

# liaison<sup>®</sup> majestic

brochure & application



**medical insurance** that covers you outside your home country

5 days to 12 months\* of coverage for:

- non-citizens visiting the united states
- united states citizens traveling overseas

*\*renewable up to 3 years*



SEVEN CORNERS

# schedule of coverage

All coverages and plan costs listed in this brochure are in U.S. Dollar amounts.

**medical maximum:** \$60,000; \$125,000; \$600,000; \$1,000,000 (ages 80+, maximum limited to \$15,000)

**deductible:** \$0; \$100; \$250; \$500; \$1000; \$2500 Deductible is per person per Policy Period, maximum of 3 Policy Period deductibles per family. The selected Deductible and Coinsurance amount must be met for each 12-month Policy Period (see Continuing Coverage)

**coinsurance: inside the united states:** After you pay the deductible, the program pays 90% of the next \$5,000 of eligible expenses, then 100% to the selected Medical Maximum.

**outside the united states and canada:** After you pay the deductible, the program pays 100% to the selected Medical Maximum.

**hospital indemnity:** \$150 / night, up to a maximum of thirty (30) days (traveling outside the U.S. and Canada). In addition to any other Covered Expense.

**dental (emergency):** \$100 (\$500 for accidents) Only available to programs purchased for one (1) month or more.

**emergency medical evacuation/ repatriation:** \$300,000 (in addition to the Medical Maximum)

**home country coverage:**  
**incidental trips to the home country:** \$50,000  
**follow me home coverage:** \$5,000

**return of mortal remains:** \$50,000

**political evacuation and repatriation:** \$50,000

**emergency reunion:** \$50,000

**return of minor child(ren):** \$50,000

**interruption of trip:** \$5,000

**loss of checked luggage:** \$250

**local ambulance expense:** \$5,000

**accidental death & dismemberment (ad&d):** \$50,000 Principal Sum for Insured or Insured Spouse, \$5,000 for Dependent Child(ren).

**common carrier accidental death:** \$100,000 per adult, \$25,000 per child(ren) under age of 18; \$250,000 Maximum per family

**coma benefit:** \$50,000

**felonious assault benefit:** \$10,000

**hospital room & board:** Usual, reasonable and customary to the selected Medical Maximum

**intensive care:** Usual, reasonable and customary to the selected Medical Maximum

**outpatient medical expenses:** Usual, reasonable and customary to the selected Medical Maximum

**terrorism:** Usual, reasonable and customary to the selected Medical Maximum

**waiver of pre-existing conditions:** Up to \$20,000 for U.S. citizens traveling outside the United States & Canada (refer to exclusion #1 for details)

For foreign nationals visiting the United States, up to \$200 per day for each night spent in the hospital after being admitted for either a heart attack or stroke. Max. Benefit of \$3,000 (refer to exclusion #1 for details)

**benefit period:** Six months

# why choose seven corners?

## value

Seven Corners utilizes widely recognized and reputable insurance organizations to underwrite our programs. We realize that the value of an insurance program is in the professionalism of the underlying organization. Seven Corners continually invests in its people, systems, and solutions in order to make the insurance buying experience a favorable one for our clientele.

## convenience

Our program brochures and documentation offer a detailed description of the product and underlying coverage.

## doctors & hospitals worldwide

Seven Corners has access to over 12,000 doctors and hospitals worldwide. With one phone call, we can assist you in locating a provider. Seven Corners' Assist is trained to help you locate appropriate care.

## why worldwide medical insurance?

Each year, millions of people travel beyond the boundaries of their medical insurance. If you are concerned with the potential out-of-pocket expenses that could result from an Injury or Illness while traveling, Liaison® Majestic offers medical coverage and emergency services to individuals and families traveling outside their Home Country. This brochure is a brief description of Liaison® Majestic. For a full description, please visit our website at [www.sevencorners.com](http://www.sevencorners.com). Once you have purchased the program a complete Program Summary will be e-mailed to you.

## eligibility

Liaison® Majestic provides coverage, as outlined in this brochure, for individuals and families (including unmarried dependent child(ren) over 14 days and under 19 years of age) while traveling outside of their Home Country.

Home Country is defined as - The country where a covered person(s) has his/her true, fixed and permanent home and principal establishment.

# description of coverage

## period of coverage

The minimum period of coverage under Liaison® Majestic is five (5) days, maximum is twelve (12) months (see Continuing Coverage section). If you are traveling for a long period of time, please refer to “Continuing Coverage” section.

### effective date

Your coverage will begin on the latest of the following: 1) The moment you depart your Home Country; or 2) The date and time the Application and full plan cost is received and accepted by Seven Corners; or 3) The date requested on the Application.

### expiration date

Coverage will end on the earlier of the following: 1) Your return to your Home Country (*except as provided under the Home Country Coverage*); or 2) The date shown on the ID Card, for which plan cost has been paid; 3) The date you are no longer eligible under this plan.

## medical

When you incur a covered Injury or Illness, the program will pay Usual, Reasonable and Customary medical charges for Covered Expenses, excess of the chosen Deductible and Coinsurance, up to the selected Medical Maximum. Only such expenses, incurred as the result of an Injury or Illness, which are specifically enumerated in the following list of charges, are incurred within six (6) months from the onset of an Injury or Illness, and which are not excluded in the Exclusions, shall be considered as Covered Expenses:

1. Charges made by a Hospital for room and board, floor nursing and other services inclusive of charges for professional service (with the exception of personal services of a non-medical nature); charges made for an operating room.
2. Charges made for Intensive Care or Coronary Care charges and nursing services.
3. Charges made for diagnosis, treatment and Surgery by a Physician; charges made for the cost and administration of anesthetics.
4. Charges made for Outpatient treatment, same as any other treatment covered on an Inpatient basis. This includes ambulatory Surgical centers, Physicians' Outpatient visits/examinations, clinic care, and Surgical opinion consultations.

## medical (cont.)

5. Charges for medication, x-ray services, laboratory tests and services, the use of radium and radioactive isotopes, oxygen, blood transfusions, iron lungs, and medical treatment; dressings, drugs, and medicines that can only be obtained upon a written prescription of a Physician or Surgeon.
6. Charges for physiotherapy, if recommended by a Physician for the treatment of a specific Disablement and administered by a licensed physiotherapist.
7. Ground ambulance (*within the metropolitan area*) to and from the nearest Hospital with facilities for required treatment. If the covered person is in a rural area and unreachable by ground ambulance, then licensed air ambulance transportation to the nearest metropolitan area shall be considered a Covered Expense.
8. Hotel room charge, when the Covered person, otherwise necessarily confined in a Hospital, shall be under the care of a duly qualified Physician in a hotel room due to unavailability of a Hospital room by reason of capacity or distance or any other circumstances beyond control of the Covered person.
9. Charges made for artificial limbs, eyes, larynx, and orthotic appliances, but not for replacement of such items.

## dental - emergency only

The Emergency Dental Benefit is available to you provided you have purchased one (1) or more months of coverage. Treatment necessary to resolve acute, spontaneous and unexpected inception of pain to sound natural teeth (\$100) or Dental treatment necessary to restore or replace sound natural teeth lost or damaged in an Accident which is covered under the program (\$500). This benefit is subject to the Deductible and Coinsurance.

## emergency medical evacuation/repatriation

The program will pay Covered Expenses incurred if any covered Injury or Illness commences during the Period of Coverage that results in a Medically Necessary Emergency Medical Evacuation or Repatriation (*your medical condition warrants immediate transportation from the medical facility where you are located to the nearest adequate medical facility where medical treatment can be obtained*). This benefit must be arranged by the Assistance Company in consultation with the local attending Physician.\*

## description of coverage

### return of mortal remains

The Program will pay the reasonable Covered Expenses incurred up to a maximum of \$50,000 to return your remains to your Home Country, if you should die.\*

### political evacuation and repatriation

If due to political or military events in a host country, a formal recommendation from the appropriate authorities is issued for you to leave the host country, or you are expelled or declared persona non-grata by the host country, all reasonable expenses incurred for transportation to the nearest place of safety or for repatriation to your Home Country is covered up to a maximum of \$50,000. Evacuation must occur within 10 days of any such event. Coverage will apply to the most appropriate and economical means consistent, under the circumstances, with your health and safety. Evacuation costs will be paid once per insured per occurrence.\*

### emergency medical reunion

When Emergency Medical Evacuation or Repatriation is arranged and the attending Physician recommends that a family member travel with you, the program will arrange and pay, up to \$50,000, for round-trip economy-class transportation for one individual of your choice, from your Home Country, to be at your side while you are hospitalized and then accompany you during your return to your Home Country.

### return of minor child(ren)

If you are traveling alone with a Minor Child(ren) and are hospitalized because of a covered Illness or Injury and the Minor Child(ren), under age 19, is left unattended, the program will arrange and pay up to \$50,000 for one-way economy fare to their Home Country *(including the cost of an attendant/escort, if necessary to ensure the safety and welfare of a Minor Child(ren))*.\*

### hospital indemnity

If you are hospitalized while traveling outside of the United States or Canada, and the hospitalization is considered a Covered Expense, the program will indemnify you \$150 for each night spent in the hospital, up to a maximum of thirty (30) days. *(this benefit is in addition to any other covered expenses of the program).*

### interruption of trip

If you are unable to continue the Trip due to the death of an Immediate Family member *(parent, spouse, sibling or child)* or due to serious damage to your principal residence from fire, flood or similar natural disaster *(tornado, earthquake, hurricane, etc.)*, the program will reimburse you *(up to \$5,000)* for the cost of economy travel, less the value of applied credit from an unused return travel ticket, to return you home to your area of principal residence\*

### loss of checked luggage

If your checked luggage is permanently lost by the airline, the program will reimburse you for the replacement of clothing and personal hygiene items lost to a maximum per bag limit of \$50 *(up to \$250)*. This benefit is secondary to any other *(including airline)* coverage available. You must furnish proof to the Company that full reimbursement has been obtained from the airline.

### felonious assault benefit

If you are Injured as a result of a Felonious Assault while traveling outside of your Home Country, the program will pay \$10,000. This benefit is in addition to any other benefit available under this program. Refer to the Program summary for full description and conditions.

### coma benefit

If a covered Injury renders you Comatose within 90 days of the date of the accident that caused the Injury, and if the Coma continues for a period of 30 consecutive days, the program will pay a monthly benefit equal to 1% of \$50,000. No benefit is provided for the first 30 days of the Coma. The benefit is payable monthly as long as you remain Comatose due to that Injury, but ceases on the earliest of: (1) the date you cease to be Comatose due to that Injury; (2) the date the Insured dies; or (3) the date the total amount of monthly Coma benefits paid for all Injuries caused by the same accident equals the maximum amount. This benefit is in addition to any other benefit available under this program. See Program Summary for full description and conditions.

## description of coverage

### assistance services

Upon enrollment into Liaison® Majestic, you are eligible to use any of the assistance services provided by the Assistance Services Provider. Additional information is contained in the Program Summary.

- Open 24 hours / day, 365 days a year
- Multilingual personnel
- Physicians / nurses on staff
- Locate local facilities
- Help with emergency situations

### home country coverage

**Incidental Trips to Your Home Country:** This benefit covers you for incidental trips to your Home Country (*60 days per 12 months of purchased coverage or pro rata thereof - example: approximately 5 days per month of purchased coverage*). Maximum benefit is reduced to \$50,000 for any Illness or Injury occurring while on an incidental trip to your Home Country.

**Follow Me Home Coverage:** This plan shall pay for Covered Expenses incurred in your Home Country up to \$5,000 for conditions that are first diagnosed and treated outside Your Home Country (*Does not apply for Emergency Medical Evacuation or Repatriation*).

*\*NOTE: In the event of Emergency Medical Evacuation, Repatriation, Return of Mortal Remains, Emergency Reunion, Return of Minor Child(ren) or Interruption of Trip benefit is needed or utilized, all arrangements must be made by the Assistance Service Provider. Complete details about the benefits and about the required notification of the Assistance Service Provider are contained in the Program Summary.*

### options

#### continuing coverage

For those who are intending longer international trips, an option is available to you. Seven Corners will email you a renewal notice prior to your program's expiration date.

While a new period of coverage will be issued, your original effective date will be used with regards to calculating your deductible and coinsurance (for up to a total of twelve (12) months, then both will begin again), as well as determining any Pre-existing Conditions.

The maximum period of time Seven Corners will offer this feature is three years (one year for persons age 65 and over). It is important to note that rates and benefits may change for each subsequent period of coverage. A \$5.00 Administrative Fee will be included on each notice. This option is not available if you allow coverage to expire prior to reapplying. If this happens, an entirely new program must be purchased (Pre-existing Condition begins again).

#### hazardous sport coverage

To cover motorcycle/motor scooter riding, hang gliding, parachuting, bungee jumping, water skiing, snow skiing, snowmobiling, and snow boarding.

Parachuting shall mean an activity involving the breaking of a free fall from an airplane using a parachute.

## description of coverage

### pre-notification / referral

In order to ensure your claims are addressed as efficiently as possible, you or the provider of service must contact the Assistance Company for Pre-notification prior to any medical treatment in the US, as well as hospital admissions and inpatient / outpatient surgeries incurred worldwide. The Assistance Company has trained personnel available twenty-four (24) hours a day, seven (7) days a week throughout the year to answer your questions, provide assistance, and guide you to an appropriate facility. In the case of an Emergency Admission, the Assistance Company must be contacted within forty-eight (48) hours, or as soon as reasonably possible. Pre-notification does not guarantee that benefits will be paid. Failure to pre-notify will result in a 20% reduction in Eligible Benefits.

**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. Liaison® Majestic does not guarantee payment to a facility or individual for medical expenses until Seven Corners determines that it is an eligible expense.**

### refund of premium

Seven Corners realizes that there is uncertainty in international travel. Refund of total plan cost will only be considered if written request is received by Seven Corners prior to the Effective Date of Coverage. If written request is received after the Effective Date of coverage, the unused portion of the plan cost may be refunded minus a cancellation fee, provided no claim has been submitted to Seven Corners for reimbursement.

### claim submission

Filing a claim with Seven Corners is easy. You will receive a Liaison® Majestic identification card and claim form via e-mail after your application has been processed. When you receive treatment, send the original, itemized bills to Seven Corners within ninety (90) days. Eligible bills are automatically converted from local currencies to U.S. dollars. For payments of eligible medical expenses, notify Seven Corners of pending treatments and we can refer you to approved healthcare providers worldwide. You're only responsible for your deductible, coinsurance and non-eligible expenses. For more details, consult the Program Summary that is provided via e-mail, or contact the Seven Corners Claim Department.

## description of exclusions

### exclusions

For Medical benefits, this Insurance does not cover:

1. Any Injury or Illness which meets the following criteria:
  - a) condition(s) that would have caused a person to seek medical advice, diagnosis, care or treatment during the thirty-six (36) months prior to the Effective Date of coverage under this Policy;
  - b) condition(s) for which manifestation, medical advice, diagnosis, care or treatment was recommended, received, or noticed during the thirty-six (36) months prior to the Effective Date of coverage under this Policy;

If you are traveling outside the United States and Canada, the period is twelve (12) months instead of thirty-six (36) months.

If you are a United States citizen and the United States is your Home Country, this exclusion is waived for the first \$20,000 in eligible medical expenses incurred outside the United States and Canada (*for persons age 65 and over, the amount is \$2,500*). This waiver does not include coverage for known, scheduled, required, or expected medical care, drugs, or treatments existent or necessary prior to the effective date of this program.

If you are a non-United States citizen visiting the United States and suffer a Myocardial Infarction or Stroke and are admitted to a Hospital, this exclusion is waived in order to pay a \$200 per night benefit for each night spent in the Hospital, up to a maximum benefit of \$3,000. The term "Myocardial Infarction" shall mean an acute and emergent onset of any of the conditions and/or diseases described and coded in the International Coding of Diseases version 9 (ICD9), code sequences 410.0 – 410.9 and 414.1 – 419.9. The term "Stroke" shall mean an acute and emergent onset of any of the conditions and/or diseases described and coded in the International Coding of Diseases version 9 (ICD9), code sequence 430-438.9. This waiver does not include coverage for known, scheduled, required, or expected medical care, drugs, or treatments existent or necessary prior to the effective date of this program.

## description of exclusions

### exclusions (cont.)

2. Charges for treatment which exceed Reasonable and Customary charges; or charges incurred for Surgeries or treatments which are Investigational, Experimental, or for research purposes; expenses which are non-medical in nature; expenses for Vocational, Speech, Recreational or Music Therapy.
3. Expenses which were not recommended, approved and certified as Medically Necessary and reasonable by a Physician.
4. Suicide or any attempt thereof, while sane, or self destruction or any attempt thereof, while insane; intentionally self-inflicted Injury or Illness; or expenses as a result of, or in connection with, the commission of a felony offense.
5. 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*), or civil war.
6. Injury sustained while participating in professional, sponsored and/or organized Amateur or Interscholastic Athletics.
7. Routine physicals, inoculations, or other examinations where there are no objective indications or impairment in normal health.
8. Treatment of the Temporomandibular joint.
9. Services or supplies performed or provided by a Relative of yours, or anyone who lives with you.
10. Treatment and the provision of false teeth or dentures, normal ear tests and the provision of hearing aids, cosmetic or plastic Surgery (*including deviated nasal septum*), routine dental expenses, eye care or eye-related expenses, unless caused by Accidental bodily Injury incurred while insured hereunder.
11. Treatment in connection with alcoholism and drug addiction, or use of any drug or narcotic agent; any Mental and Nervous disorders or rest cures; Injury sustained while under the influence of or Disablement due wholly or partly to the effects of intoxicating liquor or drugs.
12. Congenital abnormalities and conditions arising out of or resulting therefrom.
13. Expenses incurred during a hospital emergency room visit which is not of an emergency nature.

### exclusions (cont.)

14. Injury sustained while taking part in mountaineering, hang gliding, parachuting, bungee jumping, racing by horse or motor vehicle or motorcycle, snowmobiling, motorcycle / motor scooter riding, scuba diving involving underwater breathing apparatus (*unless PADI or NAUI certified*), water skiing, snow skiing and snow boarding. (*Please see Optional Hazardous Sports Coverage to include some of these sports*)
  - Mountaineering shall mean the sport, hobby or profession of walking, hiking, and climbing up mountains either: 1) utilizing harnesses, ropes, crampons or ice axes; or 2) ascending 4500 meters or above.
  - Parachuting shall mean an activity involving the breaking of a free fall from an airplane using a parachute.
15. Treatment paid for or furnished under any other individual, government, or group policy or charges provided at no cost to you.
16. Treatment of venereal or sexually transmitted disease.
17. Pregnancy expenses or Illness resulting from pregnancy, childbirth, or miscarriage; or for miscarriage resulting from an Accident.
18. Drug, treatment or procedure that either promotes or prevents conception, or prevents childbirth.
19. Expenses incurred while you are in your Home Country (*except as provided under the Home Country Coverage benefit*).
20. Expenses incurred for which travel was undertaken to seek medical treatment for a condition; or incurred after the Covered person's physician has limited or restricted travel.

## additional information

### seven corners assist

Seven Corners Assist is a leading provider of customized emergency assistance services to international organizations, corporations, government entities, insurance companies, and individual travelers. Regardless of the location, Seven Corners Assist provides valuable assistance in locating the best possible medical treatment.

### the insurance company

Liaison® Majestic is underwritten by The Insurance Company of the State of Pennsylvania, a member company of the American International Group of Companies (AIG) and is rated A+ "Superior" by the A.M. Best Company.

### the program administrator

Medical care is different throughout the world and providing quality medical attention should be the ultimate goal of any program. Most companies are not prepared to meet the unique needs of international travelers. An organization must be equipped to address foreign currencies, international doctors and hospitals, as well as unusual claim forms and documents. Liaison® Majestic is designed and administered by Seven Corners, Inc. The claim and assistance professionals at Seven Corners collectively have over 250 years of experience in claim processing and administration.

### seven corners

Since 1993, Seven Corners, Inc. has alleviated many of the concerns with international travel by providing insurance plans to private citizens, governments, missionaries, students, and corporations of various nations around the globe. Each year, thousands of insureds purchase coverage from Seven Corners in order to obtain the most comprehensive and reliable products in the international insurance industry.

Our assistance professionals are experienced in the complexity and importance of receiving medical care internationally. As an insured of Seven Corners, you can feel confident that there is someone ready to assist you with a medical situation 24 hours a day, 7 days a week, 365 days a year.

## daily rates

### Rates based on a \$250 Deductible

Effective November 1, 2007

#### Traveling to the United States

If the applicant is traveling to, temporarily residing in, or visiting the United States, please use these rates.

#### Policy Maximum Options

Age	\$60,000	\$125,000	\$600,000	\$1,000,000
	Daily	Daily	Daily	Daily
19 to 29	\$1.68	\$1.94	\$2.63	\$2.83
30 to 39	\$2.25	\$2.61	\$3.50	\$3.74
40 to 49	\$3.36	\$3.74	\$5.12	\$5.43
50 to 59	\$5.27	\$6.23	\$7.46	\$8.46
60 to 64	\$6.47	\$7.83	\$9.70	\$10.68
65 to 69	\$8.37	N/A	N/A	N/A
70 to 79	\$10.53	N/A	N/A	N/A
80 plus *	\$18.33	N/A	N/A	N/A
Each Dep. Child	\$1.02	\$1.17	\$1.53	\$1.58
Each Child Alone	\$1.69	\$1.97	\$2.48	\$2.66

#### 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.

#### Policy Maximum Options

Age	\$60,000	\$125,000	\$600,000	\$1,000,000
	Daily	Daily	Daily	Daily
19 to 29	\$1.00	\$1.19	\$1.37	\$1.48
30 to 39	\$1.19	\$1.47	\$1.83	\$2.01
40 to 49	\$1.99	\$2.22	\$2.51	\$2.68
50 to 59	\$3.44	\$3.88	\$4.20	\$4.27
60 to 64	\$4.36	\$5.15	\$5.64	\$6.11
65 to 69	\$5.06	\$5.43	\$5.79	\$6.33
70 to 79	\$8.33	\$11.10	N/A	N/A
80 plus*	\$14.57	N/A	N/A	N/A
Each Dep. Child	\$0.73	\$0.85	\$0.93	\$0.99
Each Child Alone	\$1.10	\$1.24	\$1.38	\$1.42

\*Ages 80+ limited to \$15,000. Dep. Child rate is applicable when at least one parent will also be covered under Liaison® Majestic. Child Alone rate is used when a child will be insured by themselves.

## why Liaison® Majestic

rapid processing

A+ "superior" rated, u.s. insurance company

professional customer service

24 hour worldwide assistance

online quote & purchase

## about seven corners



**SEVEN CORNERS**

Since 1993, Seven Corners has provided medical insurance to corporations, worldwide travelers, expatriates, students, overseas visitors, immigrants and global citizens. With expertise and efficiency, we've served clients in more than a hundred countries.

## for additional information:

## enrolling in Liaison® Majestic

1. Complete the entire Liaison® Majestic Application. Payment for the entire period of coverage is due at the time of application.
2. If paying by check or money order, make payable to: "Seven Corners" and enclose it together with completed Application.
3. If paying by credit card, complete the Application and mail or fax to Seven Corners. Be sure to sign the Method of Payment section.
4. Read the brochure and sign the Application.

Return the Application with your payment for the total premium to:



**SEVEN CORNERS**

**303 Congressional Boulevard**

**Carmel, IN 46032**

**Fax: 317-575-2659**

**Phone: 800-335-0611 or 317-575-2652**

**Online: [www.sevencorners.com](http://www.sevencorners.com)**

*(You may fax if paying by credit card only. Originals are not required if application is faxed to Seven Corners with credit card payment.)*

(please print or type using black ink)

**Official Use Only:**

Cert#: \_\_\_\_\_ Processed: \_\_\_\_\_ Eff. Date: \_\_\_\_\_ Agent: \_\_\_\_\_

**applicant information**

Last Name: \_\_\_\_\_  
 First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_  
 Country of Permanent, fixed Residence: \_\_\_\_\_  
*(Home Country)*  
 Passport Number/Country: \_\_\_\_\_  
 Departure Date from your Home Country? (MM/DD/YY) \_\_\_/\_\_\_/\_\_\_  
 AD&D Beneficiary: \_\_\_\_\_  
 Relationship: \_\_\_\_\_  
*(Accidental Death & Dismemberment)*

**address of correspondence - where id card is to be sent:**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_  
 Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_  
 Work Phone: ( ) \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Previously insured by Seven Corners?  Yes  No ID #: \_\_\_\_\_  
 When would you like coverage to begin? (MM/DD/YY) \_\_\_/\_\_\_/\_\_\_  
 Destination?: \_\_\_\_\_ Length of trip?: \_\_\_\_\_  
 What is your expected return date? (MM/DD/YY) \_\_\_/\_\_\_/\_\_\_

*Please note: The minimum period of coverage is 5 days, the maximum is 12 months (please see Continuing Coverage Option). Coverage must be purchased in increments of no less than 5 days. Coverage cannot begin until your departure from your Home Country, nor will coverage begin until Seven Corners receives and accepts your application and correct payment.*

**calculating your plan cost**

*(Please complete entire section.)*

Name of Person(s) to be Insured:	Date of Birth MM/DD/YY	Monthly Rate	Daily Rate
Applicant: _____	___/___/___		
Spouse: _____	___/___/___		
Child: _____	___/___/___		
Child: _____	___/___/___		
Child: _____	___/___/___		
<b>Total:</b>		<b>\$</b>	<b>\$</b>

**minimum period of coverage is 5 days**

Multiply Monthly Rate Total by number of months:	x	
Monthly Total [A]:		\$
Multiply Daily Rate Total by number of days:	x	\$
Daily Total [B]:		\$
Total of [A] and [B]:		\$
Multiply by Deductible Factor:	x	
Total:		\$
Multiply by Coverage Option Factor: (If applicable)	x	
<b>Total Payment Enclosed:</b>		<b>\$</b>

**coverage specifics**

Are you traveling:  to the U.S. or  outside the U.S.  
 Policy Maximum:  \$60,000  \$125,000  \$600,000  \$1,000,000

Deductible:	Option	Factor
	<input type="checkbox"/> \$0	1.30
	<input type="checkbox"/> \$100	1.10
	<input type="checkbox"/> \$250	1.00
	<input type="checkbox"/> \$500	.90
	<input type="checkbox"/> \$1000	.80
	<input type="checkbox"/> \$2500	.70

**continuing**

Coverage Option:  No  Yes *(must buy at least 3 months)*  
 Coverage Option:  Hazardous Sport Coverage (1.15)

**method of payment**

Check  Money Order  MasterCard  
 Visa  Discover  American Express

Card Number: \_\_\_\_\_  
 Expiration Date: \_\_\_\_\_ Daytime Phone: ( ) \_\_\_\_\_  
 Name on Card: \_\_\_\_\_  
 Billing Address: \_\_\_\_\_  
 Signature *(Required)* \_\_\_\_\_

Make Check or Money Order payable to "Seven Corners". Total Payment for the Full Term of coverage requested must be paid in U.S. dollars (checks must be issued from a U.S. bank) at the time application for coverage is made. Coverage purchased by credit card is subject to validation and acceptance by the credit card company. I declare that I understand the terms and conditions of this product, as outlined in this brochure. I understand that Pre-existing Conditions, as defined in Exclusion number 1, are excluded. I understand this program is for persons traveling outside their Home Country.

I hereby subscribe to the AIG Life Trust and enroll in the group coverage for which I am eligible under the group contract issued by The Insurance Company of the State of Pennsylvania, a member of American International Group, Inc. (AIG).

Signature of Insured or Proxy *(Required)*  
*(Proxy is someone acting on behalf of insured.)*

Date

## administered by:



**SEVEN CORNERS**

303 Congressional Boulevard

Carmel, IN 46032

800-335-0611 • 317-575-2652 • Fax: 317-575-2659

[www.SevenCorners.com](http://www.SevenCorners.com)



## insurance carrier:

Liaison® Majestic is underwritten by The Insurance Company of the State of Pennsylvania, a member company of the American International Group of Companies (AIG) and is rated A+ "Superior" by the A.M. Best Company.

## for additional information: