., although you are covered in these areas per the plan requirements). The information concerning Reside is not intended to be an offer to sell Reside or a solicitation by Seven Corners, Inc., Lloyd's of London, or Tramont Insurance Company Limited in any jurisdiction where any such sale would be unlawful, or in which Seven Corners, Lloyd's of London, and Tramont Insurance Company Limited are not qualified to do so. Reside may not be available in all situations or jurisdictions.*

# NOTES

# RESIDE® WORLDWIDE APPLICATION FOR COVERAGE

Reside Worldwide Medical Plan – All Sections Must be Completed in Full.

**As described in the brochure and documentation, Reside Worldwide is a comprehensive medical insurance program. In order to provide you and your family with the coverage you desire, please follow the directions and answer all questions in complete detail.**

**Directions for completing the application:**

1. Please print or type all information. Illegible information will delay underwriting and processing of your coverage.
2. Each family member requesting coverage must be listed on the Application. All questions on the Application apply to all applicants requesting coverage. Answer each and every question, as it pertains to each applicant listed on the Application. All members of a family must choose the same Deductible.
3. Each section of the Application must be completed in full. Any question where a "YES" is marked must be described in detail in Section 3. Information must include the applicant's name, physician's name, address and phone number, address of treating facility, diagnosis, prognosis, and course of treatment. If necessary, use an additional sheet of paper to describe the condition(s) and attach it to the Application when submitted to Seven Corners.
4. The Premiums listed are Policy Period Premiums and can be paid by check, money order, VISA®, MasterCard®, Diners Club®, American Express®, or Discover®. Due to the inconsistent reliability of international mail, installment payments (options include two, four, or twelve payments per Policy Period) can only be made by using a credit/debit card or ACH payment. The installment payment options are only accepted with pre-authorization to debit your credit/debit card or checking account on the due date of your premium installment.
5. Once Seven Corners reviews your application and determines that coverage will be issued, we will send you an ID Card and a Certificate of Coverage, underwritten by either Lloyd's of London or Tramont Insurance Company Limited. Your residence address determines which insurance carrier will provide your coverage. Pricing and benefits are identical for both Lloyd's of London and Tramont. The Certificate of Coverage contains all coverage details. You will also receive details concerning procedures for claims submission and the importance of Seven Corners' pre-notification procedures.

**All Sections Must Be Completed in Full**

**SECTION 1. APPLICANT INFORMATION:**

Applicant's Name <i>(First, Middle, Last, Maiden)</i>	Sex <i>M/F</i>	Relationship	Date of Birth <i>(Mo/Day/Yr)</i>	Citizenship <i>Country</i>	Height <i>Feet /Inches</i>	Weight <i>lbs</i>	Premium
		Primary					
		Spouse					
		Child					
		Child					
		Child					

**Total Premium:**

**ADDRESS OF RESIDENCE:**

Street: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_ E-mail: \_\_\_\_\_

Home Phone: ( \_\_\_\_ ) \_\_\_\_\_ Business Phone: ( \_\_\_\_ ) \_\_\_\_\_ Fax: ( \_\_\_\_ ) \_\_\_\_\_

*(If your residence address is outside of the United States, policy fulfillment will be provided electronically. Please contact Seven Corners for any questions.)*

Occupation of Primary Insured: *(If retired, previous occupation(s))* \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Duties of Occupation: \_\_\_\_\_

Occupation of Spouse: \_\_\_\_\_

Family Physician Name: (Required) \_\_\_\_\_

Address or contact info of Family Physician: \_\_\_\_\_

Physician Name who performed your last physical: \_\_\_\_\_

*(If different from Family Physician)*

Address or contact info of physician who performed your last physical: \_\_\_\_\_



# RESIDE® WORLDWIDE APPLICATION FOR COVERAGE

## SECTION 1. (CONTINUED) APPLICANT INFORMATION:

(Please  all that apply and state in detail in Section 3. Health History Detailed Answers)

Yes No

1. Coverage Options:
  - Worldwide Coverage Including the United States and Canada (*Geographical Treatment Area A*) **or**
  - Worldwide Coverage Excluding the United States and Canada (*Geographical Treatment Area B*)

*(Please note that Area B excludes coverage in the U.S. & Canada. After your policy is issued, you cannot change your treatment area.)*
2. Do you understand this is an international program and not U.S. health insurance?
3. Do you understand that you are unable to be in the U.S. longer than 180 days during any given 364-day period?
4. Are you or any listed dependents currently in the United States? If yes, enter departure date below.  
When do you plan to depart the United States: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (month/day/year)
5. How long have you been located in the United States at the time of this application? \_\_\_\_\_
6. How long do you require coverage under Reside? \_\_\_\_\_
7. Are any listed dependents who are age 19, 20, 21, 22 and 23 full time students?  
*(if yes, please provide proof of student information, must be enrolled in at least 12 credit hours of study)*
8. Have you completed the required physician contact information? If not, please do so.

## SECTION 2. HEALTH HISTORY QUESTIONS FOR APPLICANTS

(Please  all that apply and state in detail in Section 3. Health History Detailed Answers)

In order for your Application to be processed successfully, each question must be answered truthfully for all applicants.

Yes No

1. Are you or any proposed insured currently pregnant, or if insuring dependents are you an expectant father or planning on adopting?
2. Within the last five (5) years have you or any proposed insured been hospitalized?
3. Within the last five (5) years have you or any proposed insured received medication, been diagnosed as having or been treated by any medical professional for any of the following conditions: liver disorder; cancer (excluding basal cell carcinoma); heart or circulatory system disorder including heart attack, stroke or cardiomyopathy (but not including hypertension); diabetes; nervous system disorder including muscular dystrophy; immune system disorder including AIDS Related Complex (ARC), Acquired Immune Deficiency Syndrome (AIDS) or tested positive for Human Immunodeficiency Virus (HIV); or been hospitalized for mental or nervous disorder, alcohol use or drug use?
4. Are you or any applicant currently hospitalized, or scheduled for, or in need of hospitalization or surgery, disabled or unable to perform normal activities?
5. Have you or any applicant recently experienced any signs, indications, symptoms, diagnosis or treatment that would cause you to believe that you currently have a new medical condition?
6. Do you take any medications? If so, please provide a list of current medications for each applicant.

## SECTION 3. HEALTH HISTORY DETAILED ANSWERS

Please provide detailed answers to questions posed above.

Question Number	Answer

# RESIDE® WORLDWIDE APPLICATION FOR COVERAGE

## SECTION 4. DECLARATION AND ENROLLMENT REQUEST / AUTHORIZATION TO RELEASE MEDICAL INFORMATION

I hereby apply for the Reside Worldwide program and for the insurance provided by 1) Certain Underwriters at Lloyd's of London (the "Underwriter") for which I hereby subscribe to the Global International Trust and enroll in the group coverage for which I am eligible under the group contract issued by Certain Underwriters at Lloyd's of London and 2) Tramont Insurance Company Limited (the "Underwriter") for which I hereby enroll in the group coverage for which I am eligible under the group contract issued by Tramont Insurance Company Limited.

I represent that I have read the completed application and that all my answers and statements on this Application and any attachments hereto are complete and true to the best of my knowledge and belief. I understand that my qualification for insurance is based upon my answers and statements herein and that this information may be verified by Seven Corners, Inc. (the "Administrator"). I understand that no one has the authority to exclude or direct me to exclude any information sought by this form. I understand that the Administrator will rely on all information on this Application in determining whether or not to issue coverage and that any incorrect or incomplete information may result in a claim denial or loss of coverage.

I understand that benefits may be limited or excluded for conditions for which any insured person has received any medical diagnosis or treatment, or taken any medication, or realized the manifestation of a condition or for a condition that with reasonable medical certainty existed before his or her Effective Date, according to the pre-existing conditions limitations provisions of the plan.

I authorize any physician, medical practitioner, hospital, clinic, other medical or medically-related facility, the Medical Information Bureau, Inc. (MIB, Inc.), consumer reporting agency, insurance or reinsuring company, or employer having certain information about me or my dependents to give Seven Corners, Inc. or its legal representative, any and all such information. The nature of the information authorized to be disclosed includes, but is not limited to, information about: physical condition(s), health history(ies), avocation(s), age(s), occupation(s), and personal characteristic(s). This authorization includes information about drugs, alcohol use, mental illness, or communicable diseases.

I understand the information obtained by use of this Authorization will be used by the Administrator to determine eligibility for benefits. I also authorize the Administrator to release any information obtained to reinsuring companies, the Medical Information Bureau, Inc., or other persons or organizations performing business or legal services in connection with my application, claim, or as may be otherwise lawfully required, or as I may further authorize.

I understand that as a resident of a foreign jurisdiction, I may be subject to foreign laws with respect to the type and form of coverage in which I am enrolling. I also understand and agree that responsibility for complying with those foreign laws rests solely on me.

I understand that no coverage is effective until I am notified in writing by the Administrator and advised of the official Effective Date. I also understand that if I am not accepted for coverage by the Administrator, the sole obligation of the Administrator and the Underwriter is to return the premium. I also understand that coverage in the United States is limited to 180 days during any given 364-day period. I also understand that treatment incurred in the United States and Canada will not be covered if I have selected and purchased coverage for Geographical Treatment Area B (worldwide coverage excluding the United States and Canada). I also understand that Lloyd's of London operates as a surplus lines insurer in most U.S. states, and Tramont Insurance Company Limited operates as an authorized insurer worldwide (coverage on Tramont cannot be initiated and purchased in the British Virgin Islands, U.S. Virgin Islands, and the United States, although coverage is provided in these areas per the plan requirements). Thus, claims may not be made against any state guarantee fund for either insurance carrier. I understand and agree that this program is issued outside the United States and that the coverage may not comply with the minimum requirements set forth by any law or regulation within or outside the United States.

I understand that this program is not, nor does it intend to be, a general United States health insurance policy. This insurance is not subject to, and does not provide certain insurance benefits required by the United States Patient Protection and Affordable Care Act ("PPACA"). The insurance benefits provided by this policy are stated in your policy documents and do not include any additional benefits required by the PPACA. The PPACA requires certain U.S. residents and citizens to obtain PPACA compliant insurance coverage. In certain circumstances, penalties may be imposed on U.S. residents and citizens who do not maintain PPACA compliant insurance coverage. You should consult your attorney, insurance agent, or tax professional to determine if the PPACA's requirements are applicable to you.

I also understand any person who, with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an enrollment form, or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

\_\_\_\_\_  
Signature of Applicant or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant's Spouse (if applicable)

\_\_\_\_\_  
Date

## SECTION 5. PROGRAM SPECIFICS

Please choose a deductible: \$70  \$100  \$150  \$250  \$500  \$1,000

Requested Effective Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (month/day/year) *Requested Effective Date must be within 60 days of application date. If you choose Worldwide Coverage excluding the U.S. and Canada, you must leave the U.S. prior to the Effective Date. In addition, for Tramont, you may not be in the U.S. at the time of application. If accepted, official Effective Date will be advised by Seven Corners.*

For the AD&D benefit, the Primary Insured shall be the beneficiary of the certificate. If the benefit is utilized for the Primary Insured, his/her estate shall be the beneficiary. If this is not acceptable, please list the beneficiary:

\_\_\_\_\_  
Beneficiary

# RESIDE® WORLDWIDE MEDICAL PLAN APPLICATION

## PREMIUM CALCULATION & PAYMENT

	x		=		+	\$30.00	=	
Policy Period Premium for all applicants		Installment Factor (see below)		Total Premium		Application Fee		Total Initial Payment

Choose Installment Factor:

- One Payment = 1.00    
  Two Payments = 0.55    
  Four Payments = 0.28    
  Twelve Payments = 0.10

**Important: Checks and Money Orders accepted for Premium only from U.S. banks**

## METHOD OF PAYMENT

- Check    
  Money Order    
  Visa®    
  MasterCard®    
  Discover®/Novus®    
  American Express®    
  Diners Club International®

Card Number:  Expiration Date: \_\_\_\_\_ / \_\_\_\_\_ (month/year)

Name as it appears on the Card: \_\_\_\_\_

Daytime Phone: ( \_\_\_\_ ) \_\_\_\_\_ Alternate Phone Number: ( \_\_\_\_ ) \_\_\_\_\_

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

Billing Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

All premium payments must be made in U.S. dollars. Checks or money orders must be issued from a U.S. bank and made payable to "Seven Corners." If paying by credit/debit card, I authorize Seven Corners to debit my credit/debit card account for the total amount due. In the event that I have elected to \*Pre-Authorize credit/debit card payment installments. I hereby request and authorize Seven Corners to debit my credit/debit card periodically as payment installments become due. This authorization will remain in effect until revoked by me in writing and until Seven Corners actually receives notice. Coverage purchased by credit/debit card is subject to validation and acceptance by credit/debit card company.

\*For any installment payment other than once per Policy Period, I pre-authorize Seven Corners to debit my credit/debit card for the proper installment amount on the due date of the installment.

## AGENT INFORMATION

Agent Name: \_\_\_\_\_ Seven Corners Agent #: \_\_\_\_\_

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

Phone: ( \_\_\_\_ ) \_\_\_\_\_ Fax: ( \_\_\_\_ ) \_\_\_\_\_ E-mail: \_\_\_\_\_

Agent Certification: I am not aware of any other information that may have a bearing on the insurability of anyone to be covered and have not altered any responses recorded on this application nor any supplement to the application. I have not advised the Applicant to withhold any information regarding the answers to the questions and have advised the Applicant to review the application and the answers recorded to confirm completeness and accuracy.

\_\_\_\_\_  
Signature of Agent

\_\_\_\_\_  
Date

**Security:** Certain Underwriters at Lloyd's of London or Tramount Insurance Company Limited.

### Important Information

It is important to note that Lloyd's of London and Tramount Insurance Company Limited are international insurance entities. Lloyd's of London operates as a surplus lines insurer in most U.S. states. Tramount Insurance Company Limited operates as an authorized insurer worldwide (coverage cannot be initiated and purchased in the British Virgin Islands, U.S. Virgin Islands, and the United States, although coverage is provided in these areas per the plan provisions). Coverage and benefits under Reside Worldwide are not regulated by any U.S. state insurance department.

The information concerning Reside Worldwide is not intended to be an offer to sell Reside Worldwide or a solicitation by Seven Corners, Inc. or Lloyd's of London in any jurisdiction where such an action would be unlawful or in which Seven Corners, Lloyd's of London, or Tramount Insurance Company Limited is not qualified to do so. Reside Worldwide may not be available in all situations or jurisdictions.

### Please mail or fax to

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Carmel, IN 46032  
Fax: 317-575-2870  
sevendcorners.com

## ADMINISTERED BY



**SEVEN CORNERS**

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[SevenCorners.com](http://SevenCorners.com)



## INSURANCE CARRIER

**Certain Underwriters at Lloyd's of London  
Tramont Insurance Company Limited**

Countries not underwritten by Certain Underwriters at Lloyd's of London are underwritten by Tramont Insurance Company Limited. Please contact Seven Corners for a listing of those countries.

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

## FOR ADDITIONAL INFORMATION

[VisitorsCoverage.com](http://VisitorsCoverage.com)  
Maxn Insurance Services, Inc.  
2350 Mission College Blvd,  
Santa Clara CA 95054  
Phone: 1-866-384-9104  
Fax: 408-496-1090  
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[www.VisitorsCoverage.com](http://www.VisitorsCoverage.com)