

The International Major Medical Plan

FOR

- Foreign Nationals Visiting the USA
- Foreign Nationals Working in the USA
- Foreign Nationals in their Home Country Working for a USA Company
- USA Citizens Returning to the USA

USES

- Tourism
- Immigration
- Religious Pursuits
- VISA Requirements
- Occupation Outsourcing
- Foreign Exchange Students
- Relatives Visiting From Abroad

HOW TO APPLY

- Paper Application
- Online Enrollment



PETERSEN
International Underwriters
Lloyd's Coverholder

Distributed by:

All Aboard Benefits

6162 E. Mockingbird Ln. Ste. 104 Dallas, TX 75214

1.800.462.2322 / Fax: 214.821.6676

www.allaboardbenefits.com





The International Major Medical Plan

SAVE THE PROCESSING FEES BY USING THE ONLINE ENROLLMENT

This is a temporary major medical insurance plan intended for indemnification of eligible expenses from injuries or illnesses which occur within a specified geographical area. Benefits may be assignable once validated. Until then, benefits are paid directly to you to reimburse you for necessary medical expenses which have been paid by you, subject to terms and conditions as outlined in the certificate.

Proposed Insured: First _____ Middle _____ Last _____

Personal Statistics: Date of Birth ____/____/____ Height _____ Weight _____ Gender Male Female

USA Address: Number & Street _____

City _____ State _____ Zip Code _____

Contact Information: Email _____ Telephone (____)____-____ Fax (____)____-____

Geographic Area of Coverage: _____ Citizenship _____ Occupation _____

Primary Care Physician: Name _____ Address _____

Date & Reason Last Seen: Date _____ Reason Seen _____

Last Physician Seen: Name _____ Address _____

Date & Reason Seen: Date _____ Reason Seen _____

Period of Insurance: Effective Date _____ Expiry Date _____

Benefits: Deductible _____ Maximum Benefit _____

Optional Coverages: Sports or Activities Coverage — Specify Sport or Activity _____

War & Terrorism Coverage

Kidnap & Ransom Coverage

Accidental Death & Dismemberment: Benefit Amount*: US \$ _____ Annual Income US \$ _____

*Not to exceed 10 times annual income or \$500,000 whichever the greater and for the primary insured only

Please answer all the questions and provide dates and details in the area below

1. Do you have any physical defect or infirmity?	<input type="checkbox"/> Yes <input type="checkbox"/> No	8. Have you ever suffered from any other conditions or injuries for which medical advice was sought?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Is your sight or hearing defective?	<input type="checkbox"/> Yes <input type="checkbox"/> No	9. Have you ever undergone a surgical operation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you ever suffered from any nervous or mental condition, fainting episode, blackout, headaches or migraines, seizures or paralysis of any kind?	<input type="checkbox"/> Yes <input type="checkbox"/> No	10. Have you any reason to believe that a surgical operation may be necessary in the future?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Have you ever suffered from high blood pressure, a heart condition, rheumatic fever or diabetes?	<input type="checkbox"/> Yes <input type="checkbox"/> No	11. Have you ever been declined or accepted on special terms for life, accident or illness insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Have you ever suffered from a "slipped disc" or other spinal disorder, a hernia or any rheumatic or arthritic condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No	12. Do you intend to engage in sports or any other pastimes that expose you to extra personal injury?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Have you ever suffered from any respiratory, urinary or allergic condition, or any disorder of the stomach or bowels?	<input type="checkbox"/> Yes <input type="checkbox"/> No	13. Are there any additional facts affecting the proposed insurance which should be disclosed to the underwriters?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Have you ever suffered from any other condition requiring medical investigation or hospital treatment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	14. Are you currently taking any medication?	<input type="checkbox"/> Yes <input type="checkbox"/> No
		15. Do you have any other medical insurance at this time?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Dates & Details to Questions #1-15: _____

DECLARATION

I declare that the above statements are true and complete, and that, apart from the matters declared above, I am in good health and ordinarily enjoy good health. I hereby authorize any licensed physician, medical practitioner, hospital, clinic or other medically related facility, insurance company or other organization, institution or person, that has records or knowledge of me or my health, to release any such information to Petersen International Underwriters or its representatives. I agree that this proposal shall form the basis of the contract should the insurance be effected and any misstatements above may be grounds for rescission.

I understand that pre-existing conditions are not covered until a period of 12 months, treatment free, has elapsed.

Proposed Insured _____ Signature _____ Date _____

Please Print

(Parent/Guardian signature if applicant is under age 18)

IMM.04.01.2009



PETERSEN INTERNATIONAL UNDERWRITERS

To: **ALL ABOARD BENEFITS**

6162 E. Mockingbird Ln. Ste. 104 Dallas, TX 75214

1.800.462.2322 / Fax: 214.821.6676 / email: m.crowston@allaboardbenefits.com

AUTHORIZATION TO RELEASE HEALTH RELATED INFORMATION
This Authorization complies with the HIPAA Privacy Rule

Name of Proposed Insured _____ Date of Birth _____

I specifically authorize the following Healthcare Provider (name of provider) _____ in addition to all Healthcare Providers that have been involved in my care, diagnosis or treatment including, but not limited to Physicians, Medical Practitioners, Hospitals, Clinics, Medically related facilities, Rehabilitation facilities, Laboratories, Pharmacy, Insurance or Reinsurance Company, Consumer Reporting Agency, to disclose my medical records to Petersen International Underwriter, or its assigned authorized agents/representative including, but not limited to: Secure Image Solutions, for the purpose of insurance underwriting or claims administration.

For purposes of this authorization, medical records shall include all health information pertaining to any medical history or physical condition and treatment received including, but not be limited to patient histories, progress notes, test results, X-ray/laboratory and other reports, psychiatric evaluations, drug and/or Alcohol Treatment, information and/or HIV Tests/Test Results, and any other pertinent medical information.

I understand and agree that Petersen International Underwriters may disclose my medical records and the information contained in those records to third parties such as insurance companies or insurance underwriters, attorneys, or to representatives of such third parties (including reinsurers and information agencies) for the purpose as stated in the above. I also understand that when my medical records are disclosed pursuant to this Authorization, my medical records and the information contained in those records may be subject to re-disclosure by the recipient and may no longer be protected by Federal Privacy Laws.

I understand that I may refuse to sign this authorization and that such refusal to sign will not be a condition to affect the ability of the Applicant to obtain treatment. I understand that I may revoke this Authorization, except to the extent that any health care provider or Petersen International Underwriters, has acted in reliance upon this Authorization. My revocation of this Authorization must be in writing to:

Petersen International Underwriters
23929 Valencia Boulevard, Suite 215
Valencia, California 91355

A copy of this signed Authorization is valid as the original. I have the right to a copy of this Authorization. This Authorization will expire 2 years after the date the Authorization.

Signature of Proposed Insured/Patient

Date

*Signature of Legal Representative (if other than Proposed Insured/Patient)

Date

Printed Name and Relationship

**If the individual whose information is being disclosed is a minor, a parent or legal guardian must sign.*



The International Major Medical Plan

Description of Available Benefits

Choice of Deductible		Coinsurance	Maximum Benefit	
Age 0-69	\$100, \$250, \$500, \$1,000, \$2,500 or \$5,000	After Deductibles are paid, Underwriters will reimburse 80% of next \$5,000 in eligible expenses and then 100% of eligible expenses up to the Maximum Benefit	Age 0-69	up to \$1,000,000
Age 70-79	\$1,000, \$2,500 or \$5,000		Age 70-74	up to \$250,000
Age 80-84	\$2,500 or \$5,000		Age 75-79	up to \$100,000
(Deductibles listed are per person, per policy period)			Age 80-84	up to \$50,000
(Benefits listed are per person, per policy period)				

Description of Policy Benefits

The insurance being described is a temporary major medical insurance plan. Eligible expenses caused by an illness or injury and incurred from any doctor or any hospital within a specified geographical area will be reimbursed to you. Benefits may be assignable directly to the providers once a claim has been validated.

Eligible Expenses

Hospital Expenses: All medically necessary expenses while hospitalized.

Physician Services: All medically necessary expenses for treatment.

Skilled Nursing Facilities: All medically necessary expenses if confinement begins following a medically necessary hospital confinement of 3 days or longer.

Home Health Care: All medically necessary expenses if hospitalization would have been required if Home Health Care was not provided and the care is provided in accordance with a written plan established, approved and followed by a physician.

Ambulance Services Expenses: To and from a hospital within 100 miles in the same geographic area.

Prescription Drugs: Outpatient prescription medications covered up to a maximum of \$500.

Repatriation of Remains: In the event of death, Underwriters will reimburse the cost of delivery of your remains to a mortuary nearest your home up to \$100,000.

Common Accident Provision: In the event that you and any additional insured family members suffer injuries from the same accident, only one deductible and coinsurance shall be applied.

Global Medical Transportation: All medically necessary expenses for stabilization and transportation to the facility nearest your home, which can provide the appropriate care up to \$100,000.

Lost Luggage: In the event that your checked on luggage is completely and totally lost, Underwriters shall reimburse you to a maximum of \$500, excess of any and all other valid and collectible coverages.

Emergency Return Home: If, after you have departed, you learn of the death of an Immediate Family Member, or you learn of the substantial destruction of your home by fire, wind, flood, or earthquake, Underwriters shall reimburse you the cost of an economy one way air or ground transportation ticket for you to your home, up to a maximum of \$5,000.

Trip Cancellation Benefit: If within two weeks prior to your pre-paid ticketed or vouchered initial trip departure your entire trip must be cancelled due to 1) your death, illness or injury causing hospitalization or outpatient surgery, or 2) the death of an Immediate Family member, or 3) the substantial destruction of your home due to fire, wind, flood, or earthquake, any unused and nonrefundable portion of expenses shall be reimbursed up to a maximum of \$1,000, excess of \$100 each and every loss and excess of all other valid Insurances.

\$25,000 Accidental Death: Double indemnity (\$50,000 total) if accidental death occurs while riding as a passenger of a common carrier.

This is not intended to be a complete outline of coverage. Actual wording may change without notice.
Underwriters reserve the right to modify terms and benefits at time of underwriting.



The International Major Medical Plan

Optional Coverages

Sports or Activity Coverage

If you elect this option, underwriters will reimburse you for eligible expenses which are incurred due to an injury resulting from the participation in a sport or activity that is specifically named on the Schedule of Coverage. (See exclusions for a list of commonly excluded sports and activities.)



Accidental Death & Dismemberment (AD&D)

Underwriters will pay you the principal sum insured (not to exceed \$500,000) as designated on the Schedule of Coverage in the event of your accidental death. Underwriters will also pay the principal sum insured in the event that you suffer a loss resulting from an injury as shown in the Schedule of Losses below.

Schedule of Losses

Loss of use of or loss of two or more limbs	The Principal Sum
Loss of sight of both eyes	The Principal Sum
Loss of or loss of use of one limb	One Half of the Principal Sum
Loss of sight in one eye.....	One Half of the Principal Sum
Loss of speech.....	One Half of the Principal Sum
Loss of hearing of both ears.....	One Half of the Principal Sum

War & Terrorism Coverage

If you elect this option Underwriters will reimburse You for Eligible Expenses which are incurred as a result of Injuries or Illnesses sustained due to war/terrorism or act of war/terrorism. Injuries or Illnesses due to war/terrorism or act of war/terrorism involving the use or release of any nuclear weapon or device or chemical or biological agent, regardless of any contributory cause(s) are not covered with this optional benefit.

Kidnap & Ransom Coverage (K&R)

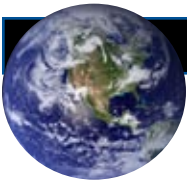
If you elect this option Underwriters will reimburse you for the ransom expenses paid on your behalf in order to release you from a kidnapping event which had taken place in the USA as well as reimburse you for the crisis response fees up to \$100,000 in the aggregate. Although ransom benefits appear to be the primary benefit, the core benefit of any plan is the Crisis Response Team that will assess and advise the family. Most kidnappings are carried out in order to obtain a ransom, and in most cases a ransom is paid. The average percentage of deaths following a kidnapping is 9%. In cases involving The Crisis Response Team, less than 2% of people are killed.

Why Do I Need The International Major Medical Plan?

Health care costs are different in the United States than other countries around the world. The United States health care system is principally funded through private insurance. Access to socialized health care is typically restricted to United States Veterans, Medicare recipients and legal residents using Medicaid. Reciprocity between some countries which both have socialized health care does not occur in the United States.

Examples of Coverage

- A Foreign National visiting the USA.
- A USA Citizen who is temporarily unable to purchase domestic coverage due to residence restrictions.
- A Foreign National working for a USA company in their home country or outside their home country.



The International Major Medical Plan

Premium Calculations

Daily Premium Rates

(Refer to the lower section of this page for proper calculation procedure)

Age	\$50,000 Sum Insured	\$100,000 Sum Insured	\$250,000 Sum Insured	\$500,000 Sum Insured	\$1,000,000 Sum Insured
Child♦	\$0.70	\$0.80	\$0.97	\$1.00	\$1.13
0-18	\$1.13	\$1.33	\$1.57	\$1.67	\$1.87
19-29	\$1.23	\$1.43	\$1.83	\$1.87	\$2.13
30-39	\$1.57	\$1.87	\$2.37	\$2.40	\$2.73
40-49	\$2.40	\$2.70	\$3.50	\$3.57	\$4.00
50-59	\$3.40	\$4.13	\$4.70	\$4.97	\$5.80
60-64	\$4.00	\$4.93	\$5.83	\$6.40	\$7.00
65-69	\$4.57	\$5.90	\$6.40	\$7.47	\$7.63
70-74	\$6.93*	\$8.93*	\$11.30*	N/A	N/A
75-79	\$10.30*	\$13.30*	N/A	N/A	N/A
80-84	\$15.20**	N/A	N/A	N/A	N/A

♦ If applying in conjunction with an adult, otherwise use the 0-18 rate.

* \$1,000 minimum deductible only.

** \$2,500 or \$5,000 deductible only (Reminder: Multiply by deductible factor)

Choose a Deductible:

Deductible	\$100	\$250	\$500	\$1,000	\$2,500	\$5,000
Premium Factor	1.375	1.25	1.125	1	0.875	0.7

To Calculate:

- Determine the daily premium based on actual age on the effective date.
- Multiply by the number of days required (10 day minimum & 366 maximum).
- Multiply by the deductible premium factor.
- Add any optional coverages.
 - Sports/Activity coverage = add 10% of sub-total or \$80, whichever is greater
 - AD&D*: \$100,000 add \$110, \$250,000 add \$275, \$500,000 add \$550
*Benefits listed are for individuals under age 70.
 - War & Terrorism add 20% to the Sub-Total***
 - K&R: Up to 3 months add \$200, 3-6 months add \$400, 6-12 months add \$500
- Add a \$100 processing fee
- Do not send money until AFTER approval by Underwriters.

Daily Premium		
Number of Days	*	
Deductible Factor	*	
Sub-Total	=	
Optional Coverage	+	
	+	
	+	
	+	
Processing Fee	+	100
Total	=	

Reminder: The \$100 processing fee is not applied with the online enrollment.

***War & Terrorism rates based on coverage in the USA, additional fees may apply for other countries.



The International Major Medical Plan

Limitations

1. Services and supplies for Cardiac Related Conditions and Cancer Related Conditions are limited to either (i) the medical costs of stabilizing your condition and the transportation costs of returning you to your Home Country or (ii) a maximum reimbursement for Eligible Expenses of \$25,000, at the option of Underwriters.
2. The maximum Eligible Expense for Repatriation of Remains or Global Medical Transportation is \$100,000 in the aggregate.
3. The maximum Eligible Expense for room and board charges for an intensive care unit is three times the Provider's semi-private room.
4. The maximum Eligible Expense for outpatient prescription medication(s) is \$500.00 in the aggregate and for a maximum prescribed period of ninety (90) days for any one prescription.
5. Insured age 70-74 is limited to \$250,000 maximum benefit or as shown on the Schedule of Benefits page, whichever is the least. All other terms and conditions apply.
6. Insured age 75-79 is limited to \$100,000 maximum benefit or as shown on the Schedule of Benefits page, whichever is the least. All other terms and conditions apply.
7. Insured age 80-84 is limited to \$50,000 maximum benefit or as shown on the Schedule of Benefits page, whichever is the least. All other terms and conditions apply.

Pre-existing Conditions Limitations

A preexisting condition means a condition, disease or Injury for which medical advice, diagnosis, care or treatment, including the use of prescription medication including but not limited to ongoing condition(s), was recommended by or received from a licensed health care practitioner, and/or any symptom(s) and/or any condition(s) which would have caused a reasonable prudent person to seek medical attention during the 12 months immediately preceding the Effective Date of the insurance described in this Certificate, whether disclosed or not on Your application

Exclusions

1. Any expense which You are not legally obligated to pay.
2. Services which are not Medically Necessary or are not furnished by and under supervision of a Physician.
3. Expenses for services and supplies for which You are entitled to benefits, services or reimbursement through the Veterans' Administration, Workers' Compensation insurance, any private health plan or from any other source except Medicaid.
4. Expenses in excess of UCR.
5. Self-inflicted injuries while sane or insane.
6. Treatment for alcoholism, drug addiction, allergies, and/or Mental or Nervous Disorders.
7. Rest cures, quarantine or isolation.
8. Cosmetic surgery unless necessitated by an accidental Injury.
9. Dental exams, dental x-rays and general dental care except as a result of an accidental Injury.
10. Eye glasses or eye examinations.
11. Hearing aids or hearing examinations.
12. General or routine examinations.
13. Injuries sustained from participation in Hazardous Sports or Activities.*
14. Pregnancy and pregnancy-related conditions including but not limited to fertility, pre-natal care, childbirth, miscarriage, abortion or postpartum conditions.
15. Injuries or Illnesses due to War or any act of War whether declared or undeclared.*
16. Injuries or Illnesses due to Terrorism or any act of Terrorism whether declared or undeclared.*
17. Injuries or Illnesses due to an act of Terrorism involving the use or release of any nuclear weapon or device or chemical or biological agent, regardless of any contributory cause(s).
18. Injuries or Illnesses sustained while committing a criminal or felonious act.
19. Expenses incurred for or resulting from pain which is not supported by medical diagnosis.
20. Cataract surgery.
21. Any elective surgery, including but not limited to complications of previous elective or cosmetic surgeries.
22. Custodial Care.
23. Expenses for supplies and services that were not incurred within the specified Geographic Area.
24. Pre-existing conditions.
25. Racing of any kind, all professional or semi-professional sports, and collegiate, sponsored, or interscholastic athletics.**

* This exclusion can be removed if the appropriate additional premium has been paid and the optional benefit is indicated on the Schedule or attached by an endorsement.

** This exclusion can be removed if the appropriate additional premium has been paid and the optional benefit is indicated on the Schedule or attached by an endorsement. Please note this exclusion cannot be removed with the online enrollment.

Petersen International Underwriters Privacy Policy Statement

Petersen International Underwriters

Petersen International Underwriters want you to understand how we protect the confidentiality of non-public personal information we collected about you.

Information We Collect

We collect non-public information about you from numerous sources including, but not limited to:

- a) Information we receive from you on applications and other forms;
- b) Information about your transactions with our affiliates, others or us;
- c) Information we receive from consumer-reporting agencies; and
- d) Financial and medical sources.

Information We Disclose

We do not disclose any non-public information about you to anyone except as is necessary in order to provide our products or services to you or otherwise as we are required or permitted by law (e.g. subpoena, fraud investigation, regulatory reporting, etc.).

Right to access or correct your personal information

You have a right to request access to or correction of your personal information in our possession.

Confidentiality and Security

We restrict access to non-public personal information about you to our employees, our affiliates' employees or others who need to know that information to service your account. We maintain physical, electronic and procedural safeguards to protect your non-public personal information.

Contacting Us

If you have any further questions, please contact [All Aboard Benefits](#) at 1.800.462.2322, or email your questions to: m.crowston@allaboardbenefits.com