

**reside**

2007/2008



**medical insurance** that covers you no matter where you live.

comprehensive worldwide coverage • choice of deductibles • provides up to \$5,000,000 in lifetime benefits • coverage for families & individuals



**SEVEN CORNERS**

# schedule of benefits

|  | treatment received inside the<br>united states and canada (area a)   | treatment received outside the<br>united states and canada (area b)  |
|--|--|--|
| <b>lifetime maximum</b><br>Deductible Options, per person per Injury / Sickness  | <b>\$500,000</b><br>\$70, \$100, \$150, \$250, \$500, \$1000   | <b>\$5,000,000</b><br>After the per Injury / Sickness Deductible, the program will pay up to the amount listed below for each Injury / Sickness.                       |
| <b>inpatient</b><br>Private or semi-private room, per day (maximum of 240 consecutive days)<br>Intensive care, room, per day (maximum of 180 consecutive days)<br>Surgical Treatment<br>Anesthetist's charges<br>Assistant Surgeon<br>Physician's Non-Surgical / Urgent Care Visit<br>Laboratory Tests and X-Rays<br>Prescription medication<br>Chemotherapy and radiation therapy<br>Organ Transplant<br>Durable Medical Equipment  | US \$600<br>US \$1,500<br>US \$3,000<br>US \$600<br>US \$600<br>US \$60/visit, max 10<br>US \$450<br>US \$100<br>US \$1,000<br>US \$100,000<br>US \$100                | US \$900<br>US \$2,000<br>US \$5,000<br>US \$1,000<br>US \$1,000<br>US \$75/visit, max 10<br>US \$600<br>US \$125<br>US \$1,250<br>US \$130,000<br>US \$200            |
| <b>maternity</b><br>Normal and complicated child delivery maximum, including pre- and postnatal care is reimbursed according to the other medical treatment benefit schedule. Waiting period of 12-months before maternity benefit begins.<br>Professional service related to hospitalization, per day   | US \$2,500 per pregnancy<br><br>US \$200   | US \$4,000 per pregnancy<br><br>US \$250   |
| <b>outpatient</b><br>Surgical Treatment<br>Anesthetist's charges<br>Assistant Surgeon<br>Physician's Non-Surgical / Urgent Care Visit<br>Hospital Emergency Room (all expenses incurred therein)<br>Prescription medication<br>Chemotherapy and radiation therapy  | US \$3,000<br>US \$600<br>US \$600<br>US \$60/visit, max 10<br>US \$350<br>US \$100<br>US \$1,000  | US \$5,000<br>US \$1,000<br>US \$1,000<br>US \$75/visit, max 10<br>US \$500<br>US \$125<br>US \$1,250  |
| <b>other treatment</b><br>Dental treatment for Injury to sound, natural teeth<br>Psychiatrist<br>Laboratory Tests and X-Rays<br>Endoscopy (i.e. Gastroscopy, Colonoscopy, Cystoscopy)<br>Various Scans (i.e. MRI, CAT, Echocardiography)<br>Chiropractors<br>Physiotherapy<br>Well Child Care (not subject to Deductible) 12-month waiting period<br>Preventative Benefit (females and males, age 30 and over for checkups, routine physical exams, female preventative exams and mammograms, not subject to Deductible) 12-month waiting period | US \$500<br>US \$60/visit, max 10<br>US \$450<br>US \$450<br>US \$450<br>US \$60/visit, max 3<br>US \$60/visit, max 10<br>US \$60/visit, max 2<br>US \$60/visit, max 1 | US \$500<br>US \$75/visit, max 10<br>US \$600<br>US \$600<br>US \$600<br>US \$75/visit, max 3<br>US \$75/visit, max 10<br>US \$75/visit, max 2<br>US \$75/visit, max 1 |
| <b>newborn coverage</b><br>Lifetime maximum for the first 31 days after birth, per limits as stated in the Certificate of Coverage   | US \$5,000   | US \$10,000  |
| <b>transportation</b><br>Local ground ambulance<br>Emergency Evacuation, when treatment not available locally, pre-approved transportation to a location where appropriate treatment is available. Includes cost of return trip.<br>Return of Mortal Remains   | US \$1,500<br>US \$25,000<br><br>US \$20,000   | US \$2,000<br>US \$50,000<br><br>US \$25,000   |
| <b>accidental death &amp; dismemberment</b><br>24 Hour Accidental Death and Dismemberment<br>- Insured and Spouse<br>- Dependent Children  | Principal Sum<br><br>\$10,000<br>\$2,000   | Principal Sum<br><br>\$10,000<br>\$2,000   |
| Common Carrier Accidental Death and Dismemberment<br>- Insured and Spouse<br>- Dependent Children  | \$40,000<br>\$8,000  | \$40,000<br>\$8,000  |

# description of coverage

## why reside for your international medical program?

There is an increasing population of global citizens, people who travel from country to country or continent to continent. Included among these global citizens are those less inclined to travel, yet discerning enough to know and demand the best care available worldwide. Whatever the reason you need to leave your home country, Reside Worldwide Medical Plan will follow you. Many foreign countries have coverage options, but as a U.S. citizen you are either not eligible for coverage or the protection the plan offers is inadequate. For non-U.S. citizens, it may be difficult to find a comprehensive medical plan, which provides coverage where your local plan may fall short. Whether you are a U.S. citizen living abroad or a citizen of another country, Reside provides you with security at home and the freedom to seek care anywhere in the world.

## are you eligible for the reside program?

The Reside program is available to persons of any country who are at least 15 days of age and who are not older than age 74.

**For U.S. Citizens:** Applicants / Insured Persons must either be outside the United States at the time of application, or plan to depart the United States within 30 days of the Certificate's Effective Date. In addition, the Insured Person must reside outside the United States at least 6 months during any given 12-month Policy Period in order to be considered an Insured Person. If an Insured Person resides in the United States longer than 6 months during any given 12-month Policy Period, their coverage shall immediately terminate.

**For Non-U.S. Citizens:** Applicants / Insured Persons must be outside the United States at the time of application, or plan to depart the United States within 30 days of the Certificate's Effective Date. If the Insured Person is located in the United States for more than 30 days after the Effective Date and cannot obtain other health insurance, a Proof of Eligibility Form must be submitted with the Application.

*\*It is the Insured Person's responsibility to maintain all records regarding travel history, age and student status and provide any documentation to the Administrator, which would verify the Eligibility Requirements.*

## how long are you covered under reside?

The Reside program is annually renewable as long as the eligibility requirements are met and the renewal premium is received. There are no additional medical questions upon renewal. The company cannot single out an individual for cancellation, they can only cancel coverage for an entire class\* of insureds.

*\*A "class" is a group of people defined by a common characteristic, including but not limited to demographic group and geographic region.*

## how do you apply for coverage?

To apply for coverage under Reside, complete the enclosed application and submit the form to Seven Corners along with the appropriate premium. Seven Corners will review your application and respond within 48 hours (normal business days). In some situations, additional information or clarification may be required. Our underwriting department will contact the applicant to obtain any additional details necessary to determine acceptability. If accepted, Seven Corners will mail the Insured's ID Card with Effective Date, Certificate of Coverage, claim form, and general procedures for the use of the insurance to the address of convenience listed on the application. If Seven Corners is unable to offer coverage, the administrative department will return your premium without delay. Please be sure to answer the questions on the application in complete detail. If accepted, the application becomes part of the certificate and formal agreement with the company.

## deductibles, coinsurance & policy maximums

**You have your choice of six per Injury / Sickness Deductibles:**  
US \$70, US \$100, US \$150, US \$250, US \$500, US \$1000.

Reside does not have a coinsurance amount, apart from the chosen deductible and the limits described in the Schedule of Benefits. The Lifetime Maximum amount is listed in the Schedule of Benefits.

Should you travel during the course of treatment from one area to another (whether being treated inside the United States and Canada or outside the United States and Canada), the limitations of the new area shall apply.

## what to do if you need to use the insurance?

For hospitalization and surgical procedures, contact Seven Corners Assist to obtain pre-notification services. The quality and complexity of medical treatment varies from country to country, therefore pre-notification is a requirement of the program. It allows our professionals to locate a Preferred Provider facility if available, assist you in receiving the best course of treatment, and coordinate payment with the local facility. Our objective is for you to focus your attention on your medical condition and not on administrative details.

For non-hospital or surgical related procedures, filing a claim under Reside is easy. Just complete the claim form that comes with your ID Card, sign it, and submit it along with all original, itemized bills (and receipts if you have already paid for the medical expenses) to Seven Corners for processing. If acceptable with the facility, Seven Corners will make the payment directly to the treating hospital or doctor.

# reside® worldwide medical plan

Annual Premiums Effective April 1, 2007

| Age                | Annual Premium \$70 Per Incident Deductible | Annual Premium \$100 Per Incident Deductible | Annual Premium \$150 Per Incident Deductible | Annual Premium \$250 Per Incident Deductible | Annual Premium \$500 Per Incident Deductible | Annual Premium \$1000 Per Incident Deductible |
|--------------------|---|--|--|--|--|---|
| 14 days through 18 | US \$550                                    | US \$500                                     | US \$480                                     | US \$450                                     | US \$400                                     | US \$350                                      |
| 19 through 29      | US \$570                                    | US \$518                                     | US \$497                                     | US \$466                                     | US \$414                                     | US \$363                                      |
| 30 through 39      | US \$611                                    | US \$555                                     | US \$533                                     | US \$500                                     | US \$444                                     | US \$389                                      |
| 40 through 49      | US \$759                                    | US \$690                                     | US \$662                                     | US \$621                                     | US \$552                                     | US \$483                                      |
| 50 through 59      | US \$1,103                                  | US \$1,003                                   | US \$963                                     | US \$903                                     | US \$802                                     | US \$702                                      |
| 60 through 69      | US \$2,053                                  | US \$1,866                                   | US \$1,791                                   | US \$1,679                                   | US \$1,493                                   | US \$1,306                                    |
| 70 through 74      | US \$2,973                                  | US \$2,703                                   | US \$2,595                                   | US \$2,433                                   | US \$2,162                                   | US \$1,892                                    |

**\*No premium is charged for the first two (2) Dependent Children between 14 days through 9 years of age, if both parents are also covered under the same program.**

If the Applicant desires to pay premiums on a Semi-Annual, Quarterly or Monthly basis, they must do so by credit card payment only. Seven Corners will automatically debit the credit card on the due date of the premium installment. The Premium Installment Factors to be applied to the Annual Premium are as follows:

**Annual 1.00 / Semi-Annual 0.55 / Quarterly 0.28 / Monthly 0.10**

**IMPORTANT NOTICE:** The premiums referenced above are applicable for the initial 12-month coverage period, only after the Applicant has been accepted by Seven Corners. Seven Corners reserves the right to increase the stated premiums based upon the Applicant's medical condition at the time of application and underwriting. Applicants with chronic and/or severe medical conditions may be declined. At each renewal period, Seven Corners will inform the Applicant of the renewal premium for each subsequent coverage period based upon the Applicant's age and deductible category.

# description of coverage

## coverage for children

If both parents are covered under Reside, the first two (2) Dependent Children between 14 days through 9 years of age will also be covered free of charge. If there are more than two (2) Dependent Children between the age of 14 days through 9 years of age, or if the children are 10 or over, the program will charge the applicable premium. If only one parent will be covered under the program, each child will be charged the appropriate rate.

## newborn child coverage

When a parent remains eligible for coverage and the Pregnancy is considered an eligible pregnancy, newborn children are automatically covered for the first thirty-one (31) days after birth. In no event shall the Company's maximum liability exceed the maximum stated in the Schedule of Benefits, as to Eligible Benefits during the first thirty-one (31) days following birth for Newborn Coverage and Treatment.

In order to continue coverage beyond the first thirty-one (31) days and be accepted as any other new Insured Person subject to the Insurance Provisions, Scope of Coverage and Exclusions sections of this Certificate or other sections relating to a Newborn Child (or Children) up to the maximum amount of this Certificate the following conditions must be met: 1) An Application and any applicable premium is submitted and Approved by the Company within thirty-one (31) days of the birth of a Newborn Child (or Children); 2) The Pregnancy that led to the birth of a Newborn Child (or Children) was an eligible Pregnancy covered under this Certificate; 3) The mother of the Newborn Child (or Children) remain covered under this Certificate; 4) The mother and Newborn Child (or Children) meet and will continue to meet the Eligibility Requirements of this Certificate of Coverage.

## limitations of the reside program

### Pre-Existing Conditions:

Pre-Existing Conditions, which are any Injury(ies) or Illness(es) that meets any of the following criteria: 1) A condition that would have caused a person to seek medical advice, diagnosis, care or Treatment(s) prior to the Individual Effective Date of Coverage under this Certificate; 2) A condition for which medical advice, diagnosis, care or Treatment(s), including Medication, was sought, recommended or received prior to the Individual Effective Date of Coverage under this Certificate; 3) The symptoms that occurred prior to the Individual Effective Date of the Coverage under this Certificate would have allowed a person trained in medicine to make a diagnosis of the condition producing the symptoms; 4) A condition that manifested prior to the Individual Effective Date of Coverage under this Certificate; 5) Expenses for Pregnancy within twelve (12) months after the Individual Effective Date of Coverage under this Certificate.

## limitations of the reside program (continued)

All Pre-Existing Conditions will be considered, provided the Insured Person has not:

- a. suffered symptoms, consulted any Physician for Treatment, advice or check-ups for these Pre-Existing Conditions
- b. taken Medication (including drugs, Medicines, special diets or injections) for a continuous period of twenty-four (24) months prior to the date of the Treatments and Expenses, that are being considered for Coverage under this Certificate.

Meaning, at the time that you submit a possible pre-existing claim to Seven Corners for processing, we will look back 24 months from the date of service and determine if you had been treated, medicated or diagnosed for the condition within the last 24 months. If you have not been treated, medicated or diagnosed for the condition in the last 24 months, the eligible claim expense will be payable under the provisions and benefit limits of the Certificate. However, if you have been treated, medicated or diagnosed for the condition within the last 24 months, the claim expense shall be considered pre-existing and the expenses will not be considered eligible under the provisions of the Certificate.

Charges for treatment of the following illnesses or surgeries, which manifest themselves or are recommended, or symptoms occur during the first 180 days of coverage hereunder beginning on the initial Effective Date: any condition of the breast, any condition of the prostate, disorders of the reproductive system, gall stones or kidney stones, any acne diagnosis or acne-related condition, or any surgery that is not emergency in nature, as emergency is defined hereunder. Note: coverage for such illnesses or surgeries may be further limited under the pre-existing condition exclusion and definition contained herein, or other exclusions contained herein;

The following conditions, treatments, supplies, services, and/or expenses are not covered resulting from: *(This is a Summary of the Exclusions contained in the Certificate of Coverage.)*

- Pre-existing conditions as defined above.
- Claims not presented to Company within ninety (90) days following incident.
- Treatment not medically necessary, which exceeds reasonable and customary charges, provided at no cost to the Insured Person, or performed by a relative or anyone who lives with the Insured Person.
- Experimental treatment.
- Suicide or any attempted suicide.
- War or warlike operations.
- Injury in organized, professional, amateur, or interscholastic athletics.
- Routine physicals or procedures, unless otherwise listed in the Schedule of Benefits.
- Treatment of Temporomandibular joint.
- Vocational, Speech, Recreational or Music Therapy.
- Cosmetic surgery except as a result of a covered accident.
- Dental or eye treatment unless otherwise covered.
- Injuries as a result of disablement due to liquor or drugs.
- Telephone consultations.

# description of coverage

## limitations of the reside program (continued)

- Treatment or services relating to custodial, rehabilitative, or nursing home care.
- Congenital conditions.
- Non-medical expenses.
- Self-inflicted injury or illness.
- Expenses in connection with the commission of a felony offense.
- Injury while taking part in mountaineering, hang gliding, parachuting, bungee jumping, racing, SCUBA diving (unless PADI, NAUI, YMCA, SSI or PDIC certified).
- Treatment of venereal or sexually transmitted disease.
- Treatment due to HIV or AIDS.
- Drug treatment relating to infertility.

## pre-notification program

To ensure that you receive the best care possible, Reside requires that the Insured Person (or someone on the Insured Person's behalf) contact Seven Corners Assist for notification prior to all hospital admissions worldwide and any medical expenses incurred within the United States. The methods of contacting Seven Corners Assist will appear on the back of your ID Card. Seven Corners Assist will also be able to assist you in locating the approved Seven Corners medical care providers in the United States.

## additional features & services

**Assistance / Referral Services:** Seven Corners Assist is prepared to help you 24-hours a day, 365 days a year to locate medical professionals worldwide. Even if you are not calling to pre-notify a hospital admission or surgery, we encourage you to contact Seven Corners Assist for support with any injury or sickness, so that our professionals will be involved to ensure you receive appropriate medical care.

**Emergency Evacuation / Repatriation:** Unfortunately, the medical professionals in certain locations of the world are unable to provide adequate treatment for a number of medical conditions. As a standard benefit of the Reside program, we will transport you to a different medical facility if you are located in a region where the medical professionals are not able to treat your particular condition.

## important information

It is important to note that Reside is a program for international citizens and Lloyd's of London is an international entity. Thus, Lloyd's of London operates as an unauthorized insurer in most U.S. States. Coverage and benefits under Reside are not regulated by any U.S. state insurance department.

The information concerning Reside is not intended to be an offer to sell Reside or a solicitation by Seven Corners, Inc. or Lloyd's of London in any jurisdiction where such an action would be unlawful or in which Seven Corners or Lloyd's of London is not qualified to do so. Reside may not be available in all situations or jurisdictions. For U.S. citizens, Reside is intended for persons living or traveling outside the United States.

## the underwriter

The Reside Worldwide Medical Plan is underwritten by Certain Underwriters at Lloyd's of London. As the largest insurance entity in the world, Lloyd's of London has earned an A "Excellent" rating from A.M. Best and an A+ (Strong) rating from Standard & Poor's.

## seven corners assist

### When Unpronounceable Diseases Occur In Unpronounceable Countries

Seven Corners Assist is a leading provider of customized emergency assistance services to international organizations, corporations, government entities, insurance companies, and individual travelers. Regardless of the location, Seven Corners Assist provides valuable assistance in locating the best possible medical treatment.

### Foreign Country – Familiar Service

In today's world, companies and international citizens must operate in strange lands and challenging environments. In some situations, individuals must travel to developing regions where the quality of care is in question. To alleviate this concern, proper worldwide medical assistance is required to evaluate the quality of care available locally and to take appropriate action.

### Quality of Care

With access to a network of emergency room physicians, Seven Corners Assist is able to effectively evaluate the quality of care available locally. The Seven Corners Assist physician will consult with the attending physician (if available) to review local standards and discuss the proposed course of treatment. If the quality of care is in question, Seven Corners Assist will arrange medical transportation to a location where appropriate care is available.

## a description of our services

The following services are available 24-hours a day, 7 days a week from a multilingual staff of service professionals.

### Assistance With Travel

**Pre-Trip Information:** Provide information concerning inoculation and visa requirements for countries worldwide

**Weather Information:** Concerning local weather conditions

**Exchange Rate Information:** Current currency rates, etc.

**Embassy Referral:** Providing contact information for the nearest embassies around the world

**Interpreter Referral:** Contact information for interpreters around the world

**Lost Passport:** Provide directions for lost passport recovery to insureds while traveling outside of their home country

**Emergency Message:** In the event of a medical emergency, assistance in relaying urgent messages to family, friends, or business associates at the insured's request

**Hotel Accommodation:** In case of insured's hospitalization outside of their home country, assistance in locating hotel accommodation for insured's companion

### Medical Assistance While Traveling

**24-Hour Telephone Contact:** Should medical emergencies arise, there is help in locating medical care

**Conference Calls:** Arranging telephone conferences between your attending and home physicians

**Second Opinions:** Arranging second medical opinions in hospital cases

**Emergency Messages:** Relaying emergency messages to family and employer during medical emergencies

**Payment Guarantee:** Guarantee or payment of medical bills or authorizing medical benefits according to the program

**Ticketing Services:** 24-Hour ticketing service to arrange emergency family visits

**Medical Evacuations:** Arranging emergency medical evacuation from medically underserved areas

**Repatriation:** Arranging medical transportation home after treatment

**Medical / Travel Escorts:** Arranging escorts and transportation for unaccompanied children

**Medical Records:** Arranging transfer of medical records

**Remains Return:** Arranging repatriation of remains for deceased travelers

## the program administrator

Properly serving the medical needs of international citizens requires specialization. Most companies are not prepared to meet the unique needs of these customers. An organization must be equipped to address foreign currencies, international doctors and hospitals, as well as unusual claim forms and documents. The Reside Worldwide Medical Plan is administered worldwide by Seven Corners, Inc. The professionals at Seven Corners have over 250 years of experience in claim processing and administration. Seven Corners currently serves the needs of thousands of policyholders throughout the world.

### wellabroad.com

Traveling abroad can affect the health of the international traveler. Increased stress when adjusting to new surroundings and fatigue due to changes in diet, schedule and environment can further cause travelers to be more susceptible to other illnesses while abroad.

Seven Corners felt the most successful way to help people maximize the experience of their travels was to share our experience and education. We deal with travelers' concerns daily, and recognized we had valuable information we could share to benefit everyone, so we created a website called WellAbroad®. WellAbroad® hosts our educational information and members' experiences for anyone to access. It is free to Seven Corners' insureds.

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

### seven corners

Since 1993, Seven Corners, Inc. has provided international insurance plans to private citizens, governments, missionaries, students, and corporations of various nations around the globe. As a premier underwriter, Seven Corners has had the opportunity to provide innovative solutions to unique and challenging situations.

Our claims professionals are experienced in the complexity of processing international medical expenses. As an insured of Seven Corners, you can feel confident that there is someone ready to assist you with a medical situation 24-hours a day, 365 days a year.

Other services including proficient administration, responsive underwriting, and access to secure and stable insurance carriers and medical care providers worldwide.

In California, operating under Seven Corners Insurance Services.

# reside® worldwide application for coverage

2007 Reside Worldwide Medical Plan – All Sections Must be Completed in Full

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

**Directions for completing the application:**

1. Please print or type all information. Illegible information will delay underwriting and processing of your coverage.
2. Each family member requesting coverage must be listed on the Application. All questions on the Application apply to all applicants requesting coverage. Answer each and every question, as it pertains to each applicant listed on the Application. All members of a family must choose the same Deductible.
3. Each section of the application must be completed in full. Any question where a "YES" was marked must be described in detail in Section 3. Information in Section 3 must include the applicant's name, physician's name, address and phone number, address of treating facility, diagnosis, prognosis, and course of treatment. If necessary, use an additional sheet of paper to describe the condition(s) and attach it to the Application when submitted to Seven Corners.
4. The Premiums listed are annual premiums and can be paid by check, money order, VISA®, MasterCard®, Diners Club®, American Express®, or Discover®. Due to the inconsistent reliability of international mail, monthly, quarterly and semi-annual payments can only be made by using a credit card or ACH payment. Monthly, quarterly and semi-annual payment modes are only accepted with pre-authorization to debit your credit card or checking account on the due date of your premium installment.
5. Once Seven Corners underwrites your application and determines that coverage should be issued, we will send you an ID Card and a Certificate of Coverage by mail. The Certificate of Coverage contains the full program wording and definitions. This package will also include details concerning procedures for claims submission and the importance of Seven Corners' pre-notification procedures.

**All Sections Must Be Completed in Full**

**section 1. applicant information:**

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

**Total Premium:**

**Address of Residence:** *(must be outside the United States)*

Street: \_\_\_\_\_ City: \_\_\_\_\_  
 State: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

**Forwarding / Convenience Address:**

Street: \_\_\_\_\_ City: \_\_\_\_\_  
 State: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

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

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

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

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

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

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

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

# reside® worldwide application for coverage

## section 1. (continued) applicant information:

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

Yes No

- 1. Do you understand this is an international program and not U.S. health insurance?
- 2. Do you understand that if you are a U.S. Citizen you are unable to be in the U.S. longer than 6 months during any given 12-month period?
- 3. If you are a non-U.S. Citizen do you require coverage for more than 6 months in the United States?  
Please enter length of time and how long you require coverage below.  
Length of time per year inside the United States: \_\_\_\_\_  
How long do you require coverage under Reside? \_\_\_\_\_
- 4. Are you or any listed dependents currently in the United States?, If yes, enter departure date below.  
When do you plan to depart the United States: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (month / day / year)
- 5. Are any listed dependents who are age 19, 20, 21, 22 and 23 full time students?  
(if yes, please provide proof of student information, must be enrolled in at least 12 credit hours of study)
- 6. Have you completed the required physician contact information above? If not, please do so.

## section 2. health history questions for applicants

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

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

Yes No

- 1. Are you or any proposed insured currently pregnant, or if insuring dependents are you an expectant father or planning on adopting?
- 2. Within the last five (5) years have you or any proposed insured been hospital confined for four (4) consecutive days or longer?
- 3. Within the last five (5) years have you or any proposed insured received medication, been diagnosed as having or been treated by any medical professional for any of the following conditions: liver disorder; cancer (excluding basal cell carcinoma); heart or circulatory system disorder including heart attack, stroke or cardiomyopathy (but not including hypertension); diabetes; nervous system disorder including muscular dystrophy; immune system disorder including AIDS Related Complex (ARC), Acquired Immune Deficiency Syndrome (AIDS) or tested positive for Human Immunodeficiency Virus (HIV); or been hospitalized for mental or nervous disorder, alcoholism or drug abuse (including dependence or addiction)?

## section 3. health history detailed answers

Please provide detailed answers to questions posed above.

| Question Number | Answer |
|-----------------|--------|
|                 |        |
|                 |        |
|                 |        |
|                 |        |
|                 |        |
|                 |        |

**section 4. declaration and enrollment request / authorization to release medical information:**

I hereby apply for the Reside Worldwide program and for the insurance provided by Certain Underwriters at Lloyd’s of London (the “Underwriter”). 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.

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

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

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

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

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

I UNDERSTAND that no coverage is effective until I am notified in writing by the Administrator and advised of the official Effective Date. I also UNDERSTAND that if I am not accepted for coverage by the Administrator, the sole obligation of the Administrator and the Underwriter is to return the premium. I also UNDERSTAND that if I am a United States citizen, coverage in the United States is limited to 6 months during any one 12-month policy period. I also UNDERSTAND that Lloyd’s of London operates as an unauthorized insurer in most U.S. states and that claims may not be made against any state guarantee fund. I UNDERSTAND and AGREE that this program is issued outside the United States and that the program does not comply with any U.S. state insurance law.

I UNDERSTAND that this program is not, nor does it intend to be, a general United States health insurance policy.

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

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

\_\_\_\_\_  
Signature of Applicant’s Spouse (if applicable) Date

**section 5. program specifics**

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

Requested Effective Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (month / day / year)

*(Requested Effective Date must be within 60 days of application date and insured person must leave the U.S. within 30 days of the Effective Date. If accepted, official Effective Date will be advised by Seven Corners, Inc.)*

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

\_\_\_\_\_  
Beneficiary



**section 4. declaration and enrollment request / authorization to release medical information:**

I hereby apply for the Reside Worldwide program and for the insurance provided by Certain Underwriters at Lloyd's of London (the "Underwriter"). 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.

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

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

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

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

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

I UNDERSTAND that no coverage is effective until I am notified in writing by the Administrator and advised of the official Effective Date. I also UNDERSTAND that if I am not accepted for coverage by the Administrator, the sole obligation of the Administrator and the Underwriter is to return the premium. I also UNDERSTAND that if I am a United States citizen, coverage in the United States is limited to 6 months during any one 12-month policy period. I also UNDERSTAND that Lloyd's of London operates as an unauthorized insurer in most U.S. states and that claims may not be made against any state guarantee fund. I UNDERSTAND and AGREE that this program is issued outside the United States and that the program does not comply with any U.S. state insurance law.

I UNDERSTAND that this program is not, nor does it intend to be, a general United States health insurance policy.

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

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

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

**section 5. program specifics**

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

Requested Effective Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (month / day / year)

*(Requested Effective Date must be within 60 days of application date and insured person must leave the U.S. within 30 days of the Effective Date. If accepted, official Effective Date will be advised by Seven Corners, Inc.)*

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

\_\_\_\_\_  
Beneficiary