

# Atlas Group Travel

Health Coverage that Goes Far & Beyond



- Group Travel Medical Insurance
- Emergency Medical Evacuation
- Astonishing Travel Assistance Services

International Services, Inc.  
International Services, Inc.  
#756, 1655 North Fort Meyer Drive, Ste#700  
Arlington, VA 22209  
Phone: 877-593-5403  
Fax: 877-593-5409  
insurance@nriol.net  
<http://www.nriol.net>

International travel involves risk. Risk can take many forms, including recreational accidents, food-borne disease, and automobile accidents, among others. Oftentimes the insurance you rely on in your home country will not cover you while you are abroad. MultiNational Underwriters® (MNU) offers Atlas Group Travel Series, one of the industry's leading international insurance products, to protect each group member while traveling outside of his or her home country.

#### Atlas Group Travel Series is ideal for:

- Missionaries
- Student Groups
- Corporate Groups (short to mid-length)
- Organizations

If your group consists of a minimum of five travelers who are at least 14 days old and traveling internationally for at least 5 days, your group is eligible. Coverage is available for periods of 5 days to 12 months!

#### Emergency Medical Evacuation and Emergency Reunion

Would you know what to do if you found yourself in a life-threatening situation far from home? MNU is experienced in arranging emergency medical evacuations. Atlas Group Travel Series will cover the necessary expenses to transport the member to the nearest medical facility qualified to treat the life-threatening condition. We also understand the importance of family support in these difficult situations. Atlas Group Travel Series will also cover the transportation, lodging and meal costs for a relative to join the member after an emergency medical evacuation.

#### Repatriation of Remains

What would your family do if disaster strikes while you are away from home? The death of a loved one is never easy, no matter the circumstances. In the unfortunate event of a member's death while traveling abroad, Atlas Group Travel Series will arrange for and cover the costs associated with the repatriation of his or her remains.

#### Hospital Indemnity

If you are hospitalized, the world around you does not stop. What's more, in some places hospitals do not provide their patients basic necessities like meals, toothpaste or soap. If a member is hospitalized as an inpatient for treatment of a covered illness or injury, the Atlas Group Travel Series will provide \$100 for each night spent in the hospital.

#### Trip Interruption

One of a traveler's biggest worries is the safety of his or her home while away. If you learn that a catastrophic event like a tornado, hurricane or flood has caused severe damage to your home while traveling abroad, Atlas Group Travel will cover the cost of a one-way, economy class ticket to the airport nearest your home.

#### Other quality benefits offered by Atlas Group Travel Series:

**Return of Minor Children:** If a member of your group is expected to be hospitalized for more than 36 hours due to a covered injury or illness and covered children under 18 years of age will be left unattended as a result, Atlas Group Travel Series will cover the transportation cost for the children to return home.

**Complications of Pregnancy:** Atlas Group Travel Series offers coverage for Complications of Pregnancy during the first 26 weeks of gestation.

**Terrorism:** In these turbulent times the risk of a terrorist attack is a reality. If you are in the wrong place at the wrong time, Atlas Group Travel offers coverage against injuries resulting from these acts.

**Political Evacuation:** If, during the coverage period and after your arrival, the United States government issues a travel warning for your destination country, the Atlas Series will coordinate your alternate departure arrangements from that country and cover the associated costs.

**Optional Hazardous Sports Rider:** If you plan to participate in hazardous sporting activities such as mountain climbing or whitewater rafting, you may consider our Sports Rider. This optional rider will provide medical coverage for injuries resulting from an accident during participation in one of these activities otherwise excluded from coverage.

**Hospitalization & Outpatient Treatment:** If a covered illness or injury requires hospitalization, the plan provides coverage for costs associated with hospitalization care, including intensive care, and outpatient treatment.

**Natural Disaster Benefit:** Natural disasters can happen anywhere and at anytime. If a natural disaster occurs while on your trip causing a member to become displaced from his or her accommodations, Atlas Group Travel Series will provide relief of \$100 a day to help cover the costs of alternative accommodations.

#### Home Country Coverage

**Incidental Visits:** For each three month period of continuous coverage, the member is entitled to 15 days of coverage against covered injuries or illnesses that occur during a temporary visit to his or her home country. The purpose of the trip home must not be for obtaining medical treatment for an injury or illness that began while traveling abroad, and members will be required to continue the international trip.

**End of Trip:** Atlas Group Travel Series offers optional 30-day medical coverage in the member's home country upon return from his or her international trip. Coverage must be maintained for at least six months to be eligible for this coverage.

**Benefit Period:** If a member is treated for a covered injury or illness while traveling internationally, the plan will provide 180 days of coverage, beginning on the day of diagnosis or treatment, for that condition whether the member is at home or abroad.

## What Is Excluded?

The following charges, treatments, surgeries, medications, conditions and circumstances are excluded:

- Treatment for or related to any congenital condition
- Pregnancy, including but not limited to pre-natal care, post-natal care, newborn care and childbirth, except for complications of pregnancy within the first 26 weeks after conception
- Mental health disorders; substance abuse; willfully self-inflicted conditions
- Charges for use of emergency room within the US for treatment of illness unless the patient is directly admitted to the hospital as inpatient for further treatment of that illness (does not apply to injuries)
- Venereal disease; treatment of individuals who are HIV+ or have AIDS or ARC
- Treatment by a chiropractor; diseases of the skin; expenses related to vision or hearing; immunizations and routine physical exams
- Dental treatment, including treatment of the temporomandibular joint, except for emergency dental treatment due to a covered accident
- Injury resulting from the participation in contact sports, non-recreational athletics, and thrill-seeking activities
- Charges for travel or accommodations, except as provided for in the local ambulance, emergency medical and political evacuations, repatriation of remains, emergency reunion, natural disaster and trip interruption benefits
- Treatment incurred as a result of exposure to non-medical nuclear radiation and/or radioactive material(s)
- Acts of Terrorism, except as provided for herein, war, insurrection, riot or any variation thereof

## Pre-existing Conditions

Charges resulting directly or indirectly from any pre-existing condition are excluded from this insurance. A pre-existing condition is any illness, injury or medical condition or chronic or recurring illness or injury or medical condition, including any associated complications or consequences, which existed at or during the 2 years immediately preceding your effective date.

Members under age 70 are eligible for medical and emergency medical evacuation expenses resulting from an acute onset of a pre-existing condition. An acute onset is a sudden and unexpected outbreak or recurrence of a pre-existing condition which occurs spontaneously and without advance warning either in the form of physician recommendations or symptoms. Treatment must be obtained within 24 hours.

**This is a partial list of exclusions and limitations. Limits apply to all benefits. Please see the Certificate of Insurance for detailed information about these and other plan exclusions, limitations, benefits and provisions. Contact MultiNational Underwriters® for a copy of the Certificate of Insurance or for more information.**

## Enrollment

You may access the online quoting and purchasing system by visiting the website listed on the front of this brochure, or you may complete the attached application and mail or fax along with your payment to your agent or to MNU.

## Extensions and Renewals

Coverage under Atlas Group Travel may be extended up to 12 months. After 12 months of continuous coverage, Atlas Group International holders may renew their coverage, after which the deductible and coinsurance will need to be re-satisfied. A new plan must be purchased after 36 months of coverage under Atlas Group International and after 12 months of coverage under Atlas Group America. Contact MultiNational Underwriters® to extend or renew coverage.

## Pre-certification & Claim Filing

To receive full benefits, pre-certification is required for hospitalization, surgery, emergency medical and political evacuations, emergency reunions, trip interruptions, repatriation of remains, CAT Scans and MRIs. Pre-certification may be done by contacting MNU by phone, e-mail or live chat. Please see the certificate for more details.

You may file a claim by submitting a Claimant's Statement and Authorization Form. This form may be found online or you may contact MNU for a copy. Complete the form, attach all itemized invoices and payment receipts and send them to the address shown on the Claimant's Statement.

## MNU's Client Zone and World Service Center

MNU's Client Zone is an online account management and resource tool that allows you to:

- Renew coverage and reprint ID cards
- Obtain details about claim filing, including downloading forms
- Pre-certify for certain medical procedures and hospitalizations
- Locate providers within the PPO Network
- Study destination, weather and travel security information using our Travel Intelligence and Planning System (TIPS)

You may access Client Zone by logging in at <https://zone.mnui.com/clientzone/>.

If you prefer to speak to one of our professional service representatives, you may contact our World Service Center by calling toll-free from various countries around the world or by calling collect. Our World Service Center can provide you with service in many different languages.

## Atlas Group Travel Assistance Services

**BagTrak:** We can help locate and return your lost checked baggage.

**Cash Transfers and Lost Document Replacement:** We can help you with cash transfers and give you instructions on replacing lost documents such as passports and visas.

**LiveTravel Services:** Sometimes you don't have time to make last minute changes to your itinerary; let us do it for you!

**Other Assistance Services:** We can refer you to doctors and lawyers, aid in the replacement of lost prescriptions, and much, much more! Contact us or visit our website for more information on these excellent services.

## Hygeia/First Health PPO

The Hygeia/First Health Preferred Provider Organization offers an extensive network of providers throughout the United States. Hygeia/First Health and their participating providers work together to lower the cost of medical care. These savings are then passed on to you through a waiver of coinsurance when claims are submitted directly to MNU by the provider.

## Atlas Group Travel is underwritten by Lloyd's, London. The Plan Administrator is MultiNational Underwriters®.

MultiNational Underwriters® (MNU), headquartered in Indianapolis, Indiana, is a full service organization offering a comprehensive portfolio of insurance products designed specifically to address the insurance needs of consumers worldwide. MNU is a subsidiary of HCC Insurance Holdings, Inc. (HCC), which is a leading international specialty insurance group headquartered in Houston, Texas. HCC has assets of more than \$8.0 billion, shareholders' equity in excess of \$2.3 billion and is rated AA (Very Strong) by Standard & Poor's, AA (Very Strong) by Fitch Ratings and A+ (Superior) by A.M. Best Company.



**MultiNational Underwriters®**  
Lloyd's Coverholder

P.O. Box 863

Indianapolis, Indiana 46206

Phone: 800-605-2282 / 317-262-2132 / Fax: 317-262-2140

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

## This plan is distributed by:

International Services, Inc.

International Services, Inc.

#756, 1655 North Fort Meyer Drive, Ste#700

Arlington, VA 22209

Phone: 877-593-5403

Fax: 877-593-5409

[insurance@nriol.net](mailto:insurance@nriol.net)

<http://www.nriol.net>

**ATLAS GROUP APPLICATION  
MultiNational Underwriters®  
Lloyd's Coverholder**

Print all Names as you would like them to appear on your Identification Cards.  
Please print clearly and provide complete information.

|  |        |                  |
|--|--------|------------------|
| Name of Sponsoring Organization:                 |        | Contact Name:    |
| COMPLETE Mailing Address for all correspondence: |        |                  |
| Telephone #:                                     | Fax #: | E-mail Address:  |
| Destination:                                     |        | Purpose of Trip: |

| Names of <b>all</b> individuals to be covered.<br><br>-----<br>Name (Last, First)<br>-----<br>Citizenship | Deductible: \$         |                            |                  | Maximum Benefit: \$  |                                  |                |                 |                                |                |
|---|------------------------|----------------------------|------------------|----------------------|----------------------------------|----------------|-----------------|--------------------------------|----------------|
|   | Birth Date<br>mm/dd/yy | Effective Date<br>mm/dd/yy | # of Months<br>A | Monthly Premium<br>B | Monthly Subtotal<br>(A x B)<br>C | # of Days<br>D | Daily Rate<br>E | Daily Subtotal<br>(D x E)<br>F | Total<br>C + F |
| 1.-----   | / /                    | / /                        |                  |                      |                                  |                |                 |                                |                |
| 2.-----   | / /                    | / /                        |                  |                      |                                  |                |                 |                                |                |
| 3.-----   | / /                    | / /                        |                  |                      |                                  |                |                 |                                |                |
| 4.-----   | / /                    | / /                        |                  |                      |                                  |                |                 |                                |                |
| 5.-----   | / /                    | / /                        |                  |                      |                                  |                |                 |                                |                |

**Group Subtotal – Total from above and from additional census (if any) (G):** \_\_\_\_\_

|   |   |
|---|---|
| <b>Florida Surplus Lines question</b><br>(applies to Atlas Group America only): |   |
| Will your group be traveling to Florida to work?                                | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |

**Enter Deductible Factor from Deductible Factor Table (H):** \_\_\_\_\_

**Enter Factor for Hazardous Sports Rider, if Selected (1.2). Otherwise Enter 1.0 (J)** \_\_\_\_\_

**Total Amount Due (G x H x J):** \_\_\_\_\_

|  |                           |                          |
|--|---------------------------|--------------------------|
| Payment Mode: <input type="checkbox"/> Check/Money Order <input type="checkbox"/> Discover Card<br><input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> American Express   | Credit Card #:            | Expiration Date (mm/yy): |
| Name as it appears on card:  | COMPLETE Billing Address: |                          |
| Daytime Phone #:   | Signature:                |                          |
| <small>Check or Money Orders should be made payable, in US dollars, to MultiNational Underwriters®. If paying by credit card, I authorize MultiNational Underwriters® to debit my Discover, VISA, MasterCard or American Express account for the amount specified above. Coverage purchased by credit card is subject to validation and acceptance by the credit card company. Total payment for the initial term of coverage requested must be entirely paid in U.S. dollars at time of Application or prior to the Effective Date of Coverage.</small> |                           |                          |

|  |                    |
|--|--------------------|
| <small>The Sponsoring Organization (Sponsor), on behalf of and as authorized agent and proxy for each of the group participants listed on the Application, hereby applies for membership in the Atlas/International Citizen Group Insurance Trust, Hamilton, Bermuda, and for the insurance provided to members by Lloyd's. The Sponsor and all group participants understand that the insurance applied for is not a general health insurance policy, but is intended for use by members in the event of a sudden and unexpected event while traveling outside their Home Country(ies). The Sponsor and all group participants understand this insurance contains a Pre-existing Condition exclusion, a Pre-notification Penalty and other restrictions and exclusions. The Sponsor and all group participants understand that coverage under this insurance is not renewable and successive periods of insurance will require re-satisfaction of the Deductible, Coinsurance, Pre-existing Condition provision, and all other conditions of the insurance following acceptance of a new Application. The Sponsor and all group participants understand that the information contained herein is a summary of the Master Policy and that they may obtain a complete copy of the Master Policy upon request to MultiNational Underwriters®. The Sponsor and all group participants understand that Lloyd's, as underwriter of the plan, is solely liable for the coverage and benefits provided under the insurance. The Sponsor and all group participants understand that Lloyd's operates as an approved, non-admitted insurer in all states of the United States except Illinois and Kentucky where they are admitted. As such, claims under this insurance may not be made against any state guaranty fund. The Sponsor and all group participants understand and agree that the insurance agent/broker, if any, assisting with this Application is their representative. If signed by a representative of the Sponsor, the undersigned warrants his/her capacity to so act. If signed as Sponsor, the undersigned warrants his/her authority to so act. By acceptance of coverage and/or submission of any claim for benefits, the each group participant ratifies the authority of the signer to so act and bind the group participant.</small> |                    |
| Signature of Sponsor:  | Date of Signature: |

**For more information or for assistance completing this application, please contact:**

Producer Number: 22342

International Services, Inc. / #756, 1655 North Fort Meyer Drive, Ste#700 / Arlington, VA 22209 /  
Phone: 877-593-5403 / Fax: 877-593-5409 / E-mail: insurance@nriol.net

Atlas Group International – For travel outside of the US

| Option #      | 1        |       | 2         |       | 3         |       | 4         |       | 5           |       |
|---------------|----------|-------|-----------|-------|-----------|-------|-----------|-------|-------------|-------|
| Maximum Limit | \$50,000 |       | \$100,000 |       | \$250,000 |       | \$500,000 |       | \$1,000,000 |       |
| Age           | Monthly  | Daily | Monthly   | Daily | Monthly   | Daily | Monthly   | Daily | Monthly     | Daily |
| 18-29         | 26.00    | 0.85  | 30.00     | 1.00  | 34.00     | 1.10  | 36.00     | 1.20  | 41.00       | 1.35  |
| 30-39         | 30.00    | 1.00  | 36.00     | 1.20  | 44.00     | 1.45  | 47.00     | 1.55  | 55.00       | 1.80  |
| 40-49         | 52.00    | 1.70  | 58.00     | 1.90  | 62.00     | 2.10  | 65.00     | 2.20  | 71.00       | 2.30  |
| 50-59         | 85.00    | 2.80  | 97.00     | 3.20  | 104.00    | 3.40  | 108.00    | 3.60  | 114.00      | 3.80  |
| 60-64         | 109.00   | 3.60  | 128.00    | 4.20  | 137.00    | 4.50  | 143.00    | 4.80  | 170.00      | 5.70  |
| 65-69         | 126.00   | 4.10  | 139.00    | 4.60  | 148.00    | 4.90  | 153.00    | 5.00  | 178.00      | 6.00  |
| 70-79         | 198.00   | 6.60  | N/A       | N/A   | N/A       | N/A   | N/A       | N/A   | N/A         | N/A   |
| 80+*          | 450.00   | 14.90 | N/A       | N/A   | N/A       | N/A   | N/A       | N/A   | N/A         | N/A   |
| Dep. Child    | 15.00    | 0.50  | 20.00     | 0.65  | 22.00     | 0.80  | 23.00     | 0.80  | 24.00       | 0.85  |
| Child Alone   | 27.00    | 0.90  | 32.00     | 1.05  | 33.00     | 1.10  | 35.00     | 1.20  | 39.00       | 1.30  |

Atlas Group America – For Non-US citizens traveling to the US

| Option #      | 6        |       | 7         |       | 8         |       | 9         |       | 10          |       |
|---------------|----------|-------|-----------|-------|-----------|-------|-----------|-------|-------------|-------|
| Maximum Limit | \$50,000 |       | \$100,000 |       | \$250,000 |       | \$500,000 |       | \$1,000,000 |       |
| Age           | Monthly  | Daily | Monthly   | Daily | Monthly   | Daily | Monthly   | Daily | Monthly     | Daily |
| 18-29         | 38.00    | 1.25  | 44.00     | 1.50  | 55.00     | 1.80  | 57.00     | 1.90  | 67.00       | 2.20  |
| 30-39         | 49.00    | 1.60  | 59.00     | 1.95  | 72.00     | 2.40  | 75.00     | 2.50  | 86.00       | 2.85  |
| 40-49         | 75.00    | 2.50  | 85.00     | 2.80  | 106.00    | 3.50  | 112.00    | 3.75  | 126.00      | 4.20  |
| 50-59         | 107.00   | 3.55  | 131.00    | 4.40  | 156.00    | 5.20  | 160.00    | 5.30  | 184.00      | 6.10  |
| 60-64         | 141.00   | 4.70  | 193.00    | 6.40  | 206.00    | 6.80  | 207.00    | 6.90  | 230.00      | 7.70  |
| 65-69         | 179.00   | 6.00  | 223.00    | 7.40  | 249.00    | 8.30  | 250.00    | 8.40  | 270.00      | 9.00  |
| 70-79         | 227.00   | 7.60  | N/A       | N/A   | N/A       | N/A   | N/A       | N/A   | N/A         | N/A   |
| 80+*          | 450.00   | 14.90 | N/A       | N/A   | N/A       | N/A   | N/A       | N/A   | N/A         | N/A   |
| Dep. Child    | 22.00    | 0.70  | 24.00     | 0.85  | 29.00     | 1.00  | 30.00     | 1.00  | 34.00       | 1.15  |
| Child Alone   | 35.00    | 1.20  | 40.00     | 1.35  | 47.00     | 1.60  | 49.00     | 1.60  | 58.00       | 1.95  |

Displayed rates are for \$250 Deductible Option (in USD) and are valid through 12/31/08.

Rates include Surplus Lines taxes and fees when applicable.

\*\$10,000 Maximum Limit

| Deductible Factor Table |         | Hazardous Sports Rider Factor: 1.20  |
|-------------------------|---------|--|
| Deductible:             | Factor: | If for any reason you wish to cancel your policy, you must submit your cancellation request in writing to MultiNational Underwriters® in order to receive a refund of premium. To be eligible for a full refund, the request for cancellation must be received prior to your effective date. Cancellation requests received after the effective date will be subject to the following conditions:<br><br>1) a \$25 cancellation fee will apply if the entire group is being cancelled; and<br>2) only the unused portion of the plan cost will be refunded; and<br>3) only members who have no claims are eligible for premium refund. |
| \$0                     | 1.25    |  |
| \$100                   | 1.1     |  |
| \$250                   | 1.0     |  |
| \$500                   | 0.9     |  |
| \$1,000                 | 0.8     |  |
| \$2,500                 | 0.7     |  |

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



**MultiNational Underwriters®**  
Lloyd's Coverholder

P.O. Box 863 / Indianapolis, Indiana 46206  
Phone 800.605.2282 or 317.262.2132 Fax 317.262.2140  
www.mnui.com / insurance@mnui.com