

TheInsuranceNet.com

Instructions for applying for Multi-Trip health insurance

- 1) Print out application.**
- 2) Fill out application completely.**
- 3) If paying by credit card, fax back to 410-796-7456 (24 hr fax)* or call our office to enroll by phone.**
- 4) If paying by check or money order, make it payable to “Multinational Underwriters” and mail to....**

**TheInsuranceNet.com
5965 Sandy Ridge
Elkridge, MD 21075**

- 5) Call with questions 410-796-7497 or toll free 877-634-1256.**

THE ATLAS PROFESSIONAL
COMPREHENSIVE INTERNATIONAL TRAVEL INSURANCE

FOR INTERNATIONAL EXECUTIVES
WHO REQUIRE COVERAGE FOR
MULTIPLE TRIPS ABROAD DURING THE
YEAR.

DISTRIBUTED AND ADMINISTERED BY:
MULTINATIONAL UNDERWRITERS, INC.

**THE ATLAS PROFESSIONAL
COMPREHENSIVE INTERNATIONAL TRAVEL INSURANCE**

WHY BUY TRAVEL INSURANCE?

The answer is simple. International travel involves risk. You may arrive at your destination only to find that your luggage with valuable personal items has disappeared. A personal emergency may necessitate your early return to your Home Country. A medical emergency may necessitate Hospitalization or even air evacuation. In most cases, your existing insurance will not provide adequate protection to you for these and other risks involved with international travel. Without appropriate Travel insurance, you can be exposed to significant financial liability. MultiNational Underwriters, Inc. has designed The Atlas Professional to take the risk out of international travel, so that you can have an enjoyable and productive trip.

AM I ELIGIBLE FOR THE ATLAS PROFESSIONAL?

If you travel outside of your Home Country, and you maintain medical insurance that covers you while you are in your Home Country, you are eligible for Atlas Professional. If you are under age 70, the Overall Maximum Limit is \$1,000,000. If you are age 70 to 79, the Overall Maximum Limit is \$50,000. If you are age 80 or older, the Overall Maximum Limit is \$10,000.

WHEN DOES COVERAGE BECOME EFFECTIVE AND WHEN DOES IT END?

The Effective Date is the later of: the date we receive your Application and correct premium, or the date you request on your Application. The Period is 12 months. During the Period, you are covered for all trips of 30 days duration or less, outside your Home Country. Coverage is effective on the date you depart your Home Country, and ends on the date you return to your Home Country. If you purchase coverage for your Spouse and/or dependents (under age 19), they are covered during the same time period as you, if they are accompanying you on your trip.

DOES ATLAS PROFESSIONAL PROVIDE ANY HOME COUNTRY COVERAGE?

No. There is no coverage while you are in your Home Country. Atlas Professional is available only to individuals who maintain Home Country medical coverage.

WHAT IS COVERED?

All benefits, except Lost Checked Luggage, Accidental Death & Dismemberment and Common Carrier Accidental Death, are subject to the Deductible and Coinsurance. Policy Limits apply to all benefits:

Medical:

1. Inpatient and Outpatient charges made by a Hospital.
2. Charges made by a Physician, Surgeon, radiologist, anesthesiologist, and any other medical specialist to whom the Physician has referred the case.
3. Charges made for dressings, sutures, casts or other supplies prescribed by the attending Physician or specialist.
4. Charges for diagnostic testing using radiology, ultrasonographic or laboratory services.
5. Charges for oxygen and other gases and anesthetics and their administration.
6. Charges for Prescription drugs, for treatment of a covered Injury or Illness, but not for the replacement of lost, stolen, damaged, expired or otherwise compromised drugs.
7. Charges made by a licensed Extended Care Facility upon direct transfer from an acute care Hospital.
8. Emergency Local Ambulance transport incurred in connection with Injury or Illness resulting in Hospitalization.

Emergency Dental:

1. Emergency Dental Treatment and Dental Surgery necessary to restore or replace sound natural teeth lost or damaged in an Accident which is covered under this insurance.
2. Emergency Dental Treatment necessary to resolve acute, spontaneous and unexpected onset of pain.

Emergency Evacuation:

If recommended by your attending Physician, who certifies that evacuation is necessary to safeguard your life and that Medically Necessary treatment is not available locally, and if approved in advance and coordinated by MultiNational Underwriters, Inc., the Atlas Professional will provide the following benefits: Emergency air and ground transportation to the nearest Hospital that is qualified to provide the Medically Necessary treatment.

Emergency Reunion:

In the event of a covered Emergency Evacuation, the Atlas Professional will provide the following benefits: The cost of an economy round trip air or ground transportation ticket for one of your Relatives (parent, spouse, sibling or child age 18 or older) for transportation to the area where you are Hospitalized following Emergency Evacuation, and reasonable expenses for lodging and meals for your Relative, for a period not to exceed 10 days.

Trip Cancellation:

If, after you have departed your Home Country, you learn of the death of a parent, spouse, sibling or child, or you learn of the substantial destruction of your Principal Residence by fire or weather, the Atlas Professional will provide the following benefit: The cost of an economy one way air or ground transportation ticket for you to the area of your Principal Residence.

Repatriation of Remains:

In event of a covered Injury or Illness resulting in your death, the Atlas Professional will provide the following benefit:

Air or ground transportation of bodily remains or ashes to the area of your Principal Residence, and reasonable costs of preparation of your remains necessary for transportation.

Lost Checked Luggage:

In the event your checked luggage is permanently lost by the carrier, the Atlas Professional will provide the following benefit: Replacement of clothes and personal hygiene items, not to exceed \$50 any one item. You must file a formal claim with the transportation provider, and provide the Plan Administrator with copies of all claim forms, and proof that the transportation provider has paid you it's normal reimbursement for the lost checked luggage.

Accidental Death and Dismemberment:

In the event of your Accidental Death (except while traveling in a common carrier) or Dismemberment resulting from a covered Injury, the Atlas Professional will provide the following benefit:

1. Accidental Death – Principal Sum of \$25,000 to the Beneficiary designated on your Application. The Principal Sum shall reduce by 50% (to \$12,500) if you are age 70 to 74 at time of death, and an additional 50% (to \$6,250) if you are age 75 or older at time of death.
2. Accidental Dismemberment –
 - a. Loss of 2 or more eyes or limbs - Principal Sum of \$25,000 to you.
 - b. Loss of 1 eye or limb – One-half of the Principal Sum (\$12,500) to you.
 - c. The Principal Sum(s) shall reduce by 50% if you are age 70 to 74 at time of death or dismemberment, and an additional 50% if you are age 75 or older at time of death or dismemberment.

Common Carrier Accidental Death:

In the event of your Accidental Death while traveling on board a commercial common carrier, the Atlas Professional will provide the following benefit: Principal Sum of \$50,000 to the Beneficiary designated on your Application.

WHAT ARE THE POLICY LIMITS?

Schedule of Benefits and Limits

Deductibles	\$250 per person, per trip.
Coinsurance – Claims incurred in US or Canada	For each trip, Underwriters will pay 80% of the next \$5,000 of Eligible Expenses after the Deductible, then 100% to the Overall Maximum Limit.
Coinsurance – Claims incurred outside US or Canada	For each trip, Underwriters will pay 100% of Eligible Expenses after the Deductible up to the Overall Maximum Limit.
Hospital Room and Board	Average Semi-Private room rate, including nursing services.
Intensive Care Unit	3 times Average Semi-Private room rate, including nursing services.
All Other Eligible Expenses	Usual, Reasonable and Customary charges.
Emergency Dental – Acute onset of pain	\$100 limit per Certificate Period
Local Ambulance	\$3,000 limit per Certificate Period
Emergency Evacuation	Overall Maximum Limit
Repatriation of Remains	Overall Maximum Limit
Emergency Reunion	\$10,000 limit per Certificate Period
Trip Cancellation	\$5,000 limit per Certificate Period
Lost Checked Luggage	\$250 limit per Certificate Period (not subject to Deductible or Coinsurance)
Accidental Death and Dismemberment	Death - \$25,000 Loss of 2 Limbs - \$25,000 Loss of 1 Limb - \$12,500

	Benefits reduce 50% at age 70 and an additional 50% at age 75.
Common Carrier Accidental Death	\$50,000
Hospital Pre-Certification Penalty	50% of Eligible Medical Expenses.
Optional Hazardous Sports Rider	\$5,000 limit per Certificate Period
Overall Maximum Limit per Certificate Period (includes all benefits except Accidental Death and Dismemberment and Common Carrier Accidental Death)	Age 14 days to 69 - \$1,000,000. Age 70 to 79 - \$50,000 Age 80 or older - \$10,000.

WHAT IS EXCLUDED?

The following charges, treatments, surgeries, medications, conditions and circumstances:

1. Pre-existing Conditions – Charges resulting directly or indirectly from any Pre-existing Condition, as herein defined, are excluded from this insurance.
2. Pregnancy, child birth, birth control, artificial insemination, infertility, impotency or sexual dysfunction, sterilization or reversal thereof.
3. Mental or Nervous Disorders or Substance Abuse.
4. Not incurred during the Period and charges which are not presented to Underwriters for payment within 60 days from the end of the Period.
5. Not Medically Necessary and administered or ordered by a Physician.
6. Provided at no cost, or by a family member or by a person who ordinarily resides with you, or are attributable to or recoverable from any other party including government sponsored plans.
7. Charges which exceed Usual, Reasonable and Customary.
8. Investigational, Experimental or for Research purposes.
9. While confined primarily to receive Custodial Care, Educational or Rehabilitative Care.
10. Venereal Disease, AIDS or ARC.
11. Dental Treatment, including treatment of the temporomandibular joint, except for Emergency Dental Treatment necessary to replace sound natural teeth lost or damaged in an Accident covered hereunder or for the relief of acute, spontaneous and unexpected onset of pain.
12. Eyeglasses, contact lenses, hearing aids, hearing implants, eye refraction, visual therapy, orthoptics or visual eye training or Eye surgery (including cataract surgery and radial keratotomy) or for any examination or fitting related to these devices or procedures.
13. Injury sustained while taking part in the following activities: Amateur or professional sports or athletics, except this

does not include Amateur sports or athletics which are non-contact and undertaken solely for leisure, recreational, entertainment or fitness purposes unless such sports or athletics are otherwise excluded by this provision. The following are excluded: mountaineering where ropes or guides are normally used; and aviation (except when traveling solely as a passenger in a commercial aircraft); and hang gliding, sky diving, parachuting or bungee jumping; and snow skiing or snowboarding, except for recreational downhill and/or cross country snow skiing or snowboarding (no cover provided whilst skiing away from prepared and marked in-bound territories and/or against the advice of the local ski school or local authoritative body); and racing by any animal or motorized vehicle; and spelunking; and subaqua pursuits involving underwater breathing apparatus; and jet skiing; and any other sport or athletic activity which is undertaken for thrill seeking and exposes the Member to abnormal or extreme risk of Injury.

14. Injury sustained while under the influence of or 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 but not for the treatment of Substance Abuse.
15. Willfully self-inflicted Injury or Illness and Immunizations and Routine Physical Exams.
16. The Deductible, and Coinsurance and charges which are not included as Eligible Expenses as described in the Master Policy, and charges which exceed the Policy Limits.
17. Treatment required as a result of complications or consequences of a treatment or condition not covered hereunder.
18. Charges for travel or accommodations, except as provided for in the Local Ambulance, Emergency Medical Evacuation, Repatriation of Remains, Emergency Reunion and Trip Cancellation sections of this insurance.

- 19. Treatment incurred as a result of exposure to non-medical nuclear radiation and/or radioactive material(s).
- 20. Organ or Tissue Transplants or related services.
- 21. War, insurrection, riot or any variation thereof.
- 22. Charges incurred in Home Country.

This a summary of Exclusions. For more details, or for a complete copy of the Master Policy, contact MultiNational Underwriters, Inc.

WHAT ARE THE PRE-CERTIFICATION REQUIREMENTS?

All Hospitalizations, Emergency Evacuations, Emergency Reunions, Trip Cancellation, and Repatriation of Remains must be Pre-certified. Simply call, or have your Physician call, MultiNational Underwriters, Inc. with all information relative to your claim. Be sure to have your ID number available. If you do not Pre-certify, medical expenses will be reduced by 50%, and all other expenses will be forfeited.

WHO IS THE PLAN ADMINISTRATOR?

MultiNational Underwriters, Inc., headquartered in Indianapolis, Indiana, is a full service organization,

HOW MUCH IS THE PREMIUM?

ANNUAL PREMIUM	US CITIZEN	ALL OTHERS
PROFESSIONAL	\$210.00	\$252.00
SPOUSE AND 2 DEPENDENTS (UNDER AGE 19)	\$100.00	\$120.00
EACH ADDITIONAL DEPENDENT (UNDER AGE 19)	\$40.00	\$50.00

HOW DO I APPLY?

It's simple. Just complete the Application for Atlas Professional, and mail it, along with your payment, to MultiNational Underwriters, Inc. If paying by credit card, you may fax or E-mail your Application. You will receive an Identification Card, along with other information about Atlas Professional. You should keep this brochure in a safe place, and refer to it if you have questions concerning your coverage. This is a summary of the benefits, provisions and exclusions contained in the Master Policy. For a complete description of coverage, you may obtain a copy of the Master Policy by contacting MultiNational Underwriters, Inc.

offering a comprehensive portfolio of insurance products designed specifically to address the insurance needs of international travelers. With over 40 years of experience in the international insurance market, the staff of MultiNational Underwriters, Inc. is ready to serve you. Our international claims specialists, medical professionals and customer service representatives are available 24 hours a day, 7 days a week to answer your questions and respond to your needs. Whether you have lost your luggage, or are in need of Emergency Evacuation, you will find our service team to be prompt, compassionate, and of the highest professional quality.

WHO IS THE INSURER?

Lloyd's, the largest and oldest insurance market in the world is the insurer of the Atlas Professional. Rated A by AM Best Company, and A+ by Standard and Poors, Lloyd's provides financial strength and security that is unparalleled in the worldwide insurance market. Lloyd's is recognized as a market leader in the accident and health insurance arena, and is well known for its innovative products and services. Presently, Lloyd's provides accident and health insurance to millions of individuals in every country of the world.

**MULTINATIONAL UNDERWRITERS, INC.
107 SOUTH PENNSYLVANIA STREET, SUITE #402
INDIANAPOLIS, INDIANA 46202
USA
TEL: 1-800-605-2282
TEL: 1-317-262-2132
FAX: 1-317-262-2140
E-MAIL: insurance@mnu.com
WEBSITE: www.mnu.com**

APPLICATION FOR ATLAS PROFESSIONAL

Print your Name (as you would like it to appear on your ID Card):	List the names of individuals to be covered and the appropriate premium for each:
(Last) (First) (Middle)	Spouse Name:
Date of Birth:	Date of Birth:
Passport #:	Child: Date of Birth:
Send Certificate of Insurance to:	Child: Date of Birth:
Name:	Child: Date of Birth:
Address:	Total Premium:
Tel: Fax:	Payment Mode: Check/Money Order MasterCard VISA American Express
Requested Effective Date:	Credit Card #: Expiration Date:
Country of Citizenship:	Name as it appears on card:
Name of Beneficiary:	Billing Address:
(Note: You will be the Beneficiary for spouse and dependent children included on this Application.)	
	Signature: Daytime Phone#:

Check or Money Orders should be made payable, in US dollars, to MultiNational Underwriters, Inc. If paying by credit card, I authorize MultiNational Underwriters, Inc. to debit my VISA, MasterCard or American Express account for the amount specified above. Coverage purchased by credit card is subject to validation and acceptance by the credit card company.

I hereby apply for membership in the Atlas/International Citizen Group Insurance Trust, Hamilton, Bermuda, for the insurance provided to members by Lloyd's. I understand that this is not a general health insurance policy and that it is intended for use in the event of a sudden and unexpected event while I am traveling outside of my Home Country. I understand that Pre-existing Conditions are not covered. I understand this insurance contains a Pre-certification Penalty, and other restrictions and exclusions. I understand that the information contained herein is a summary of the Master Policy, and that I may obtain a complete copy of the Master Policy upon request. I understand that Lloyd's operates as an approved but non-admitted insurer in all states of the United States except Illinois and Kentucky where they are admitted. As such, claims under this insurance may not be made against any state guaranty fund. If signed by an agent of the Applicant, the undersigned warrants his/her capacity to so act. By acceptance of coverage, the Applicant ratifies the authority of the signatory to bind him/her. The undersigned authorizes any doctor, medical practitioner, hospital, clinic, health facility, pharmacy, government agency, insurance agency, insurance company, group policyholder or insurance or benefit administrator or any other entity having information as to the care, advice, treatment, diagnosis or physical or mental condition of any person listed on this Application to release said information to MultiNational Underwriters, Inc.

Signature of Applicant:	Signature of Spouse:
Date of Signature:	Date of Signature:

FOR AGENT USE ONLY

Agent ID Number:	Agent Name:	
Company Name:	Street Address:	
City:	State:	Postal Code:
Country:	Telephone:	Fax:
E-Mail Address:	Signature:	