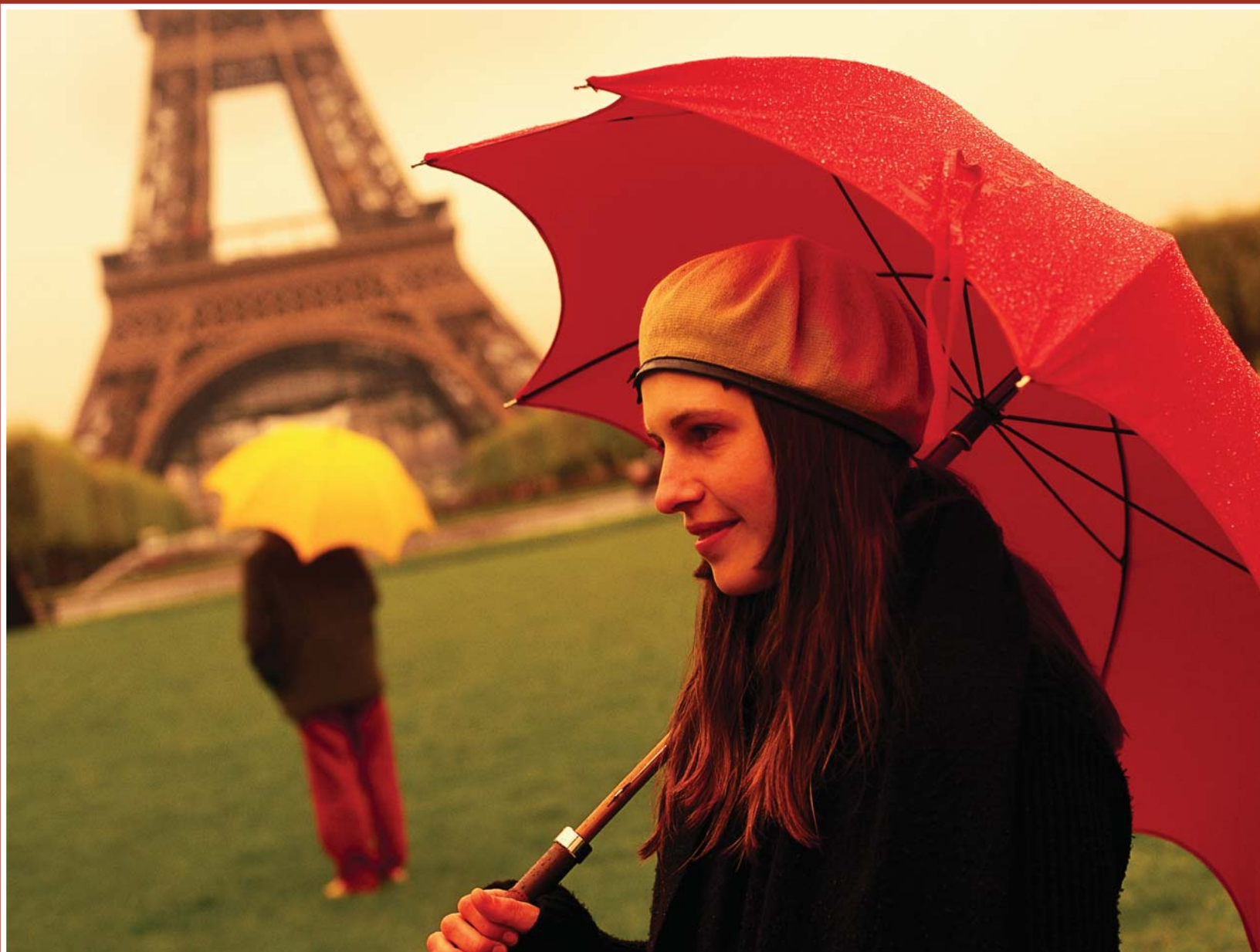


# CitizenSecure<sup>SM</sup>

*Health Coverage that goes Far & Beyond*



- **Annually Renewable Major Medical Insurance**
- **Optional Term Life, Dental, and Sports Coverage**
- **Astonishing Travel Assistance Services**



**MultiNational  
Underwriters<sup>®</sup>**  
Lloyd's Coverholder

# *Health Coverage that Travels the World*



## **Why Buy International Medical Insurance?**

The answer is easy. If you are a US citizen living abroad, traditional sources of US private health insurance will not meet your needs. Geographical exclusions and provider limitations common to these policies will restrict or even eliminate the coverage available to you while you are outside the US. At the same time, you may not be eligible for participation in the government-sponsored plans in the country where you reside, or you may wish to have access to worldwide health care, including the US, in the event you become seriously ill. If you are a non-US citizen, you may need an international medical insurance policy to supplement the coverage available to you through a plan sponsored by your government or to provide coverage while you are outside your home country. If your lifestyle knows no geographic limits, you need health insurance that knows no boundaries. MultiNational Underwriters® has designed CitizenSecure<sup>SM</sup> and CitizenSecure<sup>SM</sup> Economy to meet your needs.

## **Who is the Plan Administrator?**

MultiNational Underwriters® (MNU), headquartered in Indianapolis, Indiana, is a full service organization offering a comprehensive portfolio of insurance products designed specifically to address the insurance needs of consumers worldwide. MNU's leadership team contributes years of valuable experience, allowing us to excel in both the domestic and international insurance markets. Our international claims specialists, medical professionals and client relations specialists are available 24 hours a day, 7 days a week to answer your questions and respond to your needs. Whether you have lost your luggage or are in need of Emergency Medical Evacuation, you will find our service team to be prompt, compassionate, and highly professional.

## **Who is the Insurer?**

Lloyd's, the largest and oldest insurance market in the world, is the insurer of CitizenSecure<sup>SM</sup> and CitizenSecure<sup>SM</sup> Economy. Rated 'A' (Excellent) by AM Best Company and 'A' (Strong) by Standard and Poor's, Lloyd's provides financial strength and security that is unparalleled in the worldwide insurance market. Lloyd's is recognized as a market leader in the accident and health insurance arena and is well known for its innovative products and services. Presently, Lloyd's provides accident and health insurance to millions of individuals in almost every country of the world.

## **Am I Eligible for CitizenSecure<sup>SM</sup>?**

Both CitizenSecure<sup>SM</sup> plans are available to citizens of all countries of the world who are at least age 14 days and not older than age 74. If you are a US citizen, you must reside outside the US or be departing the US within 30 days of the effective date. If you are a US citizen, you must also reside outside the US for at least 6 months within each Certificate Period. Citizens of other countries may reside anywhere, including their country of citizenship. Optional Term Life Insurance is not available to residents of the US, regardless of your citizenship.

## **Is Coverage Under CitizenSecure<sup>SM</sup> Renewable?**

Yes. CitizenSecure<sup>SM</sup> products are annually renewable. There are no medical questions at renewal. Renewal is only subject to your continued eligibility and timely payment of premiums. Your renewal premium will be the same as all persons of the same Certificate origination year, age and gender. If you purchase coverage before you reach the age of 65, and maintain coverage continuously for 10 years, subject to continued eligibility, you will automatically be eligible to apply for the CitizenSecure<sup>SM</sup> Senior Plan with no medical questions.

## **CitizenSecure<sup>SM</sup> Senior Plan**

Eligibility for the standard CitizenSecure<sup>SM</sup> plans ends at age 75, but for those members who joined before age 65 and have maintained coverage for at least 10 years, the CitizenSecure<sup>SM</sup> Senior Plan is available with no medical questions. The CitizenSecure<sup>SM</sup> Senior Plan offers many of the same great benefits and limits as the standard CitizenSecure<sup>SM</sup> plan. The Senior Plan deductibles available are \$5,000, \$7,500, and \$10,000. On the Senior plan, the Overall Maximum Limit is reduced to \$1 million. Additionally, the Human Organ Transplant and Emergency Medical Evacuation benefits are deleted. The CitizenSecure<sup>SM</sup> Economy Senior Plan mirrors the eligibility and benefit changes of the regular CitizenSecure<sup>SM</sup> Senior Plan while retaining the scheduled benefit format.

## How Do I Apply for CitizenSecure<sup>SM</sup>?

MultiNational Underwriters<sup>®</sup> offers a variety of easy ways for you to apply for coverage.

### Applying Online, by Fax, or by Mail

Complete the Application for Insurance and send it with your initial premium payment to your agent or to MultiNational Underwriters<sup>®</sup>. Remember, your Application will become a permanent part of your record as well as part of your Certificate of Coverage. Answer each question thoroughly and legibly. You may attach additional sheets if necessary.

Within five business days of receipt of your Application, you will be informed of whether your Application has been accepted or of any additional information required for continuing the evaluation of your Application. If your Application is accepted, you will be informed of the effective date of coverage, and a fulfillment kit will be sent via mail containing your Certificate of Coverage, an identification card, a Claimant's Statement, and instructions on how to use your insurance. In the event that your Application is not accepted, MultiNational Underwriters<sup>®</sup> will promptly refund your premium.

### Applying by Phone

You may apply over the phone by calling 1-866-968-4668 (toll free) or 1-317-221-8098 (collect calls accepted). The underwriting representative will gather your personal details, benefit choices, and medical history and may be able to notify you immediately of acceptance or additional information needed. In some cases, your application may be pending for additional medical review. Within two business days following any telephone application, an e-mail will be sent to you regarding the status of your application and requesting verification of your application. If you do not meet the eligibility guidelines based on information collected during the call, you will be advised immediately.

### What Should I Expect During the Underwriting Process?

CitizenSecure<sup>SM</sup> and CitizenSecure<sup>SM</sup> Economy are medically underwritten plans, which means that your family's medical status and history will be used to determine your eligibility for coverage. When Underwriting reviews your Application, they will evaluate the medical information that you provide and determine whether coverage can be issued and if Riders are necessary. These Riders allow Underwriting to issue a Certificate by excluding coverage for specified conditions.

Additionally, your premium may be impacted by your tobacco and alcohol use, body build, and family history details. If additional premium is due, you will be notified after a medical underwriter has reviewed the application.

### Preferred Provider Network (PPO)

Coinsurance will be waived for expenses incurred in the US within our direct-pay PPO. Simply present your identification card at the provider's office so that they may contact us to verify benefits and billing information. For your convenience, MultiNational Underwriters<sup>®</sup> also offers an international network. Both networks are searchable through Client Zone, which is accessible with your Certificate number and date of birth once coverage has been approved.

### How Do I File a Claim?

Filing a claim is easy. Once your Application is accepted, you will receive a kit which contains Claimant's Statement and Authorization forms. Just complete this Claimant's Statement and Authorization form, attach original, itemized bills, and forward them to MultiNational Underwriters<sup>®</sup>. Be sure to complete your Claimant's Statement entirely and sign it. If you have already paid certain expenses, attach copies of your payment receipts. You will be reimbursed for eligible medical or dental expenses. In many cases, MultiNational Underwriters<sup>®</sup> will make payments directly to the hospital or physician that treated you. Remember, you are responsible for the deductible, coinsurance, and any ineligible charges.

### Pre-certification

CitizenSecure<sup>SM</sup> plans require Pre-certification, which simply means that you must contact MultiNational Underwriters<sup>®</sup> as soon as possible before a planned hospitalization or surgical procedure, within 48 hours of an emergency hospital admission, or within the first 90 days of pregnancy. Pre-certification allows us to establish contact and make payment arrangements with your providers, negotiate discounts which will benefit both you and us, pre-arrange future care, and plan for your claim. Pre-certification helps us help you.



## CitizenSecure<sup>SM</sup> Benefits & Limits

CitizenSecure<sup>SM</sup> is one of the most comprehensive medical insurance products available, featuring a \$5,000,000 lifetime limit, worldwide medical coverage, Maternity benefits, Mental Health benefits, Wellness benefits and Emergency Medical Evacuation benefits. CitizenSecure<sup>SM</sup> offers two coverage areas: including the US and Canada and excluding the US and Canada. If you desire worldwide coverage, select the “Including the US and Canada” option. If you do not need or desire coverage in the US or Canada, you may obtain lower premiums by selecting the “Excluding the US and Canada” option.

| Benefit  | Limit – all limits are per Certificate Period except as specifically indicated otherwise   |
|--|--|
| Overall Maximum Limit                              | \$5,000,000 Lifetime   |
| Coverage Area                                      | Option 1 – Including the US and Canada<br>Option 2 – Excluding the US and Canada   |
| Deductibles Available                              | \$250, \$500, \$1,000, \$2,500 or \$5,000 per Member per Certificate Period  |
| Family Deductible                                  | Maximum of three Deductibles per Family per Certificate Period   |
| Coinsurance – Claims Incurred in US or Canada*     | After the Deductible, Underwriters will pay 80% of the next \$5,000 of Eligible Expenses per Member, then 100% to the Overall Maximum Limit. The Coinsurance will be waived if expenses are incurred within the PPO and expenses are submitted to Underwriters for review and payment directly to the provider   |
| Coinsurance – Claims Incurred outside US or Canada | After the Deductible, Underwriters will pay 100% of Eligible Expenses to the Overall Maximum Limit   |
| Family Coinsurance                                 | After \$3,000 of Coinsurance has been paid per Family per Certificate Period, Underwriters will pay 100% of Eligible Expenses to the Overall Maximum Limit   |
| Hospital Room and Board – In US or Canada*         | Average Semi-private room rate   |
| Hospital Room and Board – Outside US or Canada     | Average Private room rate  |
| Intensive Care Unit – In US or Canada*             | Usual, Reasonable and Customary  |
| Intensive Care Unit – Outside US or Canada         | Usual, Reasonable and Customary  |
| Prescription Drugs                                 | Usual, Reasonable and Customary<br>Subject to Deductible and Coinsurance   |
| Mental Health Disorders                            | \$10,000 per Certificate Period, \$25,000 Lifetime Maximum, \$50 Maximum per visit per day for outpatient care (after 12 months of continuous coverage)  |
| Maternity – Normal or Complicated Delivery         | After the Deductible, Underwriters will pay 50% of the next \$100,000 of Eligible Medical Expenses, then 100% to a Lifetime Maximum of \$250,000. Covered Maternity expenses include pre-natal, Delivery, and post-natal care (after 12 months of continuous coverage)   |
| Maximum for Maternity                              | \$250,000 Lifetime   |
| Newborn Care                                       | Included as part of Maternity benefits for a maximum of 60 days  |
| Pre-existing Conditions                            | Same as any other Injury or Illness if disclosed on Application and not excluded or limited by Rider   |
| Local Ambulance                                    | Usual, Reasonable and Customary  |
| Physical Therapy                                   | \$50 Maximum per visit per day   |
| Wellness   | All Wellness benefits are available after 12 months of continuous coverage and are not subject to Deductible.<br>Members under age 19: \$50 per visit (including immunizations), maximum of three visits per Certificate Period.<br>Members age 30 and over: \$250 per Member per Certificate Period.<br>Female Members age 40 and over (or qualifying Woman at Risk as herein defined): \$100 per Member per Certificate Period for a screening mammogram |
| Human Organ/Tissue Transplants                     | Same as any other Illness for Covered Transplants**  |
| All Other Eligible Expenses                        | Usual, Reasonable and Customary  |
| Emergency Medical Evacuation                       | \$50,000 Lifetime Maximum  |
| Repatriation of Remains                            | \$25,000 Limit   |
| Emergency Reunion                                  | \$10,000 Lifetime Maximum  |
| Pre-certification Penalty                          | 50%  |

\* Benefits within the US and Canada are not available to applicants electing Option 2 as their Coverage Area.

\*\* Covered Transplants include Heart, Heart/Lung, Lung, Kidney, Kidney/Pancreas, Liver and Allogenic and Autologous Bone Marrow.

*“Select a Plan that’s  
Right for You”*

## CitizenSecure<sup>SM</sup> Economy Benefits & Limits

CitizenSecure<sup>SM</sup> Economy is a scheduled benefit plan, offering specific benefit amounts for specific services, while still providing worldwide, comprehensive coverage. CitizenSecure<sup>SM</sup> Economy is ideal if you are residing abroad and on a tighter budget.

| Benefits   | Limits   |
|--|--|
| Overall Maximum Limit  | \$5,000,000 Lifetime   |
| Coverage Area  | Worldwide  |
| Deductibles Available  | \$250, \$500, \$1,000, \$2,500 or \$5,000 per person per Certificate Period  |
| Coinsurance – Claims Incurred in US or Canada  | Underwriters will pay 80% of the next \$5,000 of Eligible Medical Expenses after the Deductible, then 100% to the Overall Maximum Limit. The Coinsurance will be waived if expenses are incurred within the PPO and expenses are submitted to Underwriters for review and payment directly to the provider |
| Coinsurance – Claims Incurred outside US or Canada   | Underwriters will pay 100% of Eligible Medical Expenses after the Deductible to the Overall Maximum Limit  |
| Acute Onset of Pre-existing Condition  | \$1,000 during the first Certificate Period and \$2,500 during the second Certificate Period   |
| Pre-existing Conditions  | \$5,000 per Certificate Period subject to a Lifetime Maximum of \$50,000 (including Acute Onset claims) after 24 months of continuous coverage hereunder   |
| Maternity  | \$5,000 per Pregnancy after 12 months of continuous coverage hereunder, including Inpatient, Outpatient and other benefits as herein provided. Not subject to Coinsurance  |
| Newborn Care   | \$15,000 per covered Pregnancy, including Inpatient, Outpatient and other benefits as herein provided, during the first 60 days of life  |
| Organ Transplants  | \$250,000 Lifetime Maximum for Covered Transplants**   |
| <b>INPATIENT BENEFITS (All Subject to Deductible and Coinsurance)</b>  |  |
| Hospital Room and Board  | \$600 per day, maximum of 240 days per Hospitalization (including ICU days)  |
| Intensive Care Unit (ICU)  | \$1,500 per day, maximum of 240 days per Hospitalization (including non-ICU days)  |
| Lab, x-rays and other covered Inpatient services & supplies  | Usual, Reasonable and Customary Charges (except as limited herein)   |
| <b>OUTPATIENT BENEFITS (All Subject to Deductible and Coinsurance)</b>   |  |
| Office Visits (Including Physician, Specialist Physician, Psychiatrist, Chiropractor, Surgical Consultant, Physical or Occupational Therapist) | 25 visits per Certificate Period per person as provided herein   |
| Physician  | \$70 per visit   |
| Specialist Physician   | \$70 per visit   |
| Psychiatrist   | \$60 per visit, after 12 months of continuous coverage hereunder   |
| Chiropractor   | \$50 per visit (must be prescribed by another non-Chiropractor Physician)  |
| Surgical Consultant  | \$500 per consultation prior to Surgery  |
| Physical or Occupational Therapy   | \$50 per visit (must be prescribed by a Physician who is not affiliated with the Physical Therapy practice)  |
| X-rays   | \$250 per exam (includes Sonograms, Ultrasounds and diagnostic Mammograms)   |
| Laboratory   | \$300 per exam (includes all procedures carried out on one specimen)   |
| Emergency Room   | Usual, Reasonable and Customary for covered Illnesses if hospitalized as Inpatient and for covered Injuries  |
| Local Ambulance  | \$1,500 per Certificate Period per person  |
| <b>INPATIENT or OUTPATIENT BENEFITS (All Subject to Deductible and Coinsurance)</b>  |  |
| Prescription Medications   | Usual, Reasonable and Customary  |
| Surgery  | Usual, Reasonable and Customary  |
| Assistant Surgeon  | 20% of Surgeon benefit   |
| Anesthesiologist   | 20% of Surgeon benefit   |
| Midwife Services   | \$500 per covered Pregnancy  |
| MRI, CAT Scan, Echocardiography, Endoscopy, Gastroscopy, Colonoscopy and Cystoscopy  | \$600 per exam   |
| Chemotherapy and Radiation Therapy   | Usual, Reasonable and Customary  |
| <b>WELLNESS BENEFITS (Not Subject to Deductible or Coinsurance)</b>  |  |
| Well Child (under age 19)  | \$50 per visit for a maximum of 3 visits per Certificate Period (included in Office Visit limit), after 12 months of continuous coverage hereunder   |
| Wellness (Adult 19+)   | \$250 per Certificate Period, after 24 months of continuous coverage hereunder, including Office Visit for \$70 and X-Ray and Lab for \$180  |
| <b>OTHER BENEFITS (All Subject to Deductible and Coinsurance)</b>  |  |
| Durable Medical Equipment  | Usual, Reasonable and Customary charges for Wheelchair, Hospital Bed, and/or Toilet  |
| Emergency Medical Evacuation   | \$50,000 per Certificate Period  |
| Repatriation of Remains  | \$25,000 Maximum   |
| Emergency Reunion  | \$5,000 Lifetime Maximum   |

# Protect your Smile



## Optional Dental Rider

|  | Certificate Period 1                    | Certificate Period 2                    | Certificate Period 3 and after            |
|--|---|---|---|
| Preventative Dental Benefits<br>Children age 9 through 16<br>(after 3 months of continuous coverage) | 100%                                    | 100%                                    | 100%                                      |
| Basic Dental Benefits<br>(after 6 months of continuous coverage)                                     | 50%                                     | 65%                                     | 80%                                       |
| Major Dental Benefits<br>(after 6 months of continuous coverage)                                     | 30%                                     | 40%                                     | 50%                                       |
| Dental Deductible  | \$100 per Certificate Period per person | \$100 per Certificate Period per person | \$100 per Certificate Period per person   |
| Maximum Dental Benefits  | \$500 per Certificate Period per person | \$750 per Certificate Period per person | \$1,000 per Certificate Period per person |

## Optional Term Life Insurance and Accidental Death and Dismemberment (Not available to residents of the US, regardless of citizenship)

### Term Life Insurance

| Age             | Option 1 – Principal Sum | Option 2 – Principal Sum |
|-----------------|--------------------------|--------------------------|
| 19 to 59        | \$50,000                 | \$100,000                |
| 60 to 64        | \$25,000                 | \$50,000                 |
| 65 to 69        | \$10,000                 | Not Available            |
| Dependent Child | \$5,000                  | Not Available            |

You may choose a different option for each family member taking Term Life coverage.

### Accidental Death and Dismemberment

|                              |                                |
|------------------------------|--------------------------------|
| Accidental Death             | Principal Sum to Beneficiary   |
| Accidental Loss of Two Limbs | Principal Sum to Member        |
| Accidental Loss of One Limb  | 50% of Principal Sum to Member |

“Limb” means hand, foot, or eye. The Benefit is based on age at the time of death or dismemberment.

## What Are the Plan Features?

### Emergency Medical Evacuation:

Both plans provide coverage for Emergency Medical Evacuation to the nearest medical facility qualified to treat your life-threatening condition or potential loss of limb. All Emergency Medical Evacuations must be approved in advance and coordinated by MultiNational Underwriters®. Emergency Medical Evacuations provide you with access to care when you need it most. MultiNational Underwriters® is available 24 hours a day, 7 days a week to approve and coordinate Emergency Medical Evacuations.

### Emergency Reunion:

In the event of a covered Emergency Medical Evacuation, both plans will provide the following benefits: the cost of an economy round-trip air and/or ground ticket for one of your Relatives (parent, spouse, sibling or child age 18 or above) for travel to the area where you are hospitalized following an Emergency Medical Evacuation and reasonable expenses for lodging and meals for your Relative for a period not to exceed 15 days.

### Repatriation of Remains:

In the event of a covered Injury or Illness resulting in your death, both plans will provide the following benefit: air and/or ground transportation of bodily remains or ashes to the area of your principal residence and reasonable cost of preparation of the remains necessary for transportation.



### Wellness:

After 12 months of continuous coverage, you may be eligible for Wellness benefits that are not subject to the Deductible.



#### CitizenSecure<sup>SM</sup>

If you are at least 30 years of age, you will be entitled to the following Wellness benefit: \$250 per Certificate Period for a Routine Physical Exam, including OB/GYN visits for females. Additionally, females who are at least 40 years of age will be entitled to the following benefit: \$100 per Certificate Period for a screening mammogram. If you are under the age of 19, you will be entitled to the following Wellness benefit: \$50 per visit (including immunizations) with a maximum of three visits per Certificate Period.



#### CitizenSecure<sup>SM</sup> Economy

After 12 months of continuous coverage, children under the age of 19 are eligible for Wellness benefits. After 24 months of continuous coverage, adults age 19 and above are eligible for Wellness benefits. Wellness benefits include Routine Physical Exams, tests and immunizations, as well as mammogram and OB/GYN visits for adult females. See the Schedule of Benefits for additional benefit information.

### Optional Sports Rider:

The Optional Sports Rider is a must-have addition for your extreme sports lifestyle. Whether your interests include mountaineering, skydiving, or whitewater rafting, electing the Sports Rider option will add coverage up to a lifetime maximum of \$25,000 for these activities excluded by the standard plan. Coverage for Contact Sports, such as soccer or hockey, is added up to a lifetime maximum of \$5,000. The Sports Rider adds coverage for sports and athletics except those activities engaged in for wage, reward, or profit.

### Optional Dental Insurance:

The Optional Dental Rider provides important benefits for families including Preventative care for children and Basic and Major Dental Benefits for both children and adults. Preventative Benefits include routine oral exams and x-rays, cleaning and fluoride treatments. Basic Benefits include periodontics, endodontics, extractions and fillings. Major Benefits include crowns, bridges and dentures. The CitizenSecure<sup>SM</sup> Optional Dental Rider is a must for families as well as individuals. Coverage is provided worldwide at your choice of dentists.

### Optional Term Life and AD&D Insurance:

If you reside outside the US, you may purchase the Optional Term Life and Accidental Death and Dismemberment insurance to protect your family and provide cash benefits in the event of your Death. The amount of coverage available under Option 1 ranges from \$5,000 to \$50,000, depending on your age at the time of your death or dismemberment. If you are at least 19, but not yet 65, you may purchase Option 2, which doubles the benefits available to you.

**Pre-existing Conditions:**

If your Pre-existing Conditions have been fully disclosed on your Application for CitizenSecure<sup>SM</sup> and are not excluded or restricted by a Rider or any other provision of your Certificate, your Pre-existing Conditions are covered the same as any other Illness or Injury as of your effective date. If your Pre-existing Conditions have been fully disclosed on your Application for CitizenSecure<sup>SM</sup> Economy and are not excluded or restricted by any other provision of your Certificate, your Pre-existing Conditions are covered up to \$5,000 per Certificate Period and \$50,000 Lifetime limit after you have been insured continuously for 24 months. Pre-existing Conditions need to be fully disclosed on your Application. Pre-existing Conditions include any Injury, Illness or Mental Health Disorder that existed at or prior to your initial effective date, including chronic or recurring conditions.

**Acute Onset of Pre-existing Condition:**

If your Pre-existing Conditions have been fully disclosed on your Application for CitizenSecure<sup>SM</sup> Economy and the conditions are not excluded or restricted by any other provision of your Certificate, you are covered for an Acute Onset of Pre-existing Condition up to \$1,000 during the first 12 months of coverage and up to \$2,500 during the second 12 months of coverage hereunder. An Acute Onset of a Pre-existing Condition is a sudden, 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 which would have caused a prudent person to seek medical attention prior to the outbreak or recurrence. Treatment must be obtained within 24 hours of the sudden and unexpected outbreak or recurrence. Acute Onset coverage is available only on CitizenSecure<sup>SM</sup> Economy.

**Exclusions and Limitations:**

The following charges, treatments, care, services, supplies and/or conditions are excluded from coverage:

- Charges not Incurred during the Certificate Period
- Services or treatment payable by another insurance or government
- Substance Abuse
- Charges which exceed Usual, Reasonable and Customary
- Investigational or experimental Surgeries or treatment
- Custodial, Educational or Rehabilitative Care
- Weight modification
- Cosmetic surgery, unless reconstructive surgery is directly related to a covered Injury or Illness
- Charges for use of Emergency Room for treatment of Illness unless the patient is directly admitted to the Hospital as Inpatient for further treatment of that Illness
- Individuals HIV+ at effective date
- Charges relating to congenital conditions
- Drugs or treatment for sexual dysfunction
- Drugs or treatment to promote or prevent conception
- Devices or procedures to correct sight or hearing
- Self-inflicted Injury or Illness
- Foot care, unless related to a covered accidental Injury
- Treatment or supplies not ordered by a Physician or not Medically Necessary, except for Wellness benefits provided herein
- Organ transplants, except for Covered Transplants
- Speech, acupuncture, occupational or sleep therapy
- Acts of Terrorism, war, insurrection, riot or any variation thereof
- Dental Treatment, except emergency treatment following a covered Accident, or unless Dental Rider is purchased

**The following are excluded from the Optional Dental Rider:**

- Orthodontia
- Sealants, bleaching and oral hygiene expenses

This is a summary of the exclusions contained in the Certificate of Insurance. See the Certificate of Insurance for a complete list of exclusions.

**Special Illness Exclusion:**

The following conditions which manifest themselves within the first 180 days of coverage are excluded: Any condition of the breast, prostate, the reproductive system, tonsils, adenoids, hemorrhoids, hernia, gallstones, kidney stones, glaucoma, cataracts, disk disease, varicose veins, all types of cysts, arthritis, and repetitive motion disorders, and any disorder or disease of the skin.



### **CitizenSecure<sup>SM</sup> Assistance Services:**

All Assistance Services are available to you 24 hours a day, 7 days a week while your CitizenSecure<sup>SM</sup> plan is in effect.

**Pre-Trip Health and Safety Advisories** (available after your purchase of CitizenSecure<sup>SM</sup> or CitizenSecure<sup>SM</sup> Economy and before your departure) – Call us for current passport, visa, inoculation and vaccine requirements, as well as up-to-date travel safety advisories.

**Livetravel Services** – We will make emergency travel and itinerary changes for you including rebooking flights, hotel reservations and ground transportation arrangements.

**BagTrak** – We are the industry leaders in tracking lost checked baggage. We will help locate lost checked baggage and deliver it to you anywhere in the world.

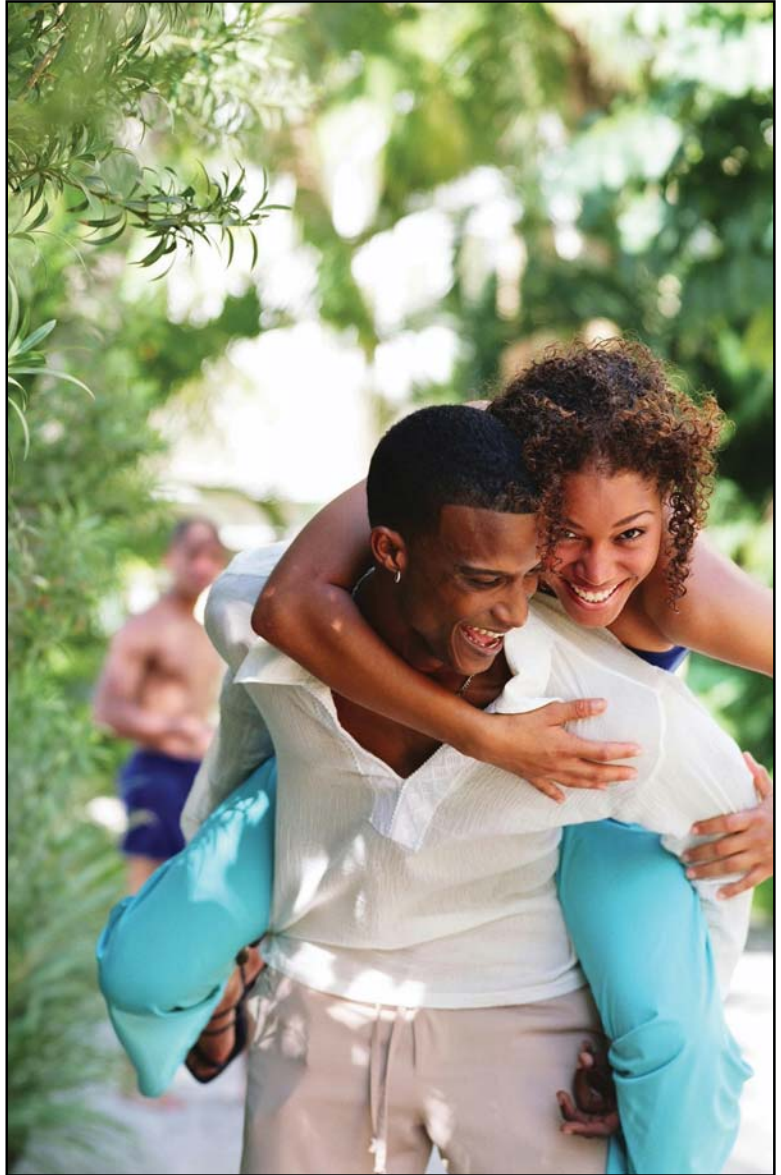
**Emergency Message Relay** – We will relay messages to your family, friends and co-workers, helping you to maintain contact during an emergency.

**Emergency Cash Transfers** – We will assist you in arranging and obtaining cash transfers anywhere in the world.

### **CitizenSecure<sup>SM</sup> Assistance Services also include:**

- Medical referrals
- Up-to-the-minute travel medical advisories
- Assistance with prescription drug replacement
- Dispatch of a doctor or specialist
- Emergency travel arrangements for family members
- Lost passport or travel documents assistance
- Embassy and consulate referrals
- Legal and accounting referrals
- Bail bond assistance
- Translation and interpretation assistance

CitizenSecure<sup>SM</sup> Assistance Services are not insurance benefits, and provision of any Assistance Service is not a guarantee of any other benefit under CitizenSecure<sup>SM</sup> or CitizenSecure<sup>SM</sup> Economy.



### **Client Relations**

Whether you have misplaced your ID card or benefit booklet, need assistance with a claim, or have a question about benefits, MNU is always ready to respond. Frequently, these and other issues can be addressed with a short visit to Client Zone. Client Zone is an online account management and resource tool that allows you to:

- Change personal information
- Renew coverage and reprint ID cards
- Obtain details about claim filing, including downloading necessary forms
- Pre-certify for certain medical procedures and hospitalizations
- Locate providers within the PPO Network
- Study destination, weather and travel security information using our Travel Intelligence and Planning System (TIPS)
- Access health and wellness information
- View and download brochures, obtain policy information, or get quotes for other products offered by MultiNational Underwriters®

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

At times, there is simply no substitute for human intervention. MNU's Client Relations team is available 24 hours a day, 7 days a week to answer your questions and may be reached at no cost through our worldwide toll-free numbers. Immediate support is available in several languages and can be provided in many others with the assistance of a translator. If a translator is needed, the MNU Client Relations Specialist will arrange one. You may contact Client Relations by e-mail via [insurance@mnui.com](mailto:insurance@mnui.com) or by phoning 800-605-2282 or 317-262-2132 (collect calls accepted).



### **MultiNational Underwriters® - International Insurance Solutions**

MultiNational Underwriters® is part of a worldwide network of travel service, assistance and insurance companies built on solid corporate values and unrivaled customer service. We offer a broad range of travel insurance plans and assistance services for individuals, corporations, missionaries, schools and other international organizations requiring access to global travel solutions regardless of their location. Our organizational culture is based on integrity, keeping our promises, and giving back to the global and local communities through humanitarian efforts.

You have choices when buying travel insurance and assistance services for your next international trip. Doesn't it make sense to work with a company that keeps its promises, values its customers and is committed to helping others? Allow us to show you the difference an enlightened corporate culture can make when you need help in an unfamiliar place. Through our subsidiaries and a nationwide network of distributors, MultiNational Underwriters® helps millions of customers to have peace of mind in their international travel.

### **Other Products Provided by MultiNational Underwriters®**

**Atlas Travel Series:** Comprehensive travel medical insurance for individuals and families traveling internationally.

**Atlas Group Travel:** The same quality coverage as the Atlas Travel Series product at a discount group rate making it ideal for student groups, missionary organizations and corporations.

**Atlas Professional:** Coverage similar to the Atlas Travel Series tailored to meet the needs of professionals traveling abroad several times throughout the year.

**StudentSecure<sup>SM</sup>:** A comprehensive medical insurance plan designed specifically to meet the needs of students studying abroad.

**GroupSecure<sup>SM</sup>:** Dependable, high quality medical insurance for US-based organizations with employees overseas or non-US organizations employing expatriates, third-country nationals, or key local nationals.

**MultiNational Accident Plan:** Coverage for accidents that result in disability or death, including Acts of War and Terrorism.

**IC+ International Term Life:** Term life insurance for citizens of the world requiring personal and business protections.

### **Privacy Policy**

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

*“Health Coverage that  
goes Far & Beyond”*

International Services, Inc  
#756, 1655 North Fort Meyer Drive, Ste #700  
Arlington, VA 22209  
Phone: 877-593-5403  
Fax: 877-593-5409



**MultiNational  
Underwriters®**  
Lloyd's Coverholder

107 S. Pennsylvania St., Ste 500 Indianapolis, IN 46204  
Phone 800.605.2282 or 317.262.2132 Fax 317.262.2140  
[www.mnui.com](http://www.mnui.com) / [insurance@mnui.com](mailto:insurance@mnui.com)

# CitizenSecure<sup>SM</sup>

## Application and Rates

### Important Instructions for All Applicants

1. Review your answers to each question on this Application for accuracy. Unanswered questions or incomplete information will delay processing.
2. All Applications must be signed and dated. Full details, including treatment dates, name, address and telephone number of attending physician, diagnosis, prognosis and present course of treatment must be provided for all "Yes" answers in Part 2.
3. All family members must apply for the same Coverage Area and Deductible. You must select a Coverage Area and a Deductible in Part 1.
4. Annual premiums may be paid by check, money order or credit card authorization. **MultiNational Underwriters<sup>®</sup> will not accept checks or money orders for monthly, quarterly, or semi-annual payment modes. The payment modes are only accepted with pre-authorization to debit your credit card on the due date(s) of your premium.**
5. **If monthly payments are selected, a valid e-mail address must be provided in Part 5 of the Application.** If the credit card declines, MultiNational Underwriters<sup>®</sup> will send notification of the credit card declination to this e-mail address. The Applicant will have seven business days to submit new credit card information to avoid a lapse in coverage. To update and/or change credit card information, please visit Client Zone at <https://zone.mnui.com/clientzone>.
6. If you are a US citizen, or if you are currently in the US, you must provide your anticipated date of departure from the US and your anticipated length of residence outside the US.
7. Upon approval, if you would like to have your Certificate sent to you by courier service, please add to your premium: \$20 for delivery within the US (overnight service) or \$30 to delivery outside of the US (express service).
8. Sign the Application in Part 6. If the spouse is applying, the spouse must also sign.
9. Be sure to answer all questions accurately and honestly. Any errors may cause the insurance to be voided.

### Mail or fax completed Application to:

Chiranth Nataraj  
International Services, Inc.  
5529 Barnsley Terrace  
Glen Allen, VA 23059  
Phone: 877-593-5403  
Fax: 877-593-5403



**Application for Insurance – CitizenSecure<sup>SM</sup>**

**Part 1** Failure to provide complete information will delay processing.

| Coverage Area  | Deductibles   | Dental Rider  | Term Life   | Sports Rider  |
|--|---|---|---|---|
| Including US/Canada  | <input type="checkbox"/> \$250 <input type="checkbox"/> \$1,000<br><input type="checkbox"/> \$500 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| Excluding US/Canada  | <input type="checkbox"/> \$250 <input type="checkbox"/> \$1,000<br><input type="checkbox"/> \$500 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| Requested Effective Date (must be within 30 days of signature) |   | Premium (from Part 5):<br>\$                                |   |   |

Note: Include only the family members applying for coverage. Attach additional sheets if necessary. Please print your name as you would like it to appear on your identification card.

| Name (first name, middle initial, last name) |  | Date of Birth (mm/dd/yy) | Height | Weight | Citizenship |
|--|--|--------------------------|--------|--------|-------------|
| 1. Applicant:                                | <input type="checkbox"/> Male<br><input type="checkbox"/> Female | / /                      |        |        |             |
| 2. Spouse:                                   | <input type="checkbox"/> Male<br><input type="checkbox"/> Female | / /                      |        |        |             |
| 3. Child:                                    | <input type="checkbox"/> Male<br><input type="checkbox"/> Female | / /                      |        |        |             |
| 4. Child:                                    | <input type="checkbox"/> Male<br><input type="checkbox"/> Female | / /                      |        |        |             |
| 5. Child:                                    | <input type="checkbox"/> Male<br><input type="checkbox"/> Female | / /                      |        |        |             |

Addresses must include: Street address, city, state, postal code, and country

| Resident Address Outside of the United States<br>(required if US citizen) | Mail Forwarding Address for Written Correspondence<br>(if different from Resident Address) |
|---|--|
|   |  |

|                  |  |
|------------------|--|
| Your Occupation: | Employer Name:                         |
| Date Hired:      | Prior Employer<br>(if within 2 years): |

|                        |                        |
|------------------------|------------------------|
| Home Telephone Number: | Work Telephone Number: |
| Fax Number:            | E-mail Address:        |

| If you or any family member are a US citizen or if you are currently in the US, the following information is required: |                                    |
|--|------------------------------------|
| Date of Departure from US:   | Length of Residence outside of US: |

## Part 2

| Please answer all questions for all members of the family included in this Application. Provide details of each "Yes" answer in Part 3.                                    | Yes        | No        |
|--|------------|-----------|
| 1. Have you ever had an application for health or life insurance voided, declined, cancelled, rescinded or modified (including medical exclusion riders)?                  |            |           |
| 2. In the last 24 months, have you used tobacco in any form? If yes, please specify type and frequency in Part 3.  |            |           |
| 3. In the last 12 months, have you experienced a weight change of 15 pounds or more?   |            |           |
| 4. In the last 5 years, have you had any indication, diagnosis or treatment of an alcohol or drug dependency, problem or abuse or any alcohol or drug related arrest?      |            |           |
| 5. In the last 5 years, have you consumed alcoholic beverages in excess of 14 drinks per week? If yes, please specify type and how much per week in Part 3.                |            |           |
| 6. Are you pregnant or do you have an adoption pending?  |            |           |
| 7. Do you (not including dependent children) read, write, speak and understand English? If no, what is your primary language?  |            |           |
| 8. In the last 12 months, have you taken medication or received medical advice or treatment of any kind?   |            |           |
| <b>Within the last 10 years, have you had any indication, signs, symptoms, diagnosis or treatment of any disease or disorder of:</b>                                       | <b>Yes</b> | <b>No</b> |
| 9. Gallbladder, pancreas, or liver?  |            |           |
| 10. Skin?  |            |           |
| 11. Joints or spine?   |            |           |
| 12. Kidney?  |            |           |
| 13. Eyes, ears, or nose?   |            |           |
| 14. Mouth, throat, or jaw?   |            |           |
| <b>Within the last 10 years, have you had any indication, signs, symptoms, diagnosis or treatment of:</b>  | <b>Yes</b> | <b>No</b> |
| 15. High blood pressure?   |            |           |
| 16. Chest pain?  |            |           |
| 17. Headaches?   |            |           |
| 18. Paralysis?   |            |           |
| 19. Arthritis?   |            |           |
| 20. Convulsions or epilepsy?   |            |           |
| 21. Elevated cholesterol?  |            |           |
| 22. Sexually transmitted disease?  |            |           |
| 23. Cancer?  |            |           |
| 24. Diabetes or sugar in the blood or urine?   |            |           |
| 25. Stroke?  |            |           |
| 26. Acquired Immune Deficiency Syndrome (AIDS) or any HIV-related disease or illness?  |            |           |
| 27. Tumor, cyst, polyp, lump or growth of any kind?  |            |           |
| <b>In the last 10 years, have you:</b>   | <b>Yes</b> | <b>No</b> |
| 28. Had a complicated pregnancy or delivery?   |            |           |
| 29. Tested positive for antibodies to the Human Immunodeficiency Virus (HIV)?  |            |           |
| 30. Been hospital confined, had surgery or discussed surgery?  |            |           |
| 31. Consulted a mental health professional or received medical advice or treatment for a mental health condition?  |            |           |
| <b>In the last 10 years, have you had any indication, signs, symptoms, diagnosis or treatment of any disease, disorder, or abnormality of the:</b>                         | <b>Yes</b> | <b>No</b> |
| 32. Heart or circulatory system?   |            |           |
| 33. Nervous system?  |            |           |
| 34. Digestive system?  |            |           |
| 35. Muscular or skeletal system?   |            |           |
| 36. Respiratory system?  |            |           |
| 37. Male or female reproductive system?  |            |           |
| 38. Urinary system?  |            |           |
| 39. Thyroid, breast, or other glands?  |            |           |
| 40. In the last 10 years, have you had any indication, signs, symptoms, diagnosis or treatment of any other disorder, disease, injury or adverse or abnormal test results? |            |           |

### Part 3

For any question answered "Yes" in Part 2, please state the name of the family member and corresponding question number from Part 2. Provide complete details of medical condition including: treatment dates, name, address and telephone number of the treating physician, diagnosis, prognosis and present course of treatment. Attach additional sheets if necessary. Additional information may be requested.

|  |  |
|--|--|
| #2 – Tobacco use (type and frequency of use) | #5 – Alcohol use (type and frequency of consumption) |
|--|--|

| Individual's Name and Question Number from Part 2 | Condition / Diagnosis | Dates of Treatment / Prognosis / Degree of Recovery | Type(s) of Treatment and Present Course of Treatment | Physician and / or Facility Name, Address and Phone Number |
|---|-----------------------|---|--|--|
|   |                       |   |  |  |
|   |                       |   |  |  |
|   |                       |   |  |  |
|   |                       |   |  |  |
|   |                       |   |  |  |
|   |                       |   |  |  |

#### Family History – Must be completed for all Applicants

Do you have a family history (mother, father, brother, and/or sister) of diabetes, cancer, heart disease, stroke, high blood pressure, and/or high cholesterol?  Yes  No If Yes, please complete the following (attach additional sheets if necessary):

| Applicant name | Relationship | Condition | Age at onset | Current age, if living | Age at death, if deceased |
|----------------|--------------|-----------|--------------|------------------------|---------------------------|
|                |              |           |              |                        |                           |
|                |              |           |              |                        |                           |
|                |              |           |              |                        |                           |
|                |              |           |              |                        |                           |

### Part 4

For each family member applying for Term Life insurance, please complete the following (**Term Life is not available for those in the United States**):

| For each family member applying for Term Life insurance, please complete the following ( <b>Term Life is not available for those in the United States</b> ): | Coverage Elected   |
|--|--|
| Applicant:<br>Beneficiary:   | <input type="checkbox"/> Option 1<br><input type="checkbox"/> Option 2 |
| Spouse:<br>Beneficiary:  | <input type="checkbox"/> Option 1<br><input type="checkbox"/> Option 2 |
| Child:<br>Beneficiary:   | <input type="checkbox"/> Option 1                                      |

Provide full address for each Beneficiary listed above (attach additional sheets if necessary):

I understand Term Life and AD&D insurance will not become effective until the date of my departure from the US.  
 \_\_\_\_\_ (Applicant initial here)    \_\_\_\_\_ (Spouse initial here)    \_\_\_\_\_ (Initial here for dependent children)

# Part 5

## PREMIUM CALCULATION

Applications without premium will not be processed. We will not accept checks or money orders for monthly, quarterly or semi-annual payment modes. For monthly, quarterly or semi-annual payment modes we will only accept a pre-authorized credit card. Checks, money orders or credit cards may be used for annual payment mode. Please make all checks and money orders payable to: MultiNational Underwriters®.

Use the rate tables found on page 7 to enter premium amounts for the Medical portion (column 1) and any options elected (columns 2 through 4) below. Add the amounts in columns 1 through 4 for each individual and note the totals in column 5.

|  | (1) Medical | (2) Optional Dental Rider | (3) Optional Term Life | (4) Optional Sports Rider | (5) TOTAL                |
|--|-------------|---------------------------|------------------------|---------------------------|--------------------------|
| Applicant:   | \$ _____    | \$ _____                  | \$ _____               | \$ _____                  | \$ _____                 |
| Spouse:  | \$ _____    | \$ _____                  | \$ _____               | \$ _____                  | \$ _____                 |
| 1 <sup>st</sup> Child:                                     | \$ _____    | \$ _____                  | \$ _____               | \$ _____                  | \$ _____                 |
| 2 <sup>nd</sup> Child:                                     | \$ _____    | \$ _____                  | \$ _____               | \$ _____                  | \$ _____                 |
| 3 <sup>rd</sup> Child:                                     | \$ _____    | \$ _____                  | \$ _____               | \$ _____                  | \$ _____                 |
| Add all totals listed in column 5 and note the total here. |             |                           |                        |                           | \$ _____<br>(Subtotal A) |

### Total First Payment Due

|  |   |               |   |          |
|--|---|---------------|---|----------|
| \$ _____<br>(Subtotal A)   | X | _____         | = | \$ _____ |
|  |   | *Modal Factor |   |          |
| <b>*Modal factors:</b> <input type="checkbox"/> Annual 1.00 <input type="checkbox"/> Semi-annual .55 <input type="checkbox"/> Quarterly .28 <input type="checkbox"/> Monthly .20 |   |               |   |          |
| Optional express mailing fee: (\$20 in US, \$30 outside the US)  |   |               |   | \$ _____ |
| <b>Total first payment due:</b>  |   |               |   | \$ _____ |

### Remaining Payments (For semi-annual, quarterly, or monthly payment modes only)

|   |   |               |   |          |
|---|---|---------------|---|----------|
| \$ _____<br>(Subtotal A)  | X | _____         | = | \$ _____ |
|   |   | *Modal Factor |   |          |
| <b>*Modal factors:</b> <input type="checkbox"/> Semi-annual .55 <input type="checkbox"/> Quarterly .28 <input type="checkbox"/> Monthly .10 |   |               |   |          |
| <b>Premium due for each additional installment :</b>  |   |               |   | \$ _____ |

**Monthly payments are available only if valid e-mail address is provided:** \_\_\_\_\_  
**All correspondence regarding monthly payments will be made via e-mail to this address. For monthly payment mode, there will be 10 additional monthly payments after the initial payment. If you elect monthly payments, the 11 payments will be drawn during the first 11 months of coverage.**

### Florida Surplus Lines – All applicants: Please indicate whether either of the following statements applies to you.

|  |   |
|--|---|
| I am a Florida Resident who will be living and working abroad during my Certificate Period. I may return home for short periods of time. | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| I am a non-Florida resident who is coming to Florida for vacation or other non-work purposes.  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |

## Part 6

I hereby apply for membership in the Atlas/International Citizen Group Insurance Trust, Hamilton, Bermuda, and for the insurance provided to Members by Lloyd's. I have personally completed this Application. I represent and warrant that the answers and statements on this Application are true, complete and correctly recorded. I understand MultiNational Underwriters® relies on the information provided on this Application, including any attachments, to determine whether or not the Applicant(s) meets the Underwriting and Eligibility requirements of the plan. I understand that any misrepresentation or omission contained herein will void my insurance and all claims will be forfeited. I understand that no coverage is effective until I am notified in writing by MultiNational Underwriters®. I understand that if this Application is not accepted, the sole obligation of MultiNational Underwriters® is to return to me any premium I have paid. I understand that this insurance contains a Pre-existing Condition exclusion, a Pre-certification penalty, and other restrictions, exclusions and limitations. I understand that I may obtain a copy of the Master Policy upon request to MultiNational Underwriters®. I understand that Lloyd's, as underwriter of the plan, is solely liable for the coverage and benefits provided under this insurance. I understand that Lloyd's operates as an approved, non-admitted insurer in all states of the United States except Illinois and Kentucky, where they are admitted. As such, claims under this insurance may not be made against any state guaranty fund. I understand that the insurance agent/broker, if any, assisting me with this Application is a representative of the Applicant. Licensed insurance brokers and independent agents are compensated through commissions calculated as a percentage of premium for the purchase, renewal, placement or servicing of insurance coverage. Additionally, some licensed producers may also receive bonuses and incentive trips or prizes associated with sales contests based on sales criteria, such as the overall sales volume or for the percentage of completed sales through MultiNational Underwriters®. Please contact your insurance broker to obtain information about the specific compensation they may receive in connection with the issuance of your coverage. The undersigned authorizes any doctor, medical practitioner, hospital, clinic, health facility, pharmacy, government agency, insurance agency, insurance company, group policyholder or insurance or benefit administrator or any other entity having information as to the care, advice, treatment, diagnosis or physical or mental condition of any family member listed on this Application to release said information to MultiNational Underwriters®.

\_\_\_\_\_  
Signature of Applicant, Guardian, or Power of Attorney

\_\_\_\_\_  
Signature of Spouse

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

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

### Method of Payment

Check or money order (annual payments only)     American Express     Discover     MasterCard     VISA

Check or money orders should be made payable to MultiNational Underwriters®. All payments must be made in US Dollars. If paying by credit card, I authorize MultiNational Underwriters® to debit my VISA/MasterCard/American Express/Discover account for the total amount due. If I have selected monthly, quarterly, or semi-annual payment modes, I hereby request and authorize MultiNational Underwriters® to debit my credit card account for the proper installment amounts on their respective due dates. This authorization will remain in effect for up to 12 months or longer if the Certificate is renewed, or until revoked by me in writing. Coverage purchased by credit card is subject to validation and acceptance by the credit card company.

Credit Card Number:

Expiration Date (mm/yy):

Name as it appears on card:

Billing Address:

Daytime Phone Number:

Signature:

## Part 7

|  |                                       |                    |
|--|---------------------------------------|--------------------|
| Producer Number: 22342                     | Producer Name: Chiranth Nataraj       |                    |
| Company Name: International Services, Inc. | Street Address: 5529 Barnsley Terrace |                    |
| City: Glen Allen                           | State: VA                             | Postal Code: 23059 |
| Country:                                   | Telephone: 877-593-5403               | Fax: 877-593-5403  |
| E-mail Address: insurance@nriol.net        | Signature:                            |                    |

THIS MEDICAL, DENTAL AND LIFE INSURANCE IS UNDERWRITTEN BY CERTAIN UNDERWRITERS AT LLOYD'S, LONDON AND IS AVAILABLE TO MEMBERS OF THE ATLAS/INTERNATIONAL CITIZENS GROUP INSURANCE TRUST, HAMILTON, BERMUDA. LLOYD'S IS AN APPROVED, NON-ADMITTED INSURER IN ALL STATES OF THE UNITED STATES, EXCEPT KENTUCKY AND ILLINOIS WHERE THEY ARE ADMITTED. CLAIMS UNDER THIS INSURANCE MAY NOT BE MADE AGAINST ANY STATE GUARANTY FUND.

**New Business Annual Rates for Standard Risks**

**Rate Table – Medical Coverage Including the US and Canada**

| Age           | \$250 Deductible |          | \$500 Deductible |          | \$1,000 Deductible |         | \$2,500 Deductible |         | \$5,000 Deductible |         |
|---------------|------------------|----------|------------------|----------|--------------------|---------|--------------------|---------|--------------------|---------|
|               | Male             | Female   | Male             | Female   | Male               | Female  | Male               | Female  | Male               | Female  |
| 14 days to 9* | \$523            | \$523    | \$441            | \$441    | \$336              | \$336   | \$303              | \$303   | \$289              | \$289   |
| 10 to 18*     | \$550            | \$550    | \$462            | \$462    | \$358              | \$358   | \$323              | \$323   | \$310              | \$310   |
| 19-24         | \$1,221          | \$2,096  | \$1,051          | \$1,976  | \$820              | \$1,420 | \$721              | \$1,258 | \$619              | \$1,034 |
| 25-29         | \$1,265          | \$2,321  | \$1,100          | \$2,181  | \$858              | \$1,571 | \$747              | \$1,389 | \$684              | \$1,134 |
| 30-34         | \$1,397          | \$2,595  | \$1,227          | \$2,419  | \$957              | \$1,802 | \$847              | \$1,596 | \$727              | \$1,309 |
| 35-39         | \$1,452          | \$2,855  | \$1,276          | \$2,605  | \$996              | \$1,994 | \$868              | \$1,763 | \$796              | \$1,414 |
| 40-44         | \$1,796          | \$2,338  | \$1,587          | \$2,088  | \$1,232            | \$1,628 | \$990              | \$1,439 | \$886              | \$1,148 |
| 45-49         | \$2,027          | \$2,450  | \$1,805          | \$2,211  | \$1,403            | \$1,722 | \$1,238            | \$1,520 | \$1,009            | \$1,170 |
| 50-54         | \$2,464          | \$2,659  | \$2,214          | \$2,417  | \$1,727            | \$1,887 | \$1,566            | \$1,713 | \$1,282            | \$1,398 |
| 55-59         | \$3,080          | \$3,031  | \$2,860          | \$2,780  | \$2,200            | \$2,171 | \$1,965            | \$1,970 | \$1,653            | \$1,609 |
| 60-64         | \$4,356          | \$4,106  | \$4,028          | \$3,779  | \$3,373            | \$3,123 | \$3,078            | \$2,847 | \$2,553            | \$2,258 |
| 65-69         | \$8,998          | \$7,847  | \$8,670          | \$7,519  | \$8,016            | \$6,861 | \$6,233            | \$5,187 | \$5,407            | \$4,565 |
| 70            | \$10,610         | \$9,173  | \$10,277         | \$8,851  | \$9,613            | \$8,187 | \$7,580            | \$6,153 | \$6,575            | \$5,319 |
| 71            | \$11,107         | \$9,612  | \$10,775         | \$9,282  | \$10,111           | \$8,617 | \$7,983            | \$6,488 | \$6,925            | \$5,608 |
| 72            | \$11,532         | \$9,977  | \$11,204         | \$9,648  | \$10,547           | \$8,991 | \$8,330            | \$6,776 | \$7,226            | \$5,856 |
| 73            | \$11,970         | \$10,344 | \$11,645         | \$10,019 | \$10,993           | \$9,369 | \$8,690            | \$7,063 | \$7,538            | \$6,105 |
| 74            | \$12,553         | \$10,839 | \$12,227         | \$10,514 | \$11,576           | \$9,863 | \$9,153            | \$7,438 | \$7,940            | \$6,430 |

**Rate Table – Medical Coverage Excluding the US and Canada**

| Age           | \$250 Deductible |         | \$500 Deductible |         | \$1,000 Deductible |         | \$2,500 Deductible |         | \$5,000 Deductible |         |
|---------------|------------------|---------|------------------|---------|--------------------|---------|--------------------|---------|--------------------|---------|
|               | Male             | Female  | Male             | Female  | Male               | Female  | Male               | Female  | Male               | Female  |
| 14 days to 9* | \$408            | \$408   | \$344            | \$344   | \$262              | \$262   | \$236              | \$236   | \$226              | \$226   |
| 10 to 18*     | \$429            | \$429   | \$360            | \$360   | \$279              | \$279   | \$252              | \$252   | \$242              | \$242   |
| 19-24         | \$952            | \$1,634 | \$819            | \$1,541 | \$639              | \$1,108 | \$562              | \$982   | \$483              | \$807   |
| 25-29         | \$987            | \$1,810 | \$858            | \$1,701 | \$669              | \$1,225 | \$583              | \$1,084 | \$534              | \$885   |
| 30-34         | \$1,090          | \$2,024 | \$957            | \$1,887 | \$746              | \$1,405 | \$661              | \$1,245 | \$567              | \$1,021 |
| 35-39         | \$1,133          | \$2,227 | \$995            | \$2,032 | \$776              | \$1,556 | \$677              | \$1,375 | \$621              | \$1,103 |
| 40-44         | \$1,455          | \$1,893 | \$1,286          | \$1,691 | \$998              | \$1,319 | \$802              | \$1,165 | \$717              | \$930   |
| 45-49         | \$1,642          | \$1,984 | \$1,462          | \$1,791 | \$1,136            | \$1,394 | \$1,002            | \$1,231 | \$817              | \$948   |
| 50-54         | \$1,996          | \$2,154 | \$1,794          | \$1,958 | \$1,399            | \$1,528 | \$1,269            | \$1,387 | \$1,038            | \$1,132 |
| 55-59         | \$2,526          | \$2,485 | \$2,345          | \$2,279 | \$1,804            | \$1,781 | \$1,611            | \$1,615 | \$1,356            | \$1,320 |
| 60-64         | \$3,572          | \$3,367 | \$3,303          | \$3,098 | \$2,766            | \$2,561 | \$2,524            | \$2,334 | \$2,094            | \$1,852 |
| 65-69         | \$7,378          | \$6,435 | \$7,110          | \$6,165 | \$6,573            | \$5,626 | \$5,111            | \$4,253 | \$4,433            | \$3,743 |
| 70            | \$8,806          | \$7,614 | \$8,530          | \$7,346 | \$7,979            | \$6,795 | \$6,291            | \$5,107 | \$5,457            | \$4,414 |
| 71            | \$9,219          | \$7,978 | \$8,943          | \$7,704 | \$8,392            | \$7,152 | \$6,626            | \$5,385 | \$5,747            | \$4,654 |
| 72            | \$9,572          | \$8,281 | \$9,299          | \$8,008 | \$8,754            | \$7,463 | \$6,914            | \$5,624 | \$5,997            | \$4,861 |
| 73            | \$9,935          | \$8,586 | \$9,665          | \$8,316 | \$9,125            | \$7,776 | \$7,213            | \$5,862 | \$6,257            | \$5,067 |
| 74            | \$10,419         | \$8,997 | \$10,148         | \$8,726 | \$9,608            | \$8,186 | \$7,597            | \$6,174 | \$6,590            | \$5,336 |

\* Medical coverage for the first 2 children age 14 days to 9 years is free only when both parents are insured under the same plan. The Dependent Child rate is only available when at least one parent (guardian) is insured under the same plan. Dependent children alone must pay the age 19 to 24 Male rate.

**Rate Table – Optional Term Life and AD&D Insurance**

| Age             | Option 1 | Option 2      |
|-----------------|----------|---------------|
|                 | \$130    | \$ 230        |
| 30-39           | \$210    | \$ 370        |
| 40-44           | \$310    | \$ 545        |
| 45-49           | \$450    | \$ 790        |
| 50-54           | \$570    | \$1000        |
| 55-59           | \$770    | \$1350        |
| 60-64           | \$585    | \$1025        |
| 65-69           | \$315    | Not Available |
| Dependent Child | \$ 85    | Not Available |

**Rate Table – Optional Dental Rider**

|            |       |
|------------|-------|
| US Citizen | \$348 |
| All Others | \$492 |

**Rate Table – Optional Sports Rider**

|                        |       |
|------------------------|-------|
| Age 14 days – 59 years | \$250 |
|------------------------|-------|

Rates effective through 06/30/2009

Rates include Surplus Lines taxes and fees when applicable