

The Atlas Series



Health Coverage that Goes Far & Beyond

Atlas International

For US Citizens Traveling Abroad

Atlas America

For Non-US Citizens Traveling Outside Their Home Country

Atlas Extra

For All International Travelers
(Minimum period is 6 months)

Atlas Travel Assistance Services

Included with all plans



What Do You Get When You Combine Astonishing Service and Extraordinary Insurance Coverage?

Atlas Travel Medical Insurance from MultiNational Underwriters, Inc., which exceeds your expectations while providing down-to-earth customer service and affordable coverage. People make the difference. The people at MultiNational are available around the clock to serve your every need.

Why Buy Travel Insurance?

The answer is easy. Whether you travel for business or pleasure, international travel involves risk. You may arrive at your destination to find that your luggage with personal items has disappeared. A personal emergency may necessitate your early return to your Home Country. A medical emergency may require hospitalization or even air evacuation. In most cases, your existing insurance will not provide adequate protection for these and other risks. Without appropriate travel insurance, you may be exposed to significant financial liability. MultiNational Underwriters, Inc. has designed The Atlas Series to take the risks out of international travel, so you can have an enjoyable and productive trip.



Am I Eligible For The Atlas Series?

If you are traveling outside of your Home Country and are at least 14 days old, you are eligible for coverage. If you are under age 70, you may select your Overall Maximum Limit, ranging from \$50,000 to \$1,000,000. If you are age 70 to 79, the Overall Maximum Limit available is \$50,000. If you are age 80 or older, the Overall Maximum Limit available is \$10,000. The minimum coverage period is 15 days and the maximum coverage period is 12 months. You may purchase coverage in a combination of monthly and 15-day increments, depending on your needs.

When Does Coverage Become Effective and When Does It End?

Your coverage becomes effective on the latest of: the date we receive your Application and correct premium, the moment you depart from your Home Country or the date you request on your Application. Your coverage will end on the earliest of: the end of the period for which you have paid a premium, the date requested on your Application, or the moment of your arrival upon return to your Home Country (unless you have started a Benefit Period or are eligible for Home Country Coverage under the Atlas Extra plan).

Does The Atlas Series Provide Any Home Country Coverage?

Yes. Under certain circumstances, the Atlas Series will provide limited Home Country Coverage. If you purchase the Atlas Series for at least 3 months, and you purchase the Incidental Home Country Rider, you are covered for medical expenses only during one Incidental Trip to your Home Country of up to 10 days. If you started a Benefit Period while your insurance under the Atlas Series was in effect, you are covered for medical expenses only for the duration of the Benefit Period, regardless of whether you are at home or abroad. Your Benefit Period begins on the first date you receive a diagnosis or treatment of a covered illness or injury while outside your Home Country and lasts for 180 days. If you have purchased Atlas Extra and have maintained coverage for at least 6 months, the plan provides Home Country Coverage for up to 30 days if you purchase the 30 day period at the time of application.

How is "Home Country" Defined?

If you are a US citizen, your Home Country is the United States, regardless of the location of your Principal Residence. If you are not a US citizen, your Home Country is the country where you principally reside and receive regular mail.

Which Plan Should I Purchase?

If you are a US citizen traveling abroad for 6 months or less, you should purchase Atlas International. If you are a non-US citizen traveling outside your Home Country for 6 months or less, you should purchase Atlas America. Regardless of your citizenship, if you are planning on traveling for 6 months or more, you should purchase Atlas Extra. The minimum period for Atlas Extra is 6 months.

What Is Covered?

All benefits, except Lost Checked Luggage, Accidental Death & Dismemberment and Common Carrier Accidental Death, are subject to the Deductible and Coinsurance. Policy Limits apply to all benefits:

Medical:

1. Inpatient and Outpatient charges made by a Hospital.
2. Charges made by a Physician, surgeon, radiologist, anesthesiologist, and any other medical specialist to whom the Physician has referred the case.
3. Charges made for dressings, sutures, casts or other supplies prescribed by the attending Physician or specialist.
4. Charges for diagnostic testing using radiology, ultrasonographic or laboratory services.
5. Charges for oxygen and other gases and anesthetics and their administration.
6. Charges for prescription drugs, for treatment of a covered Injury or Illness, but not for the replacement of lost, stolen, damaged, expired or otherwise compromised drugs.
7. Charges made by a licensed Extended Care Facility upon direct transfer from an acute care Hospital.
8. Emergency local ambulance transport incurred in connection with Injury or Illness resulting in hospitalization.

Emergency Dental:

1. Emergency Dental treatment and Dental surgery necessary to restore or replace sound natural teeth lost or damaged in an Accident which is covered under this insurance.
2. Emergency Dental treatment necessary to resolve acute, spontaneous and unexpected onset of pain.

Emergency Evacuation:

If recommended by your attending Physician, who certifies that Evacuation is necessary to safeguard your life and that Medically Necessary treatment is not available locally, and if approved in advance and coordinated by MultiNational Underwriters, Inc., the Atlas Series will provide the following benefits: Emergency air and/or ground transportation to the nearest Hospital that is qualified to provide the Medically Necessary treatment.

Emergency Reunion:

In the event of a covered Emergency Evacuation, the Atlas Series will provide the following benefits: The cost of an economy round trip air and/or ground transportation ticket for one of your relatives (parent, spouse, sibling or child age 18 or older) for transportation to the area where you are hospitalized following Emergency Evacuation and reasonable expenses for lodging and meals for your relative, for a period not to exceed 10 days.

Trip Interruption:

1. If, after you have departed, you learn of the death of a parent, spouse, sibling or child, or you learn of the substantial destruction of your Principal Residence by fire or weather, the Atlas Series will provide the following benefit: The cost of

- an economy one way air and/or ground transportation ticket for you to the area of your Principal Residence; or
2. Following a covered Emergency Evacuation, the attending Physician states that it is Medically Necessary for your return to your Home Country or to the area from which you were initially evacuated for continued treatment, recuperation and recovery, the Atlas Series will provide the following benefit: The cost of a one way economy air and/or ground transportation ticket for your transportation from the area where you were hospitalized following the Emergency Evacuation, to the area where you were initially evacuated from, or to the terminal serving the area of your Principal Residence.

Repatriation of Remains:

In the event of a covered Injury or Illness resulting in your death, the Atlas Series will provide the following benefit: Air and/or ground transportation of bodily remains or ashes to the area of your Principal Residence, and reasonable costs of preparation of your remains necessary for transportation.

Lost Checked Luggage:

In the event your checked luggage is permanently lost by the carrier, the Atlas plan will provide the following benefit: Up to \$250 for replacement of clothes and personal hygiene items, not to exceed \$50 for any one item. You must file a formal claim with the transportation provider and provide the Plan Administrator with copies of all claim forms and proof that the transportation provider has paid you its normal reimbursement for the lost checked luggage.

Accidental Death and Dismemberment:

In the event of your Accidental Death (except while traveling on a common carrier) or Dismemberment resulting from a covered Injury, the Atlas Series will provide the following benefit:

1. Accidental Death – Principal Sum of \$25,000 to the Beneficiary designated on your Application. The Principal Sum shall reduce by 50% (to \$12,500) if you are age 70 to 74 at time of Death, and an additional 50% (to \$6,250) if you are age 75 or older at time of Death.
2. Accidental Dismemberment
 - a. Loss of 2 eyes or 2 or more limbs – Principal Sum of \$25,000 to you.
 - b. Loss of 1 eye or limb – One-half of the Principal Sum (\$12,500) to you.
 - c. The Principal Sum(s) shall reduce by 50% if you are age 70 to 74 at time of Dismemberment, and an additional 50% if you are age 75 or older at time of Dismemberment.
3. The Accidental Death Dismemberment benefit is deleted during participation in a hazardous sport

Common Carrier Accidental Death:

In the event of your accidental death while traveling on board a commercial common carrier, the Atlas Series will provide the following benefit: Principal Sum of \$50,000 to the Beneficiary designated on your Application.

Return of Minor Child(ren):

If you are the only person age 18 or older, traveling with one or more Minor Children under the age of 18, who are also covered by the Atlas Series, and you are Hospitalized for treatment of a covered Illness or Injury, resulting in the child(ren) being left unattended for a period of time expected to exceed 36 hours, the Atlas Series will provide the following benefit: The cost of a one way economy air and/or ground transportation ticket for each covered Minor Child to the terminal serving the area of Principal Residence of each covered Minor Child.

Atlas Travel Assistance Services:

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

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

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

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

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

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

Other important Atlas Travel Assistance Services include:

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

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

What Are The Policy Limits?

SCHEDULE OF BENEFITS AND LIMITS

Deductibles: \$100, \$250, \$500, \$1,000 or \$2,500 per Certificate Period

Coinsurance—Claims incurred in US or Canada: For the Certificate Period, Underwriters will pay 80% of the next \$5,000 of Eligible Expenses after the Deductible, then 100% to the Overall Maximum Limit

Coinsurance—Claims incurred outside US or Canada: For the Certificate Period, Underwriters will pay 100% of Eligible Expenses after the Deductible up to the Overall Maximum Limit

Hospital Room and Board: Average Semi-private room rate, including nursing services

Intensive Care Unit: Usual, Reasonable and Customary charges

Outpatient Treatment: Usual, Reasonable and Customary charges

All Other Eligible Expenses: Usual, Reasonable and Customary charges

Acute Onset of Pre-existing Condition: Atlas Extra – \$2,500 limit; Atlas International – \$1,000.00 limit; Atlas America – No Coverage

Emergency Dental – Acute onset of pain: \$100 limit per Certificate Period

Local Ambulance: Usual, Reasonable and Customary charges

Emergency Evacuation: Overall Maximum Limit

Repatriation of Remains: Overall Maximum Limit

Emergency Reunion: \$10,000 limit per Certificate Period

Trip Interruption: \$5,000 limit per Certificate Period

Lost Checked Luggage: \$250 limit per Certificate Period (not subject to Deductible or Coinsurance)

Accidental Death and Dismemberment: Death – \$25,000; Loss of 2 Limbs – \$25,000; Loss of 1 Limb – \$12,500; Benefits reduce 50% at age 70 and an additional 50% at age 75

Common Carrier Accidental Death: \$50,000

Hospital Pre-Notification Penalty: 50% of Eligible Medical Expenses

Optional Hazardous Sports Rider: Overall Maximum Limit

Overall Maximum Limit per Certificate Period (includes all benefits except Accidental Death and Dismemberment and Common Carrier Accidental Death):

Age 14 days to 69 – \$50,000, \$100,000, \$250,000, \$500,000 or \$1,000,000

Age 70 to 79 – \$50,000

Age 80 or older – \$10,000

Return of Minor Child(ren): \$5,000 limit

Physical Therapy: \$50 per visit

What Is Excluded?

The following charges, treatments, surgeries, medications, conditions and circumstances:

1. Pre-existing Conditions – Charges resulting directly or indirectly from any Pre-existing Condition are excluded from this insurance, except, if you purchase Atlas Extra or Atlas International, you are covered for charges resulting from an Acute Onset of a Pre-existing Condition, up to the limit set forth in the Schedule of Benefits and Limits. A Pre-existing Condition is any Illness, Injury or medical condition or chronic or recurring Illness or Injury or medical condition, including any associated complications or consequences, which existed at or during the 5 years immediately preceding your effective date. An Acute Onset 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. Treatment must be obtained within 24 hours of the sudden and unexpected outbreak or recurrence.
2. Treatment for or related to any congenital condition.
3. Pregnancy, child birth, birth control, artificial insemination, infertility, impotency or sexual dysfunction, sterilization or reversal thereof.
4. Mental Health Disorders or Substance Abuse.
5. Not incurred during the Certificate Period or the applicable Benefit Period, and charges which are not presented to Underwriters for payment within 60 days from the end of the Certificate Period or the applicable Benefit Period.
6. Charges for use of Emergency Room for treatment of Illness unless the patient is directly admitted to the Hospital as Inpatient for further treatment of that Illness.
7. Not Medically Necessary and administered or ordered by a Physician.
8. Provided at no cost, or by a family member, or by a person who ordinarily resides with you, or which are attributable to or recoverable from any other party including government sponsored plans.
9. Charges which exceed Usual, Reasonable and Customary.
10. Investigational, Experimental or for Research purposes.
11. While confined primarily to receive Custodial Care, Educational or Rehabilitative care.
12. Venereal Disease, AIDS or ARC.
13. Dental treatment, including treatment of the temporomandibular joint, except for Emergency Dental treatment necessary to replace sound natural teeth lost or damaged in an Accident covered hereunder or for the relief of acute, spontaneous and unexpected onset of pain.
14. Eyeglasses, contact lenses, hearing aids, hearing implants, eye refraction, visual therapy, orthoptics or visual eye training or eye surgery (including cataract surgery and radial keratotomy) or for any examination or fitting related to these devices or procedures.
15. Injury sustained while taking part in the following activities: Amateur or professional sports or athletics, except this does not include Amateur sports or athletics which are non-contact and undertaken solely for leisure, recreational, entertainment or fitness purposes unless such sports or athletics are otherwise excluded by this provision. The following are excluded: Mountaineering where ropes or guides are normally used or at elevations of 4,500 meters or higher. Aviation, except when traveling solely as a passenger in a commercial aircraft. Hang gliding, sky diving, parachuting or bungee jumping; Snow skiing or snowboarding, except for recreational downhill and/or cross-country snow skiing or snowboarding (no cover provided whilst skiing away from prepared and marked in-bound territories and/or against the advice of the local ski school or local authoritative body); Racing by any animal or motorized vehicle; and spelunking; and subaqua pursuits involving underwater breathing apparatus unless NAUI/PADI certified, accompanied by a certified instructor, and at depths of less than 10 meters; jet skiing; and any other sport or athletic activity which is undertaken for thrill seeking and exposes you to abnormal or extreme risk of injury.
16. Injury sustained while under the influence of or due wholly or partly to the effects of intoxicating liquor or drugs other than drugs taken in accordance with treatment prescribed and directed by a Physician but not for the treatment of Substance Abuse.
17. Willfully self-inflicted Injury or Illness and immunizations and Routine Physical Exams.
18. The Deductible, and Coinsurance and charges which are not included as Eligible Expenses as described in the Master Policy, and charges which exceed the policy limits.
19. Treatment required as a result of complications or consequences of a treatment or condition not covered hereunder.
20. Charges for travel or accommodations, except as provided for in the Local Ambulance, Emergency Medical Evacuation, Repatriation of Remains, Emergency Reunion and Trip Interruption sections of this insurance.
21. Treatment incurred as a result of exposure to non-medical nuclear radiation and/or radioactive material(s).
22. Organ or tissue transplants or related services.
23. Acts of terrorism, war, insurrection, riot or any variation thereof.
24. Treatment by a Chiropractor.
25. Diseases of the skin.

This is a summary of exclusions. For more details, or for a complete copy of the Master Policy, contact MultiNational Underwriters, Inc.

What If I Plan to Participate in a Sport or Athletic Activity that is Excluded?

The Optional Hazardous Sports Rider is available for the adventurous traveler. This Rider adds coverage for the Amateur Sports, listed in exclusion #15. The maximum policy limit under this rider is the Overall Maximum Limit you select. The Accidental Death and Dismemberment benefit is deleted during the course of the activity.



What If I Have an Acute Onset of a Pre-Existing Condition?

If you purchase Atlas Extra, you are covered up to \$2,500; or Atlas International, you are covered up to \$1,000 for a sudden and unexpected outbreak or recurrence of a Pre-existing Condition, which occurs spontaneously and without advance warning either in the form of a Physician recommendation or symptoms, and which occurs while this coverage is in effect. Treatment must be obtained within 24 hours of the sudden and unexpected outbreak or recurrence.

What Are the Pre-Notification Requirements?

All Hospitalizations, Surgeries, Emergency Evacuations, Emergency Reunions, Trip Interruptions, Repatriation of Remains, Computerized Tomography (CAT Scan) and Magnetic Resonance Imaging (MRI) must be Pre-notified. Simply call, or have your Physician call, MultiNational Underwriters, Inc. with all information relative to your claim. Be sure to have your ID number available. If you do not Pre-notify, medical expenses will be reduced by 50%, and all other expenses will be forfeited.

Who Is The Plan Administrator?

MultiNational Underwriters, Inc., headquartered in Indianapolis, Indiana, is a full service organization offering a comprehensive portfolio of insurance products designed specifically to address the insurance needs of international travelers. As a TRAVEL GUARD® International company, we benefit from the experience of a corporate group that protected over 6 million travelers last year. Our international claims specialists, medical professionals and customer service representatives are available 24 hours a day, 7 days a week to answer your questions and respond to your needs. Whether you have lost your luggage or are in need of Emergency Evacuation, you will find our service team to be prompt, compassionate, and of the highest professional quality.

Who Is The Insurer?

Lloyd's, the largest and oldest insurance market in the world, is the insurer of the Atlas Series. Rated A- by AM Best Company, and A by Standard and Poor's, Lloyd's provides financial strength and security that is unparalleled in the worldwide insurance market. Lloyd's is recognized as a market leader in the accident and health insurance arena, and is well-known for its innovative products and services. Presently, Lloyd's provides accident and health insurance to millions of individuals in almost every country of the world.

How Do I Apply?

It's easy. Just complete the enclosed Application and mail it, along with your payment, to MultiNational Underwriters, Inc., 107 S. Pennsylvania Street, Suite 500, Indianapolis, IN 46204. If paying by credit card, you may fax your application to 317.262.2140 or E-mail it to insurance@mnuui.com.



1 APPLICATION:

Print your Name (as you would like it to appear on your ID card; print clearly and provide complete information):

(Last)	(First)	(Middle)	Passport #:
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Send Certificate of Insurance to: Name (if different than above)

Address:

Telephone:	Fax:	Email Address:
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Requested Effective Date:	Date of Departure:	Date of Return to Home Country:
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Country of Citizenship:	Countries to be visited:
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Name of Beneficiary and relationship to Applicant:

(Note: You will be the Beneficiary for spouse and dependent children included on this Application.)

How Do I Calculate My Premium? Follow these instructions:

2 List the names of individuals to be covered, and the appropriate premium for the Plan and Option selected:

Name: (First, Last)	Date of Birth	Citizenship	Passport No.	Monthly Premium	No. of Months	15 day Premium	Subtotal A
Applicant:				\$		\$	\$
Spouse:							
Child:							
Child:							
Subtotal A							

3 Complete the following:

Enter Subtotal A from left	\$ _____
x Deductible factor (from table below)	_____ \$ _____
x Hazardous Sports Rider (if selected)	1.20 = \$ _____
x Incidental Home Country Rider* (if selected) (Must Purchase 3+ Months)	1.10 = \$ _____
+ Optional Overnight Charge	
To US Address \$15.00 <input type="checkbox"/>	
To Non-US Address \$25.00 <input type="checkbox"/>	_____ = \$ _____
Non-refundable Policy Fee	\$ 5.00
Total Due	\$ _____

Premiums: Valid through 12/31/04 (Please circle the option you select)

Atlas International - US Citizens Traveling Abroad

Age	Option 1 \$50,000		Option 2 \$100,000		Option 3 \$250,000		Option 4 \$1,000,000	
	One Month	15 Days	One Month	15 Days	One Month	15 Days	One Month	15 Days
18-29	\$32	\$17	\$38	\$20	\$40	\$21	\$49	\$26
30-39	\$38	\$20	\$44	\$23	\$54	\$28	\$65	\$34
40-49	\$62	\$32	\$70	\$36	\$77	\$40	\$85	\$44
50-59	\$103	\$53	\$118	\$60	\$128	\$65	\$145	\$74
60-64	\$131	\$67	\$141	\$72	\$186	\$94	\$205	\$104
65-69	\$164	\$83	\$180	\$91	\$188	\$95	\$220	\$111
70-79	\$220	\$111	N/A	N/A	N/A	N/A	N/A	N/A
80+*	\$420	\$211	N/A	N/A	N/A	N/A	N/A	N/A
Dependent child	\$18	\$10	\$20	\$11	\$25	\$14	\$28	\$15
Child alone	\$32	\$17	\$38	\$20	\$40	\$21	\$49	\$26

*\$10,000 Limit

Atlas America - Non-US Citizens Traveling Outside Home Country

Age	Option 5 \$50,000		Option 6 \$250,000		Option 7 \$500,000	
	One Month	15 Days	One Month	15 Days	One Month	15 Days
18-29	\$47	\$24	\$64	\$32	\$70	\$35
30-39	\$61	\$31	\$81	\$41	\$94	\$47
40-49	\$95	\$48	\$128	\$64	\$140	\$70
50-59	\$132	\$66	\$174	\$87	\$198	\$99
60-64	\$158	\$79	\$237	\$119	\$250	\$125
65-69	\$200	\$100	\$277	\$139	\$278	\$139
70-79	\$255	\$128	N/A	N/A	N/A	N/A
80+*	\$425	\$213	N/A	N/A	N/A	N/A
Dependent child	\$28	\$14	\$34	\$17	\$40	\$20
Child alone	\$42	\$21	\$54	\$27	\$65	\$33

*\$10,000 Limit

Atlas Extra—Minimum period is 6 months

Age	US Citizens		All Others	
	Option 8 \$500,000 One Month	Option 9 \$1,000,000 One Month	Option 10 \$500,000 One Month	Option 11 \$1,000,000 One Month
18-25	\$38	\$44	\$62	\$73
26-29	\$40	\$46	\$67	\$76
30-39	\$52	\$59	\$83	\$95
40-49	\$72	\$77	\$123	\$138
50-59	\$125	\$131	\$186	\$205
60-64	\$185	\$195	\$229	\$255
65-69	\$190	\$200	\$269	\$300
70-79*	\$375	N/A	\$450	N/A
80+**	\$375	N/A	\$450	N/A
Dependent child	\$23	\$25	\$32	\$43
Child alone	\$38	\$44	\$60	\$70

*\$50,000 Limit **\$10,000 Limit

All Products Deductible Factors		All Products Sports Rider 1.2
DEDUCTIBLE	FACTOR	
\$100	1.1	
\$250	1	
\$500	0.9	
\$1,000	0.8	
\$2,500	0.7	

All Products Incidental Home Country Rider* 1.1

*Available only when purchasing a minimum of 3 months.

Premiums are non-refundable after departure from Home Country.
All premiums are considered fully earned once your Policy becomes effective. Prior to your effective date, you may notify us in writing for a refund. Additional cancellation fees may apply.

4 If you are purchasing the Hazardous Sports Rider, please describe the activities for which you are seeking coverage:

5 Complete the following:

Payment Method: Check/Money Order MasterCard Visa American Express

Credit Card #:

Expiration Date:

Name as it appears on card:

Billing Address:

Signature:

Daytime Phone #:

Check or Money Orders should be made payable, in US dollars, to MultiNational Underwriters, Inc. If paying by credit card, I authorize MultiNational Underwriters, Inc. to debit my VISA, MasterCard or American Express account for the amount specified in section 3. Coverage purchased by credit card is subject to validation and acceptance by the credit card company.

6 Read and sign below.

I hereby apply for membership in the Atlas/International Citizen Group Insurance Trust, Hamilton, Bermuda, for the insurance provided to members by Lloyd's. I understand that this is not a general health insurance policy and that it is intended for use in the event of a sudden and unexpected event while I am traveling outside of my Home Country. I understand that Pre-existing Conditions are not covered. I understand this insurance contains a Pre-notification Penalty, and other restrictions and exclusions. I understand this insurance is not renewable and successive periods of insurance will require re-satisfaction of the Deductible and Coinsurance. I understand that the information contained herein is a summary of the Master Policy, and that I may obtain a complete copy of the Master Policy upon request. I understand that Lloyd's operates as an approved but non-admitted insurer in all states of the United States except Illinois and Kentucky where they are admitted. As such, claims under this insurance may not be made against any state guaranty fund. If signed by an agent of the Applicant, the undersigned warrants his/her capacity to so act. By acceptance of coverage, the Applicant ratifies the authority of the signatory to bind him/her. The undersigned authorizes any doctor, medical practitioner, hospital, clinic, health facility, pharmacy, government agency, insurance agency, insurance company, group policyholder or insurance or benefit administrator or any other entity having information as to the care, advice, treatment, diagnosis or physical or mental condition of any person listed on this Application to release said information to MultiNational Underwriters, Inc.

Signature of Applicant (or Guardian):

Signature of Spouse:

Date of Signature:

Date of Signature:

FOR AGENT USE ONLY	Agent ID Number: 99195	Agent Name: Youri Lavinski	
	Company Name: BUYHEALTHPLAN.COM	Street Address: 23592 WINDSONG #55J	
	City: ALISO VIEJO	State: CA	Postal Code: 92656
	Country: USA	Telephone: +1-949-903-4600	Fax: +1-949-203-8574
	E-mail Address: INFO@BUYHEALTHPLAN.COM	Signature:	



107 S. Pennsylvania Street, Suite 500, Indianapolis, IN 46204
Phone 317.262.2132 or 800.605.2282 Fax 317.262.2140
E-mail address: insurance@mnu.com

01/04

For more information contact:

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