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2131 W. Republic Rd., Suite 343  
Springfield, MO 65807  
Phone: 417-882-1413  
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**The Insurance Company**

**Diplomat International** is Underwritten by United States Fire Insurance Company; **rated "A" (excellent)** by A.M. Best.

**The Program Administrator**

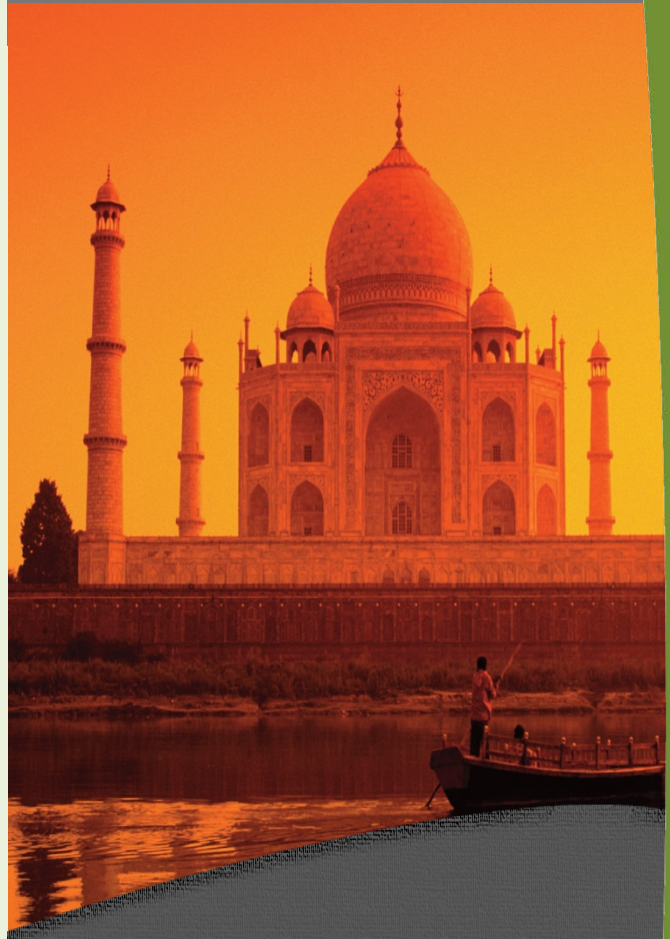
**Diplomat International** is designed and administered by Global Underwriters. With over 50 years of experience in the insurance industry, Global Underwriters has established itself as a leader in the development, administration and marketing of international health and life insurance products. We offer exceptional and affordable International Health insurance coverage for groups and individuals. So whether you're traveling on business, vacationing, or are residing in a foreign country, Global Underwriters has a plan designed just for you.

**Questions?** Please contact your Insurance Agent or the Program Administrator directly:

**Global Underwriters Agency, Inc.**  
3195 Linwood Road, Suite 201  
Cincinnati, Ohio 45208

Completed Application and Credit Card Payment  
can be faxed to: 800-942-7816 or 513-533-3775  
Apply online at: [www.globalunderwriters.com](http://www.globalunderwriters.com)

# Diplomat International



**Medical Insurance  
that covers you  
outside your Home  
Country (5 days up  
to 12 months)**



DI: 10-2012

**International Travel Medical**

## **Quick Glance Benefits Summary:**

**Medical Maximum:** Plan A - \$50,000, Plan B - \$100,000, Plan C - \$250,000, Plan D - \$500,000, Plan E - \$1,000,000; Persons age 70 – 79 are eligible for plans A and B; Persons age 80+ are eligible for a maximum benefit of \$20,000.

**Deductible Choices:** \$0, \$50, \$100, \$250, \$500, \$1,000, \$2,500, \$5,000 per person/policy period

**Co-Insurance:** After you pay your selected deductible this plan will pay 100% of Covered Expenses outside your Home Country up to the selected policy maximum.

**Pre-Existing Condition Exclusion:** 12 Months prior to the start date of coverage

**Emergency Medical Evacuation and Repatriation:** \$500,000

**Political and Natural Disaster Evacuation:** \$50,000; (\$100,000 available with the purchase of the Enhanced Political and Natural Disaster Evacuation Rider)

**Return of Mortal Remains:** \$50,000

**Emergency Medical Reunion:** \$50,000

**Return of Minor Child:** \$50,000

**Interruption of Trip:** \$5,000

**Loss of Baggage:** \$50 per article; up to a maximum of \$250

**In-Hospital Indemnity (US Citizens only):** \$100 per day to a maximum of 10 days

**Emergency Dental Treatment (Palliative):** \$100

**Accidental Death and Dismemberment:** \$25,000 (Enhanced Benefit Amounts available) with paralysis, coma, seat belt and airbag, felonious assault and home alteration and vehicle modification benefits.

**Sudden Recurrence of a Pre-existing Condition (US Citizens only):** up to \$20,000; (\$2,500 for age 65 and older)

**Optional Policy Enhancements:**

**Home Country Coverage / Athletic & Hazardous Activity Riders**

**War Risk Coverage Available, call for a quote.**

## **Why Purchase International Medical Insurance?**

*Who should purchase The Diplomat International?*

Travel medical insurance designed for U.S. Citizens traveling outside the United States or Non-U.S. Citizens traveling outside their home, with no travel to the United States. This valuable travel protection is ideal for students, business and leisure travelers, study abroad, international exchange students, tourists, holiday travelers, and church or missionary travelers.

*Why do you need international travel insurance?*

**Problem for U.S. Travelers:** Most group and individual health plans sold in the United States provide limited (if any) coverage while traveling overseas. PPO's do not extend their network's abroad, so any difference in billing expenses or claims will become your responsibility. Private U.S. health plans rarely provide emergency medical air evacuation and repatriation benefits back to your home country. Finally, Medicare provides NO coverage outside the U.S. (see U.S. Passport for details).

**Problem for Non - U.S. Citizens:** Nationalized or government sponsored health plans rarely provide adequate medical coverage for illnesses or injuries sustained while traveling outside your home country. Extreme sports, hazardous activities, emergency medical air evacuation and repatriation are usually not covered under nationalized health insurance schemes.

**This brochure is meant to be a brief summary of the policy features only for the Diplomat International Plan and does not cover all the terms, conditions and limitations of the Master Policy. If there is any conflict between this brochure and the Master Policy, the Master Policy will govern in all cases. Benefits and premiums are subject to change.**

### **Eligibility**

The **Diplomat International** provides Accident and Sickness Medical Coverage, Travel Assistance, and Accidental Death and Dismemberment benefits to Individuals while traveling outside their Home Country, but not to the United States. Coverage is available for **you**, a second adult, unmarried dependent Children, or Children traveling alone.

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

### **Period of Coverage**

The minimum period of coverage that can be purchased is 5 days, the maximum is 12 months.

**Effective Date:** Coverage will begin at 12:00 A.M. Eastern Standard Time on the latest of the following: 1) The date and time your enrollment form and correct premium are received by Global Underwriters Agency; or 2) The effective date requested on the enrollment form; 3) The moment You depart from your Home Country;

**Expiration Date:** Coverage will end at 11:59 P.M. Eastern Standard Time on the earliest of the following: 1) The moment You return to your Home Country, except as provided under the Home Country Coverage; 2) Twelve months after your coverage's effective date; 3) The termination date shown on the enrollment form, for which premium has been paid; or 4) The date You are no longer considered an Eligible Person.

The **Diplomat International** plan was designed mainly to provide medical and evacuation coverage for US residents traveling outside the USA. It is also available to non-US residents traveling outside their home country (e.g. Canadian citizen traveling to the EU or a South African going to Australia).

## **Description of Coverage**

All plan cost and benefits will be paid in U.S. dollars. We will pay Reasonable and Customary charges for Covered Expenses incurred during your travel. Benefits in excess of your chosen deductible and co-insurance, up to the selected Medical Maximum will be considered for payment. The initial Treatment of an Injury or Illness must occur within 30 days of the date of Injury or onset of Illness.

## **Covered Expenses**

Only such Expenses that are specifically enumerated in the following list of charges that are incurred for the medical care and supplies which are: (a) necessary and customary; (b) prescribed by a Physician for the therapeutic treatment of a disablement; (c) are not excluded under the policy; (d) are not more than the Reasonable and Customary charges (as determined by the Company); and **(e) are incurred within: i) 365 days for US Citizens; or ii) 180 days for Non US Citizens from the date of the disablement will be considered.**

1) Expenses made by a Hospital for room and board, floor nursing and other services, including Expenses for professional services, except 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. 2) Charges made for Intensive Care or Coronary Care charges and nursing services; 3) Expenses 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, Physician's Outpatient visits/examinations, clinic care, and Surgical opinion consultations. 6) Expenses made for administration of anesthetics. 7) Expenses for medication, x-ray services, laboratory tests and services, the use of radium and radio-active isotopes, oxygen, blood transfusions, iron lungs, and medical Treatment. 8) Expenses for physiotherapy, if recommended by a Physician, for the Treatment of a specific Disablement and administered by a licensed physiotherapist; With regards to chiropractic care, eligible charges up to \$50.00 per visit, with a maximum of 10 visits.

9) Dressings, drugs, and medicines that can only be obtained upon written prescription of a Physician. 10) Hotel room charge, when the insured, otherwise 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 the control of the insured; The charges enumerated above shall in no event include any amount in excess of the Reasonable and Customary charges (as determined by the Company). To determine if Expenses are Reasonable and Customary, the Company will consider the following: the medical care or supplies usually given and the fees usually accepted for like cases in the area. "Area" means a region large enough to get a cross section of providers or medical care or supplies. All Expenses are deemed to be incurred on the date such service is received.

### **Emergency Dental Treatment (Palliative)**

Benefits are paid for Reasonable and Customary Expense **up to \$100** for the emergency Treatment for the relief of pain to natural teeth.

### **Emergency Medical Evacuation and Repatriation**

Benefits are paid for Covered Expense incurred **up to \$500,000**, for any covered Injury or Illness commencing during the Period of Coverage that result 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 the place where You are located (due to inadequate medical facilities) to the nearest adequate medical facility where medical Treatment can be obtained; 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; c) Both a. and b. above. Non-Emergency use of special transportation is excluded from this policy.

### **Return of Mortal Remains**

If You should die Benefits will be paid for Reasonable and Customary Covered Expense incurred **up to \$50,000**, to return Your remains to Your Home Country. All Covered Expense in connection with a Return of Mortal Remains or Cremation must be pre-approved and arranged by the Assistance Company.

### **Return of Minor Child(ren)**

The Plan will pay for these services **up to a maximum of \$50,000** provided all transportation and services are pre-approved and arranged by the Assistance Company. Meals and lodging are your responsibility.



### **Emergency Medical Reunion**

When it is determined that it is necessary and prudent for You to have an Emergency Medical Evacuation or Repatriation, we will arrange to bring an individual of Your choice, from Your current Home Country, to be at Your side while You are hospitalized and then accompany You during Your return to Your current Home Country. Benefits will be paid **up to \$50,000** for reasonable travel and accommodation Expense up to a maximum of 10 days, as pre-approved and arranged by the Assistance Company.

### **In Hospital Indemnity (US Citizens only)**

If You are a US citizen, traveling outside of the US, and confined to a Hospital as a registered Inpatient as the result of an Illness or Injury that is covered under this Plan, this plan will pay **benefits up to \$100 per day** of confinement up to a **maximum of 10 days** to the covered Insured.

### **Interruption of Trip**

If Your trip is interrupted due to one of the following reasons: 1) Death of an Immediate Family Member; 2) Serious damage to Your principal residence from fire, flood or similar Natural Disaster (tornado, earthquake, hurricane, etc.). **Benefits will be paid up to \$5,000** for the expense of economy return travel ticket to return you to your area of principal residence.

### **Political and Natural Disaster Evacuation**

Coverage is provided **up to \$50,000** if the Insured requires emergency evacuation, which places him/her in Imminent Bodily Harm or due to a Natural Disaster, which makes his/her location Uninhabitable. The Assistance Company shall arrange, and the plan will pay for Insured's transportation to the nearest safe location. If evacuation becomes impractical due to hostile or dangerous conditions, the Assistance Company will maintain contact with and advise the Insured until evacuation becomes viable or the Natural Disaster situation has been resolved. Should commercial flights be available, but transportation to the airport will place the Participant in Imminent Bodily Harm, the Assistance Company shall arrange and pay for his/her secure transport to the airport. No benefit shall be payable if there is a travel warning in effect within 60 days prior to the insured person's date of arrival in the host country. The Assistance Company must make all arrangements for the Insured. Services rendered without the Assistance Company's coordination and approval is not covered. No claims for reimbursement will be accepted. Expenses for non-emergency transportation are the responsibility of the Participant.

### **Loss of Baggage**

This plan will reimburse You for loss, theft, or damage to Your baggage or personal effects, checked with a Common Carrier. This plan is secondary to any coverage provided by a Common Carrier and all other valid and collective insurance. **\$50 per article, to a maximum of \$250.**

### **Sudden Recurrence of a Pre-existing Condition (US Citizens Only)**

The plan shall pay up to a maximum of \$20,000 (\$2,500 for age 65 and older) of Covered Expenses incurred from a sudden and unforeseen recurrence of a Pre-existing Condition. This does not include coverage for known, scheduled, required or expected medical care, drugs, or treatments existent or necessary prior to the Insured Person's effective date of coverage. Only such Medical Expenses which are incurred within 30 days from the date of recurrence of Illness, and which are not excluded will be considered Covered Expenses under this benefit. Note: This benefit is not available to Non-US citizens.

### **Accidental Death and Dismemberment (AD&D)**

If within 365 days after the date of a **Covered Accident**, the Insured Person's **Injury** results in death or dismemberment, this Plan provides the following benefits for loss of:

<b>Description of Loss</b>	<b>Indemnity</b>
Life:	100% of Principal Sum
Both Hands <b>or</b> Both Feet <b>or</b> Sight of Both Eyes <b>or</b> One Hand and One Foot <b>or</b> Either Hand or Foot and Sight of One Eye:	100% of Principal Sum
Speech and Hearing in both Ears:	100% of Principal Sum
Speech or Hearing in both Ears:	50% of Principal Sum
Either Hand <b>or</b> Foot <b>or</b> Sight of One Eye:	50% of Principal Sum
Thumb and index finger of same hand:	25% of Principal Sum

**The amount of the Principal Sum is \$25,000. If the Enhanced AD&D Benefit purchased, the \$25,000 is included in the total benefit amount.**

**AD&D Disclaimer:** The maximum AD&D benefit for all of our Diplomat Series of Products is \$1 million of coverage, \$25,000 if under 18 years of age. (Diplomat Series means: Diplomat America, International, Long Term (LT) and GAPP).

**Disappearance** - If the body of an Insured Person has not been found within one year of the disappearance, forced landing, stranding, sinking, or wrecking of a conveyance in which such person was an occupant, then such Person shall have suffered loss of life within the meaning of the plan.

**Paralysis Benefit** - If a Covered Accident renders an Insured Person Paralyzed within 365 days of the date of the Covered Accident that caused the Injury, in any one of the types of paralysis specified below:

<b>Type of Paralysis (Loss)</b>	<b>Indemnity</b>
Quadriplegia .....	\$25,000
Paraplegia .....	\$18,750
Hemiplegia.....	\$12,500
Uniplegia.....	\$6,250

**Quadriplegia** means the complete and irreversible paralysis of both upper and both lower limbs. **Paraplegia** means the complete and irreversible paralysis of both lower limbs. **Hemiplegia** means the complete and irreversible paralysis of the upper and lower limbs of the same side of the body. **Uniplegia** means the complete and irreversible paralysis of one limb (Limb means entire arm or entire leg). If the Insured suffers more than one type of paralysis as a result of the same accident, only one amount, the largest, will be paid.

**Coma Benefit** - If a covered Injury renders an Insured Person Comatose within 90 days of the date of the accident that caused the Injury, and if the Coma continues for a period of 30 consecutive days, The Company will pay a monthly benefit of \$250. No benefit is provided for the first 30 days of the Coma. The benefit is payable monthly as long as the Insured remains Comatose due to that Injury, but ceases on the earliest of: 1) the date the insured ceases to be Comatose due to the Injury; 2) the date the Insured dies; 3) the date the total amount of monthly Coma Benefit paid for all Injuries caused by the same accident equals \$25,000.

**Seat Belt and Airbag Benefit** - The Company will pay a \$25,000 benefit when the Insured Person suffers accidental death such that an Accidental Death benefit is payable under the plan and the accident causing death occurs while the Insured Person is operating, or riding as a passenger in an Automobile if: 1) You are wearing a properly fastened seat belt, properly installed by a factory authorized dealer; and 2) You were positioned in a seat protected by a properly functioning Supplemental Restraint System, properly installed by a factory authorized dealer that inflates on impact. This benefit is in addition to any other Expenses of the program.

**Felonious Assault Benefit** - The Company will pay a \$25,000 benefit when an Insured Person suffers one or more losses for which benefits are payable under the Accidental Death & Dismemberment Benefit or Coma Benefit provided by the plan as a result of a Felonious Assault. Only one benefit is payable for all losses as a result of the same Felonious Assault. This benefit is in addition to any other Expenses of the program.

**Home Alteration and Vehicle Modification** - The Company will pay Covered Home Alteration and Vehicle Modification Expenses that are incurred within one year after the date of the accident causing such loss(es), up to a maximum of **\$2,500** for all such losses caused by the same accident.

## Definitions:

**Child(ren)** means a person who is over 14 days of age and under 18 years of age. **Covered Accident** means a sudden, unforeseeable external event which: 1) Causes Injury to one or more Covered Persons; and 2) Occurs while coverage is in effect for the Covered Person. **Deductible** means the amount of Covered Expenses which is Your responsibility to pay before benefits under the Plan are payable. **Domestic Partner** means a same or an opposite sex partner who has met all of the following requirements for at least 12 consecutive months immediately preceding the Effective Date of Coverage: 1) resides with the Insured; 2) shares financial assets and obligations with the Insured; 3) is not related by blood to the Insured.

**Hospital** means a place that: 1) is legally operated for the purpose of providing medical care and Treatment to sick or injured persons for which a charge is made that the Insured is legally obligated to pay in the absence of insurance; 2) provides such care and Treatment in medical, diagnostic, or surgical facilities on its premises, or those prearranged for its use; 3) provides 24-hour nursing service under the supervision of a Registered Nurse at all times; and 4) operates under the supervision of a staff of one or more Doctors. **Hospital** also means a place that is accredited as a hospital by the Joint Commission on Accreditation of Hospitals, American Osteopathic Association, or the Joint Commission on Accreditation of Health Care Organizations (JCAHO). Hospital does not mean: 1) a convalescent, nursing, or rest home or facility, or a home for the aged; 2) a place mainly providing custodial, educational, or rehabilitative care; or 3) a facility mainly used for the Treatment of drug addicts or alcoholics. **Illness** means sickness or disease of any kind first manifested, treated or diagnosed after the effective date of coverage for an Insured Person causing loss covered by this plan. **Immediate Family Member** means a person who is related to the Insured in any of the following ways: spouse, Domestic Partner, brother-in-law, sister-in-law, daughter-in-law, son-in-law, mother-in-law, father-in-law, parent (includes stepparent), brother or sister (includes stepbrother or stepsister), or child (includes legally adopted or stepchild), and grandparents. **Injury** means bodily harm which results, directly and independently of disease or bodily infirmity, from an Accident. All injuries to the same Covered Person sustained in one accident, including all related conditions and recurring symptoms of the Injuries will be considered one Injury. Any Loss due to Injury must begin after the Effective Date of this Policy.

## Definitions Continued:

**Natural Disaster** means an event of natural cause, including but not limited to: wildfire, earthquake, hurricanes, tornados, wind-borne dust or sand, volcanic eruption, tsunami, snow, rain or wind, that results in widespread and severe damage such that the government of the host country issues an official disaster declaration and determines the affected area to be uninhabitable. **Physician** means 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. **Pre-Existing Condition** means: 1) A condition that would have caused a person to seek medical advice, diagnosis, care or Treatment during the 12 months prior to the Effective Date of coverage under this Plan; or 2) A condition for which manifestation, medical advice, diagnosis, care or Treatment was recommended, received or noticed during the 12 months prior to the Effective Date of coverage under this Plan. **War** means any consequences, whether direct or indirect, invasion, act of foreign enemy, hostilities, or warlike operation (whether War be declared or not), "armed conflict" by military forces, civil war, mutiny, military or usurped power, martial law or state of siege or any events or causes which determine the proclamation or maintenance of martial law or state of siege. **You or Your** means the Insured Person.

**Exclusions: No Benefit will be payable for Accident Medical, Sickness Medical, In-Hospital Indemnity, Sudden Recurrence of a Pre-existing Condition, Emergency Dental Treatment (Palliative), Emergency Medical Evacuation/Repatriation, Return of Mortal Remains, Return of Minor Child, Emergency Medical Reunion, Home Country Coverage, and Athletic Sports & Hazardous Activity Benefits as the result of:**

1. Any Pre-existing Condition as defined hereunder. This exclusion does not apply to Emergency Evacuation/Repatriation.
2. Injury or Illness which is not presented to Us for payment within 90 days of receiving Treatment.
3. 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.
4. Suicide or any attempt thereof, while sane or self-destruction or any attempt thereof, while insane.

## Exclusions Continued:

5. 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.
6. Cosmetic or Plastic Surgery, except as the result of a Covered Accident; for the purposes of this Plan, Treatment of a deviated nasal septum will be considered a cosmetic condition.
7. 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.
8. 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 covered hereunder.
9. Treatment in connection with alcoholism and drug addiction, or use of any drug or narcotic agent.
10. 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.
11. Any Mental and Nervous disorders or rest cures.
12. Congenital abnormalities and conditions arising out of or resulting therefrom.
13. Expenses which are non-medical in nature. Including but not limited to: taxes, administration fees, and service fees.
14. Expenses as a result or in connection with intentionally self-inflicted Injury or Illness.
15. Expenses as a result or in connection with the commission of a felony offense.
16. 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 Expense to You.
17. Dental care, except as the result of Injury to natural teeth caused by Accident, unless otherwise covered under this Plan.
18. For Pregnancy or Illness resulting from Pregnancy, childbirth, or miscarriage.
19. For miscarriage resulting from Accident.
20. Treatment for human organ tissue transplants and their related Treatment.
21. Expenses incurred during a Hospital emergency visit which is not of an emergency nature.

22. For any violent or unlawful act of an Immediate Family Member, another insured, or an individual that resides with the insured on a permanent basis.

23. For the ordinary Expense of a one-way airplane ticket used in the transportation back to the insured's country where an air ambulance benefit is provided.

24. Services or supplies performed or provided by a Relative of Yours, or anyone who lives with You.

**Exclusions: No Benefit will be payable for Accidental Death and Dismemberment, Paralysis, Coma, and Seat Belt and Airbag Benefits as the result of:**

1. Suicide or an attempt thereof while sane or self-destruction or any attempt thereof while insane.
2. Disease of any kind; Bacterial infections except pyogenic infection which will 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. Service in the military, naval, or air service of any country.
7. Sickness of any kind.
8. Being under the influence of alcohol or having taken drugs or narcotics unless prescribed by a legally qualified Physician or surgeon.
9. Injury occasioned or occurring while You are committing or attempting to commit a felony or to which a contributing cause was You being engaged in an illegal occupation.
10. Pregnancy, childbirth, miscarriage or abortion.
11. For any violent or unlawful act of an Immediate Family Member, another insured, or an individual that resides with the insured on a permanent basis.

This brochure is a brief description of the Diplomat International Plan. For a full description, please visit our website at: [www.globalunderwriters.com](http://www.globalunderwriters.com). After you have purchased the program a complete Description of Coverage will be sent to you.

#### **How to Apply for Diplomat International:**

1. Complete the attached application and mail or fax with payment.
2. Purchase online @ [www.globalunderwriters.com](http://www.globalunderwriters.com)
3. Call your Insurance Agent or Global Underwriters directly for assistance.

#### **Refund of Premium**

A refund of premium less a \$25 processing fee, will be considered only when written request is received by Global Underwriters prior to the Effective Date of Individual coverage. After the Effective Date of Individual coverage, premium is considered fully earned and non-refundable. Partial refunds are not available.

#### **WORLDWIDE ASSISTANCE SERVICES**

**After you enroll in the Diplomat International you are eligible to use any of the assistance services provided by: AXA Assistance USA. Additional information is obtained in the Description of Coverage.**

- Available 24 hours / 7 days a week
- Assistance with emergency Medical Evacuations and Repatriations
- Emergency Travel Assistance Services
- Referrals to Medical and Dental Providers Worldwide
- Multilingual personnel
- Doctors and nurses on staff

#### **CLAIM PAYMENT / CLAIMS ADMINISTRATOR**

Filing a claim on your Diplomat International Policy is easy! You're only responsible for your chosen deductible, any Coinsurance, any amount over policy maximum limit, and non-covered expenses. Mail, fax, or email claims with original receipts and completed claim form to: Global Claims Administration

**Notice of Claim** - Written notice of claim must be given to the Company within 60 days after the occurrence or commencement of any Disablement covered by the Policy, or as soon thereafter as is reasonably possible. Notice given by or on behalf of the claimant to the Company or to any authorized agent of the Company, with information sufficient to identify the Insured Person will be deemed notice to the Company.

#### **Renewal**

Coverage under this Plan is not renewable. If additional coverage time is needed, a new application must be completed and correct Premium submitted to Global Underwriters Agency. A new Deductible, Coinsurance, other limits, and Pre-existing Condition Exclusion will apply at each succeeding or subsequent Period of Coverage.

#### **Excess Benefits**

All Coverage, except Accidental Death & Dismemberment, shall be in excess of all other valid and collectible insurance.



## Diomat International (Daily Rates)

Plan A - \$50,000	With \$250 Deductible	Plan B - \$100,000	With \$250 Deductible
Ages 18 -29	\$0.81	Ages 18 -29	\$0.97
Ages 30-39	\$0.97	Ages 30-39	\$1.14
Ages 40-49	\$1.72	Ages 40-49	\$1.85
Ages 50-59	\$2.79	Ages 50-59	\$3.20
Ages 60-64	\$3.35	Ages 60-64	\$4.10
Ages 65-69	\$3.95	Ages 65-69	\$4.39
Ages 70-79	\$5.80	Ages 70-79	\$8.14
80+ (\$20K max)	\$11.05	80+ (\$20K max)	N/A
Dependent Child	\$0.59	Dependent Child	\$0.75
Child Alone	\$0.89	Child Alone	\$1.10
Plan C - \$250,000	With \$250 Deductible	Plan D - \$500,000	With \$250 Deductible
Ages 18 -29	\$1.03	Ages 18 -29	\$1.13
Ages 30-39	\$1.29	Ages 30-39	\$1.55
Ages 40-49	\$1.94	Ages 40-49	\$2.10
Ages 50-59	\$3.32	Ages 50-59	\$3.52
Ages 60-64	\$4.33	Ages 60-64	\$4.72
Ages 65-69	\$4.58	Ages 65-69	\$4.90
Ages 70-79	N/A	Ages 70-79	N/A
80+ (\$20K max)	N/A	80+ (\$20K max)	N/A
Dependent Child	\$0.80	Dependent Child	\$0.89
Child Alone	\$1.20	Child Alone	\$1.36
Plan E - \$1,000,000	With \$250 Deductible		
Ages 18 -29	\$1.32		
Ages 30-39	\$1.75		
Ages 40-49	\$2.38		
Ages 50-59	\$3.69		
Ages 60-64	\$5.45		
Ages 65-69	\$5.67		
Ages 70-79	N/A		
80+ (\$20K max)	N/A		
Dependent Child	\$0.95		
Child Alone	\$1.48		

This plan is for individuals while traveling outside their home country, internationally, but not to the USA.

Diomat International must be purchased for a Minimum of 5 days.

## Optional Policy Enhancement Riders

**War Risk Coverage:** please call your agent or Global Underwriters Agency for a quote.

### Enhanced AD&D Benefit Rates (Per Person / Month)

\$100,000 Total Coverage	\$6.00	<i>Total AD&amp;D coverage includes the \$25,000 base amount.</i>
\$250,000 Total Coverage	\$18.00	
\$500,000 Total Coverage	\$38.00	
\$750,000 Total Coverage	\$58.00	
\$1,000,000 Total Coverage	\$78.00	

## Optional Policy Enhancement Riders

**Home Country Coverage Rider-** provides limited coverage under Your Medical Expense Benefit while in Your Home Country. The plan pays 80% up to \$5,000 of Covered Expenses, then 100% to a maximum of 1) \$50,000 for Incidental Trip(s) to your Home Country or 2) \$10,000 for Extension of Benefits (Follow Me Home Coverage). **(Apply 1.10 factor to your total premium)**

### Enhanced Political and Natural Disaster Evacuation Benefit

The Enhanced Political and Natural Disaster Evacuation Benefit Rider increases the maximum benefit from \$50,000 to \$100,000. **(\$30 per person per month)**

**Athletic Sports & Hazardous Activity Rider** - provides coverage if Your Injury or Illness results from the below enumerated Athletic Sports & Hazardous activities.

NOTE: Any Athletic Sport & Hazardous Activity not expressly covered hereunder is excluded from this policy unless the activity is non-contact and engaged in by You solely for leisure, recreation, entertainment, or fitness purposes only.

### **Table 1: For the below listed activities apply the 1.25 factor**

**to the base premium:** Bobsledding; Bungee Jumping; Canopying; Hang Gliding; Heli-skiing; Horseback Riding; Jet, Snow, and Water Skiing; Kayaking; Martial Arts; Motorcycling & Motor Scooter; Mountain Biking; Mountain Climbing (under 14,000 feet); Paragliding; Parasailing; Piloting any Non-commercial Aircraft; Safari; Scuba Diving, Skydiving; Snowboarding; Snowmobiling; Spelunking; Surfing; Trekking; Whitewater Rafting (up to and including Class V Rapid only); Wind Surfing; Zip Lining.

### **Table 2: For the below listed activities apply the 1.25 factor to the base premium plus the monthly flat rate listed:**

#### **(1) Low Option - additional \$25.00 flat monthly rate**

Arial Photograph (Use of proper restraints required); BMX (Racing or Competitive); Flying in any Chartered or Leased Aircraft or Helicopter.

#### **(2) High Option - additional \$50.00 flat monthly rate**

Diving with Sharks; Mountain Climbing (if over 14 thousand feet, guide required); MX; Running with Bulls; Safari & Big Game Hunting (use of firearms); Security Detail (use of firearms).

### **Table 3: For the below listed Intercollegiate, Interscholastic Athletics, Club Sports, and Organized Amateur Sports, apply the 1.25 factor to the base premium plus the monthly flat rate listed.**

Under this rider, the Medical Expense Benefit is reduced to \$20,000 for any Covered Injury or Illness resulting from:

#### **(1) Low Option - additional \$12.00 flat monthly rate**

Baseball; Cheerleading; Cross Country; Diving; Equestrian; Fencing; Field Hockey; Golf; Polo Horse; Polo Water; Softball; Swimming; Tennis; Track and Field; Volleyball.

#### **(2) Middle Option - additional \$26.00 flat monthly rate**

Basketball; Competitive Cycling (Road, Track, CX); Ice Hockey; Lacrosse; Martial Arts; Skiing (Slalom, Giant Slalom, Downhill); Wrestling.

#### **(3) High Option - additional \$80.00 flat monthly rate**

Football (no Division One); Gymnastics; Rugby; Soccer.



**Enrollee Information – Diplomat International**

**DI: 10/2012**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_  
 Home Country Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_  
 Passport Number: \_\_\_\_\_ Issuing Country: \_\_\_\_\_  
 Destination (s): \_\_\_\_\_

**For Accidental Death Benefit:**

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

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

**Send Policy via:** Email  Postal Service  Check box if Home Country Address is the mailing address

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_  
 Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**Requested Effective Date:** \_\_\_\_\_ **Termination Date:** \_\_\_\_\_ **Total # of Days (B)**  
 (Include first and last days in calculation. Must be purchased for a minimum of 5 days)

<b>Policy Maximum (Circle One)</b>	<b>Deductible Factors (Circle One) (C)</b>	<b>Optional Riders &amp; Factors (Circle All That Apply)</b>
Plan A - \$50,000	\$0 x 1.30      \$500 x .90	(D) Enhanced Political & Natural Disaster: _____
Plan B - \$100,000	\$50 x 1.20      \$1000 x .80	(D) Enhanced AD&D Benefit: _____
Plan C - \$250,000	\$100 x 1.10      \$2500 x .70	(E) Athletic Sports & Hazardous Activity x 1.25
Plan D - \$500,000	\$250 x 1.00      \$5000 x .60	(E) Home Country Coverage x 1.10
Plan E - \$1,000,000		Total (E) _____ (only add numbers after decimal)
		(F) Special Sport Flat Rate: _____
		List Table & Option #: _____

**Calculating Your Premium**

**Name of Persons to be Insured**

	<b>Gender</b>	<b>Date of Birth</b>	<b>Daily Rate Premium</b>
Enrollee: _____	M or F	__/__/____	_____
Spouse: _____	M or F	__/__/____	_____
Child: _____	M or F	__/__/____	_____
Child: _____	M or F	__/__/____	_____
Child: _____	M or F	__/__/____	_____

**Total Daily Premium (A):** \_\_\_\_\_

\_\_\_\_\_ X \_\_\_\_\_ = \_\_\_\_\_ X \_\_\_\_\_ = \_\_\_\_\_  
**Total Daily Premium (A) X Total # of Days (B) = Sub-Total X Deductible Factor (C) = Sub-Total**  
 + \_\_\_\_\_ = \_\_\_\_\_ X \_\_\_\_\_ + \_\_\_\_\_ = \_\_\_\_\_ + \$5.00  
**Total Political & ADD (D) = Sub-Total X Rider Factor (E) Special Sport (F) Admin Fee**

**Coverage cannot begin until Global Underwriters receives your completed Enrollment form and correct premium. Total Plan Cost:**

**Payment Method:** Check/Money Order (Payable to Global Underwriters)      MasterCard / Visa / Discover

Card #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      Expiration Date: \_\_\_\_ / \_\_\_\_  
 Cardholder Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
 Cardholder City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

I have read and fully understand the exclusions list on this brochure. Check or money order must be made payable to Global Underwriters Inc. All premium payments must be paid in U.S. Dollars at the time enrollment coverage is made. If paying by credit card, I authorize Global Underwriters Agency Inc. to bill my Visa/MasterCard/Discover account for the total premium. Coverage purchased by credit card is subject to validation and acceptance by the credit card company. I hereby subscribe to the Diplomat International plan and enroll in coverage for which I am eligible under the policy issued by United States Fire Insurance Company.

Signature of Insured or Proxy \_\_\_\_\_ Date \_\_\_\_\_  
 Agent Name/#: \_\_\_\_\_ GA Name/#: \_\_\_\_\_