

Reside Brochure 2005

SCHEDULE OF BENEFITS

	Maximum Benefit
Lifetime Maximum Benefit	US \$5,000,000 per Insured Person
<u>Hospitalization</u>	
Private or semi-private room, per day (maximum of 240 consecutive days)	US \$600
Intensive care room, per day (maximum of 180 consecutive days)	US \$1,500
<u>Surgery</u>	100%
Anesthetist's charges, payable as a percentage of surgery	20%
Laboratory Tests, X-rays, other treatment	100%
Prescription medication during hospitalization	100%
Chemotherapy and radiation therapy	100%
Organ Transplant, max. per transplant all inclusive	\$250,000
<u>Maternity</u>	
Normal & complicated child delivery maximum. The maximum benefit is not subject to coinsurance. Pre and post natal care is reimbursed according to the other medical treatment benefit schedule. Waiting period of 12 months before maternity benefit begins.	\$4,000
Professional service related to hospitalization	\$200 / day
<u>Newborn Benefit</u>	
Lifetime maximum for the first 31 days after birth	\$25,000
<u>Non-Hospital / Outpatient</u>	
Emergency Room treatment due to an accident	100%
Emergency Dental treatment due to an accident	\$1,000 per Coverage Period
Ambulatory surgery in a hospital / clinic	100%
Chemotherapy and radiation	100%
Prescription medication related to covered condition	100%
<u>Emergency Evacuation</u>	
Local ground ambulance	\$1,500
When treatment not available locally, pre-approved transportation to a location where appropriate treatment is available. Includes cost of return trip.	\$50,000
Return of Mortal Remains	\$25,000
<u>Other Medical Treatment</u>	
Doctor (per consultation)	\$70
Specialist (per consultation)	\$70
Surgical intervention in consultation up to	\$500

Psychiatrist (per consultation)	\$60
Chiropractors (per consultation)	\$50
The maximum number of consultations for doctors, specialists, psychiatrists and chiropractors per year is 25.	
Physiotherapy (per consultation)	\$40
Well-Child Care (per consultation)	\$70
Various Scans (MRI, CAT, Echocardiography, maximum per exam)	\$600
Endoscopy, (ie. Gastroscopy, Colonoscopy, Cystoscopy)	\$600
X-rays (per exam)	\$250
Laboratory (per exam)	\$300

WHY RESIDE SHOULD BE YOUR INTERNATIONAL MEDICAL PROGRAM?

There is an increasing population of global citizens, people who travel from country to country or continent to continent on a regular basis. Included among these global citizens are those less inclined to travel, however are discerning enough to know and demand the best care available worldwide. Whatever the reason, if you need to leave your home country, Reside Worldwide Medical Plan will follow you. Many foreign countries do have coverage options, but you will find that as a US citizen, you are either not eligible for coverage or the protection the plan offers is inadequate. For non-US citizens, the issue may be finding a comprehensive medical plan to provide coverage where your local plan may fall short. Whether you are a US citizens living abroad or a citizen of another country, Reside provides you with security at home and the freedom to seek care anywhere in the world.

ARE YOU ELIGIBLE FOR THE RESIDE PROGRAM?

The Reside program is available to persons of any country who are at least 15 days of age and who are not older than age 74.

For US Citizens: Applicants / Insured Persons must either be outside the United States at the time of application, or plan to 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 in order to be considered 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 plan to depart the United States within 30 days of the Certificate's Effective Date. If the Insured Person is located in the United States for more than 30 days after the Effective and cannot obtain other health insurance, a Proof of Eligibility Form must be submitted with the Application.

*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?

The Reside 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 the Reside 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.

HOW DO I APPLY FOR COVERAGE?

To apply for coverage under Reside, complete the enclosed application and submit the form to Seven Corners along with the appropriate premium. Seven Corners will review your application and respond within 48 hours (normal business days). In some situations, additional information or clarification may be required. Our underwriting department will contact the applicant to obtain any additional details necessary to determine acceptability. If accepted, Seven Corners will mail the Insured's ID Card with effective date, Certificate of Coverage, claim form, and general procedures for the use of the insurance to the address of convenience listed on the application. If Seven Corners is unable to offer coverage, the administrative department will return your premium without delay.

Please be sure to answer the questions on the application in complete detail. If accepted, the application becomes part of the certificate and formal agreement with the company.

DEDUCTIBLES, COINSURANCE & POLICY MAXIMUMS

You have your choice of five annual deductibles: US\$250, US\$500, US\$1000, US\$2500, US\$5000. The annual deductible applies to each insured person with a limit of 3 annual deductibles per family.

If the treatment is received in the United States or Canada, the plan will pay 80% of the next US\$5000 of eligible expenses, according to the schedule, after the deductible up to the policy maximum. If treatment is received outside the United States or Canada, the plan pays 100% of eligible expenses, according to the schedule, after the deductible up to the policy maximum. The 3 deductible limit per family applies to the coinsurance as well.

The lifetime maximum benefit of Reside is US\$5,000,000 per insured person.

WHAT DO I DO IF I NEED TO USE THE INSURANCE?

For hospitalization and surgical procedures, contact Seven Corners Assist to obtain pre-notification services. The quality and complexity of medical treatment varies from country to country, therefore pre-notification is a requirement of the program. It allows our professionals to locate a Preferred Provider facility if available, assist you in receiving the best course of treatment, and coordinate payment with the local facility. Our objective is for you to focus your attention on your medical condition and not on administrative details.

For non-hospital or surgical related procedures, filing a claim under Reside is easy. Just complete the claim form that comes with your ID Card, sign it, and submit it along with all original, itemized bills (and receipts if you have already paid for the medical expenses) to Seven Corners for processing. If acceptable with the facility, Seven Corners will make the payment directly to the treating hospital or doctor.

COVERAGE FOR CHILDREN

If both parents are covered under Reside, the first two children under the age of 10 will also be covered free of charge. If there are more than two children under the age of 10 or if the children are 10 or over, the program will charge the dependent child rate. If only one parent will be covered under the program, each child will be charged the dependent child rate.

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.

ACCIDENTAL DEATH & DISMEMBERMENT (AD&D)

Reside automatically includes an Accidental Death & Dismemberment (AD&D) benefit for each insured, with a \$10,000 Principal Sum for the Insured and Spouse, \$2,000 for Dependent Children. On a Common Carrier, the Principal Sum increases to \$40,000 for the Insured and Spouse, \$8,000 for Dependent Children.

LIMITATIONS OF THE RESIDE PROGRAM

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 advise, diagnosis, care or treatment prior to the Effective Date of coverage under this Certificate; 2) A condition for which manifestation, medical advise, 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;

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, which exceeds reasonable and customary charges, provided at no cost to the Insured Person, or 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 of a felony 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.

PRE-NOTIFICATION PROGRAM/PPO

So that you receive the best care possible, RESIDE 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 an additional Deductible of \$500 being applied to the Eligible Benefits stated in the Schedule of Benefits.

ADDITIONAL FEATURES AND SERVICES

Assistance / Referral Services: Seven Corners Assist is prepared to help you 24 hours a day, 365 days a year to locate medical professionals worldwide. Even if you are not calling to pre-notify a hospital admission or surgery, we encourage you to contact Seven Corners Assist for support with any injury or sickness, so that our professionals will be involved to ensure you receive appropriate medical care.

Emergency Evacuation / Repatriation: Unfortunately, the medical professionals in certain locations of the world are unable to provide adequate treatment for a number of medical conditions. As a standard benefit of the Reside program, we will transport you to a different medical facility if you are located in a region where the medical professionals are not able to treat your particular condition.

IMPORTANT INFORMATION

It is important to note that Reside 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 the Reside are not regulated by any U.S. state insurance department.

The information concerning Reside is not intended to be an offer to sell Reside 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 may not be available in all situations or jurisdictions. For U.S. citizens, Reside is intended for persons living or traveling outside the United States.

THE UNDERWRITER

The Reside Worldwide Medical Plan is underwritten by Certain Underwriters at Lloyds, London. As the largest insurance entity in the world, Lloyds has earned an A- (Excellent) rating from AM Best and an A+ (Strong) rating from Standard and Poors.

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 Worldwide 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 INTERNATIONAL

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[®] Worldwide Medical Plan
 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	\$312	\$312	\$277	\$277	\$229	\$229	\$213	\$213	\$200	\$200
19 through 24	\$667	\$1,096	\$577	\$1,007	\$449	\$779	\$392	\$679	\$307	\$531
25 through 29	\$743	\$1225	\$649	\$1,131	\$504	\$875	\$440	\$764	\$345	\$596
30 through 34	\$788	\$1326	\$678	\$1,216	\$525	\$940	\$460	\$820	\$360	\$640
35 through 39	\$932	\$1,529	\$754	\$1,351	\$584	\$1,044	\$511	\$911	\$400	\$711
40 through 44	\$1,022	\$1,234	\$829	\$1,041	\$642	\$806	\$561	\$703	\$460	\$585
45 through 49	\$1,138	\$1,372	\$933	\$1,167	\$722	\$902	\$630	\$787	\$514	\$620
50 through 54	\$1,390	\$1,527	\$1,178	\$1,316	\$911	\$1,021	\$795	\$908	\$674	\$753
55 through 59	\$1,679	\$1,679	\$1,460	\$1,460	\$1,130	\$1,130	\$985	\$985	\$829	\$829
60 through 64	\$2,472	\$2,327	\$2,253	\$2,108	\$1,899	\$1,676	\$1,720	\$1,544	\$1,437	\$1,277
65 through 69	\$5,162	\$4,505	\$4,941	\$4,284	\$4,623	\$3,902	\$3,553	\$2,900	\$3,106	\$2,783
70	\$6,388	\$5,494	\$6,167	\$5,273	\$5,689	\$4,866	\$4,504	\$3,682	\$3,558	\$2,953
71	\$6,661	\$5,742	\$6,440	\$5,521	\$6,008	\$5,115	\$4,746	\$3,847	\$3,796	\$3,077
72	\$6,964	\$6,010	\$6,743	\$5,790	\$6,347	\$5,415	\$5,011	\$4,066	\$4,008	\$3,254
73	\$7,310	\$6,289	\$7,089	\$6,068	\$6,662	\$5,678	\$5,268	\$4,297	\$4,212	\$3,449
74	\$7,636	\$6,606	\$7,415	\$6,385	\$7,013	\$5,973	\$5,548	\$4,522	\$4,443	\$3,615
Dependent Child*	\$288	\$288	\$250	\$250	\$195	\$195	\$171	\$171	\$157	\$157

* 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[®] Worldwide Application for Coverage

2005 Reside Worldwide Medical Plan – All Sections Must be Completed in Full

As described in the brochure and documentation, RESIDE Worldwide 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.

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 SRI.
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 only 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 SRI 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 concerning procedures for claims submission and the importance of SRI's pre-notification procedures.

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:							

Address of Residence: Must be outside the United States (street, city, state, postal code, country)	
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Forwarding / Convenience Address: (street, city, state, postal code, country)	
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Home Phone Number:	Business Phone Number:	Fax:	E-Mail:
Occupation of Primary Insured: (If retired, previous occupation(s))		Name of Employer:	

Duties of Occupation:	Occupation of Spouse:
Family Physician's Name (Required) :	Address of Family Physician:

	Yes	No
1. Do you understand this is an international program and not U.S. health insurance?		
2. Do you understand that if you are a U.S. Citizen you are unable to be in the U.S. longer than 6 months during any given policy year?		
3. If you are a non-U.S. Citizen do you require coverage for more than 6 months in the United States? Please enter length of time and how long you require coverage below. Length of time per year outside the United States: _____ How long do you require coverage under Reside? _____		
4. 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)		
5. 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. Health History Questions for 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 SRI 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 disorder (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 health history 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	Dates	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 Worldwide 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 at 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 Specialty Risk International, 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 Specialty Risk International, 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 if I am a United States citizen, 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: _____
--

SIGNATURE of Applicant's Spouse (if applicable): _____ Date: _____

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 SRI)	
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		=		+	\$20.00	=	
Annual Premium for all applicants		Installment Factor (from below)		Total Premium		Application Fee		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):	Alternate Phone Number:
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 "SRI". If paying by credit card, I authorize SRI 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 SRI 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 SRI actually receives notice. Coverage purchased by credit card is subject to validation and acceptance by credit card company. *For any installment payment other than annual, I pre-authorize SRI 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 SRI. 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, Inc.	SRI Agent #:	8513
Address:	1300 SE 17 th 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:
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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 Blvd.
Carmel, IN 46032 USA
Fax: 317-575-2659

Important Information

It is important to note that Reside Worldwide 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 Worldwide are not regulated by any U.S. state insurance department.

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