

## *International Citizen Series*



*Health Coverage that Goes Far & Beyond*

*Platinum*

International Citizens needing worldwide coverage

*International Citizen Assistance Services*

New astonishing international assistance included with all plans

# The International Citizen Series

Comprehensive Major Medical and Term Life Insurance



*Select the Plan that meets your needs:*

*Platinum:* International Citizens needing worldwide coverage.

*International Citizen Assistance Services:* New astonishing international assistance included with all plans.

## *Why Buy International Medical Insurance? The Answer is Easy.*

You may wish to have access to health care in other countries, including the U.S., in the event you become seriously ill. If you are a non-U.S. citizen, you may need an international medical insurance policy to supplement the coverage available to you through a plan sponsored by your government, or to provide coverage while you are outside your home country. If your lifestyle knows no geographic limits, you need health insurance that knows no boundaries as well. MultiNational Underwriters, Inc. has designed The International Citizen Series to meet your needs.

## *Who is the Plan Administrator?*

MultiNational Underwriters, Inc., headquartered in Indianapolis, Indiana, is a full service organization offering a comprehensive portfolio of insurance products designed specifically to address the insurance needs of international travelers, expatriates and other international citizens. As a TRAVEL GUARD® International company, we benefit from the experience of a corporate group that protected over 6 million travelers last year. 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. You will find our service team to be prompt, compassionate, and of the highest professional quality.

## *Who is the Insurer?*

Lloyd's, London, the largest and oldest insurance market in the world, with 315 years of experience insuring individuals and corporations internationally. Rated A- by AM Best Company, and A by Standard and Poor's, 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 almost every country of the world.



## *Which Plan is Right for Me?*

If you desire worldwide coverage, including coverage in the U.S. and Canada, the Platinum Plan is right for you. This plan is one of the most comprehensive medical insurance products available, featuring a \$5,000,000 lifetime limit, worldwide medical coverage, maternity benefits, mental health benefits, wellness benefits and emergency medical evacuation benefits.



## *Am I Eligible for The International Citizen Series?*

The International Citizen Series is available to citizens of all countries of the world who are at least age 14 days and not older than age 74. Citizens of countries other than the U.S. may reside anywhere, including their country of citizenship.

## *Is Coverage Under The International Citizen Series Renewable?*

Yes. The International Citizen Series products are annually renewable. There are no medical questions at renewal. Renewal is only subject to your continued eligibility and payment of premiums. Your renewal premium will be the same as all persons of the same certificate origination year, age and gender. If you purchase coverage before you reach the age of 65, and maintain coverage continuously for 10 years, subject to continued eligibility, you will automatically be eligible to apply for the International Citizen Senior Plan with no medical questions.

## *How Do I Apply for The International Citizen Series?*

Just complete the Application for Insurance and send it to your agent or to MultiNational Underwriters, Inc., with your initial premium payment. Within 5 business days of receipt of your Application, you will be informed as to the acceptance of your application and your effective date, or of any additional information required to continue the evaluation of your Application. Remember, your Application will become a permanent part of your record and will become a part of your Certificate of coverage. Answer each question thoroughly and legibly, and attach additional

sheets if necessary. If your Application is not accepted, MultiNational Underwriters, Inc. will promptly refund your premium. If your Application is accepted, you will receive a fulfillment kit containing your Certificate of coverage, an identification card, a claim form, and instructions on how to use your insurance.

## *How Do I File a Claim?*

Filing a claim is easy. Once your Application is accepted, you will receive a kit which contains Claimant's Statement and Authorization forms. Just complete this Claimant's Statement and Authorization form, attach original, itemized bills, and forward them to MultiNational Underwriters, Inc. Be sure to complete your claim form entirely, sign it, and indicate a convenient time and location to contact you in the event questions arise. If you have already paid certain expenses, attach copies of your paid receipts. You will be reimbursed for eligible medical expenses. In many cases, MultiNational Underwriters, Inc. will make payment directly to the hospital or physician who treated you. Remember, you are responsible for the deductible, coinsurance, and any ineligible charges.

## *Hospital Pre-notification*

All plans in The International Citizen Series contain hospital pre-notification provisions. Pre-notification simply means that you must contact MultiNational Underwriters, Inc. as soon as possible before a planned hospitalization or surgical procedure, or within 48 hours of an emergency hospital admission, or within the first 90 days of pregnancy. Pre-notification allows us to establish contact and make payment arrangements with your providers, negotiate discounts which will benefit both you and us, pre-arrange future care, and plan for your claim. Pre-notification helps us help you.



## What Are the Benefits and Policy Limits?

<b>Benefit</b>	<b>Platinum</b> — for the International Citizen needing worldwide coverage.
Overall Policy Maximum	\$5,000,000 Lifetime.
Deductibles Available	\$250, \$500, \$1,000 or \$2,500 per Certificate Period.
Coinsurance—Claims incurred in U.S. or Canada	After the Deductible, Underwriters will pay 80% of Eligible Medical Expenses up to \$5,000, then 100% to the Overall Policy Maximum. The Coinsurance will be waived if expenses are incurred within the PPO.
Coinsurance—Claims incurred outside U.S. or Canada	100% of Eligible Medical Expenses after the Deductible to the Overall Policy Maximum.
Hospital Room and Board—In U.S. or Canada	Average Semi-private room rate.
Hospital Room and Board—Outside U.S. or Canada	Average Private room rate.
Intensive Care Unit—In U.S. or Canada	Usual, Reasonable and Customary.
Intensive Care Unit—Outside U.S. or Canada	Usual, Reasonable and Customary.
Prescription Drugs	Usual, Reasonable and Customary. Subject to Deductible and Coinsurance.
Mental Health Disorders	\$10,000 per Certificate Period (after 12 months of continuous coverage); \$25,000 Lifetime Maximum.
Maternity—Normal Delivery	Same as any other Illness (after 12 months of continuous coverage) including pre-natal, Delivery and post-natal care.
Maternity—Complicated Delivery	Same as any other Illness (after 12 months of continuous coverage).
Maximum for Maternity	\$50,000 Lifetime.
Newborn Care	\$25,000 Maximum Limit for maximum of 31 days.
Pre-existing Conditions	Same as any other Injury or Illness if disclosed on Application and not excluded or limited by Rider.
Local Ambulance	Usual, Reasonable and Customary.
Physical Therapy	\$50 Maximum per visit.
Wellness	\$50 per visit (including immunizations), maximum of three visits per year for children under the age of 19 (after 12 months of continuous coverage). \$150 per Certificate Period (after 12 months of continuous coverage) for Members age 35 or older. Not subject to Deductible.
Human Organ/Tissue Transplants*	Same as any other Illness for Covered Transplants.
All Other Eligible Expenses	Usual, Reasonable and Customary.
Emergency Medical Evacuation	\$50,000 Lifetime Maximum.
Repatriation of Remains	\$25,000 Limit.
Emergency Reunion	\$10,000 Lifetime Maximum.
Pre-notification Penalty	50%

\*Covered transplants include Heart, Heart/Lung, Lung, Kidney, Kidney/Pancreas, Liver and Allogenic and Autologous Bone Marrow.

### Optional Term Life Insurance and Accidental Death and Dismemberment

Age	Basic Life Principal Sum	Supplemental Life Principal Sum
19 to 59	\$50,000	\$50,000
60 to 64	\$25,000	\$25,000
65 to 69	\$10,000	Not Available
Dependent Child	\$5,000	Not Available

Accidental Death	Principal Sum
Accidental Loss of Two Members	Principal Sum
Accidental Loss of One Member	50% of Principal Sum

The Benefit is based on your age at time of Death or Dismemberment.

"Member" means hand, foot or eye.



## *What Are the Plan Features?*

### *Pre-existing Conditions:*

If you are insured under the Platinum plan, and your pre-existing conditions have been fully disclosed on your application and not excluded or restricted by a rider or any other provision of your certificate, your pre-existing conditions are covered the same as any other illness or injury as of your effective date. Pre-existing conditions include any injury, illness or mental health disorder that existed at or prior to your initial effective date, including chronic, recurring and congenital conditions.

## *What Are the Exclusions and Limitations?*

The following charges, treatments, care, services, supplies and/or conditions are excluded from coverage:

- Charges not incurred during the certificate period
- Services or treatment payable by another insurance or government
- Substance abuse
- Charges which exceed usual, reasonable and customary
- Investigational or experimental surgeries or treatment
- Custodial, educational or rehabilitative care
- Weight modification
- Cosmetic surgery, unless reconstructive surgery is directly relating to a covered surgery
- Individuals HIV+ at effective date
- Drugs or treatment for sexual dysfunction
- Drugs or treatment to promote or prevent conception
- Dental treatment, except emergency treatment following covered accident
- Devices or procedures to correct sight or hearing
- Self inflicted injury or illness
- Foot care, unless related to a covered accidental injury
- Treatment or supplies not ordered by a physician or not medically necessary
- Organ transplants, except for covered transplants
- Speech, acupuncture, occupational or sleep therapy
- Acts of terrorism, war, insurrection, riot or any variation thereof

This is a summary of the exclusions contained in the Master Policy. See the Master Policy for a complete list of exclusions.

### *Special Illness Exclusion:*

The following conditions which manifest themselves within the first 180 days of coverage are excluded: any condition of the breast, prostate, tonsils, adenoids, disease of sebaceous glands, acne, other acne, sebaceous cyst, seborrhea, unspecified disease of the sebaceous glands, moles, skin tags, hypertrophic and atrophic conditions of the skin, nevus, hemorrhoids, the reproductive system, hernia, gallstones or kidney stones.

## *Wellness:*

If you are insured under the Platinum Plan, after 12 months of continuous coverage, you may be eligible for Wellness benefits that are not subject to the deductible. If you are at least 35 years old, you will be entitled to the following Wellness benefits: the benefit provides \$150 per Certificate Period for a routine physical exam, including mammogram and OB/GYN visits for females. If you are under the age of 19, this benefit provides \$50 per visit (including immunizations) with a maximum of three visits per Certificate Period.

## *Emergency Medical Evacuation:*

If you are insured under the Platinum Plan, you are covered for emergency medical evacuation to the nearest medical facility qualified to treat your life threatening condition or potential loss of limb. All emergency medical evacuations must be approved in advance and coordinated by MultiNational Underwriters, Inc. Emergency medical evacuations provide you with access to care when you need it most. MultiNational Underwriters, Inc. is available 24 hours a day, 7 days a week, to approve and coordinate emergency medical evacuations.

## *Emergency Reunion:*

In the event of a covered Emergency Evacuation, the Platinum Plan will provide the following benefits: the cost of an economy round trip air and/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.

## *Repatriation of Remains*

In the event of a covered Injury or Illness resulting in your death, the Platinum Plan will provide the following benefit: air or ground transportation of bodily remains or ashes to the area of your Principal Residence and reasonable cost of preparation of your remains necessary for transportation.

## *International Citizen Assistance Services:*

The following Assistance Services are available to you 24 hours a day, 7 days a week while your International Citizen plan is in effect.

**Pre-Trip Health and Safety Advisories** (available after your purchase of the International Citizen Series, and before your departure) – call us for current passport, visa, inoculation and vaccine requirements, as well as up-to-date travel safety advisories.

**Livetravel Services** – we will make emergency travel and itinerary changes for you including rebooking flights, hotel reservations and ground transportation arrangements.

**BagTrak** – we are the industry leaders in tracking lost checked baggage. We will help you locate your lost checked baggage, and deliver it to you anywhere in the world.

**Emergency Message Relay** – we will relay messages to your family, friends and co-workers, helping you to maintain contact during an emergency.

**Emergency Cash Transfers** – we will assist you in arranging and obtaining cash transfers anywhere in the world.

### **Other International Citizen Assistance Services include:**

- Medical referrals
- Up-to-the-minute travel medical advisories
- Assistance with prescription drug replacement
- Dispatch of a doctor or specialist
- Emergency travel arrangements for family members
- Lost passport or travel documents assistance
- Embassy and consulate referrals
- Legal and accounting referrals
- Bail bond assistance
- Translation and interpretation assistance

International Citizen Assistance Services are not insurance benefits and provision of any International Citizen Assistance Services is not a guarantee of any other benefit under the International Citizen Series.



## *Important Instructions For All Applicants*

1. Review your answers to each question on this Application for accuracy. Unanswered questions or incomplete information will delay processing.
2. **All Applications must be signed and dated.** Full details, including treatment dates, name, address and telephone number of attending physician, diagnosis, prognosis and present course of treatment must be provided for all yes answers in Part 2.
3. **All family members must apply for the same plan and Deductible. You must select a plan and a Deductible in Part 1.**
4. Annual premiums may be paid by check, money order or credit card authorization. **MultiNational Underwriters, Inc. will not accept checks or money orders for quarterly or semi-annual payment modes. These payment modes are only accepted with pre-authorization to debit your credit card on the due date of your premium.**
5. If you are a U.S. citizen, or if you are in the U.S. now, you must provide your anticipated date of departure from the U.S. and your anticipated length of residence outside the U.S.
6. If you would like to have your Certificate overnighted to you in the U.S. after approval, add an additional \$15 to your premium. If we were to mail your Certificate outside of the U.S., please add \$25.
7. Please print legibly using dark ink.
8. Sign the application in Part 5. If spouse is applying, the spouse signs too.
9. Be sure to answer all questions accurately and honestly. Any errors may cause the insurance to be voided.

### **Mail or fax completed application to:**

CAPCO Health Group, Inc.  
BCE Place, CT Tower  
161 Bay Street, 27th Floor  
P.O. Box 508  
Toronto, ON, M5J 2S1  
888.775.5757 or 416.572.206  
Fax 416.352.0047  
Email: executivehealth@capco.com

### **For more information contact:**





**Part 2**

**Please answer all questions for all members of the family included in this Application. Provide details to all "Yes" answers in Part 3.**

	Yes	No
1. Have you ever had an application for health or life insurance voided, declined, cancelled, rescinded or modified (including medical exclusion riders)?		
2. In the last 12 months, have you used tobacco in any form?		
3. In the last 12 months, have you experienced a weight change of 15 pounds or more?		
4. In the last 5 years, have you had any indication, diagnosis or treatment of an alcohol or drug dependency, problem or abuse, or any alcohol or drug related arrest?		
5. In the last 5 years, have you consumed alcoholic beverages in excess of 14 drinks per week?		
6. Are you pregnant or do you have an adoption pending?		
7. Do you (not including dependent children) read, write, speak and understand English? If no, what is your primary language?		
8. In the last 12 months, have you taken medication or received medical advice or treatment of any kind?		

**Within the last 10 years, have you had any indication, signs, symptoms, diagnosis or treatment of any disease or disorder of:**

9. Gallbladder, pancreas or liver?		
10. Skin?		
11. Joints or spine?		
12. Kidney?		
13. Eyes, ears or nose?		
14. Mouth, throat or jaw?		

**Within the last 10 years, have you had any indication, signs, symptoms, diagnosis or treatment of:**

15. High blood pressure?		
16. Chest pain?		
17. Headaches?		
18. Paralysis?		
19. Arthritis?		
20. Convulsions or epilepsy?		
21. Elevated cholesterol?		
22. Sexually transmitted disease?		
23. Cancer?		
24. Diabetes or sugar in the blood or urine?		
25. Stroke?		
26. Acquired Immune Deficiency Syndrome (AIDS) or any HIV-related disease or illness?		
27. Tumor, cyst, polyp, lump or growth of any kind?		

**In the last 10 years, have you:**

28. Had a complicated pregnancy or delivery?		
29. Tested positive for antibodies to the HIV virus?		
30. Been hospital confined, had surgery or discussed surgery?		
31. Consulted a mental health professional?		

**In the last 10 years, have you had any indications, signs, symptoms, diagnosis or treatment of any disease, disorder, or abnormality of the:**

32. Heart or circulatory system?		
33. Nervous system?		
34. Digestive system?		
35. Muscular or skeletal system?		
36. Respiratory system?		
37. Male or female reproductive system?		
38. Urinary system?		
39. Thyroid, breast or other glands?		
40. In the last 10 years, have you had any signs, indication, symptoms, diagnosis or treatment of any other disorder, disease, injury or adverse or abnormal test results?		

**Part 3**

**For any question answered "Yes," please state the name of the family member (using the corresponding number from Part I). Provide details of the condition including: Condition, Diagnosis, Dates of Treatment, Type(s) of Treatment, Prognosis, Present Course of Treatment, Physician Name, Address, and Phone Number. Attach additional pages, if necessary. Additional information may be requested, if needed.**

Individual's Name or Corresponding # from Part I	Condition / Diagnosis	Dates of Treatment / Prognosis	Type(s) of Treatment and Present Course of Treatment	Physician and/or Facility Name, Address and Phone Number

**Part 4**

**For each family member applying for Term Life Insurance, please complete the following:**

	<b>Basic Life</b>	<b>Supplemental Life</b>
Applicant:	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Beneficiary:	<input type="checkbox"/> No	<input type="checkbox"/> No
Spouse:	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Beneficiary:	<input type="checkbox"/> No	<input type="checkbox"/> No
Dependent Child:	<input type="checkbox"/> Yes	Not Available
Beneficiary:	<input type="checkbox"/> No	
Dependent Child:	<input type="checkbox"/> Yes	Not Available
Beneficiary:	<input type="checkbox"/> No	
Dependent Child:	<input type="checkbox"/> Yes	Not Available
Beneficiary:	<input type="checkbox"/> No	
Provide full address for each Beneficiary listed above (attach additional sheets if necessary):		
I understand Term Life Insurance will not become effective until the date of my departure from the U.S.		
_____ (initial here)	_____ (initial here)	_____ (initial here)
(Applicant)	(Spouse)	(For Dependent Children)

\*Term Life is not available for those in the United States

## Part 5

I hereby apply for membership in the Atlas/International Citizen Group Insurance Trust, Hamilton, Bermuda, and for the insurance provided by Certain Underwriters at Lloyds, London. I have personally completed this Application. I represent that the answers and statements on this Application are true, complete and correctly recorded. I understand that any misrepresentation contained herein will void my insurance and all claims will be forfeited. I understand that no coverage is effective until I am notified in writing by MultiNational Underwriters, Inc. I understand that if this Application is not accepted, the sole obligation of the MultiNational Underwriters, Inc. is to return the premium to me. 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 family member listed on this Application to release said information to MultiNational Underwriters, Inc.

Signature of Applicant, Guardian or Power of Attorney      Signature of Spouse

Date of Signature      Date of Signature

## Part 6

**IMPORTANT PAYMENT INFORMATION:** Applications without premium will not be processed. MNUI will not accept checks or money orders for Quarterly or Semi-Annual payment modes. For Quarterly or Semi-Annual payment modes, MNUI will only accept a pre-authorized credit card. Checks, Money Orders or Credit Cards may be used for Annual payment mode. Please make all checks payable to: MULTINATIONAL UNDERWRITERS, INC.

### PREMIUM CALCULATION:

**Medical:** Enter the Annual Premium for each family member from the Rate Table that corresponds to their age, gender and deductible:

Applicant:      \$ \_\_\_\_\_  
 Spouse:      \$ \_\_\_\_\_  
 1st Child:      \$ \_\_\_\_\_  
 2nd Child:      \$ \_\_\_\_\_  
 3rd Child:      \$ \_\_\_\_\_  
 Subtotal A:      \$ \_\_\_\_\_

**Life:** Enter the Annual Premium for each family member from the Optional Term Life and AD&D Insurance Rate Table:

	Basic	Supplemental	Total
Applicant:	\$ _____	\$ _____	\$ _____
Spouse:	\$ _____	\$ _____	\$ _____
Child Life:	\$85.00	X _____ (# of children)	= \$ _____
Subtotal B:			\$ _____
**Subtotal A plus Subtotal B:			\$ _____

### Total Premium Due:

\$ \_\_\_\_\_ X \_\_\_\_\_ = \$ \_\_\_\_\_  
(TOTAL\*\*) (\*Modal Factor)

Add Non-Refundable Policy Fee:      \$ 50.00

Optional Overnight mailing fee:  
 (\$15 in U.S., \$25 outside the U.S.)      \$ \_\_\_\_\_

**TOTAL AMOUNT DUE:**      \$ \_\_\_\_\_

**\*Modal Factor:**

**Annual= 1.00      Semi-Annual= .55      Quarterly= .28**  
(Credit Card Only)      (Credit Card Only)      (Credit Card Only)

### METHOD OF PAYMENT:

- Check or Money Order (Annual Pay Mode Only)  
 MasterCard       VISA       American Express

The Check or Money Order should be payable to MultiNational Underwriters, Inc. All payments must be made in U.S. dollars. If paying by Credit Card, I authorize MultiNational Underwriters, Inc. to debit my VISA/MasterCard/American Express account for the total amount due. If I have elected Semi-Annual or Quarterly payment modes, I hereby request and authorize MultiNational Underwriters, Inc. to debit my credit card account for the proper installment amounts on the due dates of the installments. This authorization will remain in effect for up to 12 months or longer if the Certificate is renewed, or until revoked by me in writing. Coverage purchased by Credit Card is subject to validation and acceptance by the Credit Card company.

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

Expiration Date: \_\_\_\_\_

Name as it appears on card: \_\_\_\_\_

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

Daytime Phone Number: \_\_\_\_\_

Signature: X \_\_\_\_\_

## Part 7

Producer Number: 22234-	Producer Name:	
Company Name:	Street Address:	
City:	State:	Postal Code:
Country:	Telephone:	Fax:
E-Mail Address:	Signature:	

## Annual Premium – For Insurance Effective Through 12/31/03

### Rate Table – Platinum

Age	\$250 Deductible		\$500 Deductible		\$1,000 Deductible		\$2,500 Deductible	
	Male	Female	Male	Female	Male	Female	Male	Female
14 days to 9*	\$413	\$413	\$372	\$372	\$280	\$280	\$250	\$250
10 to 18*	\$431	\$431	\$391	\$391	\$300	\$300	\$269	\$269
19-24	\$1,015	\$1,650	\$904	\$1,550	\$719	\$1,129	\$639	\$1,006
25-29	\$1,119	\$1,815	\$1,013	\$1,710	\$795	\$1,247	\$704	\$1,111
30-34	\$1,199	\$2,029	\$1,067	\$1,898	\$839	\$1,431	\$749	\$1,275
35-39	\$1,392	\$2,257	\$1,181	\$2,047	\$925	\$1,584	\$825	\$1,410
40-44	\$1,546	\$1,873	\$1,314	\$1,642	\$1,029	\$1,287	\$920	\$1,151
45-49	\$1,694	\$2,050	\$1,452	\$1,809	\$1,139	\$1,421	\$1,015	\$1,265
50-54	\$2,032	\$2,232	\$1,779	\$1,980	\$1,399	\$1,560	\$1,281	\$1,422
55-59	\$2,552	\$2,552	\$2,281	\$2,281	\$1,735	\$1,735	\$1,652	\$1,652
60-64	\$3,417	\$3,206	\$3,155	\$2,946	\$2,627	\$2,431	\$2,436	\$2,230
65-69	\$7,074	\$6,145	\$6,813	\$5,883	\$6,276	\$5,348	\$4,966	\$4,036
70	\$8,393	\$7,265	\$8,130	\$7,002	\$7,605	\$6,477	\$5,996	\$4,868
71	\$8,786	\$7,604	\$8,524	\$7,342	\$7,999	\$6,817	\$6,315	\$5,132
72	\$9,123	\$7,893	\$8,863	\$7,633	\$8,343	\$7,113	\$6,590	\$5,360
73	\$9,470	\$8,183	\$9,212	\$7,926	\$8,697	\$7,411	\$6,874	\$5,588
74	\$9,930	\$8,575	\$9,673	\$8,317	\$9,158	\$7,802	\$7,241	\$5,885

\*First 2 children age 14 days to 9 years are free only when both parents are insured under the Platinum Plan. The Dependent Child rate is only available when parent (guardian) is insured under the Platinum Plan. Dependent children alone must pay the age 19 to 24 rate.

### Rate Table – Optional Term Life and AD&D Insurance

Age	Basic Premium	Supplemental Premium
19-29	\$130	\$100
30-39	\$210	\$160
40-44	\$310	\$235
45-49	\$450	\$340
50-54	\$570	\$430
55-59	\$770	\$580
60-64	\$585	\$440
65-69	\$315	Not Available
Dependent Child	\$85	Not Available

THIS MEDICAL AND LIFE INSURANCE IS UNDERWRITTEN BY CERTAIN UNDERWRITERS AT LLOYD'S, LONDON. AND IS AVAILABLE TO MEMBERS OF THE ATLAS / INTERNATIONAL CITIZEN GROUP INSURANCE TRUST, HAMILTON, BERMUDA. LLOYD'S IS AN APPROVED NON-ADMITTED INSURER IN ALL STATES OF THE UNITED STATES, EXCEPT KENTUCKY AND ILLINOIS WHERE THEY ARE ADMITTED. CLAIMS UNDER THIS INSURANCE MAY NOT BE MADE AGAINST ANY STATE GUARANTY FUND.

#### Mail or fax completed application to:

CAPCO Health Group, Inc.  
 BCE Place, CT Tower  
 161 Bay Street, 27th Floor  
 P.O. Box 508  
 Toronto, ON, M5J 2S1  
 888.775.5757 or 416.572.2064  
 Fax 416.352.0047  
 Email: executivehealth@capco.com



## *Other Services and Products Provided by MultiNational Underwriters, Inc.*

**Hospital/Physician Referral:** MultiNational Underwriters, Inc. maintains relationships with hospitals and physicians throughout the world, and this network is growing daily. If you need a referral, just contact MultiNational Underwriters, Inc. and one of our Customer Service Representatives will assist you.

**Patient Advocacy Services:** If you are faced with a complex or severe medical condition, you will be assigned to one of MultiNational's Patient Advocates. Your Patient Advocate is your personal assistant at MultiNational Underwriters on all matters relating to your treatment and claim with the goal of securing the best possible care for you in a convenient and cost-effective setting.

**General Customer Service:** You've lost your ID card or your Certificate. Or, you have a question about your insurance. Or, you have filed a claim and you want to know the status of payment. These and many more questions may arise from time to time. MultiNational Underwriters, Inc. Customer Service Team is ready to respond. If you do not speak English, your Customer Service Representative will arrange for a telephone translator to monitor your call and assist in providing the answers you need.

In addition to the International Citizen Series, MultiNational Underwriters, Inc. offers a complete line of products and services for the international market:

### *Atlas Travel Insurance*

A comprehensive insurance for international travelers that includes coverage for illness and accidents while outside one's home country. Coverage periods range from 15 days up to one year and include coverage for lost luggage, trip interruption, emergency evacuation and much more.

### *Atlas Professional Travel Insurance*

An annual travel plan modeled after Atlas Travel Insurance that is designed to meet the needs of the international executive that takes numerous trips abroad during the year. One simple application and one low rate.

### *A+ MultiNational Group Benefit Plan*

A U.S. style group medical and life insurance plan for U.S. and non-U.S. corporations needing coverage for both U.S. citizens abroad and foreign nationals in the U.S. or elsewhere.

### *IC+International Term Life Insurance*

A 10 year term life program for citizens of the world requiring personal and business protection.

### *Administrative Services*

For those corporations, associations and other groups requiring customized administrative services such as claims administration, access to medical provider networks and international benefit consulting.



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



107 S. Pennsylvania Street, Suite 500, Indianapolis, Indiana 46204  
Phone 317.262.2132 or 800.605.2282 Fax 317.262.2140 E-mail address [insurance@mnui.com](mailto:insurance@mnui.com)