

# liaisontraveler

2007



## **evacuation, repatriation & other benefits**

for the international traveler

**up to 12 months of coverage for emergencies requiring:**

medical evacuation • return of minor children to home country •  
political evacuation • repatriation • trip interruption

\$1,000,000 in Accidental Death & Dismemberment Coverage Option available



**SEVEN CORNERS**

# insurance program

## why you need international coverage?

Each year, millions of people travel internationally throughout the world. While many of them may have medical coverage when traveling outside their Home Country, few will have the proper coverage for an emergency medical evacuation. Liaison® Traveler is designed to offer Emergency Medical Evacuation, Repatriation of Mortal Remains, Accidental Death and Dismemberment, and other incidental coverage and services for persons traveling outside their Home Country.

This brochure is a brief description of Liaison Traveler. A complete description is contained in the Program Summary, which will be mailed with your ID Card after Seven Corners receives your completed application and correct premium.

## eligibility

Liaison Traveler provides coverage for persons traveling outside their Home Country. If you will be traveling outside of your Home Country, the program will provide coverage for you, your spouse, and your unmarried dependent children (*over 14 days and under 19 years of age, or under 25 years of age if they are attending an accredited institution of higher learning on a full-time basis and wholly dependent upon the Insured for support and maintenance*).

Home Country (*or Country of Residence*) is defined as - The country where an eligible person(s) has his/her true, fixed and permanent home and principal establishment, and to which he/she has the intention of returning.

## period of coverage

There are three coverage period options for Liaison Traveler, three-month, six-month, and a twelve-month coverage period. During your Period of Coverage, you will be covered anytime you are outside your Home Country or Country of Residence (*unlimited number of trips*).

### effective date

Your coverage will begin on the latest of the following:

1. The date your Application and premium are received by Seven Corners; or
2. The date you request on the Application.

### expiration date

Your coverage will end either Three, Six or Twelve months after the Effective Date (*depending upon the coverage period chosen*). If you choose, coverage can be easily rewritten.

# plan options

Liaison Traveler offers Standard Upgrade Options to address the various needs of the international traveler.

## standard program

This is the base program offered to international and frequent travelers. Maximums listed are per period of coverage, (*please read entire brochure for full description*). Upgrade Options are available and described below.

Emergency Medical Evacuation	\$250,000
Repatriation of Mortal Remains	\$20,000
Emergency Reunion	\$20,000
Return of Minor Child(ren)	\$5,000
Accidental Death & Dismemberment (AD&D)	\$100,000
Political Evacuation and Repatriation	\$10,000
Trip Interruption	\$5,000
Lost Baggage	\$250
International Assistance Services	Included

## standard upgrade options

(*May not be purchased separately from Standard Program*)

Option A	Add Medical Expenses. This provides accidental injury and emergency sickness benefits up to a maximum of \$25,000 per Period of Coverage, excess of a \$350 per incident deductible. Medical benefit is not available to persons traveling to the U.S. or for any one trip longer than 60 days. See details under Medical Coverage.
Option B	Increase AD&D Limits. The benefit for AD&D can be increased from the \$100,000 limit to a maximum of \$1,000,000 for the Primary Insured. AD&D for spouses and dependents is limited to the amounts listed under the Program Summary.

*Note: Only one Liaison Traveler Program may be purchased for any given Period of Coverage.*

## description of benefits

### emergency medical evacuation expenses\*

If you or any covered dependents become sick or injured during the Period of Coverage and it has been determined that an Emergency Medical Evacuation is required to either the nearest medical facility, where appropriate medical treatment can be obtained, or to your Home Country, all eligible expenses incurred are covered up to \$250,000. An Emergency Medical Evacuation must be recommended by a legally licensed physician who certifies that the severity of the Injury or Sickness necessitates such Emergency Medical Evacuation, and agreed to by the assistance company.

### repatriation of mortal remains expenses\*

If Injury or Sickness commencing during the Period of Coverage results in death, all reasonable expenses incurred for preparation and return of the remains to the Home Country are covered up to a maximum of \$20,000.

### emergency reunion\*

In the event of a recommended Emergency Medical Evacuation due to a covered Injury or Illness, where the physician feels that it would be beneficial to have a family member at your side during transport, you will be reimbursed for travel and lodging expenses incurred by that relative up to US \$20,000. *(Additional details in Program Summary)*

### return of minor child(ren)\*

If the Insured Person is traveling alone with a Minor Child(ren) and is hospitalized because of a covered Illness or Injury and the Minor Child(ren) under the age of 18 is left unattended, Liaison Traveler will arrange and pay for one way economy fares less the value of applied credit from any unused travel tickets per person to their Home Country, not to exceed the maximum benefit of \$5,000. *(Additional information is contained in Program Summary)*

## description of coverage (cont.)

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

The program includes Accidental Death & Dismemberment coverage for each Insured Person, Insured Spouse and Dependent Child(ren). If an Injury occurs during your Period of Coverage and results in one of the following losses within 365 days after an accident, the program will pay for loss as follows *(Additional information in Program Summary)*:

	insured	spouse	each child
Loss of Life	100% of Principal Sum	\$25,000	\$5,000
Loss of two members	100% of Principal Sum	\$25,000	\$5,000
Loss of one member	50% of Principal Sum	\$12,500	\$2,500
Loss of speech & hearing	100% of Principal Sum	\$25,000	\$5,000
Loss of speech or hearing	50% of Principal Sum	\$12,500	\$2,500
Quadriplegia	100% of Principal Sum	\$25,000	\$5,000
Paraplegia	50% of Principal Sum	\$12,500	\$2,500
Hemiplegia	25% of Principal Sum	\$6,250	\$1,250

### political evacuation & repatriation\*

If due to political or military events in a host country, a formal recommendation from the appropriate authorities is issued for the Insured Person to leave the host country or the Insured Person is 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 the Insured Person's Home Country or Country of Residence are covered up to a maximum of \$10,000. 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 & safety. Evacuation costs will be paid once per Insured Person per occurrence. In the event this benefit is needed, arrangements must be made by the assistance services provider.

## description of coverage (cont.)

### trip interruption

Liaison Traveler will pay benefits if an Insured Person is unable to continue the Trip due to: *a)* death of the Insured Person's Immediate Family Member, occurring prior to the return to the Insured's Home Country, *b)* serious damage to the Insured Person's principal residence from fire, flood or similar natural disaster (*tornado, earthquake, hurricane, etc.*). Liaison Traveler will reimburse the Insured Person for the cost of travel, less the value of applied credit from an unused return travel ticket, to return home to their area of principal residence. This benefit is limited to the cost of one-way economy airfare or ground transportation and is subject to a Period of Coverage maximum of \$5,000. *(Additional information in the Program Summary)*

### lost baggage

Liaison Traveler will pay benefits if an Insured Person's Checked Baggage is lost due to theft or misdirection by a Common Carrier while the Insured Person is a ticketed passenger on the Common Carrier during the Trip. Liaison Traveler will reimburse the Insured Person, up to the Period of Coverage maximum of \$250 for the cost of replacement of the baggage and its contents. All claims must be verified by the Common Carrier. There is a maximum per article limit of \$50. *(This is an excess benefit. Additional information in the Program Summary.)*

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

## premiums

Effective June 1, 2007

### standard program

Type	3 Months	6 Months	12 Months
Single	\$78	\$98	\$173
Couple	\$104	\$131	\$231
Family	\$130	\$162	\$289

### standard upgrade options

#### Option A – Medical Coverage

*(May not be purchased separately from Standard Program. Not available for trips to the United States or trips longer than 60 days)*

Type	3 Months	6 Months	12 Months
Single	\$35	\$40	\$50
Couple	\$53	\$60	\$75
Family	\$70	\$80	\$100

#### Option B – Additional AD&D

*(Valid only for Primary Insured)*

Increase to:	3 Months	6 Months	12 Months
\$200,000	\$21	\$26	\$33
\$300,000	\$42	\$53	\$66
\$400,000	\$64	\$79	\$99
\$500,000	\$85	\$106	\$132
\$1,000,000	\$190	\$236	\$297

### refund of premium

Refund of premium (*minus the Admin Fee*) shall be considered only if written request is received by Seven Corners prior to the Effective Date of Coverage. After the Effective Date of Coverage, the premium is considered fully earned and non-refundable.

### what you will receive

Upon successful enrollment in Liaison Traveler, you will receive an information packet from Seven Corners. This packet will include your ID Card and Program Summary. The Program Summary describes all the benefits of Liaison Traveler in complete detail. In addition, the Program Summary explains the procedure for submitting claims.

### the insurance company

Liaison Traveler 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.

## description of coverage (cont.)

### medical coverage (optional)

*Not available to persons traveling to the United States or for any one trip longer than 60 days.*

If you or your insured dependent become sick or injured during the Period of Coverage and require medical treatment, the plan will pay, subject to a \$350 per incident deductible, reasonable and customary charges for Covered Expenses resulting from such occurrence, up to \$25,000 per Period of Coverage. Only those expenses described which are incurred within 13 weeks from the onset of an Injury or emergency sickness and which are not excluded are considered covered expenses. Initial treatment of an Injury or emergency sickness must occur within 72 hours of the accident or onset of emergency sickness, defined as a condition requiring immediate care and/or hospitalization. In order for medical coverage to be valid, maximum length of any one trip would have to be less than 60 days. Maximum age of eligibility is 65. Covered expenses to include:

1. Charges made by a hospital for room and board, floor nursing and other services, inclusive of charges for professional services and with the exception of personal services of a non-medical nature; provided, however, that expenses do not exceed the hospital's average charge for semi-private room and board accommodation, or intensive care when medically necessary.
2. Charges made for diagnosis, treatment and surgery by a physician.
3. Charges made for the cost of administration of anesthetics.
4. 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.
5. Charges for physiotherapy, if recommended by a physician for the treatment of a specific disablement and administered by a licensed physiotherapist.
6. Dressings, drugs and medicines that can be obtained upon a written prescription of a physician or surgeon.
7. Hotel room charge, when you, would otherwise be necessarily confined in a hospital, shall be under the care of a duly qualified physician in a hotel room owing to the unavailability of a hospital room by reason of capacity or distance or to any other circumstances beyond your control.

## assistance services

Upon enrollment into Liaison Traveler, you are eligible to use any of the assistance services listed in the Program Summary provided by the Assistance Company.

### pre-trip assistance

Telephone information about passports, visas; Telephone information about health hazards in remote areas; Telephone information about inoculations; Help in arranging special medical treatment facilities needed while traveling.

### medical assistance while traveling

24-Hour telephone contact for travel medical emergencies; Assistance in locating medical care; Arranging telephone conferences between your attending and home physicians; Arranging second medical opinions in hospital cases; Relaying emergency messages to family and employer during medical emergencies; Guarantee or payment of medical bills using your available financial resources; 24-hour ticketing service to arrange family visits; Arranging Emergency Medical Evacuation from medically underserved areas; Arranging evacuation for catastrophic claims; Arranging medical transportation home after treatment; Arranging escorts and transportation for unaccompanied children; Arranging transfer of medical records; Arranging repatriation of remains for deceased travelers; Notifying your health insurer of a claim.

### general travel assistance

24-Hour telephone contact for baggage and other travel problems; Advice on handling losses and delays; Follow-up contact with airlines regarding baggage; Help with lost passports, ticket and documents; Guarantee or payment of emergency expenses using your available financial resources; Arranging shipments of forgotten, lost or stolen items; Relaying emergency messages.

## exclusions

### **For Accidental Death & Dismemberment, Emergency Medical Evacuation, Repatriation of Mortal Remains, Emergency Reunion, Return of Dependent Child, this insurance does not cover:**

1. Suicide or attempt thereof by the Insured Person while sane or self destruction or any attempt thereof by the Insured Person while insane;
2. Disease of any kind; bacterial infections except pyogenic infection which shall occur through an accidental cut or wound; hernia of any kind. (*Only applicable for Accidental Death & Dismemberment*)
3. Injury sustained while the Insured Person is riding as a pilot, student pilot, operator or crew member, in or on, boarding or alighting, from any type of aircraft; as a passenger in any aircraft (a) not having a current and valid airworthy certificate and (b) not piloted by a person who holds a valid and current certificate of competency for piloting such aircraft;
4. Declared or undeclared war or any act thereof; service in the military, naval or air service of any country;
5. Flying in any aircraft being used for or in connection with acrobatic or stunt flying, racing or endurance tests; rocket-propelled aircraft; crop dusting or seeding or spraying, fire fighting, exploration, pipe or power line inspection, any form of hunting or herding, aerial photography, banner towing or any experimental purpose; engaged in any flight which requires a special permit or waiver from the authority having jurisdiction over civil aviation, even though granted.

**For Political Evacuation & Repatriation**, this insurance does not cover: 1) Losses recoverable under any other insurance or through an employer; 2) Losses arising from or attributable to a) dishonest or criminal acts committed or attempted by the Insured Person, b) alleged violation of the laws of the host country, unless the company determines such allegations to be fraudulent, or c) failure to maintain required documents or visas; 3) Losses attributable to a) debt, insolvency, commercial failure, or the repossession of any property, b) Insured Person's non-compliance with a contract or license or c) implementation of legally contributed exchange rates; 4) Losses due to liability assumed by the Insured Person under any contract.

**For Trip Interruption**, this insurance does not cover: 1) war or any act of war, whether declared or not; participation in a felony, riot or insurrection; participation in contests of speed; a Pre-existing Condition existing prior to the Insured Person's departure from their Home Country that has the likelihood of causing death to any immediate family member.

**For Lost Baggage**, this insurance does not cover: animals; automobiles or automobile equipment; boats; motors; motorcycles; other conveyances or their appurtenances (*except bicycles while checked as baggage with a Common Carrier*); household furniture; eye glasses or contact lenses; artificial teeth or dental bridges; hearing aids; prosthetic limbs; musical instruments; money or securities; tickets or documents; or sporting equipment if loss or damage results from the use thereof.

**For Medical Coverage expenses**, this insurance does not cover: (1) Pre-existing Conditions, defined as any Injury or Sickness which was contracted or which manifested itself, or for which treatment or medication was prescribed within three [3] years prior to the Effective Date of this insurance; (2) For services, supplies or treatment, including any period of Hospital confinement, which were not recommended, approved and certified as necessary and reasonable by a Physician; (3) For suicide or any attempt thereof while sane or self destruction or any attempt thereof while insane; declared or undeclared war or any act thereof; Injury sustained while participating in professional athletics; (4) For sickness resulting from pregnancy, childbirth, or miscarriage; or miscarriage resulting from accident; (5) For routine physicals or other examinations where there are no objective indications or impairment in normal health, and laboratory diagnosis or x-ray examinations, except in the course of a Covered Disability established by a prior call or attendance of a Physician; (6) For cosmetic or plastic surgery, except as a result of an accident; elective surgery which can be postponed until the Insured Person returns to his/her Country of Residence; any mental and nervous disorders or rest cures; (7) For dental care, except as the result of Injury to natural teeth caused by accident; eye infractions or eye examinations for the purpose of prescribing corrective lenses for eye glasses or for the fitting thereof, unless caused by accidental bodily Injury incurred while insured thereunder; (8) In connection with alcoholism and drug addiction, or use of any drug or narcotic agent; congenital anomalies and conditions arising out or resulting from thereof; expenses which are non-medical in nature; (9) For the ordinary cost of a one-way airplane ticket used in the transportation back to the Insured Person's Home Country where an air ambulance benefit is provided; (10) For expenses as a result of or in connection with intentionally self-inflicted Injury or the commission of a felony offense; (11) For specific named hazards: motorcycle driving, scuba diving, skiing, mountain climbing, sky diving, professional and amateur racing, and the piloting an aircraft; (12) Treatment paid for or furnished under any other individual or group policy or other service or medical pre-payment plan arranged through the employer to the extent so furnished or paid, or under any mandatory government program or facility set up for treatment without cost to any individual.

## 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.

## liaison® traveler pull-out application form

**1. Complete Entire Application.**

**2. Select method of payment.**

**3. If paying by check or money order, make payable to:  
"Seven Corners" and enclose it together with completed  
Application.**

**4. If paying by credit card, complete Application and mail  
or fax to Seven Corners. Be sure to sign Method of  
Payment section.**

Complete and return the Application with your payment for the total premium to:

Good Neighbor Insurance  
620 South Winthrop Street  
Gilbert, AZ 85296  
866-636-9100

Fax: 480-813-9930

*(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: **1586****applicant information** Mr.  Mrs.  Miss  Ms

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

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

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ (month/day/year)

Passport Number: \_\_\_\_\_

Issuing Country: \_\_\_\_\_

What do you consider your Home Country or Fixed Permanent Residence?

**address of correspondence**

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

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

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

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

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

**for ad&d benefit**

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

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

**for couple or family coverage**

Names of additional persons to be insured? Date of Birth

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

Child: \_\_\_\_\_ / / \_\_\_\_\_

Child: \_\_\_\_\_ / / \_\_\_\_\_

Child: \_\_\_\_\_ / / \_\_\_\_\_

Child: \_\_\_\_\_ / / \_\_\_\_\_

(please attach separate sheet for additional children)

**have you purchased insurance through seven corners before?** Yes  No**requested effective date of coverage:**

Month: \_\_\_\_ Day: \_\_\_\_ Year: \_\_\_\_

\*Note: Coverage cannot begin until Seven Corners receives your application and correct premium.

**calculating your premium**

Select Period of Coverage:

 3-Months  6-Months  12-Months**select plan type** Single (applicant only)  Couple  Family

(Be sure to use correct premium)

**premium**

Standard Program \$ \_\_\_\_\_

**standard upgrade options (if applicable)****option a**Add Medical Coverage (no coverage in U.S.)  
(max. 60 days any one trip)

\$ \_\_\_\_\_

**option b**

Increase Primary AD&amp;D to: \$ \_\_\_\_\_ \$ \_\_\_\_\_

Plus Admin Fee: \$ 10.00  
(non-refundable)

Total Payment Enclosed: \$ \_\_\_\_\_

**method of payment** Check  Money Order  MasterCard Visa  Discover  American Express

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

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

Name as it appears on Card: \_\_\_\_\_

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

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

Only one Liaison Traveler program may be purchased for any given policy period. 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 at the time application for coverage is made. Coverage purchased by credit card is subject to validation and acceptance by credit card company.

I declare that I understand the terms and conditions of this product, as outlined in this brochure. 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)

Date

## administered by:



**SEVENCORNERS**

303 Congressional Boulevard  
Carmel, IN 46032  
[www.sevencorners.com](http://www.sevencorners.com)



## insurance carrier:

Liaison Traveler 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:

**Good Neighbor Insurance**

620 South Winthrop Street  
Gilbert, AZ 85296  
866-636-9100  
Fax: 480-813-9930