

reside<sup>®</sup> prime



**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

# primary schedule of benefits

The following is the Schedule of Benefits for the first three Policy Periods. After completion of three (3) consecutive and continuous Policy Periods, the Extended Coverage Schedule of Benefits applies. A Policy Period is 364 days in length.

<b>lifetime maximum benefit</b>	\$5,000,000 per Insured Person.										
<b>policy period deductible options</b>	\$250; \$500; \$1,000; \$2,500; \$5,000 Maximum of three (3) Deductible payments for families enrolling on one Application.										
<b>inside of the united states and canada</b>	<p>After the Deductible, the Policy pays 80% of the next \$5,000 of Eligible Expenses, then 100% up to the Policy Maximum. Expenses incurred inside the United States and Canada must be Pre-Notified using Seven Corners' Pre-Notification Program.</p> <p>If Services and Treatment eligible for coverage under this Certificate are received directly from an approved PPO Service Provider while the Insured Person is in the United States: (a) the Company will reduce by 50% any part of the Deductible applicable to such Eligible Benefits, and (b) the Company will waive any and all Coinsurance applicable to such Eligible Benefits.</p>										
<b>outside of the united states and canada</b>	After the Deductible, the Policy pays 100% of Eligible Expenses to the Policy Maximum. Expenses incurred must be Pre-Notified using Seven Corners' Pre-Notification Program.										
<b>inpatient hospital expenses</b>	Average Semi-Private room and board; Usual, Reasonable, and Customary (URC) Physician Charges, Prescription Medications, Durable Medical Equipment, Nursing Services and X-Rays up to the Policy Maximum.										
<b>intensive care</b>	Intensive Care room and board; Usual, Reasonable, and Customary (URC) Physician Charges, Prescription Medications, Durable Medical Equipment, Nursing Services and X-rays up to the Policy Maximum.										
<b>surgery</b>	Usual, Reasonable, and Customary (URC) Charges for Surgery, Physician and Anesthetics up to the Policy Maximum.										
<b>hospital daily indemnity benefit</b>	\$50 per day ( <i>\$1,000 maximum per Policy Period</i> ), for every Medically Necessary night spent in a Hospital ( <i>Hospital Admission</i> ) outside of the United States and Canada. This payment is not related to the hospital charges and is paid in addition to all other Eligible Benefits. An additional Daily Indemnity Benefit Rider may be purchased to increase this benefit limit to \$200 per day.										
<b>outpatient treatment</b>	Usual, Reasonable, and Customary (URC) Charges for Emergency Treatment, Surgery, Physician's office, Prescription Medication up to the Policy Maximum.										
<b>physiotherapy, chiropractic</b>	Up to \$75 per visit ( <i>\$10,000 Lifetime Maximum</i> ), when referred in advance by a Physician.										
<b>medical supplies</b>	Usual, Reasonable, and Customary (URC) Charges up to Policy Maximum.										
<b>ambulance</b>	Usual, Reasonable, and Customary (URC) Charges up to Policy Maximum.										
<b>well child care</b>	Up to \$200 per Policy Period for checkups and routine visits after a one hundred and eighty (180)-day waiting period. Under age nineteen (19). Not subject to Deductible or Coinsurance.										
<b>maternity</b>	<p>Usual, Reasonable, and Customary (URC) Charges up to limits below, per Pregnancy, must be Pre-Notified within the first ninety (90) days of Pregnancy. Waiting period of three hundred and sixty-four (364) days before maternity benefit begins.</p> <table border="0"> <tr> <td>After completion of one (1) continuous Policy Period:</td> <td>\$1,000</td> </tr> <tr> <td>After completion of two (2) continuous and consecutive Policy Periods:</td> <td>\$2,000</td> </tr> <tr> <td>After completion of three (3) continuous and consecutive Policy Periods:</td> <td>\$3,000</td> </tr> <tr> <td>After completion of four (4) continuous and consecutive Policy Periods:</td> <td>\$4,000</td> </tr> <tr> <td>After completion of five (5) continuous and consecutive Policy Periods:</td> <td>\$5,000</td> </tr> </table>	After completion of one (1) continuous Policy Period:	\$1,000	After completion of two (2) continuous and consecutive Policy Periods:	\$2,000	After completion of three (3) continuous and consecutive Policy Periods:	\$3,000	After completion of four (4) continuous and consecutive Policy Periods:	\$4,000	After completion of five (5) continuous and consecutive Policy Periods:	\$5,000
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After completion of five (5) continuous and consecutive Policy Periods:	\$5,000										
<b>mental &amp; nervous</b>	Usual, Reasonable, and Customary (URC) Charges up to a Maximum of \$10,000 per Policy Period after a three hundred and sixty-four (364)-day waiting period. Inpatient limited to a maximum of forty-five (45) days per Policy Period. Outpatient limited to a maximum of forty (40) visits per Policy Period at 70% of Eligible Expenses. Lifetime Maximum of \$30,000.										

# primary schedule of benefits

<b>newborn benefit</b>	<p>Maximums listed below per eligible pregnancy for the first thirty-one (31) days after birth.</p> <p>After completion of one (1) continuous Policy Period: \$1,000</p> <p>After completion of two (2) continuous and consecutive Policy Periods: \$2,000</p> <p>After completion of three (3) continuous and consecutive Policy Periods: \$3,000</p> <p>After completion of four (4) continuous and consecutive Policy Periods: \$4,000</p> <p>After completion of five (5) continuous and consecutive Policy Periods: \$5,000</p>
<b>dental</b>	Usual, Reasonable, and Customary (URC) Charges for repair and replacement of sound, natural teeth damaged as a result of an accident, limited to \$500 per Policy Period. A Dental Benefit Rider may be purchased. Please see details included in this brochure.
<b>emergency medical evacuation</b>	\$250,000 Limit per person per Policy Period – when adequate medical facilities and/or treatment are not available ( <i>Pre-approval required</i> ).
<b>repatriation of remains</b>	\$25,000 Limit per person – ( <i>Pre-approval required</i> ).
<b>emergency medical reunion</b>	\$10,000 Limit per person per Policy Period – ( <i>Pre-approval required</i> ).
<b>preventive benefits</b>	Females and Males Age nineteen (19) and over up to \$175 per Policy Period for checkups, routine physical exams, female preventative exams and mammograms after a one hundred and eighty (180)-day waiting period. Not subject to Deductible or Coinsurance.
<b>accidental death &amp; dismemberment (ad&amp;d)</b>	<p>24-Hour AD&amp;D: Principal Sum: \$10,000 for Insured and Spouse, \$2,000 for Dependent Children.</p> <p>Common Carrier AD&amp;D: Principal Sum: \$40,000 for Insured and Spouse, \$8,000 for Dependent Children.</p>
<b>lifetime transplant benefit</b>	Up to \$1,000,000 per Insured Person.

# benefit options

Seven Corners offers additional benefit options for your review and possible selection. These are in addition to the standard Reside Prime program benefits and cannot be purchased independently.

<b>ad&amp;d principal sum rider</b>	<p>Reside Prime includes a standard Accidental Death &amp; Dismemberment (AD&amp;D) Principal Sum as mentioned above. Additional amounts are available to provide further protection should something happen to you or your family during your Policy Period.</p> <p><i>For the primary insured, additional amounts of \$100,000; \$200,000; \$300,000; \$400,000 or \$500,000 are available. Additional amounts may not exceed seven (7) times your annual income.</i></p>
<b>dental rider</b>	Reside Prime offers an option for a Dental Rider. Whether you are at home or abroad, you now have access to a dental package that will provide protection worldwide. Please see details included in this brochure.
<b>sports rider</b>	Your time spent abroad could include a few adventurous activities. If you plan to participate in sporting activities, our Optional Sports Rider provides \$25,000 Lifetime Maximum coverage for mountaineering where ropes or guides are normally used up to 4500 meters, hang gliding, parachuting and bungee jumping. It also provides \$7,500 Lifetime Maximum coverage while participating in amateur sports or interscholastic athletics sponsored by a school or organization when not engaged for wage or profit.
<b>hospital daily indemnity rider</b>	The Hospital Daily Indemnity Rider protects you against unforeseen expenses worldwide should you or a covered member of your family find yourself in the unfortunate position of a hospital admission. This option pays \$150 ( <i>additional to standard benefit of \$50, if applicable</i> ) per night, should an Insured Person be admitted to a hospital for a covered condition outside the United States and Canada. This payment is not related to the hospital charges and is paid in addition to all other eligible benefits.

# description of benefits

## who needs this plan?

**U.S. Citizens:** If you are a U.S. citizen relocating or spending an extended amount of time overseas, security and flexibility are two essential ingredients you need in your medical coverage. There are thousands of medical insurance programs offered throughout the world, but there are many differences in the quality of both the programs and the insurance companies offering them. As a U.S. citizen, you are accustomed to a certain degree of stability. Reside Prime provides the same level of security abroad that you experience at home.

**Foreign Nationals:** A comprehensive plan providing protection in your home country, as well as the freedom to travel abroad, is hard to find. Finding a program with these qualities offered by a secure company is next to impossible. The Reside Prime plan combines the stability and financial strength of a superior underwriter with the flexibility of a universal policy.

## eligibility

You may purchase coverage through the Reside Prime program if you are at least fourteen (14) days of age and have not yet reached age seventy-five (75). As long as your coverage begins before your 75th birthday, you are eligible for renewal.

## worldwide coverage

No matter where you live or travel, Reside Prime has the right solution to meet your needs. Reside Prime has two coverage areas from which to choose, with a different premium schedule for each. With both options, your time in the United States must be limited to 180 days during any given three hundred and sixty-four (364) day period.

If your plans include residing in or traveling to the United States or Canada, you need to select Geographical Treatment Area A (*worldwide coverage including the U.S. and Canada*).

If you are certain that your plans do not include residing in or traveling to the United States or Canada, you may select Geographical Treatment Area B (*worldwide coverage excluding the U.S. and Canada*).

**Make sure you are thorough in your selection. After a Geographical Treatment Area is chosen and purchased, changes are not available on the same certificate. If you believe you will spend any time in the United States or Canada, it is best to select the Worldwide Coverage option (Geographical Treatment Area A). If Treatment Area B is selected, there is no coverage for claims in the United States and Canada.**

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

## how long may i be covered under reside prime?

The Reside Prime program is renewable as long as you continue to meet the Eligibility Requirements, and we receive the applicable renewal premium. The initial Period of Coverage and each subsequent renewal Period of Coverage may not exceed three hundred and sixty-four (364) days. You will not be required to answer any additional medical questions upon renewal, only verify continued eligibility. The company cannot single out an individual for cancellation, they can only cancel coverage for an entire class\* of insureds.

For those who remain continuously insured for more than three consecutive Policy Periods, Reside Prime provides Extended Coverage Benefits. Please see the section of this brochure entitled, Extended Coverage Schedule of Benefits, for more details.

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

## applying for coverage

To apply, all you need to do is complete the application in full and pay the appropriate premium, given your age category, coverage area, and desired deductible amount. Be sure to answer all sections and questions completely, accurately, and legibly. The application you complete becomes part of your Certificate of Coverage should you be accepted. After the underwriters have had an opportunity to review your application, Seven Corners may request additional information. If you are accepted, you will receive an ID Card confirming your Effective Date and conditions of acceptance and a Certificate of Coverage. The Certificate of Coverage describes the program in complete detail and explains how to utilize your plan. If you are ultimately not accepted, Seven Corners will return your premium without delay.

## maternity

Reside Prime provides maternity and Newborn Child(ren) benefits to eligible Insured Persons. See Schedule of Benefits for limits and conditions. A pregnancy must be Pre-Notified during the first ninety (90) days of the pregnancy. The plan does not pay expenses related to a pregnancy within the first three hundred and sixty-four (364) days of coverage.

# description of benefits

## newborn child benefit

A Newborn Child(ren) will automatically be covered for the first thirty-one (31) days after birth, provided the mother remains eligible for coverage and the pregnancy was considered eligible as defined in the Certificate. In order to be covered beyond the first thirty-one (31) days, Seven Corners must receive an application and any applicable premium within thirty-one (31) days of the birth of the Newborn Child(ren). The Newborn Child(ren) will automatically be covered, however, it is possible that coverage will be modified with riders which would limit or exclude certain medical conditions and/or body parts. In no event shall the Company's maximum liability exceed the maximum amount stated in the Schedule of Benefits.

## limitations

**Pre-existing Conditions:** If an existing medical condition is fully and accurately disclosed on the application, and the condition is not excluded or restricted by an exclusionary rider, your pre-existing condition will be covered up to a lifetime maximum of \$50,000 (\$5,000 limit per Policy Period), after you have been continuously insured for two (2) consecutive and continuous Policy Periods.

Pre-existing conditions include any medical condition, sickness, Injury, Illness, disease, Mental Illness or Mental Nervous Disorder, regardless of the cause, including any congenital, chronic, subsequent, or recurring complications or consequences related thereto or resulting therefrom that with reasonable medical certainty existed at the time of application or any time prior to the Individual Effective Date of Coverage under this Certificate, whether or not previously manifested, symptomatic, known, diagnosed, treated or disclosed. This specifically includes but is not limited to any medical condition, sickness, Injury, Illness, disease, Mental Illness or Mental Nervous Disorder for which medical advice, diagnosis, care or treatment was recommended or received or for which a reasonably prudent person would have sought treatment prior to the Individual Effective Date of Coverage under this Certificate.

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

- Charges for treatment of the following illnesses or surgeries, which manifest themselves or are recommended, or in which symptoms occur during the first one hundred and eighty (180) days of the coverage: 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.
- Pre-existing conditions as defined above.
- Expenses for pregnancy within the first three hundred and sixty-four (364) days of coverage.
- Claims not presented to the Company within ninety (90) days following the incident.

## limitations (cont.)

- Treatment that is not considered medically necessary, treatment that exceeds reasonable and customary charges, treatment provided at no cost to the Insured Person, or treatment 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.
- Treatment of the temporomandibular joint.
- Vocational, occupational, speech, recreational or music therapy.
- Cosmetic surgery except as a result of a covered accident.
- Dental or eye treatment unless otherwise covered.
- Treatment for and injuries/illnesses due to alcohol, chemical, or drug use.
- Telephone consultations.
- 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 or attempt of a criminal offense.
- Injury while taking part in mountaineering, hang gliding, parachuting, bungee jumping, racing, SCUBA diving (*unless PADI, NAUI, YMCA, SSI or PDIC certified*). (*A Sports Rider may be purchased to cover certain activities.*)
- Treatment of venereal or sexually transmitted disease.
- Treatment due to HIV or AIDS.
- Treatment relating to infertility.
- Treatment for Chronic Fatigue Syndrome.
- Occupational Diseases.
- Expenses in connection with weight control.

This brochure is only a brief description of Reside Prime. A complete description of the Master Policy Provisions and Benefits are contained in the Certificate of Coverage, which will be provided to you after your application and premium have been received and approved by Seven Corners. To view a sample copy of the Certificate of Coverage go to [www.sevencorners.com/rpcert](http://www.sevencorners.com/rpcert).

# extended coverage schedule of benefits

After the completion of three (3) consecutive and continuous Policy Periods, the following Extended Coverage Schedule of Benefits applies beginning on the 1st day of the fourth Policy Period, including deductible increases as noted below. All other conditions of the policy continue to apply.

<b>lifetime maximum benefit</b>	\$2,500,000 per Insured Person.
<b>policy period deductible options</b>	Deductibles will be increased by \$250 according to the following schedule: \$250 becomes \$500; \$500 becomes \$750; \$1,000 becomes \$1,250; \$2,500 becomes \$2,750; \$5,000 becomes \$5,250
<b>inside of the united states and canada</b>	<p>Maximum of three (3) deductible payments for families enrolling on one application.</p> <p>After the Deductible, the Policy pays 80% of the next \$5,000 of eligible expenses, then 100% up to the Policy Maximum. Expenses incurred inside the United States and Canada must be Pre-Notified using Seven Corners' Pre-Notification Program.</p> <p>If Services and Treatment eligible for coverage under this Certificate are received directly from an approved PPO Service Provider while the Insured Person is in the United States: (a) the Company will reduce by 50% any part of the Deductible applicable to such Eligible Benefits, and (b) the Company will waive any and all Coinsurance applicable to such Eligible Benefits.</p>
<b>outside of the united states and canada</b>	After the Deductible, the Policy pays 100% of eligible expenses to the Policy Maximum. Expenses incurred must be Pre-Notified using Seven Corners' Pre-Notification Program.
<b>inpatient hospital expenses</b>	Average Semi-Private room and board; Usual, Reasonable, and Customary (URC) Physician Charges, Prescription Medications, Durable Medical Equipment, Nursing Services and X-rays, up to a limit of \$2,000 per day, up to the Policy Maximum.
<b>intensive care</b>	Intensive Care room and board; Usual, Reasonable, and Customary (URC) Physician Charges, Prescription Medications, Durable Medical Equipment, Nursing Services and X-rays, up to a limit of \$4,000 per day, up to the Policy Maximum.
<b>surgery</b>	Usual, Reasonable, and Customary (URC) Charges for Surgery and Physician up to the Policy Maximum. Anesthetics limited to one provider for a maximum benefit of 20% of the amount billed and eligible primary surgeon's charge.
<b>hospital daily indemnity benefit</b>	\$50 per day ( <i>\$1,000 maximum per Policy Period</i> ), for every Medically Necessary night spent in a Hospital ( <i>Hospital Admission</i> ) outside of the United States and Canada. This payment is not related to the hospital charges and is paid in addition to all other Eligible Benefits. An additional Daily Indemnity Benefit Rider may be purchased to increase this benefit limit to \$200 per day.
<b>outpatient treatment</b>	<p>Usual, Reasonable, and Customary (URC) Charges for Emergency Treatment, Surgery, Physician's office, Prescription Medication up to the Policy Maximum.</p> <ul style="list-style-type: none"> <li>- Physician Charges, limit of \$150 per visit</li> <li>- Hospital Charge, \$100 co-pay unless admitted, then waived</li> <li>- Urgent Care Facility, \$25 co-pay</li> <li>- Diagnostic Lab and X-rays limited to \$5,000 per Policy Period</li> </ul>
<b>physiotherapy, chiropractic</b>	Up to \$75 per visit, \$1,000 maximum per Policy Period (\$10,000 Lifetime Maximum), when referred in advance by a Physician.
<b>medical supplies</b>	Usual, Reasonable, and Customary (URC) Charges up to Policy Maximum.
<b>ambulance</b>	\$100 per incident.
<b>well child care</b>	Up to \$200 per Policy Period Maximum for checkups and routine visits after a one hundred and eighty (180)-day waiting period. Under age nineteen (19). Not subject to Deductible or Coinsurance.

# extended coverage schedule of benefits

<b>maternity</b>	<p>Usual, Reasonable, and Customary (URC) Charges up to the limits below, per Pregnancy, must be Pre-Notified within the first ninety (90) days of Pregnancy. Waiting period of three hundred and sixty-four (364) days before maternity benefit begins.</p> <p>After completion of one (1) continuous Policy Period: \$1,000            After completion of two (2) continuous and consecutive Policy Periods: \$2,000            After completion of three (3) continuous and consecutive Policy Periods: \$3,000            After completion of four (4) continuous and consecutive Policy Periods: \$4,000            After completion of five (5) continuous and consecutive Policy Periods: \$5,000</p>
<b>mental &amp; nervous</b>	\$2,000 maximum per Policy Period. Inpatient limited to a maximum of twenty-five (25) days per Policy Period. Outpatient limited to a maximum of twenty (20) visits per Policy Period, at 70% of eligible expenses, up to \$75 maximum per visit. Lifetime maximum of \$30,000.
<b>newborn benefit</b>	<p>Maximums listed below per eligible pregnancy for the first thirty-one (31) days after birth.</p> <p>After completion of one (1) continuous Policy Period: \$1,000            After completion of two (2) continuous and consecutive Policy Periods: \$2,000            After completion of three (3) continuous and consecutive Policy Periods: \$3,000            After completion of four (4) continuous and consecutive Policy Periods: \$4,000            After completion of five (5) continuous and consecutive Policy Periods: \$5,000</p>
<b>dental</b>	Usual, Reasonable, and Customary (URC) Charges for repair and replacement of sound, natural teeth damaged as a result of an accident, limited to \$500 per Policy Period. A Dental Benefit Rider may be purchased to expand Dental Coverage. Please see details in this brochure.
<b>emergency medical evacuation</b>	\$250,000 Limit per person per Policy Period – when adequate medical facilities and/or treatment are not available. <i>(Pre-approval required).</i>
<b>repatriation of remains</b>	\$15,000 Limit per person – <i>(Pre-approval required).</i>
<b>emergency medical reunion</b>	\$10,000 Limit per person per Policy Period – <i>(Pre-approval required).</i>
<b>preventive benefits</b>	Females and Males Age nineteen (19) and over up to \$175 per Policy Period for checkups, routine physical exams, female preventative exams and mammograms after a one hundred and eighty (180)-day waiting period. Not subject to Deductible or Coinsurance.
<b>accidental death &amp; dismemberment (ad&amp;d)</b>	24-Hour AD&D: Principal Sum: \$10,000 for Insured and Spouse, \$2,000 for Dependent Children. Common Carrier AD&D: Principal Sum: \$40,000 for Insured and Spouse, \$8,000 for Dependent Children.
<b>lifetime transplant benefit</b>	Up to \$500,000 per Insured Person.
<b>chemotherapy or radiation therapy</b>	Up to \$10,000 per Policy Period, Lifetime Maximum of \$50,000.
<b>outpatient prescription medications</b>	Limit of \$5,000 per Policy Period for each Insured Person .

# description of benefits

## pre-notification program/ppo

To ensure you receive the best care possible, Reside Prime requires that you (or someone on your behalf) contact Seven Corners Assist before all hospital admissions worldwide and prior to incurring any medical expenses. The methods of contacting Seven Corners Assist appear on the back of your ID Card. With early intervention, our Assist department can provide guidance with your medical care. If necessary, we can provide medical referrals and case monitoring.

Services and Treatment in the United States must be received at an approved PPO Service Provider facility, if one exists within a fifty (50)-mile radius of your location. To obtain a list of approved PPO Service Providers, contact Seven Corners Assist or visit the approved PPO Service Provider website at:

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

If Services and Treatment eligible for coverage under this Certificate are received directly from an approved PPO Service Provider while you are in the United States: (a) Your Deductible will be reduced by 50%, and (b) Your Coinsurance will be waived.

Using a PPO Service Provider is not required when you are converted to the Extended Coverage Schedule of Benefits. Our Assistance Department is available to help you locate a provider in your area should you need Services and/or Treatment.

## the underwriter

Reside Prime is underwritten by Certain Underwriters at Lloyd's of London and Tramont Insurance Company Limited. Your residence address determines which insurance carrier will provide your coverage. Pricing and benefits are identical for both Lloyd's of London and Tramont Insurance Company Limited.

Lloyd's of London has over 300 years of experience in the international insurance business and is one of the largest insurance entities in the world. Please visit [www.lloyds.com](http://www.lloyds.com) for details regarding Lloyd's of London. Tramont Insurance Company Limited is a worldwide insurer with the expertise necessary to provide quality international health insurance. For more information regarding Tramont, please visit [www.tramontinsurance.com](http://www.tramontinsurance.com). Both Lloyd's of London and Tramont have the experience and financial strength to provide you with the security you need in a health insurance provider.

## important information

It is important to note that Reside Prime is a program for international citizens, and Lloyd's of London and Tramont Insurance Company Limited are both international insurance entities. Lloyd's of London operates as a surplus lines insurer in most U.S. states. Tramont Insurance Company Limited operates as an authorized insurer worldwide (coverage with Tramont cannot be initiated and purchased in the British Virgin Islands, U.S. Virgin Islands, and the

## important information (cont.)

United States, although you will be covered in these areas per the plan requirements). Coverage and benefits under Reside Prime are not regulated by any U.S. state insurance department.

The information concerning Reside Prime is not intended to be an offer to sell Reside Prime or a solicitation by Seven Corners, Inc., Lloyd's of London, or Tramont Insurance Company Limited in any jurisdiction where any such sale would be unlawful, or in which Seven Corners, Lloyd's of London, and Tramont Insurance Company Limited are not qualified to do so. Reside Prime may not be available in all situations or jurisdictions. Reside Prime is intended for persons living or traveling outside the United States.

## the program administrator

Seven Corners, Inc. has administered the Reside Prime Medical Plan since its inception. With 19 years of experience in the international insurance market, Seven Corners is well equipped to handle the unique requirements of international citizens. We have a strong history of providing innovative solutions necessary to address foreign currencies, international medical providers, and nonstandard records and documents often encountered in the international arena. Our staff of professionals serves the needs of thousands of policyholders throughout the world. We have provided international insurance plans for private citizens, governments, missionaries, students, and corporations of various nations around the globe. You can feel confident knowing that Seven Corners is here to assist you with your needs from the time you complete your application through the claims payment process.

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

## wellabroad.com

In our ever changing world, Seven Corners' WellAbroad® seeks to prepare you with the advanced tools for successful travel. Our real-time website, WellAbroad®, offers medical, political and cultural information and includes many benefits and educational resources, such as:

- Text messaging alerts - Registered users receive updates regarding weather emergencies, security issues, customs alerts, and health care or pandemic warnings.
- Provider network directory - You can create customized country profiles which allow you instant access to providers in the specified regions in which you are traveling.
- Online forums - Fellow travelers and Seven Corners' staff post experiences and travel tips which you can access at any time.

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

# optional dental coverage

## dental benefits

Benefit	Policy Period 1	Policy Period 2	Policy Period 3 and after
<b>class I preventative benefits</b> Children ages 8 through 17 years (after 90-day waiting period)	100%	100%	100%
<b>class II standard benefits</b> (after 180-day waiting period)	55%	70%	85%
<b>class III significant dental benefits</b> (after 180-day waiting period)	30%	40%	50%
<b>deductible</b> (per person per policy period)	\$100	\$100	\$100
<b>maximum benefit</b> (per person per policy period)	\$500	\$750	\$1,000

### class I: preventative

Usual, Reasonable and Customary Cost for:

- Oral exams, limit two per Policy Period
- Full mouth x-rays, limit one every 180 days
- Bitewing x-rays, limit one per Policy Period
- Cleaning and scaling of teeth (oral prophylaxis) limit one every 180 days
- Topical fluoride treatment limit one per Policy Period, children up to and including age 12
- Space maintainers
- Sealants, children up to and including age 12

### class II: basic restoration, endodontic, periodontal, oral surgery, diagnostic benefit dental services

Usual, Reasonable, and Customary Cost for:

- Fillings – amalgam, silicate, acrylic, synthetic porcelain or composite fillings
- X-rays
- Extractions
- Root canal treatment
- Treatment of periodontal disease and other disease of the gums and tissues of the mouth
- Oral surgery except procedures covered under any medical plan
- Administration of general anesthesia, when medically necessary during oral surgery
- Emergency palliative treatment
- Injections of antibiotic drugs

### class III: crowns, bridges, dentures

Usual, Reasonable and Customary Cost for installation or replacement of one or more natural teeth which are lost for:

- Initial Installation of fixed bridgework
- Installation for the first time of: (a) partial removable denture; or (b) full removable denture
- Replacing an existing removable denture or fixed bridgework
- Replacing an existing immediate temporary full denture by a new permanent full denture
- Adding teeth to an existing partial removable denture or to bridgework
- Inlays and onlays
- Crowns and their replacements, but not more than one replacement per crown every five years
- Repair or re-cementing of: (a) crowns; or (b) inlays or onlays; or (c) dentures; or (d) bridgework

If dental expenses are expected to exceed \$250, you must pre-notify Seven Corners before treatment. For a complete itemization of benefits and a listing of exclusions, please see [www.sevencorners.com/rpdental](http://www.sevencorners.com/rpdental)

# 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. In an effort to alleviate these concerns, proper worldwide medical assistance is essential.

## Quality Of Care

With access to a network of emergency room physicians, Seven Corners Assist is able to effectively evaluate the quality of local care. Our 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 adequate care can be rendered.

## A Description of Our Services

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

### Assistance With Travel

**pre-trip information:** Provide information concerning inoculation and visa requirements for countries worldwide

**weather information:** Local weather conditions

**exchange rate information:** Present day currency rates, etc.

**embassy referral:** Provide contact information for the nearest embassies

**interpreter referral:** Contact information for interpreters around the world

**lost passport:** Provide directions for lost passport recovery while you are traveling

**emergency message:** In the event of a medical emergency, assistance in relaying urgent messages to family, friends, or business associates

**hotel accommodation:** In case you are hospitalized outside of your home country, we will provide assistance in locating hotel accommodations for your companion

## Medical Assistance While Traveling

**24-hour telephone contact:** Locate appropriate medical care for you

**conference calls:** Arrange telephone conferences between your attending and home physicians

**second opinions:** Arrange second medical opinions in hospital cases

**emergency messages:** Relay emergency messages to family and employer during medical emergencies

**payment guarantee:** Ability to guarantee payment of medical bills or authorize medical benefits, for eligible benefits only

**ticketing services:** 24-hour ticketing service to arrange emergency family visits

**medical evacuations:** Arrange emergency medical evacuation from medically underserved areas

**repatriation:** Arrange medical transportation home after treatment

**medical / travel escorts:** Arrange escorts and transportation for unaccompanied children

**medical records:** Arrange transfer of medical records

**remains return:** Arrange repatriation of remains for deceased travelers

# reside<sup>®</sup>prime worldwide medical plan

Policy Period Medical Premiums Effective January 1, 2012

## worldwide coverage including united states and canada (geographical treatment area a)

Age	If you choose a \$250 Policy Period Deductible		If you choose a \$500 Policy Period Deductible		If you choose a \$1,000 Policy Period Deductible		If you choose a \$2,500 Policy Period Deductible		If you choose a \$5,000 Policy Period Deductible	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
19 through 29	\$1,021	\$1,597	\$886	\$1,422	\$709	\$1,029	\$613	\$885	\$481	\$753
30 through 39	\$1,101	\$1,763	\$942	\$1,588	\$762	\$1,150	\$662	\$1,010	\$520	\$838
40 through 44	\$1,467	\$1,989	\$1,342	\$1,747	\$1,073	\$1,345	\$924	\$1,223	\$721	\$1,057
45 through 49	\$1,698	\$2,039	\$1,531	\$1,885	\$1,182	\$1,474	\$1,063	\$1,307	\$869	\$1,082
50 through 54	\$2,019	\$2,219	\$1,809	\$2,033	\$1,445	\$1,619	\$1,338	\$1,459	\$1,074	\$1,176
55 through 59	\$2,629	\$2,554	\$2,327	\$2,319	\$1,900	\$1,773	\$1,609	\$1,564	\$1,350	\$1,308
60 through 64	\$3,693	\$3,496	\$3,453	\$3,215	\$2,747	\$2,552	\$2,591	\$2,406	\$2,178	\$1,915
65 through 69	\$7,386	\$6,641	\$7,125	\$6,242	\$6,622	\$5,675	\$5,119	\$4,724	\$4,496	\$4,144
70 through 74	Contact Your Agent or Seven Corners for Rates									
Dep. Child*	\$970	\$970	\$842	\$842	\$674	\$674	\$582	\$582	\$457	\$457
Child Alone** Age 14 Days to 18	\$1,021	\$1,021	\$886	\$886	\$709	\$709	\$613	\$613	\$481	\$481

## worldwide coverage excluding united states and canada (geographical treatment area b)

Age	If you choose a \$250 Policy Period Deductible		If you choose a \$500 Policy Period Deductible		If you choose a \$1,000 Policy Period Deductible		If you choose a \$2,500 Policy Period Deductible		If you choose a \$5,000 Policy Period Deductible	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
19 through 29	\$771	\$1,206	\$670	\$1,074	\$535	\$776	\$463	\$669	\$363	\$569
30 through 39	\$815	\$1,304	\$697	\$1,175	\$563	\$851	\$490	\$748	\$385	\$620
40 through 44	\$1,093	\$1,482	\$999	\$1,302	\$799	\$1,002	\$689	\$911	\$537	\$788
45 through 49	\$1,256	\$1,509	\$1,133	\$1,395	\$874	\$1,092	\$787	\$967	\$643	\$801
50 through 54	\$1,524	\$1,676	\$1,365	\$1,535	\$1,091	\$1,223	\$1,010	\$1,102	\$810	\$888
55 through 59	\$1,972	\$1,915	\$1,745	\$1,739	\$1,425	\$1,329	\$1,207	\$1,173	\$1,013	\$980
60 through 64	\$2,751	\$2,605	\$2,573	\$2,395	\$2,046	\$1,901	\$1,930	\$1,793	\$1,624	\$1,427
65 through 69	\$5,465	\$4,914	\$5,273	\$4,620	\$4,901	\$4,199	\$3,788	\$3,496	\$3,327	\$3,067
70 through 74	Contact Your Agent or Seven Corners for Rates									
Dep. Child*	\$732	\$732	\$637	\$637	\$508	\$508	\$440	\$440	\$345	\$345
Child Alone** Age 14 Days to 18	\$771	\$771	\$670	\$670	\$535	\$535	\$463	\$463	\$363	\$363

## premiums for optional benefits

AD&D Principal Sum Rider:		Dental Rider:	Sports Rider:	Hospital Indemnity Benefit Rider:
Benefit	Policy Period Premium	For U.S. Citizens: \$359 per person per coverage period	\$240 per person per coverage period	Benefit is an additional \$150 per night for a covered hospital admission, maximum thirty (30) nights per policy period.
\$100,000	\$143 <small>Primary Insured and/or Spouse</small>	For non-U.S. Citizens: \$508 per person per coverage period	<i>(if selected for one, then all applicants must purchase the option)</i>	\$145 per person per coverage period
\$200,000	\$286 <small>Primary Insured Only</small>	<i>(if selected for one, then all applicants must purchase the option)</i>		<i>(if selected for one, then all applicants must purchase the option)</i>
\$300,000	\$429 <small>Primary Insured Only</small>			
\$400,000	\$572 <small>Primary Insured Only</small>			
\$500,000	\$715 <small>Primary Insured Only</small>			
Child \$10,000	\$15			

\* The Dependent Child Premium is available when at least one parent (legal guardian), of a natural or legally adopted unmarried child at least fourteen (14) days old and under nineteen (19) years of age (or under twenty-four (24) years of age if attending a university full-time and must rely on parents for support), is also covered under the same program. \*\*Children applying without an insured parent or guardian on the same program must use the Child Alone rates.

If the Applicant desires to pay premiums in two, four, or twelve installments per Policy Period, 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 Total Premium are as follows:

**One Payment per Policy Period 1.00 / Two Payments per Policy Period 0.55 / Four Payments per Policy Period 0.28 / Twelve Payments per Policy Period 0.10**

**IMPORTANT NOTICE:** The premiums referenced above are applicable for the initial three hundred and sixty-four (364) day 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.

**Attention Applicants:** Certain Underwriters at Lloyd's of London, operates as an approved Surplus Lines market in the United States. The premiums listed above include a general Surplus Lines Tax. Your State of Residence may warrant an additional Surplus Lines Tax, Stamping Fee, and administration fee. Upon receipt and review of your application, Seven Corners will inform you if additional Surplus Lines Taxes and fees will apply. If so, Seven Corners will request the payment of the additional Surplus Lines Taxes and fees from you prior to issuing coverage. The additional Surplus Lines Taxes and fees shall be listed on the declaration page of your policy. For Tramount Insurance Company Limited, the premiums listed above include an Administrative Fee which shall be listed on the declaration page of your policy. There will not be any variation in the amount of this fee.

# reside<sup>®</sup> prime application for coverage

2012 Reside Prime Worldwide Medical Plan – All Sections Must be Completed in Full

As described in the brochure and documentation, Reside Prime Worldwide Medical Plan 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.

Please note that Reside Prime limits coverage in the United States to 180 days during any given three hundred and sixty-four (364) day Policy Period. This plan is not intended to cover permanent residents of the United States.

## 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" is marked must be described in detail in Section 4. Information in section 4 must include the applicant's name, physician's name, address and phone number, 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.
4. The Premiums listed are Policy Period premiums and can be paid by check, money order, VISA<sup>®</sup>, MasterCard<sup>®</sup>, Diners Club<sup>®</sup>, American Express<sup>®</sup>, or Discover<sup>®</sup>. Due to the inconsistent reliability of international mail, installment payments (options include two, four, or twelve payments per Policy Period) can be made by using a credit card or ACH payment. The installment payment options are only accepted with Pre-authorization to debit your credit card or checking account on the due date of your premium installment.
5. After Seven Corners reviews your Application and determines that coverage should be issued, we will provide you with an ID Card and a Certificate of Coverage, underwritten by either Lloyd's of London or Tramont Insurance Company Limited. Your residence address determines which insurance carrier will provide your coverage. Pricing and benefits are identical for both Lloyd's of London and Tramont. The Certificate of Coverage contains all coverage details. You will also receive details on how to submit a claim, as well as information regarding Seven Corners' Pre-Notification Program.

## All Sections Must Be Completed in Full

### section 1. program options

1. Coverage Option:

- Worldwide Coverage Including the United States and Canada (*Geographical Treatment Area A*) **or**  
 Worldwide Coverage Excluding the United States and Canada (*Geographical Treatment Area B*)

**Be certain to choose the correct premium in your premium calculation. Please note that Worldwide Coverage Excluding the United States and Canada excludes any expenses incurred in the United States and Canada. After you have made a selection, please keep in mind that you may not alter your coverage location option.**

2. Please Choose Your Policy Period Medical Deductible:  \$250  \$500  \$1,000  \$2,500  \$5,000

3. Would you like to include the Dental Option:  Yes  No

4. Would you like to include the Sports Option:  Yes  No

5. Would you like to include the Hospital Daily Indemnity Option:  Yes  No

6. Would you like to increase the Accidental Death and Dismemberment Benefit:  Yes  No

If yes, to what amount: Primary Insured  \$100,000  \$200,000  \$300,000  \$400,000  \$500,000

Spouse  \$100,000 Child (each child)  \$10,000

What is the Primary Insured's Annual Income? \_\_\_\_\_

Accidental Death and Dismemberment (AD&D) benefit is limited to 7 times the Primary Insured's Annual Income for persons under the age of 55. Persons over the age of 55 may be limited to a lesser amount.

Requested Effective Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (month/day/year) (Requested Effective Date must be within 60 days of application date.

If the Insured Person chooses Worldwide Coverage including the United States and Canada, they must leave the U.S. within 30 days of the Effective Date for coverage with Lloyd's; for Tramont the Insured Person may not be in the U.S. at the time of application or on the Effective Date. If the Insured Person chooses Worldwide Coverage excluding the United States and Canada, they must leave the U.S. prior to the effective date for both Lloyd's and Tramont. In addition, for Tramont, they may not be in the U.S. at the time of application. If accepted, official Effective Date will be advised by Seven Corners.)

For the AD&D benefit (including any increased amount), please provide the beneficiary:

Primary Insured: \_\_\_\_\_ Spouse: \_\_\_\_\_

Child #1: \_\_\_\_\_ Child #2: \_\_\_\_\_

Child #3: \_\_\_\_\_ Child #4: \_\_\_\_\_

## section 2. applicant information

Applicant's Name <i>(Last, First, Middle, Maiden)</i>	Sex	Relationship	Date of Birth <i>(MM/DD/YYYY)</i>	Citizenship	Height <i>Feet / Inches</i>	Weight <i>lbs</i>
		Primary				
		Spouse				
		Child #1				
		Child #2				
		Child #3				
		Child #4				

### Address of Residence:

Street: \_\_\_\_\_ City: \_\_\_\_\_

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

*(If your residence address is outside of the United States, policy fulfillment will be provided electronically. Please contact Seven Corners for any questions.)*

Phone: ( \_\_\_\_ ) \_\_\_\_\_ Business Phone: ( \_\_\_\_ ) \_\_\_\_\_ Fax: ( \_\_\_\_ ) \_\_\_\_\_  
*(please include area and/or country code)*

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

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

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

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

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

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

Physician Name who performed your last physical: \_\_\_\_\_  
*(If different from Family Physician)*

### yes no

1. Do you understand this is an international program and not U.S. health insurance?
2. Do you understand that you are unable to be in the U.S. longer than 180 days during any given 364-day period?
3. 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)*
4. Are any listed dependents who are age 19, 20, 21, 22 and 23 full-time students? *(if yes, please list schools and locations)*  
\_\_\_\_\_
5. Do you understand that the Extended Coverage Benefit Schedule will begin after you have been covered continuously for three Policy Periods? On the first day of the fourth Policy Period, the Extended Coverage Benefit Schedule will begin.

### section 3. underwriting questions for all applicants

In order for your Application to be processed successfully, each question must be answered truthfully for all applicants. Any answers to "yes" questions must be explained in Section 4, Health History Details. In addition, answers to "yes" questions require an Attending Physicians Statement (APS) dated within the past 90 days containing detailed information and medical records.

Within the past ten (10) years, have you or any applicant sought treatment or been advised to seek treatment for, been medically advised, referred, counseled, treated, had surgery, been diagnosed with, or are you or any applicant currently taking prescription medicine for: *(Please 'check' all that apply and state in detail in Section 4. Health History Details.)*

#### yes no

1. Digestive system diseases or disorders (including, but not limited to: gastritis, ulcers, gastroesophageal reflux disease (acid reflux, GERD), hemorrhoids, colon or rectum disorders)?
2. Cardiovascular and/or circulatory diseases or disorders (including, but not limited to: high or low blood pressure, elevated cholesterol, heart attack, angina, chest pains, arteriosclerosis, coronary insufficiency, thrombosis, phlebitis, vascular afflictions, rheumatic fever, heart murmur, shunts, stents, pacemaker)? If "Yes" attach Attending Physicians Statement (APS) and current blood pressure reading, dated within the past 90 days describing the cardiovascular and/or circulatory condition.
3. Respiratory diseases or disorders (including, but not limited to: chronic cough, bronchitis, tuberculosis, lung disorders, emphysema, respiratory insufficiency, pleurisy, pneumonia, sleep apnea)?
4. Asthma or allergies?
- a) Hospitalization or emergency room treatment? Yes  No   
If yes, how many in last year and date of last incident? \_\_\_\_\_
- b) Medications: Type: \_\_\_\_\_ Dosage: \_\_\_\_\_
- c) Frequency of attacks \_\_\_\_\_
5. Diseases or disorders of the eyes, nose, ears, mouth, throat or jaw (including, but not limited to: nasal septum deviation, sinusitis, cataracts, glaucoma, ear infections, TMJ)?
6. Sexually transmitted diseases or immune deficiency disorder (AIDS / ARC), tested positive for HIV or any related illness?
7. Diabetes? (If "Yes", complete the following)
- a) Diabetic Type: \_\_\_\_\_ I or \_\_\_\_\_ II
- b) Date Diagnosed: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (MM/DD/YYYY)
- c) Medications: Type: \_\_\_\_\_ Dosage: \_\_\_\_\_
- d) Controlled by diet only?: Yes  No
- e) Date of last HbA1c Test: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (MM/DD/YYYY) HbA1c Results (1-10): \_\_\_\_\_
8. Diseases or disorders of the pancreas, liver, gallbladder or endocrine disorders (including, but not limited to: obesity, pituitary or lymph glands, thyroid or metabolic disorders)?
9. Blood, sugar, and/or protein in urine?
10. Diseases or disorders of the mental and nervous system (including, but not limited to: mental retardation, psychosis, mental or behavioral disorders, Down Syndrome or other chromosome disorders, depression, anxiety, chronic fatigue, eating disorders, autism, obsessive compulsive disorder, attention deficit disorder, adult attention deficit disorder)?
11. Neurological disorders (including, but not limited to: multiple sclerosis (MS), muscular dystrophy, Lou Gehrig's disease (ALS), Parkinson's disease, paralysis, epilepsy, convulsions, seizures, migraines, chronic headaches, stroke, or transient ischemic attacks)?
12. Have you or any applicant used an illegal drug, had any diagnosis or treatment of an alcohol, chemical or drug dependency, problem or abuse, or been advised to reduce alcohol intake, or had any alcohol, chemical or drug related criminal conviction, moving traffic violation, or driver's license suspension?
13. Kidney or urinary tract system diseases or disorders (including, but not limited to: kidney or bladder stones and infections)?
14. Cell or blood diseases or disorders (including, but not limited to: cancer, tumors, cysts, polyps or other growths of the internal organs, hepatitis, leukemia, anemia, or Kaposi's sarcoma)?
15. Diseases or disorders of the skin (including but not limited to: psoriasis, skin cancer, acne, eczema)?
16. Muscular or skeletal diseases or disorders and inflammation (including, but not limited to: scoliosis, arthritis, rheumatism, gout, tendonitis, joint or vertebrae disorders, osteoporosis, fibromyalgia, amputation)?
17. Diseases or disorders of the breasts (including, but not limited to: cysts, nodules, calcifications or abnormal mammogram)?
18. Have you or any applicant consulted a therapist, physician, chiropractor, psychologist, or health care practitioner for medical advice, medical treatment and/or preventative care? Have you or any applicant been hospitalized or undergone medical studies (including, but not limited to diagnostic tests, x-rays, electrocardiograms, radiology or blood work)?
- a) If you answered yes to this question, please indicate if you had any abnormal results or were advised to undergo further testing, surgery, or treatment? If yes, please provide detail in section 4.
19. For male applicants, diseases or disorders of the reproductive system (including, but not limited to: prostate or elevated PSA level)?
20. For female applicants, diseases or disorders of the reproductive system (including, but not limited to: vaginal bleeding, fibroids, nodules, fallopian tubes, ovaries or uterus)?

**section 3. underwriting questions for all applicants (continued)**

**yes no**

- 21. For female applicants, are you currently pregnant or have you had a complicated pregnancy or delivery? If currently pregnant, when is the expected due date? \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (MM/DD/YYYY)
- 22. In the last 12 months, have you or any applicant used any form of tobacco?  
If "Yes" what form of tobacco? \_\_\_\_\_ Who uses? \_\_\_\_\_ How often: \_\_\_\_\_
- 23. Have you or any applicant had or been recommended to have, or are you currently on a waiting list for an organ transplant?
- 24. Have you or any applicant consumed alcoholic beverages in excess of 14 drinks per week? If yes, specify type and how much per week (one drink equals 12 oz. of beer, 4 oz. of wine, 1 oz. of hard liquor). \_\_\_\_\_
- 25. In the last 12 months, have you or any applicant experienced a weight gain or loss of 15 pounds or more?
- 26. Any Congenital defect, physical disorder or deformity, or developmental problems not listed above?
- 27. Are you or any applicant currently hospitalized or scheduled for or in need of hospitalization or surgery, disabled or unable to perform normal activities?
- 28. Have you or any applicant recently experienced any signs, indications, symptoms, diagnosis or treatment that would cause you to believe that you currently have a new medical condition?

**section 4. health history details for applicants**

List details for all "YES" answers to the Section 3. Underwriting Questions (use additional paper, if necessary). Incomplete answers may delay processing or result in denial of application.

Name of Person and Question #	Condition / Diagnosis, Treatment, Medication Prescribed and Results of Treatment	Duration / Dates of Treatment	Physician / Clinic Address and Telephone #

**Information about prior / other coverage**

**yes no**

- 1. Have you or any applicant ever applied for or purchased insurance through Seven Corners?  
Name \_\_\_\_\_ Policy/Certificate Number \_\_\_\_\_
- 2. Have you been covered by another medical plan at any time during the past year?
- 3. Have you or any applicant ever been rejected, ridered, cancelled, had coverage rescinded, or had premium increased for any Health, Life or Disability Policy?

4. Will you be covered under any other medical plan (*individual or group*) while you are covered under this plan?  
For all "YES" answers to questions 2 through 4, please provide the following information. If more than one situation applies, attach a separate piece of paper to describe each situation.

Name of Insured(s): \_\_\_\_\_

Policy Number: \_\_\_\_\_

Type of Plan:  Spouse's employer group plan  Other group plan  Individual plan

Insurance Company: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Effective Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (MM/DD/YYYY) Termination Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (MM/DD/YYYY)

Reason for termination:  Left employment  Employer canceled plan  Non-Renewal

## section 5. declaration and enrollment request / authorization to release medical information

I hereby apply for the Reside Prime program and for the insurance provided by 1) Certain Underwriters at Lloyd's of London (the "Underwriter") for which 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 and 2) Tramont Insurance Company Limited (the "Underwriter") for which I hereby enroll in the group coverage for which I am eligible under the group contract issued by Tramont Insurance Company Limited.

I represent that I have read the completed application and that all my answers and statements on this Application and any attachments hereto are 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, or for a condition that with reasonable medical certainty existed before his or her effective date, according to the pre-existing conditions 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 characteristic(s). 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, the 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 coverage in the United States is limited to 180 days during any given 364-day period. I also understand that treatment incurred in the United States and Canada will not be covered if I have selected and purchased coverage for Geographical Treatment Area B (worldwide coverage excluding the United States and Canada).

I also understand that Lloyd's of London operates as a surplus lines insurer in most U.S. states (except Kentucky and Illinois where Lloyd's is an admitted insurer), and Tramont Insurance Company Limited operates as an authorized insurer worldwide (coverage on Tramont cannot be initiated and purchased in the British Virgin Islands, U.S. Virgin Islands, and the United States, although coverage is provided in these areas per the plan requirements). Claims may not be made against a state guarantee insurance fund for either insurance carrier. I understand and agree that this program is issued outside the United States and that the coverage may not comply with the minimum requirements set forth by any law or regulation within or outside the United States.

I understand that this program is not, nor does it intend to be, a general United States health insurance policy. This insurance is not subject to, and does not provide certain insurance benefits required by the United States Patient Protection and Affordable Care Act ("PPACA"). The insurance benefits provided by this policy are stated in your policy documents and do not include any additional benefits required by the PPACA. The PPACA requires certain U.S. residents and citizens to obtain PPACA compliant insurance coverage. In certain circumstances, penalties may be imposed on U.S. residents and citizens who do not maintain PPACA compliant insurance coverage. You should consult your attorney, insurance agent, or tax professional to determine if the PPACA's requirements are applicable to you.

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.

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Signature of Applicant or Guardian

---

Date

---

Signature of Applicant's Spouse (if applicable)

---

Date

## section 6. premium and payment information

Premium is due with the submission of the application.

1. Standard Medical Plan:	2. Additional AD&D Rider (see Section 1 details):	3. Dental Rider:	4. Sports Rider:	5. Hospital Daily Indemnity Rider:	6. TOTAL:
Policy Period Premium for each family member from the Premium table.	Policy Period Premium for each family member depending upon Principal Sum selected.	Policy Period Premium for each family member (if selected for one, then all applicants must purchase the option).	Policy Period Premium for each family member (if selected for one, then all applicants must purchase the option).	Policy Period Premium for each family member (if selected for one, then all applicants must purchase the option).	Add the Premium amounts for each column chosen. Medical is required, the others are optional.
Applicant: \$ _____ Spouse: \$ _____ 1st Child: \$ _____ 2nd Child: \$ _____ 3rd Child: \$ _____ 4th Child: \$ _____	Applicant: \$ _____ Spouse: \$ _____ 1st Child: \$ _____ 2nd Child: \$ _____ 3rd Child: \$ _____ 4th Child: \$ _____	Applicant: \$ _____ Spouse: \$ _____ 1st Child: \$ _____ 2nd Child: \$ _____ 3rd Child: \$ _____ 4th Child: \$ _____	Applicant: \$ _____ Spouse: \$ _____ 1st Child: \$ _____ 2nd Child: \$ _____ 3rd Child: \$ _____ 4th Child: \$ _____	Applicant: \$ _____ Spouse: \$ _____ 1st Child: \$ _____ 2nd Child: \$ _____ 3rd Child: \$ _____ 4th Child: \$ _____	Applicant: \$ _____ Spouse: \$ _____ 1st Child: \$ _____ 2nd Child: \$ _____ 3rd Child: \$ _____ 4th Child: \$ _____
Subtotal A: \$ _____	Subtotal B: \$ _____	Subtotal C: \$ _____	Subtotal D: \$ _____	Subtotal E: \$ _____	Total F: \$ _____

	x		=	
Policy Period Premium for all applicants from TOTAL F		Installment Factor (see below)		Total Initial Payment

Installment Factor:

- One Payment in Full = 1.00    
  Two Payments = 0.55    
  Four Payments = 0.28    
  Twelve Payments = 0.10

**Important: Checks and Money Orders accepted for Premium only from U.S. banks**

### method of payment

- Check   
  Money Order   
  Visa®   
  MasterCard®   
  Discover®/Novus®   
  American Express®   
  Diners Club International®

Card Number:  Expiration Date: \_\_\_\_/\_\_\_\_ (month/year)  
CVV: \_\_\_\_\_

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

Daytime Phone: ( \_\_\_\_ ) \_\_\_\_\_ Alternate Phone Number: ( \_\_\_\_ ) \_\_\_\_\_

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

Billing Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

All premium payments must be made in U.S. dollars. Checks must be issued from a U.S. bank and made payable to "Seven Corners." If paying by credit card, I authorize Seven Corners to debit my credit card account for the total amount due. In the event that I have elected to \*Pre-Authorize credit card payment installments, I hereby request and authorize Seven Corners to debit my credit card periodically as payment installments become due. This authorization will remain in effect until revoked by me in writing and until Seven Corners actually receives notice. Coverage purchased by credit card is subject to validation and acceptance by the credit card company. \*For any installment payment other than once per Policy Period, I pre-authorize Seven Corners to debit my credit card for the proper installment amount on the due date of the installment. **Check or money order should be made payable to Seven Corners. All payments must be made in U.S. dollars, from a U.S. bank, and submitted at the time application for coverage is made.**

### agent information

Agent Name: \_\_\_\_\_ Seven Corners Agent #: \_\_\_\_\_

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

Phone: ( \_\_\_\_ ) \_\_\_\_\_ Fax: ( \_\_\_\_ ) \_\_\_\_\_ Email: \_\_\_\_\_

Agent Certification: I am not aware of any other information that may have a bearing on the insurability of anyone to be covered and have not altered any responses recorded on this application nor any supplement to the application. I have not advised the Applicant to withhold any information regarding the answers to the questions and have advised the Applicant to review the application and the answers recorded to confirm completeness and accuracy.

Signature of Agent \_\_\_\_\_

Date \_\_\_\_\_

**Security:** Certain Underwriters at Lloyd's of London or Tramount Insurance Company Limited.

#### Important Information

It is important to note that Reside Prime is a program for international citizens, and Lloyd's of London and Tramount Insurance Company Limited are international insurance entities. Lloyd's of London operates as a surplus lines insurer in most U.S. states. Tramount Insurance Company Limited operates as an authorized insurer worldwide (coverage cannot be initiated and purchased in the British Virgin Islands, U.S. Virgin Islands, and the United States, although coverage is provided in these areas per the plan provisions). Coverage and benefits under Reside Prime are not regulated by any U.S. state insurance department.

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

#### Please mail or fax to:

Seven Corners, Inc.  
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Carmel, IN 46032  
Fax: 317-575-2870  
www.sevencorners.com

administered by



**SEVEN CORNERS**

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



insurance carrier

**Certain Underwriters at Lloyd's of London  
Tramont Insurance Company Limited**

Countries not underwritten by Certain Underwriters at Lloyd's of London are underwritten by Tramont Insurance Company Limited. Please contact Seven Corners for a listing of those countries.

*This brochure is intended as a brief summary of benefits and services. It is not your policy. If there is any difference between this brochure and your policy, the provisions of the policy will prevail. Benefits and premiums are subject to change.*

for additional information