

# disciple missionary medical

2009



**medical protection** for international missionaries  
scheduled benefits providing worldwide coverage • furlough coverage • political evacuation  
and terrorism coverage



SEVEN CORNERS

# why choose seven corners?

## why you need this program

Seven Corners, Inc. has been offering various travel insurance plans to thousands of missionaries for over 16 years. This experience providing medical and evacuation coverage to our clients has led us to create a program to specifically meet the needs of missionaries: the Disciple Missionary Medical plan.

Just as Jesus charged Christians with The Great Commission, when you embark on your journey abroad to spread His Word to people of all nations, the Disciple Missionary Medical plan will be an integral part of your mission trip. The travel insurance benefits in the Disciple Missionary Medical plan have been specifically designed to meet a wide array of needs for Christian missionaries abroad, as well as furlough coverage for short term trips back to your home country. Financial stewardship has been exercised in the plan design and cost. The Disciple Missionary Medical plan can only be purchased on-line through selected insurance agents. The immediate on-line delivery of your insurance ID card and policy, coupled with insurance agents who have taken a voluntary reduction in their commissions, reduce the overall insurance premiums. The broad selection of missionary specific benefits and low premiums in the Disciple Missionary Medical plan allow you to utilize more of your financial resources to follow the command Jesus issues in The Great Commission.

This is a brief description of Disciple Missionary Medical program. Detailed wording is outlined in the Program Summary, which will be provided to you after you have enrolled in the program.

Enrollment also provides the insured access to [www.wellabroad.com](http://www.wellabroad.com), Seven Corners' 24 hour online assistance system providing current information on healthcare access, security, politics, and current events when traveling overseas.

## eligibility

This program is available to citizens of any nation traveling outside of their Home Country.

# description of coverage

## period of coverage

You may initially enroll in Disciple Missionary Medical for as little as 5 days and up to maximum of 12 months. Total period of coverage for Disciple Missionary Medical program cannot exceed 12 months (*in order to reapply after the 12 months, you must first return to your Home Country*).

## effective date

Your coverage will begin on the latest of the following:

1. Your departure from your Home Country; or
2. The date your Application and premium are received by Seven Corners; or
3. The date your Application and premium are accepted by Seven Corners; or
4. The date you request on the Application.

## expiration date

Coverage will end on the earlier of the following:

1. The date shown on the Insurance Confirmation Card, for which premium has been paid; or
2. The date you return to your Home Country (except for Furlough Coverage); or
3. 12 months after your original Effective Date; or
4. The date of entry into active military service.

Upon each renewal, the rates, benefits, and program in general are subject to change.

## home country

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

## renewal

By applying online, you will have the option to renew in whatever increment you choose (*Minimum 5 day purchase*). There is a \$5 administrative fee each time you renew. The total period of coverage for Disciple Missionary Medical cannot exceed 12 months.

# description of coverage

## schedule of benefits

If your covered Injury or Sickness requires treatment by a physician, this program will provide benefits for the scheduled amount listed in the chart below which exceed the chosen Per Person Deductible (*\$0, \$50 or \$100, and a \$100 or \$200 deductible for age 70 and over*) for each Injury and each Sickness which are incurred within the 180 days following the Injury or Sickness. Payment for any covered service will not exceed the Benefit Maximum shown. The maximum amount payable for all benefits will be no more than \$50,000, \$75,000, \$100,000, or \$130,000 for each Injury and each Sickness.

## optional pre-existing conditions benefits

Disciple Missionary Medical now offers the following benefit: Should the Insured Person suffer a Myocardial Infarction or Stroke during the Period of Coverage and it is determined to be a "Pre-Existing Condition", coverage for those expenses will be covered up to the Pre-Existing Condition Benefit maximum, according to the Schedule of Benefits.

## furlough coverage

This benefit covers the Insured Person for incidental furlough trips to his or her Home country (*90 days per 12 months of purchased coverage or pro rata thereof*). The benefits available during Furlough Coverage are the same as the standard benefits. In order to utilize Furlough Coverage, you must first leave the country before returning home on an incidental trip.

## 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 \$50,000. 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 the Assistance Provider.\*

## 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 the Assistance Provider.\*

## political evacuation and repatriation

If due to political or military events in a host country, a formal recommendation from the appropriate authorities is issued for you to leave the host country, or you are expelled or declared persona non-grata by the host country, all reasonable expenses incurred for transportation to the nearest place of safety or for repatriation to your Home Country is covered up to a maximum of \$10,000. Evacuation must occur within ten (10) days of any such event. Coverage will apply to the most appropriate and economical means consistent, under the circumstances, with your health and safety. Evacuation costs will be paid once per insured per occurrence.\*

## emergency medical reunion

When Emergency Medical Evacuation or Repatriation is arranged and the attending Physician recommends that a family member travel with you, the program will arrange and pay, up to \$10,000, for round-trip economy-class transportation for one individual of your choice, from your Home Country, to be at your side while you are hospitalized and then accompany you during your return to your Home Country.\*

## return of minor child(ren)

If you are traveling alone with a Minor Child(ren) and are hospitalized because of a covered Illness or Injury and the Minor Child(ren), under age nineteen (19), is left unattended, the program will arrange and pay up to \$10,000 for one-way economy fare to their Home Country (including the cost of an attendant/escort, if necessary to ensure the safety and welfare of a Minor Child(ren)).\*

\*NOTE: If event of an Emergency Medical Evacuation, Repatriation of Mortal Remains, Political Evacuation, Emergency Medical Reunion, Return of Minor Child(ren) benefit is needed or utilized, arrangements must be made by the Assistance Service Provider.

# covered services injury and sickness benefit maximums

Age 14 days to Age 69	Plan A	Plan B	Plan C	Plan D
<b>INPATIENT</b>	\$50,000 Max per Injury/Sickness	\$75,000 Max per Injury/Sickness	\$100,000 Max per Injury/Sickness	\$130,000 Max per Injury/Sickness
Hospital Room & Board including Laboratory Tests, X-Rays, Prescription Medical and other miscellaneous	Up to \$1400/day, 30 day max	Up to \$1675/day, 30 day max	Up to \$1950/day, 30 day max	Up to \$2535/day, 30 day max
Hospital Intensive Care Unit	Additional \$660/day, 8 day max	Additional \$755/day, 8 day max	Additional \$850/day, 8 day max	Additional \$1105/day, 8 day max
Surgical Treatment	Up to \$3300	Up to \$4400	Up to \$5500	Up to \$7150
Anesthetist	Up to \$825	Up to \$1100	Up to \$1375	Up to \$1775
Assistant Surgeon	Up to \$825	Up to \$1100	Up to \$1375	Up to \$1775
Physician's Non-Surgical Visits	Up to \$55/visit, 1/day, 30 visits max	Up to \$70/visit, 1/day, 30 visits max	Up to \$85/visit, 1/day, 30 visits max	Up to \$110/visit, 1/day, 30 visits max
A Consulting Physician, when requested by attending Physician	Up to \$450	Up to \$475	Up to \$500	Up to \$650
Private Duty Nurse	Up to \$550	Up to \$550	Up to \$550	Up to \$700
Pre-Admission Tests w/in 7 days before Hospital admission	Up to \$1100	Up to \$1100	Up to \$1100	Up to \$1450
<b>OUTPATIENT</b>				
Surgical Treatment	Up to \$3300	Up to \$4400	Up to \$5500	Up to \$7150
Anesthetist	Up to \$825	Up to \$1100	Up to \$1375	Up to \$1775
Assistant Surgeon	Up to \$825	Up to \$1100	Up to \$1375	Up to \$1775
Physician's Non-Surgical / Urgent Care Visits	Up to \$55/visit, 1/day, 10 visits max	Up to \$70/visit, 1/day, 10 visits max	Up to \$85/visit, 1/day, 10 visits max	Up to \$110/visit, 1/day, 10 visits max
Diagnostic X-rays & Lab Services	Up to \$450 - Additional \$250 - One Cat scan, PET scan or MRI	Up to \$475 - Additional \$375 - One Cat scan PET scan or MRI	Up to \$500 - Additional \$500 - One Cat scan, PET scan or MRI	Up to \$650 - Additional \$600 - One Cat scan, PET scan or MRI
Hospital Emergency Room (all expenses incurred therein)	Up to a maximum of \$330	Up to a maximum of \$440	Up to a maximum of \$550	Up to a maximum of \$700
Prescription Drugs	Up to \$100	Up to \$125	Up to \$150	Up to \$200
Outpatient Surgical Facility	Up to \$1000	Up to \$1050	Up to \$1100	Up to \$1400
<b>OTHER TREATMENT AND SERVICES</b>				
Ambulance Services	Up to \$450	Up to \$450	Up to \$450	Up to \$450
Initial Orthopedic Prosthesis/brace	Up to \$1100	Up to \$1200	Up to \$1300	Up to \$1700
Chemotherapy and/or radiation therapy	Up to \$1100	Up to \$1225	Up to \$1350	Up to \$1750
Dental Treatment for Injury to Sound, Natural Teeth	Up to \$550	Up to \$550	Up to \$550	Up to \$550
Mental & Nervous Disorder & Substance Abuse	Same as any Sickness	Same as any Sickness	Same as any Sickness	Same as any Sickness
Physiotherapy	Up to \$40/visit, 1/day, 12 visits max	Up to \$40/visit, 1/day, 12 visits max	Up to \$40/visit, 1/day, 12 visits max	Up to \$40/visit, 1/day, 12 visits max
Emergency Evacuation	\$50,000	\$50,000	\$50,000	\$50,000
Repatriation of Remains	\$7,500	\$7,500	\$7,500	\$7,500
Political Evacuation and Repatriation	Up to \$10,000	Up to \$10,000	Up to \$10,000	Up to \$10,000
Emergency Reunion	Up to \$10,000	Up to \$10,000	Up to \$10,000	Up to \$10,000
Return of Minor Children	Up to \$10,000	Up to \$10,000	Up to \$10,000	Up to \$10,000
Felonious Assault Benefit	Up to \$10,000	Up to \$10,000	Up to \$10,000	Up to \$10,000
Coma Benefit	Up to \$10,000	Up to \$10,000	Up to \$10,000	Up to \$10,000
Furlough Coverage	Up to 90 days per 12 months	Up to 90 days per 12 months	Up to 90 days per 12 months	Up to 90 days per 12 months
Terrorism	Same as any Sickness	Same as any Sickness	Same as any Sickness	Same as any Sickness
AD&D Principal Sum	\$25,000 Common Carrier	\$25,000 Common Carrier	\$25,000 Common Carrier	\$25,000 Common Carrier
<b>OPTIONAL PRE-EX BENEFIT</b>	<b>Plan A</b>	<b>Plan B</b>	<b>Plan C</b>	<b>Plan D</b>
PRE-EXISTING CONDITIONS (the above maximum schedule still applies)	Up to \$5,000 in coverage for Myocardial Infarction (heart attack) or Stroke	Up to \$5,000 in coverage for Myocardial Infarction (heart attack) or Stroke	Up to \$5,000 in coverage for Myocardial Infarction (heart attack) or Stroke	Up to \$5,000 in coverage for Myocardial Infarction (heart attack) or Stroke

## covered services injury and sickness benefit maximums (cont.)

Age 70 to Age 99	Plan J	Plan K
<b>INPATIENT</b>	<b>\$50,000 Max per Injury/Sickness</b>	<b>\$70,000 Max per Injury/Sickness</b>
Hospital Room & Board including Laboratory Tests, X-Rays, Prescription Medical and other miscellaneous	Up to \$1050/day, 30 day max	Up to \$1470/day, 30 day max
Hospital Intensive Care Unit	Additional \$460/day, 8 day max	Additional \$640/day, 8 day max
Surgical Treatment	Up to \$2750	Up to \$3850
Anesthetist	Up to \$685	Up to \$960
Assistant Surgeon	Up to \$685	Up to \$960
Physician's Non-Surgical Visits	Up to \$55/visit, 1/day, 30 visits max	Up to \$75/visit, 1/day, 30 visits max
A Consulting Physician, when requested by attending Physician	Up to \$400	Up to \$560
Private Duty Nurse	Up to \$450	Up to \$450
Pre-Admission Tests w/in 7 days before Hospital admission	Up to \$775	Up to \$1085
<b>OUTPATIENT</b>		
Surgical Treatment	Up to \$2750	Up to \$3850
Anesthetist	Up to \$685	Up to \$960
Assistant Surgeon	Up to \$685	Up to \$960
Physician's Non-Surgical / Urgent Care Visits	Up to \$55/visit, 1/day, 10 visits max	Up to \$75/visit, 1/day, 10 visits max
Diagnostic X-rays & Lab Services	Up to \$400 - Additional \$250 - One Cat scan, PET scan or MRI	Up to \$560 - Additional \$300 - One Cat scan PET scan or MRI
Hospital Emergency Room (all expenses incurred therein)	Up to a maximum of \$250	Up to a maximum of \$350
Prescription Drugs	Up to \$80	Up to \$110
Outpatient Surgical Facility	Up to \$850	Up to \$1190
<b>OTHER TREATMENT AND SERVICES</b>		
Ambulance Services	Up to \$450	Up to \$450
Initial Orthopedic Prosthesis/brace	Up to \$850	Up to \$1190
Chemotherapy and/or radiation therapy	Up to \$850	Up to \$1190
Dental Treatment for Injury to Sound, Natural Teeth	Up to \$ 550	Up to \$550
Mental & Nervous Disorder & Substance Abuse	Same as any Sickness	Same as any Sickness
Physiotherapy	Up to \$40/visit, 1/day, 12 visits max	Up to \$40/visit, 1/day, 12 visits max
Emergency Evacuation	\$50,000	\$50,000
Repatriation of Remains	\$7,500	\$7,500
Political Evacuation and Repatriation	Up to \$10,000	Up to \$10,000
Emergency Reunion	Up to \$10,000	Up to \$10,000
Return of Minor Children	Up to \$10,000	Up to \$10,000
Felonious Assault Benefit	Up to \$10,000	Up to \$10,000
Coma Benefit	Up to \$10,000	Up to \$10,000
Furlough Coverage	Up to 90 days per 12 months of coverage	Up to 90 days per 12 months of coverage
Terrorism	Same as any Sickness	Same as any Sickness
AD&D Principal Sum	\$25,000 Common Carrier	\$25,000 Common Carrier
<b>OPTIONAL PRE-EX BENEFIT</b>	<b>Plan J</b>	<b>Plan K</b>
PRE-EXISTING CONDITIONS (the above maximum schedule still applies)	Up to \$3,000 in coverage for Myocardial Infarction (heart attack) or Stroke	Up to \$3,000 in coverage for Myocardial Infarction (heart attack) or Stroke

If an insured person turns 70 years old during the purchased coverage period, the 70 and over benefit schedule becomes effective upon the day the insured turns 70. Individuals with the \$100,000 or \$130,000 per injury or sickness policy maximum will receive the \$70,000 per injury or sickness schedule for age 70 and older. Individuals with the \$75,000 or \$50,000 per injury or sickness policy maximum will receive the \$50,000 per injury or sickness schedule for age 70 and older.

## description of coverage

### felonious assault benefit

If you are Injured as a result of a Felonious Assault while traveling outside of your Home Country, the program will pay \$10,000. This benefit is in addition to any other benefit available under this program. Please refer to the Program Summary for full description and conditions.

### coma benefit

If a covered Injury renders you Comatose within ninety (90) days of the date of the accident that caused the Injury, and if the Coma continues for a period of thirty (30) consecutive days, the program will pay a monthly benefit equal to 1% of \$10,000. No benefit is provided for the first thirty (30) days of the Coma. The benefit is payable monthly as long as you remain Comatose due to that Injury, but ceases on the earliest of: 1) the date you cease to be Comatose due to that Injury; 2) the date the Insured dies; or; 3) the date the total amount of monthly Coma benefits paid for all Injuries caused by the same accident equals the maximum amount. This benefit is in addition to any other benefit available under this program. See Program Summary for full description and conditions.

### common carrier accidental death and 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:

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

## 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;
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. Routine physical, inoculations, or other examinations where there are no objective indications of impairment of normal health, or well baby care;
4. 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;
5. 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;
6. Dental treatment, except as the result of injury to sound, natural teeth as stated in the Schedule of Benefits;
7. Professional services rendered by a Member of the Insured Person's immediate family, or anyone who lives with the Insured Person;
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. Diagnostic or surgical procedures in connection with infertility 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. Participation in professional or intercollegiate athletics;
16. Injury or Sickness for which benefits are paid or payable under any Worker's Compensation or Occupational Disease Law or Act, or similar legislation;
17. Organ transplants;
18. War or any act of war, declared or undeclared; or while in the armed forces of any country (a pro-rata premium will be refunded upon request for such period not covered);
19. Participation in a riot or civil disorder, commission of or attempt to commit a felony in the country in which it was attempted or committed;
20. Suicide or attempted suicide (including drug overdose), while sane or insane (while sane in Missouri), or intentionally self-inflicted Injury;

## description of exclusions

### exclusions (cont.)

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, except as stated in the Schedule of Benefits, or treatment of alcoholism or drug abuse, except as provided for treatment of mental or nervous disorders, according to the Schedule of Benefits;
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 which 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 which was in force for the person making the claim;
27. Expenses incurred during a hospital emergency room visit which is 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 sublimation in the human body for purposes of removing nerve interference and the effects thereof, where such interference is the result of or related to distortion, misalignment or subluxation of or in the vertebral column;
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. Pregnancy expenses or Sickness resulting from pregnancy, childbirth, or miscarriage; or for miscarriage resulting from Injury; or 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. Expenses incurred for injuries resulting from the use of alcohol or intoxicants, or any drugs unless prescribed by a Physician
34. Sexually transmitted diseases, including AIDS.

## additional information

### definitions

**hospital** means a licensed or properly accredited general Hospital which; 1) is open at all times; 2) is operated primarily and continuously for the treatment of and surgery for sick and injured person as inpatients; 3) is under the supervision of a staff of one or more legally qualified Physicians available at all times; 4) continuously provides on the premises 24 hour nursing service by Registered Nurses; 5) provides organized facilities for diagnosis and major surgery on the premises; and 6) is not primarily a clinic, nursing, rest or convalescent home, or an institution specializing in or primarily treating Mental and Nervous Disorders.

**injury** means: bodily injury: 1) directly and independently caused by specific accident which 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) which causes loss during the term of the policy.

**myocardial infarction** shall mean an acute and emergent onset of any of the conditions and/or diseases described and coded in the International Coding of Diseases version 9 (ICD9).

**pre-existing condition** means: 1) the existence of symptoms within the 6 months (*or 12 months for persons 70 and older*) immediately prior to the Insured's Effective Date under the policy, or, 2) any condition which originates, is diagnosed, treated or recommended for treatment within the 6 months (*or 12 months for persons 70 and older*) immediately prior to the Insured Person's Effective Date under the policy; or 3) congenital conditions.

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

**stroke** shall mean an acute and emergent onset of any of the conditions and/or diseases described and coded in the International Coding of Diseases version 9 (ICD9).

## additional information

### assistance services

Upon enrollment into Disciple Missionary Medical, you are eligible to use any of the assistance services provided by the Assistance Service Provider. Additional information is contained in the Program Summary.

- Open 24 hours/ day, 365 days a year
- Multilingual personnel
- Physicians/ nurses on staff
- Locate local facilities
- Help with emergency situations

### the program administrator

Medical care is different throughout the world and providing quality medical attention should be the ultimate goal of any program. Most companies are not prepared to meet the unique needs of international travelers. An organization must be equipped to address foreign currencies, international doctors and hospitals, as well as unusual claim forms and documents. Disciple Missionary Medical is designed and administered by Seven Corners, Inc. The claim and assistance professionals at Seven Corners collectively have over 350 years of experience in claim processing and administration.

### wellabroad.com

Traveling abroad can affect the health of the international traveler in many ways including increased stress when adjusting to new surroundings and fatigue due to changes in diet, schedule and environment. Added stress and fatigue can further cause travelers to be more susceptible to other illnesses while abroad. Seven Corners deals with travelers' concerns daily. We recognize that we have valuable information to share that would benefit our clients, so we created a website called [Wellabroad.com](http://Wellabroad.com). Wellabroad hosts our educational information and members' experiences for anyone to access. Additional information is available to Seven Corners' clients.

Happy travels – [www.wellabroad.com](http://www.wellabroad.com)

### 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.

### claim submission

Filing a claim with Seven Corners is easy. In the event of a claim, you may contact Seven Corners or print one at [www.sevencorners.com/travelers/resources](http://www.sevencorners.com/travelers/resources). When you receive treatment, send the original, itemized bills to Seven Corners within ninety (90) days, along with your signed claim form. Eligible bills are automatically converted from local currencies to U.S. dollars. For payments of eligible medical expenses, notify Seven Corners of pending treatments and we can refer you to approved healthcare providers worldwide. For more details, consult the Program Summary that is provided via e-mail, or contact the Seven Corners Claim Department.

### the insurance company

Disciple Missionary Medical is underwritten by The Insurance Company of the State of Pennsylvania, a member company of AIU Holdings and is rated A "Excellent" by the A.M. Best Company.

### seven corners

Since 1993, Seven Corners, Inc. has alleviated many of the concerns with international travel by providing insurance plans to private citizens, governments, missionaries, students, and corporations of various nations around the globe. Each year, thousands of insureds purchase coverage from Seven Corners in order to obtain the most comprehensive and reliable products in the international insurance industry.

In California, operating under Seven Corners Insurance Services.

Effective July 1, 2009

## Monthly/ Daily Premiums for Age 2 weeks to Age 69

### \$0 Per Injury / Sickness Deductible Per Person

#### Policy Maximum Options

Age	Plan A	Plan B	Plan C	Plan D
	\$50,000	\$75,000	\$100,000	\$130,000
	<i>Monthly/Daily</i>	<i>Monthly/Daily</i>	<i>Monthly/Daily</i>	<i>Monthly/Daily</i>
2 weeks - 18	\$38 / \$1.25	\$45 / \$1.49	\$53 / \$1.77	\$69 / \$2.30
19 - 29	\$30 / \$1.00	\$35 / \$1.17	\$40 / \$1.34	\$53 / \$1.75
30 - 39	\$34 / \$1.12	\$40 / \$1.32	\$45 / \$1.51	\$59 / \$1.97
40 - 49	\$56 / \$1.87	\$66 / \$2.20	\$76 / \$2.52	\$98 / \$3.28
50 - 59	\$95 / \$3.18	\$111 / \$3.69	\$127 / \$4.22	\$164 / \$5.48
60 - 69	\$117 / \$3.89	\$136 / \$4.52	\$154 / \$5.14	\$201 / \$6.69
Dependent Child (Age 2 weeks - 18)*	\$36 / \$1.20	\$44 / \$1.46	\$50 / \$1.68	\$65 / \$2.18

### \$50 Per Injury / Sickness Deductible Per Person

#### Policy Maximum Options

Age	Plan A	Plan B	Plan C	Plan D
	\$50,000	\$75,000	\$100,000	\$130,000
	<i>Monthly/Daily</i>	<i>Monthly/Daily</i>	<i>Monthly/Daily</i>	<i>Monthly/Daily</i>
2 weeks - 18	\$31 / \$1.04	\$37 / \$1.23	\$44 / \$1.47	\$57 / \$1.91
19 - 29	\$25 / \$0.83	\$29 / \$0.97	\$33 / \$1.11	\$44 / \$1.45
30 - 39	\$28 / \$0.94	\$33 / \$1.09	\$38 / \$1.25	\$49 / \$1.63
40 - 49	\$47 / \$1.56	\$55 / \$1.82	\$63 / \$2.09	\$81 / \$2.71
50 - 59	\$80 / \$2.66	\$93 / \$3.09	\$106 / \$3.53	\$137 / \$4.58
60 - 69	\$98 / \$3.25	\$113 / \$3.78	\$129 / \$4.30	\$168 / \$5.59
Dependent Child (Age 2 weeks - 18)*	\$30 / \$1.00	\$36 / \$1.22	\$42 / \$1.39	\$54 / \$1.81

### \$100 Per Injury / Sickness Deductible Per Person

#### Policy Maximum Options

Age	Plan A	Plan B	Plan C	Plan D
	\$50,000	\$75,000	\$100,000	\$130,000
	<i>Monthly/Daily</i>	<i>Monthly/Daily</i>	<i>Monthly/Daily</i>	<i>Monthly/Daily</i>
2 weeks - 18	\$29 / \$0.98	\$34 / \$1.14	\$41 / \$1.35	\$53 / \$1.76
19 - 29	\$23 / \$0.77	\$27 / \$0.90	\$31 / \$1.04	\$41 / \$1.35
30 - 39	\$26 / \$0.86	\$31 / \$1.02	\$35 / \$1.17	\$46 / \$1.52
40 - 49	\$43 / \$1.44	\$51 / \$1.69	\$58 / \$1.94	\$76 / \$2.53
50 - 59	\$74 / \$2.46	\$88 / \$2.94	\$103 / \$3.44	\$134 / \$4.46
60 - 69	\$91 / \$3.02	\$108 / \$3.61	\$126 / \$4.20	\$164 / \$5.46
Dependent Child (Age 2 weeks - 18)*	\$28 / \$0.96	\$33 / \$1.13	\$39 / \$1.30	\$51 / \$1.69

\* Dependent Child rate is applicable when at least one parent will also be covered under Disciple Missionary Medical

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

## Monthly/ Daily Premiums for Ages 70 and Older

### \$100 Per Injury / Sickness Deductible Per Person

#### Policy Maximum Options

Age	Plan J	Plan K
	\$50,000	\$70,000
	<i>Monthly/Daily</i>	<i>Monthly/Daily</i>
70 - 74	\$152 / \$5.06	\$212 / \$7.08
75 - 79	\$167 / \$5.57	\$234 / \$7.79
80 - 84	\$225 / \$7.49	\$315 / \$10.49
85 - 89	\$286 / \$9.52	\$400 / \$13.33
90 - 94	\$329 / \$10.95	\$460 / \$15.33
95 - 99	\$377 / \$12.58	\$528 / \$17.60

### \$200 Per Injury / Sickness Deductible Per Person

#### Policy Maximum Options

Age	Plan J	Plan K
	\$50,000	\$70,000
	<i>Monthly/Daily</i>	<i>Monthly/Daily</i>
70 - 74	\$127 / \$4.22	\$177 / \$5.90
75 - 79	\$139 / \$4.64	\$195 / \$6.49
80 - 84	\$187 / \$6.24	\$262 / \$8.74
85 - 89	\$243 / \$8.11	\$341 / \$11.36
90 - 94	\$280 / \$9.33	\$392 / \$13.06
95 - 99	\$321 / \$10.71	\$450 / \$14.99

## what you will receive

Upon successful enrollment in Disciple Missionary Medical, you will receive an information packet from Seven Corners via e-mail. This packet will include your ID Card and Program Summary. The Program Summary describes all the benefits of Disciple Missionary Medical in complete detail and procedures for submitting claims.

## why Disciple Missionary Medical

rapid processing

A "excellent" rated, u.s. insurance company

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:

Ken Vandiver #10172

P.O. Box 510

Palmer Lake, Co 80133

719-573-9080

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

[ken@internationalglobalinsurance.com](mailto:ken@internationalglobalinsurance.com)

## enrolling in Disciple Missionary Medical

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.

Return the Application with your payment for the total premium to:



### SEVEN CORNERS

303 Congressional Boulevard

Carmel, IN 46032

Fax: 317-575-2659

Phone: 800-335-0611 or 317-575-2652

Online: [www.sevencorners.com](http://www.sevencorners.com)

*(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: **10172**

**applicant information**

Mr.  Mrs.  Miss  Ms.

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

First Name: \_\_\_\_\_ M.I. \_\_\_\_\_

Country of Permanent, fixed Residence (Home Country) \_\_\_\_\_

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

**for accidental death & dismemberment benefit:**

Beneficiary: \_\_\_\_\_ Relationship: \_\_\_\_\_

**us address of correspondence** (address must be in the united states)

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Work Phone: ( ) \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_

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

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

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

*Note: The minimum period of coverage is 5 days, maximum is 12 months. Total program length available is 12 months. Coverage cannot begin until you depart from your Home Country and Seven Corners both receives and accepts your application and correct premium.*

**coverage specifics**

Have you purchased insurance through Seven Corners before?  No  Yes

If Yes, ID Number: \_\_\_\_\_

**Age 2 weeks to Age 69:**

- Plan A: \$50,000
- Plan B: \$75,000
- Plan C: \$100,000
- Plan D: \$130,000

**Age 70 to 99:**

- Plan J: \$50,000
- Plan K: \$70,000

**Selected Per Injury/Sickness**

**Deductible:**

- \$0
- \$50
- \$100

Ages 70 and over options:

- \$100
- \$200

**Optional Pre-Ex Benefit**

- Yes
- No

**Paper Fulfillment**

- Yes
- No

*If there is one or more applicant(s) below age 70 and one or more applicant(s) age 70 and above, separate applications must be submitted.*

**calculating your plan cost** (please complete entire section)

	Date of Birth (MM/DD/YY)	Monthly Rate	Daily Rate
Applicant:	_____ ( / / )		
Spouse:	_____ ( / / )		
Child:	_____ ( / / )		
Child:	_____ ( / / )		
Child:	_____ ( / / )		
<b>Total:</b>		<b>\$</b> _____	<b>\$</b> _____

Minimum period of coverage is 5 days

Multiply Monthly Rate Total by number of months: \_\_\_\_\_ X \_\_\_\_\_

Monthly Total [A]: \$ \_\_\_\_\_

Multiply Daily Rate Total by number of days: \_\_\_\_\_ X \_\_\_\_\_

Daily Total [B]: \$ \_\_\_\_\_

Optional Pre-Ex Benefit (If Chosen) (Total of [A] and [B]) X 1.26: \$ \_\_\_\_\_

Total Payment Enclosed (Total of [A] and [B]): \$ \_\_\_\_\_

**method of payment**

- Check  Money Order  MasterCard
- Visa  Discover  American Express

Card Number: \_\_\_\_\_ CCV: \_\_\_\_\_

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

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

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

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

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 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 understand that pre-existing conditions, as defined in this brochure, 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 AIU Holdings, Trust and enroll in the group coverage for which I am eligible under the group contract issued by The Insurance Company of the State of Pennsylvania, a member of AIU Holdings. 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

800-335-0611 • 317-575-2652 • Fax: 317-575-2659

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



## insurance carrier

Disciple Missionary Medical is underwritten by The Insurance Company of the State of Pennsylvania, a member company of AIU Holdings and is rated A "Excellent" by the A.M. Best Company.

## for additional information

Ken Vandiver #10172

P.O. Box 510

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