

Diplomat  
Med-E-Vac®

# MED-E-VAC

Emergency Medical Evacuation Coverage for Individuals Traveling Outside Their Home Country

## MEDICAL EVACUATION COVERAGE

This brochure is a brief description of the benefits of the Diplomat Med-E-Vac program. A complete description is contained in the plan summary, which will be mailed to you upon your enrollment in the program. All premiums are in US Dollar amounts. Coverage can only begin when the correct premium and completed enrollment form are received by Global Underwriters Inc. There is no medical coverage under this plan. Global Underwriters offers other plans that would include medical reimbursement. Please ask your agent about these plans if you need medical coverage. Keep a copy of this brochure for reference.

## ELIGIBILITY

Foreign nationals traveling to the USA; US Citizens traveling abroad and individuals traveling outside their Home Country are eligible. Coverage is available for you, your spouse and unmarried dependent children. A dependent child is from 14 days to 18 years of age and traveling with the parent, grandparent or legal guardian.

## PERIOD OF COVERAGE

Coverage can be purchased for three, six or twelve months. There are two plans to choose from. The rates and application are included in this brochure.

### EFFECTIVE DATE

Coverage will begin on the latest of the following:

- a) Your departure from your Home Country;
- or
- b) The date your completed enrollment form and correct premium are received by Global Underwriters, Inc.
- or
- c) The effective date requested on the enrollment form.

### EXPIRATION DATE

Coverage will end on the earlier of the following:

- a) Your permanent return to your Principle Residence;
- or
- b) Twelve months after your coverage's effective date;
- or
- c) The termination date shown on the enrollment form, for which premium has been paid.

### PREMIUM REFUND

Refund of premium, less a \$25 processing fee, will be considered only if written request is received by Global Underwriters prior to the effective date of coverage. After that date, the premium is considered fully earned and non-refundable. Partial refunds are not available.



**Global**  
UNDERWRITERS

[www.globalunderwriters.com](http://www.globalunderwriters.com)

2007

Underwritten by The Insurance Company of the State of Pennsylvania,  
a member company of American International Group, Inc. (AIG)

A++ Superior Rated by A.M. Best

# DESCRIPTION OF BENEFITS - DIPLOMAT MED-E-VAC

## COVERED EXPENSES

**Emergency Medical Evacuation** - If you or any covered dependents become ill or injured during the period of coverage and it has been determined that an Emergency Medical Evacuation is required to either the nearest medical facility, where appropriate medical treatment can be obtained, or to your Home Country, all eligible expenses incurred are covered up to a maximum of \$100,000. An Emergency Medical Evacuation must be recommended by a legally licensed physician who certifies that the severity of the injury or illness necessitates such an Emergency Medical Evacuation, and approved by The Insurance Company.

**Emergency Reunion** - In the event of an Emergency Medical Evacuation due to a covered Injury or Illness, where the physician feels that it would be beneficial for you to have a family member at your side during transport, you will be reimbursed for travel and lodging expenses, for that relative up to \$ 10,000, provided that all travel arrangements are coordinated in advance by the assistance provider. Benefits payable include economy air ticket and other travel related expenses not to exceed \$ 250.00 a day for a maximum of five days.

**Repatriation of Remains Expenses** - If Injury or Illness commencing during the period of coverage results in death, all reasonable expenses incurred for preparation and return of the remains to your Home Country, are covered up to a maximum of \$20,000.

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

**Worldwide Assistance Service** - Worldwide assistance services are available for emergency and non emergency services 24 hours a day, every day of the year, while you and any covered family members are traveling abroad. Some of the services include:

- Pre-trip assistance service
- Country Specific information
- Visa and passport requirements
- Inoculation and immunization information
- Foreign exchange rate information

## OPTIONAL RIDERS

**Hazardous Activity Coverage** - motorcycling, scuba diving, jet, snow, and water skiing, mountain climbing, sky diving, amateur racing, piloting an aircraft, bungee jumping, spelunking, whitewater rafting, surfing, and parasailing coverage.

**Athletic Coverage** -for participation in amateur, club, intramural, interscholastic or intercollegiate tennis, swimming, cross country, track, baseball, softball, volleyball and golf sports only. All other sports are excluded.

## SCHEDULE OF BENEFITS

All coverages, benefits and premiums are in U.S. Dollar amounts

- Emergency Medical Evacuation - Maximum \$100,000 per person
- Repatriation of Remains - Maximum \$20,000 per person
- Emergency Reunion - Maximum \$10,000 per person
- Accidental Death and Dismemberment - Plan A \$10,000 Plan B \$25,000
- Embassy and Consular Information
- US State Department Travel Advisories
- Travel Assistance Service - Emergency travel arrangements and ticketing, emergency cash advances, referrals to attorneys, bail bond posting, luggage tracking, lost document assistance.
- Communication Assistance Service - Emergency message relay, interpretation assistance by telephone, referrals to local interpreters and translators.
- Medical Assistance Service - Claims assistance with primary carrier, referrals to physicians and hospitals, teleconferencing between your primary care doctor and the attending physician, communication with family and medical monitoring during an air evacuation.
- Pet Return Service
- Vehicle Return Service
- Prescription Drug Refill Assistance
- Eyeglass Replacement Assistance

For the Emergency Medical Evacuation and Repatriation of Remains benefits, no benefit shall be payable with respect to expenses incurred:

With respect to Emergency Medical Evacuation and Repatriation of Remains Benefits, no benefit shall be payable with respect to expenses incurred:

1. For pre-existing conditions, defined as: That within a 60 day period immediately preceding the Insured Person's effective date there was a change in prescribed medication;
2. While you are visiting your Home Country.
3. For Injury sustained while participating in a professional, semi-professional, amateur, club, intramural, interscholastic or intercollegiate sport.
4. For specific named hazards: motorcycling, scuba diving, jet, snow, and water skiing, mountain climbing, sky diving, amateur racing, piloting an aircraft, bungee jumping, spelunking, whitewater rafting, surfing, parasailing;

**For the Accidental Death and Dismemberment Benefit, this Plan does not cover any loss, fatal or non-fatal; caused by or resulting from:**

1. Suicide or any attempt thereat by the Insured Person while sane or self destruction or any attempt threat by the Insured Person while insane;
2. Disease of any kind;
3. Bacterial infections except pyogenic infection which shall occur through an accidental cut or wound;
4. Hernia of any kind;
5. Injury sustained in consequence of riding as a passenger or otherwise in any vehicle or device for aerial navigation;
6. Declared or undeclared war or any act thereof;
7. Service in the military, naval or air service of any country;
8. While you are visiting your Home Country.

The amount of the Principal Sum is listed on the certificate

Plan A \$10,000

Plan B \$25,000

If Injury to the Insured results, within 365 days of the date of the accident that caused the Injury, in any one of the types of losses specified below, the Company will pay the percentage of the Principal Sum shown below for that type of loss:

| <u>Description of Loss/Indemnity</u>          | <u>Percentage of the Principal Sum</u> |
|---|--|
| Life  | 100%                                   |
| Both Hands or Both Feet or Sight of Both Eyes | 100%                                   |
| One Hand and One Foot                         | 100%                                   |
| Either Hand or Foot and Sight of One Eye      | 100%                                   |
| Either Hand or Foot                           | 50%                                    |
| Sight of One Eye                              | 50%                                    |

The term "loss" as used herein shall mean, with regard to hands and feet, actual severance through or above wrist or ankle joint, and with regard to eyes, entire irrecoverable loss of sight.

### Paralysis Benefit

If Injury to the Insured results, within 365 days of the date of the accident that caused the Injury, in any one of the types of paralysis specified below, the Company will pay the percentage of the Principal Sum shown below for that type of paralysis:

| <u>Type of Paralysis</u> | <u>Percentage of the Principal Sum</u> |
|--------------------------|--|
| Quadriplegia             | 100%                                   |
| Paraplegia               | 75%                                    |
| Hemiplegia               | 50%                                    |
| Uniplegia                | 25%                                    |

"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.

**Excess Benefits** - All Coverage, except Accidental Death & Dismemberment, shall be in excess of all other valid and collectible insurance

**COVERAGE AND PREMIUMS**

**Plan A**

- **Accidental Death & Dismemberment \$ 10,000**
- **Emergency Medical Evacuation \$100,000**
- **Emergency Reunion \$ 10,000**
- **Repatriation of Remains \$ 20,000**
- **24 Hour Worldwide Travel Assistance**

| Coverage Period | 3 Months | 6 Months | 12 Months |
|-----------------|----------|----------|-----------|
| Single          | \$ 65    | \$ 85    | \$ 150    |
| Single + One    | \$ 114   | \$ 149   | \$ 262    |
| Family Rate     | \$ 162   | \$ 212   | \$ 375    |

**Plan B**

- **Accidental Death & Dismemberment \$ 25,000**
- **Emergency Medical Evacuation \$100,000**
- **Emergency Reunion \$ 10,000**
- **Repatriation of Remains \$ 20,000**
- **24 Hour Worldwide Travel Assistance**

| Coverage Period | 3 Months | 6 Months | 12 Months |
|-----------------|----------|----------|-----------|
| Single          | \$ 80    | \$ 105   | \$ 180    |
| Single + One    | \$ 134   | \$ 176   | \$ 304    |
| Family Rate     | \$ 188   | \$ 247   | \$ 427    |

Hazardous Activity Rider is available for an additional 25% of the premium.

Athletic Sport Rider is available for an additional 20% of premium  
 \*\$100,000 Additional AD&D is \$11 per month Single  
 \$19 per month Single + One  
 \$28 per month Family

Global Underwriters, Inc.  
 3195 Linwood Rd. Suite 201  
 Cincinnati, OH 45208

Credit card enrollment forms can be faxed to:  
**800-942-7816 or 513-533-3775**

**ENROLLEE INFORMATION - Diplomat Med E Vac** *Please print clearly.*

ME 3/07

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_

Home Country Address \_\_\_\_\_

City, State, Zip Code, Country \_\_\_\_\_

**For Accidental Death Benefit:**

Beneficiary \_\_\_\_\_

Relationship to applicant \_\_\_\_\_

Address \_\_\_\_\_

**Send Policy to:**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

**Please circle the coverage chosen:**

Plan: **Plan A \$ 10,000 AD&D**                      **Plan B \$ 25,000 AD&D**  
 Period of Coverage:                      **3 months**                      **6 months**                      **12 months**  
 Number of Persons to be insured:    **Single**                      **Single + One**                      **Family**  
 Hazardous Activity Rider         **No**         **Yes** (add an additional 15% to the premium)  
 Athletic Sport Rider         **No**         **Yes** (add an additional 10% to the premium)

Requested Effective Date \_\_\_\_\_ Termination Date \_\_\_\_\_

\$ \_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_ + \* \_\_\_\_\_ + \$ 10.00 = \_\_\_\_\_  
 Premium                      Hazardous Activity                      Athletic Sport                      Additional AD&D                      Administration Fee                      Total Premium Due

| Names of Persons to be insured | Gender | Date of Birth  |
|--------------------------------|--------|----------------|
| Enrollee _____                 | M or F | ____/____/____ |
| Spouse _____                   | M or F | ____/____/____ |
| Child _____                    | M or F | ____/____/____ |
| Child _____                    | M or F | ____/____/____ |

Please attach additional sheet for more children

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**PAYMENT METHOD**    Check                      MasterCard/Visa/Discover  
 Card # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_                      Exp. date \_\_\_\_/\_\_\_\_/\_\_\_\_

Cardholder Name \_\_\_\_\_ Signature \_\_\_\_\_

Cardholder Address \_\_\_\_\_

Cardholder City, State, Zip Code \_\_\_\_\_

**I have read and fully understand the exclusions list on this brochure.** All premium payments must be made in U.S. dollars at the time enrollment form in coverage is made. Check or money order must be made payable to **Global Underwriters Agency Inc.** If paying by credit card, I authorize **Global Underwriters** to bill my Visa/MasterCard/Discover account for the total premium. Coverage purchased by credit card is subject to validation and acceptance by credit card company. I hereby subscribe to the Diplomat Med Evac plan and enroll in the coverage for which I am eligible under the policy issued by The Insurance Company of the State of Pennsylvania, a member company of American International Group. (AIG).

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