

# roundtrip<sup>®</sup> economy/elite

2009



**protect your tickets,** your luggage, and your health, worldwide.  
trip cancellation • interruption and delay • emergency medical and dental • medical transportation



**SEVEN CORNERS**

FSGRT-01

## two coverage options available

### enhanced benefits with roundtrip economy & elite

RoundTrip Economy and RoundTrip Elite helps ensure that you are prepared in the event of an accident, sickness or loss while traveling. By insuring your non-refundable trip costs, you are protected against unforeseen events that would cause your trip to be cancelled. In addition, you will receive coverage for baggage protection, travel assistance services, accidental death and dismemberment, and emergency medical evacuation and repatriation.

RoundTrip Economy offers enhanced benefits with RoundTrip Elite. Both policies provide protection for your trip costs and your health while on your trip. You can now choose Cancel for Any Reason with RoundTrip Elite.

We've optimized both plans' medical coverage for most travelers, however, you may determine you need greater coverage for specific benefits. Consider Liaison® International (*underwritten by Nationwide Mutual Insurance Company and affiliated companies*), or other plans from Seven Corners for up to \$5,000,000 of international medical limits. We have a plan that's right for you.

### protection plan outline

This brochure describes the highlights of our protection plan. Plan details and an ID Card will be mailed to you after you have purchased benefits or can be obtained immediately when using the online system. These details provide complete information regarding the benefits, exclusions and limits of the protection plan. Please read them carefully.

*Note: Certain terms are defined in the Evidence of Benefits that will be mailed to you with your confirmation.*

### eligibility

RoundTrip Economy and RoundTrip Elite may be purchased if You are a resident of the United States or if You purchase this plan within the United States.

Dependent Children are children of the Primary Applicant under 19 years of age.

## schedule of benefits

### roundtrip economy

benefit	per person limit
Trip Cancellation	Tour Cost to a max. of: \$20,000
Trip Interruption	150% or tour cost maximum
Trip Delay	\$500
Missed Connection	\$250
Emergency Medical Expense	\$25,000
Emergency Medical Evacuation / Repatriation	\$250,000
Lost Baggage / Personal Effects	\$600
Baggage Delay	\$100
24-Hour AD&D	\$12,500
Common Carrier AD&D	\$25,000
Travel Assistance Services	Included
Optional Flight Accident per Trip	\$100,000; \$250,000; or 500,000
Optional Collision Damage Waiver (CDW)	\$35,000

### roundtrip elite

benefit	per person limit
Trip Cancellation	Tour Cost to a max. of: \$30,000
Trip Interruption	150% or tour cost maximum
Trip Delay	\$750
Missed Connection	\$750
Emergency Medical Expense	\$75,000
Emergency Medical Evacuation/ Repatriation	\$500,000
Lost Baggage / Personal Effects	\$1,500
Baggage Delay	\$300
24-Hour AD&D	\$25,000
Common Carrier AD&D	\$25,000
Travel Assistance Services	Included
Optional Flight Accident per Trip	\$100,000; \$250,000; or 500,000
Optional Collision Damage Waiver (CDW)	\$35,000
Optional Cancel for Any Reason	Up to 75% of Non-Refundable Trip Cost

# description of coverage

## when you are eligible for benefits

"Effective Date" is 12:01 a.m. following the postmark of Your enrollment form or the date You fax or transmit Your enrollment via the Internet with the proper payment.

- **trip cancellation and assistance services** – Coverage begins on the effective date and time specified in the Confirmation of Benefits. Coverage ends at the point and time of departure on Your Scheduled Departure Date.
- **trip delay / missed connection** – In force while You are en route to and from Your covered Trip.
- **flight accident plan** (if chosen) – Begins on the departure date or the date Your completed enrollment form and fees are postmarked, faxed, or transmitted via the Internet and ends when the Trip is completed or after 30 days (unless additional days are purchased), whichever comes first.
- **collision damage waiver** (if chosen) – Begins on the departure date or the date Your completed enrollment form and fees are postmarked, faxed, or transmitted via the Internet and ends when the Trip is completed or after 30 days (unless additional days are purchased), whichever comes first.
- **cancel for any reason** (if chosen) – Your eligibility begins on Your Effective Date.
- **all other coverages** (includes trip interruption) – Coverage begins at the point and time of departure on the Scheduled Departure Date. Coverage ends at the point and time of return on Your Scheduled Return Date. In the event the Scheduled Departure Date and/or the Scheduled Return Date are delayed, or the point and time of departure and/or point and time of return are changed because of circumstances over which neither the Travel Supplier nor You have control Your term of coverage shall be automatically adjusted in accordance with the Travel Supplier's notice to the Company of the delay or change.
- **maximum trip length** – 30 days (unless additional days are purchased).

## roundtrip economy trip cancellation/ interruption

The Company will pay a benefit, up to the maximum amount shown on the Confirmation of Coverage, if You are prevented from taking Your Trip after Your Effective Date\* due to:

1. Death involving You or Your Traveling Companion or You or Your Traveling Companions Business Partner or You or Your Traveling Companions Family Member;
2. A covered Sickness or Injury involving You, Your Traveling Companion or Business Partner, Your Family Member or Your Traveling Companions Family member which necessitates Medical Treatment at the time of cancellation and results in medically imposed restrictions, as certified by a Legally Qualified Physician, which prevents an Insured's participation in the Covered Trip;

## roundtrip economy trip cancellation/ interruption (cont.)

3. You or Your Traveling Companion being hijacked, quarantined, required to serve on a jury (notice of jury duty must be received after the effective date) served with a court order to appear as a witness in a legal action in which You or Your Traveling Companion is not a party (except law enforcement officers);
4. You or Your Traveling Companion's principal place of residence being rendered uninhabitable by unforeseen circumstances or burglary of primary residence within 10 days of departure;
5. You or Your or Traveling Companion being directly involved in a traffic accident, which must be substantiated by a police report, while en route to an Insured's scheduled point of departure;
6. Strike that causes complete cessation of services of Your Common Carrier for at least 48 consecutive hours;
7. Felonious Assault on You or on Your Traveling Companion within 10 days of the Scheduled Departure Date;
8. You or Your Traveling Companion is in the Military and called to emergency duty for a national disaster other than war;
9. Employer termination or layoff affecting You or a person(s) sharing the same room with You during Your Covered Trip. Employment must have been with the same employer for at least 3 continuous years.

## optional trip cancellation/ interruption

If You purchase Roundtrip Economy within 21 days of the date of the initial payment for Your Covered Trip and pay the additional required cost, the following are covered reasons under Trip Cancellation:

1. Bankruptcy or Default of an airline or cruise line, or tour operator (other than the tour operator or travel agency from whom You purchased your travel arrangements) which stops service more than 14 days following Your Effective Date. Your Scheduled Departure Date must be no more than 15 months beyond the Insured's Effective Date. Benefits will be paid due to Bankruptcy or Default of an airline only if no alternate transportation is available. If alternate transportation is available, benefits will be limited to the change fee charged to allow the Insured to transfer to another airline in order to get to the Insured's intended destination. This benefit only applies if the policy has been purchased within 21 days of the Insured's initial payment for the Covered Trip and for the full cost of the Covered Trip;
2. Weather that causes complete cessation of services of Your Common Carrier for at least 48 consecutive hours. This benefit only applies if the policy has been purchased within 21 days of the Insured's initial payment for the Covered Trip and for the full cost of the Covered Trip;

# description of coverage

## optional trip cancellation/ interruption (cont.)

3. A Terrorist Incident that occurs in a city listed on the itinerary of Your Covered Trip and within 30 days prior to Your Scheduled Departure Date. This same city must not have experienced a Terrorist Incident within the 90 days prior to the Terrorist Incident that is causing Your cancellation of the Covered Trip. Benefits are not provided if the Travel Supplier offers a substitute itinerary. This benefit only applies if the policy has been purchased within 21 days of the Insured's initial payment for the Covered Trip and for the full cost of the Covered Trip;
4. Pre-Existing Conditions, as defined in the Definitions section are waived if this plan is purchased within 21 days from the time the initial Covered Trip deposit is paid.

If you purchase Roundtrip Elite, these covered reasons are included at no extra charge. The program must still be purchased within 21 days of the initial trip cost payment.

## trip cancellation

The Company will reimburse You for the following:

1. Maximum payable under this benefit is the lesser of a) total cost of the Insured's Covered Trip; or b) the total amount of coverage the Insured purchased.
2. If the Travel Supplier cancels Your Trip, then You are covered up to \$75.00 for the reissue fee charged by the airline for the tickets. You must have covered the entire cost of the Trip including the airfare.

In no event shall the amount reimbursed exceed the amount You prepaid for the Trip.

Single Supplement: Benefits will be paid, up to the Maximum Benefit Amount, for the additional cost incurred as a result of a change in the per person occupancy rate for prepaid Travel Arrangements if a Traveling Companion has their Covered Trip delayed, canceled or interrupted for a covered reason and an Insured does not cancel.

## trip interruption

The Company will reimburse You the following:

The maximum payable under this benefit is the lesser of a) total cost of the Insured's Covered Trip; or b) the total amount of coverage the Insured purchased.

In no event shall the amount reimbursed exceed the maximum benefit shown on the Confirmation of Coverage.

## trip delay

The Company will reimburse You for Covered Expenses on a one-time basis, up to the maximum amount shown in the Confirmation of Coverage, If You are delayed for 3 hours or more hours while in route to or from a Covered Trip, due to:

1. Any delay of a Common Carrier. The delay must be certified by the Common Carrier;
2. A traffic accident in which You or Your Traveling Companion are not directly involved (*must be substantiated by a police report*);
3. Lost or stolen passports, travel documents or money (*must be substantiated by a police report*);
4. Quarantine, hijacking, strike, natural disaster, terrorism or riot; or
5. Documented weather condition preventing the Insured from getting to the point of departure;

Benefits will be paid, on a one-time basis, up to the Maximum Benefit Amount, for:

1. The Additional Transportation Cost from the point where You were delayed to a destination where You can join the Covered Trip;
2. The Additional Transportation Cost to return You to Your originally scheduled return destination;
3. Reasonable accommodation and meal expenses up to \$150 per day necessarily incurred by You for which You have proof of purchase and which were not paid for or provided by any other source; and
4. The non-refundable, unused portion of the prepaid expenses for the Covered Trip as long as the expenses are supported by, proof of purchase and are not reimbursable by any other source.

## missed connection

This benefit covers missed Cruise departures that result from cancellation or delay If You miss Your cruise or tour departure because the airline flight is delayed for 3 or more hours, due to:

1. Any delay of a Common Carrier. The delay must be certified by the Common Carrier;
2. Documented weather condition preventing the Insured from getting to the point of departure;
3. Quarantine, hijacking, Strike, natural disaster, terrorism or riot;

Benefits will be paid, on a one-time basis, up to the Maximum Benefit Amount shown on the Confirmation of Coverage for:

1. The Additional Transportation Cost to join the Covered Trip;
2. Reasonable accommodations and meal expenses up to \$150 per day necessarily incurred by an Insured for which You have proof of purchase and which were not paid for or provided by any other source.

## description of coverage

### emergency medical sickness & accident expense

The Company will pay benefits up to the maximum amount shown on the Confirmation of Coverage, if You incur Covered Medical Expenses as a result of Emergency Treatment of a Sickness or Accidental Injury that first manifests itself during the Trip.

Emergency Treatment means necessary medical treatment, including services and supplies, that must be performed during the Trip due to the serious and acute nature of the Sickness.

Covered Medical Expenses are necessary services and supplies that are recommended by the attending Legally Qualified Physician. They include but are not limited to:

1. The services of a Legally Qualified Physician;
2. Hospital or ambulatory medical-surgical center services (*this will also include expenses for a cruise ship cabin or hotel room, not already included in the cost of the Insured's Covered Trip, if recommended as a substitute for a hospital room for recovery of a Sickness or Injury*);
3. Transportation furnished by a professional ambulance company to and/or from a Hospital;
4. Prescribed drugs, prosthetics and therapeutic services and supplies.

Benefits will be paid for the expense incurred, up to the Maximum Benefit Amount, if You incur a Covered Expense as a result of Sickness or Accidental Injury, which manifests itself during the Covered Trip.

Benefits will include expenses for emergency dental treatment not to exceed \$750.00.

### emergency medical evacuation/ repatriation

The Company will pay benefits for Covered Expenses incurred, up to the Maximum Benefit Amount shown on the Confirmation of Coverage. If an Accidental Injury or Sickness commencing during the course of the Trip results in Your necessary Emergency Evacuation. An Emergency Evacuation must be ordered by a Physician who certifies that the severity of Your Accidental Injury or Sickness warrants Your Emergency Evacuation.

### emergency medical evacuation/ repatriation (cont.)

For Emergency Medical Evacuation: If the local attending Legally Qualified Physician and the authorized travel assistance company determine that transportation to a Hospital or medical facility is Medically Necessary to treat an unforeseen Sickness or Injury which is acute or life threatening and adequate Medical Treatment is not available in the immediate area, the Transportation Expense incurred will be paid for the Usual and Customary Charges for transportation to the closest Hospital or medical facility capable of providing that treatment.

Transportation of Dependent Children: If You are in the Hospital for more than seven (7) consecutive days and Your dependent children who are under 18 years of age and accompanying You on the Covered Trip, are left unattended, Economy Transportation will be paid to return the dependents to their home (*with an attendant, if considered necessary by the travel assistance company*).

Transportation to Join You: If You are traveling alone and are in the Hospital for more than seven (7) consecutive days and Emergency Evacuation is not imminent, benefits will be paid to transport one person, chosen by You, by Economy Transportation, for a single visit to and from Your bedside.

Transportation services are provided if authorized in advance by the assistance provider, and are limited to necessary economy fares less the value of applied credit from unused travel tickets, if applicable.

Transportation means any Common Carrier, or other land, water or air conveyance, required for an Emergency Evacuation and includes air ambulances, land ambulances and private motor vehicles.

The Company will not cover any expenses provided by another party at no cost to You or already included within the cost of the Trip.

### excess insurance limitation

The insurance provided by this Policy shall be in excess of all other valid and collectible insurance or indemnity. If at the time of the occurrence of any loss there is other valid and collectible insurance or indemnity in place, the Company shall be liable only for the excess of the amount of loss, over the amount of such other insurance or indemnity, and applicable deductible. Recovery of losses from other parties does not result in a refund of premium paid.

## description of coverage

### repatriation of remains

In the event of Your death, the expense incurred will be paid for minimally necessary casket or air tray, preparation and transportation of Your remains to Your place of residence or to the place of burial.

### lost baggage

For Baggage and Personal Effects: Coverage will be provided to You: a) against all risks of permanent loss, theft or damage to baggage and personal effects; b) subject to all Exclusions and Limitations in the policy; c) up to the Maximum Benefit Amount; and d) occurring while this coverage is in force. This coverage is secondary to any coverage provided by a Common Carrier and all other valid and collectible insurance indemnity and shall apply only when such other benefits are exhausted.

### baggage delay

If, while on a Covered Trip, Your checked baggage is delayed or misdirected by a Common Carrier for more than 24 hours from Your time of arrival at a destination other than at Your place of permanent residence, benefits will be paid, up to the Maximum Benefit Amount, for the actual expenditure for necessary personal effects. You must be a ticketed passenger on a Common Carrier. The Common Carrier must certify the delay or misdirection. Receipts for the purchases must accompany any claim.

### accidental death & dismemberment (ad&d)

You will receive benefits for loss of life or dismemberment due to an accidental injury while on Your Trip.

### optional flight accident plan

The Company will pay benefits for Accidental Injuries resulting in a loss that occurs while You are riding as a passenger in or on, boarding or alighting from, any air conveyance operated under a license for the transportation of passengers for hire during the Trip.

### optional collision damage waiver

*Note: This benefit is not available if traveling to Texas or the following countries: Israel, Jamaica, Republic of Ireland or Northern Ireland.*

This Coverage Benefit is provided only if shown as covered on the Confirmation of Benefits.

### optional collision damage waiver (cont.)

The Insured is eligible for benefits up to the Maximum Benefit Amount per reservation if the Insured rents a car while on the Trip, and the car is damaged due to collision, theft, vandalism, windstorm, fire, hail, flood or any cause not in the Insured's control while in the Insured's possession, or the car is stolen while in the Insured's possession and is not recovered. The Company will pay the lesser of:

1. The cost of repairs and rental charges imposed by the rental company while the car is being repaired; or
2. The Actual Cash Value of the car, meaning purchase price less depreciation; or
3. The amount shown on the Confirmation of Coverage.

### optional cancel for any reason

*RoundTrip Elite Plan Only*

If You cancel Your Trip for any reason not otherwise covered by this plan, the Company will reimburse You for seventy-five percent (75%) of the prepaid, forfeited, non-refundable payments or deposits You paid for Your Trip provided:

1. Your plan payment is received within fifteen (15) days of the date Your initial deposit/payment for Your Trip is received; and
2. You insure 100% of all prepaid Trip costs that are subject to cancellation penalties or restrictions by the Travel Supplier; and
3. You cancel Your Trip two (2) days or more before Your Scheduled Trip Departure Date.

### when benefits do not apply

Benefits are not payable for Sickness, Injuries or losses of You, Your Family Member or Traveling Companion or Your Traveling Companion's Family Member, or Your Business Partner resulting from:

suicide, attempted suicide or any intentionally self-inflicted injury while sane or insane (*in Missouri, sane only*); resulting from an act of declared or undeclared war; while participating in maneuvers or training exercises of an armed service; while riding, driving or participating in races, or speed or endurance contests; while mountaineering (*engaging in the sport of scaling mountains generally requiring the use of picks, ropes, or other special equipment*); while participating as a member of a team in an organized sporting competition; while participating in skydiving, hang gliding, bungee cord jumping, scuba diving or deep sea diving; while piloting or learning to pilot or acting as a member of the crew of any aircraft; received as a result or consequence of being Intoxicated, as specifically defined in the policy, or under the influence of any controlled substance unless administered on

## description of exclusions

### when benefits do not apply (cont.)

the advise of a Legally Qualified Physician; to which a contributory cause was the commission of or attempt to commit a felony or being engaged in an illegal occupation; due to normal childbirth, normal pregnancy through the first 9 months of pregnancy or voluntarily induced abortion; for dental treatment (*except as coverage is otherwise specifically provided herein*); which exceed the Maximum Benefit Amount for each attached coverage as shown in the Confirmation of Benefits: or; due to a Pre-existing Condition, as defined in the Policy. The Pre-existing Condition Limitation does not apply to: a) Emergency Medical Evacuation, Medical Repatriation and Return of Remains coverage; or b) If coverage is purchased within 21 days of Your initial deposit and You purchase the coverage for the full cost of Your Trip.

The following exclusions apply to Baggage/Personal Effects and Baggage Delay.

The Company will not provide benefits for any Loss or damage to:

1. Animals;
2. Automobiles and automobile equipment;
3. Boats or other vehicles or conveyances;
4. Trailers;
5. Motors;
6. Aircraft;
7. Bicycles except when checked as baggage with a Common Carrier;
8. Household effects and furnishings;
9. Antiques and collectors items;
10. Sunglasses, contact lenses, artificial teeth, dental bridges or hearing aids;
11. Prosthetic limbs;
12. Prescribed medications;
13. Keys, money, credit cards (*except as coverage is otherwise specifically provided herein*);
14. Securities, stamps, tickets and documents (*except as coverage is otherwise specifically provided herein*);
15. Professional or occupational equipment or property, whether or not electronic business equipment; or
16. Telephones, computer hardware or software.

Any Loss caused by or resulting from the following is excluded:

1. Breakage of brittle or fragile articles;
2. Wear and tear or gradual deterioration;
3. Confiscation or appropriation by order of any government or custom's rule;
4. Theft or pilferage while left in any unlocked vehicle;
5. Property illegally acquired, kept, stored or transported;
6. Your negligent acts or omissions; or
7. Property shipped as freight or shipped prior to the Scheduled Departure Date.

### when benefits do not apply (cont.)

The following exclusions apply to Collision Damage Waiver:

Unless otherwise stated, benefits are not payable for:

1. Any obligation of the Insured, a Traveling Companion or Family Member traveling with the Insured assumed under any agreement (*except insurance collision deductible*);
2. Rentals of trucks, campers, trailers, off-road or four wheel drive vehicles, motor bikes, motorcycles, recreational vehicles or Exotic Vehicles;
3. Any loss which occurs if the Insured or anyone traveling with the Insured are in violation of the rental agreement;
4. Failure to report the loss to the proper local authorities and the rental car company;
5. Damage to any other vehicle, structure or person as a result of a covered loss;

The following duties in the event of loss apply to Collision Damage Waiver. The Insured must:

1. Take all necessary and reasonable steps to protect the vehicle and prevent further damage to it;
2. Report the loss to the appropriate local authorities and the rental company as soon as possible;
3. Obtain all information on any other party involved in the Accident, such as name, address, insurance information and driver's license number;
4. Provide the Company all documentation such as rental agreement, police report and damage estimate.

### when "pre-existing" applies

The Pre-Existing Conditions exclusion is waived for You if You enroll in the Group Policy at the time You pay the deposit required for Your Trip (*or within 21 days of the initial deposit*) and You purchase the coverage under the Group Policy for the full cost of Your Trip.

"Pre-existing Condition" means any injury, sickness or condition (*including any condition from which death ensues*) of the Insured, or Traveling Companion, or Your and/or Traveling Companion's Family Member or Your Business Partner for which within the 60 day period prior to the effective date of Your Trip Cancellation coverage under the Policy which a) manifested itself, became acute or exhibited symptoms which would have caused one to seek diagnosis, care or treatment; b) required taking prescribed drugs or medicine, unless the condition for which the prescribed drug or medicine is taken remains controlled without any change in the required prescription; or c) required medical treatment or treatment was recommended by a Legally Qualified Physician.

## additional information

### definitions

**common carrier** means any land, sea, and/or air conveyance operating under a valid license for the transportation of passengers for hire.

**covered trip** means scheduled trips, tours or cruises for which a) coverage is requested; and b) the required premium is submitted prior to the Scheduled Departure Date. Maximum Trip duration is 90 days.

**family member** means You or Your Traveling Companion's: legal spouse or common-law spouse where legal; legal guardian; son or daughter (*adopted, foster or step*); son-in-law; daughter-in-law; grandmother; grandmother-in-law; grandfather; grandfather-in-law; grandchild; aunt; uncle; niece; or nephew; brother, step-brother; sister; step-sister; brother-in-law; sister-in-law; mother; father; step-parent.

**insured** means the person(s) named on the enrollment form or Roster as the Principal Participant, participant's spouse or participant's child.

**sickness** means an illness or disease that is diagnosed or treated by a Legally Qualified Physician after the effective date of insurance and while You are covered under the Policy.

**traveling arrangements** means a) transportation; b) accommodations; and c) other specified services arranged by the Travel Supplier for the covered trip.

**traveling companion** means a person or persons with whom a covered person has coordinated travel arrangements and intends to travel with during the trip.

**travel supplier** means any entity or organization that coordinates or supplies travel services for You.

**you or your** refers to all persons listed on the Confirmation of Coverage under the program purchased by You.

### claim questions & situations

After You have enrolled, You will receive an Evidence of Benefits and an ID Card, which will describe all aspects of the program, as well as who to contact in case of an emergency or if a claim should occur. The Assistance Company should be contacted if You require assistance while on Your Trip. When purchasing Your Trip, be sure to keep all documentation. This information will be required in order to process any claim.

Products underwritten by United States Fire Insurance Company. *Policy Form TP-401*

Please see Evidence of Benefits for Specific State information, and/or change in benefits.

### wellabroad.com

Traveling abroad can affect the health of the international traveler. Increased stress when adjusting to new surroundings and fatigue due to changes in diet, schedule and environment can further cause travelers to be more susceptible to other illnesses while abroad.

Seven Corners felt the most successful way to help people maximize the experience of their travels was to share our experience and education. We deal with travelers' concerns daily, and recognized we had valuable information we could share to benefit everyone, so we created a website called WellAbroad®. WellAbroad® hosts our educational information and members' experiences for anyone to access. It is free to Seven Corners' insureds.

Happy travels – [www.wellabroad.com](http://www.wellabroad.com)

### 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.

In California, operating under Seven Corners Insurance Services.

# travel assistance services

## assistance with travel

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

**weather information:** Concerning local weather conditions

**exchange rate information:** Present-Day currency rates, etc.

**embassy referral:** Providing contact information for the nearest embassies around the world

**interpreter referral:** Contact information for interpreters around the world

**lost passport:** Provide directions for lost passport recovery to insureds while traveling outside of their home country

**emergency message:** In the event of a medical emergency, assistance in relaying urgent messages to family, friends, or business associates at the insured's request

**hotel accommodation:** In case of insured's hospitalization outside of their home country, assistance in locating hotel accommodation for insured's traveling companion

## medical assistance while traveling

**24-hour telephone contact:** Should medical emergencies arise, there is help in locating medical care

**conference calls:** Arranging telephone conferences between your attending and home physicians

**second opinions:** Arranging second medical opinions in hospital cases

**emergency messages:** Relaying emergency messages to family and employer during medical emergencies

**payment guarantee:** Guarantee or payment of medical bills or authorizing medical benefits according to the program for eligible benefits only.

**ticketing services:** 24-hour ticketing service to arrange emergency family visits

**medical evacuations:** Arranging emergency medical evacuation from medically underserved areas

**repatriation:** Arranging medical transportation home after treatment

**medical / travel escorts:** Arranging escorts and transportation for unaccompanied children

**medical records:** Arranging transfer of medical records

**remains return:** Arranging repatriation of remains for deceased travelers

# program cost

rates effective september 1, 2009

## roundtrip economy

### Trip Cost

#### Per Person

Coverage must be purchased for the full cost of the Trip.

\$0*
\$1 - \$500
\$501 - \$1,000
\$1,001 - \$1,500
\$1,501 - \$2,000
\$2,001 - \$2,500
\$2,501 - \$3,000
\$3,001 - \$3,500
\$3,501 - \$4,000
\$4,001 - \$4,500
\$4,501 - \$5,000
\$5,001 - \$5,500
\$5,501 - \$6,000
\$6,001 - \$6,500
\$6,501 - \$7,000
\$7,001 - \$8,000
\$8,001 - \$9,000
\$9,001 - \$10,000

### Plan Rate

#### Per Person based on age on date of purchase.

The rates below are for Trips from 1 through 30 days long.

0 to 34	35 to 55	56 to 70	71 to 80	81 & over
\$11	\$18	\$24	\$40	\$81
\$18	\$25	\$33	\$54	\$89
\$25	\$34	\$51	\$74	\$125
\$32	\$43	\$65	\$96	\$160
\$40	\$55	\$83	\$121	\$203
\$59	\$79	\$103	\$172	\$301
\$67	\$91	\$127	\$207	\$356
\$76	\$102	\$151	\$243	\$412
\$84	\$113	\$179	\$283	\$478
\$95	\$129	\$207	\$326	\$541
\$107	\$145	\$236	\$366	\$605
\$163	\$221	\$310	\$429	\$719
\$179	\$242	\$340	\$470	\$787
\$194	\$263	\$370	\$510	\$856
\$213	\$287	\$405	\$559	\$935
\$234	\$316	\$444	\$614	\$1,026
\$263	\$356	\$502	\$692	\$1,159
\$294	\$398	\$560	\$774	\$1,296

\*Note: If the Insured purchases the \$0 category – there is no Trip Cancellation – all other benefits apply

For Trips longer than 30 days, an additional cost of \$3 per person per day is required.

For Trip cost between \$10,001 and \$20,000, contact your producer or Seven Corners for the rate.

## optional trip cancellation coverage (RoundTrip Economy Only)

In order to receive coverage for pre-existing conditions, bankruptcy & default, terrorism, and weather, you must pay the additional premium listed below and purchase within 21 days of your initial trip payment.

### Per Person

#### 0 to 34

#### 35 to 55

#### 56 to 70

#### 71 to 80

#### 81 & over

\$11	\$16	\$22	\$37	\$55
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## roundtrip elite

### Trip Cost

#### Per Person

Coverage must be purchased for the full cost of the Trip.

\$0*
\$1 - \$500
\$501 - \$1,000
\$1,001 - \$1,500
\$1,501 - \$2,000
\$2,001 - \$2,500
\$2,501 - \$3,000
\$3,001 - \$3,500
\$3,501 - \$4,000
\$4,001 - \$4,500
\$4,501 - \$5,000
\$5,001 - \$5,500
\$5,501 - \$6,000
\$6,001 - \$6,500
\$6,501 - \$7,000
\$7,001 - \$8,000
\$8,001 - \$9,000
\$9,001 - \$10,000

### Plan Rate

#### Per Person based on age on date of purchase.

The rates below are for Trips from 1 through 30 days long.

0 to 34	35 to 55	56 to 70	71 to 80	81 & over
\$27	\$38	\$48	\$67	\$119
\$36	\$47	\$60	\$84	\$129
\$46	\$61	\$83	\$109	\$173
\$55	\$73	\$100	\$135	\$215
\$66	\$88	\$123	\$165	\$267
\$86	\$115	\$150	\$227	\$385
\$97	\$129	\$180	\$269	\$451
\$107	\$144	\$211	\$312	\$519
\$118	\$158	\$248	\$361	\$599
\$133	\$178	\$284	\$412	\$674
\$147	\$197	\$320	\$461	\$751
\$209	\$282	\$392	\$536	\$888
\$228	\$307	\$427	\$586	\$971
\$247	\$332	\$464	\$634	\$1,054
\$268	\$362	\$505	\$693	\$1,149
\$294	\$396	\$552	\$759	\$1,259
\$330	\$445	\$622	\$853	\$1,418
\$367	\$496	\$692	\$952	\$1,584

\*Note: If the Insured purchases the \$0 category – there is no Trip Cancellation – all other benefits apply

For Trips longer than 30 days, an additional cost of \$5 per person per day is required.

For Trip cost between \$10,001 and \$30,000, contact your producer or Seven Corners for the rate.

Note: This plan may not be available in all states. Please contact Seven Corners for a list of approved states.

## about seven corners



### SEVEN CORNERS

Since 1993, Seven Corners has provided medical insurance to corporations, international 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 is easy

- 1. Read the entire brochure and complete the RoundTrip Economy/Elite Application in full. Plan cost for the entire package is due at the time of Application. Remember: Benefits must be purchased for the full cost of the Trip.**
- 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 (for all payment methods).**

Return the Application with your payment to:

**Insurance Services of America  
1757 E. Baseline Road, Suite 126  
Gilbert, AZ 85233  
Fax: 480-821-9297**

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

**producer # 1567** \_\_\_\_\_

**Protection Plan may be purchased if you are a resident of the United States or if you purchase this plan within the United States.**

**applicant information**

(First Name – Middle Name – Last Name)

Primary Applicant: \_\_\_\_\_

Birth Date (MM/DD/YYYY) \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Spouse: \_\_\_\_\_

Birth Date (MM/DD/YYYY) \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Dependent Child: \_\_\_\_\_

(under 19 years of age)

Birth Date (MM/DD/YYYY) \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Dependent Child: \_\_\_\_\_

(under 19 years of age)

Birth Date (MM/DD/YYYY) \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**trip information**

Departure Date (MM/DD/YYYY) \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Return Date (MM/DD/YYYY) \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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

Name of Travel Supplier: \_\_\_\_\_

(Airline, Tour Operator, Cruise Line, etc.)

**personal information**

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

(must be a U.S. address)

City / State / Zip: \_\_\_\_\_

Phone: ( \_\_\_\_ ) \_\_\_\_\_ Fax: ( \_\_\_\_ ) \_\_\_\_\_

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

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

(For AD&D and optional Flight Accident Coverage)

In Florida, Florida Resident – Agent No. A269211

**method of payment**

- Check / Money Order Payable to Seven Corners
- Visa                       MasterCard     Discover/Novus
- Diners Club             American Express

Signature is required below for all methods of payment.

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

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

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

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

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

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an Insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud. Plan costs are non-refundable after 10-day review period.

Signature: mandatory for all payment options.

\_\_\_\_\_ Date

E-TP-04

**roundtrip economy rate calculation**

USE FOR ROUNDTRIP ECONOMY ONLY. Plan must be purchased for the FULL cost of Trip. See rates on pg.16.

	Trip Cost	Plan Rate	Optional Coverage**	Plan Cost*
Primary	\$ _____ = \$ _____		+ \$ _____ = \$ _____	
Spouse	\$ _____ = \$ _____		+ \$ _____ = \$ _____	
Dependent Child	\$ _____ = \$ _____		+ \$ _____ = \$ _____	
Dependent Child	\$ _____ = \$ _____		+ \$ _____ = \$ _____	

\*Plan costs must be indicated for all travelers.

**\*\*optional trip cancellation coverage (if applicable)**

**Only for Roundtrip Economy** - If You purchase the plan within 21 days of the date of the initial payment for Your Covered Trip and elect the optional trip cancellation, the following are covered: Pre-existing Conditions, Bankruptcy & Default, Terrorism, Weather. Otherwise, there is no coverage for these specific benefits.

**Total Plan Cost =** \$ \_\_\_\_\_

**for trips of 31 – 90 days**

Include departure and return dates in calculation.

$$\$3 \times \frac{\text{# of Days Over 30}}{\text{Total # of Travelers}} \times \text{Total # of Travelers} = \$ \text{_____}$$

**roundtrip elite rate calculation**

USE FOR ROUNDTRIP ELITE ONLY. Plan must be purchased for the FULL cost of Trip. See rates on pg.16.

	Trip Cost	Plan Cost*
Primary	\$ _____ = \$ _____	\$ _____
Spouse	\$ _____ = \$ _____	\$ _____
Dependent Child	\$ _____ = \$ _____	\$ _____
Dependent Child	\$ _____ = \$ _____	\$ _____

\*Plan costs must be indicated for all travelers.

**Total Plan Cost (a) =** \$ \_\_\_\_\_

**for trips of 31 – 90 days**

Include departure and return dates in calculation.

$$\$5 \times \frac{\text{# of Days Over 30}}{\text{Total # of Travelers}} \times \text{Total # of Travelers} = \$ \text{_____}$$

**optional cancel for any reason**

(1.40) x \$ \_\_\_\_\_

If chosen, must be purchased within 15 days of initial deposit.

Total Plan Cost (a)

**New Total Plan Cost =** \$ \_\_\_\_\_

**optional coverage rate calculation**

(Available for both RoundTrip Economy and RoundTrip Elite)

**optional flight coverage (per person)**

\$100,000 Protection for \$9 x \_\_\_\_\_ = \$ \_\_\_\_\_  
Total # of Travelers

\$250,000 Protection for \$22 x \_\_\_\_\_ = \$ \_\_\_\_\_  
Total # of Travelers

\$500,000 Protection for \$45 x \_\_\_\_\_ = \$ \_\_\_\_\_  
Total # of Travelers

**optional collision damage waiver**

\$35,000 Protection for \$7 per day per car rental x \_\_\_\_\_ = \$ \_\_\_\_\_

**total rate calculation**

Non-Refundable Processing Fee = \$ 5.00 \_\_\_\_\_

**Total Amount Due =** \$ \_\_\_\_\_

And authorized as payment in the lower left box on this application

## administered by:



**SEVEN CORNERS**

303 Congressional Boulevard  
Carmel, IN 46032



## insurance carrier:

Underwritten by United States Fire Insurance Company.  
*Policy Form TP-401*

## for additional information:

1757 E. Baseline Rd. # 126  
Gilbert, AZ 85233

1-800-647-4589/1-480-821-9052  
1-480-821-9297 (Fax)