

Administered By:



3195 Linwood Road, Suite 201
Cincinnati, Ohio 45208
Phone: 800-423-8496 * 513-533-1500
Fax: 800-942-7816 or 513-533-3775
www.GlobalUnderwriters.com

For Additional Information:

eGlobal Health Insurers Agency, LLC
2131 W. Republic Rd., Suite 343
Springfield, MO 65807
Phone: 417-882-1413
Fax: 417-459-4623
Email: info@eglobalhealth.com

The Insurance Company

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

The Program Administrator

Diplomat LT 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

Diplomat Long Term (LT)



**Medical Insurance
that covers you
inside or outside
the United States
(Renewable 3
months up to 3
years)**



Medical Insurance for Travel inside or outside the U.S.

Quick Glance Benefits Summary:

Medical Maximum:

Traveling to the United States:

Plan A: \$500,000 Plan B: \$1,000,000

Traveling Outside the United States:

Plan A: \$500,000, Plan B: \$1,000,000

Persons age 70 – 79 maximum benefit of \$100,000;

Persons age 80+ maximum benefit of \$20,000.

Co-Insurance:

Traveling to the United States:

After you pay the selected deductible, the plan pays 80% up to \$5,000 of eligible costs, then 100% to the Medical Maximum. There will be an additional \$250 deductible for each emergency room visit as a result of an illness. The ER deductible will be waived if hospital admittance is within 12 hours of the incident.

Traveling Outside the United States:

After you pay your selected deductible this plan will pay 100% of Covered Expenses outside the USA up to the selected policy maximum.

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

Pre-Existing Condition Exclusion: 18 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

Emergency Dental Treatment (Palliative): \$100

Accidental Death and Dismemberment: \$25,000
(Enhanced Benefit Amounts available)

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

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 and Athletic & Hazardous Activity Riders

War Risk Coverage Available outside the USA, call for a quote.

Why Purchase International Medical Insurance?

This travel medical plan is designed to cover anyone traveling outside their home country for undetermined or extended periods of time. The flexibility and renewability of this plan makes it ideal for business and leisure travelers, expatriates, study abroad, work study programs, international exchange students, tourists, and church or missionary travelers.

Why do long-term international travelers need this coverage?

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 that are not considered eligible expenses will become the responsibility of the insured. Also, 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. Some medical facilities could even deny services or demand up-front payment prior to admitting or treating a patient for certain medical conditions. Extreme sports, hazardous activities, emergency medical air evacuation and repatriation are usually not covered under nationalized health insurance schemes. Most travelers to the United States are innocently unaware of how expensive medical care and treatment can be in the U.S. Not to mention, that medical care in the U.S. is usually provided through HMO's or managed care facilities, which may not recognize a "foreign insurance company" or government sponsored health plan.

This brochure is meant to be a brief summary of the policy features only for the Diplomat LT Plan and does not cover all the terms, conditions and limitations of the Master Policy - the Master Policy will govern in all cases. Benefits and premiums are subject to change.

Eligibility: The **Diplomat LT** provides Accident and Sickness Medical Coverage, Travel Assistance, and AD&D benefits to Non-US Citizens while visiting the United States or for those traveling internationally outside their Home Country. Coverage is available for **you**, a second adult, unmarried dependent Children, or Children traveling alone.

Period of Coverage: The minimum initial period of coverage that can be purchased is 3 months, the maximum is 12 months. Additional coverage may be available for up to 12 months at a time, to a maximum of 36 consecutive 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, 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 LT** plan was designed mainly to provide medical and evacuation coverage for foreign nationals traveling inside the USA or for US Nationals traveling outside the USA. This plan is also available for Non-US residents who travel outside of their home country.

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 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 180 days 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)** 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.

9) 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.

10) Dressings, drugs, and medicines that can only be obtained upon written prescription of a Physician.

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**. 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.

Emergency Medical Reunion

When it is determined 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 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.

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.

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.**

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.

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:

Description of Loss	Indemnity
Life:	100% of Principal Sum
Both Hands or Both Feet or Sight of Both Eyes or One Hand and One Foot or 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 or Foot or 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:

Type of Paralysis (Loss)	Indemnity
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. **Coinsurance** means the percentage amount of Covered Expenses, after the Deductible, which is Your responsibility to pay.

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.

Home Country means, 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. **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.

Definitions Continued:

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. **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 18 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 18 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, and Athletic Sports & Hazardous Activity Benefits as a 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.

Exclusions Continued:

4. Suicide or any attempt thereof, while sane or self-destruction or any attempt thereof, while insane.
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. Services or supplies performed or provided by a Relative of Yours, or anyone who lives with You.
7. 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.
8. 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.
9. 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.
10. Treatment in connection with alcoholism and drug addiction, or use of any drug or narcotic agent.
11. 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.
12. Any Mental and Nervous disorders or rest cures.
13. Congenital abnormalities and conditions arising out of or resulting therefrom.
14. Expenses which are non-medical in nature. Including but not limited to: taxes, administration fees, and service fees. Injury or Illness.
15. Expenses as a result or in connection with intentionally self-inflicted.
16. Expenses as a result or in connection with the commission of a felony offense.
17. 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.
18. Dental care, except as the result of Injury to natural teeth caused by Accident, unless otherwise covered under this Plan.

19. For Pregnancy or Illness resulting from Pregnancy, childbirth, or miscarriage.
20. For miscarriage resulting from Accident.
21. Treatment for human organ tissue transplants and their related Treatment.
22. Expenses incurred during a Hospital emergency visit which is not of an emergency nature.
23. 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.
24. 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.

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.

How to Apply for Diplomat LT:

1. Complete the attached application and mail or fax with payment.
2. Purchase online @ 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 LT 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 LT 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 the Diplomat LT is renewable if: 1) The Insured Person(s) meet all the eligibility requirements of the policy; 2) The Insurance Plan has not lapsed or terminated for any reason; and 3) The renewal coverage does not exceed the maximum allowable period of coverage. Maximum allowable period of coverage is defined as follows: thirty-six continuous months for ages 14 days to 69 years, twenty-four continuous months for ages 70 to 79, and twelve continuous months for ages 80+. NOTE: 1) If an Insured Person has been insured under the Plan for twelve continuous months, a new deductible and co-insurance apply; 2) The chosen Medical Maximum is a Policy Lifetime Maximum; and 3) The Company reserves the right to change premium rates for each twelve months of continuous coverage.

Excess Benefits

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

Diplomat LT (Monthly Rates)

Traveling to the United States

Plan A - \$500,000	With \$250 Deductible	Plan B - \$1,000,000	With \$250 Deductible
Ages 18 -29	\$69.98	Ages 18 -29	\$79.70
Ages 30-39	\$91.37	Ages 30-39	\$102.06
Ages 40-49	\$136.08	Ages 40-49	\$151.63
Ages 50-59	\$191.48	Ages 50-59	\$218.70
Ages 60-64	\$222.59	Ages 60-64	\$265.36
Ages 65-69	\$242.03	Ages 65-69	\$287.71
Ages 70-79 (\$100K max)	\$482.11	Ages 70-79 (\$100K max)	N/A
80+ (\$20K max)	\$554.04	80+ (\$20K max)	N/A
Dependent Child	\$51.52	Dependent Child	\$62.21
Child Alone	\$46.66	Child Alone	\$56.38

Traveling Outside the United States

Plan A - \$500,000	With \$250 Deductible	Plan B - \$1,000,000	With \$250 Deductible
Ages 18 -29	\$40.82	Ages 18 -29	\$50.54
Ages 30-39	\$53.46	Ages 30-39	\$61.24
Ages 40-49	\$71.93	Ages 40-49	\$80.68
Ages 50-59	\$119.56	Ages 50-59	\$138.02
Ages 60-64	\$159.41	Ages 60-64	\$191.48
Ages 65-69	\$164.27	Ages 65-69	\$201.20
Ages 70-79 (\$100K max)	\$312.98	Ages 70-79 (\$100K max)	N/A
80+ (\$20K max)	\$345.06	80+ (\$20K max)	N/A
Dependent Child	\$39.85	Dependent Child	\$47.63
Child Alone	\$29.16	Child Alone	\$31.10

Diplomat LT must be purchased for a minimum of 3 months, the maximum is 12 months. Renewal coverage may be available for up to 12 months at a time. to a maximum of 36 months.

Optional Policy Enhancement Riders

War Risk Coverage: for travel Outside of the USA and the insured's home country, 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	Total AD&D coverage includes the \$25,000 base
\$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 Long Term (LT)

DLT: 10/2012

Last Name: _____ First Name: _____ Middle: _____

Home Country Address: _____

City: _____ State: _____ Zip Code: _____ Country: _____

Passport Number: _____ Issuing Country: _____

For Accidental Death Benefit:

Beneficiary: _____ Relationship: _____

Address: _____

Send Policy to: 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 Months (B)

(Must be purchased for a minimum of 3 months)

Policy Maximum (Circle One)	Deductible Factors (Circle One) (C)	Optional Riders & Factors (Circle All That Apply)
<u>Traveling to the USA</u>	\$0 x 1.30 \$500 x .90	(D) Enhanced Political & Natural Disaster _____
Plan A - \$500,000	\$50 x 1.20 \$1000 x .80	(D) Enhanced AD&D Benefit: _____
Plan B - \$1,000,000	\$100 x 1.10 \$2500 / .70	Total (D) _____
<u>Traveling outside the USA</u>	\$250 / 1.00 \$5000 / .60	(E) Athletic Sports & Hazardous Activity x 1.25
Plan A - \$500,000		(E) Home Country Coverage Rider x 1.10
Plan B - \$1,000,000		(F) Special Sport Flat Rate: _____
		List Special Sport(s): _____

Calculating Your Premium

Name of Persons to be Insured	Gender	Date of Birth	Monthly Premium
Enrollee: _____	M or F	__/__/____	_____
Spouse: _____	M or F	__/__/____	_____
Child: _____	M or F	__/__/____	_____
Child: _____	M or F	__/__/____	_____
Child: _____	M or F	__/__/____	_____

Total Monthly Premium (A): _____

_____ X _____ = _____ X _____ = _____

Total Monthly Premium (A) X Total # of Months (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 Long Term (LT) 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/#: _____