

The International Major Medical Plan

FOR

- Foreign Nationals Visiting the USA
- Foreign Nationals Working in the USA
- Foreign Nationals in their Home Country Working for a USA Company
- USA Citizens Returning to the USA

USES

- Tourism
- Immigration
- Religious Pursuits
- VISA Requirements
- Occupation Outsourcing
- Foreign Exchange Students
- Relatives Visiting From Abroad

HOW TO APPLY

- Paper Application
- Online Enrollment



PETERSEN

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THE INTERNATIONAL MAJOR MEDICAL PLAN



DESCRIPTION OF AVAILABLE BENEFITS

Choice of Deductible	Maximum Benefit
<p>Age 0-69 \$100, \$250, \$500, \$1,000, \$2,500 or \$5,000</p> <p>Age 70-79 \$1,000, \$2,500 or \$5,000</p> <p>Age 80-84 \$2,500 or \$5,000</p> <p> (Deductibles listed are per person, per policy period)</p>	<p>Age 0-69 up to \$1,000,000</p> <p>Age 70-74 up to \$250,000</p> <p>Age 75-79 up to \$100,000</p> <p>Age 80-84 up to \$50,000</p> <p> (Benefits listed are per person, per policy period)</p>

DESCRIPTION OF POLICY BENEFITS

The insurance being described is a temporary major medical insurance plan. Eligible expenses caused by an illness or injury and incurred from any doctor or any hospital within a specified geographical area will be reimbursed to you. Benefits may be assignable directly to the providers once a claim has been validated.

Eligible Expenses

Hospital Expenses: All medically necessary expenses while hospitalized.

Physician Services: All medically necessary expenses for treatment.

Skilled Nursing Facilities: All medically necessary expenses if confinement begins following a medically necessary hospital confinement of 3 days or longer.

Home Health Care: All medically necessary expenses if hospitalization would have been required if Home Health Care was not provided and the care is provided in accordance with a written plan established, approved and followed by a physician.

Medical Evacuation: All medically necessary expenses for stabilization and transportation to the facility nearest your home, which can provide the appropriate care up to \$100,000.

Repatriation of Remains: In the event of death, Underwriters will reimburse the cost of delivery of your remains to a mortuary nearest your home up to \$100,000.

\$25,000 Accidental Death: \$50,000 if accidental death occurs while riding as a passenger of a common carrier.

Ambulance Services Expenses: To and from a hospital within 100 miles in the same geographic area.

Prescription Drugs: Outpatient prescription medications covered up to a maximum of \$500.

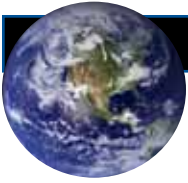
Emergency Return Home: If, after you have departed, you learn of the death of an Immediate Family Member, or you learn of the substantial destruction of your home by fire, wind, flood, or earthquake, Underwriters shall reimburse you the cost of an economy one way air or ground transportation ticket for you to your home, up to a maximum of \$5,000.

Trip Cancellation Benefit: If within two weeks prior to your pre-paid ticketed or vouchered initial trip departure your entire trip must be cancelled due to 1) your death, illness or injury causing hospitalization or outpatient surgery, or 2) the death of an Immediate Family member, or 3) the substantial destruction of your home due to fire, wind, flood, or earthquake, any unused and nonrefundable portion of expenses shall be reimbursed up to a maximum of \$1,000, excess of \$100 each and every loss and excess of all other valid Insurances.

Lost Luggage: In the event that your checked on luggage is completely and totally lost, Underwriters shall reimburse you to a maximum of \$500, excess of any and all other valid and collectible coverages.

Common Accident Provision: In the event that you and any additional insured family members suffer injuries from the same accident, only one deductible shall be applied.

This is not intended to be a complete outline of coverage. Actual wording may change without notice.
Underwriters reserve the right to modify terms and benefits at time of underwriting.



THE INTERNATIONAL MAJOR MEDICAL PLAN

OPTIONAL COVERAGES

Cardiac and Cancer Benefit Increase

If you elect this option Underwriters will remove the \$25,000 limitation on cardiac and cancer related conditions and Underwriters will consider them to be the same as any other expense. This option is available only to individuals under the age of 60 and it does not waive the pre-existing condition exclusion.

Sports or Activity Coverage

If you elect this option, underwriters will reimburse you for eligible expenses which are incurred due to an injury resulting from the participation in a sport or activity that is specifically named on the Schedule of Coverage. Benefits up to a maximum of \$250,000 or the maximum benefit as stated in the schedule, whichever is lesser.

War & Terrorism Coverage

If you elect this option Underwriters will reimburse You for Eligible Expenses which are incurred as a result of Injuries or Illnesses sustained due to war/terrorism or act of war/terrorism. Injuries or Illnesses due to war/terrorism or act of war/terrorism involving the use or release of any nuclear weapon or device or chemical or biological agent, regardless of any contributory cause(s) are not covered with this optional benefit.



WHY DO I NEED THE INTERNATIONAL MAJOR MEDICAL PLAN?



Health care costs are different in the United States than other countries around the world. The United States health care system is principally funded through private insurance. Access to socialized health care is typically restricted to United States Veterans, Medicare recipients and legal residents using Medicaid. Reciprocity between some countries which both have socialized health care does not occur in the United States.

Examples of Coverage

- A Foreign National visiting the USA.
- A USA Citizen who is temporarily unable to purchase domestic coverage due to residence restrictions.
- A Foreign National working for a USA company in their home country or outside their home country.

Producer #: _____



THE INTERNATIONAL MAJOR MEDICAL PLAN

This is a temporary major medical insurance plan intended for indemnification of eligible expenses from injuries or illnesses which occur within a specified geographical area. Benefits may be assignable once validated. Until then, benefits are paid directly to you to reimburse you for necessary medical expenses which have been paid by you, subject to terms and conditions as outlined in the certificate.

Proposed Insured: First _____ Middle _____ Last _____

Personal Statistics: Date of Birth ____/____/____ Height _____ Weight _____ Gender Male Female

USA Address: Number & Street _____

City _____ State _____ Zip Code _____

Contact Information: Email _____ Telephone (____) _____ - _____ Fax (____) _____ - _____

Geographic Area of Coverage: _____ Citizenship _____ Occupation _____

Primary Care Physician: Name _____ Address _____

Date & Reason Last Seen: Date _____ Reason Seen _____

Last Physician Seen: Name _____ Address _____

Date & Reason Seen: Date _____ Reason Seen _____

Period of Insurance: Effective Date _____ Expiry Date _____ - 11 month policy maximum.

Benefits: Deductible _____ Maximum Benefit _____

Optional Coverages: Cardiac/Cancer Benefit Increase
 Sports or Activities Coverage — Specify Sport or Activity _____

Please answer all the questions and provide dates and details in the area below

1. Do you have any physical defect or infirmity? <input type="checkbox"/> Yes <input type="checkbox"/> No	8. Have you ever suffered from any other conditions or injuries for which medical advice was sought? <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Is your sight or hearing defective? <input type="checkbox"/> Yes <input type="checkbox"/> No	9. Have you ever undergone a surgical operation? <input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you ever suffered from any nervous or mental condition, fainting episode, blackout, headaches or migraines, seizures or paralysis of any kind? <input type="checkbox"/> Yes <input type="checkbox"/> No	10. Have you any reason to believe that a surgical operation may be necessary in the future? <input type="checkbox"/> Yes <input type="checkbox"/> No
4. Have you ever suffered from high blood pressure, a heart condition, rheumatic fever or diabetes? <input type="checkbox"/> Yes <input type="checkbox"/> No	11. Have you ever been declined or accepted on special terms for life, accident or illness insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No
5. Have you ever suffered from a "slipped disc" or other spinal disorder, a hernia or any rheumatic or arthritic condition? <input type="checkbox"/> Yes <input type="checkbox"/> No	12. Do you intend to engage in sports or any other pastimes that expose you to extra personal injury? <input type="checkbox"/> Yes <input type="checkbox"/> No
6. Have you ever suffered from any respiratory, urinary or allergic condition, or any disorder of the stomach or bowels? <input type="checkbox"/> Yes <input type="checkbox"/> No	13. Are there any additional facts affecting the proposed insurance which should be disclosed to the underwriters? <input type="checkbox"/> Yes <input type="checkbox"/> No
7. Have you ever suffered from any other condition requiring medical investigation or hospital treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No	14. Are you currently taking any medication? <input type="checkbox"/> Yes <input type="checkbox"/> No
	15. Do you have any other medical insurance at this time? <input type="checkbox"/> Yes <input type="checkbox"/> No

Dates & Details to Questions #1-15: _____

DECLARATION

I declare that the above statements are true and complete, and that, apart from the matters declared above, I am in good health and ordinarily enjoy good health. I hereby authorize any licensed physician, medical practitioner, hospital, clinic or other medically related facility, insurance company or other organization, institution or person, that has records or knowledge of me or my health, to release any such information to Petersen International Underwriters or its representatives. I agree that this proposal shall form the basis of the contract should the insurance be effected and any misstatements above may be grounds for rescission.

I understand that pre-existing conditions are not covered until a period of 12 months, treatment free, has elapsed.

Proposed Insured _____ Signature _____ Date _____
Please Print (Parent/Guardian signature if applicant is under age 18)



THE INTERNATIONAL MAJOR MEDICAL PLAN

LIMITATIONS

1. Services and supplies for Cardiac Related Conditions and Cancer Related Conditions are limited to either (i) the medical costs of stabilizing your condition and the transportation costs of returning you to your Home Country or (ii) a maximum reimbursement for Eligible Expenses of \$25,000, at the option of Underwriters.
2. The maximum Eligible Expense for Repatriation of Remains or Global Medical Transportation is \$100,000 in the aggregate.
3. The maximum Eligible Expense for room and board charges for an intensive care unit is three times the Provider's semi-private room.
4. The maximum Eligible Expense for outpatient prescription medication(s) is \$500.00 in the aggregate and for a maximum prescribed period of ninety (90) days for any one prescription.
5. Insured age 70-74 is limited to \$250,000 maximum benefit or as shown on the Schedule of Benefits page, whichever is the least. All other terms and conditions apply.
6. Insured age 75-79 is limited to \$100,000 maximum benefit or as shown on the Schedule of Benefits page, whichever is the least. All other terms and conditions apply.
7. Insured age 80-84 is limited to \$50,000 maximum benefit or as shown on the Schedule of Benefits page, whichever is the least. All other terms and conditions apply.

PRE-EXISTING CONDITIONS LIMITATIONS

A preexisting condition means a condition, disease or Injury for which medical advice, diagnosis, care or treatment, including the use of prescription medication including but not limited to ongoing condition(s), was recommended by or received from a licensed health care practitioner, and/or any symptom(s) and/or any condition(s) which would have caused a reasonable prudent person to seek medical attention during the 12 months immediately preceding the Effective Date of the insurance described in this Certificate, whether disclosed or not on Your application

EXCLUSIONS

1. Any expense which You are not legally obligated to pay.
2. Services which are not Medically Necessary or are not furnished by and under supervision of a Physician.
3. Expenses for services and supplies for which You are entitled to benefits, services or reimbursement through the Veterans' Administration, Workers' Compensation insurance, any private health plan or from any other source except Medicaid.
4. Expenses in excess of UCR.
5. Self-inflicted injuries while sane or insane.
6. Treatment for alcoholism, drug addiction, allergies, and/or Mental or Nervous Disorders.
7. Rest cures, quarantine or isolation.
8. Cosmetic surgery unless necessitated by an accidental Injury.
9. Dental exams, dental x-rays and general dental care except as a result of an accidental Injury.
10. Eye glasses or eye examinations.
11. Hearing aids or hearing examinations.
12. General or routine examinations.
13. Injuries sustained from participation in Hazardous Sports or Activities.*
14. Pregnancy and pregnancy-related conditions including but not limited to fertility, pre-natal care, childbirth, miscarriage, abortion or postpartum conditions.
15. Injuries or Illnesses due to War or any act of War whether declared or undeclared.*
16. Injuries or Illnesses due to Terrorism or any act of Terrorism whether declared or undeclared.*
17. Injuries or Illnesses due to an act of Terrorism involving the use or release of any nuclear weapon or device or chemical or biological agent, regardless of any contributory cause(s).
18. Injuries or Illnesses sustained while committing a criminal or felonious act.
19. Expenses incurred for or resulting from pain which is not supported by medical diagnosis.
20. Cataract surgery.
21. Any elective surgery, including but not limited to complications of previous elective or cosmetic surgeries.
22. Custodial Care.
23. Expenses for supplies and services that were not incurred within the specified Geographic Area.
24. Pre-existing conditions.
25. Racing of any kind, all professional or semi-professional sports, and collegiate, sponsored, or interscholastic athletics.**

* This exclusion can be removed if the appropriate additional premium has been paid and the optional benefit is indicated on the Schedule or attached by an endorsement.

** This exclusion can be removed if the appropriate additional premium has been paid and the optional benefit is indicated on the Schedule or attached by an endorsement. Please note this exclusion cannot be removed with the online enrollment.