



RESIDE® Prime Brochure 2005

SCHEDULE OF BENEFITS

Lifetime Maximum Benefit	\$5,000,000 per Insured Person.
Policy Period Deductible Options	\$250, \$500, \$1000, \$2500, \$5000 Maximum of 3 deductible payments for families enrolling on one application. Any eligible charges 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.
Outside of the United States	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.
Inside of the United States	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 must be Pre-Notified using Seven Corners Pre-Notification Program.
Hospital Expenses	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.
Intensive Care	Intensive Care room and board, Usual, Reasonable, and Customary Physician Charges, Prescription Medications, Durable Medical Equipment, Nursing Services and X-rays up to the Policy Maximum.
Surgery	URC Charges for Surgery, Physician and Anesthetics up to the Policy Maximum.
Hospital Daily Indemnity Benefit	\$50 per day (\$1,000 maximum per policy period), for every Medically Necessary night spent in a Hospital (Hospital Admission) outside of the United States and Canada.
Outpatient Treatment	URC Charges for Emergency Treatment, Surgery, Prescription Medication up to the Policy Maximum.
Physiotherapy, Chiropractic	Up to \$75 per visit (\$10,000 Lifetime Maximum), when referred in advance by a Physician.
Medical Supplies	URC Charges up to Policy Maximum.
Ambulance	URC Charges up to Policy Maximum.
Well Child Care	Up to \$200 Policy Period Maximum for checkups and routine visits after 12 month waiting period. Up to age 18.
Maternity	URC Charges up to \$7500 per Pregnancy, must be Pre-Notified within the first 90 days of Pregnancy. Waiting period of 12 months before maternity benefit begins.
Mental & Nervous	URC Charges up to a Maximum of \$10,000 per Policy Period after 12 month waiting period. Lifetime Maximum of \$30,000.
Newborn Benefit	\$25,000 lifetime maximum for the first 31 days after birth.
Dental	URC Charges for repair and replacement of sound, natural teeth damaged as a result of an accident, limited to \$500 per Policy Period.
Emergency Medical Evacuation	\$50,000 Limit - when adequate medical facilities and/or treatment is not available. (pre-approval required).
Repatriation of Remains	\$25,000 Limit - when traveling outside your current Country of Residence. (Pre-approval required).
Emergency Medical Reunion	\$10,000 Limit - when traveling outside your current Country of Residence. (Pre-approval required).
Preventive Benefits	Females and Males over the Age 30 up to \$175 Policy Period Maximum for checkups, routine physical exams, female preventative exams and mammograms after 12 month waiting period. Not subject to Deductible or Coinsurance.

Accidental Death & Dismemberment (AD&D)

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.

Lifetime Transplant Benefit

Up to \$1,000,000 per Insured Person.

WHO NEEDS THIS PLAN?

US Citizens

For US citizens relocating or spending an extended amount of time overseas, security and flexibility are two essential ingredients of their medical program. There are thousands of medical insurance programs offered throughout the world, but there are just as many differences in the quality of both the programs and the insurance companies offering them. As US citizens, we are accustomed to a certain degree of stability. RESIDE Prime is underwritten by an A-"Excellent" rated insurance entity. Great care was taken to offer a program that gives insured's the same level of security abroad that they experience at home.

Foreign Nationals

A comprehensive plan providing protection in your home country as well as the freedom to travel abroad is hard to find. Finding a program with these qualities offered by a secure company is next to impossible. The RESIDE Prime Worldwide Medical Plan combines the stability and financial strength of a superior underwriter with the flexibility of a universal policy.

ELIGIBILITY

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

For US Citizens: 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 Insured Person must reside outside the United States at least 6 months during any given 12-month period to meet the Eligibility Requirements of an Insured Person. Should any Insured Person reside in the United States longer than 6 months during any given 12-month period, their Coverage shall immediately terminate.

For Non-US Citizens: Applicants / Insured Persons must 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 Insured Person must reside outside the United States at least 6 months during any given 12-month period to meet the Eligibility Requirements of an Insured Person. Should any Insured Person reside in the United States longer than 6 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 PRIME?

The Reside Prime 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 insureds.

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 Prime 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 and desired deductible amount. Be sure to answer all sections and questions as completely, accurately, and as legible as possible. The application you complete becomes part of your certificate of coverage should you be accepted. Once 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, which describes the program in complete detail and describes how the insurance can be utilized. If you are ultimately not accepted, Seven Corners will return your premium without delay.

WORLDWIDE COVERAGE

RESIDE Prime 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 6 months during any 12 month Policy Period.

RENEWABILITY

The initial Period of Coverage cannot exceed twelve (12) months. The Insured Person, however, may apply for renewal of coverage at the Renewal Rates in force at the time of renewal. 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 Prime provides maternity and newborn child benefits to eligible Insured Persons, who are the Primary Insured or Spouse, up to \$7500 per pregnancy. 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 COVERAGE

When the Insured Person travels outside of their home country, in addition to the standard benefit, they will be covered for Repatriation of Mortal Remains and Emergency Medical Reunion coverage.

NEWBORN CHILD COVERAGE

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, as to Eligible Benefits during the first thirty one (31) days following birth for Newborn Coverage and Treatment.

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 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 which led to the birth of a Newborn Child was an eligible pregnancy covered under this Certificate; (3) That the mother of the Newborn Child remain covered under this Certificate; (4) The mother and Newborn Child meets and will continue to meet the Eligibility Requirements of this Certificate.

LIMITATIONS

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 meets 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.
- Routine physicals or procedures.
- Treatment of Temporomandibular joint.
- Vocational, Speech, Recreational or Music Therapy.
- 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).
- 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 Prime. 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 Seven Corners.

PRE-NOTIFICATION PROGRAM/PPO

So that you receive the best care possible, RESIDE Prime 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. 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.

Utilize an approved PPO Service Provider within 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 the Administrator or visit the approved PPO Service Provider website at:

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 utilize an approved PPO Service Provider will result in a 25% reduction of the Eligible Benefits stated in the Schedule of Benefits.

IMPORTANT INFORMATION

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

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

THE UNDERWRITER

Reside Prime is underwritten by Certain Underwriters at Lloyd's, London and is rated A- "Excellent" by A.M. Best and an A+ (Strong) rating from Standard and Poors. In addition to being one of the largest insurance entities in the world, Lloyd's 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.

Quality of Care

With access to a network of emergency room physicians, Seven Corners Assist is able to effectively evaluate the quality of care available locally. The Seven Corners assist physician will consult with the attending physician (if

available) to review local standards and discuss the proposed course of treatment. Should the quality of care be in question, Seven Corners Assist arranges medical transportation to a location where appropriate care is available.

THE PROGRAM ADMINISTRATOR

Properly serving the medical needs of international citizens requires specialization. Most companies are not prepared to meet the unique needs 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 Prime Medical Plan is administered worldwide by Seven Corners Administrators, Inc.. The professionals at Seven Corners Administrators have over 150 years of experience in claim processing and administration. Seven Corners currently serves the needs of thousands of policyholders throughout the world.

SEVEN CORNERS, INC.

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

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RESIDE[®] Prime
ANNUAL PREMIUMS Effective January 1, 2005

Age	If you choose a \$250 Annual Deductible		If you choose a \$500 Annual Deductible		If you choose a \$1000 Annual Deductible		If you choose a \$2500 Annual Deductible		If you choose a \$5000 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

* 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 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.



RESIDE® Prime Application for Coverage

2005 RESIDE Prime Worldwide Medical Plan

As described in the brochure and documentation, RESIDE Prime 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 Prime limits coverage in the United States to 6 months during any given 12 month policy period. This plan is not intended to cover permanent residents of the United States.

Directions For The 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" was marked must be described in detail in Section 3. Information in Section 3 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®, MasterCard®, Diners Club®, American Express®, or Discover®. 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 preauthorization to debit your credit card or checking account on the due date of your premium installment.
5. Once 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.

Section 1. Applicant Information

Applicant's Name (Last, First, Middle, Maiden)	Sex	Relationship	Date of Birth (Mo/Day/Year)	Citizenship	Height Feet/Inches	Weight Lbs	Premium
		Primary					
		Spouse					
		Child					
		Child					
		Child					
Total Premium:							

Residence Address:

Must be outside the United States
(street, city, state, postal code,
country)

Mailing Address:

(street, city, state, postal code,
country)

Home Phone Number:

Work Phone Number:

Email Address:

Fax Number:

Occupation of Primary Insured: (If retired, previous occupation(s))	Name of Employer:
Duties of Occupation:	Occupation of Spouse:
Family Physician Name, Address, and Telephone Number (Required):	

	Yes	No
1. Do you understand this is an international program and not U.S. health insurance?		
2. Do you understand that you are unable to be in the U.S. longer than 6 months during any given policy year?		
3. Are you or any listed dependents currently in the United States? If yes, enter departure date below. When do you plan to depart the United States: ____ / ____ / ____ (month/day/year)		
4. Are any listed dependents who are age 19, 20, 21, 22 and 23 full time students? (if yes, please list schools and locations)		

Section 2. Underwriting Questions for all Applicants

In order for your Application to be processed successfully, each question must be answered truthfully. Any answers to "yes" questions must be explained in Section 3 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. All questions for all applicants must be answered and sufficient medical data reported in order for Seven Corners to underwrite your application.

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 3. 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: ____ / ____ / ____ c) Medications: Type: _____ Dosage: _____ d) Controlled by diet only?: ____ Yes or ____ No e) Date of last HbA1c Test: ____ / ____ / ____ 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 advise, medical treatment and/or preventative care? Or 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? _____		
18. For female applicants, diseases or disorders of the breasts, including but not limited to cysts, nodules, calcifications or abnormal mammogram?		
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 conditions?		

Section 3. Health History Detail for Applicants

List details for all "YES" answers to the Section 2 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	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: <input type="checkbox"/> Spouse's employer group plan <input type="checkbox"/> Other group plan <input type="checkbox"/> Individual plan Insurance Company: _____ Phone: _____ Effective Date: _____ Termination Date: _____ Reason for termination: <input type="checkbox"/> Left employment <input type="checkbox"/> Employer Canceled plan <input type="checkbox"/> Non-Renewal		

Section 4. Declaration and Enrollment Request / Authorization to Release Medical Information:

I hereby apply for the Reside Prime program and for the insurance provided by Certain Underwriters at Lloyds, 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 and Lloyd's, 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 Lloyds operates as an unauthorized insurer in most US states and that claims may not be made against any state guarantee fund. I UNDERSTAND and AGREE that this program is issued outside the United States and that the program does not comply with any US state insurance law.

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.

SIGNATURE of Applicant or Guardian:	Date:
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SIGNATURE of Applicant's Spouse (if applicable):	Date:
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Section 5. Program Specifics

Please Choose Your Deductible: <input type="checkbox"/> \$250 <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000	
Requested Effective Date: _____ / _____ / _____ (month/day/year) (Requested Effective Date must be within 60 days of application date. If accepted, official Effective Date will be advised by Seven Corners)	
For the AD&D benefit, the Primary Insured shall be the beneficiary of the certificate. If the benefit is utilized for the Primary Insured, his/her estate shall be the beneficiary. If this is not acceptable, please list the beneficiary:	

Premium Calculation and Payment

	X		=	
Annual Premium for all applicants		Installment Factor (from 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

Card Number:

Expiration Date:

Name as it appears on the Card:

Daytime Phone:

Signature (Required):

Name as it appears on the Card:

Billing Address:

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 the 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.

(Sign here for Pre-Authorization of Installment Premiums)

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: Atlass Insurance Group / Scott Stamper	SRI Agent #: 8513
Address: 1300 SE 17th St., Ste. 220	City/State/Zip: Ft. Lauderdale, FL 33316
Phone (incl area code): 954-525-0582	Fax (incl area code): 954-525-0588
E-Mail: sstamper@atlassinsurance.com	

Agent Certification: I am not aware of any other information which 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, London; Rated A- "Excellent" by A.M. Best and A+ "Strong" by Standard and Poors.

Please mail or fax to

Seven Corners, Inc.
303 Congressional Boulevard
Carmel, IN 46032 USA
Fax: 317-575-2659

Important Information

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

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

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