

reside®



medical insurance that covers you no matter where you live.

comprehensive worldwide coverage • choice of deductibles • provides up to \$5,000,000 in lifetime benefits • coverage for families & individuals



SEVEN CORNERS

schedule of benefits

A Policy Period is 364 days in length.	treatment received inside the united states and canada	treatment received outside the united states and canada
lifetime maximum Deductible Options, per person per Injury/Sickness	US \$500,000 \$70, \$100, \$150, \$250, \$500, \$1000 After the per Injury/Sickness Deductible, the program will pay up to the amount listed below for each Injury/Sickness.	US \$5,000,000
inpatient Private or semi-private room, per day (maximum of 240 consecutive days) Intensive care, room, per day (maximum of 180 consecutive days) Surgical Treatment Anesthetist's charges Assistant Surgeon Physician's Non-Surgical/Urgent Care Visit Laboratory Tests and X-Rays Prescription medication Chemotherapy and radiation therapy Organ Transplant Durable Medical Equipment	US \$600 US \$1,500 US \$3,000 US \$600 US \$600 US \$60/visit, max 10 US \$450 US \$100 US \$1,000 US \$100,000 US \$100	US \$900 US \$2,000 US \$5,000 US \$1,000 US \$1,000 US \$75/visit, max 10 US \$600 US \$125 US \$1,250 US \$130,000 US \$200
maternity Normal and complicated child delivery maximum, including pre- and postnatal care which is reimbursed according to the limits shown within this Schedule of Benefits. Waiting period of 364 days before maternity benefit begins. Professional service related to hospitalization, per day	US \$2,500 per pregnancy US \$200	US \$4,000 per pregnancy US \$250
outpatient Surgical Treatment Anesthetist's charges Assistant Surgeon Physician's Non-Surgical/Urgent Care Visit Hospital Emergency Room (all expenses incurred therein) Prescription medication Chemotherapy and radiation therapy Laboratory Tests and X-Rays	US \$3,000 US \$600 US \$600 US \$60/visit, max 10 US \$350 US \$100 US \$1,000 US \$450	US \$5,000 US \$1,000 US \$1,000 US \$75/visit, max 10 US \$500 US \$125 US \$1,250 US \$600
other treatment Dental treatment for Injury to sound, natural teeth Psychiatrist Endoscopy (i.e. Gastroscopy, Colonoscopy, Cystoscopy) Various Scans (i.e. MRI, CAT, Echocardiography) Chiropractors Physiotherapy Well Child Care (not subject to Deductible) 180-day waiting period, under age 19 Preventative Benefit (females and males, age 19 and over) for checkups, routine physical exams, female preventative exams and mammograms, (not subject to Deductible) 180-day waiting period	US \$500 US \$60/visit, max 10 US \$450 US \$450 US \$60/visit, max 3 US \$60/visit, max 10 US \$60/visit, max 2 US \$60/visit, max 1	US \$500 US \$75/visit, max 10 US \$600 US \$600 US \$75/visit, max 3 US \$75/visit, max 10 US \$75/visit, max 2 US \$75/visit, max 1
newborn coverage Lifetime maximum for the first 31 days after birth, per limits as stated in the Certificate of Coverage	US \$5,000	US \$10,000
transportation Local ground ambulance Emergency Evacuation, when adequate medical facilities or treatment is not available locally (pre-approval required) Return of Mortal Remains	US \$1,500 US \$25,000 US \$20,000	US \$2,000 US \$50,000 US \$25,000
accidental death & dismemberment 24 Hour Accidental Death and Dismemberment - Insured and Spouse - Dependent Children	Principal Sum US \$10,000 US \$2,000	Principal Sum US \$10,000 US \$2,000
Common Carrier Accidental Death and Dismemberment - Insured and Spouse - Dependent Children	US \$40,000 US \$8,000	US \$40,000 US \$8,000

description of coverage

why reside for your international medical program?

Reside Worldwide is a scheduled benefit plan that provides worldwide coverage with the flexibility and security you need. Whether you are a U.S. citizen spending extended time overseas or a foreign national looking for added protection in your home country and while traveling abroad, Reside follows you wherever you go. With a worldwide network of providers, a 24-hour assistance team, and a seasoned administrative staff, we are here to ensure you receive the best care when you need it.

are you eligible for the reside program?

The Reside program is available to persons of any country who are at least fourteen (14) days of age and have not yet reached age seventy-five (75). As long as your coverage begins before your 75th birthday, you are eligible for renewal.

worldwide coverage

No matter where you live or travel, Reside Worldwide is the solution for your health insurance needs. You may choose from two coverage areas: *Geographical Treatment Area A (worldwide including the U.S. and Canada)* and *Geographical Treatment Area B (worldwide excluding the U.S. and Canada)*. Each area is priced differently. If your plans include residing in or traveling to the United States or Canada, Geographical Treatment Area A is the option for you. If you are certain you will not be living in or traveling to the U.S. or Canada, you may select Geographical Treatment Area B.

Please be thorough in your selection. After a Geographical Treatment Area is 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 choose Geographical Treatment Area A. If Geographical Treatment Area B is selected, treatment received in the United States and Canada is not covered.

For U.S. Citizens: With both treatment area options, your time in the U.S. must be limited to 180 days in any given 364-day period. If you exceed 180 days, your coverage will immediately terminate.

For Non-U.S. Citizens: For Treatment Area A (including the U.S. & Canada), if you are located in the United States for more than 30 days after your Effective Date, and if you will be in the United States for more than 180 days in any given 364-day period, a Proof of Eligibility Form verifying that you are not eligible for other health insurance must be submitted with the Application. Please see the Certificate of Coverage for more detail.

For Treatment Area B (excluding the U.S. & Canada), your time in the United States must be limited to 180 days in any given 364-day period. If you exceed 180 days, your coverage will immediately terminate.

**It is your responsibility to maintain all records regarding travel history, age and student status and provide any documentation to the Administrator which would verify Eligibility Requirements.*

how long are you covered under reside?

The Reside program is renewable as long as you continue to meet the eligibility requirements, and we receive the renewal premium. The initial Period of Coverage and each renewal period 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 insureds.

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

how do you apply for coverage?

To apply for coverage under Reside, simply complete the enclosed application and submit it to Seven Corners along with the appropriate premium. Please answer all questions completely. The application becomes part of your Certificate of Coverage should you be accepted. Our underwriting team will review your application and respond within two business days. If necessary, we may need additional information. If accepted, you will receive an ID Card confirming your Effective Date and conditions of acceptance, as well as a Certificate of Coverage which describes the program in complete detail. If Seven Corners is unable to offer coverage, we will return your premium without delay.

deductibles, coinsurance & policy maximums

You have a choice of six Deductibles: US \$70, US \$100, US \$150, US \$250, US \$500, US \$1000. *Please note that your deductible is applied to each injury and each sickness.*

The dollar amounts for each procedure are included in this brochure in the Schedule of Benefits. Please note that benefit amounts vary by area of treatment, depending on whether you are inside of the U.S. and Canada or outside of the U.S. and Canada. Should you travel during the course of treatment from one area to another (whether being treated inside the United States and Canada or outside the United States and Canada), the limitations of the new area apply. If you did not purchase Geographical Treatment Area A (worldwide including the U.S. and Canada), there will be no coverage for treatment received in the U.S. and Canada.

newborn child coverage

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

description of coverage

limitations

Pre-Existing Conditions:

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

All Pre-Existing Conditions will be considered, provided the Insured Person has not:

- a. suffered symptoms, consulted any Physician for Treatment, advice or check-ups for these Pre-Existing Conditions or
- b. taken Medication (including drugs, Medicines, special diets or injections) for a continuous period of 24 months prior to the date of the Treatments and Expenses that are being considered for Coverage under this Certificate.

This means that when you submit a claim to Seven Corners for processing, we will look back 24 months from the date of service and determine if you suffered symptoms or were treated, medicated or diagnosed for the condition within the last 24 months. If you were not symptomatic, treated, medicated or diagnosed for the condition in the last 24 months, the eligible claim expense would be payable under the provisions and benefit limits of the Certificate. However, if you were treated, medicated or diagnosed for the condition within the last 24 months, the claim expense would be considered pre-existing, and the expenses would not be covered.

The following conditions, treatments, supplies, services, and/or expenses are not covered and are 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: any condition of the breast, any condition of the prostate, disorders of the reproductive system, gall stones or kidney stones, any acne diagnosis or acne-related condition, or any surgery that is not emergency in nature, as emergency is defined hereunder.

- Pre-existing conditions as defined in this brochure.
- Expenses for Pregnancy within the first 364 days of coverage.
- Claims not presented to the Company within ninety (90) days following incident.

limitations (cont.)

- Treatment not medically necessary, which exceeds reasonable and customary charges, provided at no cost to the Insured Person, or performed by a relative or anyone who lives with the Insured Person.
- Experimental treatment.
- Suicide or any attempted suicide.
- War or warlike operations.
- Injury in organized, professional, amateur, or interscholastic athletics.
- Routine physicals or procedures, unless otherwise listed in the Schedule of Benefits.
- Treatment of the Temporomandibular joint.
- Vocational, Speech, Recreational or Music Therapy.
- Cosmetic surgery except as a result of a covered accident.
- Dental or eye treatment unless otherwise covered.
- Telephone consultations.
- Treatment for and injuries/illnesses due to alcohol, chemical, or drug use.
- Treatment or services relating to custodial, rehabilitative, or nursing home care.
- Congenital conditions.
- Non-medical expenses.
- Self-inflicted injury or illness.
- Expenses in connection with the commission or attempt of a criminal offense.
- Injury while taking part in mountaineering, hang gliding, parachuting, bungee jumping, racing by horse, motor or motorcycle, SCUBA diving (unless PADI, NAUI, YMCA, SSI or PDIC certified).
- Treatment of venereal or sexually transmitted disease.
- Treatment due to HIV or AIDS.
- Drug treatment relating to infertility.
- Treatment for Chronic Fatigue Syndrome.
- Occupational Diseases.
- Expenses in connection with weight control.

description of coverage

what to do if you need to use the insurance?

Before receiving any medical treatment, please contact Seven Corners Assist. The quality and complexity of medical care varies from country to country, therefore pre-notification is a requirement of the program. It allows our professionals to locate a Preferred Provider facility, assist you in receiving the best course of treatment, and coordinate payment with the local facility. Our objective is for you to focus your attention on your medical condition and not on administrative details.

Filing a claim is easy. Just complete our claim form, sign it, and submit it along with all original, itemized bills and receipts (if you have already paid for the medical expenses) to Seven Corners for processing. If acceptable with the facility, Seven Corners will make the payment directly to the treating hospital or doctor.

pre-notification program

To ensure that you receive the best care possible, Reside requires that you (or someone on your behalf) contact Seven Corners Assist prior to incurring any medical expenses. Contact information for Seven Corners Assist appears on the back of your ID Card. Seven Corners Assist will also be able to help you locate the approved medical care providers in the United States.

additional features & services

Assistance/Referral Services: Seven Corners Assist is prepared to help you locate medical professionals worldwide, 24-hours a day, 365 days a year. Even if you are not calling to pre-notify a hospital admission or surgery, we encourage you to contact Seven Corners Assist for support with any injury or sickness, so that our professionals can ensure that you receive appropriate medical care.

Emergency Evacuation/Repatriation: Unfortunately, the medical professionals in certain locations of the world are unable to provide adequate treatment for a number of medical conditions. As a standard benefit of the Reside program, we will transport you to a different medical facility if you are located in a region where the medical professionals are not able to treat your particular condition.

the underwriter

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

Lloyd's of London has over 300 years of experience in the international insurance business and is one of the largest insurance entities in the world. Please visit www.lloyds.com for details. For more information regarding Tramont, please visit www.tramontinsurance.com. Both carriers have the experience and financial strength to provide you with the security you need and deserve in a health insurance provider.

important information

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

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

the program administrator

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

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

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. 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. The Seven Corners Assist physician will consult with the attending physician (*if available*) to review local standards and discuss the proposed course of treatment. If the quality of care is in question, Seven Corners Assist will arrange medical transportation to a location where adequate care can be rendered.

A Description Of Our Services

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

Assistance With Travel

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

weather information: Local weather conditions

exchange rate information: Present day currency rates, etc.

embassy referral: Provide contact information for the nearest embassies around the world

interpreter referral: Provide contact information for interpreters around the world

lost passport: Provide directions for lost passport recovery while you are traveling outside of your home country

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

hotel accommodation: In case you are hospitalized outside of your home country, we will help your companion locate hotel accommodations

Medical Assistance While Traveling

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

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

second opinions: Arrange medical second 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 visits

medical evacuations: Arrange emergency medical evacuation from medically underserved areas

repatriation: Arrange medical transportation home after treatment

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

medical records: Arrange transfer of medical records

remains return: Arrange return of remains for deceased travelers

wellabroad.com

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

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

Happy travels – www.wellabroad.com

reside® worldwide medical plan

Worldwide Rates Including U.S. and Canada (Geographical Treatment Area A)

Premiums Effective April 1, 2012

Age	Policy Period Premium \$70 Per Incident Deductible	Policy Period Premium \$100 Per Incident Deductible	Policy Period Premium \$150 Per Incident Deductible	Policy Period Premium \$250 Per Incident Deductible	Policy Period Premium \$500 Per Incident Deductible	Policy Period Premium \$1000 Per Incident Deductible
14 days through 18	US \$596	US \$541	US \$519	US \$487	US \$433	US \$379
19 through 29	US \$627	US \$570	US \$547	US \$513	US \$455	US \$399
30 through 39	US \$909	US \$763	US \$733	US \$688	US \$611	US \$535
40 through 49	US \$1,085	US \$987	US \$947	US \$888	US \$789	US \$691
50 through 59	US \$1,213	US \$1,103	US \$1,059	US \$993	US \$882	US \$772
60 through 69	US \$2,258	US \$2,053	US \$1,970	US \$1,847	US \$1,642	US \$1,437
70 through 74	US \$3,270	US \$2,973	US \$2,855	US \$2,676	US \$2,378	US \$2,081

Worldwide Rates Excluding U.S. and Canada (Geographical Treatment Area B)

Premiums Effective April 1, 2012

Age	Policy Period Premium \$70 Per Incident Deductible	Policy Period Premium \$100 Per Incident Deductible	Policy Period Premium \$150 Per Incident Deductible	Policy Period Premium \$250 Per Incident Deductible	Policy Period Premium \$500 Per Incident Deductible	Policy Period Premium \$1000 Per Incident Deductible
14 days through 18	US \$487	US \$443	US \$425	US \$398	US \$354	US \$310
19 through 29	US \$513	US \$466	US \$447	US \$419	US \$373	US \$327
30 through 39	US \$744	US \$624	US \$600	US \$563	US \$500	US \$438
40 through 49	US \$888	US \$807	US \$775	US \$727	US \$646	US \$565
50 through 59	US \$993	US \$903	US \$867	US \$813	US \$722	US \$632
60 through 69	US \$1,848	US \$1,679	US \$1,612	US \$1,511	US \$1,344	US \$1,175
70 through 74	US \$2,676	US \$2,433	US \$2,336	US \$2,190	US \$1,946	US \$1,703

If the Applicant desires to pay premiums in two, four, or twelve installments per Policy Period, they must do so by credit card payment only. Seven Corners will automatically debit the credit card on the due date of the premium installment. The Premium Installment Factors to be applied to the Total Premium are as follows:

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

IMPORTANT NOTICE: The premiums referenced above are applicable for the initial three hundred and sixty four (364) day coverage period, only after the Applicant has been accepted by Seven Corners. Seven Corners reserves the right to increase the stated premiums based upon the Applicant's medical condition at the time of application and underwriting. Applicants with chronic and/or severe medical conditions may be declined. At each renewal period, Seven Corners will inform the Applicant of the renewal premium for each subsequent coverage period based upon the Applicant's age and deductible category.

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

reside® worldwide application for coverage

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

As described in the brochure and documentation, Reside Worldwide 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.

Directions for completing the application:

1. Please print or type all information. Illegible information will delay underwriting and processing of your coverage.
2. Each family member requesting coverage must be listed on the Application. All questions on the Application apply to all applicants requesting coverage. Answer each and every question, as it pertains to each applicant listed on the Application. All members of a family must choose the same Deductible.
3. Each section of the application must be completed in full. Any question where a "YES" was marked must be described in detail in Section 3. Information 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®, MasterCard®, Diners Club®, American Express®, or Discover®. Due to the inconsistent reliability of international mail, installment payments (options include two, four, or twelve payments per Policy Period) can only 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. Once Seven Corners reviews your application and determines that coverage should be issued, we will send you an ID Card and a Certificate of Coverage, underwritten by either Lloyd's of London or Tramont Insurance Company Limited. Your residence address determines which insurance carrier will provide your coverage. Pricing and benefits are identical for both Lloyd's of London and Tramont. The Certificate of Coverage contains all coverage details. You will also receive details concerning procedures for claims submission and the importance of Seven Corners' pre-notification procedures.

All Sections Must Be Completed in Full

section 1. applicant information:

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

Total Premium:

Address of Residence:

Street: _____ City: _____

State: _____ Postal Code: _____ Country: _____ E-mail: _____

Home Phone: (____) _____ Business Phone: (____) _____ Fax: (____) _____

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

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

Name of Employer: _____

Duties of Occupation: _____

Occupation of Spouse: _____

Family Physician Name: (Required) _____

Address or contact info of Family Physician: _____

Physician Name who performed your last physical: _____

(If different from Family Physician)

Address or contact info of physician who performed your last physical: _____

reside® worldwide application for coverage

section 1. (continued) applicant information:

(Please all that apply and state in detail in Section 3. Health History Detailed Answers)

Yes No

- 1. Do you understand this is an international program and not U.S. health insurance?
- 2. Do you understand that if you are a U.S. Citizen you are unable to be in the U.S. longer than 180 days during any given 364 day period?
- 3. If you are a non-U.S. Citizen do you require coverage for more than 180 days in the United States?
Please enter length of time and how long you require coverage below.
Length of time per year inside the United States: _____
How long do you require coverage under Reside? _____
- 4. 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)
- 5. Are any listed dependents who are age 19, 20, 21, 22 and 23 full time students?
(if yes, please provide proof of student information, must be enrolled in at least 12 credit hours of study)
- 6. Have you completed the required physician contact information? If not, please do so.

section 2. health history questions for applicants

(Please all that apply and state in detail in Section 3. Health History Detailed Answers)

In order for your Application to be processed successfully, each question must be answered truthfully for all applicants.

Yes No

- 1. Are you or any proposed insured currently pregnant, or if insuring dependents are you an expectant father or planning on adopting?
- 2. Within the last five (5) years have you or any proposed insured been hospitalized?
- 3. Within the last five (5) years have you or any proposed insured received medication, been diagnosed as having or been treated by any medical professional for any of the following conditions: liver disorder; cancer (excluding basal cell carcinoma); heart or circulatory system disorder including heart attack, stroke or cardiomyopathy (but not including hypertension); diabetes; nervous system disorder including muscular dystrophy; immune system disorder including AIDS Related Complex (ARC), Acquired Immune Deficiency Syndrome (AIDS) or tested positive for Human Immunodeficiency Virus (HIV); or been hospitalized for mental or nervous disorder, alcohol use or drug use?
- 4. Are you or any applicant currently hospitalized or scheduled for or in need of hospitalization or surgery, disabled or unable to perform normal activities?
- 5. 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?
- 6. Do you take any medications? If so, please provide a list of current medications for each applicant.

section 3. health history detailed answers

Please provide detailed answers to questions posed above.

Question Number	Answer

reside® worldwide application for coverage

section 4. declaration and enrollment request / authorization to release medical information

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

I represent that I have read the completed application and that all my answers and statements on this Application and any attachments hereto are complete and true to the best of my knowledge and belief. I understand that my qualification for insurance is based upon my answers and statements herein and that this information may be verified by Seven Corners, Inc. (the "Administrator"). I understand that no one has the authority to exclude or direct me to exclude any information sought by this form. I understand that the Administrator will rely on all information on this Application in determining whether or not to issue coverage and that any incorrect or incomplete information may result in a claim denial or loss of coverage.

I understand that benefits may be limited or excluded for conditions for which any insured person has received any medical diagnosis or treatment, or taken any medication, or realized the manifestation of a condition or for a condition that with reasonable medical certainty existed before his or her Effective Date, according to the pre-existing conditions limitations 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, alcohol use, mental illness, or communicable diseases.

I understand the information obtained by use of this Authorization will be used by the Administrator to determine eligibility for benefits. I also authorize the Administrator to release any information obtained to reinsuring companies, the Medical Information Bureau, Inc., or other persons or organizations performing business or legal services in connection with my application, claim, or as may be otherwise lawfully required, or as I may further authorize.

I understand that as a resident of a foreign jurisdiction, I may be subject to foreign laws with respect to the type and form of coverage in which I am enrolling. I also understand and agree that responsibility for complying with those foreign laws rests solely on me.

I understand that no coverage is effective until I am notified in writing by the Administrator and advised of the official Effective Date. I also understand that if I am not accepted for coverage by the Administrator, the sole obligation of the Administrator and the Underwriter is to return the premium. I also understand that if I am a United States citizen, coverage in the United States is limited to 180 days during any given 364-day period. I understand that if I am a non-United States citizen, coverage in the United States is limited to 180 days during any given 364-day period if I have not provided a Proof of Eligibility Form. If I have provided a Proof of Eligibility Form, I am limited to 4 consecutive Policy Periods in the United States. I also understand that treatment incurred in the United States and Canada will not be covered if I have selected and purchased coverage for Geographical Treatment Area B (worldwide coverage excluding the United States and Canada). I also understand that Lloyd's of London operates as a surplus lines insurer in most U.S. states (except Kentucky and Illinois where Lloyd's is an admitted insurer), and Tramont Insurance Company Limited operates as an authorized insurer worldwide (coverage on Tramont cannot be initiated and purchased in the British Virgin Islands, U.S. Virgin Islands, and the United States, although coverage is provided in these areas per the plan requirements). Thus, claims may not be made against any state guarantee fund for either insurance carrier. I understand and agree that this program is issued outside the United States and that the coverage may not comply with the minimum requirements set forth by any law or regulation within or outside the United States.

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

I also understand any person who, with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an enrollment form, or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

Signature of Applicant or Guardian

Date

Signature of Applicant's Spouse (if applicable)

Date

section 5. program specifics

Please choose a deductible: \$70 \$100 \$150 \$250 \$500 \$1,000

Requested Effective Date: ____ / ____ / ____ (month/day/year) *Requested Effective Date must be within 60 days of application date. If you choose Worldwide Coverage excluding the U.S. and Canada, you must leave the U.S. prior to the Effective Date. In addition, for Tramont, you may not be in the U.S. at the time of application. If accepted, official Effective Date will be advised by Seven Corners.*

For the AD&D benefit, the Primary Insured shall be the beneficiary of the certificate. If the benefit is utilized for the Primary Insured, his/her estate shall be the beneficiary. If this is not acceptable, please list the beneficiary:

Beneficiary

administered by



SEVEN CORNERS

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www.SevenCorners.com



insurance carrier

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

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

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

for additional information