

LIAISON® STUDENT



STUDENT TRAVEL INSURANCE

Medical Coverage for Travel Outside Your Home Country



SEVENCORNERS

CHOOSING LIAISON® STUDENT

WHY CHOOSE LIAISON STUDENT?

If you are studying, teaching, or doing research outside of your home country,* Liaison Student from Seven Corners is a great option. Did you know that your health insurance at home does not always follow you when you study abroad? No matter where you go, Liaison Student is there to help with medical coverage, an extensive network of providers, and 24-hour travel assistance. Liaison Student helps ensure you receive the same level of care abroad that you have at home!

**Your home country is the country where you have your true, fixed and permanent home and principal establishment.*

ABOUT SEVEN CORNERS

Since 1993, Seven Corners* has alleviated many of the concerns with international travel by providing insurance plans to private citizens, governments, missionaries, students, and corporations of various nations around the globe. Each year, tens of thousands of travelers purchase coverage from Seven Corners in order to obtain the most comprehensive and reliable products and services available.

**In California, Seven Corners operates under the name, Seven Corners Insurance Services.*

WHO CAN BUY LIAISON STUDENT?

Non-U.S. Citizens and U.S Citizens

If you are a student, visiting faculty, or scholar between 31 days and 64 years of age who is temporarily residing outside your home country, you may buy this plan. You must remain engaged in full-time educational or research activities outside your home country while covered.

Educational or research activities include educational, vocational, cultural exchange, or training programs.

- If you are a non-U.S. citizen, you must have a valid J-1, H-3, F-1, M-1, Q-1 Visa, or other similar appropriate visa, and you are covered if your destination is the United States.

YOUR BENEFITS

MEDICAL COVERAGE

We cover injuries and illnesses which occur during your coverage period. Benefits are paid in *excess of your deductible and coinsurance, up to your medical maximum*. Initial treatment must occur within 30 days of your injury or the onset of your illness.

EMERGENCY MEDICAL EVACUATION*

If medically necessary, we will:

1. Transport you to adequate medical facilities.
2. Transport you home after receiving medical treatment related to a medical evacuation.

RETURN OF REMAINS*

We will return your remains to your home country if you should die while traveling. *If this benefit is utilized, the local cremation or burial benefit will not apply.*

LOCAL CREMATION OR BURIAL*

We will pay for preparation, local burial or cremation at the place of death, in accordance with your cultural and religious beliefs. *If this benefit is utilized, the Return of Remains benefit will not apply.*

- If you are a U.S. citizen, you must have a current passport and appropriate visa issued by your host country.* You are covered for destinations outside of the United States.

You may also purchase coverage for your dependents, including your lawful spouse and children, if you are covered on the plan. Lawful spouse includes domestic partner or civil union partner. Children include unmarried children over 30 days and under 19 years or under 25 years if attending an accredited institution on a full-time basis and/or wholly dependent on you for maintenance and support.

**Your host country is any country other than the country where you have your true, fixed and permanent home and principal establishment.*

LENGTH OF COVERAGE

Your coverage length may vary from 5 days to 364 days, and you may renew coverage continuously as long as you remain eligible for the plan.

Coverage Start Date - This is the start date of your policy. Coverage begins at 12:01 AM North American Eastern Time on the later of the following dates: 1) the day after we receive your application and correct premium if you apply and pay online or by fax; 2) the day after the postmark date of your application and correct premium if you apply and pay by mail; 3) the moment you depart your home country; 4) the date you request on your application.

Coverage End Date - Your coverage ends on the earlier of the following: 1) your return to your home country (*except for Home Country Coverage*); 2) the end of the coverage period purchased; 3) the expiration of 364 days from your coverage start date; 4) the date shown on your ID card; 5) when you are no longer eligible for coverage; 6) when the maximum benefit amount has been paid; 7) the date you request in writing that your coverage end; 8) the date you become a permanent resident of your host country; 9) the date you report for full-time active duty in any armed forces.

Continuing Coverage - If you initially buy less than 364 days of coverage, you may purchase additional time, to a total of 364 days. Your initial coverage start date is used to calculate your deductible and coinsurance and to determine pre-existing conditions. We will send a renewal notice to your email address, giving you the option to extend your plan. A non-refundable \$5.00 administrative fee will be added for each renewal.

EMERGENCY MEDICAL REUNION*

If you require an emergency medical evacuation, we will send one person of your choice to be at your side while you are hospitalized.

POLITICAL EVACUATION*

If a formal recommendation is made for you to leave your host country, we will transport you to your home country. This benefit will not apply if a formal Travel Warning is in effect on or within 6 months prior to your arrival in your host country.

TERRORISM

If you are injured as a result of terrorist activity, we will provide benefits if the following conditions are met:

1. You have no direct or indirect involvement.
2. The terrorist activity is not in a country or location where the U.S. Department of State or similar government organization of your home country has issued a travel warning within 6 months prior to your arrival date.
3. You have not unreasonably failed or refused to depart a country or location following the date a warning is issued by the U.S. Department of State or similar government organization of your home country.

**Failure to utilize Seven Corners Assist for these services will result in a denial of benefits.*

YOUR BENEFITS

DENTAL

Accident — This covers the repair or replacement of sound natural teeth damaged as the result of a covered accident.

Sudden Relief of Pain — This covers emergency treatment for the relief of pain for sound natural teeth.

MATERNITY

This covers eligible expenses incurred before, during, and after the delivery of the child, including physician, hospital, laboratory, and ultrasound services. Inpatient postpartum stay will be covered for the length of stay recommended by the American Academy of Pediatrics and the American College of Obstetricians and Gynecologists. **The plan participant, eligible spouse or their representative must notify us within the first 90 days of the pregnancy. Failure to notify us will result in a 25% reduction in benefits. Eligible expenses are covered if the pregnancy 1) is not the result of in vitro fertilization; 2) occurred after the coverage start date; 3) occurred to a plan participant or their eligible spouse.**

NEWBORN

Coverage for a newborn child begins from the moment of birth if the pregnancy, and the delivery were covered by this plan (see Maternity section for details). You must give us notice within 30 days of the birth of the child. **If you fail to do so, coverage for the newborn child will terminate upon the end of the initial 30-day period.**

MENTAL ILLNESS

Inpatient care includes: 1) hospital charges for room and board, nursing, and other medical services; 2) diagnosis and treatment by a physician; 2) cost and administration of anesthetics; 4) medication, x-rays, laboratory tests and services, oxygen, and medical treatment; 5) drugs and medicines that can only be obtained with a written prescription from a physician.

Outpatient care includes: 1) diagnosis and treatment by a physician; 2) cost and administration of anesthetics; 3) medication, x-rays, laboratory tests and services, oxygen, and medical treatment; 4) drugs and medicines that can only be obtained with a written prescription from a physician.

NONCONTACT AMATEUR SPORTS

Covered Sports include: tennis, squash, ultimate frisbee, kickball, volleyball, track & field, water-polo, baseball, basketball, aerobics, dancing, sailing, sea kayaking/canoeing, horseback riding, surfing, snow skiing, snowboarding, roller skating, rollerblading, and swimming.

PERSONAL LIABILITY

We will pay for eligible court-entered judgments or settlements (*settlements must be approved by us*) that are related to the personal liability you incur for acts, omissions, and other occurrences for losses or damages caused by your negligent acts or omissions that result in:

1) injury to a third person; 2) damage or loss to a third person's personal property; 3) damage or loss to a related third person's personal property. (*See the plan document for conditions and restrictions applicable to this benefit.*)

ACCIDENTAL DEATH & DISMEMBERMENT (AD&D)

Pays benefits for death, loss of limbs, or loss of sight due to an accident occurring while on your trip.

HOME COUNTRY COVERAGE

INCIDENTAL TRIPS — Provides up to 30 days of coverage for an illness or injury which occurs in your home country while you are on an incidental trip.

EXTENSION OF BENEFITS — Covers expenses incurred in your home country for conditions first diagnosed and treated outside your home country. All expenses must be incurred within 30 days of your return to your home country.

ACUTE ONSET OF A PRE-EXISTING CONDITION & EMERGENCY MEDICAL EVACUATION FOR ACUTE ONSET OF A PRE-EXISTING CONDITION

You are covered for an acute onset of pre-existing conditions that occur after your coverage start date and while you are outside your home country if you receive treatment within 24 hours of the sudden and unexpected recurrence. Coverage is available for eligible medical expenses until the condition is no longer acute or you are discharged from the hospital. This benefit covers one acute episode per pre-existing condition. It also covers emergency medical evacuation as shown in the schedule. This benefit does not cover known, scheduled, required, or expected medical care, drugs, or treatments existent or necessary prior to your period of coverage.

An Acute Onset of a Pre-existing Condition is a sudden and unexpected outbreak or recurrence of a pre-existing condition which occurs spontaneously and without advance warning either in the form of physician recommendations or symptoms. A preexisting condition that is a congenital condition or that gradually becomes worse over time will not be considered an acute onset. A pre-existing condition will not be considered an acute onset if during the 30 days prior to the acute event you had a change in prescription or treatment for a diagnosis related to the acute event. This benefit does not include coverage for known, scheduled, required, or expected medical care, drugs or treatments existent or necessary prior to the coverage start date.

What is a Pre-existing Condition? It is any medical condition, sickness, injury, illness, disease, mental illness or mental nervous disorder, regardless of the cause, including any congenital, chronic, subsequent, or recurring complications or consequences related thereto or resulting therefrom that with reasonable medical certainty existed at the time of application or any time during the 12 months prior to the coverage start date of this policy, whether or not previously manifested, symptomatic, known, diagnosed, treated or disclosed. This specifically includes but is not limited to any medical condition, sickness, injury, illness, disease, mental illness or mental nervous disorder, for which medical advice, diagnosis, care or treatment was recommended or received or for which a reasonably prudent person would have sought treatment during the 12 months immediately preceding the coverage start date of this policy.

BENEFIT PERIOD

Your benefit period is the amount of time you have to receive treatment for a covered injury or illness. It corresponds with the period of coverage you purchased and ends when you coverage ends.

**Failure to utilize Seven Corners Assist for these services will result in a denial of benefits.*

SCHEDULE OF BENEFITS

All benefits below are shown in U.S. Dollar amounts.

Lifetime Medical Maximum	PLAN PARTICIPANT	SPOUSE/DEPENDENT
U.S. Citizens		
Plan A & B	\$250,000	\$100,000
Plan C & D	\$500,000	\$100,000
Plan E & F	\$1,000,000	\$100,000
Non-U.S. Citizens		
Plan G	\$250,000	\$100,000
Plan H	\$500,000	\$100,000
Plan I	\$1,000,000	\$100,000

Per Injury/Illness Maximum	PLAN PARTICIPANT	SPOUSE/DEPENDENT
U.S. Citizens		
Plan A & B	\$250,000	\$100,000
Plan C & D	\$300,000	\$100,000
Plan E & F	\$500,000	\$100,000
Non-U.S. Citizens		
Plan G	\$250,000	\$100,000
Plan H	\$300,000	\$100,000
Plan I	\$500,000	\$100,000

Deductible per Injury/Illness

U.S. Citizens	
Plan B, D, F	\$0
Plan A, C, E	\$50

Non-U.S. Citizens	
Plan G, H, I	In PPO \$25; Outside PPO \$50

All Plans: Student Health Center: \$5 per visit; not subject to deductible

Copay per Prescription Medication

U.S. Citizens	
Plan A, B, C, D, E, F	\$0 generic & \$0 brand name
Non-U.S. Citizens	
Plan G, H, I	\$10 generic & \$20 brand name

Coinsurance Options

U.S. Citizens	
Plan A, B, C, D, E, F	100% to lifetime maximum
Non-U.S. Citizens	
Plan H & I	100% to lifetime maximum
Plan G	80% up to first \$10,000, then 100% to lifetime maximum

Dental Accident Coverage	\$500 per accident
Dental Sudden Relief of Pain	\$350 (available for plans for 1 month or more)
Emergency Medical Evacuation	per injury/illness medical maximum
Emergency Medical Evacuation for Acute Onset of a Pre-existing Condition	\$25,000
Return of Mortal Remains	\$50,000
Local Cremation or Burial	\$5,000
Emergency Medical Reunion	\$50,000
Political Evacuation	\$10,000 lifetime maximum
Terrorism	\$50,000
Ambulance Service	
U.S. Citizens	
Plan A & B	\$500
Plan C, D, E, F	\$750
Non-U.S. Citizens	
Plan G, H, I	per injury/illness maximum

Maternity (for plan participants & eligible spouse only)

U.S. Citizens	
Plan A & B	80% up to \$5,000
Plan C, D, E, F	100% to per injury/illness maximum
Non-U.S. Citizens	
Plan G	80% to \$5,000 in PPO/60% to \$5,000 outside PPO
Plan H & I	80% to per injury/illness maximum in PPO/60% to per injury/illness maximum outside PPO

Routine Newborn Care (only as a result of covered maternity)

U.S. Citizens	
Plan A & B	\$250
Plan C, D, E, F	\$750
Non-U.S. Citizens	
Plan G	\$250
Plan H & I	\$750

Mental Illness

Inpatient	50% to \$10,000, to a max of 45 days
Outpatient	80% to \$500

Alcohol & Drug Abuse	50% up to \$1,000
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Injuries from a Motor Vehicle Accident

U.S. Citizens	
Plan A, B, C, D, E, F	per injury/illness medical maximum
Non-U.S. citizens	
Plan G, H, I	\$100,000

Noncontact Amateur Sports <i>(includes high school, interscholastic, intramural, or club sports)</i>	\$5,000
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Home Country Coverage

Incidental Trips to the Home Country	\$1,000
Home Country Extension of Benefits	\$1,000

Physiotherapy (prescribed by a physician and provided by a licensed physiotherapist)

U.S. Citizens	
Plans A, B, C, D	\$50/day to the per injury/illness medical maximum
Plans E & F	\$75/day to the per injury/illness medical maximum
Non-U.S. Citizens	
Plan G, H, I	\$50/day to the per injury/illness medical maximum

Spinal Manipulation

U.S. Citizens	
Plan A, B, C, D	\$50/day to the per injury/illness medical maximum
Plan E & F	\$75/day to the per injury/illness medical maximum
Non-U.S. Citizens	
Plan G, H, I	\$50/day to the per injury/illness medical maximum

Acute Onset of a Pre-existing Condition	\$25,000
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Personal Liability	\$100,000
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Accidental Death & Dismemberment (AD&D)	\$25,000 principal sum for plan participant \$10,000 principal sum for spouse \$5,000 principal sum per dependent
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Benefit Period	Corresponds with your Period of Coverage
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U.S. CITIZENS STUDYING ABROAD

Lifetime Medical Maximum \$250,000 Plan Participant | \$100,000 Dependents Per Injury/Illness Maximum \$250,000 Plan Participant | \$100,000 Dependents Coinsurance 100%

Plan A - \$50 Deductible*

Age	31 days - 11 yrs	12-18	19-23	24-30	31-40	41-50	51-64
Participant	\$1.28	\$1.28	\$1.02	\$1.02	\$2.36	\$5.94	\$8.07
Spouse	\$8.00	\$8.00	\$8.00	\$8.79	\$11.72	\$12.03	\$12.03
Child	\$1.52	\$1.52	\$1.52	\$1.52	\$1.52	\$1.52	\$1.52

Plan B - \$0 Deductible*

Age	31 days - 11 yrs	12-18	19-23	24-30	31-40	41-50	51-64
Participant	\$1.42	\$1.42	\$1.13	\$1.13	\$2.62	\$6.60	\$8.97
Spouse	\$8.88	\$8.88	\$8.88	\$9.76	\$13.01	\$13.36	\$13.36
Child	\$1.69	\$1.69	\$1.69	\$1.69	\$1.69	\$1.69	\$1.69

Lifetime Medical Maximum \$500,000 Plan Participant | \$100,000 Dependents Per Injury/Illness Maximum \$300,000 Plan Participant | \$100,000 Dependents Coinsurance 100%

Plan C - \$50 Deductible*

Age	31 days - 11 yrs	12-18	19-23	24-30	31-40	41-50	51-64
Participant	\$1.65	\$1.65	\$1.84	\$2.41	\$3.64	\$5.93	\$7.88
Spouse	\$10.59	\$10.59	\$10.59	\$11.61	\$15.46	\$15.88	15.88
Child	\$1.96	\$1.96	\$1.96	\$1.96	\$1.96	\$1.96	\$1.96

Plan D - \$0 Deductible*

Age	31 days - 11 yrs	12-18	19-23	24-30	31-40	41-50	51-64
Participant	\$1.74	\$1.74	\$1.93	\$2.53	\$3.83	\$6.24	\$8.30
Spouse	\$11.15	\$11.15	\$11.15	\$12.22	\$16.28	\$16.72	\$16.72
Child	\$2.06	\$2.06	\$2.06	\$2.06	\$2.06	\$2.06	\$2.06

Lifetime Medical Maximum \$1,000,000 Plan Participant | \$100,000 Dependents Per Injury/Illness Maximum \$500,000 Plan Participant | \$100,000 Dependents Coinsurance 100%

Plan E - \$50 Deductible*

Age	31 days - 11 yrs	12-18	19-23	24-30	31-40	41-50	51-64
Participant	\$2.51	\$2.51	\$2.76	\$3.65	\$5.50	\$8.95	\$11.88
Spouse	\$14.71	\$14.71	\$14.71	\$16.10	\$21.46	\$22.03	\$22.03
Child	\$2.71	\$2.71	\$2.71	\$2.71	\$2.71	\$2.71	\$2.71

Plan F - \$0 Deductible*

Age	31 days - 11 yrs	12-18	19-23	24-30	31-40	41-50	51-64
Participant	\$2.79	\$2.79	\$3.07	\$4.05	\$6.11	\$9.94	\$13.21
Spouse	\$16.34	\$16.34	\$16.34	\$17.89	\$23.85	\$24.48	\$24.48
Child	\$3.01	\$3.01	\$3.01	\$3.01	\$3.01	\$3.01	\$3.01

NON - U.S. CITIZENS STUDYING IN THE UNITED STATES

All deductibles* for non-U.S. Citizens are: \$25 in PPO; \$50 outside PPO

Plan G

Lifetime Medical Maximum \$250,000 Plan Participant | \$100,000 Dependents Per Injury/Illness Maximum \$250,000 Plan Participant | \$100,000 Dependents Coinsurance 80% to the first \$10,000 then 100%

Age	31 days - 11 yrs	12-18	19-23	24-30	31-40	41-50	51-64
Participant	\$1.65	\$1.65	\$1.32	\$2.68	\$5.45	\$9.70	\$13.05
Spouse	\$9.67	\$9.67	\$5.82	\$11.32	\$17.08	\$19.21	\$19.38
Child	\$2.05	\$2.05	\$2.05	\$2.05	\$2.05	\$2.05	\$2.05

Plan H

Lifetime Medical Maximum \$500,000 Plan Participant | \$100,000 Dependents Per Injury/Illness Maximum \$300,000 Plan Participant | \$100,000 Dependents Coinsurance 100%

Age	31 days - 11 yrs	12-18	19-23	24-30	31-40	41-50	51-64
Participant	\$2.19	\$2.19	\$2.91	\$3.36	\$6.02	\$9.85	\$13.14
Spouse	\$12.83	\$12.83	\$12.83	\$14.19	\$18.87	\$19.51	\$19.51
Child	\$2.72	\$2.72	\$2.72	\$2.72	\$2.72	\$2.72	\$2.72

Plan I

Lifetime Medical Maximum \$1,000,000 Plan Participant | \$100,000 Dependents Per Injury/Illness Maximum \$500,000 Plan Participant | \$100,000 Dependents Coinsurance 100%

Age	31 days - 11 yrs	12-18	19-23	24-30	31-40	41-50	51-64
Participant	\$3.55	\$3.55	\$4.67	\$5.41	\$9.70	\$15.87	\$21.18
Spouse	\$19.01	\$19.01	\$19.01	\$20.99	\$27.94	\$28.86	\$28.86
Child	\$4.03	\$4.03	\$4.03	\$4.03	\$4.03	\$4.03	\$4.03

*Treatment at Student Health Centers: \$5/visit; not subject to deductible

The rates listed above include a general surplus lines fee of 2%.

Do you have a J1 Visa? If so, you need to choose a plan that meets J Visa insurance requirements. Good news! All of our Liaison Student plans are J Visa compliant.

What are the J Visa requirements?

Program Insured Persons and dependents are required to have medical insurance with these minimum benefits:

- Medical benefits of at least \$100,000 per injury or illness
- Return of remains of at least \$25,000
- Emergency medical evacuation expenses for \$50,000
- A deductible that is not greater than \$500 per injury or illness
- The insurance coverage must be underwritten by an insurance company with an A.M. Best rating of "A-" or above. Student Express is underwritten by Certain Underwriters at Lloyd's, London with an A.M. Best rating of "A" Excellent.*

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SEVEN CORNERS ASSIST — WE'RE HERE TO HELP

What happens if you are sick in a remote area without appropriate medical care? We will make sure you receive the care you need! If necessary, we will arrange and pay to evacuate you to the nearest appropriate medical facility. Contact details for Seven Corners Assist are provided on your ID card.

PRE-NOTIFICATION

You or someone on your behalf must notify Seven Corners Assist prior to any medical treatment in the U.S. and all hospital admissions and inpatient/outpatient surgeries worldwide. For an emergency admission, we must be contacted within 48 hours or as soon as reasonably possible. Pre-notification does not guarantee that benefits will be paid.

FILING A CLAIM

Filing a claim is easy! Simply send the itemized bill to Seven Corners within 90 days, along with a completed claim form. Payments are automatically converted from local currencies to U.S. dollars.

EXCLUSIONS

No Benefit shall be payable for Accident Medical, Sickness Medical, Mental Illness, Alcohol and Drug Abuse, Dental, Emergency Medical Evacuation/Repatriation, Return of Mortal Remains, and Emergency Medical Reunion, as the result of:

- Any Pre-existing Condition(s). This exclusion does not apply to Emergency Medical Evacuation/Repatriation, Emergency Medical Reunion, or Return of Mortal Remains.
 - This exclusion is waived up the amount stated in the Schedule of Benefits for Eligible Expenses incurred outside of their Home Country, minus the Deductible and selected Coinsurance option. This waiver does not include coverage for known, scheduled, required, or expected medical care, drugs, or Treatments existent or necessary prior to the effective date of this program. Any exclusion specifically listed in medical benefits exclusions, 2 through 46, will not receive benefits from this waiver. If the Preexisting Conditions exclusion is waived, all of the remaining exclusions still apply
- Claims not received by Seven Corners within ninety (90) days of the date of service;
- Expenses which were not recommended, approved and certified as Medically Necessary and reasonable by a Physician;
- Durable medical equipment;
- Charges for Treatment which exceed Usual, Reasonable and Customary charges; or charges incurred for Surgeries or Treatments which are Investigational, Experimental, or for research purposes; expenses which are non-medical in nature;
- Suicide or any attempt thereof, or self-destruction or any attempt thereof; intentionally self-inflicted Injury or Illness
- War, hostilities or warlike operations (whether war be declared or not), Invasion, Act of an enemy foreign to Your nationality or the country in, or over, which the act occurs, Civil war, Riot, Rebellion, Insurrection, Revolution, Overthrow of the legally constituted government, Civil commotion assuming the proportions of, or amounting to, an uprising, Military or usurped power, Explosions of war weapons, Utilization of Nuclear, Chemical or Biological weapons of mass destruction howsoever these may be distributed or combined, Murder or Assault subsequently proved beyond reasonable doubt to have been the act of agents of a state foreign to Your nationality whether war be declared with that state or not. For the purpose of this Exclusion; i) Utilization of Nuclear weapons of mass destruction means the use of any explosive nuclear weapon or device or the emission, discharge, dispersal, release or escape of fissile material emitting a level of radioactivity capable of causing incapacitating disablement or death amongst people or animals (including in connection with Terrorist Activity). ii) Utilization of Chemical weapons of mass destruction means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing incapacitating disablement or death amongst people or animals (including in connection with Terrorist Activity). iii) Utilization of Biological weapons of mass destruction means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) micro-organism(s) and/or biologically produced toxin(s) (including genetically modified organisms and chemically synthesized toxins) which are capable of causing incapacitating disablement or death amongst people or animals (including in connection with Terrorist Activity). Also excluded hereon is any Loss or expense of whatsoever nature directly or indirectly arising out of, contributed to, caused by, resulting from, or in connection with any action taken in controlling, preventing, or suppressing any, or all, of the situations described above. In the event any portion of this exclusion is found to be invalid or unenforceable, the remainder shall remain in full force and effect;
- Terrorist Activity. For the purpose of this Exclusion, Terrorist Activity means an act, or acts, of any person, or group(s) of persons, committed for political, religious, ideological or similar purposes with the intention to influence any government and/or to put the public, or any section of the public, in fear. Terrorist Activity can include, but not be limited to, the actual use of force or violence and/or the threat of such use. Furthermore, the perpetrators of terrorist activity can either be acting alone, or on behalf of, or in connection with any organization(s) or governments(s). The Company shall not be liable for and will not provide coverage or benefits in excess of the maximum stated in the SCHEDULE OF BENEFITS for any claim or charges, Illness, Injury or other consequence, whether directly or indirectly, proximately or remotely occasioned by, contributed to by, or traceable to or arising in connection with any act of Terrorism; and provided, further, the Company shall not be liable for and will not provide any coverage or benefits for any claim, charges, Illness, Injury or other consequence, whether directly or indirectly, proximately or remotely occasioned by, contributed to by, or traceable to or arising in connection with the following:
 - Your direct or indirect involvement in the Terrorist Activity.
 - The Terrorist Activity is not in a country or location where the United States Department of State, Bureau of Consular Affairs or similar government organization of Your Home Country has issued a travel warning that has been in effect within the six (6) months prior to the Your date of arrival.
 - You have not unreasonably failed or refused to depart a country or location following the date a warning to leave that country or location is issued by the United States Department of State, Bureau of Consular Affairs or similar government organization of Your Home Country.
- Any Illness or Injury sustained while participating in: Amateur Athletics, professional athletics, or other athletic activity that is sponsored or sanctioned by the National Collegiate Athletic Association (and/or any other collegiate sanctioning or governing body), or the International Olympic Committee. Practice or training in preparation for any excluded activity which results in Illness or Injury will be considered as activity while taking part in such activity;
- Routine physicals, inoculations, or other examinations including but not limited to laboratory, diagnostic, or x-ray examinations where there are no objective indications or impairment in normal health, unless otherwise covered under this Policy;
- Diagnosis or Treatment of the temporomandibular joint;
- Expenses for vocational, occupational, sleep, speech, recreational or music therapy;
- Services, supplies, or Treatment prescribed, performed or provided by a Relative of You or any family member of You or anyone who lives with You. This includes but is not limited to prescription medication and any diagnostic testing;
- Elective Surgery which can be postponed until You return to their Home Country, where the objective of the trip is to seek medical advice, Treatment or Surgery;
- Treatment and the provision of false teeth or dentures or dental appliances, normal ear tests and the provision of hearing aids, hearing implants, cosmetic or plastic Surgery (including deviated nasal septum), dental expenses except as specifically provided in the Dental Emergency Treatment benefit , eye refractions or eye examinations

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- for the purpose of prescribing corrective lenses for eye-glasses or for the fitting thereof, unless caused by Accidental bodily Injury incurred while insured hereunder; eyeglasses, contact lenses; eye surgery when the primary purpose is to correct nearsightedness, farsightedness or astigmatism;
- Treatment in connection with alcohol, drug or chemical abuse, misuse, illegal use, overuse or dependency or use of any drug or narcotic agent; Injury sustained while under the influence of or Disablement due wholly or partly to the effects of intoxicating liquor, chemicals, or drugs or narcotic agent, unless administered under the advice of a Physician and said narcotic agent was taken in accordance with the proper dosing as directed by the physician, unless otherwise covered under this Policy;
 - Injury sustained or Disablement due wholly or partly to the effects of intoxicating liquor or drugs other than drugs taken in accordance with the proper dosing as directed by a Physician;
 - Any Mental and Nervous disorders or rest cures, unless otherwise covered under this Policy;
 - Learning disabilities, attitudinal disorders, or disciplinary problems;
 - Congenital abnormalities and conditions arising out of or resulting there from;
 - Expenses as a result of, or in connection with, the commission of a felony offense or any other criminal or illegal activity as defined by the local governing body;
 - Injury sustained while taking part in Mountaineering, hang gliding, paragliding, Parachuting, paragliding, zip lining, parasailing, bungee jumping, racing by any animal or motor vehicle or motorcycle, snowmobiling, motorcycle/motor scooter riding (whether as a passenger or driver), scuba diving involving underwater breathing apparatus (unless SSI, PADI or NAUI certified), water skiing, wakeboard riding, jet skiing, windsurfing, snow skiing and snowboarding (except for recreational downhill and/or cross country snow skiing or snowboarding. No cover provided while skiing/boarding in any violation of applicable laws, rules or regulations, away from prepared and market in-bound territories; and/or against the advice of the local ski school or local authoritative body); and any sport or athletic activity which is undertaken for thrill seeking and exposes You to abnormal or extreme risk of injury;
 - Treatment paid for or furnished under any other individual, government, or group policy or charges provided at no cost to You;
 - Pregnancy or Illness resulting from pregnancy, childbirth, or miscarriage; or for miscarriage resulting from an Accident or complications of Pregnancy; or for pre-natal care postnatal care, unless otherwise covered under this Plan;
 - Charges for pre-natal care, delivery, post-natal care, and care of Newborns, are excluded from this insurance when conception occurred prior to the Effective Date of Coverage and/or the Pregnancy is a result of In vitro Fertilization;
 - Drug, Treatment or procedure that either promotes or prevents conception, or prevents childbirth, including but not limited to: artificial insemination, Treatment for infertility or impotency, sterilization or reversal thereof;
 - Treatment for human organ tissue transplants and their related Treatment;
 - Occupational Diseases, including but not limited to disease(s) related to asbestos exposure, and the complications thereof, including asbestosis and mesothelioma related to asbestos exposure;
 - Expenses incurred during a Hospital emergency room visit which is not of an Emergency nature;
 - Injury sustained as the result of You operating a Motor Vehicle while not properly licensed to do so in the jurisdiction in which the Motor Vehicle Accident takes place;
 - Expenses incurred for which travel was undertaken to seek Medical Treatment for a condition; or incurred after Your physician has limited or restricted travel;
 - Loss or damage (including death or Injury) and any associated cost or expense resulting directly from the discharge, explosion or use of any device, weapon or material employing or involving nuclear fission, nuclear fusion or radioactive force, or chemical, biological, radiological or similar agents, whether in time of peace or war, and regardless of who commits the act regardless of any other cause or event contributing concurrently or in any other sequence thereto;
 - All charges incurred while confined primarily to receive Custodial Care, Educational or Rehabilitative Care, or any Medical Treatment in any establishment for the care of the aged;
 - Modifications of the physical body intended to improve the psychological, mental or emotional well-being of the Insured, including but not limited to sex-change Surgery; any drug, Treatment, or procedure that promotes, enhances or corrects impotency or sexual dysfunction;
 - Weight reduction programs or the surgical Treatment of obesity, including but not limited to wiring of the teeth and all forms of intestinal bypass Surgery;
 - Expenses resulting from Acquired Immune Deficiency Syndrome (AIDS), Aids-Related Complex (ARC) or the Human Immunodeficiency Virus (HIV).
 - Diagnosis and or Treatment of venereal disease, including all sexually transmitted diseases and conditions and any and all consequences thereof;
 - Expenses incurred while You are in Your Home Country (except after approved Emergency Medical Evacuation/Repatriation or if covered under the Home Country Coverage Benefit);
 - Exercise programs, whether or not prescribed or recommended by a Physician;
 - Treatment required as a result of complications or consequences of a Treatment or condition not covered hereunder;
 - Charges for travel accommodations, except as provided for in the Local Ambulance, Emergency Medical Evacuation/Repatriation, Return of Mortal Remains, Political Evacuation, and Emergency Medical Reunion;
 - Diagnosis or Treatment incurred as a result of exposure to non-medical nuclear radiation and/or radioactive materials;
 - Diagnosis or Treatment for acne, moles, skin tags, disease of sebaceous glands, seborrhea, sebaceous cyst, unspecified disease of the sebaceous glands, hypertrophic and atrophic conditions of skin, nevus;
 - Treatment, services or supplies that are not administered by or under the supervision of a Physician and products that can be purchased without a doctor's prescription;
 - Treatment of sleep apnea or other sleep disorders.
 - Expenses incurred in the United States unless the expenses pertain to the Home Country Coverage Benefit, or unless the option has been selected and applicable premium has been paid in full.

ABOUT YOUR INSURANCE COMPANY

Liaison Student is underwritten by Certain Underwriters at Lloyd's, London*, an established organization with an AM Best rating of A (Excellent).

*If you provided a residence or mailing address in Canada, Australia, or Switzerland, coverage is provided by Tramont Insurance Company Limited. For more information regarding Tramont, please visit tramontinsurance.com.

If you provided a residence or mailing address in Maryland, New York, South Dakota, Washington state, United States Virgin Islands, Iran, or Syria, we cannot provide coverage to you. Please contact your agent for other options.

REFUND OF PREMIUM

We will provide a refund of your plan cost if we receive a written request from you prior to your coverage start date. If we receive your written request after your coverage start date, the unused portion of your plan cost may be refunded minus a cancellation fee if you have not submitted any claims.

LIAISON® STUDENT APPLICATION

OFFICIAL USE ONLY:

Agent: 8637

PRIMARY APPLICANT INFORMATION

Last Name: _____

First Name: _____ M.I.: _____

Residence Country: _____

TRIP INFORMATION

Destination Countries: _____

(please list all destinations for your trip)

Destination State if traveling to the U.S.: _____

Passport Country & Number: _____

Departure Date from your Residence Country? (MM/DD/YY) ____/____/____

Coverage Start Date: (MM/DD/YY) ____/____/____

Coverage End Date: (MM/DD/YY) ____/____/____

The minimum coverage period is 5 days, the maximum is 364 days.

Previously insured by Seven Corners? Yes No ID #: _____

MAILING ADDRESS:

Address: _____

City: _____ State: _____

Postal Code: _____ Country: _____

Work Phone: () _____ Home Phone: () _____

Email Address: _____

I would not like to receive communications from Seven Corners and/or my agent about products in the future.

AD&D BENEFICIARY DETAILS

Beneficiary: _____

Relationship: _____

EDUCATIONAL INSTITUTION INFORMATION

Name of School or Educational Institution: _____

Select Visa J-1 H-3 F-1 M-1 Q-1
(Non-U.S. citizens only, not required for U.S. citizens)

Student ID Number (optional): _____

CHOOSING A PLAN

Please see page 5 for plan details and a list of daily rates.

U.S. CITIZENS, PLEASE CHOOSE A PLAN:

Plan A Plan B Plan C Plan D Plan E Plan F

NON U.S. CITIZENS, PLEASE CHOOSE A PLAN:

Plan G Plan H Plan I

Name of Persons to be Insured:

Name of Persons to be Insured:	Date of Birth MM/DD/YY	Gender	Daily Rate (USD)
Primary: _____	____/____/____	<input type="checkbox"/> M <input type="checkbox"/> F	_____
Spouse: _____	____/____/____	<input type="checkbox"/> M <input type="checkbox"/> F	_____
Child: _____	____/____/____	<input type="checkbox"/> M <input type="checkbox"/> F	_____
Child: _____	____/____/____	<input type="checkbox"/> M <input type="checkbox"/> F	_____
Child: _____	____/____/____	<input type="checkbox"/> M <input type="checkbox"/> F	_____

CALCULATING YOUR COST

1. Add the amounts in the Daily Rate column together. Enter the result on line 1. This your Daily Rate Total. 1. _____
2. Enter your Total Number of Travel Days on line 2 (include all travel days, including the start and end dates for your trip). 2. _____
3. Multiply line 1 by line 2. Enter the result on line 3. This is your Total Payment. 3. _____

METHOD OF PAYMENT

Check Money Order MasterCard Visa Discover American Express

Card Number: _____

Expiration Date: _____ Daytime Phone: () _____

Name on Card: _____

Billing Address: _____

Signature (Required) _____

Total payment for the full term of coverage must be paid in U.S. dollars when you apply. I declare that I understand the terms and conditions of this product. I understand that pre-existing conditions, as defined, are excluded, unless otherwise specifically noted as covered in the policy. I understand this program is for persons traveling outside their home country. I hereby subscribe to the World Commercial Trust and enroll in the group coverage for which I am eligible under the group contract issued by Certain Underwriters at Lloyd's, London. Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement, is guilty of insurance fraud. Whenever coverage provided by this policy would be in violation of U.S. or appropriate state law, including U.S. economic or trade sanctions, such coverage will be null & void.

Patient Protection and Affordable Care Act: This insurance is not subject to, and does not provide certain insurance benefits required by the United States Patient Protection and Affordable Care Act (PPACA). The insurance benefits provided by this policy are stated in your policy documents and do not include additional benefits required by PPACA. PPACA requires certain U.S. residents and citizens to obtain PPACA compliant insurance coverage. In certain circumstances, penalties may be imposed on U.S. residents and citizens who do not maintain PPACA compliant insurance coverage. You should consult your attorney, insurance agent or tax professional to determine if PPACA's requirements are applicable to you.

Seven Corners, Inc., is a U.S. company and under the regulation of the Office of Foreign Assets Control (OFAC), which requires us to search the identity of each individual or company applying for insurance coverage from the country you have selected. If your name or company is published on the OFAC "Specially Designated Nationals" list, we will not be able to offer you coverage and will rescind your policy and return your premium in full. For more information on OFAC, please visit: <http://www.treasury.gov/about/organizational-structure/offices/Pages/Office-of-Foreign-Assets-Control.aspx>.

Completing Your Application - If paying by check or money order, make payable to World Commercial Trust & mail with your application to the address below. Checks must be issued from a US bank. If paying by credit card, you may mail or fax to us. Credit card purchase is subject to validation & acceptance by the credit card company. World Commercial Trust - P.O. Box: 56575, Station A - Toronto, ON M5W 4L1. Fax: 317-575-2659

Signature of Insured or Proxy (Required) (Proxy is someone acting on behalf of insured)

Date

IMPORTANT INFORMATION

IMPORTANT INFORMATION REGARDING YOUR COVERAGE

Please be aware that this is not a general health insurance plan, but an interim, limited benefit period, travel medical program intended for use while away from your home country.

This brochure is intended as a brief summary of benefits and services. It is not your plan document. If there is any difference between this brochure and your plan document, the provisions of the plan document will prevail. Benefits and premiums are subject to change.

Patient Protection and Affordable Care Act: This insurance is not subject to, and does not provide certain insurance benefits required by the United States Patient Protection and Affordable Care Act ("PPACA"). The insurance benefits provided by this plan are stated in your plan documents and do not include additional benefits required by PPACA. The PPACA requires certain U.S. residents and citizens to obtain PPACA compliant insurance coverage. In certain circumstances penalties may be imposed on U.S. residents and citizens who do not maintain PPACA compliant insurance coverage. You should consult your attorney, insurance agent or tax professional to determine if the PPACA's requirements are applicable to you.

ADMINISTERED BY



SEVEN CORNERS

303 Congressional Boulevard
Carmel, IN 46032
800-335-0611 • 317-575-2652 • Fax: 317-575-2659
www.SevenCorners.com



FOR ADDITIONAL INFORMATION

BETINS
P.O. Box 110998
Tacoma, WA 98411-0998

T: 866-552-8834
P: 253-238-6374
FAX: 253-238-6382