The LIFEBOAT Medical Insurance Plan

As described in the brochure and documentation, Lifeboat Medical Insurance 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 Lifeboat limits coverage in the United States to six months during any given 12-month policy period. This plan is not intended to cover permanent residents of the United States.

IMPORTANT NOTICES: 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, Inc.
4. The Premiums listed on the enclosed rate card are annual premiums and can be paid by check, money order, VISA or MasterCard. **Due to the questionable reliability of international mail, semi-annual and quarterly payments can only be made by using a credit card.** Semi-annual and quarterly payment modes are only accepted with preauthorization to debit your credit card on the due date of your premium installment. Checks are only acceptable on a U.S. bank.
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.

The LIFEBOAT Medical Insurance Plan Application

All Sections Must Be Completed in Full

Section 1. Applicant Information:

Applicant's Name (Last, First, Middle, Maiden)	Sex	Relationship	Date of Birth (Mo/Day/Yr)	Citizenship Country	Height Feet / Inches	Weight lbs
		Primary Insured				
		Spouse				
		Child				
		Child				
		Child				

Residence Address: (must be outside the United States - street, city, state, country, postal code):	
Mailing Address: (street, city, state, country, postal code):	
Home Phone:	Business Phone:
Fax:	E-Mail Address:
Occupation of Primary Insured:	Occupation of Spouse:
Previous Occupation:	Name of Employer:
Family Physician Name, Address, and Telephone Number **(Required)**:	

	Yes	No
Do you understand this is an international program and not U.S. health insurance?		
Do you understand that you are unable to be in the U.S. longer than 6 months during any given policy year?		
When do you plan to depart the United States: ______ / ______ / ______ (month/day/year)		
Are all listed dependents who are age 19, 20, 21, 22 and 23 full time students? (if yes, please list schools and locations)		

Section 2.Health History Questions for Applicants

In order for your Application to be processed successfully, each question must be answered truthfully. Any answers to "yes" questions must be clarified in Section 3 Health History Details. In addition, answers to "yes" questions require an Attending Physicians Statement (APS) dated within the past 90 days. All questions for all applicants must be answered and sufficient medical data reported in order for Seven Corners to underwrite your application.

Within the past ten (10) years, have you or any applicant been medically advised, referred, counseled, treated, had surgery or been treated, diagnosed or currently taking prescription medical for: (Please 'check' all that apply and state in detail in Section 3. Health History Details.)	**Yes**	**No**
1. Digestive system diseases or disorders (including, but not limited to: gastritis, ulcers, esophageal regurgitation, hemorrhoids, colon or rectum disorders)?		
2. Cardiovascular and/or circulatory diseases or disorders (including, but not limited to: elevated blood pressure, hypertension, elevated cholesterol, heart attack, angina, chest pains, arteriosclerosis, coronary insufficiency, thrombosis, phlebitis, vascular afflictions, rheumatic fever, heart murmur)? 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, bronchial asthma, bronchitis, tuberculosis, lung disorders, emphysema, respiratory insufficiency, pleurisy pneumonia)?		
4. Diseases or disorders of the eyes, nose, ears and throat (including, but not limited to: nasal septum deviation, chronic sinusitis, cataracts, glaucoma, allergies or hay fever)?		
5. Sexually transmitted diseases or immune deficiency disorder (AIDS / ARC), tested positive for HIV or any related illness?		
6. Diseases or disorders of the Pancreas, Liver, Gall Bladder or endocrine disorders (including, but not limited to: obesity, pituitary or lymph glands, thyroid or metabolic disorders)?		
7. Diabetes? (If "Yes", complete the following) a) Diabetic Type: ____ I or ____ II b) Date Diagnosed: ____ / ____ / ____ c) Medications: Type: ______________________ Dosage: ________________________ d) Controlled by diet only?: ____ Yes or ____ No e) Date of last HbA1c Test: _____ / ____ / ____ HbA1c Results (1-10): ____________		
8. 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)?		
9. 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?		
10. Addictive diseases or disorders (including, but not limited to: alcoholism, chemical or drug abuse or addiction, or has any		