

Emergency Dental Treatment: Benefits are paid for Reasonable and Customary expenses up to the maximum shown on the Schedule of Benefits for repair or replacement to sound, natural teeth damaged as a result of an Accident.

Emergency Medical Evacuation and Medically Necessary Repatriation: Benefits are paid for Eligible Expenses incurred up to the maximum shown in the Schedule of Benefits, if Injury or Illness commences during the Term of Protection results in Your 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 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 as a result of a Medical Evacuation, 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.

Eligible Expenses are expenses for transportation, medical services and medical supplies necessarily incurred in connection with Your Emergency Medical Evacuation or Repatriation. All transportation arrangements must be by the most direct and economical route. These Eligible Expenses must be: a) pre-approved and ordered by the Assistance Company and b) required by the standard regulations of the conveyance transporting You. Transportation means any land, water or air conveyance required to transport You and 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 the reasonable Eligible Expenses incurred up to the maximum as stated in the Schedule of Benefits, to return Your remains to Your current Home Country, if You die. Eligible 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 Eligible Expenses in connection with a Return of Mortal Remains or cremation must be pre-approved and arranged by the Assistance Company.

Emergency Medical Reunion: When You are eligible for an Emergency Medical Evacuation under this Plan and the Assistance Company and the attending Physician determine that it is necessary and prudent for one individual selected by You from Your current Home Country to be brought to where You are hospitalized and accompany You during Your return to Your current Home Country, benefits will be paid for the round trip economy-class transportation arranged by the Assistance Company. The benefits payable will include: All transportation in connection with an Emergency Medical Reunion, which must be pre-approved and arranged by the Assistance Company.

Return of Minor Child(ren): Should You be traveling alone and are hospitalized because of an Illness or Injury and Your Minor Child(ren) is left unattended, the Assistance Company will arrange and benefits will be paid for one way economy fares to their current Home Country. Meals and lodging are Your responsibility. If an attendant/escort is necessary to insure the safety and welfare of the Minor Child(ren), the Assistance Company will arrange and benefits will be paid for these services up to the maximum shown on the Schedule of Benefits. All transportation in connection with a Return of Minor Child(ren) must be pre-approved and arranged by the Assistance Company.

Interruption of Trip: If You interrupt Your trip due to one of the following reasons:

1. Death of Your Family Member; or
2. Your home made uninhabitable by fire or flood.

Benefits will be paid up to the maximum stated in the Schedule of Benefits, for the cost of reasonable, additional transportation expenses for the cost of economy travel, less the value of applied credit from an unused return travel ticket, needed to reach Your return destination.

Loss of Checked Luggage: Benefits will be paid up to the maximum shown in the Schedule of Benefits, for loss, theft or damage to baggage and personal effects, checked with a Common Carrier provided You have taken all reasonable measures to protect, save and/or recover Your property at all times. There will be a per article limit of \$50.

Accidental Death and Dismemberment: Benefits shall be paid up to the maximum noted on the Schedule of Benefits if You sustain an Accidental Injury. The Injury must:

- a) Occur during Your Term of Protection; and
- b) Occur within 60 days after the date of Accident causing such Loss.

Benefits payable for any such Loss shall be according to the Table of Losses noted below, as applicable to Your loss and if You incur more than one loss as the result of one Accident, only the largest of the amounts stated in the Schedule of Benefits shall be payable.

Principal Sum	Description of Loss (for Loss of)
100%	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
50%	Either Hand or Foot
50%	Sight of One Eye
100%	Quadriplegia
75%	Paraplegia (total paralysis of both lower limbs)
50%	Hemiplegia (total paralysis of upper and lower limbs of one side of the body)
25%	Uniplegia (total paralysis of one limb)

Excess Benefits: All benefits, except Accidental Death and Dismemberment, shall be in excess of all other valid and collectible Insurance or other Indemnity and shall apply only when such benefits are exhausted. Other valid and collectible Insurance or other Indemnity for which benefits may be payable are Insurance programs provided by:

- a) Individual, group or blanket Insurance or coverage;
- b) Other prepayment coverage provided on a group or individual basis;
- c) Any coverage under labor management trustee plans, union welfare plans, employer organizational plans, employee benefit organization plans, or other arrangement of benefits for individuals of a group;
- d) Any coverage required or provided by any statute, socialized Insurance program;
- e) Any no-fault automobile Insurance;
- f) Any third party liability Insurance.

PRE-CERTIFICATION

Pre-certification (notification to HPA) is required prior to all hospital admissions and inpatient/outpatient surgeries. This does not guarantee that benefits will be paid. Failure to notify HPA of an admission or surgery will result in a 40% reduction of Benefit payments. HPA does not guarantee payment to a facility or individual for medical expenses until HPA determines that it is an Eligible Expense.

The Competitor . . .

Overseas Travel

Medical Plan

**Short Term Medical Protection
Benefits for Individuals Traveling
Outside of Their Home Country**

Comprehensive protection for:

- ★ U.S. citizens traveling abroad
- ★ Non U.S. citizens traveling to the U.S.
- ★ Hospital & Medical Expenses
- ★ 24-Hour Medical Emergency Services
- ★ Trip Cancellation
- ★ Lost Luggage
- ★ Emergency Dental
- ★ Emergency Evacuation
- ★ Accidental Death & Dismemberment
- ★ Return of Minor Children

Benefits provided by:
American Consumer Insurance Trust
Administered By:
HPA, Inc., Rockford IL



Long Term Consumer Care, Inc.

Overseas Travel

Medical Plan

Comprehensive short term medical protection for individuals traveling outside of their home country.

Why do you need the Overseas Travel Medical Plan?

Today, more and more people are traveling outside of their home country, either for business, recreation or personal reasons. Frequently, domestic health insurance does not provide coverage for overseas medical emergencies, and international travelers are unable to obtain this type of protection after they are outside of their home country.

Furthermore, most traditional health insurance does not provide coverage for expenses for an emergency medical evacuation, medical reunion, return of mortal remains, trip interruption or loss of checked luggage.

Who should apply for the Overseas Travel Medical Plan?

Anyone traveling outside of their home country needs the type of comprehensive protection the [Overseas Travel Medical Plan](#) provides.

If You are a citizen or resident of the United States (U.S.), You can purchase the [Overseas Travel Medical Plan](#) to travel anywhere **outside of the U.S.** If You are a U.S. citizen residing outside of the U.S., You can purchase this protection as long as You hold a current and valid U.S. passport.

If You are a foreign visitor traveling to the United States (U.S.), You can purchase the [Overseas Travel Medical Plan](#) as long as You provide us with your current and valid passport I.D. number.

What is 24-Hour Medical Emergency Protection?

The [Overseas Travel Medical Plan](#) includes a unique added benefit for You and Your family, **24 Hour Medical Emergency Protection**. Our emergency assistance services are superior and include:

- Medical referrals and medical care location
- Communication arrangements between family and doctors
- International hospital bill translation / interpretation services
- Medical case management and catastrophic case notification
- Coordinating emergency medical evacuation or repatriations
- Assisting in the replacement of lost passports
- Locating legal assistance and local interpreters
- Arrangements for medical transportation

ELIGIBLE PERSONS

Eligible Persons: A person who has applied for benefits, is named on the application and for whom HPA has received the appropriate plan cost, is considered eligible for benefits under this Plan.

Eligible Dependents: Are considered a spouse who is legally married to You or Your unmarried Child from 14 days old until his / her 19th birthday.

SCHEDULE OF BENEFITS

Accident & Sickness Medical Benefits Maximum Choices:
\$50,000, \$100,000, \$250,000 or \$1,000,000

Deductible Choices: \$125, \$250, \$500, \$1,000, \$2,500

The Coinsurance (after satisfaction of the Deductible) for U.S. citizens or residents **outside of the U.S. is 100% of Eligible Expenses;** and for non U.S. citizens **inside of the U.S. it is 80%** of the first \$5,000 of Eligible Expenses, and then **100% of the remaining Eligible Expenses.**

**The Maximum for Accident & Sickness Medical Benefits is limited to \$10,000 for Eligible Persons ages 80 and above.*

**The Maximum for Accident & Sickness Medical Benefits is limited to \$10,000 for the Hazardous Sports Rider.*

Additional Benefits:

- Emergency Medical Evacuation: **\$100,000**
- Return of Mortal Remains: **\$20,000**
- Emergency Medical Reunion: **\$10,000**
- Return of Minor Children: **\$5,000**
- Interruption of Trip: **\$5,000**
- Loss of Checked Luggage: **\$250**
- Emergency Dental for Accidents: **\$500**
- Accidental Death and Dismemberment: **\$25,000** for Eligible Person; and **\$5,000** for each Eligible Dependent(s)

TERM OF PROTECTION

The minimum **Term of Protection** is **15 days**; the **maximum is 12 months**. Benefits can be purchased in a combination of **monthly and 15-day periods** by paying the appropriate Plan Cost.

Convenient Plan Cost payment options include: **(1) Payment in Full** by check, money order or Visa, MasterCard or Discover credit cards. **(2) Monthly Pay as you go**, allows you to pay monthly by automatic bank drafts, Visa, MasterCard or Discover credit cards.

Effective Date of the Term of Protection begins on the latest of the following:

1. The Date HPA receives a completed Application and the appropriate Plan Cost for the Period of Protection; or
2. The Effective Date requested on the Application; or
3. The moment You arrive in the country noted on the Application; or
4. The Date HPA approves the Application.

Expiration Date of the Term of Protection terminates on the earlier of the following:

1. The moment You return to Your Home Country; or
2. The expiration of twelve months from the Effective Date; or
3. The date shown on the Schedule provided by HPA; or
4. The end of the period for which the Plan Cost has been paid; or
5. The date you are no longer considered an Eligible Person; or
6. For foreign visitors, the Date You become a permanent resident of the United States.

DESCRIPTION OF BENEFITS

Medical Benefits: Benefits will be paid for Reasonable and Customary Eligible Expenses incurred by You due to an accidental Injury or Illness up to the maximum amount You chose after the Deductible and Coinsurance is satisfied. All bodily disorders, or bodily Injuries sustained in any one Accident, 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 (including complications arising therefrom), the Disablement shall be considered a continuation of the prior Disablement and not a separate Disablement.

The initial treatment of the Illness or Injury must occur within 30 days of the Accident or onset of the Illness.

Only the following, which are specifically enumerated in the following list of charges and which are not excluded, shall be considered as Eligible Expenses:

1. Charges made by a Hospital 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 average charge for semiprivate room and board accommodation.
2. Charges made for intensive care of 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 and 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, if recommended by a Physician for the treatment of a specific Disablement 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, within the metropolitan area in which You are located at that time the service is used. If You are in a rural area, then licensed ground ambulance transportation to the nearest metropolitan area shall be considered an Eligible Expense.

Optional Hazardous Sports Rider:

Benefits will be paid if You are injured while participating in one of the following: Motorcycle or motor scooter riding, mountaineering (4500 meter limit), hang gliding, parachuting, bungee jumping, water skiing, snow skiing, snowmobiling, and snow boarding.

PLAN PROVISIONS

Notice of Claim: Written notice of claim must be given to HPA within 30 days after the occurrence or commencement of any Disability provided by the Plan, or as soon thereafter as is reasonably possible. Notice given by or on behalf of the claimant to HPA, or to any authorized agent of HPA, with information sufficient to Your identity shall be deemed notice to HPA. **Claim Forms:** Upon receipt of a notice of claim, claim forms shall be furnished to You as are usually furnished for filing Proofs of Loss. **Payment of Claims:** Indemnity for loss of life will be payable in accordance with the beneficiary designation and the provisions respecting such payment which may be prescribed herein and effective at the time of payment. If no such designation or provision is then effective, such indemnity shall be payable to You. Any other accrued benefits unpaid at the time of Your death may be paid either to Your estate. All other indemnities will be payable to You. If any indemnity of the Plan shall be payable to You or to an Eligible Dependent or otherwise not competent to give a valid release, HPA may pay such indemnity, up to an amount not exceeding \$1,000, to any Relative by blood or connection by marriage to You who is deemed to be equitably entitled thereto. Any payment made in good faith pursuant to this provision shall fully discharge the Plan to the extent of such payment. Subject to Your written direction all or a portion of any benefits provided by this Plan on account of Hospital, nursing, medical or surgical service may, unless You request otherwise in writing not later than the time for filing proof of such loss, be paid directly to the Hospital or person rendering such services, but is not required the service be rendered by a particular Hospital or person. **Physical Examination and Autopsy:** At its own expense, HPA shall have the right to examine the person of any individual whose Injury or Illness is the basis of claim when and as often as it may reasonably require during the pendency of a claim hereunder and to make an autopsy in case of death, where it is not forbidden by law. **Legal Actions:** No actions at law or in equity shall be brought to recover on the Plan prior to the expiration of sixty days after written proof of loss has been furnished in accordance with requirements of this Plan. No such action shall be brought after expiration of three years after that time written Proof of Loss is required to be furnished. **Monetary Limits:** The monetary limits stated in this Plan and the Plan Cost shall be in U.S. dollars. For service outside of the territorial limits of the United States, the exchange rate date used to determine the amount of U.S. dollars to be paid is the exchange rate effective for the date the claims expense was incurred.

EXCLUSIONS

Benefits will not be paid for losses caused by or resulting from: **For Accidental Death and Dismemberment, Medical Benefits, Dental, Emergency Medical Evacuation/Repatriation, Return of Mortal Remains, Return of Minor Child, Emergency Medical Reunion, Trip Interruption (continue below for additional exclusions for these benefits):**

Suicide or attempt thereof while sane or self destruction or any attempt thereof while insane; 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) any act of any person 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, or arising in connection with, any of the said Occurrences shall be deemed to be consequences not liable under this Plan except to the extent that You shall prove that such consequence happened independently of the existence of such abnormal conditions.

For Accidental Death and Dismemberment:

Disease of any kind; Bacterial infections except pyogenic infection which shall occur through an accidental cut or wound; Hernia of any kind; 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; 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; Service in the military, naval or air service of any country; Flying in any aircraft being used for or in connection with acrobatic or stunt flying, racing or endurance tests; Flying in any rocket-propelled aircraft; 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; 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; **Sickness of any kind;** Being under the influence of alcohol or having taken drugs or narcotics unless prescribed by a legally qualified Physician or surgeon; 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; While riding or driving in any kind of competition; Pregnancy, childbirth, miscarriage or abortion; Injury arising out of a Pre-Existing Condition, however, an Injury for which the treatment has not been rendered or treatment medically recommended for the past thirty consecutive months shall not be considered a Pre-Existing Condition unless otherwise specifically excluded; Neuroses, psychoneuroses, psychopathies, psychoses or mental or emotional diseases or disorders of any type.

For Medical Benefits, Dental, Emergency Medical Evacuation/Repatriation, Return of Mortal Remains, Return of Minor Child, Emergency Medical Reunion, Trip Interruption:

Any Injury or Illness which meets the following criteria: 1) a condition that would have caused a person to seek medical advice, diagnosis, care or treatment during the 36 months prior to the Effective Date of Benefits under this Plan; or 2) a condition for which medical advice, diagnosis, care or treatment was recommended or received during the 36 months prior to the Effective Date of Your Plan. Injury or Illness which is not presented to HPA for payment within 3 months of receiving treatment; Charges for treatment which is not Medically Necessary; Charges provided at no cost to You; Charges for treatment which exceed Reasonable and Customary charges; Charges incurred for surgery or treatments which are, experimental / investigational, or for research purposes;

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; Injury sustained while participating in professional athletics; Injury sustained while participating in Amateur or Interscholastic Athletics; Routine physicals or other examinations where there are no objective indications of impairment in normal health, and laboratory diagnostic or x-ray examinations, except in the course of a Disability established by a prior call or attendance of a Physician unless otherwise covered under this Plan; Treatment of the Temporomandibular joint; Vocational, speech, recreational or music therapy; Services or supplies performed or provided by a Relative of You, or anyone who lives with You; The refusal of a Physician or Hospital to make all medical reports and records available to HPA will cause an otherwise valid claim to be denied; Medical reports and records or history of treatment provided free-of-charge, by a Relative, or a friend of Yours may cause an otherwise valid claim to be denied; Cosmetic or plastic Surgery, except as the result of an Accident; for the purposes of this Plan, treatment of a deviated nasal septum shall be considered a cosmetic condition; Elective Surgery which can be postponed until You return to Your Home County, where the objective of the trip is to seek medical advice, treatment or surgery; Treatment and the provision of false teeth or dentures, normal ear tests and the provision of hearing aids; Eye refractions 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 under this Plan; Treatment in connection with alcoholism and drug addiction, or use of any drug or narcotic agent; Injury sustained while under the influence of or Disability due to 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 provided hereunder but not for the treatment of drug addiction; Any Mental and Nervous disorders or rest cures; Telephone consultations or failure to keep a scheduled appointment; Treatment while confined primarily to receive custodial care, educational or rehabilitative care, or nursing services; Congenital abnormalities and conditions arising out of or resulting therefrom; Expenses which are non-medical in nature; The cost of Your unused airline ticket for the transportation back to Your Home Country, where an Emergency Medical Evacuation or Repatriation and/or Return of Mortal Remains benefit is provided; Expenses as a result or in connection with intentionally self-inflicted Injury or Illness; Expenses as a result or in connection with the commission of a felony offense; 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 certified, snorkeling, water skiing, snow skiing, spelunking, and snow boarding; 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; Injuries for which benefits are payable under any no-fault automobile Insurance Policy; Treatment of venereal disease; Dental care, except as the result of Injury to natural teeth caused by Accident, unless otherwise provided under this Plan; Routine Dental Treatment; For Pregnancy or Illness resulting from Pregnancy, childbirth, or miscarriage; For miscarriage resulting from Accident; 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; Treatment for human organ tissue transplants and their related treatment;

WHO TO CONTACT?

In all cases, please be prepared to state Your passport number. Customer Service and Claims Administration: Direct all related customer service inquiries, benefits verification requests, Plan payments, and Claims to be made to HPA at the address and numbers listed below.

Mailing Address:

Health Plan Administrators, Inc. (HPA)
P.O. Box 15250
Rockford, IL 61132-5250

Telephone:

1-800-397-5800 (in the U.S.)
1-815-633-5800 (outside the U.S.)

If payment by credit card, you can FAX your completed and signed application to:

1-888-FAX-HPA1 (1-888-329-4721) (in the U.S.)
1-815-633-0277 (outside the U.S.)

Travel Assistance: In the event of an emergency or difficulty during Your trip, telephone access to assistance operators is available 24 hours a day, seven days a week, from anywhere in the world. Travel assistance is available for, but not limited to: locating medical providers and services; consultative and advisory services; coordinating emergency medical evacuation or repatriations; assisting in the replacement of lost passports; locating legal assistance and local interpreters; and other incidental aid that may be required. The Assistance Company operators may be accessed by calling the numbers listed below:

1-800-666-3192 (in the U.S.)
1-603-898-8752 (outside the U.S., call collect)

ABOUT THE ADMINISTRATOR

Health Plan Administrators, Inc. (HPA) is a fully licensed, full service Third Party Administrator transacting business worldwide. HPA is a third generation company dating back to 1939. Industry leading services include: professional customer service, prompt claims payment, state of the art premium accounting and reporting.

This brochure contains the Overseas Travel Medical Plan benefit descriptions, definitions and exclusions. If you apply for this Plan, the Administrator will forward you a Confirmation of Benefits. Please cut out the ID CARD BELOW, write Your passport number, Plan dates and sign.

OVERSEAS TRAVEL MEDICAL PLAN ID CARD

Administered by: Health Plan Administrators, Inc (HPA)

24 Hour Emergency Medical Assistance call:

1-800-666-3192 (in the U.S.)
1-603-898-8752 (outside the U.S., call collect)

Call HPA for verification and benefit information:

1-800-397-5800 (in the U.S.) or 1-815-633-5800

Departure Date: _____

Return to Home Country Date: _____

Passport #: _____

Your Name (Print): _____

Signature: _____ Date: _____

Exclusions continued: Expenses incurred while You are in Your Home Country; Weak, strained or flat feet, corns, calluses, or toenails; Duplicate services actually provided by both a certified nurse-midwife and a Physician; Expenses incurred during a Hospital emergency visit which is not of an emergency nature; Injury sustained as the result of the Injured Person operating a motor vehicle while not properly licensed to do so in the jurisdiction in which the motor vehicle accident takes place; Expenses incurred for which the trip to the Host Country was undertaken to seek medical treatment for a condition; Expenses incurred during a trip after Your Physician has limited or restricted travel. **For Interruption of Trip:**

Your making changes to personal plans; Having business or contractual obligations; Being unable to obtain necessary travel documents (passports, visas, etc.); Being detained or having property confiscated by customs authorities; Carrier caused delays (including bad weather); Prohibition or regulatory by any government; Default of yacht charter companies; Default of the organization from which You purchased Your trip arrangements.

For Loss of Checked Luggage:

Aircraft, automobiles, automobile equipment, motors, motorcycles, bicycles (except bicycles when checked as baggage with a common carrier,) boats or other conveyances or their accessories; Animals; Artificial teeth or limbs, hearing aids; Sunglasses, contact lenses or eyeglasses; Documents of any kind, including but not limited to documents, bills, currency, deeds, evidences of debt, letters of credit, stamps, credit cards, money, notes, securities, transportation or other tickets; Keys, household furniture or furnishings, rugs or carpets of any type; Perishable items, Medicines, perfumes, cosmetics, and consumables; Physicians and Surgeons instruments; Theatrical property, or professional or business property; Property shipped as freight or shipped prior to the trip departure date; All jewelry, watches, gems, furs, cameras and camera equipment, camcorders, sporting equipment, computers, radios, and other electronic items unless otherwise provided in this Plan; Wear and tear or gradual deterioration; Insect or vermin damage; Damage from being worked upon; Breakage of articles of a brittle nature unless caused by thieves, fire or Accident to conveyances; Destruction or seizure under quarantine or customs rules or by order of a government; Illegal transportation or trade; War, including undeclared war, civil war insurrection, rebellion, revolution, warlike act by a military force or military personnel, destruction or seizure of use for a military purpose, and including any consequence of any of these; Nuclear hazard meaning any nuclear reaction, radiation or radioactive contamination, all whether controlled or uncontrolled or however caused or any consequence of any of these. Loss caused by the nuclear hazard will not be considered Loss caused by fire, explosion or smoke; however, direct Loss by fire resulting from nuclear hazard is eligible.

ABOUT THE TRUST

Benefits under this Plan are provided by the American Consumer Insurance Trust. The Trust is insured by TIG Insurance Company.

Notice to residents of Florida: The benefits of this Plan are provided by the American Consumer Insurance Trust. The Trust is insured by TIG Premier Insurance Company and is governed by the law of a state other than Florida. Your homeowner's policy, if any, may provide coverage for loss of personal effects provided by the baggage and personal effects benefits. For US Residents: This insurance is not required in connection with the purchase of Your travel arrangements.

Notice to residents of California: This plan contains disability benefits or health benefits, or both, that only apply during Your trip. You may have coverage from other sources that already provide You with these benefits. You should review Your existing policies. If You have any questions about Your current coverage, call Your insurer or health plan. Note, in California, the pre-existing condition limitation is waived for medical expenses.

REFUND OF PLAN COST

Refund of Plan Cost will be considered only if You send a written request to HPA and it is received by HPA prior to Your Effective Date of Protection. After Your Effective Date of Protection the Plan Cost is considered fully earned and nonrefundable.

DEFINITIONS

"Accident" or **"Accidental"** shall mean an event, independent of Illness or self inflicted means, which is the direct cause of bodily Injury to You. **"Coinsurance"** shall mean the percentage amount of Eligible Expenses, after the Deductible, which are Your responsibilities and must be paid by You. The Coinsurance amount is stated in the Schedule of Benefits. **"Deductible"** shall mean the amount of Eligible Expenses which are Your responsibility and must be paid by You before benefits under the Plan are payable. The Deductible amount is stated in the Schedule of Benefits. **"Disablement"** as used with respect to Eligible Expenses under the Medical Benefit section shall mean an Illness or an Accidental bodily Injury necessitating medical treatment by a Physician as defined in this Plan. **"Family Member"** shall mean Your spouse, parent, sibling or Child. **"Home Country"** shall mean the country where You have Your true, fixed and permanent home and principal establishment and for which You hold a current and valid passport. **"Illness"** shall mean sickness or disease of any kind contracted and commencing after the Effective Date of Your Plan and eligible under this Plan. **"Hospital"** shall mean a Hospital (other than an institution for the aged, chronically ill or convalescent, resting or nursing homes) operated pursuant to law for care and treatment of sick or injured persons with organized facilities for diagnosis and Surgery and having 24-hour nursing service and medical supervision. **"Injury"** shall mean bodily Injury caused solely and directly by violent, Accidental, external, and visible means occurring while this Plan is in force and resulting directly and independently of all other causes under this Plan. **"Medically Necessary"** or **"Medical Necessity"** shall mean services and supplies received during the Term of Protection which are determined to be: 1) appropriate and necessary for the symptoms, diagnosis, or direct care and treatment of Your medical conditions; 2) within the standards the organized medical community deems good medical practice for Your condition; 3) not primarily for You, Your Physician's or another Service Provider's or person's convenience; 4) not Experimental/Investigational or unproven, as recognized by the organized medical community, or which are used for any type of research program or protocol; and 5) not excessive in scope, duration, or intensity to provide safe and adequate, and appropriate treatment. For Hospital stays, this means that acute care as an Inpatient is necessary due to the kinds of services You are receiving or the severity of Your condition, in that safe and adequate care cannot be received as an Outpatient or in a less intensified medical setting. The fact that any particular Physician may prescribe, order, recommend, or approve a service, supply, or level of care does not, of itself, make such treatment Medically Necessary or make the charge of an Eligible Expense under this Plan. **"Physician"** as used in this Plan shall mean a doctor of medicine or a doctor of osteopathy licensed to render medical services or perform Surgery in accordance with the laws of the jurisdiction where such professional services are performed, however, such definition will exclude chiropractors and physiotherapists. **"Reasonable and Customary"** shall mean the maximum amount that the Company determines is Reasonable and Customary for eligible Expenses You receive, up to but not to exceed charges actually billed. The Company's 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 the Company determines are relevant, including but not limited to, a resource based relative value scale. For a Service Provider who has a reimbursement agreement, the Reasonable and Customary charge is equal to the amount that constitutes payment in full under any reimbursement agreement with the Company. If a Service Provider accepts as full payment an amount less than the negotiated rate under a reimbursement agreement, the lesser amount will be the maximum Reasonable and Customary charge. The Reasonable and Customary charge is reduced by any penalties for which a Service Provider is responsible as a result of its agreement with the Company. **"You, Your, Yours, or Yourself"** means the Eligible Person or Eligible Dependents.

OVERSEAS TRAVEL MEDICAL PLAN APPLICATION

PRINT YOUR NAME BELOW (As you it appears on your Passport):

(Last) _____ (First) _____ (Middle) _____

PASSPORT NUMBER: _____

SEND CONFIRMATION TO:

Name: _____

Address: _____

Telephone: _____ Fax: _____

E-mail: _____

***REQUESTED EFFECTIVE DATE:** _____

***DEPARTURE DATE:** _____

(*At no time will the effective date be earlier than the date received by HPA, Inc.)

DATE OF RETURN TO HOME COUNTRY: _____

COUNTRY OF CITIZENSHIP: _____

COUNTRIES TO BE VISITED: _____

NAME OF BENEFICIARY: _____

(You will be the Beneficiary for Your spouse and dependent children included on this Application.)

LIST THE NAMES OF INDIVIDUALS FOR BENEFITS, and the appropriate cost for the Plan and Options selected: (please attach additional sheet if necessary)

Name:	Date of Birth	Monthly Cost	15 day Cost
Applicant:			
Spouse:			
Child:			
Child:			
Subtotal:			

SELECT ONE PLAN OPTION ONLY:

Benefits for U.S. Citizens or Residents outside of the United States:

\$50,000 \$100,000 \$250,000 \$1,000,000

Benefits for Non U.S. Citizens while in the United States:

\$50,000 \$100,000 \$250,000 \$1,000,000

SELECT ONE DEDUCTIBLE OPTION ONLY:

\$125 \$250 \$500 \$1,000 \$2,500

PLAN COST CALCULATION CHART

Enter plan cost for ONE month: \$ _____

Only Payment in Full, Multiply by # of Months _____ X \$ _____

Enter 15 day plan cost (if needed): \$ _____

Subtotal: \$ _____

If other than \$250 Deductible Selected, Multiply by Factor Indicated Below:

(\$125 X 1.15; \$500 X .90; \$1,000 X .80; or \$2,500 X .70) \$ _____

Optional Sports Rider Multiply X 1.15 = \$ _____

*Optional ship policy overnight charge: + \$15.00= \$ _____

Administration Fee: \$ **10.00

Total Amount Due: \$ _____

* The overnight shipping charge overseas is \$25.00.

** If you choose Monthly Pay as you go, the \$10.00 Administration fee is charged monthly.

If you are purchasing the Hazardous Sports Rider, please describe the activities for which you are seeking benefits:



All payments by check must be made in U.S. dollars. Make checks payable to and mail to:
Health Plan Administrators, Inc (HPA)
P.O. Box 15250, Rockford, IL 61132-5250
You can save on postage if you pay by credit card, simply FAX the completed application to:
LTCC, Inc.: Fax 1-262-523-1910

COMPLETE THE FOLLOWING:

Payment in Full **Monthly Pay as you go***

COMPLETE PAYMENT MODE:

Check / Money Order **Monthly Automatic Bank Draft**
 MasterCard **Visa** **Discover**

"If You selected Monthly Pay as you go, You must also complete either the "Automatic Bank Draft Request" or "Credi Card Request" below.

CREDIT CARD REQUEST:

Credit Card #: _____

Expiration Date: _____

Name as it appears on card: _____

Billing Address: _____

Signature: _____

Day Phone #: _____

If paying by credit card, I authorize Health Plan Administrators, Inc. to debit my VISA, MasterCard or Discover account for amount specified below as indicated by me. Benefits purchased by credit card is subject to validation and acceptance by the credit card company.

Monthly for the 12 Months of Plan Cost and administration fee.

Only for # _____ months for Payment in Full

AUTOMATIC BANK DRAFT REQUEST:

By selecting automatic check withdrawal, Your monthly Plan Cost will automatically be withdrawn from Your checking account.

Complete the form below.

To: (Bank name): _____

Address: _____

I request that you pay and charge my account debits drawn from my account by Health Plan Administrators, Inc. to its order. This authorization will stay in effect until I revoke it in writing. Until you receive such notice, I agree that you shall be fully protected in honoring any such debits. I also agree that you may at any time, end this agreement by giving 30 days advanced written notice to me and to Health Plan Administrators, Inc. You are to treat such debit as if it were signed by me. If you dishonor such debit with or without cause, I will not hold you liable even if it results in loss of my Plan.

Signature of Plan Payer

Date _____

If payment by Automatic Bank Draft you must attach a voided check with your check for the first month of the Plan Cost.

READ AND SIGN BELOW:

I understand that this is not a general health insurance policy and that it is intended for use in the event of a sudden and unexpected event while I am traveling outside of my Home Country. I understand that Pre-existing Conditions are not covered. I understand this Plan contains a Pre-certification Penalty, and other restrictions and exclusions. I understand this Plan is not renewable and successive terms of protection will require re-satisfaction of the Deductible and Coinsurance. The undersigned authorizes any doctor, medical practitioner, hospital, clinic, health facility, pharmacy, government agency, insurance agency, insurance company, group policyholder or insurance or benefit administrator or any other entity having information as to the care, advice, treatment, diagnosis or physical or mental condition of any person listed on this Application to release said information to Health Plan Administrators, Inc.

X _____ X _____
 Signature of Applicant (or Guardian): _____ Date: _____

X _____ X _____
 Signature of Spouse: _____ Date: _____

Benefits under this Plan are provided by the American Consumer Insurance Trust. The Trust is insured by TIG Insurance Company.

Notice to residents of Florida: The benefits of this Plan are provided by the American Consumer Insurance Trust. The Trust is insured by TIG Premier Insurance Company and is governed by the law of a state other than Florida. Your homeowner's policy, if any, may provide coverage for loss of personal effects provided by the baggage and personal effects benefits. For US Residents: This insurance is not required in connection with the purchase of Your travel arrangements.

Notice to residents of California: This plan contains disability benefits or health benefits, or both, that only apply during Your trip. You may have coverage from other sources that already provide You with these benefits. You should review Your existing policies. If You have any questions about Your current coverage, call Your insurer or health plan. Note, in California, the Pre-Existing condition limitation is waived for medical expenses.

Fraud Warning: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

FOR AGENT USE ONLY:

HPA Agent #: _____

Agent Name: Ronald A. Hill

Address: N27 W23960 Paul Road - Suite 101 City: Pewaukee State: WI Zip: 53027-6218

Telephone: (800) 544-9505 Fax: (262) 523-1910 Email: hpa@consumerbenefits.net

GA Name: Ronald A. Hill HPA #: _____

MGA: Ronald A. Hill HPA #: _____

C O T M

OVERSEAS TRAVEL MEDICAL PLAN

Administered by: Health Plan Administrators, Inc. (HPA)

Cost for the \$250 Deductible

U.S. Citizens or Residents - Outside of the United States
Available from 15 Days up to 12 Months, Payment in Full or Monthly Pay

Age	<u>\$50,000</u>		<u>\$100,000</u>		<u>\$250,000</u>		<u>\$1,000,000</u>	
	One Month	15 Days	One Month	15 Days	One Month	15 Days	One Month	15 Days
19-29	\$38	\$21	\$43	\$24	\$49	\$27	\$57	\$31
30-39	\$45	\$25	\$50	\$28	\$65	\$36	\$85	\$47
40-49	\$68	\$44	\$76	\$49	\$82	\$53	\$108	\$70
50-59	\$107	\$70	\$122	\$79	\$132	\$86	\$172	\$112
60-64	\$142	\$107	\$156	\$117	\$169	\$127	\$225	\$169
65-69	\$170	\$128	\$191	\$143	\$210	\$158	\$245	\$184
70-79	\$220	\$165	\$260	\$195	N/A	N/A	N/A	N/A
80+*	\$368	\$276	N/A	N/A	N/A	N/A	N/A	N/A
Dependent child	\$21	\$12	\$26	\$14	\$30	\$17	\$43	\$24
Child alone	\$38	\$21	\$43	\$24	\$46	\$25	\$52	\$29

*\$10,000 Limit

Hazardous Sports Rider Factor: 1.15

Deductible Factors:

\$125	1.15
\$500	.90
\$1,000	.80
\$2,500	.70

*OTM Plan Cost Effective 9/01/01
Please call HPA, Inc. to verify rates after 3/31/02.*

Cost for the \$250 Deductible

Non - U.S. Citizens (foreign visitors) - Inside of the United States
Available from 15 Days up to 12 Months, Payment in Full or Monthly Pay

Age	<u>\$50,000</u>		<u>\$100,000</u>		<u>\$250,000</u>		<u>\$1,000,000</u>	
	One Month	15 Days	One Month	15 Days	One Month	15 Days	One Month	15 Days
19-29	\$50	\$28	\$62	\$34	\$67	\$37	\$88	\$48
30-39	\$67	\$37	\$79	\$43	\$85	\$47	\$131	\$72
40-49	\$98	\$64	\$125	\$81	\$135	\$88	\$178	\$116
50-59	\$150	\$98	\$171	\$111	\$185	\$120	\$240	\$156
60-64	\$160	\$120	\$234	\$176	\$247	\$185	\$294	\$221
65-69	\$199	\$149	\$244	\$183	\$270	\$203	\$321	\$241
70-79	\$252	\$189	N/A	N/A	N/A	N/A	N/A	N/A
80+*	\$444	\$333	N/A	N/A	N/A	N/A	N/A	N/A
Dependent child	\$27	\$15	\$31	\$17	\$34	\$19	\$49	\$27
Child alone	\$47	\$26	\$53	\$29	\$56	\$31	\$77	\$42

*\$10,000 Limit

Hazardous Sports Rider Factor: 1.15

Deductible Factors:

\$125	1.15
\$500	.90
\$1,000	.80
\$2,500	.70

*OTM Plan Cost Effective 9/01/01
Please call HPA, Inc. to verify rates after 3/31/02.*