

# roundtrip®

brochure & application for the year 2007



**protect your tickets,** your luggage, and your health, worldwide.  
trip cancellation • interruption / delay • emergency medical and dental  
medical transportation • lost or stolen baggage • missed connection



**SEVEN CORNERS**

## two coverage options now available

### new enhanced benefits with roundtrip choice

RoundTrip helps ensure that you are prepared in the event of an accident, sickness or loss while traveling. By insuring your non-refundable trip costs, you are protected against unforeseen events that would cause your trip to be cancelled. In addition, you will receive coverage for baggage protection, travel assistance services, accidental death and dismemberment, and emergency medical evacuation and repatriation.

RoundTrip now offers enhanced benefits with RoundTrip Choice. Both policies provide protection for your trip costs and your health while on your trip. Now you may choose from two levels of coverage: RoundTrip or the newly available RoundTrip Choice.

We've optimized RoundTrip's medical coverage for most travelers, however, you may determine you need greater coverage for specific benefits. Consider Liaison® International or other plans from Seven Corners for up to \$5,000,000 of international medical limits. We have a plan that's right for you.

### protection plan outline

This brochure describes the highlights of our protection plan. Plan details and an ID Card will be mailed to you after you have purchased benefits or can be obtained immediately when using the online system. These details provide complete information regarding the benefits, exclusions and limits of the protection plan. Please read them carefully.

*Note: Certain terms are defined in the Evidence of Benefits that will be mailed to you with your confirmation.*

## schedule of benefits

<b>roundtrip benefit</b>	<b>per person limit</b>
Trip Cancellation	Tour Cost to a maximum of: \$20,000
Trip Interruption	150% or tour cost maximum
Trip Delay	\$500
Missed Connection	\$500
Emergency Medical Expense	\$50,000
Emergency Medical Evacuation / Repatriation	\$250,000
Lost Baggage / Personal Effects	\$1,000
Baggage Delay	\$200
24-Hour AD&D	\$10,000
Common Carrier AD&D	\$25,000
Travel Assistance Services	Included
Optional Flight Accident per Trip	\$100,000; \$250,000; or \$500,000
Optional Collision Damage Waiver (CDW)	\$35,000

  

<b>roundtrip choice benefit</b>	<b>per person limit</b>
Trip Cancellation	Tour Cost to a maximum of: \$20,000
Trip Interruption	150% or tour cost maximum
Trip Delay	\$1,000
Missed Connection	\$1,000
Emergency Medical Expense	\$100,000
Emergency Medical Evacuation / Repatriation	\$500,000
Lost Baggage / Personal Effects	\$2,000
Baggage Delay	\$400
24-Hour AD&D	\$10,000
Common Carrier AD&D	\$25,000
Travel Assistance Services	Included
Optional Flight Accident per Trip	\$100,000; \$250,000; or \$500,000
Optional Collision Damage Waiver (CDW)	\$35,000

# trip cancellation / interruption

## trip cancellation

The Company will pay a benefit, up to the maximum shown on the Confirmation of Coverage, if You are prevented from taking Your Trip after your effective date\* due to:

1. Sickness, Accidental Injury or death of You, Traveling Companion, or Family Member or Business Partner; which results in medically imposed restrictions as certified by a Physician at the time of loss preventing your continued participation in the Trip. A Physician must advise cancellation of the Trip on or before the Scheduled Departure Date.
2. You or a Traveling Companion being hijacked, quarantined, required to serve on a jury, subpoenaed, the victim of felonious assault within 10 days of departure; or having his/her principal place of residence made uninhabitable by fire, flood or other natural disaster; or burglary of his/her principal place of residence within 10 days of departure.
3. You or a Traveling Companion being directly involved in a traffic accident substantiated by a police report, while en route to departure.
4. A transfer of You by the employer with whom You are employed on the Effective Date that requires Your principal residence to be relocated.
5. The death or hospitalization of Your Host at Destination.
6. A Terrorist Incident that occurs in a city listed on Your Trip itinerary and within 30 days prior to your Scheduled Departure Date. This same city must not have experienced a Terrorist Incident within the 90 days prior to the Terrorist Incident that is causing the cancellation of Your Trip. Benefits are not provided if the Travel Supplier offers a substitute itinerary. Your Scheduled Departure Date must be no more than 15 months beyond Your Effective Date.
7. Your Traveling Companion or Family Member, who are military personnel, and are called to emergency duty for a natural disaster other than war.
8. Strike that causes complete cessation of services for at least 48 consecutive hours.
9. Weather that causes complete cessation of services of the Common Carrier for at least 48 consecutive hours.
10. Bankruptcy and/or Default of Your Travel Supplier that occurs more than 10 days following Your Effective Date. Coverage is not provided for the Bankruptcy or Default of the travel agency from whom You purchased the Land/Sea Arrangements. Your Scheduled Departure Date must be no more than 15 months beyond Your Effective Date. Benefits will be paid due to Bankruptcy or Default of an airline only if no alternate transportation is available. If alternate transportation is available, benefits will be limited to the change fee charged to allow You to transfer to another airline in order to get to Your intended destination.

11. You are terminated, or laid off from employment subject to five years of continuous employment at the place of employment where terminated.
12. Natural disaster at the site of Your destination that renders their destination accommodations uninhabitable.

*\*Effective Date is the date that begins at 12:01 a.m. following the: 1) postmark date of your enrollment form or 2) the date you fax or transmit your enrollment via the Internet with the proper payment.*

## trip interruption

The Company will reimburse You for the following:

1. Non-refundable cancellation charges imposed by the Participating Organization and/or Travel Suppliers.
2. If the Travel Supplier cancels Your Trip, then You are covered up to \$75.00 for the reissue fee charged by the airline for the tickets. You must have covered the entire cost of the Trip including the airfare.

In no event shall the amount reimbursed exceed the amount You prepaid for the Trip.

Coverage does not include default of a Participating Organization or other organization that results in loss of services.

## trip delay

The Company will reimburse You for Covered Expenses on a one-time basis, up to the maximum shown in the Confirmation of Coverage, if You are delayed en route to or from the Trip for twelve (12) or more hours due to a defined Hazard:

Covered Expenses include:

1. Any prepaid, unused, non-refundable land and water accommodations;
2. Any reasonable additional expenses incurred;
3. An Economy Fare from the point where You ended Your Trip to a destination where You can catch up to the Trip; or
4. A one-way Economy Fare to return You to Your originally scheduled return destination.

## missed connection

This benefit covers missed Cruise departures that result from cancellation or delay (*for three or more hours*) of all regularly scheduled airline flights due to Inclement Weather or any Common Carrier caused delay. Maximum benefits of up to the amount shown in the Confirmation of Coverage are provided to cover additional transportation expenses needed for You to

## missed connection (cont.)

join the departed Cruise, reasonable accommodation and meal expenses (up to the per day amount shown in the Confirmation of Coverage) and non-refundable trip payments for the unused portion of Your Cruise. Coverage is secondary to any compensation provided by a Common Carrier. Coverage will not be provided to individuals who are able to meet their scheduled departure but cancel their Cruise due to Inclement Weather.

## emergency medical sickness & accident expense

The Company will pay benefits up to the maximum shown on the Confirmation of Coverage, if You incur Covered Medical Expenses as a result of Emergency Treatment of a Sickness or Accidental Injury that first manifests itself during the Trip.

Emergency Treatment means necessary medical treatment, including services and supplies, that must be performed during the Trip due to the serious and acute nature of the Sickness.

Covered Medical Expenses are necessary services and supplies that are recommended by the attending Physician. They include but are not limited to:

1. the services of a Physician;
2. charges for Hospital confinement and use of operating rooms;
3. charge for anesthetics (including administration); x-ray examinations or treatments, and laboratory tests;
4. ambulance service; and
5. drugs, medicines, prosthetics and therapeutic services and supplies.

If You are hospitalized due to a Sickness that first occurred during the course of the scheduled Trip beyond the date of the Scheduled Return Date, coverage will be extended until You are released from the Hospital or until maximum benefits under the Group Policy have been paid.

The Company will pay benefits, up to \$750.00, for emergency dental treatment for Accidental Injury to sound natural teeth.

## emergency medical evacuation / repatriation

The Company will pay benefits for Covered Expenses incurred, up to the maximum shown on the Confirmation of Coverage, if an Accidental Injury or Sickness commencing during the course of the Trip results in Your necessary Emergency Evacuation. An Emergency Evacuation must be ordered by a Physician who certifies that the severity of Your Accidental Injury or Sickness warrants Your Emergency Evacuation.

## emergency medical evacuation / repatriation (cont.)

Emergency Evacuation means:

- (a) Your medical condition warrants immediate transportation from the place where You are injured or sick to the nearest Hospital where appropriate medical treatment can be obtained;
- (b) after being treated at a local Hospital, Your medical condition warrants transportation to the United States where You reside, to obtain further medical treatment or to recover; or
- (c) both (a) and (b), above.

Covered Expenses are reasonable and customary expenses for necessary transportation, related medical services and medical supplies incurred in connection with Your Emergency Evacuation. All transportation arrangements made for evacuating You must be by the most direct and economical route possible. Expenses for transportation must be:

- (a) recommended by the attending Physician;
- (b) required by the standard regulations of the conveyance transporting You; and
- (c) authorized in advance by the Company or its authorized representative.

Transportation of Dependent Children: If You are in the Hospital for more than seven (7) days following a covered Emergency Evacuation, the Company will return Your dependents, who are under 18 years of age and accompanying You on the scheduled Trip, to the domicile of a person nominated by You or Your next of kin with an attendant if necessary.

Transportation to Join You: If You are traveling alone and are in a Hospital alone for more than seven (7) consecutive days or if the attending Physician certifies that due to Your Injury or Sickness, You will be required to stay in the Hospital for more than seven (7) consecutive days, upon request the Company will bring a person, chosen by You, for a single visit to and from Your bedside provided that repatriation is not imminent.

Transportation services are provided if authorized in advance by the assistance provider, and are limited to necessary economy fares less the value of applied credit from unused travel tickets, if applicable.

Transportation means any Common Carrier, or other land, water or air conveyance, required for an Emergency Evacuation and includes air ambulances, land ambulances and private motor vehicles.

The Company will not cover any expenses provided by another party at no cost to You or already included within the cost of the Trip.

## excess insurance limitation

The insurance provided by the Plan shall be in excess of all other valid and collectible insurance or indemnity. If at the time of the occurrence of any loss there is other valid and collectible insurance or indemnity in place, the Company shall be liable only for the excess of the amount of loss, over the amount of such other insurance or indemnity, and applicable deductible.

## repatriation of remains

The Company will pay the reasonable Covered Expenses incurred to return Your body to the United States if You die during the Trip. This will not exceed the maximum shown on the Confirmation of Coverage.

Covered Expenses include, but are not limited to, expenses for embalming, cremation, casket for transport and transportation.

## lost baggage & baggage delay

The Company will reimburse You, Your Family Member up to the maximum shown on the Confirmation of Coverage, for loss, theft or damage to baggage and personal effects, provided You have taken all reasonable measures to protect, save and/or recover Your property at all times. The baggage and personal effects must be owned by and accompany You during the Trip.

This coverage is secondary to any coverage provided by a Common Carrier and all other valid and collectible insurance indemnity and shall apply only when such other benefits are exhausted.

The Company will reimburse You for the expense of necessary personal effects, up to the maximum shown on the Confirmation of Coverage, if Your Checked Baggage is delayed or misdirected by a Common Carrier for more than twenty-four (24) hours, while on a Trip, except for travel to final destination or place of residence.

## accidental death & dismemberment (ad&d)

You will receive benefits for loss of life or dismemberment due to an accidental injury while on your trip.

## optional flight accident plan

The Company will pay benefits for Accidental Injuries resulting in a loss that occurs while You are riding as a passenger in or on, boarding or alighting from, any air conveyance operated under a license for the transportation of passengers for hire during the Trip.

# travel assistance services

## 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 traveling 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

## optional collision damage waiver

*Note: this benefit is not available if traveling to the following countries: Israel, Jamaica, Republic of Ireland or Northern Ireland.*

If You rent a car while on the Trip, and the car is damaged due to collision, theft, vandalism, windstorm, fire, hail, flood or any cause not within Your control while in Your possession, the Company will pay the lesser of:

- (a) The cost of repairs and rental charges imposed by the rental company while the car is being repaired; or
- (b) The Actual Cash Value of the car, meaning purchase price less depreciation; or
- (c) The amount shown on the Confirmation of Coverage.

Coverage is provided to You, provided You and Your Traveling Companions are licensed drivers and are listed on the rental agreement.

## when you are eligible for benefits

"Effective Date" is 12:01 a.m. following the postmark of your enrollment form or the date you fax or transmit your enrollment via the Internet with the proper payment.

- **trip cancellation and assistance services** – your eligibility begins on your effective date.
- **trip delay / missed connection** – in force while you are en route to and from your covered trip.
- **flight accident plan (if chosen)** – begins on the departure date or the date your completed enrollment form and fees are postmarked, faxed, or transmitted via the Internet and ends when the trip is completed or after 30 days (*unless additional days are purchased*), whichever comes first.
- **collision damage waiver (if chosen)** – begins on the departure date or the date your completed enrollment form and fees are postmarked, faxed, or transmitted via the Internet and ends when the trip is completed or after 30 days (*unless additional days are purchased*), whichever comes first.
- **all other coverages (includes trip interruption)** – you become eligible for benefits at 12:01 a.m. on your scheduled departure date or your effective date whichever is later, and ends at the point and time of return on the scheduled return date.
- **maximum trip length** – under RoundTrip is 30 days (*unless additional days are purchased*).

## eligibility

RoundTrip may be purchased if you are a resident of the United States or if you purchase this plan within the United States.

Dependent Children are children of the Primary Applicant under 19 years of age.

## when benefits do not apply

Pre-Existing Conditions, as defined in the Definitions section (*except Emergency Evacuation and Repatriation of Remains*) unless the insurance is purchased within 10 days of the initial Trip deposit; suicide, attempted suicide or any intentionally self-inflicted injury while sane or insane (*in Missouri, sane only*) unless resulting in the death of a non-traveling immediate Family Member; intentionally self-inflicted injuries; war, invasion, acts of foreign enemies, hostilities between nations (*whether declared or not*), civil war; participation in any military maneuver or training exercise; any loss starting while You are in the service of the armed forces of any country. Orders to active military service for training purposes of two months or less will not constitute service in the armed forces. Upon notice to the Company of entering the armed forces, the Company will return to You pro-rata any premium paid, less any benefits paid, for any period during which You are in such service; piloting or learning to pilot or acting as a member of the crew of any aircraft; mental or emotional disorders, unless hospitalized; participation as a professional in athletics; participation in underwater activities; being under the influence of drugs or intoxicants, unless prescribed by a Physician, unless results in the death of a non-traveling immediate Family Member; commission or the attempt to commit a criminal act; participating in bodily contact sports; skydiving; hang-gliding; parachuting; mountaineering; any race; bungee cord jumping; and speed contest (*speed contest shall not include any of the regatta races, SCUBA diving, spelunking or caving, heliskiing, extreme skiing*) dental treatment except as a result of an injury to sound natural teeth within twelve (12) months of the Accidental Injury limited to \$750; any non-emergency treatment or surgery, routine physical examinations, hearing aids, eye glasses or contact lenses; pregnancy and childbirth (*except for complications of pregnancy*) except if hospitalized; curtailment or delayed return for other than covered reasons; traveling for the purpose of securing medical treatment; services not shown as covered; directly or indirectly, the actual, alleged or threatened discharge, dispersal, seepage, migration, escape, release or exposure to any hazardous biological, chemical, nuclear radioactive material, gas, matter or contamination; Confinement or treatment in a government Hospital; however the United States government may recover or collect benefits under certain conditions; Care or treatment that is not medically necessary;

## when benefits do not apply (cont.)

Care or treatment for which compensation is payable under Worker's Compensation Law, any Occupational Disease law; the 4800 Time Benefit plan or similar legislation; Care or treatment that is payable under any Insurance policy that does not require deductible and/or coinsurance payments by You; Injury or Sickness when traveling against the advice of a Physician; Cosmetic surgery except for: reconstructive surgery incidental to or following surgery for trauma, or infection or other covered disease of the part of the body reconstructed, or to treat a congenital malformation of a child.

The following exclusions apply to Collision Damage Waiver:

1. Any obligation the Insured assumes under any agreement (*except insurance collision deductible*);
2. Rentals of trucks, campers, trailers, off-road or four-wheel drive vehicles, motor bikes, motorcycles, recreational vehicles or Exotic Vehicles;
3. Any loss that occurs if the Insured is in violation of the rental agreement;
4. Failure to report the loss to the proper local authorities and the rental car company;
5. Damage to any other vehicle, structure or person as a result of a covered loss.

The following duties in the event of loss apply to Collision Damage Waiver:

1. The Insured must take all reasonable, necessary steps to protect the vehicle and prevent further damage to it;
2. The Insured must report the loss to the appropriate local authorities and the rental company as soon as possible;
3. The Insured must obtain all information on any other party involved in an Accident, such as name, address, insurance information and driver's license number;
4. The Insured must provide the Company all documentation such as rental agreement, police report and damage estimate.

## when "pre-existing" applies

The Pre-Existing Conditions exclusion is waived for You if You enroll in the Group Policy at the time You pay the deposit required for Your Trip (*or within 10 days of the initial deposit*) and You purchase the coverage under the Group Policy for the full cost of Your Trip.

Pre-Existing Condition means any injury, sickness or condition of You, Your Traveling Companion, Your Family Member booked to travel with You for which within the sixty (60) day period prior to the effective date of Trip Cancellation coverage under the Group Policy (a) first manifested itself or exhibited symptoms that would have caused one to seek diagnosis, care or treatment; (b) required taking prescribed drugs or medicine, unless the condition for which the prescribed drug or medicine is taken remains controlled without any change in the required prescription; or (c) required medical treatment or treatment was recommended by a Physician.

## definitions

**actual cash value** means purchase price less depreciation.

**common carrier** means any land, sea, and/or air conveyance operating under a valid license for the transportation of passengers for hire.

**covered expenses** shall mean expenses incurred by You which are for medically necessary services, supplies, care, or treatment; due to Illness or Injury; prescribed, performed or ordered by a Physician; reasonable and customary charges; incurred while insured under the Group Policy; and which do not exceed the maximum limits shown in the Confirmation of Coverage, under each stated benefit.

**family member** means You or Your Traveling Companion's legal or common law spouse, parent, legal guardian, step-parent, grandparent, parents-in-law, grandchild, natural or adopted child, stepchild, children-in-law, brother, sister, stepbrother, stepsister, brother-in-law, sister-in-law, aunt, uncle, niece or nephew, who reside in the United States, Canada or Mexico.

**land/sea arrangements** means any activities undertaken by You while in the Individual Coverage Term.

**sickness** means an illness or disease which is diagnosed or treated by a Physician after the effective date of insurance and while You are covered under the Group Policy.

## definitions (cont.)

**traveling companion** means person(s) booked to accompany You on Your Trip (to a maximum of four (4) persons including You). Note, a group or tour leader is not considered a Traveling Companion unless You are sharing room accommodations with the group or tour leader.

**travel supplier** means tour operator, cruise line, hotel etc. who has made the land and/or sea arrangements.

**trip** means prepaid Land/Sea Arrangements and shall include flight connections to join or depart such Land/Sea Arrangements provided such flights are scheduled to commence within one day of the Land/Sea Arrangements. Maximum Trip duration is 90 days.

**you or your** refers to all persons listed on the Confirmation of Coverage under the program purchased by You.

## claim questions & situations

After you have enrolled, you will receive an Evidence of Benefits and an ID Card, which will describe all aspects of the program, as well as who to contact in case of an emergency or if a claim should occur. The Assistance Company should be contacted if you require assistance while on your trip. When purchasing your trip, be sure to keep all documentation. This information will be required in order to process any claim.

Products underwritten by Nationwide Mutual Insurance Company, Nationwide Life Insurance Company and Nationwide Mutual Fire Insurance Company.

Please see Evidence of Benefits for Specific State filings, and/or change in benefits.

# program cost

rates effective may 1, 2007

## roundtrip

Trip Cost Per Person Coverage must be purchased for the full cost of the trip.	Plan Rate Per Person based on age on date of purchase. The rates below are for trips from 1 through 30 days long.				
	0 to 34	35 to 55	56 to 70	71 to 80	81 & over
\$0*	\$17	\$27	\$35	\$55	\$110
\$1 - \$500	\$28	\$38	\$48	\$73	\$122
\$501 - \$1,000	\$39	\$53	\$75	\$102	\$171
\$1,001 - \$1,500	\$49	\$67	\$94	\$131	\$219
\$1,501 - \$2,000	\$63	\$85	\$120	\$165	\$278
\$2,001 - \$2,500	\$85	\$115	\$150	\$235	\$411
\$2,501 - \$3,000	\$98	\$132	\$185	\$284	\$487
\$3,001 - \$3,500	\$110	\$149	\$219	\$332	\$564
\$3,501 - \$4,000	\$122	\$165	\$261	\$387	\$654
\$4,001 - \$4,500	\$139	\$188	\$302	\$446	\$740
\$4,501 - \$5,000	\$156	\$211	\$344	\$501	\$827
\$5,001 - \$5,500	\$223	\$302	\$425	\$586	\$983
\$5,501 - \$6,000	\$245	\$331	\$465	\$643	\$1,077
\$6,001 - \$6,500	\$266	\$360	\$506	\$698	\$1,171
\$6,501 - \$7,000	\$291	\$393	\$553	\$765	\$1,279
\$7,001 - \$8,000	\$320	\$433	\$607	\$839	\$1,404
\$8,001 - \$9,000	\$360	\$487	\$686	\$946	\$1,585
\$9,001 - \$10,000	\$403	\$545	\$766	\$1,058	\$1,772

\*Note: If the Insured purchases the \$0 category – there is no Trip Cancellation – all other benefits apply

For trips longer than 30 days, an additional cost of \$3 per person per day is required. For trip cost between \$10,001 and \$20,000, contact your producer or Seven Corners for the rate.

## roundtrip choice

Trip Cost Per Person Coverage must be purchased for the full cost of the trip.	Plan Rate Per Person based on age on date of purchase. The rates below are for trips from 1 through 30 days long.				
	0 to 34	35 to 55	56 to 70	71 to 80	81 & over
\$0*	\$31	\$44	\$55	\$77	\$135
\$1 - \$500	\$42	\$55	\$68	\$95	\$147
\$501 - \$1,000	\$53	\$70	\$95	\$124	\$196
\$1,001 - \$1,500	\$63	\$84	\$114	\$153	\$244
\$1,501 - \$2,000	\$77	\$102	\$140	\$187	\$303
\$2,001 - \$2,500	\$99	\$132	\$170	\$257	\$436
\$2,501 - \$3,000	\$112	\$149	\$205	\$306	\$512
\$3,001 - \$3,500	\$124	\$166	\$239	\$354	\$589
\$3,501 - \$4,000	\$136	\$182	\$281	\$409	\$679
\$4,001 - \$4,500	\$153	\$205	\$322	\$468	\$765
\$4,501 - \$5,000	\$170	\$228	\$364	\$523	\$852
\$5,001 - \$5,500	\$237	\$319	\$445	\$608	\$1,008
\$5,501 - \$6,000	\$259	\$348	\$485	\$665	\$1,102
\$6,001 - \$6,500	\$280	\$377	\$526	\$720	\$1,196
\$6,501 - \$7,000	\$305	\$410	\$573	\$787	\$1,304
\$7,001 - \$8,000	\$334	\$450	\$627	\$861	\$1,429
\$8,001 - \$9,000	\$374	\$504	\$706	\$968	\$1,610
\$9,001 - \$10,000	\$417	\$562	\$786	\$1,080	\$1,797

\*Note: If the Insured purchases the \$0 category – there is no Trip Cancellation – all other benefits apply

For trips longer than 30 days, an additional cost of \$5 per person per day is required. For trip cost between \$10,001 and \$20,000, contact your producer or Seven Corners for the rate.

Note: This plan may not be available in all states. Please contact Seven Corners for a list of approved states.

## about seven corners



### SEVEN CORNERS

Since 1993, Seven Corners has provided medical insurance to corporations, international travelers, expatriates, students, overseas visitors, immigrants and global citizens. With expertise and efficiency, we've served clients in more than a hundred countries.

## for additional information:

## enrolling is easy

- 1. Read the entire brochure and complete the Roundtrip Application in full. Plan cost for the entire package is due at the time of application. Remember: Benefits must be purchased for the full cost of the trip.**
- 2. If paying by check or money order, make payable to: "Seven Corners" and enclose it together with completed Application.**
- 3. If paying by credit card, complete the Application and mail or fax to Seven Corners. Be sure to sign the Method of Payment section (for all payment methods).**

Return the Application with your payment to:



### SEVEN CORNERS

**303 Congressional Boulevard**

**Carmel, IN 46032 USA**

**Fax: 317-575-2659 (credit card orders)**

**Phone: 800-335-0611 or 317-575-2652**

**Online: [www.sevencorners.com](http://www.sevencorners.com)**

*(You may fax only if paying by credit card. Originals are not required if application is faxed to Seven Corners with credit card payment)*

**producer #** \_\_\_\_\_

Protection Plan may be purchased if you are a resident of the United States or if you purchase this plan within the United States.

**applicant information**

*(First Name – Middle Name – Last Name)*

Primary Applicant: \_\_\_\_\_

Birth Date (MM/DD/YYYY) \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Spouse: \_\_\_\_\_

Birth Date (MM/DD/YYYY) \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Dependent Child: \_\_\_\_\_

*(under 19 years of age)*

Birth Date (MM/DD/YYYY) \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Dependent Child: \_\_\_\_\_

*(under 19 years of age)*

Birth Date (MM/DD/YYYY) \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**trip information**

Departure Date (MM/DD/YYYY) \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Return Date (MM/DD/YYYY) \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Destination: \_\_\_\_\_

Name of Travel Supplier: \_\_\_\_\_

*(Airline, Tour Operator, Cruise Line, etc.)*

**personal information**

Your Address: \_\_\_\_\_

*(must be a U.S. address)*

City / State / Zip: \_\_\_\_\_

Phone: ( \_\_\_\_ ) \_\_\_\_\_ Fax: ( \_\_\_\_ ) \_\_\_\_\_

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

Beneficiary: \_\_\_\_\_

*(For AD&D and optional Flight Accident Coverage)*

In Florida, Florida Resident – Agent No. A269211

**rate calculation**

Plan must be purchased for the FULL cost of trip. See rates (pg. 7).

Choose Plan: RoundTrip  or RoundTrip Choice

	<b>Trip Cost</b>	=	<b>Plan Cost*</b>
Primary	\$ _____	=	\$ _____
Spouse	\$ _____	=	\$ _____
Dependent Child	\$ _____	=	\$ _____
Dependent Child	\$ _____	=	\$ _____

*\*Plan costs must be indicated for all travelers.*

**for trips of 31 – 90 days**

Include departure and return dates in calculation.

RoundTrip 
$$\$3 \times \frac{\text{# of Days Over 30}}{\text{Total # of Travelers}} = \$ \underline{\hspace{2cm}}$$

RoundTrip Choice 
$$\$5 \times \frac{\text{# of Days Over 30}}{\text{Total # of Travelers}} = \$ \underline{\hspace{2cm}}$$

**optional flight coverage (per person)**

\$100,000 Protection for \$9 x 
$$\frac{\text{Total # of Travelers}}{\text{Total # of Travelers}} = \$ \underline{\hspace{2cm}}$$

\$250,000 Protection for \$22 x 
$$\frac{\text{Total # of Travelers}}{\text{Total # of Travelers}} = \$ \underline{\hspace{2cm}}$$

\$500,000 Protection for \$45 x 
$$\frac{\text{Total # of Travelers}}{\text{Total # of Travelers}} = \$ \underline{\hspace{2cm}}$$

**optional collision damage waiver**

\$35,000 Protection for \$7 per day per car rental x 
$$\frac{\text{# of days}}{\text{# of days}} = \$ \underline{\hspace{2cm}}$$

Non-Refundable Processing Fee = 
$$\underline{\hspace{2cm}} = \$ 5.00$$

Total Amount Due = 
$$\underline{\hspace{2cm}} = \$ \underline{\hspace{2cm}}$$

*And authorized as payment below.*

**method of payment**

- Check / Money Order Payable to Seven Corners
- Visa  MasterCard  Discover/Novus
- Diners Club  American Express

*Signature is required below for all methods of payment.*

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_ / \_\_\_\_ Daytime Phone: ( \_\_\_\_ ) \_\_\_\_\_

Name on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Signature *(Required)* \_\_\_\_\_

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an Insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud. Plan costs are non-refundable after 10-day review period.

*Signature: mandatory for all payment options.*

*Date*

## administered by:



**SEVEN CORNERS**

303 Congressional Boulevard

Carmel, IN 46032

800-335-0611 • 317-575-2652 • Fax: 317-575-2659

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



## insurance carrier:

Nationwide Mutual Insurance Company, Nationwide Life Insurance Company and Nationwide Mutual Fire Insurance Company.

*(This plan may not be available in all states. Please contact Seven Corners for a list of approved states.)*

## for additional information: