



medical coverage
for the traveling students

u.s. students traveling overseas • foreign students traveling to the u.s.:
emergency • medical evacuation
repatriation • 24 hour assistance service
comprehensive coverage & premiums



insurance program

Thousands of students and other educational professionals travel internationally each year. These travelers experience both the educational benefit and the thrill of studying outside of their home country, yet proper medical coverage is required in order to protect against unforeseen events. Seven Corners has established Liaison® Student to provide valuable benefits to students and other educational professionals when they travel outside of their home country.

Whether you are a foreign national studying in the United States for several years or a U.S. citizen studying abroad, Liaison® Student is designed to protect you during your time away from home.

why choose liaison® student?

- Seven Corners has been providing international medical and travel insurance to citizens of all countries since 1993.
- Liaison Student's benefits are specifically designed and priced for international students.
- 24 Hour Assistance Service is ready to assist in locating proper medical care when you are traveling away from home.

who is eligible for liaison® student

Non-U.S. Citizens:

International Students, visiting Faculty, Scholars, or other persons age 13 and older who are temporarily residing outside their Home Country. The Insured must remain engaged in full-time educational or research activities outside their Home Country during the Period of Coverage.

Education or research activities shall mean the Insured: 1) is enrolled and participating in an educational, vocational, cultural exchange, or training programs; and 2) has a valid J-1, H-3, F, M, or Q Visa.

U.S. Citizens:

All United States Students, visiting Faculty, Scholars, or other persons with a current passport who are temporarily residing outside the United States and are engaged in full-time educational or research activities.

For Both:

Eligible individuals may also purchase coverage for their eligible dependents (must be covered along with a Parent). An eligible spouse shall be defined as the Primary Insured's legal spouse. An Eligible Dependent Child shall mean the Primary Insured Person's unmarried child(ren) over 30 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 regular full-time basis and/or wholly dependent upon the Insured Person for maintenance and support. Maximum age of coverage is 64.

period of coverage

The minimum period of coverage under Liaison Student is 15 days, maximum is 12 months (see Continuing Coverage section). Coverage can be purchased in a combination of monthly and/or daily periods by paying the appropriate plan cost. If you are studying abroad for an extended period of time, please refer to "Continuing Coverage" section

effective date

Your coverage will begin on the latest of the following:

- (1) The date Seven Corners receives a completed application and premium for the period requested; or
- (2) The Effective Date requested on the application; or
- (3) The moment the Insured Person departs their Home Country airspace; or
- (4) The date Seven Corners approves the application.

expiration date

Coverage will end on the earlier of the following:

- (1) The moment the Insured Person returns to their Home Country; or
- (2) The expiration of 12 months from the Effective Date of Coverage; or
- (3) The date shown on the ID Card issued by Seven Corners; or
- (4) The end of the period for which premium has been paid; or
- (5) The Date the Insured Person fails to be considered an Eligible Person; or
- (6) The date / moment the maximum benefit amount has been paid.

description of benefits

schedule of benefits

All Coverage and Benefits are in U.S. Dollar Amounts
Unless otherwise mentioned, deductibles, co-pays, coinsurance and benefits are considered on a Per Injury/Sickness basis.

Accident and Sickness Medical Maximums Lifetime	\$250,000 Primary Insured \$50,000 Spouse/Child
Deductible – Per Injury or Illness	Non U.S. Students: \$100 if not first treated by the Student Health Center \$50 if first treated by the Student Health Center US Citizens: Options: \$50 / \$0
Co Pay – Per Written Prescription of Medicine	Non U.S. Students: \$10 for Generic and \$20 for Brand Name US Citizens: \$0 for Generic and \$0 for Brand Name
Coinsurance	Plan 1: 80% to \$10,000, then 100% to plan maximum Plan 2: 100% to plan maximum
Benefit Period	Covered Expenses incurred during the Period of Coverage
Unexpected Recurrence of a Pre-Existing Condition	Non U.S. Students: N/A US Citizens: Up to \$500
Maternity	Covered as any other illness
Mental Illness	Inpatient: \$10,000 payable at 50%, up to a max of 40 days Outpatient: \$500 payable at 80%
Alcohol and Drug Abuse	Inpatient/Outpatient: \$1,000 payable at 50%
Injuries from a Motor Vehicle Accident	Non U.S. Students: \$10,000 US Citizens: Up to Policy Maximum
Sports-related Injuries	Non U.S. Students: \$5,000 US Citizens: Up to Policy Maximum
Dental (emergency)	\$250 per tooth to a maximum of \$500
Emergency Medical Evacuation	\$100,000
Repatriation of Mortal Remains	\$25,000
Emergency Reunion	\$5,000
Accidental Death & Dismemberment	\$10,000 per Insured \$5,000 per Spouse/Dependent Child
Physiotherapy	\$500
Spinal Manipulation	\$500
Ambulance Service	\$350
Home Country Coverage – Incidental trips to the Insured's Home Country	30 days of coverage up to a maximum of \$1,000 during period of coverage
Home Country Extension of Benefits	Up to \$1,000, expenses must be incurred within 30 days of returning to your Home Country during period of coverage
Assistance	24 hours – Worldwide

description of benefits (cont.)

medical expenses

This Plan shall pay Reasonable and Customary charges for Covered Expenses, excess of the Deductible and Coinsurance up to the Medical Maximum, incurred by you due to a covered Injury or Illness which occurred during your Period of Coverage outside your Home Country (except as provided under the Home Country Coverage). All bodily disorders existing simultaneously which are due to the same or related causes shall be considered one Disablement. If a Disablement is due to causes which are the same or related to the cause of a prior Disablement, the Disablement shall be considered a continuation of the prior Disablement and not a separate Disablement. The initial Treatment of an Injury or Illness must occur within 30 days of the date of Injury or onset of Illness.

Only such expenses which are specifically enumerated in the following list of charges are incurred within your Period of Coverage, and which are not excluded shall be considered Covered Expenses:

1) Charges made by a hospital for semi-private room and board, floor nursing and other services inclusive of charges for professional service and with the exception of personal services of a non-medical nature; provided, however, those expenses do not exceed the hospital's average charge for semi-private room and board accommodation.

2) Charges made for Intensive Care or Coronary Care charges and nursing services.

3) Charges made for diagnosis, Treatment and Surgery by a Physician.

4) Charges made for an operating room.

5) 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.

6) Charges made for the cost and administration of anesthetics.

7) 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.

8) Charges for physiotherapy, to a maximum of \$500, if recommended by a Physician for the Treatment of a specific Disablement following hospitalization and administered by a licensed physiotherapist.

9) Dressings, drugs, and Medicines that can only be obtained upon a written prescription of a Physician or Surgeon.

10) Local transportation to or from the nearest hospital or to and from the nearest hospital with facilities for required Treatment. Such transportation shall be by licensed ground ambulance only to a limit of \$350, within the metropolitan area in which you are located at the time the service is utilized. If you

description of coverage (cont.)

are in a rural area, then licensed air ambulance transportation to the nearest metropolitan area shall be considered a Covered Expense.

pre-certification

For each scheduled hospital admission, emergency hospital confinement, or Outpatient Treatment, you or someone on your behalf must contact the Assistance Company for pre-certification as soon as possible, but no later than 48 hours prior to admission to a hospital, hospital confinement or Outpatient Treatment. For Emergency hospital Confinement, you or someone on your behalf must notify the Assistance Company as soon as possible, but no later than 48 hours after the date of admission. If you fail to pre-certify with the Assistance Company, Covered Expenses will be reduced to and payable at 50% after the Deductible. Pre-Certification does not guarantee or confirm benefits or the payment of said benefits.

unexpected recurrence of a pre-existing condition

(This benefit is only available to U.S. citizens traveling outside the United States) This Plan shall pay up to \$500 subject to the chosen Deductible and Coinsurance, for Covered Expenses resulting from a sudden, unexpected recurrence of a Pre-Existing Condition while traveling outside the United States. This benefit does not include coverage for known, scheduled, required, or expected medical care, drugs or treatments existent or necessary prior to the Effective Date of coverage.

maternity

When covered maternity expenses are incurred by You or Your eligible dependents, the Company will pay Reasonable Charges for medical expenses in excess of the Deductible and Coinsurance. In no event shall the Company's maximum liability exceed the maximum stated in the Schedule of Benefits, as to Covered Expenses during any one period of individual coverage.

You or Your representative must notify the Company of a Pregnancy within the first trimester.

As stated in the Schedule of Benefits, benefits will be payable for covered expenses You incur before, during, and after delivery of a child, including physician, hospital, laboratory, and ultrasound services. Coverage for the Inpatient postpartum stay for You and Your newborn child in a hospital, will, at a minimum, be for the length of stay recommended by the American Academy of Pediatrics and the American College of Obstetricians and Gynecologists per their guidelines for perinatal care.

description of coverage (cont.)

maternity (cont.):

Coverage for a length of stay shorter than the minimum period mentioned above may be permitted if Your attending physician determines further Inpatient postpartum care is not necessary for You or Your newborn child provided the following are met:

1. In the opinion of Your attending physician, the newborn child meets the criteria for medical stability in the guidelines for perinatal care prepared by the Academy of Pediatrics and the American College of Obstetricians and Gynecologists that determine the appropriate length of stay based upon the evaluation of:

- a. The antepartum, intrapartum, postpartum course of the mother and infant;
- b. The gestational stage, birth weight, and clinical condition of the infant;
- c. The demonstrated ability of the mother to care for the infant after discharge; and
- d. The availability of post discharge follow up to verify the condition of the infant after discharge; and

2. One (1) at-home post delivery care visit is provided to You at Your residence by a physician or nurse performed no later than forty-eight (48) hours following discharge for You and Your newborn child from the hospital. Coverage for this visit includes, but is not limited to:

- a. Parent education;
- b. Assistance and training in breast or bottle feeding; and Performance of any maternal or neonatal tests routinely performed during the usual course of Inpatient care for You or Your newborn child, including the collection of an adequate sample for the hereditary and metabolic newborn screening. (At Your discretion, this visit may occur at the physician's office.)

mental illness

For the purpose of this section, only such expenses, incurred as the result of Treatment or Medication for Mental Illness, which are specifically enumerated in the following list of charges, and which are not excluded, shall be considered as Covered Expenses:

1. Inpatient Care:
 - a. Charges made by a Hospital or mental institution for room and board, floor nursing and other services inclusive of charges for professional service and with the exception of personal services of a non-medical nature, provided, however, that expenses do not exceed the Hospital's or mental institution's average charge for semi-private room and board accommodation.
 - b. Charges made for diagnosis and Treatment by a Physician.

description of coverage (cont.)

- c. Charges made for the cost and administration of anesthetics.
 - d. Charges for Medication, x-ray services, laboratory tests and services, oxygen, and medical Treatment.
 - e. Drugs and Medicines that can only be obtained upon a written prescription of a Physician.
2. Outpatient care:
 - a. Charges made for diagnosis and Treatment by a Physician.
 - b. Charges made for the cost and administration of anesthetics.
 - c. Charges for Medication, x-ray services, laboratory tests and services, oxygen, and medical Treatment.
 - d. Drugs and Medicines that can only be obtained upon a written prescription of a Physician.

Only those expenses specifically described above which are incurred within the following Limits from the onset of the Mental Illness and which are not excluded are considered Covered Expenses. Mental Illness must first manifest itself during the Period of Coverage.

Inpatient Care – Shall be payable at 50% to \$10,000, subject to a maximum of 40 days of Inpatient care.

Outpatient – Shall be payable at 80% up to a maximum of \$500.

alcohol and drug abuse:

Benefits are paid for Treatment or medication for Alcohol and Drug Abuse, which are not excluded and covered under this policy, shall be considered a Covered Expense. Benefits shall be payable at 50% up to \$1,000.

emergency dental treatment:

Benefits are paid for Reasonable and Customary expenses in excess of the Deductible and Coinsurance of \$250 per tooth up to a maximum of \$500, for the emergency repair or replacement to sound, natural teeth damaged as the result of a Covered Accident.

emergency medical evacuation & repatriation

Benefits are paid for Covered Expenses incurred up to \$100,000, for any covered Injury or Illness commencing during Your Period of Coverage that results in a Medically Necessary Emergency Medical Evacuation or Repatriation. The decision for an Emergency Medical Evacuation or Repatriation must be pre-approved and arranged by the Assistance Company in consultation with your local attending Physician.

Emergency Medical Evacuation or Repatriation means: a) your medical condition warrants immediate transportation from

description of coverage (cont.)

the place where you are located (due to inadequate medical facilities) to the nearest adequate medical facility where medical Treatment can be obtained; or b) after being treated at a local medical facility, your medical condition warrants transportation with a qualified medical attendant to your Home Country to obtain further medical Treatment or to recover; or c) both a) and b) above.

Covered Expenses are expenses for transportation, medical services and medical supplies necessarily incurred in connection with Emergency Medical Evacuation or Repatriation. All transportation arrangements must be by the most direct and economical route. Expenses for special transportation and medical supplies and services must be: a) pre-approved and ordered by the Assistance Company and b) required by the standard regulations of the conveyance transportation. Transportation means any land, water or air conveyance required to transport you. Special transportation includes, but is not limited to, licensed ground and air ambulances, commercial airlines, and private motor vehicles.

return of mortal remains

Benefits will be paid for Reasonable and Customary Covered Expenses incurred up to \$25,000, to return your remains to your Home Country, if you should die. Covered Expenses include, but are not limited to, expenses for embalming or Cremation, a minimally necessary container appropriate for transportation, shipping costs, and the necessary government authorizations. All Covered Expenses in connection with a Return of Mortal Remains or Cremation must be pre-approved and arranged by the Assistance Company.

When the Assistance Company and your attending Physician determine that it is necessary and prudent for you to have an Emergency Medical Evacuation or Repatriation, this Plan will arrange to bring an 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

emergency medical reunion:

Country. Benefits will be paid up to \$5,000 for a round-trip economy airfare ticket as well as for reasonable travel and accommodation expenses up to a maximum of 10 days, as pre-approved and arranged by the Assistance Company.

accidental death & dismemberment:

Benefits shall be paid to you if you sustain an accidental Injury.

description of coverage (cont.)

The Injury must occur during the Period of Coverage and death or dismemberment as a result of that accident must occur within 365 days from the date of Accident. Benefits payable for any such loss shall be in accordance with the following table: If you incur more than one Loss stated in the following Table as the result of one Accident, only the largest amount, shall be payable.

description of loss	percent of principal sum
Life	100%
Both Hands or Both Feet or Sight of Both Eyes	100%
One Hand and One Foot	100%
Either Hand or Foot and Sight of One Eye	100%
Either Hand or Foot	50%

spinal manipulation:

Benefits shall be paid for Spinal Manipulation which is prescribed, performed, or ordered by a licensed chiropractor for the relief of pain is payable up to \$500.

home country coverage:

Incidental Trips to the Home Country – During Your Period of Coverage, the Insured may return to their Home Country for incidental visits of up to 30 days per year. If during an incidental trip home, the Insured suffers an Injury or Illness, this Plan shall pay up to \$1,000 of Covered Expenses for that Injury or Illness. Treatment for this Injury or Illness must occur within the Insured's Home Country while on the incidental visit.

Home Country Extension of Benefits – The Plans shall pay up to a maximum of \$1,000 for Covered Expenses incurred in your Home Country related to an Injury or Illness which occurred, was diagnosed and treated outside your Home Country during your Period of Coverage. Only those covered expenses incurred within 30 days of your return to your Home Country shall be considered eligible.

plan definitions

Benefit Period shall mean the allowable time period you have to receive Treatment for a Covered Injury or Illness.

Coinsurance shall mean the percentage amount of Covered Expenses, after the Deductible, which is your responsibility to pay.

Deductible shall mean the amount of Covered Expenses which is your responsibility to pay before benefits under the Plan are payable.

Home Country shall mean the country where you have your true, fixed and permanent home and principal establishment.

Inpatient shall mean if you are confined in an institution and are

description of coverage (cont.)

charged for room and board.

Outpatient shall mean if you receive care in a hospital or another institution, including; ambulatory surgical center; convalescent/skilled nursing facility; or Physician's office, for an Illness or Injury, but who is confined and is not charged for room and board.

Pre-existing Condition shall mean any condition for which a licensed Physician was consulted, or for which Treatment or Medication was prescribed, or for which manifestations or symptoms would have caused a person to seek medical advice 24 months prior to the Effective Date of coverage under the Policy, except If the Injured Person is covered under the Policy for 24 consecutive months, the Pre-existing Condition exclusion will no longer apply and any eligible expenses incurred thereafter will be considered for reimbursement.

Reasonable and Customary shall mean the maximum amount that the Plan determines is Reasonable and Customary for Covered Expenses you receive, up to but not to exceed charges actually billed. The determination considers: 1) amounts charged by other Service Providers for the same or similar service in the locality where received, considering the nature and severity of the bodily Injury or Illness in connection with which such services and supplies are received; 2) any usual medical circumstances requiring additional time, skill or experience; and 3) other factors included but not limited to, a resource based relative value scale.

Spinal Manipulation shall mean outpatient treatment in connection with the detection or correction by manual or mechanical means of structural imbalance, distortion or subluxation in the human body for purposes of removing nerve interference as a result of or related to distortion, misalignment or subluxation of or in the vertebral column.

Treatment means a specific in-office or hospital physical examination of or care rendered to you, consultation, diagnostic procedures and services, Surgery, medical services and supplies including medication prescribed or provided by a Service Provider.

exclusions and limitations

No Benefit shall be payable for Accident Medical, Sickness Medical, Mental Illness, Alcohol and Drug Abuse, Dental, Emergency Medical Evacuation/Repatriation, Return of Mortal Remains, and Emergency Medical Reunion, as the result of:

1. Any Pre-existing Condition as defined hereunder. This exclusion does not apply to Emergency Evacuation/Repatriation or Return of Mortal Remains.
2. Injury or Illness which is not presented to the Company for payment within 3 months of receiving Treatment;
3. Charges for Treatment which is not Medically Necessary;
4. Charges provided at no cost to you;
5. Charges for Treatment which exceed Reasonable and Customary charges;
6. Charges incurred for Surgery or Treatments which are,

exclusions and limitations (cont.)

Experimental/Investigational, or for research purposes;
7. Services, supplies or Treatment, including any period of hospital confinement, which were not recommended, approved and certified as Medically Necessary and reasonable by a Physician;

8. Suicide or any attempts thereof, while sane or self destruction or any attempt thereof, while insane;

9. Any consequence, whether directly or indirectly, proximately or remotely occasioned by, contributed to by, or traceable to, or arising in connection with:

a. war, invasion, act of foreign enemy hostilities, warlike operations (whether war be declared or not), or civil war.

b. mutiny, riot, strike, military or popular uprising insurrection, rebellion, revolution, military or usurped power.

c. acting on behalf of or in connection with any organization with activities directed towards the overthrow by force of the Government de jure or de facto or to the influencing of it by terrorism or violence.

d. martial law or state of siege or any events or causes which determine the proclamation or maintenance of martial law or state of siege (hereinafter for the purposes of this Exclusion called the "Occurrences").

Any consequence happening or arising during the existence of abnormal conditions (whether physical or otherwise), whether directly or indirectly, proximately or remotely occasioned by, or contributed to by, traceable to, arising in connection with, any of the said Occurrences shall be deemed to be consequences for which the Plan shall not be liable for except to the extent that you prove that such consequence happened independently of the existence of such abnormal conditions.

10. Injury sustained while participating in professional athletics;

11. Routine physicals, immunizations or other examinations where there are no objective indications or impairment in normal health, and laboratory diagnostic or x-ray examinations, except in the course of a Disablement established by a prior call or attendance of a Physician;

12. Treatment of the Temporomandibular joint;

13. Vocational, speech, recreational or music therapy;

14. Services or supplies performed or provided by a Relative of yours, or anyone who lives with you;

15. Cosmetic or plastic Surgery, except as the result of a covered Accident; for the purposes of this Plan, Treatment of a deviated nasal septum shall be considered a cosmetic condition;

16. Elective Surgery which can be postponed until you

exclusions and limitations (cont.)

return to your Home Country, where the objective of the trip is to seek medical advice, Treatment or Surgery;

17. Treatment and the provision of false teeth or dentures, normal ear tests and the provision of hearing aids;

18. Eye refractions or eye examinations for the purpose of prescribing corrective lenses for eyeglasses or for the fitting thereof, unless caused by Accidental bodily Injury incurred while covered hereunder;

19. Treatment in connection with alcoholism and drug addiction, or use of any drug or narcotic agent, unless otherwise covered under this policy;

20. Injury sustained while under the influence of or Disablement due wholly or partly to the effects of intoxicating liquor or drugs other than drugs taken in accordance with Treatment prescribed and directed by a Physician for a condition which is covered hereunder, but not for the Treatment of drug addiction;

21. Any Mental and Nervous disorders or rest cures, unless otherwise covered under this policy;

22. Congenital abnormalities and conditions arising out of or resulting there from;

23. Expenses which are non-medical in nature;

24. Expenses as a result of, or in connection with, intentionally self-inflicted Injury or Illness;

25. Expenses as a result of, or in connection with, the commission of a felony offense;

26. Injury sustained while taking part in mountaineering where ropes or guides are normally used; hang gliding, parachuting, bungee jumping, racing by horse, motor vehicle or motorcycle, snowmobiling, motorcycle/motor scooter riding, scuba diving involving underwater breathing apparatus, unless PADI or NAUI certified, snorkeling, water skiing, snow skiing, spelunking, parasailing and snow boarding;

27. 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 any cost to you;

28. Dental care, except as the result of Injury to natural teeth caused by Accident, unless otherwise covered under this Plan;

29. Routine Dental Treatment;

30. For Pregnancy or Illness resulting from Pregnancy, childbirth, or miscarriage, unless otherwise covered under this Plan;

31. Drug, Treatment or procedure that either promotes or prevents conception, or prevents childbirth, including but not limited to: artificial insemination, Treatment for infertility or impotency, sterilization or reversal thereof;

exclusions and limitations (cont.)

32. Treatment for human organ tissue transplants and their related Treatment;
33. Expenses incurred while in your Home Country, except as provided under the Home Country Coverage and Home Country Extension of Benefits Coverage;
34. Expenses incurred during a hospital emergency visit which is not of an emergency nature;
35. Injury sustained as the result of the Insured Person operating a motor vehicle while not properly licensed to do so in the jurisdiction in which the motor vehicle accident takes place;
36. Covered Expenses incurred for which the Trip to the Host Country was undertaken to seek medical Treatment for a condition;
37. Covered Expenses incurred during a Trip after your Physician has limited or restricted travel;
38. Sex change operations, or for Treatment of sexual dysfunction or sexual inadequacy;
39. Weight reduction programs or the surgical Treatment of obesity.

No Benefit shall be payable for Accidental Death and Dismemberment as the result of:

1. Suicide, or attempt thereof, while sane; or self destruction, or any attempt thereof, while insane;
2. Disease of any kind; Bacterial infections, except pyogenic infection, which shall occur through an accidental cut or wound;
3. Hernia of any kind;
4. Injury sustained while you are riding as a pilot, student pilot, operator or crew member, in or on, boarding or alighting from, any type of aircraft;
5. Injury sustained while you are riding 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;
6. Any consequence, whether directly or indirectly, proximately or remotely occasioned by, contributed to by, or traceable to, or arising in connection with:
 - a. war, invasion, act of foreign enemy hostilities, warlike operations (whether war be declared or not), or civil war.
 - b. mutiny, riot, strike, military or popular uprising insurrection, rebellion, revolution, military or usurped power.
 - c. acting on behalf of or in connection with any organization with activities directed towards the overthrow by force of the Government de jure or de facto or to the influencing of it by terrorism or violence.

exclusions and limitations (cont.)

- d. martial law or state of siege or any events or causes which determine the proclamation or maintenance of martial law or state of siege (hereinafter for the purposes of this Exclusion called the "Occurrences").

Any consequence happening or arising during the existence of abnormal conditions (whether physical or otherwise), whether directly or indirectly, proximately or remotely occasioned by, or contributed to by, traceable to, or arising in connection with, any of the said Occurrences shall be deemed to be consequences for which the Plan shall not be liable, except to the extent that you can prove that such consequence happened independently of the existence of such abnormal conditions.

7. Service in the military, naval or air service of any country;
8. Flying in any aircraft being used for, or in connection with, acrobatic or stunt flying, racing or endurance tests;
9. Flying in any rocket-propelled aircraft;
10. Flying in any aircraft being used for, or in connection with, 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;
11. Flying in any aircraft which is engaged in any flight which requires a special permit or waiver from the authority having jurisdiction over civil aviation, even though granted;
12. Sickness of any kind;
13. Being under the influence of alcohol or having taken drugs or narcotics unless prescribed by a legally qualified Physician or surgeon;
14. Injury occasioned or occurring while you are committing or attempting to commit a felony or to which a contributing cause was your being engaged in an illegal occupation;
15. While riding or driving in any kind of competition;
16. This plan does not insure against loss or damage (including death or Injury) and any associated cost or expense resulting directly or indirectly from the discharge, explosion or use of any device, weapon or material employing or involving nuclear fission, nuclear fusion or radioactive force, or chemical, biological, radiological or similar agents, whether in time of peace or war, and regardless of who commits the act, regardless or any other cause or event contributing concurrently or in any other sequence thereto.

Excess Benefits: All coverages, except Accidental Death and Dismemberment, shall be in excess of all other valid and collectible Insurance Indemnity and shall apply only when

exclusions and limitations (cont.)

such benefits are exhausted.

continuing coverage

For those who are intending longer international trips, an option is available to you. If you choose this option on the application and enroll for at least three (3) months of coverage, a notice will be sent to your address of correspondence, allowing you to purchase an additional period of coverage (minimum of 1 month, maximum of 12 months). If you purchase at least three months of coverage, Seven Corners will continue to send notices to your address of correspondence. If you choose to purchase less than three months of coverage, Seven Corners will assume that your international trip is complete and will not send any further notices.

While a new period of coverage will be issued, your original effective date will be used with regards to determining any Pre-existing Conditions.

This option is available as long as you continue to meet the Eligibility Requirements. 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 (Preexisting Conditions begin again).

Continuing Coverage is available in periods as short as 5 days at a time when purchased utilizing Seven Corners' online system.

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.

filing a claim

Filing a claim with Seven Corners is easy. You will receive a Liaison Student identification card and claim form once you are approved for insurance. When you receive treatment, send the original itemized bills to Seven Corners within 90 days, along with a completed claim form. Eligible bills are automatically converted from local currencies to US dollars. For payments of eligible medical expenses, notify Seven Corners of

exclusions and limitations (cont.)

pending treatments and we can refer you to approved health care providers worldwide. You're only responsible for your deductible, coinsurance amounts and non-eligible expenses. For more details, consult the Program Summary that is provided with your insurance kit, or contact the Seven Corners Claim Department.

about the administrator

Properly serving the needs of the international traveler requires an understanding of the world in which we live. 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 these customers. An organization must be equipped to address foreign currencies, international doctors and hospitals, as well as unusual claim forms and documents. Liaison Student is designed and administered by Seven Corners, Inc. The claim and assistance professionals at Seven Corners have over 250 years of experience in claim processing and administration.

the insurance company

Liaison Student is underwritten by Nationwide Mutual Insurance Company, Nationwide Life Insurance Company and Nationwide Mutual Fire Insurance Company.

available states

Liaison Student is available in all states for foreign nationals studying in the United States. For U.S. a citizen traveling overseas, the program is available in selected states. For a current list of available states, please check with your agent or visit www.sevencorners.com for an up-to-date list.

rates: us students study abroad

Plan A – 80% Coinsurance / \$50 Deductible

Age Band	Participant	Participant's Spouse	Participant's Child
0-18	\$31.00/\$1.03	\$63.00/\$2.10	\$63.00/\$2.10
19-23	\$31.00/\$1.03	\$63.00/\$2.10	\$63.00/\$2.10
24-30	\$47.00/\$1.57	\$95.00/\$3.17	\$63.00/\$2.10
31-40	\$70.00/\$2.33	\$142.00/\$4.73	\$63.00/\$2.10
41-50	\$134.00/\$4.47	\$185.00/\$6.17	\$63.00/\$2.10
51-64	\$240.00/\$8.00	\$249.00/\$8.30	\$63.00/\$2.10
	monthly/daily	monthly/daily	monthly/daily

Plan B – 80% Coinsurance / \$0 Deductible

Age Band	Participant	Participant's Spouse	Participant's Child
0-18	\$33.00/\$1.10	\$68.00/\$2.27	\$68.00/\$2.27
19-23	\$33.00/\$1.10	\$68.00/\$2.27	\$68.00/\$2.27
24-30	\$51.00/\$1.70	\$103.00/\$3.43	\$68.00/\$2.27
31-40	\$75.00/\$2.50	\$154.00/\$5.13	\$68.00/\$2.27
41-50	\$144.00/\$4.80	\$201.00/\$6.70	\$68.00/\$2.27
51-64	\$257.00/\$8.57	\$271.00/\$9.03	\$68.00/\$2.27
	monthly/daily	monthly/daily	monthly/daily

Plan C – 100% Coinsurance / \$50 Deductible

Age Band	Participant	Participant's Spouse	Participant's Child
0-18	\$34.00/\$1.13	\$69.00/\$2.30	\$69.00/\$2.30
19-23	\$34.00/\$1.13	\$69.00/\$2.30	\$69.00/\$2.30
24-30	\$51.00/\$1.70	\$103.00/\$3.43	\$69.00/\$2.30
31-40	\$76.00/\$2.53	\$154.00/\$5.13	\$69.00/\$2.30
41-50	\$146.00/\$4.87	\$201.00/\$6.70	\$69.00/\$2.30
51-64	\$261.00/\$8.70	\$270.00/\$9.00	\$69.00/\$2.30
	monthly/daily	monthly/daily	monthly/daily

Plan D – 100% Coinsurance / \$0 Deductible

Age Band	Participant	Participant's Spouse	Participant's Child
0-18	\$36.00	\$75.00	\$75.00
19-23	\$36.00	\$75.00	\$75.00
24-30	\$55.00	\$112.00	\$75.00
31-40	\$81.00	\$167.00	\$75.00
41-50	\$156.00	\$219.00	\$75.00
51-64	\$279.00	\$294.00	\$75.00
	monthly/daily	monthly/daily	monthly/daily

rates: foreign nationals visiting the us

Plan M – 80% Coinsurance / see schedule for deductible

Age Band	Participant	Participant's Spouse	Participant's Child
0-18	\$37.00/\$1.23	\$84.00/\$2.80	\$83.00/\$2.77
19-23	\$40.00/\$1.33	\$134.00/\$4.47	\$83.00/\$2.77
24-30	\$74.00/\$2.47	\$195.00/\$6.50	\$83.00/\$2.77
31-40	\$110.00/\$3.67	\$228.00/\$7.60	\$83.00/\$2.77
41-50	\$182.00/\$6.07	\$282.00/\$9.40	\$83.00/\$2.77
51-64	\$248.00/\$8.27	\$282.00/\$9.40	\$83.00/\$2.77
	monthly/daily	monthly/daily	monthly/daily

Plan N – 100% Coinsurance / see schedule for deductible

Age Band	Participant	Participant's Spouse	Participant's Child
0-18	\$51.00/\$1.70	\$100.00/\$3.33	\$99.00/\$3.30
19-23	\$67.00/\$2.23	\$155.00/\$5.17	\$99.00/\$3.30
24-30	\$98.00/\$3.27	\$235.00/\$7.83	\$99.00/\$3.30
31-40	\$142.00/\$4.73	\$303.00/\$10.10	\$99.00/\$3.30
41-50	\$243.00/\$8.10	\$330.00/\$11.00	\$99.00/\$3.30
51-64	\$314.00/\$10.47	\$350.00/\$11.67	\$99.00/\$3.30
	monthly/daily	monthly/daily	monthly/daily

liaison® student

- 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:



SEVEN CORNERS
303 Congressional Boulevard
Carmel, IN 46032 USA

Fax: 317-575-2659

(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: **9398****applicant information**

Choose One, you are...

- US Citizen Studying Overseas; or
 Foreign National Student Studying in the United States

- Mr. Mrs. Miss Ms

Last Name: _____

First Name: _____ M.I. _____

Country of Permanent, fixed Residence (Home Country) _____

Passport Number: _____

For Foreign Nationals, Visa Number: _____

Departure Date from your Home Country: ___/___/___ (MM/DD/YY)

for accidental death & dismembermen benefit:

Beneficiary: _____ Relationship: _____

address of correspondence (where ID card is to be sent)

Name: _____

Address: _____

City: _____ State: _____

Postal Code: _____ Country: _____

Work Phone: () _____ Home Phone: () _____

Email Address: _____

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 15 days, the maximum is 12 months (please see Continuing Coverage Option). Coverage must be purchased in increments of no less than 15 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.

coverage specifics**U.S. Citizens, please choose plan:**

- Plan A: \$50 deductible, 80% coinsurance
 Plan B: \$0 deductible, 80% coinsurance
 Plan C: \$50 deductible, 100% coinsurance
 Plan D: \$0 deductible, 100% coinsurance

Foreign Nationals, please choose plan:

- Plan M: After deductible, 80% coinsurance
 Plan N: After deductible, 100% coinsurance

Continuing Coverage Option:

- No Yes (must buy at least 3 months)

calculating your plan cost (please complete entire section)

	Date of Birth (MM/DD/YY)	Monthly Rate	Daily Rate
Applicant: _____	(___/___/___)		
Spouse: _____	(___/___/___)		
Child: _____	(___/___/___)		
Child: _____	(___/___/___)		
Child: _____	(___/___/___)		
Total:		\$ _____	\$ _____

Minimum period of coverage is 15 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 Payment Enclosed (Total of [A] and [B]): \$ _____

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: _____

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 American Consumer Insurance Trust and enroll in the group coverage for which I am eligible under the group contract issued by Nationwide Mutual Insurance Company, Nationwide Life Insurance Company and Nationwide Mutual Fire Insurance Company. May not be available in all states.

Signature of Insured or Proxy (Required)

Date

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.

administered by:



SEVEN CORNERS

303 Congressional Boulevard
Carmel, IN 46032
www.sevencorners.com



insurance carrier:

Liaison® Student is underwritten by Nationwide Mutual Insurance Company, Nationwide Life Insurance Company and Nationwide Mutual Fire Insurance Company.