

# *International Citizen Economy*

*Health Coverage that Goes Far & Beyond*

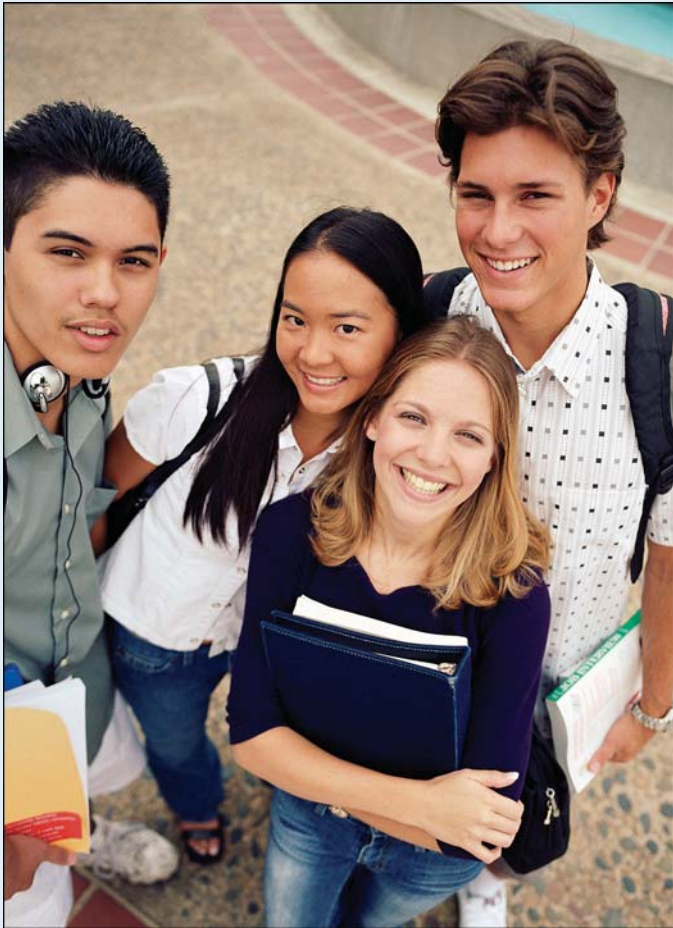


**International Citizen Economy**

**International Medical Insurance**

**Optional Dental Insurance**

**Optional Term Life Insurance**



### *Why Buy International Medical Insurance?*

The answer is easy. If you are a US citizen living abroad, traditional sources of US private health insurance will not meet your needs. Geographical exclusions and provider limitations common to these policies will restrict or even eliminate the coverage available to you while you are outside the US. At the same time, you may not be eligible for participation in the government sponsored plans in the country where you reside. Or you may wish to have access to health care in other countries, including the US, in the event you become seriously ill. If you are a non-US citizen, you may need an international medical insurance policy to supplement the coverage available to you through a plan sponsored by your government or to provide coverage while you are outside your home country. If your lifestyle knows no geographic limits, you need health insurance that knows no boundaries. MultiNational Underwriters, Inc. has designed International Citizen Economy to meet the needs of budget conscious International Citizens who want reliable, affordable coverage.

### *Who is the Plan Administrator?*

MultiNational Underwriters, Inc., headquartered in Indianapolis, Indiana, is a full service organization offering a comprehensive portfolio of insurance products designed specifically to address the insurance needs of international travelers, expatriates and other international citizens. As a TRAVEL GUARD® International company, we benefit from the experience of a corporate group that protected over 6 million travelers last year. Our international claims specialists, medical professionals and customer service representatives are available 24 hours a day, 7 days a week to answer your questions and respond to your needs. Whether

you have lost your luggage or are in need of an Emergency Medical Evacuation, you will find our service team to be prompt, compassionate, and of the highest professional quality.

### *Who is the Insurer?*

These plans are underwritten by Lloyd's, London, the largest and oldest insurance market in the world, with 317 years of experience insuring individuals and corporations internationally. Rated A by AM Best Company and A by Standard and Poor's, Lloyd's provides financial strength and security that is unparalleled in the worldwide insurance market. Lloyd's is recognized as a market leader in the accident and health insurance arena and is well known for its innovative products and services. Presently, Lloyd's provides accident and health insurance to millions of individuals in almost every country of the world.

### *Am I Eligible for International Citizen Economy?*

International Citizen Economy is available to citizens of all countries of the world who are at least age 14 days and not older than age 74. If you are a US citizen, you must reside outside the US or plan to depart the US within 30 days of the Effective Date. If you are a US citizen, you must also reside outside the US for at least 6 months within each Certificate period. Citizens of other countries may reside anywhere, including their country of citizenship.

### *Is Coverage Under International Citizen Economy Renewable?*

Yes. International Citizen Economy is annually renewable. There are no medical questions at renewal. Renewal is only subject to your continued eligibility and payment of premiums. Your renewal premium will be the same as all persons of the same Certificate origination year, age and gender. If you purchase coverage before you reach the age of 65, and maintain coverage continuously for 10 years, subject to continued eligibility, you will automatically be eligible to apply for the International Citizen Senior Plan with no medical questions.

### *How Do I Apply for International Citizen Economy?*

Just complete the Application for Insurance and send it to your agent or to MultiNational Underwriters, Inc. with your initial premium payment. Within 5 business days of receipt of your Application, you will be informed as to the acceptance of your Application and your Effective Date, or of any additional information required to continue the evaluation of your Application. Answer each question thoroughly and legibly, and attach additional sheets if necessary. If your Application is not accepted, MultiNational Underwriters, Inc. will promptly refund your premium. If your Application is accepted, you will receive a fulfillment kit containing your Certificate of Coverage, an identification card, a claim form, and instructions on how to use your insurance.

### *How Do I File a Claim?*

Filing a claim is easy. Once your Application is accepted, you will receive a kit which contains a Claimant's Statement and Authorization form. Just complete this Claimant's Statement and Authorization form, attach original, itemized bills, and forward them to MultiNational Underwriters, Inc. Be sure to complete your claim form entirely, sign it, and indicate a convenient time and location to contact you in the event questions arise. If you have already paid certain expenses, attach copies of your paid receipts. You will be reimbursed for eligible expenses. In many cases, MultiNational Underwriters, Inc. will make payment directly to the hospital or physician who treated you. Remember, you are responsible for the deductible, coinsurance, and any ineligible charges.

### *Pre-notification*

International Citizen Economy contains Pre-notification provisions. Pre-notification simply means that you must contact MultiNational Underwriters, Inc. as soon as possible before a planned hospitalization or surgical procedure, or within 48 hours of an emergency hospital admission, or within the first 90 days of pregnancy. Pre-notification allows us to establish contact and make payment arrangements with your providers, negotiate discounts which will benefit both you and us, pre-arrange future care, and plan for your claim. Pre-notification helps us help you.



*What Are the Benefits and Limits?*

<b>Benefits</b>	<b>Limits</b>
<b>Coverage Area</b>	Worldwide
<b>Overall Maximum Limit</b>	\$5,000,000 Lifetime
<b>Deductibles Available</b>	\$250, \$500, \$1,000, \$2,500 or \$5,000 per person per Certificate Period
<b>Coinsurance -- Claims incurred in US or Canada</b>	80% of the next \$5,000 of Eligible Medical Expenses after the Deductible, then 100% to the Overall Maximum Limit. The Coinsurance will be waived if expenses are incurred within the PPO
<b>Coinsurance -- Claims incurred outside US or Canada</b>	100% of Eligible Medical Expenses after the Deductible to the Overall Maximum Limit
<b>Acute Onset of Pre-existing Condition</b>	\$1,000 during the first Certificate Period and \$2,500 during the second Certificate Period
<b>Pre-existing Conditions</b>	\$5,000 per Certificate Period subject to a Lifetime Maximum of \$50,000 (including Acute Onset claims) after 24 months of continuous coverage hereunder
<b>Maternity</b>	\$5,000 per Pregnancy after 12 months of continuous coverage hereunder, including Inpatient, Outpatient and other benefits as herein provided. Not subject to Coinsurance
<b>Newborn care</b>	\$15,000 per covered Pregnancy, including Inpatient, Outpatient and other benefits as herein provided, during the first 31 days of life
<b>Organ Transplants</b>	\$250,000 Lifetime maximum for covered transplants*
<b>INPATIENT BENEFITS (All Subject to Deductible and Coinsurance)</b>	
<b>Hospital Room and Board</b>	\$600 per day, maximum of 240 days per Hospitalization (including ICU days)
<b>Intensive Care Unit (ICU)</b>	\$1,500 per day, maximum of 240 days per Hospitalization (including non ICU days)
<b>Lab, x-rays and other covered Inpatient services &amp; supplies</b>	Usual, Reasonable and Customary Charges (except as limited herein)
<b>OUTPATIENT BENEFITS (All Subject to Deductible and Coinsurance)</b>	
<b>Office Visits (Including Physician, Specialist Physician, Psychiatrist, Chiropractor, Surgical Consultant, Physical or Occupational Therapist)</b>	25 visits per Certificate Period per person as provided herein
<b>Physician</b>	\$70 per visit
<b>Specialist Physician</b>	\$70 per visit
<b>Psychiatrist</b>	\$60 per visit, after 12 months of continuous coverage hereunder
<b>Chiropractors</b>	\$50 per visit (must be prescribed by another non-Chiropractor Physician)
<b>Surgical Consultant</b>	\$500 per consultation prior to Surgery
<b>Physical or Occupational Therapy</b>	\$50 per visit (must be prescribed by a Physician who is not affiliated with the Physical Therapy practice)
<b>X-rays</b>	\$250 per exam (includes Sonograms, Ultrasounds and diagnostic Mammograms)
<b>Laboratory</b>	\$300 per exam (includes all procedures carried out on one specimen)
<b>Emergency Room</b>	Usual, Reasonable and Customary
<b>Local Ambulance</b>	\$1,500 per Certificate Period per person
<b>INPATIENT or OUTPATIENT BENEFITS (All Subject to Deductible and Coinsurance)</b>	
<b>Prescription Medications</b>	Usual, Reasonable and Customary
<b>Surgery</b>	Usual, Reasonable and Customary
<b>Assistant Surgeon</b>	20% of Surgeon benefit
<b>Anesthesiologist</b>	20% of Surgeon benefit
<b>Midwife Services</b>	\$500 per covered Pregnancy
<b>MRI, CAT Scan, Echocardiography, Endoscopy, Gastroscopy, Colonoscopy and Cystoscopy</b>	\$600 per exam
<b>Chemotherapy and Radiation Therapy</b>	Usual, Reasonable and Customary
<b>WELLNESS BENEFITS (Not Subject to Deductible)</b>	
<b>Well Child (under age 19)</b>	\$50 per visit for a maximum of 3 visits per Certificate Period (included in Office Visit limit), after 12 months of continuous coverage hereunder
<b>Wellness (Adult 19+)</b>	\$250 per Certificate Period, after 24 months of continuous coverage hereunder, including Office Visit for \$70 and X-Ray and Lab for \$180
<b>OTHER BENEFITS (All Subject to Deductible and Coinsurance)</b>	
<b>Durable Medical Equipment</b>	Usual, Reasonable and Customary charges for Wheelchair, Hospital Bed, and/or Toilet
<b>Emergency Medical Evacuation</b>	\$50,000 Per Certificate Period
<b>Repatriation of Remains</b>	\$25,000 Lifetime Maximum
<b>Emergency Reunion</b>	\$5,000 Lifetime Maximum

\*Covered transplants include Heart, Heart/Lung, Lung, Kidney, Kidney/Pancreas, Liver and Allogenic and Autologous Bone Marrow.



*Optional Dental Rider*

	Certificate Period 1	Certificate Period 2	Certificate Period 3 and after
Preventative Dental Benefits Children age 9 through 16 (after 3 months of continuous coverage)	100%	100%	100%
Basic Dental Benefits (after 6 months of continuous coverage)	50%	65%	80%
Major Dental Benefits (after 6 months of continuous coverage)	30%	40%	50%
Dental Deductible	\$100 per Certificate Period per person	\$100 per Certificate Period per person	\$100 per Certificate Period per person
Maximum Dental Benefits	\$500 per Certificate Period per person	\$750 per Certificate Period per person	\$1,000 per Certificate Period per person

*Optional Term Life Insurance and Accidental Death and Dismemberment*

(Not Available to Residents of the US, regardless of your Citizenship)

**Term Life Insurance**

Age	Basic Life Principal Sum	Supplemental Life Principal Sum
19 to 59	\$50,000	\$50,000
60 to 64	\$25,000	\$25,000
65 to 69	\$10,000	Not Available
Dependent Child(ren)	\$5,000	Not Available

**Accidental Death and Dismemberment**

Accidental Death	Principal Sum
Accidental Loss of Two Members	Principal Sum
Accidental Loss of One Member	50% of Principal Sum

“Member” means hand, foot or eye. The Benefit is based on your age at time of Death or Dismemberment.

## *What Are the Plan Features?*

### *Pre-existing Conditions:*

If your Pre-existing Conditions have been fully disclosed on your Application and not excluded or restricted by any other provision of your Certificate, your Pre-existing Conditions are covered up to \$5,000 per Certificate Period and \$50,000 Lifetime limit after you have been insured continuously for 24 months. Pre-existing Conditions include any Injury, Illness or Mental Health disorder that existed at or prior to your initial Effective Date, including chronic or recurring conditions.

### *Acute Onset of Pre-existing Condition:*

If your Pre-existing Conditions have been fully disclosed on your Application and the conditions are not excluded or restricted by any other provision of your Certificate, you are covered for an Acute Onset of Pre-existing Condition up to \$1,000 during the first 12 months of coverage and up to \$2,500 during the second 12 months of coverage hereunder. An Acute Onset of a Pre-existing Condition is a sudden, unexpected outbreak or recurrence of a Pre-existing Condition, which occurs spontaneously and without advance warning, either in the form of Physician recommendations or symptoms which would have caused a prudent person to seek medical attention prior to the outbreak or recurrence. Treatment must be obtained within 24 hours of the sudden and unexpected outbreak or recurrence.

### *Exclusions and Limitations:*

The following charges, treatments, care, services, supplies and/or conditions are excluded from coverage:

- Charges not incurred during the Certificate Period
- Services or treatment payable by another insurance or government
- Substance abuse
- Charges which exceed usual, reasonable and customary
- Investigational or experimental surgeries or treatment
- Custodial, educational or rehabilitative care
- Weight modification
- Cosmetic surgery, unless reconstructive surgery is directly relating to a covered Illness or Injury
- Individuals HIV+ at effective date
- Drugs or treatment for sexual dysfunction
- Charges for use of Emergency Room for treatment of Illness unless the patient is directly admitted to the Hospital as Inpatient for further treatment of that Illness
- Drugs or treatment to promote or prevent conception
- Devices or procedures to correct sight or hearing
- Self-inflicted Injury or Illness
- Foot care, unless related to a covered accidental Injury
- Treatment or supplies not ordered by a Physician or not Medically Necessary, except for Wellness benefits provided herein.
- Organ transplants, except for covered transplants
- Speech, acupuncture or sleep therapy
- Acts of terrorism, war, insurrection, riot or any variation thereof
- Dental treatment, except emergency treatment following a covered accident, or unless Dental Rider is purchased
- Orthodontia (Dental Rider Exclusion)
- Sealants, Bleaching and oral hygiene expenses (Dental Rider Exclusion)

This is a summary of the exclusions contained in the Certificate of Insurance. See the Certificate of Insurance for a complete list of exclusions.

### *Special Illness Exclusion:*

The following conditions which manifest themselves within the first 180 days of coverage are excluded: any condition of the breast, prostate, the reproductive system, hernia, gallstones, kidney stones, glaucoma, cataracts, disk disease, tonsils, adenoids, hemorrhoids, all types of cysts and any disorder or disease of the skin.

### *Wellness:*

After 12 months of continuous coverage, children under the age of 19 are eligible for Wellness benefits that are not subject to the Deductible. After 24 months of continuous coverage, adults age 19 and older are eligible for Wellness benefits that are not subject to the Deductible. Wellness benefits include routine physical exams, tests and immunizations, as well as mammogram and OB/GYN visits for adult females.

### *Emergency Medical Evacuation:*

International Citizen Economy provides coverage for Emergency Medical Evacuation to the nearest medical facility qualified to treat your life threatening condition or potential loss of limb. All Emergency Medical Evacuations must be approved in advance and coordinated by MultiNational Underwriters, Inc. Emergency Medical Evacuations provide you with access to care when you need it most. MultiNational Underwriters, Inc. is available 24 hours a day, 7 days a week to approve and coordinate Emergency Medical Evacuations as well as other valuable assistance services needed during an Emergency.

### *Emergency Reunion:*

In the event of a covered Emergency Medical Evacuation, the International Citizen Economy will provide the following benefits: the cost of an economy round-trip air and/or ground transportation ticket for one of your relatives (parent, spouse, sibling or child age 18 or older) for transportation to the area where you are hospitalized following Emergency Medical Evacuation, and reasonable expenses for lodging and meals for your relative for a period not to exceed 15 days.

### *Repatriation of Remains:*

In the event of a covered Injury or Illness resulting in your death, International Citizen Economy will provide the following benefit: air or ground transportation of bodily remains or ashes to the area of your Principal Residence and reasonable cost of preparation of your remains necessary for transportation.

### *Optional Dental Insurance:*

If you purchase the Dental Rider, children age 9 to 16 are covered for Preventative Dental care, including routine oral exams every 6 months, fluoride treatment every 12 months and bitewing x-rays every 24 months. All family members are covered for Basic and Major Dental procedures. Basic Dental procedures include Periodontics, Endodontics, fillings and extractions. Major Dental procedures include restorations, crowns, bridges and dentures. All benefits are subject to Deductible, Coinsurance, and Certificate Period maximums.

### *Optional Term Life and AD&D Insurance:*

If you reside outside the US, you may purchase the Optional Term Life and Accidental Death and Dismemberment insurance to protect your family and provide cash benefits in the event of your death. The amount of Basic coverage ranges from \$5,000 to \$50,000, depending on your age at the time of your death or dismemberment. If you are at least 19, but not yet 65, you may purchase Supplemental coverage, which doubles the benefits available to you.

### *International Citizen Assistance Services:*

The following Assistance Services are available to you 24 hours a day, 7 days a week while your International Citizen plan is in effect.

**Pre-Trip Health and Safety Advisories** (available after your purchase of the International Citizen Series, and before your departure) – call us for current passport, visa, inoculation and vaccine requirements, as well as up-to-date travel safety advisories.

**Livetravel Services** – we will make emergency travel and itinerary changes for you including rebooking flights, hotel reservations and ground transportation arrangements.

**BagTrak** – we are the industry leaders in tracking lost checked baggage. We will help you locate your lost checked baggage and deliver it to you anywhere in the world.

**Emergency Message Relay** – we will relay messages to your family, friends and co-workers, helping you to maintain contact during an emergency.

**Emergency Cash Transfers** – we will assist you in arranging and obtaining cash transfers anywhere in the world.

### *Other International Citizen Assistance Services include:*

- Medical referrals
- Up-to-the-minute travel medical advisories
- Assistance with prescription drug replacement
- Dispatch of a doctor or specialist
- Emergency travel arrangements for family members
- Lost passport or travel documents assistance
- Embassy and consulate referrals
- Legal and accounting referrals
- Bail bond assistance
- Translation and interpretation assistance

International Citizen Assistance Services are not insurance benefits and provision of any International Citizen Assistance Services is not a guarantee of any other benefit under International Citizen Economy.



### *Important Instructions For All Applicants*

1. Review your answers to each question on this Application for accuracy. Unanswered questions or incomplete information will delay processing.
2. All Applications must be signed and dated. Full details, including treatment dates, name, address and telephone number of attending physician, diagnosis, prognosis and present course of treatment must be provided for all “Yes” answers in Part 2.
3. All family members must apply for the same Plan and Deductible. You must select a Plan and a Deductible in Part 1.
4. Annual premiums may be paid by check, money order or credit card authorization. **MultiNational Underwriters, Inc. will not accept checks or money orders for Monthly, Quarterly, or Semi-annual payment modes. These payment modes are only accepted with pre-authorization to debit your credit card on the due date of your premium.**
5. **If monthly payments are selected, a valid email address must be provided in Part 5 of the application.** If the credit card declines, MultiNational will send notification of the credit card declination to this email address. The Applicant will have 7 business days to submit new credit card information to avoid a lapse in coverage. To update and/or change credit card information, please email [insurance@mnui.com](mailto:insurance@mnui.com) or visit Client Zone at <https://zone.mnui.com/clientzone>.
6. If you are a US citizen, or if you are in the US now, you must provide your anticipated date of departure from the US and your anticipated length of residence outside the US.
7. If you would like to have your Certificate overnighted to you in the US after approval, add an additional \$20 to your premium. For delivery of your Certificate to an address outside of the US, please add \$30.
8. Sign the application in Part 6. If the spouse is applying, the spouse must also sign.
9. Be sure to answer all questions accurately and honestly. Any errors may cause the insurance to be voided.

*Mail or fax completed application to:*

Overseas Travel Insurance Services LLC  
2165 Calle Riscoso  
Thousand Oaks, CA 91362



**Part 1** Failure to provide complete information will delay processing.

	<b>Deductibles</b>	<b>Dental Rider</b>	<b>Term Life</b>
Economy	<input type="checkbox"/> \$250 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$500 <input type="checkbox"/> \$2,500	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Requested Effective Date (must be within 30 days of signature)		Premium (from Part 5): \$	

Note: Include only the family members applying for coverage. Attach additional sheets if necessary. Please print your name as you would like it to appear on your Identification Card.

Name (First name, middle initial, last name)		Date of Birth (mm/dd/yy)	Height	Weight	Citizenship	Optional Dental Rider
1. Applicant:	Male <input type="checkbox"/> Female <input type="checkbox"/>	/ /				Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Spouse:	Male <input type="checkbox"/> Female <input type="checkbox"/>	/ /				Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Name:	Male <input type="checkbox"/> Female <input type="checkbox"/>	/ /				Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Name:	Male <input type="checkbox"/> Female <input type="checkbox"/>	/ /				Yes <input type="checkbox"/> No <input type="checkbox"/>
5. Name:	Male <input type="checkbox"/> Female <input type="checkbox"/>	/ /				Yes <input type="checkbox"/> No <input type="checkbox"/>

RESIDENT ADDRESS OUTSIDE THE UNITED STATES  
(required if US citizen)

MAIL FORWARDING ADDRESS FOR ALL WRITTEN  
CORRESPONDENCE (if different from Residence)

Must include Street Address, City, State, Country, and Postal Code:	Must include Street Address, City, State, Country, and Postal Code:

Your Occupation:	Employer Name:
Date Hired:	Prior Employment (if within 2 years):

Home Telephone Number:	Work Telephone Number:
Fax Number:	Email Address:

<b>If you or any family member are a US citizen or if you are in the US now, the following information is required:</b>	
Date of departure from US:	Length of Residence outside of US:

## Part 2

Please answer all questions for all members of the family included in this Application.		
	Yes	No
1. Are you presently disabled, pregnant or unable to perform normal activities?		
2. Are you presently Hospitalized, or scheduled for or in need of Hospitalization or Surgery, or have you ever had, been recommended to have, or are you currently on a waiting list for any organ transplant?		
3. Have you ever had any indication, signs, symptoms, diagnosis, treatment, or tested positive for antibodies for Human Immunodeficiency Virus (HIV), Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC), Lymphadenopathy Syndrome, or any other Immune System Disorder?		
4. Do you presently have or have you ever had Multiple Sclerosis, Parkinsons, Lou Gherigs disease (ALS), Down Syndrome or any form of mental retardation or chromosome disorder?		
5. Have you been diagnosed with or treated for any type of cancer or any form of diabetes during the last five (5) years?		
<b>If any individual on the Application answers ‘Yes’ to any of the above questions, they will not qualify for coverage under this plan. Thank you for your interest.</b>		
<b>Questions 6-20 For any questions answered ‘Yes’ please identify the family member to whom the answer applies and provide details in Part 3.</b>		
6. During the last 12 months, have you taken medication or received medical or mental health advice or treatment of any kind for any reason?		
7. Do you currently, or have you in the last 5 years, used tobacco in any form?		
<b>Have you ever experienced symptoms of, manifestations of, suffered from, sought consultation, examination, testing or been treated for, or been prescribed medication, or have taken any type of over-the-counter medication, or been diagnosed with, any disease, condition, illness, medical problem, disorder, sickness or other problem arising from or relating to any of the following:</b>		
8. Heart, cardiac, cardiovascular and/or circulatory systems (including but not limited to: angina, chest pain, elevated blood pressure, hypertension, heart attack, congestive heart failure, arteriosclerosis, atherosclerosis, rheumatic fever, heart murmur, mitral valve prolapse, tachycardia, atrial fibrillation, arrhythmia, swelling of feet/ankles, phlebitis, thrombosis, varicose veins)?		
9. Blood, blood vessels, veins, arteries or other blood anomalies (including but not limited to: hemophilia, leukemia, anemia, hepatitis, elevated cholesterol)?		
10. Cancer, tumor, cyst, polyp, lump, cell disorder, any condition or disease of the skin, or growth of any kind (including but not limited to: acne, any type of neoplasm, eczema, or psoriasis)?		
11. Eyes, ears, nose, mouth, gums, throat, tongue or jaw (including but not limited to: cataracts, glaucoma, hearing loss, sinusitis, deviated nasal septum, chronic sinus disorders, gum disease, dysphasia, TMJ)?		
12. Pancreas, gall bladder, liver, thyroid, obesity or any endocrine system (including but not limited to: pancreatitis, gall stones, hyper/hypo thyroidism, Cushing’s syndrome, hepatitis)?		
13. Kidney, bladder, or urinary system (including but not limited to: kidney stones, renal failure, urinary incontinence, or chronic kidney, bladder or urinary tract infections)?		
14. Respiratory system (including but not limited to: asthma, allergies, allergic rhinitis, tuberculosis, lung disorder, emphysema, chronic cough, pneumonia)?		
15. Muscular or skeletal system (including but not limited to: scoliosis, disk disease, vertebrae or any back condition, rheumatism, fibromyalgia, any form of arthritis, gout, tendonitis, carpal tunnel syndrome, osteoporosis, any disorder of the tendons, cartilage, bone or joint)?		
16. Male or female reproductive system (including but not limited to: complicated pregnancy, menopause, ovarian cysts, uterine leiomyoma, fibroids, breast cysts or nodules, infertility, prostatitis or elevated PSA level, testicular disorder, or any sexually transmitted disease)?		
17. Digestive or gastrointestinal system (including but not limited to: gastrointestinal or esophageal reflux, heartburn, gastritis, irritable bowel syndrome, ulcers, polyps, anal or rectal disorders)?		
18. Neurological system (including but not limited to: muscular dystrophy, paralysis, epilepsy, convulsions, seizures, migraines, chronic headaches, stroke or transient cerebral ischemic attacks)?		
19. Mental Health (including but not limited to: depression, psychosis, behavioral disorders, any form of Attention Deficit Disorder, chemical, alcohol or drug abuse or dependency, anxiety, chronic fatigue or any eating disorder)?		
20. Any other disease, medical problem, illness, injury, symptom, or condition of any kind?		

### Part 3

For any question answered "Yes," please state the name of the family member (using the corresponding number from Part 1). Provide details of the condition including: treatment dates, name, address and telephone number of the treating physician, diagnosis, prognosis and present course of treatment. Attach additional pages if necessary. Additional information may be requested.

Individual's Name or Corresponding # from Part 1	Condition / Diagnosis	Dates of Treatment / Prognosis	Type(s) of Treatment and Present Course of Treatment	Physician and/or Facility Name, Address and Phone Number

### Part 4

For each family member applying for Term Life Insurance, please complete the following (**Term Life is not available for those in the United States**):

	Basic Life	Supplemental Life
Applicant: Beneficiary:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Spouse: Beneficiary:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dependent Child: Beneficiary:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Not available

Provide full address for each Beneficiary listed above (attach additional sheets if necessary):

I understand Term Life Insurance will not become effective until the date of my departure from the US.

\_\_\_\_\_ (Applicant initial here)      \_\_\_\_\_ (Spouse initial here)      \_\_\_\_\_ (Initial here for Dependent Children)

## Part 5

### PREMIUM CALCULATION:

Applications without premium will not be processed. We will not accept checks or money orders for Monthly, Quarterly or Semi-Annual payment modes. For Monthly, Quarterly or Semi-Annual payment modes we will only accept a pre-authorized credit card. Either checks or credit cards may be used for Annual payment mode. Please make all checks payable to: MULTINATIONAL UNDERWRITERS, INC.

**Medical:** Enter the Annual Premium for each family member from the Rate Table for the plan and Deductible selected.

Applicant: \$ \_\_\_\_\_  
 Spouse: \$ \_\_\_\_\_  
 1<sup>st</sup> Child: \$ \_\_\_\_\_  
 2<sup>nd</sup> Child: \$ \_\_\_\_\_  
 3<sup>rd</sup> Child: \$ \_\_\_\_\_  
**Subtotal A:** \$ \_\_\_\_\_

**Optional Dental Rider:** Enter the Annual Premium for each family member electing the Optional Dental Rider from the Optional Dental Rate Table.

Applicant: \$ \_\_\_\_\_  
 Spouse: \$ \_\_\_\_\_  
 1<sup>st</sup> Child: \$ \_\_\_\_\_  
 2<sup>nd</sup> Child: \$ \_\_\_\_\_  
 3<sup>rd</sup> Child: \$ \_\_\_\_\_  
**Subtotal B:** \$ \_\_\_\_\_

**Optional Term Life:** Enter the Annual Premium for each family member from the Optional Term Life and AD&D Insurance Rate Table.

	Basic		Supplemental		Total
Applicant:	\$ _____		\$ _____		\$ _____
Spouse:	\$ _____		\$ _____		\$ _____
Child Life:	\$ 85.00	X	_____	=	\$ _____
			(# of children)		
			<b>Subtotal C:</b>		\$ _____

Subtotal A:		\$ _____
Subtotal B:	+	\$ _____
Subtotal C:	+	\$ _____
<b>Total D (A+B+C)</b>	=	\$ _____

### Total First Payment Due

	\$ _____	X	_____	=	\$ _____
	(Total D)		*Modal Factor		
<b>*Modal Factors:</b>	<b>Annual 1.00</b>	<b>Semi-Annual .55</b>	<b>Quarterly .28</b>	<b>Monthly .20</b>	
			Non-refundable Policy Fee	\$	25.00
			Optional Overnight mailing fee: (\$20 in US, \$30 outside the US)	\$	_____
			<b>Total First Payment Due:</b>	\$	_____

### Remaining Payments (For Semi-Annual, Quarterly, or Monthly Payment Methods Only)

	\$ _____	X	_____	=	\$ _____
	(Total D)		*Modal Factor		
<b>*Modal Factors:</b>	<b>Semi-Annual .55</b>	<b>Quarterly .28</b>	<b>Monthly .10</b>		
			<b>Premium Due For Each Additional Installment :</b>	\$	_____

Monthly payments are available only if valid email address is provided: \_\_\_\_\_

All correspondence regarding monthly payments will be made via email to this address. For Monthly Payment method, there will be 10 additional monthly payments after initial payment.

## Part 6

I hereby apply for membership in the Atlas/International Citizen Group Insurance Trust, Hamilton, Bermuda, and for the insurance provided to Members by Lloyd's. I have personally completed this Application. I represent and warrant that the answers and statements on this Application are true, complete and correctly recorded. I understand MultiNational Underwriters, Inc. relies on the information provided on this Application, including any attachments, to determine whether or not the Applicant(s) meet the Underwriting and Eligibility requirements of the plan. I understand that any misrepresentation or omission contained herein will void my insurance and all claims will be forfeited. I understand that no coverage is effective until I am notified in writing by MultiNational Underwriters, Inc. I understand that if this Application is not accepted, the sole obligation of MultiNational Underwriters, Inc. is to return any premium I have paid to me. I understand that this insurance contains a Pre-existing Condition Exclusion, a Pre-notification Penalty, and other restrictions, exclusions and limitations. I understand that I may obtain a copy of the Master Policy upon request to MultiNational Underwriters, Inc. I understand that Lloyd's, as underwriter of the plan, is solely liable for the coverage and benefits provided under this insurance. I understand that Lloyd's operates as an approved, non-admitted insurer in all states of the United States except Illinois and Kentucky, where they are admitted. As such, claims under this insurance may not be made against any state guaranty fund. I understand that the insurance agent/broker, if any, assisting me with this Application, is a representative of the Applicant. The undersigned authorizes any doctor, medical practitioner, hospital, clinic, health facility, pharmacy, government agency, insurance agency, insurance company, group policyholder or insurance or benefit administrator or any other entity having information as to the care, advice, treatment, diagnosis or physical or mental condition of any family member listed on this Application to release said information to MultiNational Underwriters, Inc.

Signature of Applicant, Guardian or Power of Attorney

Signature of Spouse

Date of Signature

Date of Signature

### Method of Payment

Check or Money Order (Annual Payments only)       American Express       Discover       MasterCard       VISA

Check or Money Orders should be made payable, in US dollars, to MultiNational Underwriters, Inc. All payments must be made in US dollars. If paying by Credit Card, I authorize MultiNational Underwriters, Inc. to debit my VISA/Mastercard/American Express/Discover account for the total amount due. If I have selected Monthly, Quarterly, or Semi-Annual payment modes, I hereby request and authorize MultiNational Underwriters, Inc. to debit my Credit Card account for the proper installment amounts on the due dates of the installments. This authorization will remain in effect for up to 12 months or longer if the Certificate is renewed, or until revoked by me in writing. Coverage purchased by Credit Card is subject to validation and acceptance by the Credit Card company.

Credit Card Number:

Expiration Date (mm/yy):

Name as it appears on card:

Billing Address:

Daytime Phone Number:

Signature:

## Part 7

Producer Number: 22595

Producer Name:

Company Name: Overseas Travel Insurance Services LLC

Street Address: 2165 Calle Riscoso

City: Thousand Oaks

State: CA

Postal Code: 91362

Country: United States

Telephone: 866-684-7123

Fax: 805-531-1161

E-Mail Address: info@otis123.com

Signature:

THIS MEDICAL, DENTAL AND LIFE INSURANCE IS UNDERWRITTEN BY CERTAIN UNDERWRITERS AT LLOYD'S, LONDON AND IS AVAILABLE TO MEMBERS OF THE ATLAS/INTERNATIONAL CITIZENS GROUP INSURANCE TRUST, HAMILTON, BERMUDA. LLOYD'S IS AN APPROVED NON-ADMITTED INSURER IN ALL STATES OF THE UNITED STATES, EXCEPT KENTUCKY AND ILLINOIS WHERE THEY ARE ADMITTED. CLAIMS UNDER THIS INSURANCE MAY NOT BE MADE AGAINST ANY STATE GUARANTY FUND.

**Annual Premium – For Insurance Effective Through 12/31/05**

**Rate Table**

Age	\$250 Deductible		\$500 Deductible		\$1,000 Deductible		\$2,500 Deductible		\$5,000 Deductible	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
14 days to 9*	\$ 308	\$ 308	\$ 267	\$ 267	\$ 209	\$ 209	\$ 198	\$ 198	\$ 181	\$ 181
10 to 18*	\$ 333	\$ 333	\$ 296	\$ 296	\$ 245	\$ 245	\$ 228	\$ 228	\$ 214	\$ 214
19-24	\$ 716	\$1,178	\$ 620	\$1,082	\$ 483	\$ 837	\$ 421	\$ 729	\$ 350	\$ 570
25-29	\$ 798	\$1,315	\$ 697	\$1,215	\$ 541	\$ 939	\$ 473	\$ 821	\$ 380	\$ 640
30-34	\$ 847	\$1,425	\$ 728	\$1,306	\$ 564	\$1,010	\$ 495	\$ 881	\$ 407	\$ 688
35-39	\$1,001	\$1,642	\$ 810	\$1,451	\$ 628	\$1,121	\$ 549	\$ 978	\$ 445	\$ 764
40-44	\$1,097	\$1,325	\$ 891	\$1,118	\$ 691	\$ 866	\$ 602	\$ 755	\$ 495	\$ 629
45-49	\$1,222	\$1,474	\$1,002	\$1,254	\$ 776	\$ 969	\$ 677	\$ 845	\$ 552	\$ 700
50-54	\$1,493	\$1,640	\$1,266	\$1,413	\$ 978	\$1,096	\$ 854	\$ 975	\$ 724	\$ 809
55-59	\$1,804	\$1,804	\$1,568	\$1,568	\$1,214	\$1,212	\$1,058	\$1,058	\$ 891	\$ 898
60-64	\$2,656	\$2,499	\$2,420	\$2,264	\$2,040	\$1,801	\$1,848	\$1,658	\$1,543	\$1,371
65-69	\$5,545	\$4,839	\$5,307	\$4,602	\$4,965	\$4,191	\$3,817	\$3,114	\$3,337	\$2,989
70	\$6,654	\$5,806	\$6,369	\$5,522	\$5,958	\$5,029	\$4,580	\$3,737	\$4,005	\$3,587
71	\$6,987	\$6,097	\$6,687	\$5,798	\$6,256	\$5,281	\$4,809	\$3,924	\$4,205	\$3,766
72	\$7,336	\$6,402	\$7,022	\$6,088	\$6,569	\$5,545	\$5,050	\$4,120	\$4,415	\$3,954
73	\$7,703	\$6,722	\$7,373	\$6,393	\$6,897	\$5,822	\$5,302	\$4,326	\$4,636	\$4,152
74	\$8,088	\$7,058	\$7,741	\$6,712	\$7,242	\$6,113	\$5,567	\$4,543	\$4,868	\$4,360

\*First 2 children age 14 days to 9 are free only when both parents are insured under the Economy Plan. The Dependent Child rate is only available when parent (guardian) is insured under the Economy Plan. Dependent children alone must pay the age 19 to 24 Male rate.

**Rate Table – Optional Term Life and AD&D Insurance**

Age	Basic Premium	Supplemental Premium
19-29	\$130	\$100
30-39	\$210	\$160
40-44	\$310	\$235
45-49	\$450	\$340
50-54	\$570	\$430
55-59	\$770	\$580
60-64	\$585	\$440
65-69	\$315	Not Available
Dependent Child	\$ 85	Not Available

**Optional Dental Rate Table**

US Citizen	\$348
All Others	\$492

### *Client Zone: "Now You Are In Charge"*

**Client Zone** is an online account management and resource tool for all MultiNational Underwriters clients. Client Zone allows you to effectively manage your insurance and well-being online, any time of the day or night.

- Go to Client Zone to change your personal or credit card information, obtain a claim form or replace a lost ID card.
- Go to Client Zone to locate doctors and hospitals in your area.
- Go to Client Zone to study destination, weather and travel security information using our new Travel Intelligence and Planning System (TIPS).
- Go to Client Zone to access health and wellness information.
- Go to Client Zone to view and download brochures, obtain policy information, or get quotes.

Please visit our website for access to Client Zone at the following address: <https://zone.mnui.com/clientzone>

### *MultiNational Underwriters, Inc. - International Insurance Solutions*

MultiNational Underwriters, Inc. and Travel Guard International are members of the Noel Group, founded in 1985. Noel Group is a worldwide family of travel service, assistance and insurance companies built on solid corporate values and unrivaled customer service. We offer a broad range of medical and travel insurance plans and assistance services for individuals, corporations, missionaries, schools and other international organizations requiring access to global solutions regardless of their location. Our organizational culture is based on integrity, keeping our promises, and giving back to the global and local communities where we do business through humanitarian efforts. Headquartered in Stevens Point, Wisconsin, Noel Group has more than 750 employees in 20 worldwide locations. You have choices when buying international medical insurance. Doesn't it make sense to work with a company that keeps its promises, values its customers and is committed to helping those less fortunate? Allow us to show you the difference an enlightened corporate culture can make.

### *Other Products and Services Provided by MultiNational Underwriters, Inc.*

**Atlas Travel Series:** Provides comprehensive travel medical insurance for individuals traveling internationally.

**Atlas Group Travel Insurance Plan:** Provides the same quality coverage as the Atlas Travel Series product at a discount group rate making it ideal for student groups, missionary organizations and corporations.

**International Citizen Series:** Provides annually renewable major medical coverage for individuals and families. This plan is available to citizens of all countries of the world.

**A+ MultiNational Group Benefit Plan:** Provides group medical and life insurance for corporations needing coverage for employees worldwide.

**MultiNational Accident Plan:** Provides high limit coverage for accidents that result in disability or death, including Acts of War and Terrorism.

**IC+ International Term Life:** Provides high limit term life insurance for international citizens requiring personal and business protections.

### *Privacy Policy*

MultiNational Underwriters, Inc. respects individual privacy and values the confidence of its customers, employees, consumers, business associates, and others. Please contact us or visit our website to obtain a full version of our Privacy Policy.



*www.MNUI.com*



**MULTINATIONAL**  
**UNDERWRITERS**  
Lloyd's Coverholder

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Phone 800.605.2282 or 317.262.2132 Fax 317.262.2140