

WANDERSM

FREQUENT TRAVELER



SPECIALIZED MEDICAL INSURANCE FOR BUSINESS TRAVELERS

Annual Coverage for Families & Individuals

Agent Information:



Phone: 1-866-384-9104

E-mail: insurance@VisitorsCoverage.com

www.VisitorsCoverage.com



SEVEN CORNERS

SCHEDULE OF COVERAGE

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

MEDICAL MAXIMUM: \$1,000,000 medical maximum per period of coverage. *Insureds age 65 to 75 traveling inside the United States are limited to \$50,000. Insureds age 70 to 75 traveling outside the United States are limited to \$100,000.*

DEDUCTIBLE: \$250 per person per covered trip

COINSURANCE:

inside the united states and canada: After you pay the deductible, we pay 90% of the next \$5,000 of eligible expenses, then 100% to your medical maximum.

outside the united states and canada: After you pay the deductible, we pay 100% to your medical maximum.

HOSPITAL INDEMNITY: \$100/night for a maximum of 30 days per occurrence, when traveling outside the U.S. & Canada.

DENTAL (SUDDEN RELIEF OF PAIN): \$250 per period of coverage

DENTAL (ACCIDENT COVERAGE): \$500 for accidents

EMERGENCY MEDICAL EVACUATION/REPATRIATION: \$1,000,000 per period of coverage *(in addition to the Medical Maximum)*

FOLLOW ME HOME COVERAGE: \$5,000 per period of coverage

RETURN OF MORTAL REMAINS: \$50,000 per period of coverage

POLITICAL EVACUATION AND REPATRIATION: \$50,000 per period of coverage

EMERGENCY REUNION: \$50,000 per period of coverage

RETURN OF MINOR CHILDREN: \$50,000 per period of coverage

INTERRUPTION OF TRIP: \$5,000 per period of coverage

LOSS OF CHECKED LUGGAGE: \$500 per occurrence

BAGGAGE DELAY: \$250 per occurrence

LOCAL AMBULANCE EXPENSE: \$5,000 per period of coverage

EMERGENCY ROOM ILLNESS WITHOUT IN-PATIENT

HOSPITALIZATION: Usual, reasonable and customary to the selected Medical Maximum & subject to an additional \$250 deductible

ACCIDENTAL DEATH & DISMEMBERMENT (AD&D): \$25,000 for the primary insured & insured spouse, \$5,000 for dependent children; \$250,000 maximum per family

COMMON CARRIER ACCIDENTAL DEATH: \$50,000 for insured or insured spouse, \$25,000 per child under 18 years; \$250,000 maximum per family

HOSPITAL ROOM & BOARD, INTENSIVE CARE, & OUTPATIENT

MEDICAL EXPENSES: Usual, reasonable and customary to your medical maximum

TERRORISM: Usual, reasonable and customary to \$50,000 per period of coverage

WAIVER OF PRE-EXISTING CONDITIONS: \$20,000 per period of coverage for U.S. citizens when traveling outside the United States & Canada *(refer to exclusion #1 for details). This benefit is limited to \$2,500 for age 65 and over.*

HEART ATTACK AND STROKE BENEFIT: Non-U.S. citizens receive \$200 per day when hospitalized for a heart attack or stroke. Maximum benefit of \$3,000 per period of coverage. *(refer to exclusion #1 for details)*

BENEFIT PERIOD*: 90 days

What is a benefit period? It's the amount of time you have from the date of your injury/illness to receive treatment. If your plan ends during your benefit period, you can still receive treatment if you are outside your home country. If you have returned home, there is limited coverage under the Follow Me Home benefit.

CHOOSING WANDER

WHY SHOULD YOU BUY?

Did you know your health insurance at home does not always follow you when you travel abroad? No matter where you go, WanderSM Frequent Traveler is there with comprehensive medical coverage, an extensive network of providers, & 24-hour travel assistance. Make sure you receive the same level of care abroad that you have at home & let us take the worry out of your travel!

WHY CHOOSE WANDERSM?

WanderSM Frequent Traveler has strong financial backing. Coverage is provided by Certain Underwriters at Lloyd's, London.* 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 and an AM Best rating of "A" (Excellent). Please visit www.lloyds.com for details.

As your plan administrator, Seven Corners** handles all your insurance needs from start to finish. We will process your purchase, provide documents, & handle all claims. Seven Corners Assist, our own 24/7 in-house assistance team, will take care of your emergency and travel needs. With 20 years of experience in the travel insurance industry, we provide the service you need.

*In specific scenarios, coverage provided by Tramount Insurance Company Limited. Please visit www.tramountinsurance.com for more details.

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

WHO CAN BUY WANDERSM?

You may buy coverage for yourself, your legal spouse, & your unmarried dependent children over 14 days old & under 19 years. All applicants must maintain continuous medical insurance which provides coverage in his or her home country.

You are covered when traveling outside of your home country* on a covered trip. You may select Plan A which allows trips** of up to 30 days or Plan B which allows trips** of up to 45 days.

**Your home country is the country where you have your true, fixed & permanent home & principal establishment.*

***A trip must have defined departure & return dates. It starts when you depart your home country & ends when you return to your home country or the 31st day of your trip (Plan A) or the 46th day of your trip (Plan B).*

LENGTH OF COVERAGE - Your policy period is 364 days.

Effective Date - Your policy begins on the latest of the following: 1) The date you request or 2) The date we receive & approve your application & payment.

Expiration Date - Your policy ends on the earlier of the following: 364 days after the effective date; the date you are no longer eligible for Wander; when the maximum benefit has been paid.

It is your responsibility to maintain all records regarding travel history, age, & student status & provide necessary documents to Seven Corners to verify eligibility if needed.

YOUR BENEFITS

IMPORTANT BENEFIT HIGHLIGHTS

MEDICAL COVERAGE - We cover injuries & illnesses which occur during your coverage period while you are traveling outside your home country. Benefits are paid in excess of your deductible & coinsurance, up to your medical maximum.

EMERGENCY MEDICAL EVACUATION - If medically necessary, we will:

1. Transport you to adequate medical facilities.
2. Transport you home after receiving medical treatment related to a medical evacuation.

EMERGENCY REUNION - If you require an emergency medical evacuation, we will send one person of your choice to be at your side while you are hospitalized.

RETURN OF MINOR CHILDREN - If you are traveling alone with minor children & are hospitalized because of a covered illness/injury, we will transport the children home with an escort.

INTERRUPTION OF TRIP - If you cannot continue your trip due to an immediate family member's death or because of damage to your residence (*fire, flood, tornado, or similar natural disaster*), we will reimburse you for the cost of economy travel to your home.

POLITICAL EVACUATION - If a formal recommendation is made for you to leave the country, we will transport you to your home. This benefit will not apply if a formal Travel Warning was issued by the State Department, and you did not follow it.

RETURN OF REMAINS - We will return your remains to your home country if you should die while traveling.

AD&D - Pays benefits for death, loss of limbs, or loss of sight due to an accident occurring while on your trip.

COMMON CARRIER AD&D - Pays benefits for death occurring while riding as a passenger on a common carrier (*motorized land, sea, or air conveyance operating to transport passengers for hire*).

FOLLOW ME HOME - Covers expenses incurred in your home country for conditions first diagnosed & treated outside your home country while you are on a covered trip.

HOSPITAL INDEMNITY - If hospitalized while traveling outside the United States or Canada, you will receive \$100 for each night in the hospital. You may use these incidental funds as you wish.

TERRORISM - If you are injured due to terrorist activity, we will provide benefits as stated. See policy for details.

OPTIONAL HAZARDOUS SPORT COVERAGE

To cover motorcycle/motor scooter riding (*whether as a passenger or driver*), hang gliding, parachuting, bungee jumping, water skiing, snow skiing, snowmobiling, spelunking, and snowboarding.

PRE-NOTIFICATION/REFERRAL

To ensure that you obtain the best possible care, we require you or someone on your behalf to contact Seven Corners Assist prior to any medical treatment received worldwide. Our multilingual assistance team is available 24/7 to answer your questions & guide you to an appropriate facility. For an emergency admission, Seven Corners Assist must be contacted within 48 hours or as soon as reasonably possible. Pre-notification does not guarantee that benefits will be paid.

PRE-EXISTING CONDITIONS

Pre-existing conditions are normally not covered on travel medical plans. With Wander, we provide this coverage to you in two separate benefits explained below - Waiver of Pre-existing Conditions and Heart Attack & Stroke Benefit.

Pre-existing conditions are defined in detail in the policy. 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 36* months before your coverage on Wander 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 36* months before the effective date.

*12 months for insured persons traveling outside the U.S. & Canada.

WAIVER OF PRE-EXISTING CONDITIONS

U.S. citizens traveling outside the U.S. & Canada

We pay up to the specified limit for a sudden, unexpected recurrence of a pre-existing condition. This benefit does not cover known, required, or expected treatment of any kind existent or necessary for 12 months before your coverage began.

HEART ATTACK & STROKE BENEFIT

Non-U.S. citizens traveling inside the U.S.

We pay the specified amount for each night you are hospitalized if you are admitted for a heart attack or stroke, regardless of whether the condition is pre-existing.

REFUND OF PREMIUM/CANCELLATION

Refund of total plan cost will be considered if you provide a written request to Seven Corners before your effective date. If your request is received after your effective date, the unused portion of the plan cost may be refunded, minus a cancellation fee, if you have not submitted a claim.

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 & any non-eligible expenses.

EXCLUSIONS & LIMITATIONS

MEDICAL EXCLUSIONS

Below is a summary of the exclusions. Please see your policy for a complete listing.

1. Pre-existing conditions (*see exceptions previously explained*).
2. Charges exceeding reasonable & customary amounts; surgeries or treatments which are investigational, experimental, for research purposes or non-medical;
3. Claims not received within 90 days of the date of service;
4. Expenses for vocational, occupational, sleep, speech, recreational or music therapy; mental & nervous disorder or rest cures; exercise programs
5. Durable medical equipment;
6. Expenses which are not medically necessary; treatment, services or supplies not administered & supervised by a physician or products that can be purchased without a doctor's prescription;
7. Suicide or attempted suicide, self destruction or any attempt thereof; intentionally self-inflicted injury or illness;
8. Expenses related to a felony or any other criminal/illegal activity;
9. Any consequence in connection with war, invasion, act of foreign enemy hostilities, warlike operations or civil war; nuclear, chemical, biological;
10. Terrorist Activity exceeding \$50,000 (*as defined in program summary*);
11. Injury due to participation in professional, sponsored and/or organized amateur or interscholastic athletics;
12. Routine physicals, inoculations, & other examinations;
13. Temporomandibular joint;
14. Chiropractic care or acupuncture;
15. Services, supplies, or treatment prescribed, performed or provided by a relative of yours or anyone who lives with you;
16. False teeth, dentures, dental appliances, normal ear tests, hearing aids, hearing implants, cosmetic or plastic surgery (*including deviated nasal septum*), routine dental expenses except as provided in the Dental Emergency benefit, eye refractions or eye exams for prescribing or fitting corrective lenses for eye-glasses unless caused by accidental bodily injury incurred while covered on this insurance; eyeglasses, contact lenses; eye surgery to correct nearsightedness, farsightedness or astigmatism;
17. Treatment related to alcohol, drug or chemical abuse, misuse, illegal use, overuse or dependency or use of any drug or narcotic; injury while under the influence of or due to intoxicating liquor, chemicals, or drugs or narcotic agent, unless provided by a physician and taken as directed by the physician;
18. Learning disabilities, attitudinal disorders, & disciplinary problems;
19. Congenital abnormalities & conditions; related conditions;
20. Expenses for a hospital emergency room visit not of an emergency nature;
21. Injury while taking part in mountaineering, hang gliding, parachuting, bungee jumping, racing by horse or motor vehicle or motorcycle, motorcycle/motor scooter riding (*as passenger or driver*), scuba diving involving underwater breathing apparatus (*unless PADI or NAUI certified*), water skiing, wakeboard riding, jet skiing, windsurfing, snowmobiling, snow skiing and snow boarding, & any other sport, recreational, athletic, or adventure activity undertaken for thrill seeking, exposing you to abnormal or extreme risk of injury &/or is in violation of applicable laws, rules, or regulations; (*See Optional Hazardous Sports Coverage to include some of these sports.*)
22. Treatment covered by other individual, government, or group policy or charges provided at no cost to you;
23. Venereal or sexually transmitted disease;
24. Pregnancy expenses; illness due to pregnancy, childbirth, or miscarriage; miscarriage due to an accident or complications of pregnancy; postnatal care;
25. Drug, treatment or procedure that promotes or prevents conception or prevents childbirth;
26. Expenses incurred while you are in your Home Country (*unless covered under the Follow Me Home benefit*);
27. Expenses incurred when traveling to seek medical treatment or after your physician has limited or restricted travel;
28. Charges incurred while confined primarily to receive custodial care, educational or rehabilitative care, or any medical treatment in any establishment for the care of the aged;
29. Human organ tissue transplants & related treatment;
30. Weight reduction programs or the surgical treatment of obesity;
31. Modifications of the physical body to improve your psychological, mental or emotional well-being;

32. Expenses resulting from Acquired Immune Deficiency Syndrome (AIDS), AIDS-Related Complex (ARC) or the Human Immunodeficiency Virus (HIV);
33. Treatment required as a result of complications or consequences of a treatment or condition not covered;
34. Charges for travel accommodations, except as provided by the Local Ambulance, Emergency Medical, Political Evacuation, Return of Mortal Remains, Return of Minor Children, Emergency Reunion, Natural Disaster, & Interruption of Trip sections of this insurance;
35. Diagnosis or treatment due to exposure to non-medical nuclear radiation &/or radioactive materials;
36. Diagnosis or treatment for acne, moles, skin tags, disease of sebaceous glands, seborrhea, sebaceous cyst, hypertrophic and atrophic conditions of skin, nevus;
37. Treatment of sleep apnea or other sleep disorders.

ANNUAL RATES

Based on a \$250 Deductible Per Person Per covered trip
Effective December 1, 2013

\$1,000,000 Medical Maximum*

| | Plan A - Maximum 30 Days Per Trip | |
|------------------------|--|-----------------------------------|
| | Traveling Inside the U.S. | Traveling Outside the U.S. |
| Primary Insured | \$265.00 | \$195.00 |
| Spouse and 2 Children* | +\$135.00 | +\$100.00 |
| Each Additional Child | +\$51.00 | +\$ 39.00 |

| | Plan B - Maximum 45 Days Per Trip | |
|------------------------|--|-----------------------------------|
| | Traveling Inside the U.S. | Traveling Outside the U.S. |
| Primary Insured | \$320.00 | \$235.00 |
| Spouse and 2 Children* | +\$165.00 | +\$120.00 |
| Each Additional Child | +\$65.00 | +\$ 50.00 |

* Your spouse must be listed as an insured to select this price.

**Insureds age 65 to 75 traveling inside the United States are limited to \$50,000.*

Insureds age 70 to 75 traveling outside the United States are limited to \$100,000.

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.

WANDERSM FREQUENT TRAVELER APPLICATION

[PULL-OUT APPLICATION FORM]

(PLEASE PRINT OR TYPE)

Official Use Only:

Cert#:

Processed:

Eff. Date:

Agent: 8676

APPLICANT INFORMATION

Last Name: _____

First Name: _____ M.I.: _____

Country of Permanent, fixed Residence: _____
(Home Country)

Primary Health Insurance Coverage : _____
(Required to Receive Coverage)

Previously insured by Seven Corners? ☐ Yes ☐ No ID #: _____

Passport Number/Country: _____

When would you like coverage to begin? (MM/DD/YY) ____/____/____

AD&D* Beneficiary: _____

Relationship: _____

*Accidental Death & Dismemberment

ADDRESS OF CORRESPONDENCE

Name: _____

Address: _____

City: _____ State: _____

Postal Code: _____ Country: _____

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

Email Address: _____

COVERAGE SPECIFICS

Are you traveling: ☐ Including the U.S. or ☐ Excluding the U.S.

Plan A - 30 days per trip : ☐ Plan B - 45 days per trip ☐

COMPLETING YOUR APPLICATION

If paying by check or money order, make payable to World Commercial Trust & mail with your application. If paying by credit/debit card, you may mail or fax to us. *Originals are not required if the application is faxed with credit/debit card payment.*

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

CALCULATING YOUR PLAN COST

(Please complete entire section.)

| Name of Person(s) to be Insured: | Date of Birth MM/DD/YY | Annual Rate |
|----------------------------------|---------------------------|----------------|
| Applicant: _____ | ____/____/____ | |
| Spouse: _____ | ____/____/____ | |
| Child*: _____ | ____/____/____ | |
| Child*: _____ | ____/____/____ | |
| Child: _____ | ____/____/____ | |
| Annual Premium: \$ | | |

OPTIONAL COVERAGE

Coverage Option: ☐ Hazardous Sport Coverage (1.15)

| | |
|--|--|
| Annual Premium x 1.15 Hazardous Sport Factor** (if applicable) | |
| Total Payment Enclosed: \$ | |

METHOD OF PAYMENT

☐ Check ☐ Money Order ☐ MasterCard
☐ Visa ☐ Discover ☐ American Express

Card Number: _____

Expiration Date: _____ Daytime Phone: () _____

Name on Card: _____

Billing Address: _____

Signature (Required) _____

Please make check or money order payable to "World Commercial Trust." Total payment for the full term of your coverage must be paid in U.S. dollars (checks must be issued from a U.S. bank) at the time you apply. Purchase by credit card is subject to validation & acceptance by the credit card company. I declare that I 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 policy. I understand this program is for persons traveling outside their home country.

I hereby subscribe to the World Commercial 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 the group contract issued by Tramount Insurance Company Limited.

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 declare that I have read & understand the terms & conditions of this product. Whenever coverage provided by this policy would be in violation of U.S. or appropriate state law, including U.S. economic or trade sanctions, such coverage will be null & void.

Patient Protection and Affordable Care Act: 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 additional benefits required by 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.

Signature of Insured or Proxy (Required)

(Proxy is someone acting on behalf of the insured.)

Date

In Florida, Florida Resident – Agent No. A269211

ADMINISTERED BY



SEVEN CORNERS

303 Congressional Boulevard
Carmel, IN 46032



INSURANCE CARRIER

WanderSM Frequent Traveler is underwritten by Certain Underwriters at Lloyd's of London and Tramont Insurance Company Limited.

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

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