

reside® blue



**maritime medical insurance** that covers you worldwide  
continuous coverage on duty and while signed off • provides up to \$5,000,000 in lifetime benefits • coverage for families & individual



SEVEN CORNERS

# primary schedule of benefits

The following is a brief summary of your benefits. Please note: 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 3 Deductible payments for families enrolling on one Application. Any Eligible Expenses incurred and applied to your Policy Period Deductible in the last 30 days prior to your renewal date will carry over and be applied to the next Policy Period Deductible.
<b>inside of the united states</b>	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 must be Pre-Notified using Seven Corners' Pre-Notification Program.  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.
<b>outside of the united states</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.
<b>outpatient treatment</b>	Usual, Reasonable, and Customary (URC) Charges for Emergency Treatment, Surgery, 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.

# primary schedule of benefits

<b>maternity</b>	Usual, Reasonable, and Customary (URC) Charges up to \$7,500 per pregnancy, must be Pre-notified within the first 90 days of pregnancy. Waiting period of 364 days before maternity benefit begins.
<b>mental &amp; nervous</b>	Usual, Reasonable, and Customary (URC) Charges up to a Maximum of \$10,000 per Policy Period after a 364-day waiting period. Inpatient limited to a maximum of 45 days per Policy Period. Outpatient limited to a maximum of 40 visits per Policy Period at 70% of Eligible Expenses. Lifetime Maximum of \$30,000.
<b>supplemental accident benefit</b>	Up to \$300 reimbursement per covered injury due to accident. This is provided before applying any Deductible.
<b>amateur sailboat racing benefit</b>	Up to \$15,000 per Policy Period for covered Accidents or Illness subject to a \$60,000 Lifetime Maximum. An additional Deductible of \$1,500 applies per Policy Period. Also provides Accidental Death and Dismemberment Benefits (AD&D) calculated at 25% of the Principal Sum percentage for 24-hour AD&D, according to the Table of Losses in the Certificate and limited to \$25,000 Lifetime Maximum.
<b>newborn benefit</b>	\$25,000 Lifetime Maximum for the first 31 days after birth.
<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 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 up to \$250 per Policy Period for checkups, routine physical exams, inoculations and vaccinations, female preventative exams and mammograms after a 180-day waiting period. Not subject to Deductible or Coinsurance.
<b>well child care</b>	Up to \$200 per Policy Period for checkups and routine visits after a 180-day waiting period. Up to age 19.
<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 \$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 Blue program benefits and cannot be purchased independently.

## ad&d principal sum rider

Reside Blue includes a standard Accidental Death & Dismemberment (AD&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.

*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 7 times your annual income.*

## dental rider

Our optional dental plan provides limits per person as follows: \$500 for Policy Period 1, \$750 for Policy Period 2, \$1,000 for Policy Period 3 and subsequent years. Each Policy Period requires a \$100 Deductible per person per Policy Period.

Benefits	Policy Period 1	Policy Period 2	Policy Period 3 & After
<b>class I preventative benefits</b> Children ages 8 through 17 years (90-day waiting period)	100%	100%	100%
<b>class II standard benefits</b> (180-day waiting period)	55%	70%	85%
<b>class III significant dental benefits</b> (180-day waiting period)	30%	40%	50%

**Class I** - 2 oral exams, bitewing x-rays, & 1 topical fluoride treatment (through age 12) per Policy Period, 1 full mouth x-ray & 1 cleaning every 180 day, sealants for children through age 12.

**Class II** - Fillings (amalgam, silicate, acrylic, synthetic porcelain, composite); x-rays; extractions; treatment for root canal, periodontal & other gum disease; oral surgery (unless covered by medical plan); general anesthesia when necessary for oral surgery; emergency palliative treatment; antibiotic injections.

**Class III** - Initial installation of fixed bridgework, partial removable denture, full removable denture; replacement of existing removable denture or fixed bridgework, temporary full denture; add teeth to existing partial removable denture or bridgework; inlays & onlays; crowns & replacements; repair/recementing of crowns, inlays, onlays, dentures, bridgework

## sports rider

Your time spent abroad could include a few adventurous 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, kite surfing, whitewater rafting, snowmobiling (*does not include racing*), parachuting and bungee jumping.

## hospital daily indemnity rider

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 (*additional to standard benefit of \$50, if applicable*) 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.

## professional sailboat racing rider

This rider pays eligible benefits incurred as a result of a covered Accident or Illness while participating in professional sailboat racing, to a maximum of \$100,000 per Policy Period. You will also receive Accidental Death and Dismemberment (AD&D) Benefits calculated at 25% of the Principal Sum percentage for 24-Hour AD&D according to the Table of Losses in the certificate, limited to \$25,000 Lifetime Maximum.

Professional Sailboat Racing is defined as: The pursuit of sailboat racing for profit or gain as a hired or professional crewmember in a race sanctioned or sponsored by a recognized governing organization.

# description of benefits

## who needs this plan?

Professional Mariners require a medical program they can depend on to protect them throughout the world. Regardless of the type of vessel, Mariners require coverage that provides security, flexibility and benefits unique to the demands of today's Marine Industry. With coverage onboard the vessel and when signed off, you have a true universal policy, created for the Mariner Lifestyle. Sail and travel anywhere with the confidence that you are protected with comprehensive, marine-specific coverage providing the safety you deserve.

## eligibility

The Reside Blue program is available to persons of any country, if you are at least fourteen (14) days of age and have not yet reached age 75.

You must currently or usually be an Employee aboard a sea-going vessel or consider a sea-going vessel as your primary residence. You must also not be eligible and/or able to secure adequate US domestic health insurance providing continuous coverage worldwide. Finally, you must complete the Declaration of Residence or provide a non-U.S. resident address.

## worldwide coverage

No matter where in the world you are, Reside Blue has the right solution to meet your needs, with 24/7 coverage and two geographical treatment areas from which to choose, each with a different premium schedule. As an international citizen, you will no longer need to purchase multiple insurance programs in order to have seamless protection.

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

**Please 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 U.S., it is best to select Geographical Treatment Area A.**

**If you select and purchase coverage in Geographical Treatment Area B, you have coverage worldwide excluding the United States. If you travel to the United States during your coverage period, any treatment you receive in the United States will not be covered.**

## worldwide coverage (cont.)

**For U.S. Citizens:** With both treatment area options, your time in the United States must be limited to 9 months during any given 364-day period. If you exceed 9 months, your coverage will immediately terminate. If you select and purchase coverage in Geographical Treatment Area A (*worldwide coverage including the U.S.*), you must either be outside the United States at the time of application or must depart the United States within 30 days of the Certificate's Effective Date.

If you select and purchase coverage in Geographical Treatment Area B (*worldwide coverage excluding the U.S.*), you must be outside the United States at the time of application or must depart the United States prior to your Certificate's Effective Date.

**For non-U.S. Citizens:** If you select and purchase coverage in Geographical Treatment Area A, you have worldwide coverage including the United States.

If you select and purchase coverage in Geographical Treatment Area B, you have coverage worldwide excluding the United States.

*\*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 blue?

The Reside Blue 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 364 days. There are no additional medical questions upon renewal. The company cannot single out an individual for cancellation, they can only cancel coverage for an entire class\* of insured persons.

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

If you apply for coverage prior to your 65th birthday and remain continuously insured for 10 consecutive years, you will automatically be converted to Reside Blue Senior Provider at age 75 as long as you continue your eligibility status. For details on the Senior Provider, please review the Certificate of Coverage which is available online.

## 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

# description of benefits

## applying for coverage (cont.)

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

## newborn child benefit

A Newborn Child(ren) will automatically be covered for the first 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 31 days, Seven Corners must receive an application and any applicable premium within 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.

## limitations

### Pre-existing Conditions:

If an existing condition is fully and accurately disclosed on the application, and the condition is not excluded or restricted by a 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 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

## limitations (cont.)

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 symptoms occur during the first 180 days of coverage hereunder beginning on the initial effective date: any condition of the breast, any condition of the prostate, disorders of the reproductive system, gallstones 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.
- Claims not presented to the company within 90 days following the incident.
- Expenses for pregnancy within the first 364 days of coverage
- Treatment not medically necessary, treatment which exceeds reasonable and customary charges, treatment provided at no cost to the Insured Person, non-medical expenses, or treatment performed by a relative or anyone who lives with the Insured Person.
- Experimental treatment.
- Suicide or any attempted suicide; self-inflicted injury or illness.
- War or warlike operations.
- Injury in organized, professional, amateur, or interscholastic athletics (except as otherwise covered)
- Treatment of 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.
- Expenses in connection with the commission or attempt of a criminal offense.
- Injury while taking part in flying in any aircraft used for acrobatic/stunt flying, racing, endurance tests, rocket-propelled aircraft, crop dusting, seeding, spraying, fire fighting, exploration, pipe & power line inspection, hunting, herding, aerial photography, banner towing, any experimental purpose, kite surfing, mountaineering, hang gliding, parachuting, bungee jumping, racing by animal, motor, or motorcycle, rodeo, snowmobiling, skiing/boarding by snow (except recreational downhill or cross country skiing),

# additional information

## limitations (cont.)

potholing, caving, whitewater rafting, scuba diving involving underwater breathing apparatus unless PADI, NAUI, YMCA, SSI or PDIC certified and i.) Diving without properly maintained, appropriate, working diving equipment; ii.) diving below 40 meters; iii.) cave diving; iv.) solo diving; v.) air travel within 24 hours of diving or any diving within 10 hours of air travel; vi.) diving if under age 12 or over age 65; vii.) diving while suffering an illness causing obstruction to the sinuses or ears or diving while medically unfit to dive; viii.) Treatment of any condition that worsens or requires additional Treatment due to diving; *A Sports Rider may be purchased to cover certain activities.*

- Treatment of venereal or sexually transmitted disease or sex change expenses.
- 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 Blue. A complete description of the Master Policy Provisions and Benefits are contained in the Certificate of Insurance, which is available online and will be provided to you once your application and premium have been received and approved by Seven Corners.

## pre-notification program/ppo

To ensure you receive the best care possible, Reside Blue requires that you (or someone on your behalf) contact Seven Corners Assist for notification prior to all hospital admissions and any medical expenses. Contact details for Seven Corners Assist appears 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 50-mile radius of your location. To obtain a list of approved PPO Service Providers, contact Seven Corners Assist or visit the 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.

## the underwriter

Reside Blue is underwritten by Certain Underwriters at Lloyd's of London and is rated "A" (Excellent) by A.M. Best and "A+" (Strong) by Standard & Poor's. In addition to being one of the largest insurance entities in the world, Lloyd's of London has over 300 years of experience in the international insurance business.

## important information

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

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

## the program administrator

Seven Corners, Inc. has administered the Reside Blue 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 provide 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.

# additional information

## 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 a 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 around the world

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

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

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

**hotel accommodation** If 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** Should medical emergencies arise, we will help you locate medical care

**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 your family and employer during medical emergencies

**payment guarantee** Ability to guarantee payment of medical bills or authorize medical benefits according to the program for eligible benefits only

**ticketing services** 24-Hour ticketing service to arrange emergency family visit

**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

## wellabroad.com

In our ever changing world, Seven Corners' WellAbroad® seeks to provide 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 - Register to receive updates regarding weather emergencies, security issues, customs alerts, and health care or pandemic warnings.
- Provider network directory - Create customized country profiles which allow you to access providers in your travel area.
- Online forums - Fellow travelers and Seven Corners' staff post experiences and travel tips from which you can benefit.

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

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

Policy Period Medical Premiums Effective February 1, 2012

## worldwide coverage including united states (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	\$1,267	\$2,132	\$1,102	\$1,921	\$985	\$1,709	\$747	\$1,297	\$586	\$1,012
30 through 39	\$1,460	\$2,525	\$1,280	\$2,295	\$1,141	\$2,039	\$868	\$1,548	\$680	\$1,208
40 through 44	\$2,033	\$2,661	\$1,799	\$2,376	\$1,602	\$2,114	\$1,217	\$1,604	\$998	\$1,335
45 through 49	\$2,699	\$3,184	\$2,410	\$2,868	\$2,146	\$2,550	\$1,628	\$1,935	\$1,328	\$1,526
50 through 54	\$3,645	\$3,933	\$3,284	\$3,575	\$2,919	\$3,189	\$2,215	\$2,469	\$1,878	\$2,048
55 through 59	\$4,946	\$4,856	\$4,538	\$4,455	\$4,039	\$3,959	\$3,059	\$3,004	\$2,577	\$2,554
60 through 64	\$6,079	\$5,588	\$5,629	\$5,126	\$4,746	\$4,077	\$4,299	\$3,753	\$3,592	\$3,106
65 through 69	\$8,579	\$7,437	\$8,249	\$7,151	\$7,717	\$6,513	\$5,933	\$4,841	\$5,187	\$4,645
70 through 74	Contact Your Agent or Seven Corners for Rates									
Dep. Child*	\$1,204	\$1,204	\$1,047	\$1,047	\$936	\$936	\$710	\$710	\$557	\$557
Child Alone** Age 14 Days to 18	\$1,267	\$1,267	\$1,102	\$1,102	\$985	\$985	\$747	\$747	\$586	\$586

## worldwide coverage excluding united states (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	\$1,014	\$1,705	\$882	\$1,536	\$788	\$1,368	\$598	\$1,038	\$469	\$810
30 through 39	\$1,168	\$2,020	\$1,024	\$1,836	\$913	\$1,632	\$694	\$1,238	\$544	\$966
40 through 44	\$1,626	\$2,129	\$1,439	\$1,901	\$1,282	\$1,691	\$973	\$1,284	\$798	\$1,068
45 through 49	\$2,159	\$2,547	\$1,928	\$2,295	\$1,717	\$2,040	\$1,302	\$1,548	\$1,062	\$1,221
50 through 54	\$2,916	\$3,146	\$2,627	\$2,860	\$2,335	\$2,552	\$1,772	\$1,975	\$1,502	\$1,638
55 through 59	\$3,957	\$3,885	\$3,630	\$3,564	\$3,231	\$3,167	\$2,447	\$2,403	\$2,061	\$2,043
60 through 64	\$4,863	\$4,470	\$4,503	\$4,101	\$3,796	\$3,262	\$3,439	\$3,002	\$2,874	\$2,484
65 through 69	\$7,378	\$6,435	\$7,094	\$6,188	\$6,636	\$5,636	\$5,103	\$4,189	\$4,460	\$4,019
70 through 74	Contact Your Agent or Seven Corners for Rates									
Dep. Child*	\$963	\$963	\$838	\$838	\$749	\$749	\$568	\$568	\$446	\$446
Child Alone** Age 14 Days to 18	\$1,014	\$1,014	\$882	\$882	\$788	\$788	\$598	\$598	\$469	\$469

## premiums for optional benefits

AD&D Principal Sum Rider:		Dental Rider:	Sports Rider:	Hospital Indemnity Benefit Rider:	Professional Sailboat Racing Rider:
<b>Benefit</b>	<b>Annual Premium</b>	<b>For U.S. Citizens:</b> \$359 per person per policy period	\$240 per person per policy period	\$145 per person per policy period	\$250 per person per policy period
\$100,000	\$143	<b>For non-U.S. Citizens:</b> \$508 per person per policy period	<i>(if selected for one, then all applicants must purchase the option)</i>	Benefit is \$150 per night for a covered hospital admission, maximum 30 nights per policy period.	Maximum amount payable per policy period of \$100,000 for medical expenses.
\$200,000	\$286	<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				
\$400,000	\$572				
\$500,000	\$715				
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 14 days old and under 19 years of age (or under 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 Annual 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 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 Fees 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.

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

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

**As described in the brochure and documentation, Reside Blue 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 Blue limits coverage for U.S. Citizens in the United States to 270 days (9 months) during any given 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, address of treating facility, diagnosis, prognosis, and course of treatment. If necessary, use an additional sheet of paper to describe the condition(s) and attach it to the Application when submitted to Seven Corners.
4. The Premiums listed are 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 underwrites your application and determines that coverage will be issued, we will provide you with an ID Card and a Certificate of Coverage. The Certificate of Coverage contains the full program wording and definitions. This package will also include 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 (*Geographical Treatment Area A*) **or**  
 Worldwide Coverage Excluding the United States (*Geographical Treatment Area B*)

**Be certain to choose the correct premium in your premium calculation. Please note that Worldwide Coverage Excluding the United States excludes any expenses incurred in the United States. 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.

7. Would you like to include the Professional Sailboat Racing Rider:  Yes  No

Requested Effective Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (month/day/year) (Requested Effective Date must be within 60 days of application date, and U.S. Citizens choosing Worldwide Coverage including the United States, must leave the U.S. within 30 days of effective date. U.S. Citizens choosing Worldwide Coverage excluding the United States, must leave the U.S. prior to the effective date. 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				

### Vessel Information:

Name of Current Vessel and Country of Registry / Flag: \_\_\_\_\_

Telephone *(if available)*: ( \_\_\_\_ ) \_\_\_\_\_ Fax *(if available)*: ( \_\_\_\_ ) \_\_\_\_\_ Email *(if available)*: \_\_\_\_\_

Expected time outside U.S. during the next 12 months: \_\_\_\_\_

Countries to be visited during the next 12 months: \_\_\_\_\_

My principal residence is onboard the vessel(s) where I am employed  Yes  No

*If you answered yes, please complete the Declaration of Residence form attached. If you answered no, please provide a non-US address in the Residence Address section below.*

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

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

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

### Forwarding / Convenience Address:

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

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

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

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

Occupation of Primary Insured Onboard Vessel(s): \_\_\_\_\_ Occupation of Spouse: \_\_\_\_\_

Family Physician Name: \_\_\_\_\_

Address of Family Physician: \_\_\_\_\_ Phone: ( \_\_\_\_ ) \_\_\_\_\_

### Declaration of Residence

I \_\_\_\_\_ do hereby declare, attest, certify and warrant that I am employed aboard and / or own and/or operate a registered seagoing vessel, typically spending a significant period of time sailing outside of U.S. territorial Waters.

My principal residence is the non-U.S. address provided on my application or my principal residence is on the internationally traveling vessel. I have supplied within my insurance application a mail forwarding address simply for convenience in sending and receiving mail and other communications, and not with any intent to establish or claim residency.

I understand that this insurance is not subject to individual insurance laws of the United States or of any particular State thereof, and declare that I am waiving any claim to residency in a state of the United States for purposes of this insurance.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### yes no

1. Do you understand this is an international program and not U.S. health insurance?
2. For U.S. Citizens only - do you understand that you are unable to be in the U.S. longer than 270 days (9 months) 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)*  
*(U.S. Citizens choosing Worldwide Coverage excluding the United States must depart the United States prior to the effective date.)*
4. Are any listed dependents who are age 19, 20, 21, 22 and 23 full-time students? *(if yes, please list schools and locations)*

### 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 and throat (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 or Kaposi’s sarcoma)?
- 15. Diseases or disorders of the skin (including but not limited to: psoriasis, acne, skin cancer, 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? Yes  No
- 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 (cont.)

**yes no**

- 21. For female applicants, are you currently pregnant or have 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 been covered by another medical plan at any time during the past year?
- 2. Will you be covered under any other medical plan (*individual or group*) while you are covered under this plan?
- 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. Have you or any applicant ever applied for or purchased insurance through Seven Corners?  
Name \_\_\_\_\_ Policy/Certificate Number \_\_\_\_\_

For all "YES" answers, please provide the following information. If more than one situation applies, attach a separate piece of paper to describe each situation.

Name of Insureds: \_\_\_\_\_

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 Blue program and for the insurance provided by Certain Underwriters at Lloyd's of London (the "Underwriter"). I hereby subscribe to the Global International Trust and enroll in the group coverage for which I am eligible under the group contract issued by Certain Underwriters at Lloyd's of London.

I represent that I have read the completed application and that all my answers and statements on this Application and any attachments hereto 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, 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 270 days (approximately 9 months) during any given 364-day period (applicable to U.S. citizens only). I also understand that treatment incurred in the United States will not be covered if I have selected and purchased coverage for Geographical Treatment Area B (worldwide coverage excluding the United States). 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 that claims may not be made against a state guarantee insurance fund. 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.

\_\_\_\_\_  
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. Increased AD&D Rider:	3. Dental Rider:	4. Sports Rider:	5. Hospital Daily Indemnity Rider:	6. Professional Sailboat Racing Rider:	7. 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).	Policy Period Premium for each family member utilizing this rider.	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: \$ _____	Applicant: \$ _____ Spouse: \$ _____ 1st Child: \$ _____ 2nd Child: \$ _____ 3rd Child: \$ _____ 4th Child: \$ _____
Subtotal A: \$ _____	Subtotal B: \$ _____	Subtotal C: \$ _____	Subtotal D: \$ _____	Subtotal E: \$ _____	Subtotal F: \$ _____	Subtotal G: \$ _____

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

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)

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 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: International Services, Inc. Seven Corners Agent #: 7076

Address: #756, 1655 North Fort Myer Drive, Suite 700 City/State/Zip: Arlington, VA 22209

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ Email: insurance@nriol.net

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; Rated "A" (Excellent) by A.M. Best and "A+" (Strong) by Standard & Poor's.

#### Important Information

It is important to note that Reside Blue Worldwide is a program for international citizens and Lloyd's of London is an international entity. Thus, Lloyd's of London operates as an unauthorized insurer in most U.S. states. Coverage and benefits under Reside Blue Worldwide are not regulated by any U.S. state insurance department. The information concerning Reside Blue Worldwide is not intended to be an offer to sell Reside Blue Worldwide or a solicitation by Seven Corners, Inc. or Lloyd's of London in any jurisdiction where such an action would be unlawful or in which Seven Corners or Lloyd's of London is not qualified to do so. Reside Blue Worldwide may not be available in all situations or jurisdictions. For U.S. citizens, Reside Blue Worldwide is intended for persons living or traveling outside the United States.

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**Please mail or fax to:**

**International Services, Inc.  
#756, 1655 North Fort Myer Drive, Suite 700  
Arlington, VA 22209**

## administered by



**SEVEN CORNERS**

303 Congressional Boulevard  
Carmel, IN 46032  
800-335-0611 • 317-575-2652 • Fax: 317-575-2659  
[www.SevenCorners.com](http://www.SevenCorners.com)



## insurance carrier

**Certain Underwriters at Lloyd's of London**

Rated "A" (Excellent) by A.M. Best and  
"A+" (Strong) by Standard & Poor's

*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

International Services, Inc.  
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