



**reside<sup>®</sup> blue**  
marine medical coverage

- COMPREHENSIVE WORLDWIDE COVERAGE
- CONTINUOUS COVERAGE ON DUTY & WHILE SIGNED OFF
- PROVIDES UP TO 5 MILLION IN LIFETIME BENEFITS
- COVERAGE FOR FAMILIES AND INDIVIDUALS



**SEVENS CORNERS**

2008



# primary schedule of benefits

<b>lifetime maximum benefit</b>	\$5,000,000 per Insured Person.
<b>policy period deductible options</b>	\$250; \$500; \$1,000; \$2,500; \$5,000  Maximum of 3 Deductible payments for families enrolling on one Application. Any Eligible Expenses incurred and applied to your Policy Period Deductible in the last 30 days prior to your renewal date will carry over and be applied to the next Policy Period Deductible.
<b>inside of the united states and canada</b>	After the Deductible, the Policy pays 80% of the next \$5,000 of Eligible Expenses, then 100% up to the Policy Maximum. Expenses incurred inside the United States and Canada must be Pre-Notified using Seven Corners' Pre-Notification Program.  If Services and Treatment eligible for coverage under this Certificate are received directly from an approved PPO Service Provider while the Insured Person is in the United States: (a) the Company will reduce by 50% any part of the Deductible applicable to such Eligible Benefits, and (b) the Company will waive any and all Coinsurance applicable to such Eligible Benefits.
<b>outside of the united states and canada</b>	After the Deductible, the Policy pays 100% of Eligible Expenses to the Policy Maximum. Hospital Admissions must be Pre-Notified using Seven Corners' Pre-Notification Program.
<b>inpatient hospital expenses</b>	Average Semi-Private room and board; Usual, Reasonable, and Customary (URC) Physician Charges, Prescription Medications, Durable Medical Equipment, Nursing Services and X-Rays up to the Policy Maximum.
<b>intensive care</b>	Intensive Care room and board; Usual, Reasonable, and Customary (URC) Physician Charges, Prescription Medications, Durable Medical Equipment, Nursing Services and X-rays up to the Policy Maximum.
<b>surgery</b>	Usual, Reasonable, and Customary (URC) Charges for Surgery, Physician and Anesthetics up to the Policy Maximum.
<b>hospital daily indemnity benefit</b>	\$50 per day ( <i>\$1,000 maximum per Policy Period</i> ), for every Medically Necessary night spent in a Hospital ( <i>Hospital Admission</i> ) outside of the United States and Canada. An additional Daily Indemnity Benefit Rider may be purchased to increase this benefit limit to \$200.
<b>outpatient treatment</b>	Usual, Reasonable, and Customary (URC) Charges for Emergency Treatment, Surgery, Prescription Medication up to the Policy Maximum.
<b>physiotherapy, chiropractic</b>	Up to \$75 per visit ( <i>\$10,000 Lifetime Maximum</i> ), when referred in advance by a Physician.
<b>medical supplies</b>	Usual, Reasonable, and Customary (URC) Charges up to Policy Maximum.
<b>ambulance</b>	Usual, Reasonable, and Customary (URC) Charges up to Policy Maximum.
<b>maternity</b>	Usual, Reasonable, and Customary (URC) Charges up to \$7,500 per pregnancy, must be pre-notified within the first 90 days of pregnancy. Waiting period of 12 months before maternity benefit begins.
<b>mental &amp; nervous</b>	Usual, Reasonable, and Customary (URC) Charges up to a Maximum of \$10,000 per Policy Period after 12-month waiting period. Inpatient limited to a maximum of 45 days per Policy Period. Outpatient limited to a maximum of 40 visits per Policy Period at 70% of Eligible Expenses. Lifetime Maximum of \$30,000.
<b>supplemental accident benefit</b>	Up to \$300 reimbursement per covered injury due to accident before applying any deductible.
<b>amateur sailboat racing benefit</b>	Up to \$15,000 per year for covered accidents or illness subject to a \$60,000 Lifetime Maximum. An additional deductible of \$1,500 shall apply per Coverage Period.

## primary schedule of benefits (continued)

<b>newborn benefit</b>	\$25,000 lifetime maximum for the first 31 days after birth.
<b>dental</b>	Usual, Reasonable, and Customary (URC) Charges for repair and replacement of sound, natural teeth damaged as a result of an accident, limited to \$500 per Policy Period. A Dental Benefit Rider may be purchased to expand Dental Coverage.
<b>emergency medical evacuation</b>	\$250,000 Limit per person per Policy Period – when adequate medical facilities and/or treatment is not available when traveling outside your current Country of Residence. <i>(Pre-approval required.)</i>
<b>repatriation of remains</b>	\$25,000 Limit per person – when traveling outside your current Country of Residence. <i>(Pre-approval required.)</i>
<b>emergency medical reunion</b>	\$10,000 Limit per person per Policy Period – when traveling outside your current Country of Residence. <i>(Pre-approval required.)</i>
<b>preventive benefits</b>	Females and Males up to \$250 policy period maximum for checkups, routine physical exams, inoculations and vaccinations, female preventative exams and mammograms after 12-month waiting period. Not subject to deductible or coinsurance.
<b>well child care</b>	Up to \$200 policy period maximum for checkups and routine visits after 12-month waiting period. Up to age 18.
<b>accidental death &amp; dismemberment (ad&amp;d)</b>	Principal Sum: \$10,000 for Insured and Spouse, \$2,000 for Dependent Children. For Common Carrier, Principal Sum: \$40,000 for Insured and Spouse, \$8,000 for Dependent Children.
<b>lifetime transplant benefit</b>	Up to \$1,000,000 per Insured Person.

## benefit options

Seven Corners offers additional benefit options for your review and possible selection. These are in addition to the standard Reside blue program benefits and cannot be purchased independently.

<b>ad&amp;d principal sum rider</b>	Reside blue includes a standard Accidental Death & Dismemberment (AD&D) Principal Sum as mentioned above. Additional amounts are available to provide further protection should something happen to you or your family during your Policy Period. <i>For the primary insured, additional amounts of \$100,000; \$200,000; \$300,000; \$400,000 or \$500,000 are available. Additional amounts may not exceed 7 times your annual income.</i>
<b>dental rider</b>	Reside blue offers an option for a Dental Rider. Whether you are at home or abroad, you now have access to a dental package that will provide protection worldwide. Please see attached Dental Rider for details or visit our website to see full benefit description.
<b>sports rider</b>	Your time spent abroad could include a few adventurous activities. The Sports Rider removes the hazardous sport exclusion from Reside blue. The optional Sports Rider provides coverage for mountaineering where ropes or guides are normally used, hang gliding, parachuting and bungee jumping.
<b>hospital daily indemnity rider</b>	The Hospital Daily Indemnity Rider protects you against unforeseen expenses worldwide should you or a covered member of your family find yourself in the unfortunate position of a hospital admission. This option pays \$150 <i>(additional to standard benefit, if applicable)</i> per night, should a covered Insured Person be admitted to a hospital for a covered condition.

## who needs this plan?

Professional Mariners require a medical program that they can depend on to protect them throughout the world. Regardless of the type of vessel, Mariners require coverage that provides security, flexibility and benefits unique to the demands of today's Marine Industry. With coverage onboard the vessel and when signed off, you have a true universal policy, created for the Mariner Lifestyle. Sail and travel anywhere with the confidence that you are protected with comprehensive, marine-specific coverage providing the safety that you deserve.

## eligibility

The Reside Blue program is available to persons of any country who are at least 15 days of age and who have not yet reached age 75.

All applicants / insured persons must be currently or usually an Employee aboard a sea going vessel and expect to be outside the United States at least 6 months per year. All members must also not be eligible and/or able to secure adequate US domestic health insurance, which provides continuous coverage worldwide. All applicants / insured persons must complete the Declaration of Residence for or provide a non-U.S. resident address.

For U.S. Citizens: All applicants / insured persons must either be outside the United States at the time of application, or must depart the United States within 30 days of the certificate's effective Date. In addition, the applicant / insured person must not reside inside the United States greater than 9 months during any given 12-month period to meet the eligibility requirements of an applicant / insured person. Should any applicant / insured person reside in the United States longer than 9 months during any given 12-month period, their coverage shall immediately terminate.

*\*It is the insured person's responsibility to maintain all records regarding travel history, age and student status and provide any documents to the administrator, which would verify the Eligibility Requirements.*

## how long may i be covered under reside blue?

The Reside Blue program is annually renewable as long as the eligibility requirements are met and the renewal premium paid. There are no additional medical questions upon renewal. The company cannot single out an individual for cancellation, they can only cancel coverage for an entire class\* of insured persons.

For those who apply for coverage prior to their 65th birthday and remain continuously insured for ten consecutive years, you will automatically be converted to Reside Blue Senior Provider at age 75 as long as you continue your eligibility status.

\* A "Class" is a group of people defined by a common characteristic, including but not limited to demographic group and geographic region.

## applying for coverage

To apply, all you need to do is complete the application in full and pay the appropriate premium, given your age category, coverage area and desired deductible amount. Be sure to answer all sections and questions as completely, accurately, and as legibly as possible. The application you complete becomes part of your Certificate of Coverage should you be accepted. After the underwriters have had an opportunity to review the application, Seven Corners may request additional information from the applicant. If you are accepted, you will receive an ID Card confirming your effective date and conditions of acceptance, as well as a claim form and a Certificate of Coverage. The Certificate of Coverage describes the program in complete detail and how the insurance can be utilized. If you are ultimately not accepted, Seven Corners will return your premium without delay.

## worldwide coverage

Reside Blue is designed to cover insured persons 24 hours a day, seven days a week, regardless of where in the world they may be located\*. As an international citizen, you will no longer need to purchase multiple insurance programs in order to have seamless protection.

\*Coverage in the United States is limited to no greater than 9 months during any 12-month policy period.

## renewability

The initial Period of Coverage cannot exceed twelve (12) months. The Insured Person may apply for renewal of coverage at the Renewal Rates in force at the time. The renewal Period of Coverage may not total more than twelve (12) months. Renewal(s) will be contingent upon the Insured Person submitting the applicable renewal premiums for their class, as determined by the Company. Renewal(s) will also be contingent upon the Insured Person declaring that they continue to meet the Eligibility Requirements.

## maternity

Reside blue provides maternity and newborn child benefits to eligible Insured Persons. See Schedule of Benefits for limits and conditions. A pregnancy must be Pre-Notified during the first 90 days of the pregnancy. Failure to Pre-Notify a pregnancy will result in a 25% reduction in eligible benefits. The plan does not pay expenses related to a pregnancy within the first 12 months of coverage.

## international traveler's benefit

When the Insured Person travels outside of their home country, in addition to the standard benefit, they will be covered for Emergency Medical Evacuation, Repatriation of Mortal Remains and Emergency Medical Reunion coverage (*see Certificate of Coverage for details*).

## newborn child benefit

When a parent remains eligible for coverage and the pregnancy is considered an eligible pregnancy, newborn children are automatically covered for the first thirty-one (31) days after birth. In no event shall the Company's maximum liability exceed the maximum stated in the Schedule of Benefits.

In order to continue coverage beyond the first thirty-one (31) days and be accepted as any other new Insured Person subject to the Insurance Provisions, Scope of Coverage and Exclusions sections of this Certificate or other sections relating to a Newborn Child(ren) up to the maximum amount of this Certificate the following conditions must be met: (1) An Application and any applicable premium is submitted and Approved by the Company within thirty-one (31) days of the birth of a Newborn Child(ren); (2) The Pregnancy that led to the birth of a Newborn Child(ren) was an eligible pregnancy covered under this Certificate; (3) The mother of the Newborn Child(ren) remain covered under this Certificate; (4) The mother and Newborn Child(ren) meets and will continue to meet the Eligibility Requirements of this Certificate.

## limitations

**Pre-existing Conditions:** Pre-existing conditions:

If an existing condition is fully and accurately disclosed on the application, and the condition is not excluded or restricted by a rider, your pre-existing condition will be covered up to a lifetime maximum of \$50,000 (\$5,000 limit per year) after you have been continuously insured for 24 months.

Pre-existing conditions are any Injury or illness which meet the following criteria: 1) A condition that would have caused a person to seek medical advice, diagnosis, care or treatment prior to the effective date of coverage under this certificate; 2) A condition for which manifestation, medical advice, diagnosis, care or treatment (including medication) was recommended or received prior to the effective date of coverage under this certificate; 3) Expenses for pregnancy within twelve (12) months of the effective date of coverage under this certificate.

Charges for treatment of the following illnesses or surgeries, which manifest themselves or are recommended, or symptoms occur during the first 180 days of coverage hereunder beginning on the initial effective date: any condition of the breast, any condition of the prostate, disorders of the reproductive system, gall stones or kidney stones, any acne diagnosis or acne related condition, or any surgery that is not emergency in nature, as emergency is defined hereunder. Note: coverage for such illnesses or surgeries may be further limited under the pre-existing condition exclusion and definition contained herein, or other exclusions contained herein; and

The following conditions, treatments, supplies, services, and/or expenses are not covered: (*This is a summary of the exclusions contained in the certificate of coverage.*)

Pre-existing conditions as defined above.

- Claims not presented to company within ninety (90) days following incident.
- Treatment not medically necessary, treatment which exceeds reasonable and customary charges, treatment provided at no cost to the Insured Person, or treatment performed by a relative or anyone who lives with the insured person.
- Experimental treatment.
- Suicide or any attempted suicide.
- War or warlike operations.
- Injury in organized, professional, amateur, or interscholastic athletics(except as otherwise covered)
- Routine physicals or procedures.
- Treatment of temporomandibular joint.
- Vocational, speech, recreational or music therapy.

## limitations (continued)

- Cosmetic surgery except as a result of a covered accident.
- Dental or eye treatment unless otherwise covered.
- Injuries as a result of disablement due to liquor or drugs.
- Telephone consultations.
- Treatment or services relating to custodial, rehabilitative, or nursing home care.
- Congenital conditions.
- Non-medical expenses.
- Self-inflicted injury or illness.
- Expenses in connection with the commission or attempt of a criminal offense.
- Injury while taking part in mountaineering, hang gliding, parachuting, bungee jumping, racing, scuba diving (*unless PADI, NAUI, YMCA, SSI or PDIC certified (see certificate for details)*).
- Treatment of venereal or sexually transmitted disease.
- Treatment due to HIV or AIDS.
- Drug treatment relating to infertility.

This brochure is only a brief description of Reside Blue. A complete description of the master policy provisions and benefits is contained in the certificate of insurance, which will be mailed to you once your application and premium have been received and approved by SRI.

## pre-notification program/ppo

To ensure you receive the best care possible, Reside blue requires that the Insured Person (or someone on the Insured Person's behalf) contact Seven Corners Assist for notification prior to all hospital admissions worldwide and any medical expenses incurred within the United States that exceed \$1,000 U.S. dollars. The methods of contacting Seven Corners Assist will appear on the back of your ID Card. Seven Corners Assist will also be able to assist you in locating the approved Seven Corners medical care providers in the United States.

Services and Treatment in the United States must be received at an approved PPO Service Provider facility, if one exists within a 50-mile radius of where the Insured Person is located. To obtain a list of approved PPO Service Providers contact Seven Corners Assist or visit the approved PPO Service Provider website at: [www.sevencorners.com/ppo](http://www.sevencorners.com/ppo).

If Services and Treatment eligible for coverage under this Certificate are received directly from an approved PPO Service Provider while the Insured Person is in the United States: (a) the Company will reduce by 50% any part of the Deductible applicable to such Eligible Benefits, and (b) the Company will waive any and all Coinsurance applicable to such Eligible Benefits.

Failure to follow the Pre-Notification Program and to use an approved PPO Service Provider will result in a 25% reduction of the Eligible Benefits stated in the Schedule of Benefits.



# reside<sup>®</sup>blue worldwide medical plan

Annual Medical Premiums Effective January 1, 2008

worldwide coverage including united states and canada

Age	If you choose a \$250 Annual Deductible		If you choose a \$500 Annual Deductible		If you choose a \$1,000 Annual Deductible		If you choose a \$2,500 Annual Deductible		If you choose a \$5,000 Annual Deductible	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
14 days through 18	\$581	\$581	\$510	\$510	\$483	\$483	\$391	\$391	\$368	\$368
19 through 29	\$1,152	\$1,938	\$1,002	\$1,746	\$895	\$1,554	\$679	\$1,179	\$533	\$920
30 through 39	\$1,327	\$2,295	\$1,164	\$2,086	\$1,037	\$1,854	\$789	\$1,407	\$618	\$1,098
40 through 44	\$1,507	\$1,876	\$1,334	\$1,675	\$1,188	\$1,490	\$902	\$1,131	\$740	\$941
45 through 49	\$1,646	\$2,040	\$1,470	\$1,838	\$1,309	\$1,634	\$993	\$1,240	\$810	\$978
50 through 54	\$1,999	\$2,212	\$1,801	\$2,011	\$1,601	\$1,794	\$1,215	\$1,389	\$1,030	\$1,152
55 through 59	\$2,409	\$2,409	\$2,210	\$2,210	\$1,967	\$1,964	\$1,490	\$1,490	\$1,255	\$1,267
60 through 64	\$3,757	\$3,548	\$3,479	\$3,255	\$2,933	\$2,589	\$2,657	\$2,383	\$2,220	\$1,972
65 through 69	\$7,799	\$6,761	\$7,499	\$6,501	\$7,015	\$5,921	\$5,394	\$4,401	\$4,715	\$4,223
70 through 74	Contact Your Agent or Seven Corners for Rates									
Dep. Child	\$557	\$557	\$472	\$472	\$369	\$369	\$281	\$281	\$258	\$258

## premiums for optional benefits

AD&D Principal Sum Rider:		Dental Rider:	Sports Rider:	Hospital Indemnity Benefit Rider:
<b>Benefit</b>	<b>Annual Premium</b>	<b>For U.S. Citizens:</b> \$359 annually per person	\$240 annually per person	Benefit is \$150 per night for a covered hospital admission, maximum 30 nights per policy period.
\$100,000	\$143	<b>For non-U.S. Citizens:</b> \$508 annually per person	<i>(if selected for one, then all applicants must purchase the option)</i>	\$145 annually per person
\$200,000	\$286	<i>(if selected for one, then all applicants must purchase the option)</i>		<i>(if selected for one, then all applicants must purchase the option)</i>
\$300,000	\$429			
\$400,000	\$572			
\$500,000	\$715			
Child \$10,000	\$15			

\*The Dependent Child Premium is only available when one parent (*legal guardian*), of a natural or legally adopted unmarried child over 14 days old and under 19 years of age (*or under 24 years of age if attending a university full-time and must rely on parents for support*), is also covered under the same program. No medical premium is charged for the first two (2) Dependent Children between the ages of 14 days and 9 years old if both parents are also covered under the same program.

If the Applicant desires to pay premiums on a Semi-Annual, Quarterly or Monthly basis, they must do so by credit card payment only. Seven Corners will automatically debit the credit card on the due date of the premium installment. The Premium Installment Factors to be applied to the Annual Premium are as follows:

**Annual 1.00 / Semi-Annual 0.55 / Quarterly 0.28 / Monthly 0.10**

**IMPORTANT NOTICE:** The premiums referenced above are applicable for the initial 12-month coverage period, only after the Applicant has been accepted by Seven Corners. Seven Corners reserves the right to increase the stated premiums based upon the Applicant's medical condition at the time of application and underwriting. Applicants with chronic and/or severe medical conditions may be declined. At each renewal period, Seven Corners will inform the Applicant of the renewal premium for each subsequent coverage period based upon the Applicant's age and deductible category.

**Attention Applicants:** Certain Underwriters at Lloyd's of London, operates as an approved Surplus Lines market in the United States. The premiums listed above include a general Surplus Lines Tax. Your State of Residence may warrant an additional Surplus Lines Tax, Stamping Fees and administration fee. Upon receipt and review of your application, Seven Corners will inform you if additional Surplus Lines Taxes and fees will apply. If so, Seven Corners will request the payment of the additional Surplus Lines Taxes and fees from you prior to issuing coverage. The additional Surplus Lines Taxes and fees shall be listed on the declaration page of your policy.

## important information

It is important to note that Reside blue is a program for international citizens and Lloyd's of London is an international entity. Thus, Lloyd's of London operates as an unauthorized insurer in most U.S. states. Coverage and benefits under Reside blue are not regulated by any U.S. state insurance department.

The information concerning Reside blue is not intended to be an offer to sell Reside blue or a solicitation by Seven Corners, Inc. or Lloyd's of London in any jurisdiction where any such action would be unlawful or in which Seven Corners or Lloyd's of London is not qualified to do so. Reside blue may not be available in all situations or jurisdictions. For U.S. citizens, Reside blue is intended for persons living or traveling outside the United States.

## the underwriter

Reside blue is underwritten by Certain Underwriters at Lloyd's of London and is rated A "Excellent" by A.M. Best and an A+ (Strong) rating from Standard & Poor's. In addition to being one of the largest insurance entities in the world, Lloyd's of London has over 300 years of experience in the international insurance business.

## seven corners assist

### When Unpronounceable Diseases Occur In Unpronounceable Countries:

Seven Corners Assist is a leading provider of customized emergency assistance services to international organizations, corporations, government entities, insurance companies, and individual travelers. Regardless of the location, Seven Corners Assist provides valuable assistance in locating the best possible medical treatment.

**Foreign Country – Familiar Service:** In today's world, companies and international citizens must operate in strange lands and challenging environments. In some situations, individuals must travel to developing regions where the quality of care is in question. In effort to alleviate these concerns, proper worldwide medical assistance is essential.

**Quality Of Care:** With access to a network of emergency room physicians, Seven Corners Assist is able to effectively evaluate the quality of local care. The Seven Corners Assist physician will consult with the attending physician (*if available*) to review local standards and discuss the proposed course of treatment. If the quality of care is in question, Seven Corners Assist will arrange medical transportation to a location where adequate care can be rendered.

## seven corners assist (continued)

**A Description Of Our Services:** The following services are available 24 hours a day, 7 days a week from a multilingual staff of service professionals.

### Assistance With Travel

**pre-trip information:** Provide information concerning inoculation and visa requirements for countries worldwide

**weather information:** Concerning local weather conditions

**exchange rate information:** Present day currency rates, etc.

**embassy referral:** Providing contact information for the nearest embassies around the world

**interpreter referral:** Contact information for interpreters around the world

**lost passport:** Provide directions for lost passport recovery to insureds while traveling outside of their home country

**emergency message:** In the event of a medical emergency, assistance in relaying urgent messages to family, friends, or business associates at the insured's request

**hotel accommodation:** In case of insured's hospitalization outside of their home country, assistance in locating hotel accommodation for insured's companion

### Medical Assistance While Traveling

**24-hour telephone contact:** Should medical emergencies arise, there is help in locating medical care

**conference calls:** Arranging telephone conferences between your attending and home physicians

**second opinions:** Arranging second medical opinions in hospital cases

**emergency messages:** Relaying emergency messages to family and employer during medical emergencies

**payment guarantee:** Guarantee or payment of medical bills or authorizing medical benefits according to the program for eligible benefits only

**ticketing services:** 24-Hour ticketing service to arrange emergency family visits

**medical evacuations:** Arranging emergency medical evacuation from medically underserved areas

**repatriation:** Arranging medical transportation home after treatment

**medical / travel escorts:** Arranging escorts and transportation for unaccompanied children

**medical records:** Arranging transfer of medical records

**remains return:** Arranging repatriation of remains for deceased travelers



## the program administrator

Properly serving the medical needs of international citizens requires specialization. Most companies are not prepared to meet the unique requirements of these customers. An organization must be equipped to address foreign currencies, international doctors and hospitals, as well as unusual claim forms and documents. The Reside blue Medical Plan is administered worldwide by Seven Corners, Inc. The professionals at Seven Corners have over 250 years of experience in claim processing and administration. Seven Corners currently serves the needs of thousands of policyholders throughout the world.

## seven corners

Since 1993, Seven Corners, Inc. has provided international insurance plans to private citizens, governments, missionaries, students, and corporations of various nations around the globe. As a premier underwriter, Seven Corners has had the opportunity to provide innovative solutions to unique and challenging situations.

Our claims professionals are experienced in the complexity of processing international medical expenses. As an insured of Seven Corners, you can feel confident that there is someone ready to assist you with a medical situation 24 hours a day, 365 days a year.

Other services include proficient administration, responsive underwriting, and access to secure and stable insurance carriers and medical care providers worldwide.

# reside<sup>®</sup> blue application for coverage

2007 Reside Blue Worldwide Medical Plan – All Sections Must be Completed in Full

**As described in the brochure and documentation, Reside Blue Worldwide Medical Plan is a comprehensive medical insurance program designed exclusively for the international citizen. In order to provide you and your family with the coverage you desire, please follow the directions and answer all questions in complete detail.**

**Please note that Reside Blue limits coverage for U.S. Citizens in the United States to 9 months during any given 12-month Policy Period. This plan is not intended to cover permanent residents of the United States.**

## Directions For Completing The Application

1. Please print or type all information. Illegible information will delay underwriting and processing of your coverage.
2. Each family member requesting coverage must be listed on the Application. All questions on the Application apply to all applicants requesting coverage. Answer each and every question, as it pertains to each applicant listed on the Application. All members of a family must choose the same Deductible.
3. Each section of the application must be completed in full. Any question where a "Yes" is marked must be described in detail in Section 4. Information in Section 4 must include the applicant's name, physician's name, address and phone number, address of treating facility, diagnosis, prognosis, and course of treatment. If necessary, use an additional sheet of paper to describe the condition(s) and attach it to the Application when submitted to Seven Corners.
4. The Premiums listed are annual premiums and can be paid by check, money order, VISA<sup>®</sup>, MasterCard<sup>®</sup>, Diners Club<sup>®</sup>, American Express<sup>®</sup>, or Discover<sup>®</sup>. Due to the inconsistent reliability of international mail, monthly, quarterly and semi-annual payments can be made by using a credit card or ACH payment. Monthly, quarterly and semi-annual payment modes are only accepted with Pre-authorization to debit your credit card or checking account on the due date of your premium installment.
5. After Seven Corners underwrites your application and determines that coverage should be issued, we will send you an ID Card and a Certificate of Coverage by mail. The Certificate of Coverage contains the full program wording and definitions. This package will also include details on how to submit a claim as well as information regarding Seven Corners' Pre-Notification Program.

## All Sections Must Be Completed in Full

### section 1. program options

1. Please Choose Your Policy Period Medical Deductible:  \$250  \$500  \$1,000  \$2,500  \$5,000
2. Would you like to include the Dental Option:  Yes  No
3. Would you like to include the Sports Option:  Yes  No
4. Would you like to include the Hospital Daily Indemnity Option:  Yes  No
5. Would you like to increase the Accidental Death and Dismemberment Benefit:  Yes  No If yes, to what amount: \_\_\_\_\_  
Primary Insured  \$100,000  \$200,000  \$300,000  \$400,000  \$500,000  
Spouse  \$100,000  
Child (each child)  \$10,000  
What is the Primary Insured's Annual Income? \_\_\_\_\_  
Accidental Death and Dismemberment (AD&D) benefit is limited to 7 times the Primary Insured's Annual Income for persons under the age of 55. Persons over the age of 55 may be limited to a lesser amount.

Requested Effective Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (month/day/year) (Requested Effective Date must be within 60 days of application date and U.S. Citizens must leave the U.S. within 30 days of effective date. If accepted, official Effective Date will be advised by Seven Corners.)

For the AD&D benefit (including any increased amount), please provide the beneficiary:

Primary Insured: \_\_\_\_\_ Spouse: \_\_\_\_\_

Child #1: \_\_\_\_\_ Child #2: \_\_\_\_\_

Child #3: \_\_\_\_\_ Child #4: \_\_\_\_\_

**section 2. applicant information:**

<b>Applicant's Name</b> <i>(Last, First, Middle, Maiden)</i>	<b>Sex</b>	<b>Relationship</b>	<b>Date of Birth</b> <i>(MM/DD/YYYY)</i>	<b>Citizenship</b>	<b>Height</b> <i>Feet / Inches</i>	<b>Weight</b> <i>lbs</i>
		Primary				
		Spouse				
		Child #1				
		Child #2				
		Child #3				
		Child #4				

**Vessel Information:**

Name of Current Vessel and Country of Registry / Flag: \_\_\_\_\_

Telephone *(if available)*: ( \_\_\_\_ ) \_\_\_\_\_ Fax *(if available)*: ( \_\_\_\_ ) \_\_\_\_\_ Email *(if available)*: \_\_\_\_\_

Expected time outside U.S. during the next 12 months: \_\_\_\_\_

Countries to be visited during the next 12 months: \_\_\_\_\_

My principal residence is onboard the vessel(s) where I am employed  Yes  No

*If you answered yes, please complete the Declaration of Residence form attached. If you answered no, please provide Non-US address in the Residence Address section below.*

**Address of Residence:** *(must be outside the United States)*

Street: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

**Forwarding / Convenience Address:**

Street: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Home Phone: ( \_\_\_\_ ) \_\_\_\_\_ Business Phone: ( \_\_\_\_ ) \_\_\_\_\_ Fax: ( \_\_\_\_ ) \_\_\_\_\_

*(please include area and/or country code)*

Email: \_\_\_\_\_

Occupation of Primary Insured Onboard Vessel(s): \_\_\_\_\_

Occupation of Spouse: \_\_\_\_\_

Family Physician Name: \_\_\_\_\_

Address of Family Physician: \_\_\_\_\_ Phone: ( \_\_\_\_ ) \_\_\_\_\_

**Declaration of Residence**

I \_\_\_\_\_ do hereby declare, attest, certify and warrant that I am employed aboard and / or own and / or operate a registered seagoing vessel, typically spending a significant period of time sailing outside of U.S. territorial Waters.

My principal residence is the non-U.S. address provided on my application or my principal residence is on the internationally traveling vessel. I have supplied within my insurance application a mail forwarding address simply for convenience in sending and receiving mail and other communications, and not with any intent to establish or claim residency.

I understand that this insurance is not subject to individual insurance laws of the United States or of any particular State thereof, and declare that I am waiving any claim to residency in a State of the United States for purposes of this insurance.

Signature \_\_\_\_\_ Date \_\_\_\_\_

1. Do you understand this is an international program and not U.S. health insurance?  Yes  No

2. Are you or any listed dependents currently in the United States? If yes, enter departure date below.  Yes  No

When do you plan to depart the United States: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ *(month/day/year)*

3. Are any listed dependents who are age 19, 20, 21, 22 and 23 full-time students? *(if yes, please list schools and locations)*  Yes  No

### section 3. underwriting questions for all applicants

In order for your Application to be processed successfully, each question must be answered truthfully for all applicants. Any answers to “yes” questions must be explained in Section 4 Health History Details. In addition, answers to “yes” questions require an Attending Physicians Statement (APS) dated within the past 90 days containing detailed information and medical records.

Within the past ten (10) years, have you or any applicant sought treatment or been advised to seek treatment for, been medically advised, referred, counseled, treated, had surgery, diagnosed or currently taking prescription medicine for: *(Please ‘check’ all that apply and state in detail in Section 4. Health History Details.)*

#### yes no

- 1. Digestive system diseases or disorders (including, but not limited to: gastritis, ulcers, esophageal regurgitation, hemorrhoids, colon or rectum disorders)?
- 2. Cardiovascular and/or circulatory diseases or disorders (including, but not limited to: elevated blood pressure, hypertension, elevated cholesterol, heart attack, angina, chest pains, arteriosclerosis, coronary insufficiency, thrombosis, phlebitis, vascular afflictions, rheumatic fever, heart murmur)? If “Yes” attach Attending Physicians Statement (APS) and current blood pressure reading, dated within the past 90 days describing the cardiovascular and/or circulatory condition.
- 3. Respiratory diseases or disorders (including, but not limited to: chronic cough, bronchial asthma, bronchitis, tuberculosis, lung disorders, emphysema, respiratory insufficiency, pleurisy pneumonia)?
- 4. Diseases or disorders of the eyes, nose, ears and throat (including, but not limited to: nasal septum deviation, chronic sinusitis, cataracts, glaucoma, allergies or hay fever)?
- 5. Sexually transmitted diseases or immune deficiency disorder (AIDS / ARC), tested positive for HIV or any related illness?
- 6. Diseases or disorders of the Pancreas, Liver, Gall Bladder or endocrine disorders (including, but not limited to: obesity, pituitary or lymph glands, thyroid or metabolic disorders)?
- 7. Diabetes? (If “Yes”, complete the following)
  - a) Diabetic Type: \_\_\_\_\_ I or \_\_\_\_\_ II
  - b) Date Diagnosed: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (MM/DD/YYYY)
  - c) Medications: Type: \_\_\_\_\_ Dosage: \_\_\_\_\_
  - d) Controlled by diet only?: \_\_\_\_\_ Yes or \_\_\_\_\_ No
  - e) Date of last HbA1c Test: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (MM/DD/YYYY) HbA1c Results (1-10): \_\_\_\_\_
- 8. Diseases or disorders of the mental and nervous system (including, but not limited to: mental retardation, psychosis, mental or behavioral disorders, Down Syndrome or other chromosome disorders, depression, anxiety, chronic fatigue, eating disorders)?
- 9. Neurological disorders including but not limited to: multiple sclerosis (MS), muscular dystrophy, Lou Gehrig’s disease (ALS), Parkinson’s disease, paralysis, epilepsy, convulsions, seizures, migraines, chronic headaches, stroke, or transient ischemic attacks?
- 10. Addictive diseases or disorders (including, but not limited to: alcoholism, chemical or drug abuse or addiction, or has any applicant used illegal drugs or used prescription medication, other than as prescribed)?
- 11. Kidney or urinary tract system diseases or disorders (including, but not limited to: kidney or bladder stones and infections)?
- 12. Cell or blood diseases or disorders (including, but not limited to: cancer, tumors, cysts, polyps or other growths of the skin or internal organs, hepatitis, leukemia or Kaposi’s sarcoma)?
- 13. Muscular or skeletal diseases or disorders and inflammation (including, but not limited to: scoliosis, arthritis, rheumatism, gout, tendonitis, joint or vertebrae disorders, osteoporosis)?
- 14. Have you or any applicant consulted a therapist, physician, chiropractor, psychologist, or health care practitioner for medical advice, medical treatment and/or preventative care? Have you or any applicant been hospitalized or undergone medical studies (including, but not limited to diagnostic tests, x-rays, electrocardiograms, radiology or blood work)?
- 15. For male applicants, diseases or disorders of the reproductive system (including, but not limited to: prostate or elevated PSA level)?
- 16. For female applicants, diseases or disorders of the reproductive system (including, but not limited to: vaginal bleeding, fibroids, nodules, fallopian tubes, ovaries or uterus)?
- 17. For female applicants, are you currently pregnant or had a complicated pregnancy or delivery? If currently pregnant, when is the expected due date? \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (MM/DD/YYYY)
- 18. For female applicants, diseases or disorders of the breasts (including, but not limited to: cysts, nodules, calcifications or abnormal mammogram)?

**section 3. underwriting questions for all applicants (continued)**

- 19. Have you or any applicant ever been rejected, ridered, cancelled, or had premium increased for any Health, Life or Disability Policy?
- 20. Are you or any applicant currently hospitalized, disabled or unable to perform normal activities?
- 21. Any Congenital defect, physical disorder or deformity, or developmental problems not listed above?
- 22. In the last 12 months, have you or any applicant used any form of tobacco?  
If "Yes" what form of tobacco? \_\_\_\_\_ Quantity: \_\_\_\_\_ How often: \_\_\_\_\_
- 23. Have you or any applicant recently experienced any signs, indications, symptoms, diagnosis or treatment that would cause you to believe that you currently have a new medical condition?

**section 4. health history details for applicants**

List details for all "YES" answers to the Section 3 Underwriting Questions (use additional paper, if necessary). Incomplete answers may delay processing or result in denial of application.

Name of Person and Question #	Condition / Diagnosis, Treatment Medical Prescribed and Results of Treatment	Duration / Dates of Treatment	Physician / Clinic Address and Telephone #

**Information about prior / other coverage**

**yes no**

- 1. Have you been covered by another medical plan at any time during the past year?
- 2. Will you be covered under any other medical plan (*individual or group*) while you are covered under this plan?

For all "YES" answers, please provide the following information. If more than one situation applies, attach a separate piece of paper to describe each situation.

Name of Insureds: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Type of Plan: \_\_\_\_\_

- Spouse's employer group plan
- Other group plan
- Individual plan

Insurance Company: \_\_\_\_\_ Phone: ( \_\_\_\_ ) \_\_\_\_\_

Effective Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (MM/DD/YYYY) Termination Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (MM/DD/YYYY)

Reason for termination:

- Left employment
- Employer canceled plan
- Non-Renewal

**section 5. declaration and enrollment request / authorization to release medical information:**

I hereby apply for the Reside blue program and for the insurance provided by Certain Underwriters at Lloyd’s of London (the “Underwriter”). I hereby subscribe to the Global International Trust and enroll in the group coverage for which I am eligible under the group contract issued by Certain Underwriters at Lloyd’s of London.

I represent that I have read the completed application and that all my answers and statements on this Application and any attachments hereto is complete and true to the best of my knowledge and belief. I understand that my qualification for insurance is based upon my answers and statements herein and that this information may be verified by Seven Corners, Inc. (the “Administrator”). I understand that no one has the authority to exclude or direct me to exclude any information sought by this form. I understand that the Administrator will rely on all information on this Application in determining whether or not to issue coverage and that any incorrect or incomplete information may result in a claim denial or loss of coverage.

I understand that benefits may be limited or excluded for conditions for which any insured person has received any medical diagnosis or treatment, or taken any medication, or realized the manifestation of a condition before his or her effective date, according to the pre-existing conditions limitations provisions of the plan.

I AUTHORIZE any physician, medical practitioner, hospital, clinic, other medical or medically-related facility, the Medical Information Bureau, Inc. (MIB, Inc.), consumer reporting agency, insurance or reinsuring company, or employer having certain information about me or my dependents to give Seven Corners, Inc. or its legal representative, any and all such information. The nature of the information authorized to be disclosed includes, but is not limited to, information about: physical condition(s), health history(ies), avocation(s), age(s), occupation(s), and personal characteristics. This authorization includes information about drugs, alcoholism, mental illness, or communicable diseases.

I UNDERSTAND the information obtained by use of this Authorization will be used by the Administrator to determine eligibility for benefits. I ALSO AUTHORIZE the Administrator to release any information obtained to reinsuring companies, Medical Information Bureau, Inc., or other persons or organizations performing business or legal services in connection with my application, claim, or as may be otherwise lawfully required, or as I may further authorize.

I UNDERSTAND that as a resident of a foreign jurisdiction, I may be subject to foreign laws with respect to the type and form of coverage in which I am enrolling. I also understand and agree that responsibility for complying with those foreign laws rests solely on me.

I UNDERSTAND that no coverage is effective until I am notified in writing by the Administrator and advised of the official Effective Date. I also UNDERSTAND that if I am not accepted for coverage by the Administrator, the sole obligation of the Administrator and the Underwriter is to return the premium. I also UNDERSTAND that coverage in the United States is limited to 6 months during any one 12 month policy period. I also UNDERSTAND that Lloyd’s of London operates as an unauthorized insurer in most U.S. states and that claims may not be made against a state guarantee insurance fund. I UNDERSTAND and AGREE that this program is issued outside the United States and that the coverage may not comply with the minimum requirements set forth by any insurance jurisdiction, within or outside the United States.

I UNDERSTAND that this program is not, nor does it intend to be, a general United States health insurance policy.

I ALSO UNDERSTAND any person who, with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an enrollment form, or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

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Signature of Applicant or Guardian \_\_\_\_\_ Date \_\_\_\_\_

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Signature of Applicant’s Spouse (if applicable) \_\_\_\_\_ Date \_\_\_\_\_



## section 6. premium and payment information

**Premium is due with the submission of the application.**

1. Standard Medical Plan:	2. Increase Additional AD&D Rider:	3. Dental Rider:	4. Sports Rider:	5. Hospital Daily Indemnity Rider:	6. TOTAL:
Annual Premium for each family member from the Premium table.	Annual Premium for each family member depending upon Principal Sum selected.	Annual Premium for each family member (if selected for one, then all applicants must purchase the option).	Annual Premium for each family member (if selected for one, then all applicants must purchase the option).	Annual Premium for each family member (if selected for one, then all applicants must purchase the option).	Add the Premium amounts for each column chosen. Medical is required, the others are optional.
Applicant: \$ _____ Spouse: \$ _____ 1st Child: \$ _____ 2nd Child: \$ _____ 3rd Child: \$ _____ 4th Child: \$ _____	Applicant: \$ _____ Spouse: \$ _____ 1st Child: \$ _____ 2nd Child: \$ _____ 3rd Child: \$ _____ 4th Child: \$ _____	Applicant: \$ _____ Spouse: \$ _____ 1st Child: \$ _____ 2nd Child: \$ _____ 3rd Child: \$ _____ 4th Child: \$ _____	Applicant: \$ _____ Spouse: \$ _____ 1st Child: \$ _____ 2nd Child: \$ _____ 3rd Child: \$ _____ 4th Child: \$ _____	Applicant: \$ _____ Spouse: \$ _____ 1st Child: \$ _____ 2nd Child: \$ _____ 3rd Child: \$ _____ 4th Child: \$ _____	Applicant: \$ _____ Spouse: \$ _____ 1st Child: \$ _____ 2nd Child: \$ _____ 3rd Child: \$ _____ 4th Child: \$ _____
Subtotal A: \$ _____	Subtotal B: \$ _____	Subtotal C: \$ _____	Subtotal D: \$ _____	Subtotal E: \$ _____	Total F: \$ _____

	x		=	
Annual Premium for all applicants from TOTAL F		Installment Factor (see below)		Total Initial Payment

Installment Factor:  Annual = 1.00     Semi-Annual = 0.55     Quarterly = 0.28     Monthly = 0.10

**Important: Checks and Money Orders accepted for Annual Premium only from U.S. banks**

### method of payment

Check    Money Order    Visa®    MasterCard®    Discover®/Novus®    American Express®    Diners Club International®

Card Number:  Expiration Date: \_\_\_\_\_ / \_\_\_\_\_ (month/year)

Name as it appears on the Card: \_\_\_\_\_

Daytime Phone: ( \_\_\_\_ ) \_\_\_\_\_ Alternate Phone Number: ( \_\_\_\_ ) \_\_\_\_\_

Signature (Required): \_\_\_\_\_

Billing Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

All premium payments must be made in U.S. dollars. Checks must be issued from a U.S. bank and made payable to "Seven Corners." If paying by credit card, I authorize Seven Corners to debit my credit card account for the total amount due. In the event that I have elected to \*Pre-Authorize credit card payment installments, I hereby request and authorize Seven Corners to debit my credit card periodically as payment installments become due. This authorization will remain in effect until revoked by me in writing, and until Seven Corners actually receives notice. Coverage purchased by credit card is subject to validation and acceptance by credit card company. \*For any installment payment other than annual, I pre-authorize Seven Corners to debit my credit card for the proper installment amount on the due date of the installment. **Check or money order should be made payable to Seven Corners. All payments must be made in U.S. dollars, from a U.S. bank, and submitted at the time application for coverage is made.**

### agent information

Agent Name: Eva Maria Karlsson Seven Corners Agent #: 8163

Address: 1421 S Ocean Blvd # 551 City/State/Zip: Pompano Beach, FL 33062

Phone: ( 754 ) 234-4325 Fax: ( 954 ) 943-9335 Email: carlss9@aol.com

Agent Certification: I am not aware of any other information that may have a bearing on the insurability of anyone to be covered and have not altered any responses recorded on this application nor any supplement to the application. I have not advised the Applicant to withhold any information regarding the answers to the questions and have advised the Applicant to review the application and the answers recorded to confirm completeness and accuracy.

Signature of Agent \_\_\_\_\_ Date \_\_\_\_\_

**Security:** Certain Underwriters at Lloyd's of London; Rated A "Excellent" by A.M. Best and A+ "Strong" by Standard & Poor's.

#### Important Information

It is important to note that Reside blue Worldwide is a program for international citizens and Lloyd's of London is an international entity. Thus, Lloyd's of London operates as an unauthorized insurer in most U.S. states. Coverage and benefits under Reside blue Worldwide are not regulated by any U.S. state insurance department.

The information concerning Reside blue Worldwide is not intended to be an offer to sell Reside blue Worldwide or a solicitation by Seven Corners, Inc. or Lloyd's of London in any jurisdiction where such an action would be unlawful or in which Seven Corners or Lloyd's of London is not qualified to do so. Reside blue Worldwide may not be available in all situations or jurisdictions. For U.S. citizens, Reside blue Worldwide is intended for persons living or traveling outside the United States.

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## insurance carrier:

**Certain Underwriters at Lloyd's of London**

Rated A "Excellent" by A.M. Best

A+ "Strong" by Standard & Poor's

## for additional information: