

# LIAISON<sup>®</sup>

## CONTINENT



**MEDICAL INSURANCE THAT COVERS YOU OUTSIDE YOUR HOME COUNTRY**

Coverage available for up to 6 months



**SEVEN CORNERS**

## CHOOSING LIAISON® CONTINENT

### WHY CHOOSE LIAISON CONTINENT?

If you are traveling outside of your home country\*, you need Liaison Continent from Seven Corners. Did you know that your health insurance at home does not always follow you when you travel abroad? No matter where you go, Liaison Continent is there with comprehensive medical coverage, an extensive network of providers, and 24-hour travel assistance. Make sure you receive the same level of care abroad that you have at home, and let us take the worry out of your travel!

*\*Your home country is the country where you have your true, fixed and permanent home & principal establishment.*

### WHY SHOULD YOU BUY?

You can feel confident with Liaison Continent's strong financial backing through Certain Underwriters at Lloyd's, London,\*\* an established organization with an AM Best rating of A (*Excellent*). Your coverage will be there when you need it.

As your plan administrator, Seven Corners will handle all of your insurance needs from start to finish. We will process your purchase, provide all documents, & handle any claims. In addition, our own 24/7 in-house travel assistance team, Seven Corners Assist, will handle your emergency or travel needs. We have 20 years of experience with travel insurance, and we are here to help.

\*\*In specific scenarios, coverage provided by Tramont Insurance Company Limited. For more information regarding Tramont, please visit [www.tramontinsurance.com](http://www.tramontinsurance.com). In California, Seven Corners operates under the name Seven Corners Insurance Services.

### WHO CAN BUY LIAISON CONTINENT?

You may buy coverage for yourself, your legal spouse, domestic partner, or civil union partner & your unmarried dependent children over 14 days old & under 19 years. All applicants must be traveling outside of their home country.

### LENGTH OF COVERAGE

Your coverage length may vary from 5 to 187 days. For persons traveling to the United States, the program must become effective within 3 months of arrival in the United States.

**Coverage Start Date** - This is the start date of your policy. Coverage begins on the date of your choice, once you have left your home country and we have received and approved your application and payment.

**Coverage End Date** - Your coverage ends on the earlier of the following: your return to your home country (*except for Home Country Coverage*); the end of the coverage period purchased; when you are no longer eligible for coverage; or when the maximum benefit amount has been paid.

**Continuing Coverage** - If you initially buy less than 187 days of coverage, you may purchase additional time, to a total of 187 days. Your initial coverage start date is used to calculate your deductible & coinsurance & to determine pre-existing conditions.

**Once your coverage exceeds 187 days, you must return to your home country for a minimum of 30 days before purchasing additional coverage.**

**It is your responsibility to maintain all records regarding travel history, age, & provide necessary documents to Seven Corners to verify your eligibility for coverage.**

## SCHEDULE OF BENEFITS

All coverages and plan costs are shown in U.S. Dollar amounts and are per person. Policy period length is a maximum of 187 days.

**MEDICAL MAXIMUM PER PERSON:** \$50,000; \$100,000; \$500,000; \$1,000,000 per person per policy period. *Please see rate table for age limitations applied to medical maximums.*

**DEDUCTIBLE:** \$0; \$100; \$250; \$500; \$1,000; \$2,500 per person per policy period. There is a maximum of 3 policy period deductibles per family.

#### COINSURANCE: (applied per policy period)

##### Inside of the United States

**Plan A:** After you pay the deductible, we pay 80% of the next \$5,000 of expenses, then 100% to the medical maximum.

**Plan B:** After you pay the deductible, we pay 75% of expenses to the medical maximum.

##### Outside of the United States

**Plan E:** After you pay the deductible, we pay 100% of expenses to the medical maximum.

**Plan F:** After you pay the deductible, we pay 80% of expenses to the medical maximum.

**HOSPITAL INDEMNITY:** \$150/night to a maximum of 30 days per occurrence, while traveling outside the U.S. & Canada.

**DENTAL EMERGENCY (SUDDEN RELIEF OF PAIN):** \$100 per policy period (available for policy periods longer than one month).

**DENTAL EMERGENCY (ACCIDENT COVERAGE):** \$500 per policy period (available for policy periods longer than one month).

**EMERGENCY MEDICAL EVACUATION/REPATRIATION:** \$300,000 per policy period (*in addition to the medical maximum*).

**RETURN OF MORTAL REMAINS:** \$50,000 per policy period.

**POLITICAL EVACUATION:** \$10,000 per policy period.

**TERRORISM:** \$50,000 per policy period.

**RETURN OF MINOR CHILDREN:** \$50,000 per policy period.

**EMERGENCY REUNION:** \$50,000 per policy period.

**LOCAL AMBULANCE EXPENSE:** \$5,000 per policy period.

**ACCIDENTAL DEATH & DISMEMBERMENT (AD&D):** \$50,000 for insured or insured spouse, \$5,000 for Dependent Children.  
*Note: In the event of a Common Carrier Accidental Death, this benefit will not be paid.*

**COMMON CARRIER ACCIDENTAL DEATH:** \$100,000 per adult, \$25,000 per child under the age of 19; \$250,000 maximum per family.

**LOSS OF CHECKED LUGGAGE:** \$250 per occurrence.

**INTERRUPTION OF TRIP:** \$5,000 per policy period.

**HOME COUNTRY COVERAGE:** Incidental Trips to the home country: \$50,000 per policy period. Follow Me Home Coverage: \$5,000 per policy period.

**HOSPITAL ROOM & BOARD, INTENSIVE CARE, & OUTPATIENT MEDICAL EXPENSES:** Usual, reasonable & customary to the medical maximum per policy period.

**WAIVER OF PRE-EXISTING CONDITIONS:** Up to \$25,000 per policy period for U.S. residents under age 70 traveling outside the United States & Canada (*age 70+, up to \$5,000*).

**ACUTE ONSET OF A PRE-EXISTING CONDITION:** Up to \$45,000 per policy period for non-U.S. residents under age 65 traveling in the United States (*age 65-69 up to \$2,000, age 70+ there is no benefit*).

**NATURAL DISASTER:** Up to \$200 per day for 5 days per policy period.

#### BENEFIT PERIOD: 180 days

What is a benefit period? It's the amount of time you have from the date of your injury/illness to receive treatment. If your plan ends during your benefit period, you can still receive treatment if you are outside your home country. If you have returned home, there is limited coverage under the Follow Me Home benefit.

# YOUR BENEFITS

## IMPORTANT BENEFIT HIGHLIGHTS

**MEDICAL COVERAGE** - We cover injuries & illnesses which occur during your policy period. Benefits are paid in *excess of your deductible & coinsurance up to your medical maximum*. Initial treatment must occur within 30 days of injury or onset of illness.

**EMERGENCY MEDICAL EVACUATION** - If medically necessary, we will:

1. Transport you to adequate medical facilities.
2. Transport you home after receiving medical treatment related to a medical evacuation.

**POLITICAL EVACUATION** - If a formal recommendation is made for you to leave your host country, we will transport you to your home country. This benefit will not apply if a formal Travel Warning was issued by the State Department, and you did not follow it.

**EMERGENCY REUNION** - If you require an emergency medical evacuation, we will send one person of your choice to be at your side while you are hospitalized.

**RETURN OF MINOR CHILDREN** - If you are traveling alone with minor children & are hospitalized because of a covered illness/injury, we will transport the children home with an escort.

**INTERRUPTION OF TRIP** - If you cannot continue your trip due to an immediate family member's death or because of damage to your residence (fire, flood, tornado, or similar natural disaster), we will reimburse you for the cost of economy travel to your home.

**RETURN OF REMAINS** - We will return your remains to your home country if you should die while traveling.

**ACCIDENTAL DEATH & DISMEMBERMENT (AD&D)** - Pays benefits for death, loss of limbs, or loss of sight due to an accident occurring while on your trip.

**COMMON CARRIER AD&D** - Pays benefits for death occurring while riding as a passenger on a common carrier (motorized land, sea, or air conveyance operating to transport passengers for hire).

**HOSPITAL INDEMNITY** - If you are hospitalized while traveling outside of the United States or Canada, we will pay you for each night you spend in the hospital, up to 30 days. This benefit is in addition to other covered expenses, & you may use these incidental funds as you wish.

## HOME COUNTRY COVERAGE

**INCIDENTAL TRIPS** - Covers an illness/injury which occurs on an incidental trip in your home country. You earn covered days at home at approximately 5 days per month of purchased coverage.

**FOLLOW ME HOME** - Covers expenses incurred in your home country for conditions first diagnosed & treated outside your home country.

**TERRORISM** - If you are injured as a result of terrorist activity, we will provide benefits if the following conditions are met:

1. You have no direct or indirect involvement.
2. The terrorist activity is not in a country or location where the United States government has issued a travel warning within 6 months prior to your date of arrival.
3. You have not unreasonably failed or refused to depart a country or location following the date a warning is issued by the United States government.

**NATURAL DISASTER** - We will pay for replacement accommodations needed because of a natural disaster. You must provide proof of payment for the accommodations from which you were displaced.

## PRE-EXISTING CONDITIONS

Pre-existing conditions are normally not covered on travel medical plans. Liaison Continent provides this coverage in two separate benefits explained below.

## UNEXPECTED RECURRENCE

### U.S. Residents traveling outside the United States & Canada

We pay up to the specified limit for a sudden, unexpected recurrence of a pre-existing condition. This benefit does not cover known, required, or expected treatment of any kind existent or necessary for 12 months prior to your coverage.

## ACUTE ONSET

### Non U.S. Residents under age 70 traveling in the United States

We pay up to \$45,000 (ages 65-69 limited to \$2,000) for an acute onset of a pre-existing condition *if it occurs during your coverage period while you are in the United States, & if you receive treatment in the United States within 24 hours of the sudden & unexpected recurrence*.

Coverage is available for eligible medical expenses until the condition is no longer acute or you are discharged from the hospital. This benefit covers one acute episode per pre-existing condition. In addition, we provide up to \$25,000 for emergency medical evacuation.

An Acute Onset of a Pre-existing Condition is a sudden and unexpected outbreak or recurrence of a pre-existing condition which occurs spontaneously and without advance warning either in the form of physician recommendations or symptoms. A pre-existing condition that is a congenital condition or that gradually becomes worse over time will not be considered an acute onset. A pre-existing condition will not be considered an acute onset if during the 30 days prior to the acute event you had a change in prescription or treatment for a diagnosis related to the acute event. This benefit does not include coverage for known, scheduled, required, or expected medical care, drugs or treatments existent or necessary prior to arrival in the United States and prior to the coverage start date.

# DESCRIPTION OF COVERAGE

## PRE-CERTIFICATION

The following expenses must always be pre-certified:

- Inpatient Care
- Any Surgery or Surgical Procedure
- Computerized Tomography (CAT Scan)
- Magnetic Resonance Imaging (MRI)

To comply with the pre-certification requirements, you must do the following:

1. Contact Seven Corners Assist at the telephone number on your ID card as soon as possible before the expense is incurred;
2. Comply with Seven Corners Assist's instructions & submit any information or documents they require;
3. Notify all physicians, hospitals & other providers that this insurance contains pre-certification requirements & ask them to fully cooperate with Seven Corners Assist.

If you comply with the above requirements & the expenses are pre-certified, we will review the medical expenses to determine if they are covered according to the terms of the policy.

If you do not comply with the pre-certification requirements or if the expenses are not pre-certified, we will review the medical expenses to determine if they are covered according to the terms of the policy. If covered, they will then be reduced by 50%, & the deductible will be subtracted from the remaining amount, then the coinsurance will be applied.

**Emergency Pre-certification** – In the event of an emergency hospital admission, pre-certification must be made within 48 hours, or as soon as reasonably possible.

**Pre-certification Does Not Guarantee Benefits** – The fact that expenses are pre-certified does not guarantee coverage for, or payment of the service or procedure reviewed. Eligibility for and payment of benefits are subject to all the terms, conditions, provisions and exclusions in the policy.

**Concurrent Review** – For inpatient stays of any kind, Seven Corners Assist will pre-certify a limited number of days of confinement. Additional days of inpatient confinement may later be pre-certified if an insured receives prior approval.

## PROVIDER NETWORK

You can locate a network provider at [www.sevencorners.com/ppo](http://www.sevencorners.com/ppo) or by contacting Seven Corners Assist. Inside the U.S., the network is not required although there are potential savings with its use. Outside of the U.S., we have an extensive network of providers, many of which have direct pay agreements. We recommend you contact us for a referral, but you may seek treatment at any facility.

**Utilizing the network does not guarantee benefits or that the treating facility will bill Seven Corners direct. We do not guarantee payment to a facility or individual until we determine that it is an eligible expense.**

## IMPORTANT INFORMATION REGARDING YOUR COVERAGE

*Please be aware that this is not a general health insurance policy, but an interim, limited benefit period, travel medical program intended for use while away from your home country.*

*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.*

## MEDICAL BENEFIT EXCLUSIONS

Below is a summary of items excluded from coverage. Please see your Certificate of Coverage for a complete listing.

- Pre-existing Conditions;
- a) If you are a U.S. resident, this exclusion is waived as shown in the Schedule of Benefits for Waiver of Pre-existing Conditions.
- b) If you are a non-U.S. resident under age 70, this exclusion is waived for an Acute Onset of a Pre-existing Condition as shown in the Schedule of Benefits. The above exceptions do not include coverage for known, scheduled, required, or expected medical care, drugs, or treatments existent or necessary & prior to the coverage start date of this program.

The remaining exclusions will not receive benefits from these waivers.

- Charges for treatment which exceed reasonable & customary charges; surgeries or treatments which are investigational, experimental, or for research purposes; expenses which are non-medical in nature;
- Claims not received within 90 days of the date of service;
- Expenses for vocational, occupational, sleep, speech, recreational or music therapy;
- Durable medical equipment;
- Expenses which were not recommended, approved & certified as medically necessary & reasonable by a physician;
- Suicide or any attempt thereof, or self destruction or any attempt thereof, intentionally self-inflicted Injury or Illness;
- Expenses as a result of, or in connection with, the commission of a felony offense or any other criminal or illegal activity as defined by the local governing body;
- Any consequence, whether directly or indirectly, proximately or remotely occasioned by, contributed to by, or traceable to, or arising in connection with war, invasion, act of foreign enemy hostilities, warlike operations (whether war be declared or not), civil war; nuclear, chemical, biological; (details in program summary);
- Terrorist Activity in excess of \$50,000;
- Injury sustained while participating in professional athletics, including but not limited to the event, games, practice, conditioning and any other activity related to professional athletics;
- Injury sustained while participating in amateur or interscholastic athletics, including but not limited to the event, games, practice, conditioning and any other activity related to amateur or interscholastic athletics; this exclusion does not apply to non-competitive, recreational or intramural activities. Note: A sponsored and/or organized amateur or interscholastic athletic event includes training camps, team sports, or any formal grouping of people participating in one or multiple events that may/may not require a fee for participation;
- Routine physicals, inoculations, or other examinations including but not limited to laboratory, diagnostic, or x-ray examinations where there are no objective indications or impairment in normal health;
- Occupational Diseases, including but not limited to diseases related to asbestos exposure, and the complications thereof, including asbestosis and mesothelioma related to asbestos exposure;
- Diagnosis or treatment of the temporomandibular joint;
- Chiropractic care or acupuncture;
- Any services, supplies, or treatment prescribed, performed or provided by a relative or family member of yours or any person who ordinarily resides with you. This includes but is not limited to prescription medication & any diagnostic testing;
- False teeth, dentures or dental appliances, normal ear tests & hearing aids, hearing implants, cosmetic or plastic surgery (including deviated nasal septum), routine dental expenses, dental expenses except as specifically provided in the Dental Emergency Treatment benefit, eye refractions or eye examinations for the purpose of prescribing corrective lenses for eye-glasses or for the fitting thereof, unless caused by accidental bodily injury incurred while insured hereunder; eyeglasses, contact lenses; eye surgery when the primary purpose is to correct nearsightedness, farsightedness or astigmatism;

- Treatment in connection with alcohol, drug or chemical abuse, misuse, illegal use, overuse or dependency or use of any drug or narcotic agent; injury occurring while under the influence of or disablement due wholly or partly to liquor, chemicals, or drugs or narcotic agent, unless administered under the advice of a physician & said narcotic agent was taken in accordance with proper dosing as directed by the physician;
- Mental & nervous disorder or rest cures;
- Learning disabilities, attitudinal disorders, or disciplinary problems;
- Congenital abnormalities & conditions arising out of or resulting therefrom;
- Expenses for a hospital emergency room visit which is not of an emergency nature;
- Injury sustained while taking part in mountaineering, hang gliding, parachuting, bungee jumping, racing by horse or motor vehicle or motorcycle, motorcycle/motor scooter riding (whether as a passenger or driver), scuba diving involving underwater breathing apparatus (unless PADI or NAUI certified), water skiing, wakeboard riding, jet skiing, windsurfing, snowmobiling, snow skiing and snow boarding, & any other sport, recreational, athletic, or adventure activity which is undertaken for thrill seeking and exposes the insured to abnormal or extreme risk of injury &/or is in violation of applicable laws, rules, or regulations; (See Optional Hazardous Sports Coverage to include some of these sports.)
- Treatment paid for or furnished under any other individual, government, or group policy; charges provided at no cost to you;
- Diagnosis & treatment of venereal or sexually transmitted disease;
- Pregnancy expenses or illness resulting from pregnancy, childbirth, miscarriage; miscarriage due to an accident or complications of pregnancy; or postnatal care;
- Drug, treatment or procedure that promotes or prevents conception or prevents childbirth, including but not limited to: artificial insemination, treatment for infertility or impotency, sterilization or reversal thereof;
- Expenses incurred while you are in your home country (except after approved Emergency Medical Evacuation/Repatriation or if covered under the Home Country Coverage benefit);
- Expenses incurred when travel was undertaken to seek medical treatment for a condition or after your physician has limited or restricted travel;
- Charges incurred while confined primarily to receive custodial care, educational or rehabilitative care, or any medical treatment in any establishment for the care of the aged;
- Treatment for human organ tissue transplants & related treatment;
- Weight reduction programs or the surgical treatment of obesity, including but not limited to wiring of the teeth & any intestinal bypass surgery;
- Modifications of the physical body intended to improve your psychological, mental or emotional well-being, including but not limited to sex-change surgery; any drug, treatment, or procedure that promotes, enhances or corrects impotency or sexual dysfunction;
- Expenses resulting from Acquired Immune Deficiency Syndrome (AIDS), AIDS-Related Complex (ARC) or the Human Immunodeficiency Virus (HIV);
- Exercise programs;
- Treatment required as a result of complications or consequences of a treatment or condition not covered on this plan;
- Travel accommodations, except as provided for in the Local Ambulance, Emergency Medical or Political Evacuation, Return of Mortal Remains, Return of Minor Children, Emergency Reunion, Natural Disaster, and Interruption of Trip sections of this insurance;
- Diagnosis or treatment incurred as a result of exposure to non-medical nuclear radiation &/or radioactive materials;
- Diagnosis or treatment for acne, moles, skin tags, disease of sebaceous glands, seborrhea, sebaceous cyst, unspecified disease of the sebaceous glands, hypertrophic & atrophic conditions of skin, nevus;
- Treatment, services or supplies that are not administered by or under the supervision of a physician & products that can be purchased without a doctor's prescription;
- Sleep apnea or other sleep disorders.

## OPTIONAL COVERAGE - HAZARDOUS SPORTS

Would you like to include some adventure in your travels? You may buy coverage for the following activities: motorcycle/motor scooter riding (*driver or passenger*), hang gliding, parachuting, bungee jumping, water skiing, snow skiing, snowmobiling, snowboarding, snorkeling, spelunking.

## REFUND OF PREMIUM/CANCELLATION

Seven Corners realizes there is uncertainty in international travel. Refund of total plan cost will be considered if written request is received by Seven Corners prior to your coverage start date. If your request is received after your coverage start date, the unused portion of the plan cost may be refunded minus a cancellation fee, if you have not submitted any claims to Seven Corners.

## CLAIMS

Filing a claim is easy! Simply send the itemized bill to Seven Corners within 90 days, along with a completed claim form. Payments can be converted to a currency of your choosing. You're only responsible for your deductible & coinsurance & any non-eligible expenses.

## SEVEN CORNERS ASSIST

Seven Corners Assist is a leading provider of customized emergency assistance services to international organizations, corporations, government entities, insurance companies, & individual travelers. Our assistance professionals are experienced in the complexity & importance of receiving international medical care. Contact information for Seven Corners Assist is shown on your ID card.

## SEVEN CORNERS ASSIST

### WE ARE HERE TO HELP

What happens if you become ill in a remote area without appropriate medical care? We will make sure you receive the care you need! If necessary, we will arrange and pay to evacuate you to the nearest appropriate medical facility.

**24/7 Travel Assistance** – We can provide local weather details, currency rates, embassy contact information, interpreter referrals, help with lost passport recovery, & pre-trip information including inoculation & visa requirements.

**24/7 Medical Assistance** – We can help you locate appropriate medical care, arrange second opinions, arrange emergency medical evacuations, medical transportation home after treatment, escorts & transportation for unaccompanied children, and medical record transfers.



# DAILY RATES

## Rates based on a \$250 Deductible

Effective from January 26, 2015

### TRAVELING TO THE UNITED STATES

If the applicant is traveling to, temporarily residing in, or visiting the United States, please use these rates. If any part of your trip includes travel to the United States, you must use these rates.

#### Plan A: 80/20 to \$5000, then 100%

After you pay the deductible, the program pays 80% of the next \$5,000 of eligible expenses, then 100% to the selected Medical Maximum.

Age	\$50,000	\$100,000	\$500,000	\$1,000,000
	Daily	Daily	Daily	Daily
19 to 29	\$1.19	\$1.47	\$2.09	\$2.28
30 to 39	\$1.57	\$2.00	\$2.47	\$2.90
40 to 49	\$2.33	\$2.85	\$3.80	\$4.23
50 to 59	\$3.42	\$4.37	\$5.37	\$6.18
60 to 64	\$4.28	\$5.56	\$6.60	\$7.93
65 to 69	\$4.89	\$6.65	\$7.22	\$8.60
70 to 79*	\$6.60	N/A	N/A	N/A
80 plus *	\$11.50	N/A	N/A	N/A
Each Dep. Child**	\$1.07	\$1.32	\$1.71	\$1.93
Each Child Alone**	\$1.19	\$1.47	\$1.90	\$2.14

\*Ages 70-79 limited to \$50,000. Ages 80+ limited to \$15,000.

\*\*Dep. Child rate is applicable when at least one parent will also be covered under Liaison® Continent. Child Alone rate is used when a child will be insured by themselves.

#### Plan B: 75/25 to max

After you pay the deductible, the program pays 75% of eligible expenses to the selected Medical Maximum.

Age	\$50,000	\$100,000	\$500,000	\$1,000,000
	Daily	Daily	Daily	Daily
19 to 29	\$1.02	\$1.18	\$1.61	\$1.80
30 to 39	\$1.36	\$1.60	\$2.14	\$2.38
40 to 49	\$1.91	\$2.13	\$2.91	\$3.21
50 to 59	\$3.20	\$3.91	\$4.67	\$5.50
60 to 64	\$3.91	\$4.91	\$6.08	\$6.95
65 to 69	\$4.60	\$5.43	\$6.76	\$7.72
70 to 79*	\$6.29	N/A	N/A	N/A
80 plus*	\$10.95	N/A	N/A	N/A
Dependent Child**	\$0.97	\$1.12	\$1.53	\$1.71
Each Child Alone**	\$1.02	\$1.18	\$1.61	\$1.80

\*Ages 70-79 limited to \$50,000. Ages 80+ limited to \$15,000.

\*\*Dep. Child rate is applicable when at least one parent will also be covered under Liaison® Continent. Child Alone rate is used when a child will be insured by themselves.

### IMPORTANT COVERAGE INFORMATION

Coverage does not begin until you depart your home country and Seven Corners receives and accepts your application and correct payment.

## TRAVELING OUTSIDE THE U.S.

If the applicant is traveling outside the United States, use these rates. This includes U.S. citizens traveling overseas as well as persons traveling between countries i.e., a Brazilian traveling to Spain.

#### Plan E: 100% after the deductible to maximum

After you pay the deductible, the program pays 100% to the selected Medical Maximum.

Age	\$50,000	\$100,000	\$500,000	\$1,000,000
	Daily	Daily	Daily	Daily
19 to 29	\$0.76	\$0.90	\$1.05	\$1.24
30 to 39	\$0.90	\$1.05	\$1.43	\$1.62
40 to 49	\$1.62	\$1.71	\$1.95	\$2.19
50 to 59	\$2.57	\$2.95	\$3.28	\$3.42
60 to 64	\$3.09	\$3.71	\$4.37	\$5.13
65 to 69	\$3.71	\$3.94	\$4.56	\$5.42
70 to 79*	\$5.42	\$5.76	N/A	N/A
80 plus *	\$10.78	N/A	N/A	N/A
Each Dep. Child**	\$0.68	\$0.81	\$0.95	\$1.12
Each Child Alone**	\$0.76	\$0.90	\$1.05	\$1.24

\*Ages 70-79 limited to \$100,000. Ages 80+ limited to \$15,000.

\*\*Dep. Child rate is applicable when at least one parent will also be covered under Liaison® Continent. Child Alone rate is used when a child will be insured by themselves.

#### Plan F: 80/20 to max

After you pay the deductible, the program pays 80% of eligible expenses to the selected Medical Maximum.

Age	\$50,000	\$100,000	\$500,000	\$1,000,000
	Daily	Daily	Daily	Daily
19 to 29	\$0.66	\$0.77	\$0.90	\$1.01
30 to 39	\$0.77	\$0.89	\$1.20	\$1.37
40 to 49	\$1.21	\$1.35	\$1.52	\$1.70
50 to 59	\$2.09	\$2.40	\$2.55	\$2.71
60 to 64	\$2.62	\$3.13	\$3.44	\$3.87
65 to 69	\$3.07	\$3.34	\$3.52	\$4.01
70 to 79*	\$4.58	\$6.45	N/A	N/A
80 plus*	\$8.02	N/A	N/A	N/A
Each Dep. Child**	\$0.62	\$0.73	\$0.86	\$0.96
Each Child Alone**	\$0.66	\$0.77	\$0.90	\$1.01

\*Ages 70-79 limited to \$100,000. Ages 80+ limited to \$15,000.

\*\*Dep. Child rate is applicable when at least one parent will also be covered under Liaison® Continent. Child Alone rate is used when a child will be insured by themselves.

**Attention:** Certain Underwriters at Lloyd's of London operates as an approved surplus lines market in the United States. The premiums listed above include a trust fee.

**State Restrictions:** Liaison Continent is not available for purchase in Maryland or Washington.

# LIAISON® CONTINENT APPLICATION

## APPLICANT INFORMATION

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_

Residence Country: \_\_\_\_\_

Destination Countries: \_\_\_\_\_

(please list all destinations for your trip)

Passport Country & Number: \_\_\_\_\_

Departure Date from your Residence Country? (MM/DD/YY) \_\_\_\_/\_\_\_\_/\_\_\_\_

Coverage Start Date: (MM/DD/YY) \_\_\_\_/\_\_\_\_/\_\_\_\_

Coverage End Date: (MM/DD/YY) \_\_\_\_/\_\_\_\_/\_\_\_\_

The minimum coverage period is 5 days, the maximum is 187 days.

Previously insured by Seven Corners?  Yes  No ID #: \_\_\_\_\_

## MAILING ADDRESS:

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

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

Work Phone: ( ) \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_

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

I would like to receive communications from Seven Corners and/or my agent about products in the future.

## AD&D BENEFICIARY DETAILS

Beneficiary: \_\_\_\_\_

Relationship: \_\_\_\_\_

## CALCULATING YOUR PLAN COST

### POLICY MAXIMUM:

- \$50,000  \$100,000  \$500,000  
 \$1,000,000

### WHERE ARE YOU TRAVELING?

- To the U.S.  Plan A  Plan B  
 Outside the U.S.  Plan E  Plan F

\*Use applicable Daily Rates from page 5.

### Name of Persons to be Insured:

Name of Persons to be Insured:	Date of Birth MM/DD/YY	Gender	Daily Rate* (USD)
Primary: _____	____/____/____	<input type="checkbox"/> M <input type="checkbox"/> F	_____
Spouse: _____	____/____/____	<input type="checkbox"/> M <input type="checkbox"/> F	_____
Child: _____	____/____/____	<input type="checkbox"/> M <input type="checkbox"/> F	_____
Child: _____	____/____/____	<input type="checkbox"/> M <input type="checkbox"/> F	_____
Child: _____	____/____/____	<input type="checkbox"/> M <input type="checkbox"/> F	_____

1. Add the amounts in the Daily Rate column together. Enter the result on line 1. This your Daily Rate Total. 1. \_\_\_\_\_

2. Choose your Deductible from the chart below by placing an x in the appropriate box. Write the corresponding Factor on line 2. 2. \_\_\_\_\_

Deductible	Factor	Deductible	Factor
<input type="checkbox"/> \$0	1.25	<input type="checkbox"/> \$500	0.9
<input type="checkbox"/> \$100	1.1	<input type="checkbox"/> \$1,000	0.8
<input type="checkbox"/> \$250	0.0	<input type="checkbox"/> \$2500	0.7

3. Would you like the optional Hazardous Sports Coverage? If one traveler wants this benefit, all insured travelers must purchase. 3. \_\_\_\_\_

Yes  No If yes, enter 0.15 on line 3. If no, enter 0 on line 3.

4. Add line 2 and 3 together. Enter the result on line 4. This is your Total Factor. 4. \_\_\_\_\_

5. Multiple line 1 by line 4. Enter the result on line 5. This is your Rate Adjustment Factor. 5. \_\_\_\_\_

6. Enter your Total Number of Travel Days on line 6 (include all travel days & the start & end dates for your trip). 6. \_\_\_\_\_

7. Multiply line 5 by line 6. Enter the result on line 7. This is your Total Payment. 7. \_\_\_\_\_

## METHOD OF PAYMENT

- Check  Money Order  MasterCard  Visa  Discover  American Express

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Daytime Phone: ( ) \_\_\_\_\_

Name on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Signature (Required) \_\_\_\_\_

Total payment for the full term of coverage must be paid in U.S. dollars when you apply. I declare that I understand the terms and conditions of this product. I understand that pre-existing conditions, as defined, are excluded, unless otherwise specifically noted as covered in the policy. I understand this program is for persons traveling outside their home country. I hereby subscribe to the World Commercial Trust and enroll in the group coverage for which I am eligible under the group contract issued by Certain Underwriters at Lloyd's, London and the group contract issued by Tramount Insurance Company Limited. Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement, is guilty of insurance fraud. Whenever coverage provided by this policy would be in violation of U.S. or appropriate state law, including U.S. economic or trade sanctions, such coverage will be null & void.

Patient Protection and Affordable Care Act: 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 additional benefits required by PPACA. 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 PPACA's requirements are applicable to you.

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Completing Your Application - If paying by check or money order, make payable to World Commercial Trust & mail with your application to the address below. Checks must be issued from a US bank. If paying by credit card, you may mail or fax to us. Credit card purchase is subject to validation & acceptance by the credit card company. World Commercial Trust - P.O. Box: 56575, Station A - Toronto, ON M5W 4L1. Fax: 317-575-2659

Signature of Insured or Proxy (Required) (Proxy is someone acting on behalf of insured) \_\_\_\_\_ Date \_\_\_\_\_

## ADMINISTERED BY



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