

Atlas Group Travel

Health Coverage that Goes Far & Beyond



Atlas Group Travel

International travel insurance and Assistance Services for groups of five or more travelers.

Atlas International Group Coverage

Group travel medical insurance for US citizens traveling abroad.

Atlas America Group Coverage

Group travel medical insurance for non-US citizens traveling outside their Home Country.



The Atlas Group Travel Series now automatically includes many new benefits, services and features that make it the best option for student groups, missionary organizations and corporations who travel internationally. At no additional cost, the Atlas Group Travel Series now adds coverage for Acts of Terrorism, Complications of Pregnancy and Incidental Trips home to the industry's leading travel medical insurance plan. State of the art travel and emergency medical assistance services are part of every Atlas Group Travel Series plan. All of this with the same astonishing service you have come to expect from MultiNational Underwriters, the leader in international travel medical insurance.

Why Buy Travel Insurance?

The answer is easy. Whether your group is traveling for business or pleasure, international travel involves risk. You may arrive at your destination to find that a member of your group's luggage with personal items has disappeared. A personal emergency may necessitate early return home for a member of your group. 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, members of your group may be exposed to significant financial liability. MultiNational Underwriters, Inc. has designed The Atlas Group Travel Series to take the risks out of international travel, so your group can have an enjoyable and productive trip.

Is My Group Eligible for the Atlas Group Travel Series?

If your group consists of a minimum of five travelers who are at least 14 days old traveling internationally for at least 7 days, your group is eligible. If your group members are under age 70, you may select the Overall Maximum Limit, ranging from \$50,000 to \$1,000,000. The Overall Maximum Limit for members age 70 to 79 is \$50,000. The Overall Maximum Limit for members age 80 and older is \$10,000. The minimum coverage period is 7 days and the maximum coverage period is 12 months. The same Overall Maximum Limit must be purchased for every member of your group under the age of 70. The same Deductible must be purchased for every member of your group.

When Does Coverage Become Effective and When Does it End?

Coverage becomes effective on the latest of: the moment we receive your Application and correct premium (if Application and payment is made online or by fax), 12:01am US Eastern Standard Time on the date we receive your Application and payment (if Application and payment is made by mail), the moment the member departs from his or her Home Country, or 12:01am US Eastern Standard Time on the date you request on your Application. Coverage will end on the earliest of: 12:01am US Eastern Standard Time on the last day of the period for which you have paid a premium, 12:01am US Eastern Standard Time on the date requested on your Application, or the moment of the member's arrival upon return to their Home Country (unless the member has started a Benefit Period or is eligible for Home Country Coverage).

Does the Atlas Group Travel Series Provide any Home Country Coverage?



Yes. Under certain circumstances, the Atlas Group Travel Series will provide limited Home Country Coverage.

Incidental Home Country Medical Coverage – US citizens traveling for three (3) months or more are covered for Medical expenses only during one incidental trip to their Home Country for up to 15 days. The member must continue his or her international trip no more than 15 days after return to his or her Home Country in order to be eligible for this benefit. Return to Home Country must not be taken for the purpose of obtaining treatment of an Illness or Injury that began while traveling.

Benefit Period Medical Coverage – If a member started a Benefit Period while this insurance was in effect, the member is covered for Medical expenses only for the duration of the Benefit Period, regardless of whether the member is at home or abroad. A Benefit Period begins on the first date the member receives a diagnosis or treatment of a covered Illness or Injury while outside his or her Home Country and lasts for 180 days.

End of Trip Home Country Medical Coverage – If your group is covered under the Atlas Group Travel Series and members are outside of their Home Countries continuously (except for covered Incidental Trips as described above) for six (6) months or more, you may purchase an additional 30 days of End of Trip Home Country Medical Coverage for the group.

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?

For US citizens traveling abroad, you should purchase Atlas International. For non-US citizens traveling outside their Home Countries, you should purchase Atlas America. If your group includes both US and non-US citizens, the appropriate plan will apply based on each member's citizenship.

What is Covered?

All benefits, except Hospital Indemnity, Lost Checked Luggage, Accidental Death & Dismemberment and Common Carrier Accidental Death, are subject to the Deductible and Coinsurance. Limits apply to all benefits (See Schedule of Benefits and Limits):

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 but excluding nebulizers, oxygen tanks, diabetic supplies and all devices for repeat use at home.
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 inpatient hospitalization.

Complications of Pregnancy:

Treatment of Complications of Pregnancy during the first 26 weeks of Pregnancy is covered under this insurance. Complications of Pregnancy is defined as: Illnesses whose diagnoses are distinct from Pregnancy, but are adversely affected by Pregnancy or caused by Pregnancy, and not associated with a normal Pregnancy. This includes: ectopic Pregnancy, spontaneous abortion, hyperemesis gravidarum, pre-eclampsia, eclampsia, missed abortion and conditions of comparable severity.

Hospital Indemnity:

If a member of your group is hospitalized as an Inpatient for treatment of a covered Illness or Injury, the Atlas Group Travel Series will provide \$100 for each night the member spends in the hospital. This benefit is in addition to payments for other covered expenses and is not subject to Deductible or Coinsurance.

Acute Onset of a Pre-existing Condition:

If you purchase a minimum of 3 months of coverage, your group members who are US Citizens under age 70 are covered for an Acute Onset of a Pre-existing Condition. Coverage available is 10% of the Maximum Overall Limit purchased, up to a maximum of \$50,000. 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. Treatment must be obtained within 24 hours of the sudden and unexpected outbreak or recurrence.

Emergency Dental:

The following Emergency Dental expenses are covered: 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 subject to the Overall Maximum Limit; and Emergency Dental treatment necessary to resolve acute, spontaneous and unexpected onset of pain subject to a maximum benefit of \$100.

Emergency Medical Evacuation:

If recommended by the attending Physician, who certifies that Evacuation is necessary to safeguard the member's life and that Medically Necessary treatment is not available locally, and if approved in advance and coordinated by MultiNational Underwriters, Inc., the Atlas Group Travel 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 Medical Evacuation, the Atlas Group Travel Series will provide the following benefits: The cost of an economy round-trip air and/or ground transportation ticket for one of the member's relatives (parent, spouse, sibling or child age 18 or older) for transportation to the area where the member is hospitalized following Emergency Evacuation and reasonable expenses for lodging and meals for the relative for a period not to exceed 15 days.

Return of Minor Child(ren):

If a member of your group is the only person age 18 or older, traveling with one or more child(ren) under the age of 18, who are also covered by the Atlas Group Travel Series, and the member is 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 Group Travel Series will provide the following benefit: The cost of a one-way economy air and/or ground transportation ticket for each covered child to the terminal serving the area of Principal Residence of each covered child.

Terrorism

The Atlas Group Travel Series provides Medical coverage for Injuries and Illnesses resulting from an Act of Terrorism, subject to a \$50,000 lifetime maximum, provided all of the following conditions are met:

1. The Injury or Illness does not result from chemical, nuclear or biological weapons or events.
2. The member has no direct or indirect involvement in the Act of Terrorism.
3. The Act of Terrorism is not in a country or location where the United States government has issued a travel advisory that has been in effect within the 6 months prior to your date of arrival.
4. The member has not unreasonably failed or refused to depart a country or location following the date an advisory to leave that country or location is issued by the United States government.

An Act of Terrorism is defined as: an act, including but not limited to the use of force or violence and/or the threat thereof, of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organization(s) or government(s) committed for political, religious, ideological or similar purposes including the intention to influence any government and/or to put the public, or any section of the public, in fear.

Accidental Death and Dismemberment:

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

1. Accidental Death – Principal Sum of \$25,000 (\$5,000 for children under age 18) to the Beneficiary. The Principal Sum shall reduce by 50% (to \$12,500) for members age 70 to 74 at time of Death, and an additional 50% (to \$6,250) for members 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 (\$5,000 for children under age 18) to the member.
 - b. Loss of 1 eye or limb – One-half of the Principal Sum to the member.
 - c. The Principal Sum(s) shall reduce by 50% for members age 70 to 74 at time of Dismemberment, and an additional 50% for members age 75 or older at time of Dismemberment.
3. The Accidental Death and Dismemberment benefit is not available for losses incurred during participation in a Hazardous Sport or in respect to losses resulting from an Act of Terrorism. The Beneficiary for members age 18 or older will be as follows:
 1. Spouse (if any)
 2. Children (if any)
 3. Estate of the member.The Beneficiary for members under age 18 will be as follows:
 1. Custodial Parent(s)
 2. Siblings (if any)
 3. Estate of the member.

Common Carrier Accidental Death:

In the event of Accidental Death while traveling on board a commercial common carrier, the Atlas Group Travel Series will provide the following benefit: Principal Sum of \$50,000 (\$25,000 for children under age 18) subject to a maximum of \$250,000 per group to the Beneficiary, as described above. This benefit is not available in respect to losses resulting from an Act of Terrorism.

Repatriation of Remains:

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

Trip Interruption:

1. If, after you have departed, a member of your group learns of the death of a parent, spouse, sibling or child, or learns of the substantial destruction of his or her Principal Residence by fire or weather, the Atlas Group Travel Series will provide the following benefit: The cost of an economy one-way

air and/or ground transportation ticket for the member to the area of his or her Principal Residence; or

2. If, following a covered Emergency Evacuation, the attending Physician states that it is Medically Necessary for the member to return to his or her Home Country or to the area from which he or she was initially evacuated for continued treatment, recuperation and recovery, the Atlas Group Travel Series will provide the following benefit: The cost of a one-way economy air and/or ground transportation ticket for the member's transportation from the area where he or she was hospitalized following the Emergency Evacuation, to the area where he or she was initially evacuated from, or to the terminal serving the area of the member's Principal Residence.

Lost Checked Luggage:

In the event a member's checked luggage is permanently lost by the carrier, the Atlas Group Travel 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. The member 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 its normal reimbursement for the lost checked luggage.

What Travel Assistance Services are Included?

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 Group Travel 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 checked 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 Group Travel Series.

Schedule of Benefits and Limits

Deductibles:	\$0, \$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
Local Ambulance:	Usual, Reasonable and Customary charges
Hospital Indemnity:	\$100 per day (not subject to Deductible or Coinsurance)
Intensive Care Unit:	Usual, Reasonable and Customary charges
Outpatient Treatment:	Usual, Reasonable and Customary charges
Physical Therapy:	\$50 per visit
All Other Eligible Medical Expenses:	Usual, Reasonable and Customary charges
Acute Onset of Pre-existing Condition:	10% of Overall Maximum Limit up to \$50,000 per Certificate Period (only available for US Citizens under age 70 with Certificate Periods of 3 months or more)
Emergency Dental:	Accident – Overall Maximum Limit Acute Onset of Pain - \$100 limit per Certificate Period
Emergency Medical Evacuation:	Overall Maximum Limit
Emergency Reunion:	\$15,000 limit per Certificate Period
Return of Minor Children:	\$5,000 limit per Certificate Period
Terrorism:	\$50,000 Maximum Lifetime Limit, Medical Expenses only
Accidental Death and Dismemberment:	Death - \$25,000 adult, \$5,000 children under age 18; Loss of 2 Limbs - \$25,000 adult, \$5,000 children under age 18; Loss of 1 Limb - \$12,500 adult, \$2,500 children under age 18; Benefits reduce by 50% at age 70 and an additional 50% at age 75
Common Carrier Accidental Death:	\$50,000 per adult, \$25,000 children under age 18; \$250,000 Maximum per family
Repatriation of Remains:	Overall Maximum Limit
Trip Interruption:	\$5,000 limit per Certificate Period
Lost Checked Luggage:	\$250 limit per Certificate Period (not subject to Deductible or Coinsurance)
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

What is Excluded?

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

1. Pre-existing Conditions – Charges resulting directly or indirectly from any Pre-existing Condition are excluded from this insurance. US citizens who have purchased a coverage period of at least 3 months and are under age 70 are covered for Medical and Emergency Medical Evacuation 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 2 years immediately preceding the member's 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. Routine pre-natal care, childbirth, care of newborns, post-natal care, birth control, artificial insemination, infertility, impotency or sexual dysfunction, sterilization or reversal thereof.
4. False labor, edema, prolonged labor, prescribed rest during the period of Pregnancy, morning sickness and conditions of comparable severity associated with management of a difficult Pregnancy, and not constituting a medically distinct Complication of Pregnancy, and all charges related to Pregnancy after the 26th week of Pregnancy.
5. Mental Health Disorders or Substance Abuse.
6. Charges which are 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.
7. 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.
8. Not Medically Necessary and administered or ordered by a Physician.
9. Provided at no cost, 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.
10. Charges which exceed Usual, Reasonable and Customary.
11. Investigational, Experimental or for Research purposes.
12. While confined primarily to receive Custodial Care, Educational or Rehabilitative care.
13. Venereal Disease, AIDS or ARC.
14. Treatment by a Chiropractor.
15. Diseases of the skin.
16. 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.

17. Eyeglasses, vision exams, contact lenses, hearing tests, 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.

18. 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; spelunking; 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.

19. 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.

20. Willfully self-inflicted Injury or Illness and immunizations and Routine Physical Exams.

21. The Deductible, Coinsurance and charges which are not included as Eligible Expenses as described in the Master Policy, and charges which exceed the limits set forth in the Schedule of Benefits and Limits.

22. Treatment required as a result of complications or consequences of a treatment or condition not covered hereunder.

23. 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.

24. Treatment incurred as a result of exposure to non-medical nuclear radiation and/or radioactive material(s).

25. Organ or tissue transplants or related services.

26. Acts of Terrorism, except as provided for herein, war, insurrection, riot or any variation thereof.

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 groups. This Rider adds coverage for the Amateur sports listed in exclusion #18. The maximum coverage under this rider is the Overall Maximum Limit you select. The Accidental Death and Dismemberment benefit is deleted during the course of the activity. The Rider must be purchased for all members of your group.

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 the Physician call, MultiNational Underwriters, Inc. with all information relative to the claim. Be sure to have the member's ID number available. If the member does 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 Group Travel Series. Rated A (Superior) by AM Best Company, and A (Strong) 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

Client Zone

Client Zone is an online account management and resource tool for all MultiNational Underwriters clients. Client Zone allows you to effectively manage your insurance, trip and wellbeing online, any time of the day or night.

Go to Client Zone to change your personal information, obtain a claim form, or replace a lost ID card.

Go to Client Zone to locate doctors and hospitals in your area.

Go to Client Zone to study destination, weather and travel security information using our new Travel Intelligence and Planning System (TIPS).

Go to Client Zone to access health and wellness information.

Go to Client Zone to view and download brochures, obtain policy information or get quotes.

Please visit our website for access to Client Zone at the following address:

<https://zone.mnui.com/clientzone>

MultiNational Underwriters International Travel Solutions

MultiNational Underwriters and **Travel Guard International** are members of the Noel Group, founded in 1985. Noel Group is a worldwide family of travel service, assistance and insurance companies built on solid corporate values and unrivaled customer service. We offer a broad range of travel insurance plans and assistance services for individuals, corporations, missionaries, schools and other international organizations requiring access to global travel solutions regardless of their location. Our organizational culture is based on integrity, keeping our promises and giving back to the global and local communities where we do business through humanitarian efforts. Headquartered in Stevens Point, Wisconsin, Noel Group has more than 750 employees in 20 worldwide locations.

You have choices when buying travel insurance and assistance services for your next international trip. Doesn't it make sense to work with a company that keeps its promises, values its customers and is committed to helping those less fortunate? Allow us to show you the difference an enlightened corporate culture can make when you need help in a strange place. Take us on your next international trip and let us take the worry out of your itinerary.

Other Products and Services Provided by MultiNational Underwriters, Inc.

International Citizen Series: Provides annually renewable major medical coverage for individuals and families. This plan is available to citizens of all countries of the world.

A+ MultiNational Group Benefit Plan: Provides group medical and life insurance for US corporations needing coverage for employees worldwide.

MultiNational Accident Plan: Provides coverage for accidents that result in disability or death, including Acts of War and Terrorism.

IC+ International Term Life: Provides term life insurance for citizens of the world requiring personal and business protections.

Privacy Policy

MultiNational Underwriters respects individual privacy and values the confidence of its customers, employees, consumers, business associates, and others. Please contact us or visit our website to obtain a full version of our Privacy Policy.



Rates: Valid through 7/31/2005
 Atlas Group International – US Citizens Traveling Abroad
 Displayed Rates are for \$250 Deductible Option (in USD)

AGE	\$50,000		\$100,000		\$250,000		\$500,000		\$1,000,000	
	Monthly	Daily	Monthly	Daily	Monthly	Daily	Monthly	Daily	Monthly	Daily
18-29	31.00	1.00	37.00	1.20	38.00	1.30	40.00	1.35	44.00	1.50
30-39	37.00	1.20	43.00	1.40	50.00	1.70	53.00	1.80	58.00	1.90
40-49	43.00	1.40	50.00	1.60	67.00	2.20	68.00	2.30	75.00	2.50
50-59	59.00	2.00	66.00	2.20	84.00	3.00	85.00	3.10	92.00	3.30
60-64	97.00	3.20	111.00	3.70	111.00	3.70	113.00	3.80	126.00	4.20
65-69	122.00	4.10	132.00	4.40	158.00	5.20	172.00	5.70	191.00	6.40
70-79	152.00	5.10	167.00	5.60	178.00	5.90	185.00	6.20	204.00	6.80
80+*	204.00	6.80	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Dep. Child	463.00	15.40	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Child Alone	25.00	0.80	23.00	0.80	24.00	0.80	25.00	0.80	26.00	0.90
100% Maximum Limit	31.00	1.00	35.00	1.20	37.00	1.30	38.00	1.30	42.00	1.40

AGE	\$50,000		\$100,000		\$250,000		\$500,000		\$1,000,000	
	Monthly	Daily	Monthly	Daily	Monthly	Daily	Monthly	Daily	Monthly	Daily
18-29	43.00	1.40	50.00	1.70	58.00	1.90	62.00	2.10	73.00	2.40
30-39	55.00	1.80	66.00	2.20	76.00	2.50	82.00	2.70	95.00	3.20
40-49	84.00	2.80	95.00	3.20	110.00	3.70	123.00	4.10	139.00	4.60
50-59	120.00	4.00	146.00	4.90	160.00	5.40	174.00	5.80	200.00	6.70
60-64	141.00	4.70	193.00	6.40	210.00	7.00	224.00	7.50	250.00	8.30
65-69	179.00	6.00	223.00	7.40	255.00	8.50	271.00	9.00	293.00	9.80
70-79	227.00	7.60	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
80+*	446.00	14.90	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Dep. Child	25.00	0.80	29.00	1.00	32.00	1.10	34.00	1.10	38.00	1.30
Child Alone	39.00	1.30	46.00	1.50	51.00	1.70	54.00	1.80	64.00	2.10

Deductible Factor Table		Factor	
DEDUCTIBLE:		FACTOR:	
\$0	1.5		
\$100	1.1		
\$250	1.0		
\$500	0.9		
\$1,000	0.8		
\$2,500	0.7		

Hazardous Sports Rider Factor: 1.20

PREMIUMS ARE NON-REFUNDABLE AFTER YOUR EFFECTIVE DATE. IF REQUESTING CANCELLATION, YOU MUST NOTIFY MNUI, IN WRITING, PRIOR TO THE EFFECTIVE DATE FOR A FULL REFUND. OVERNIGHT CHARGES ARE NOT REFUNDABLE.

****SAMPLE** COMPLETION OF APPLICATION**

Name (Last, First) Citizenship	Birth Date mm/dd/yy	Effective Date mm/dd/yy	# of Months A	Monthly Premium B	# of Days D	Daily Rate E	Daily Subtotal (D x E) F	Maximum Benefit: \$50,000.00	
								Monthly Subtotal (A x B) C	Total (C + F)
1. Padgett, Jon United States	12/20/75	10/1/04	1	31	5	1.00	5.00	31	36.00
2. Smith, Joe United States	1/20/64	10/15/04	2	59	0	0	0.00	118	118.00
3. Groton, Jeff United States	8/4/73	10/13/04	1	37	10	1.20	12.00	37	49.00
4. Agrave, Andre United States	5/10/60	10/1/04	1	59	10	2.00	20.00	59	79.00
5. Ming, Leif China	2/13/79	10/20/04	3	43	7	1.40	9.80	129	138.80

Names of all individuals to be covered. Deductible: \$100.00 Maximum Benefit: \$50,000.00

Group Subtotal – Total from above and from additional census (if any) (G): 420.80

Enter Deductible Factor from Deductible Factor Table (H): 1.10

Enter Factor for Hazardous Sports Rider, if Selected (1.2). Otherwise Enter 1.0 (J): 1.20

Total Amount Due (G x H x J): 555.46

ATLAS GROUP APPLICATION

**MultiNational Underwriters, Inc.
Lloyd's Coverholder**

Print all Names as you would like them to appear on your Identification Cards.
Please print clearly and provide complete information.

Name of Sponsoring Organization:		Contact Name:	
COMPLETE Mailing Address for all correspondence:			
Telephone #:	Fax #:	E-mail Address:	
Destination:		Purpose of Trip:	

Names of all individuals to be covered.	Deductible: \$			Maximum Benefit: \$					
Name (Last, First) Citizenship	Birth Date mm/dd/yy	Effective Date mm/dd/yy	# of Months A	Monthly Premium B	Monthly Subtotal (A x B) C	# of Days D	Daily Rate E	Daily Subtotal (D x E) F	Total C + F
1. _____	/ /	/ /							
2. _____	/ /	/ /							
3. _____	/ /	/ /							
4. _____	/ /	/ /							
5. _____	/ /	/ /							

Group Subtotal – Total from above and from additional census (if any) (G): _____

Enter Deductible Factor from Deductible Factor Table (H): _____

Enter Factor for Hazardous Sports Rider, if Selected (1.2). Otherwise Enter 1.0 (J) _____

Total Amount Due (G x H x J): _____

Payment Mode: <input type="checkbox"/> Check/Money Order: <input type="checkbox"/> Discover Card <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> American Express	Credit Card #:	Expiration Date (mm/yy):
Name as it appears on card:	COMPLETE Billing Address:	
Daytime Phone #:	Signature:	
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 Discover, VISA, MasterCard or American Express account for the amount specified above. Coverage purchased by credit card is subject to validation and acceptance by the credit card company. Total payment for the initial term of coverage requested must be entirely paid in U.S. dollars at time of Application or prior to the Effective Date of Coverage.		

The Sponsoring Organization (Sponsor), on behalf of and as authorized agent and proxy for each of the group participants listed on the Application, hereby applies for membership in the Atlas/International Citizen Group Insurance Trust, Hamilton, Bermuda, and for the insurance provided to members by Lloyd's. The Sponsor and all group participants understand that the insurance applied for is not a general health insurance policy, but is intended for use by members in the event of a sudden and unexpected event while traveling outside their Home Country(ies). The Sponsor and all group participants understand this insurance contains a Pre-existing Condition exclusion, a Pre-notification Penalty and other restrictions and exclusions. The Sponsor and all group participants understand that coverage under this insurance is not renewable and successive periods of insurance will require re-satisfaction of the Deductible, Coinsurance, Pre-existing Condition provision, and all other conditions of the insurance following acceptance of a new Application. The Sponsor and all group participants understand that the information contained herein is a summary of the Master Policy and that they may obtain a complete copy of the Master Policy upon request to MultiNational Underwriters, Inc. The Sponsor and all group participants understand that Lloyd's, as underwriter of the plan, is solely liable for the coverage and benefits provided under the insurance. The Sponsor and all group participants understand that Lloyd's operates as an approved, 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. The Sponsor and all group participants understand and agree that the insurance agent/broker, if any, assisting with this Application is their representative. If signed by a representative of the Sponsor, the undersigned warrants his/her capacity to so act. If signed as Sponsor, the undersigned warrants his/her authority to so act. By acceptance of coverage and/or submission of any claim for benefits, the each group participant ratifies the authority of the signer to so act and bind the group participant.

Signature of Sponsor:	Date of Signature:
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FOR PRODUCER USE ONLY

Producer ID Number: 22705	Producer Name: American Retired Persons Association
Company Name: AMERICAN RETIRED PERSONS ASSOCIATION	
Street Address: P.O. Box 30306	
City: Phoenix	State: AZ
Country:	Postal Code: 85046
Telephone: 602-992-0600	Fax: 602-971-6500
Signature:	E-Mail Address: Agent@AmericanRetiredPersons.com

Name (Last, First) ----- Citizenship	Birth Date mm/dd/yy	Effective Date mm/dd/yy	# of Months A	Monthly Premium B	Monthly Subtotal (A x B) C	# of Days D	Daily Rate E	Daily Subtotal (D x E) F	Total C + F
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Subtotal: _____