

**inbound**<sup>®</sup> immigrant



**injury & sickness medical benefits** for visitors and immigrants  
medical coverage in the united states • choice of deductibles • continuous  
and renewable protection • coverage for families & individuals



**SEVEN CORNERS**

# why choose seven corners®

## why you need this program

The United States offers the most comprehensive medical care available, but it is often complicated as well as very expensive. For a visitor to the United States or a recent immigrant, finding an insurance program that is easy to understand and reasonably priced is often difficult.

## eligibility

This program is available to non-United States citizens who are traveling to the United States for business, pleasure, to study, or to immigrate. The program must become effective within 24 months of arrival in the United States.

## period of coverage

You may initially enroll in Inbound Immigrant for as little as 5 days and up to a maximum of 364 days in a Policy Period. Total period of coverage for Inbound Immigrant cannot exceed 1,820 days (5 continuous and consecutive 364-day policy periods). If you allow coverage to lapse, you must return to your home country for a minimum of 31 days before reapplying. Please note: Once you reapply for a new policy, the pre-existing condition(s) look back starts over.

### 1 effective date

Your coverage will become effective at 12:01 A.M. North American Eastern Time on the latest of the following: your departure from your Home Country, the date your Application and premium are received and accepted by Seven Corners®, the date you request on the Application.

### expiration date:

Your coverage will end at 12:01 A.M. North American Eastern Time on the earlier of the following: the date shown on the Insurance Confirmation Card, for which premium has been paid, the 31st day of your return trip to your Home Country whether days of the trip are consecutive or not, after completion of 1,820 days of Coverage (approximately 5 years), the day you become a U.S. citizen, the date you enter active military service.

## what you will receive

Upon successful enrollment in Inbound Immigrant, you will receive an email from Seven Corners®. This email will include your virtual ID Card and a link to the Program Summary. The Program Summary describes in detail the benefits of Inbound Immigrant and the procedure for submitting claims.

## renewal

Seven Corners® will send renewal notices to you via email. You will have the option to renew in whatever increment you choose subject to a minimum 5 day and maximum 364 day purchase. There is a \$5 admin fee each time you renew. Again, total period of coverage for Inbound Immigrant cannot exceed 1,820 days or approximately 5 years. Additionally, the company may change aspects of the program, including rates, benefits, and the program in general at any renewal date.

## who we are

Seven Corners is here to help you! With 19 years of experience in the international insurance market, we are well equipped to handle the unique requirements of international citizens now living in the United States. Our staff of professionals serves the needs of thousands of policyholders throughout the world. Seven Corners Assist, our multilingual 24-hour assistance team, is here to answer your questions and provide guidance on selecting a medical provider. You may reach Seven Corners Assist at 1-800-690-6295 or by email at [assist@sevencorners.com](mailto:assist@sevencorners.com).

## network

What does this mean for you? If you visit one of our network physicians or facilities, the bill from your provider will automatically be reviewed for possible discounts. The scheduled benefit limits and the deductible will then be applied. If there is a remaining balance, you will be notified of the amount you owe. Please note: the amount of the discount varies based on the doctor, hospital and procedure. In some cases, a reduction in pricing may not be available.

You are not required to use our network; however any treatment received outside of the network will not be presented for possible discounts. To view our network go to: [www.sevencorners.com/ppo](http://www.sevencorners.com/ppo)

## schedule of benefits

If your covered Injury or Sickness requires treatment by a physician, this program will provide benefits up to the Scheduled amount, as listed in the Schedule of Benefits, which exceed the chosen Per Person Deductible (*either \$75 or \$150, and \$125 or \$250 for age 70 and over*) for each Injury and each Sickness. Treatment must be received within the 364 days following the Injury or Sickness (*within 224 days for those insured age 70 and over*). Payment for any covered service will be no more than the Benefit Limit shown in the Schedule of Benefits. The total amount payable for all Benefits will be no more than \$50,000 or \$100,000 for each Injury and each Sickness.

For persons age 70 and over, the maximum benefit limit is \$50,000 and a separate schedule applies.

# schedule of benefits

	Age 14 Days To Age 69	Age 14 Days To Age 69	Age 70 And Over
<b>INPATIENT</b>	<b>\$50,000 max per injury/sickness</b>	<b>\$100,000 max per injury/sickness</b>	<b>\$50,000 max per injury/sickness</b>
Hospital Room & Board including Laboratory Tests, X-Rays, Prescription Medical and other miscellaneous	Up to \$1,725/day, 30 day max	Up to \$2,400 per day, 30 day max	Up to \$1,250/day, 30 day max
Hospital Intensive Care Unit	Additional \$725/day, 8 day max	Additional \$1,025/day, 8 day max	Additional \$525/day, 8 day max
Surgical Treatment	Up to \$4,200	Up to \$6,950	Up to \$3,350
Anesthetist	Up to \$1,000	Up to \$1,650	Up to \$800
Assistant Surgeon	Up to \$1,000	Up to \$1,650	Up to \$800
Physician's Non-Surgical Visits	Up to \$75/visit, 1/day, 30 visits	Up to \$100/visit, 1/day, 30 visits	Up to \$65/visit, 1/day, 30 visits
Consultant Physician, when requested by attending Physician	Up to \$500	Up to \$575	Up to \$450
Pre-Admission Tests w/in 7 days before Hospital admission	Up to \$1,300	Up to \$1,300	Up to \$900
Private Duty Nurse	Up to \$650	Up to \$650	Up to \$650
<b>OUTPATIENT</b>			
Surgical Treatment	Up to \$4,200	Up to \$6,950	Up to \$3,350
Anesthetist	Up to \$1,000	Up to \$1,650	Up to \$800
Assistant Surgeon	Up to \$1,000	Up to \$1,650	Up to \$800
Physician's Non-Surgical Visits	Up to \$75/visit, 1/day, 10 visits	Up to \$100/visit, 1/day, 10 visits	Up to \$65/visit, 1/day, 10 visits
Diagnostic X-rays & Lab Services	Up to \$500; Additional \$325 - One CAT scan, PET scan or MRI	Up to \$575; Additional \$975 - One CAT scan, PET scan or MRI	Up to \$450; Additional \$325 - One CAT scan, PET scan or MRI
Hospital Emergency Room	Up to \$400 max	Up to \$650 max	Up to \$325 max
Prescription Drugs	Up to \$135	Up to \$200	Up to \$100
Day surgery miscellaneous, related to outpatient scheduled surgery performed at a Hospital or licensed outpatient surgery center; including the cost of operating room, anesthesia, drugs and medicines and medical supplies.	Up to \$1,200	Up to \$1,400	Up to \$1,050
<b>OTHERS</b>			
Ambulance Services	Up to \$500	Up to \$500	Up to \$500
Initial Orthopedic Prosthesis/brace	Up to \$1,325	Up to \$1,600	Up to \$1,000
Chemotherapy and/or radiation therapy	Up to \$1,325	Up to \$1,600	Up to \$1,000
Dental Treatment for Injury to Sound, Natural Teeth	Up to \$650	Up to \$650	Up to \$650
Mental & Nervous Disorder & Substance Abuse	Same as any Sickness	Same as any Sickness	Same as any Sickness
Maternity (conception occurs at least 90 days after your effective date)	Up to \$2,800	Up to \$2,800	N/A
Physiotherapy	Up to \$45/visit, 1/day, 12 visits	Up to \$45/visit, 1/day, 12 visits	Up to \$45/visit, 1/day, 12 visits
Emergency Evacuation	\$10,000	\$10,000	\$10,000
Repatriation of Remains	\$7,500	\$7,500	\$7,500
AD&D Principal Sum	\$25,000 Common Carrier	\$25,000 Common Carrier	\$25,000 Common Carrier

If an insured person turns 70 years old during the purchased coverage period, the age 70 and over benefit schedule becomes effective upon the day the insured turns 70.

## description of coverage

### incidental trips to your home country

This benefit covers the Insured Person for incidental trips to his or her Home country (30 days per 364 days of purchased coverage or pro rata thereof – example: approximately 2½ days per month of purchased coverage). The maximum benefit is reduced to \$50,000 for any Illness or Injury occurring while on an incidental trip to the Home Country.

### international travel coverage

An Insured Person may travel to additional countries, other than the United States, up to a maximum of 30 days. You must purchase a minimum of 30 days of coverage. International travel coverage does not include travel back to your home country, and it does not extend after your current expiration date. International travel must be utilized during your current Period of Coverage.

### emergency medical evacuation expenses

If you or any covered dependents become sick or injured during the Period of Coverage, and it has been determined that an Emergency Medical Evacuation is required to either the nearest medical facility, where appropriate medical treatment can be obtained, or to your Country of Residence, all eligible expenses incurred are covered up to \$10,000. An Emergency Medical Evacuation must be recommended by a legally licensed physician who certifies that the severity of the Injury or Sickness necessitates such Emergency Medical Evacuation, and agreed to by you or your representative. All arrangements must be coordinated by Seven Corners Assist.

### repatriation of mortal remains expenses

If Injury or Sickness commencing during the Period of Coverage results in death, all reasonable expenses incurred for preparation and return of the remains to the Country of Residence are covered up to a maximum of \$7,500, provided that all arrangements are coordinated by Seven Corners Assist.

### common carrier accidental death & dismemberment (ad&d)

Accidental Death and Dismemberment shall apply to covered accidents sustained by an Insured Person while riding as a passenger in or on any land, water or air conveyance operated under a license for the transportation of passengers for hire. A loss must occur within 365 days after the date of accident causing the loss:

### common carrier accidental death & dismemberment (ad&d) (cont.)

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

### definitions

**injury** means bodily injury: (1) directly and independently caused by a specific accident that is unrelated to any pathological, functional, or structural disorder of injury, (2) treated by a Physician within 30 days after the date of accident; and (3) that causes loss during the term of the policy.

**sickness** means sickness or disease of the Insured Person that causes loss and originates while the Insured Person is covered under the policy. All related conditions and recurrent symptoms of the same or a similar condition will be considered one sickness.

**pre-existing condition** shall mean 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 within the 180 days (*three hundred and sixty five (365) days for Insured Persons 70 and older*) immediately prior to the Insured Person's Effective Date under the policy, 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 during the 180 days (*three hundred and sixty five (365) days for Insured Persons 70 and older*) immediately preceding the effective date of coverage under this policy.

**home country** Home Country means the country where the Insured Person's passport was issued.

## description of exclusions

### exclusions

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

1. Pre-existing Conditions as defined herein;
2. Any loss that occurs while traveling solely for the purpose of obtaining medical treatment, while on a waiting list for a specific treatment, or while traveling against the advice of a Physician;
3. Maximum benefit is reduced to \$50,000 for any Illness or Injury occurring while on an incidental trip to the Insured Person's Home Country;
4. Routine physical, inoculations or other examinations where there are no objective indications of impairment of normal health, or well baby care;
5. Eye examinations; prescriptions or fitting of eyeglasses and contact lenses; or other treatment for visual defects and problems. *Visual defects means any physical defect of the eye which does or can impair normal vision;*
6. 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;*
7. Dental treatment, except as the result of injury to sound, natural teeth as stated in the Schedule of Benefits;
8. Services or supplies not necessary for the medical care of the patient's injury or sickness;
9. Weak, strained or flat feet, corns, calluses, or toenails;
10. 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;
11. Elective Surgery and Elective Treatment;
12. Treatment, drugs, diagnostic or surgical procedures in connection with infertility, impotency, artificial insemination, sterilization or reversal thereof, unless infertility is a result of a covered Injury or covered Sickness;
13. Birth control, including surgical procedures and devices;
14. Routine new-born baby care, well-baby nursery and related Physician charges;
15. Injury sustained while participating in professional, sponsored, and/or organized amateur or intercollegiate athletics;
16. Injury sustained while taking part in Mountaineering, hang gliding, parachuting, bungee jumping, racing by horse or motor vehicle or motorcycle, snowmobiling, motorcycle / motor scooter riding (*whether as a passenger or driver*), scuba diving involving underwater breathing apparatus (*unless PADI or NAUI certified*), water skiing, wakeboard riding, jet skiing, windsurfing, snow skiing and snowboarding;  
Mountaineering shall mean the sport, hobby or profession of walking, hiking, and climbing up mountains either:
  - 1) utilizing harnesses, ropes, crampons or ice axes; or
  - 2) ascending 4500 meters or above.
17. Injury or Sickness for which benefits are paid or payable under any Worker's Compensation or Occupational Disease Law or Act, or similar legislation;
18. Organ and tissue transplants and related services and supplies;

### exclusions (cont.)

19. Any consequence, whether directly or indirectly, proximately or remotely occasioned by, contributed to by, or traceable to, or arising in connection with war, invasion, act of foreign enemy hostilities, warlike operations (*whether war be declared or not*), or civil war; terrorist activity; nuclear, chemical, or biological weapons of mass destruction; (*additional details in the program summary*);
20. Suicide or attempted suicide (*including drug overdose*), while sane or insane (*while sane in Missouri*), or intentionally self-inflicted Injury;
21. Charges of an institution, health service, or infirmary for whose service payment is not required in the absence of insurance;
22. Treatment of nervous or mental disorders, or Treatment of alcohol, chemical, or drug addiction, dependency, use or abuse, including illness(es) caused by such addiction, dependency, use or abuse, injuries incurred while under the influence of or resulting from the use of alcohol, chemicals or drugs unless prescribed by a Physician, except as stated in the Schedule of Benefits for mental and nervous disorders;
23. Loss incurred from riding in any aircraft, other than as a passenger in an aircraft licensed for the transportation of passengers;
24. 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 that the Insured is required by law to pay*);
25. Duplicate services actually provided by both a certified nurse-midwife and Physician;
26. Expenses payable under any prior policy that was in force for the person making the claim;
27. Expenses incurred during a hospital emergency room visit that are not of an emergency nature;
28. Expenses incurred for outpatient treatment in connection with the detection or correction by manual or mechanical means of structural imbalance, distortion or subluxation in the human body for purposes of removing nerve interference and the effects thereof, where such interference is the result of or related to distortion, misalignment or subluxation of or in the vertebral column;
29. Injury sustained as the result of the Insured operating a motor vehicle while not properly licensed to do so in the jurisdiction the motor vehicle accident occurs;
30. Voluntary or elective abortion;
31. Expense covered by any other valid and collectible medical, health or accident insurance;
32. Expense incurred after the date insurance terminates for an Insured Person except as may be specifically provided;
33. Sexually transmitted and venereal diseases;
34. 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, or AIDS, and all diseases caused by and/or related to HIV;

## exclusions (cont.)

35. 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;
36. Treatment for tuberculosis, malaria, cholera, dengue fever and parasitic-sourced illnesses, including but not limited to treatment required as a result of complications from those same diseases, whether or not previously manifested or symptomatic prior to the effective date of the Policy;
37. Charges incurred for treatment or surgeries which are Experimental/ Investigational, or for research purposes; expenses which are non-medical in nature, expenses for custodial care, vocational, speech, recreational or music therapy, or durable medical equipment;
38. Expenses for services or supplies which are not recommended, approved and certified as Medically Necessary and reasonable by a Physician;
39. Chiropractic care or complementary medicine including but not limited to acupuncture and massage;
40. Services performed or supplies provided by a Relative of the Insured Person, or anyone who lives with the Insured Person;
41. Treatment of the Temporomandibular joint;
42. Treatment required as a result of complications or consequences of a treatment or for a condition not covered under this Policy;
43. Expenses for home health care, custodial care and/ or daily living, including but not limited to food, housing, or home maker services;
44. Expenses for environmental supplies, including but not limited to handrails, ramps, special telephones, air conditioners, or home delivered meals.

## refund of premium

Seven Corners® realizes that there is uncertainty in international travel. Refund of total plan cost will only be considered if written request is received by Seven Corners® prior to the Effective Date of Coverage. If written request is received after the Effective Date of coverage, the unused portion of the plan cost may be refunded minus a cancellation fee, provided no claim has been submitted to Seven Corners® for reimbursement.

## the insurance company

Inbound Immigrant 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.

**Attention Applicants:** *Certain Underwriters at Lloyd's of London operates as an approved Surplus Lines market in the United States. The premiums shown include a general Surplus Lines Tax. Your State of Residence may warrant an additional Surplus Lines Tax, Stamping Fees and administration fee. Upon receipt and review of your application, Seven Corners® will inform you if additional Surplus Lines Taxes and fees will apply. If so, Seven Corners® will request the payment of the additional Surplus Lines Taxes and fees from you prior to issuing coverage. The additional Surplus Lines Taxes and fees shall be listed on the declaration page of your Policy.*

## \$75 per injury / sickness deductible per person

### Policy Maximum Options

Age	\$50,000	\$100,000
	Monthly/Daily	Monthly/Daily
2 weeks to 18	\$65 / \$2.17	\$95 / \$3.17
19 to 29	\$52 / \$1.74	\$76 / \$2.54
30 to 39	\$59 / \$1.97	\$86 / \$2.87
40 to 49	\$65 / \$2.17	\$95 / \$3.17
50 to 59	\$98 / \$3.27	\$138 / \$4.60
60 to 69	\$103 / \$3.44	\$145 / \$4.84
Dependent Child (Age 2 weeks through age 18)*	\$62 / \$2.06	\$90 / \$3.01

## \$150 per injury / sickness deductible per person

### Policy Maximum Options

Age	\$50,000	\$100,000
	Monthly/Daily	Monthly/Daily
2 weeks to 18	\$62 / \$2.07	\$91 / \$3.04
19 to 29	\$50 / \$1.67	\$73 / \$2.44
30 to 39	\$56 / \$1.87	\$82 / \$2.74
40 to 49	\$62 / \$2.07	\$91 / \$3.04
50 to 59	\$95 / \$3.17	\$135 / \$4.50
60 to 69	\$100 / \$3.34	\$142 / \$4.74
Dependent Child (Age 2 weeks through age 18)*	\$59 / \$1.97	\$87 / \$2.89

\*Dependent Child rate is applicable when at least one parent will also be covered under Inbound Immigrant.

## Monthly Premiums for Ages 70 and Older

### \$125 per injury / sickness deductible per person

#### Policy Maximum Options

Age	\$50,000	\$100,000
	Monthly/Daily	Monthly/Daily
Age 70 to 74	\$118 / \$3.94	N/A
Age 75 to 79	\$122 / \$4.07	N/A
Age 80 to 84	\$158 / \$5.27	N/A
Age 85 to 89	\$166 / \$5.54	N/A
Age 90 to 94	\$175 / \$5.84	N/A
Age 95 to 99	\$183 / \$6.10	N/A

### \$250 per injury / sickness deductible per person

#### Policy Maximum Options

Age	\$50,000	\$100,000
	Monthly/Daily	Monthly/Daily
Age 70 to 74	\$108 / \$3.60	N/A
Age 75 to 79	\$111 / \$3.70	N/A
Age 80 to 84	\$144 / \$4.80	N/A
Age 85 to 89	\$151 / \$5.04	N/A
Age 90 to 94	\$159 / \$5.30	N/A
Age 95 to 99	\$167 / \$5.57	N/A

**Please be aware that this is not a general health insurance policy, but an interim program intended for temporary use. Inbound Immigrant does not guarantee payment to a facility or individual for medical expenses until the Company determines that it is an eligible expense.**

## why inbound® immigrant

rapid processing

rated "A" (excellent) by A.M. Best and rated "A+" (Strong) by Standard & Poor's

professional customer service

24 hour worldwide assistance

online quote & purchase

## about seven corners®



**SEVEN CORNERS**

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

## for additional information

Insurance Services of America  
1757 E. Baseline Rd. # 126  
Gilbert, AZ 85233

T: 800-647-4589

P: (480) 821-9052

FAX: (866) 793-4779 or (480) 821-9297

## enrolling in inbound® immigrant

1. Complete entire application

2. Select method of payment.

3. If paying by check or money order, make payable to: "Seven Corners" and enclose it together with completed Application.

4. If paying by credit card, complete Application and mail or fax to Seven Corners. Be sure to sign Method of Payment section.

Complete and return the Application with your payment for the total premium to:

**Insurance Services of America**  
1757 E. Baseline Rd. # 126  
Gilbert, AZ 85233

**Fax: (866) 793-4779 or (480) 821-9297**

**Phone: (800) 647-4589 or (480) 821-9052**

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

(please print or type using black ink)

**Official Use Only:**

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

**applicant information**

Mr.  Mrs.  Miss  Ms.

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

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

**u.s. correspondence address:** *(Address must be in the United States)*

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

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

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

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

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

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

**passport & travel information:**

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

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

When did or will you arrive in the United States?

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

Date you would like coverage to begin:

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

Note: This program is not available to United States citizens. Your coverage must begin within 24 months of your arrival in the United States. The minimum period of coverage is 5 days, maximum is 364 days. An automatic renewal notice will be sent to the email address listed above. Total program length available is 1,820 days (approximately 60 months). Coverage cannot begin until you depart from your Home Country and Seven Corners® both receives and accepts your application and correct premium.

**calculating your plan cost**

*(Please complete entire section.)*

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

Multiply Monthly Rate Total by number of months:	x	
	Monthly Total [A]:	\$
Multiply Daily Rate Total by number of days:	x	
	Daily Total [B]:	\$
Administrative Fee (\$5.00 - Required):	+	\$5.00
<b>Total Payment Enclosed:</b>		<b>\$</b>

**coverage specifics**

**Have you purchased insurance through Seven Corners® before?**

No  Yes If Yes, ID Number: \_\_\_\_\_

**Selected Medical Policy Maximum:**

Plan A: \$50,000  Plan B: \$100,000

**Selected Per Injury/Sickness Deductible:**

\$75  \$150

Or 70 and over :

\$125  \$250

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

**method of payment**

Check  Money Order  MasterCard  Visa  
 Discover  American Express

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

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

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

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

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

Make Check or Money Order Payable to: "Seven Corners". Total Payment for the Full Term of coverage requested on this application must be paid in U.S. Dollars (checks must be issued from a U.S. bank) at the time application for coverage is made. Coverage purchased by credit card is subject to validation and acceptance by credit card company. I declare that I agree to and have read and understand the terms and conditions of this product as outlined in this brochure and the program summary. I also understand that coverage is not available to any U.S. citizen. I understand that pre-existing conditions, as defined in the program summary, are not covered. I understand that this is not a general health insurance product but a limited benefit program designed to provide basic benefits under certain circumstances.

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. As signatory, I declare that I am affirming all statements for all persons listed on the application (and declare that I have the authority to do so).

Signature of Insured or Proxy *(Required)*

Date



## administered by



**SEVEN CORNERS**  
303 Congressional Boulevard  
Carmel, IN 46032



## insurance carrier

**Certain Underwriters at Lloyd's of London**  
Rated "A" (Excellent) by A.M. Best  
Rated "A+" (Strong) by Standard & Poor's

*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.*

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v.02.16.12

## for additional information

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