

LIAISON® STUDENT



STUDY ABROAD INSURANCE

To Protect You Outside Your Home Country



SEVEN CORNERS

CHOOSING LIAISON® STUDENT

WHY CHOOSE LIAISON STUDENT?

If you are studying, teaching, or doing research outside of your home country,* there is Liaison Student from Seven Corners. 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, & 24-hour travel assistance. Help make sure you receive the same level of care abroad that you have at home, & let us take the worry out of your travel!

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

WHY SHOULD YOU BUY?

Liaison Student is underwritten by United States Fire Insurance Company*, an established organization with an AM Best rating of A (Excellent).

As your plan administrator, Seven Corners** will handle your insurance needs from start to finish. We will provide all documents & process any claims. In addition, our own 24/7 in-house travel assistance team, Seven Corners Assist, will handle your emergency & travel needs.

**In specific U.S. states, coverage provided by Certain Underwriters, Lloyd's of London (also rated A (Excellent) by AM Best). **In California, operating 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 12 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. In addition, if you are a non-U.S. citizen, you must have a valid J-1, H-3, F-1, M-1, or Q-1 Visa.

You may also purchase coverage for your spouse and dependents, provided you are covered on the plan.

LENGTH OF COVERAGE

Your coverage length may vary from 5 days to 12 months.

Effective Date - This is the start date of your policy. Coverage begins on the date of your choice, once you have left your home country and we have received and approved your application & payment.

Expiration Date - Your coverage ends on the earlier of the following: your return to your home country (*except for Home Country Coverage*); the end of the coverage period purchased; when you are no longer eligible for coverage; or when the maximum benefit amount has been paid.

Continuing Coverage - If you initially buy less than 12 months of coverage, you may purchase additional time, to a total of 12 months. Your initial effective date is used to calculate your deductible & coinsurance & to determine pre-existing conditions.

SCHEDULE OF BENEFITS

Unless otherwise stated, deductibles, co-pays, coinsurance, & benefits are shown on a per injury/illness.

Accident & Illness Lifetime Medical Maximum

\$250,000 Primary Insured, \$50,000 Spouse/Child

Accident & Illness Per Injury/Illness

\$250,000 Primary Insured, \$50,000 Spouse/Child

Deductible Per Injury or Illness

Non U.S. Citizens: \$100 if not first treated by the Student Health Center (or if there is no Student Health Center) /\$50 if first treated by Student Health Center

U.S. Citizens: \$0/ 50

Copay - Per Medication Prescription

Non U.S. Citizens: \$10 for generic and \$20 for brand name

U.S. Citizens: \$0 for generic and \$0 for brand name

Coinsurance Options

Plans A, B & M: 80% to \$10,000, then 100% to plan maximum

Plans C, D & N: 100% to plan maximum

Benefit Period* This is the same as your period of coverage

Unexpected Recurrence of a Pre-Existing Condition

Non-U.S. Citizens: N/A

U.S. Citizens: Up to \$500

Maternity: Covered as any other illness

Mental Illness

Inpatient: Payable at 50%, up to \$10,000 up to a max of 45 days

Outpatient: Payable at 80%, up to \$500

Alcohol & Drug Abuse

Inpatient/Outpatient: Payable at 50%, up to \$1,000

Injuries From a Motor Vehicle Accident

Non-U.S. Students: \$10,000

U.S. Citizens: Up to Policy Maximum

Sports Related Injuries

Non-U.S. Students: \$5,000

U.S. Citizens: Up to Policy Maximum

Dental (Emergency): \$250 per tooth to a maximum of \$500

Emergency Medical Evacuation: \$100,000

Return of Mortal Remains: \$25,000

Emergency Reunion: \$5,000

Accidental Death & Dismemberment (AD&D): \$10,000 per primary insured \$5,000 per spouse/dependent child

Physiotherapy: \$500

Spinal Manipulation: \$500

Ambulance Service: \$350

Home Country Coverage/ Incidental Trips to Your Home Country: 30 days of coverage to a maximum of \$1,000

Extension of Benefits: \$1,000, expenses must be incurred within 30 days of returning to your home country.

**What is a benefit period? It's the amount of time you have from the date of your injury/illness to receive treatment. Your initial treatment must begin within 30 days of your injury/illness, and treatment may continue as long as your period of coverage.*

YOUR BENEFITS

MEDICAL COVERAGE

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

EMERGENCY 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.

RETURN OF REMAINS

We will return your remains to your home country if you should die while traveling.

ACCIDENTAL DEATH & DISMEMBERMENT

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/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 & treated outside your home country. All expenses must be incurred within 30 days of your return to your home country.

UNEXPECTED RECURRENCE OF A PRE-EXISTING CONDITION

U.S. CITIZENS TRAVELING OUTSIDE THE UNITED STATES

We pay up to \$500 for expenses due to a sudden, unexpected recurrence of a pre-existing condition for U.S. citizens while traveling outside the U.S. and Canada. This benefit does not cover known, scheduled, required, or expected medical care, drugs or treatments existent or necessary prior to your period of coverage.

A pre-existing condition is any injury or illness which meets the following criteria: 1) a condition that would have caused a person to seek medical advice, diagnosis, care or treatment during the 24 months prior to the effective date of your coverage; 2) a condition for which manifestation, medical advice, diagnosis, care or treatment was recommended, received, or noticed during the 24 months prior to the effective date of coverage. If you are covered under the policy for 24 consecutive months, the pre-existing condition exclusion no longer applies.

PROGRAM COST

DAILY RATES

Effective June 1, 2014

U.S. CITIZENS STUDYING ABROAD

AGE BAND PARTICIPANT SPOUSE CHILD

For all applicants, please choose the appropriate age based on the coverage start date.

Plan A – 80% Coinsurance/\$50 Deductible

12-18	\$1.10	\$2.63	\$2.40
19-23	\$1.10	\$2.63	\$2.40
24-30	\$1.68	\$4.03	\$2.40
31-40	\$2.49	\$6.00	\$2.40
41-50	\$4.78	\$9.57	\$2.40
51-64	\$8.56	\$12.54	\$2.40

Plan B – 80% Coinsurance/\$0 Deductible

12-18	\$1.18	\$2.81	\$2.58
19-23	\$1.18	\$2.81	\$2.58
24-30	\$1.82	\$4.37	\$2.58
31-40	\$2.68	\$6.52	\$2.58
41-50	\$5.14	\$10.27	\$2.58
51-64	\$9.17	\$13.43	\$2.58

Plan C – 100% Coinsurance/\$50 Deductible

12-18	\$1.21	\$2.89	\$2.46
19-23	\$1.21	\$2.89	\$2.46
24-30	\$1.82	\$4.37	\$2.46
31-40	\$2.71	\$6.52	\$2.46
41-50	\$5.21	\$10.42	\$2.46
51-64	\$9.31	\$13.64	\$2.46

Plan D – 100% Coinsurance/\$0 Deductible

12-18	\$1.28	\$3.06	\$2.87
19-23	\$1.28	\$3.07	\$2.87
24-30	\$1.96	\$4.71	\$2.87
31-40	\$2.89	\$6.96	\$2.87
41-50	\$5.56	\$11.13	\$2.87
51-64	\$9.95	\$14.57	\$2.87

NON-U.S. CITIZENS STUDYING INSIDE THE U.S.

Plan M – 80% Coinsurance/deductible details below*

12-18	\$1.71	\$4.78	\$4.74
19-23	\$2.17	\$8.49	\$4.74
24-30	\$4.57	\$12.06	\$4.74
31-40	\$7.06	\$14.66	\$4.74
41-50	\$8.99	\$18.16	\$4.74
51-64	\$12.66	\$18.16	\$4.74

Plan N – 100% Coinsurance/deductible details below*

12-18	\$5.20	\$10.10	\$10.10
19-23	\$6.83	\$15.83	\$10.10
24-30	\$10.00	\$23.96	\$10.10
31-40	\$14.48	\$30.90	\$10.10
41-50	\$24.78	\$33.66	\$10.10
51-64	\$32.04	\$35.71	\$10.10

*Non-U.S. Citizens only:

\$100 if not first treated at the Student Health Center (or if there is no Student Health Center).

\$50 if first treated at the Student Health Center

Certain Underwriters at Lloyd's of London operates as an approved surplus lines market in the United States. The premiums listed include a general surplus lines tax. This tax is also shown on the declaration page of your policy.

LIAISON® STUDENT ENROLLMENT FORM

OFFICIAL USE ONLY:

Please type or print in ink

Cert#: _____ Processed: _____
 Eff. Date: _____ Agent: **7076-vg**

APPLICANT INFORMATION

Last Name: _____
 First Name: _____ M.I.: _____
 Residence Country: _____
(Home Country)
 Destination Country: _____
 Destination State if traveling to the U.S.: _____
 Name of School or Educational Institution: _____
 Passport Number/Country: _____
 AD&D Beneficiary: _____
 AD&D Beneficiary Relationship: _____
 Select Visa J-1 H-3 F-1 M-1 Q-1
(Non U.S. students only, not required for U.S. citizens)
 Student ID Number (optional): _____

MAILING ADDRESS:

Name: _____
 Address: _____
 City: _____ State: _____
 Postal Code: _____ Country: _____
 Work Phone: () _____ Home Phone: () _____
 Email Address: _____

METHOD OF PAYMENT

Check Money Order MasterCard
 Visa Discover American Express
 Card Number: _____
 Expiration Date: _____ Daytime Phone: () _____
 Name on Card: _____
 Billing Address: _____
 Signature (Required) _____

I declare that I understand the terms and conditions of this product. I understand that pre-existing conditions, as defined in the program summary, are excluded until I have been covered on this plan for 24 consecutive months. I understand this program is for persons traveling outside their home country.

I hereby subscribe to the American Consumer Insurance Trust and enroll in the group coverage for which I am eligible under the group contract issued by United States Fire Insurance Company (for certain states, it is the Global International Trust by Certain Underwriters at Lloyd's of 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. I declare that I have read & understand the terms & conditions of this product. Whenever coverage provided by this policy would be in violation of 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. 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.

Seven Corners, Inc., is a US 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. In the event that your name or company is published on the OFAC "Specially Designated Nationals" or "SDNs" list, we will not be able to offer coverage to you and we will rescind your policy and return your premium in full. For more information on OFAC, please visit this web-site: <http://www.treasury.gov/about/organizational-structure/offices/Pages/Office-of-Foreign-Assets-Control.aspx>

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

Date

CALCULATING YOUR PLAN COST

COVERAGE SPECIFICS

Coverage Start Date ___/___/___ (MM/DD/YY)
 Coverage End Date ___/___/___ (MM/DD/YY)

U.S. Citizens, please choose a plan:

- Plan A: \$50 deductible, 80% coinsurance
- Plan B: \$0 deductible, 80% coinsurance
- Plan C: \$50 deductible, 100% coinsurance
- Plan D: \$0 deductible, 100% coinsurance

Non U.S. Citizens, please choose a plan:

- Plan M: After deductible, 80% coinsurance
- Plan N: After deductible, 100% coinsurance

PLEASE COMPLETE ENTIRE SECTION.

Name of Persons to be Insured:	Date of Birth MM/DD/YY	Daily Rate
Applicant: _____	___/___/___	
Spouse: _____	___/___/___	
Child: _____	___/___/___	
Child: _____	___/___/___	
Child: _____	___/___/___	
Total: \$		

MINIMUM PERIOD OF COVERAGE IS 5 DAYS

Multiply Daily Rate Total by number of days:	x	\$	
Total Payment Enclosed: \$			

COMPLETING YOUR APPLICATION

Total payment for the full term of your coverage must be paid in U.S. dollars at the time you apply. If paying by check or money order, make payable to Seven Corners & mail with your application. Checks must be issued from a U.S. bank. If paying by credit card, you may mail or fax to us. Purchase by credit card is subject to validation and acceptance by the credit card company. *Originals are not required if the application is faxed with credit card payment.*

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Phone: 800-335-0611 or 317-575-2652
Online: www.sevencorners.com

LIAISON® STUDENT

PRE-NOTIFICATION

You or your medical service provider 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.

REFUND OF PREMIUM

United States Fire Insurance Company and Certain Underwriters at Lloyd's of London realize that there is uncertainty in international travel. Refund of total plan cost will only be considered if written request is received by Seven Corners prior to your coverage effective date. If written request is received after your coverage effective date, the unused portion of the plan cost may be refunded minus a cancellation fee, provided no claim

EXCLUSIONS

The list below is a summary of the exclusions in your policy. This brochure is intended as a brief summary of benefits and services and is not your policy. A complete description of the provisions, benefits, and all exclusions are contained in the certificate of coverage which will be provided to you after your coverage has been issued. A sample of the certificate is provided online. If there is any difference between this brochure and your certificate of coverage, the provisions of the certificate will prevail.

1. Any Pre-existing Condition; (*does not apply to Emergency Medical Evacuation/ Repatriation or Return of Mortal Remains*);
2. Claims not presented to us for payment within 90 days of treatment;
3. Treatment which is not medically necessary, provided at no cost or by your relative; exceeds reasonable & customary charges; is experimental/ investigational, non-medical; mental & nervous disorders or rest cures; congenital conditions; human organ tissue transplants; sex change operations; treatment for sexual dysfunction/inadequacy; weight reduction program, surgical treatment of obesity; expenses from an emergency hospital visit not of an emergency nature;
4. Suicide or any attempt; self-inflicted injury/illness; expenses related to commission of a felony;
5. Any consequence arising in connection with war, invasion, act of foreign enemy, warlike operations, civil war; mutiny, riot, strike, military/ popular uprising, insurrection, rebellion, revolution, military or usurped power; any act of a person acting on behalf of/in connection with an organization with activities directed toward overthrow by force of the government du jure or de facto; martial law or state of siege or any events/causes which determine the proclamation or maintenance of martial law or state of siege (*see Lloyd's program summary for variation in this exclusion*);
6. Injury while participating in professional athletics;
7. Routine physicals & immunizations; vocational, speech, or music therapy; temporomandibular joint treatment; cosmetic/plastic surgery (*unless due to an accident*); elective surgery;

8. False teeth, dentures, routine dental care; normal ear tests, hearing aids, eye refractions or eye exams to prescribe corrective lenses unless due to accidental bodily injury;
9. Treatment for alcoholism, drug addiction or drug use; injury due to intoxication or drug use;
10. Pregnancy & illness due to pregnancy, childbirth or miscarriage, miscarriage due to accident, any form of treatment to promote or prevent conception or childbirth unless otherwise covered under this Plan;
11. Expenses incurred in your home country (*except for the Home Country Coverage benefit, see program summary for details*); expenses incurred if the trip was taken to seek medical treatment; expenses incurred on a trip after your doctor has limited or restricted travel;
12. This plan does not cover any expense directly related to 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;
13. Injury while involved in mountaineering; hang gliding; parachuting; bungee jumping; horse, motor vehicle, or motorcycle racing, water skiing; snowmobiling, motorcycle/motor scooter riding (*whether as a driver or passenger*), scuba diving with underwater breathing apparatus (*unless PADI or NAUI certified*); snorkeling, snow skiing; spelunking; parasailing, snowboarding;
14. Treatment paid for or furnished under any other individual or group policy, service or medical pre-payment plan or under any mandatory government plan or facility providing treatment at no cost to you;
15. Cosmetic or plastic Surgery, except as the result of a covered Accident; for the purposes of this Plan, Treatment of a deviated nasal septum shall be considered a cosmetic condition;
16. Elective Surgery which can be postponed until you return to your Home Country, where the objective of the trip is to seek medical advice, Treatment or Surgery;
17. Injury sustained as the result of the Insured Person operating a motor vehicle while not properly licensed to do so in the jurisdiction in which the motor vehicle accident takes place.

SEVEN CORNERS ASSIST

WE ARE HERE TO HELP

What happens if you become ill 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.

24/7 Travel Assistance – We can provide local weather details, currency rates, embassy contact information, interpreter referrals, help with lost passport recovery, & pre-trip information including inoculation & visa requirements.

24/7 Medical Assistance – We can help you locate appropriate medical care, arrange second opinions, arrange emergency medical evacuations, medical transportation home after treatment, escorts & transportation for unaccompanied children, and medical record transfers.

ADMINISTERED BY



SEVEN CORNERS

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FOR ADDITIONAL INFORMATION

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v.5.28.2014