

# *Atlas Professional*

*Health Coverage that Goes Far & Beyond*



## *Annual International Travel Insurance*

For international executives who require comprehensive coverage for multiple trips abroad during the year. No coverage is provided in the United States, including its territories and possessions.

## *Atlas Travel Assistance Services*

Astonishing assistance for the professional traveler.



Atlas Professional is the obvious choice for corporate executives and other professionals who require travel medical insurance coverage for numerous trips during the year. Buy Atlas Professional and coverage is automatically in place for those last minute international trips. State of the art travel and emergency medical assistance services are part of every Atlas Professional policy. 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 simple. International travel involves risk. You may arrive at your destination only to find that your luggage with valuable personal items has disappeared, a personal emergency may necessitate your early return to your Home Country, or a medical emergency may necessitate hospitalization or even air evacuation. In most cases, your existing insurance will not provide adequate protection to you for these and other risks involved with international travel. Without appropriate travel insurance, you can be exposed to significant financial liability. MultiNational Underwriters, Inc. has designed The Atlas Professional to take the risk out of international travel, so that you can have an enjoyable and productive trip.

### *Am I Eligible for the Atlas Professional?*

If you are under age 66 and you maintain medical insurance that covers you while you are in your Home Country, you are eligible for Atlas Professional. Your Spouse under age 66 and dependent children who are at least 14 days old may also be covered, provided they too maintain medical insurance that covers them while they are in their Home Country(ies). The Overall Maximum Limit is \$1,000,000 per person.

### *When Does Annual Coverage Become Effective and When Does it End?*

The Effective Date is the later of: the date we receive your Application and correct premium or the date you request on your Application. The Certificate Period is 12 months. During the Certificate Period, you are covered for all trips of **30 days duration or less** outside your Home Country. Coverage is effective the moment you depart your Home Country and ends the moment you return to your Home Country. If you purchase coverage for your Spouse and/or Dependents (under age 19), they are covered during the same time period as you as long as they accompany you on your trip.

### *Does Atlas Professional Provide any Home Country Coverage?*

If you started a Benefit Period during a covered trip, 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.

### *What is Covered?*

All benefits, except Hospital Indemnity, Lost Checked Luggage, Accidental Death and Dismemberment, and Common Carrier Accidental Death, are subject to the Deductible. 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 to treat 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 an Injury or Illness which resulted 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 you are hospitalized as an Inpatient for treatment of a covered Illness or Injury, the Atlas Professional plan will provide \$100 for each night you spend in the hospital. This benefit is in addition to the payments for other covered expenses and is not subject to the Deductible.

#### **Acute Onset of a Pre-existing Condition:**

If you are a US Citizen and experience an Acute Onset of a Pre-existing Condition during a covered trip, you are covered for up to \$5,000 for Medical expenses plus \$25,000 for Emergency Medical Evacuation expenses. The conditions for Emergency Medical Evacuation benefits, as described herein, must be met in order for this benefit to be available.

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 your attending Physician, who certifies that Evacuation is necessary to safeguard your life or limb and that Medically Necessary treatment is not available locally, and if approved in advance and coordinated by MultiNational Underwriters, Inc., the Atlas Professional 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 Professional 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 15 days.

**Return of Minor Child(ren):**

If you are 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 Professional, 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 Professional 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.

**Accidental Death and Dismemberment:**

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

1. Accidental Death – Principal Sum of \$25,000 (\$5,000 for children under age 18) to the Beneficiary designated on your Application.

2. Accidental Dismemberment

- a. Loss of 2 or more eyes or limbs — Principal Sum of \$25,000 (\$5,000 for children under age 18) to you.
  - b. Loss of 1 eye or limb – One-half of the Principal Sum (\$2,500 for children under age 18) to you.
3. The Accidental Death and Dismemberment benefit is deleted during participation in a hazardous sport.
  4. The Accidental Death and Dismemberment benefit is doubled in the event of loss resulting from Hijacking, Kidnapping or attempted Kidnapping.

All Accidental Death and Dismemberment benefits are subject to a maximum of \$250,000 per family.

**Common Carrier Accidental Death:**

In the event of your Accidental Death while traveling on board a commercial common carrier (except during a Hijacking), the Atlas Professional will provide the following benefit: Principal Sum of \$50,000 (\$25,000 for children under age 18) to the Beneficiary designated on your Application, subject to a maximum of \$250,000 per family.

**Repatriation of Remains:**

In the event of a covered Injury or Illness resulting in your death, the Atlas Professional 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.

**Trip Interruption:**

1. If, after you have departed your Home Country, 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 Professional 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. If, following a covered Emergency Medical 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 Professional 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.

**Lost Checked Luggage:**

In the event your checked luggage is permanently lost by the carrier, the Atlas Professional 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.

### *Atlas Professional Travel Assistance Services:*

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

**Pre-Trip Health and Safety Advisories** (available after your purchase of the Atlas Professional 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 Professional 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 Professional Travel Assistance Services are not insurance benefits and provision of any Atlas Professional Travel Assistance Services is not a guarantee of any other benefit under the Atlas Professional plan.

### *Schedule of Benefits and Limits*

Deductibles:	\$250 per person, per trip
Coinsurance:	For each trip, 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)
Intensive Care Unit:	Usual Reasonable and Customary charges
Outpatient Treatment:	Usual, Reasonable and Customary charges
Acute Onset of Pre-existing Condition:	\$5,000 Medical, \$25,000 Emergency Medical Evacuation
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
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; \$250,000 Maximum per family
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)
Hospital Pre-Notification Penalty:	50% of Eligible Medical Expenses
Optional Hazardous Sports Rider:	Overall Maximum Limit
Optional Atlas Terrorism Rider:	\$50,000 Lifetime Limit
Overall Maximum Limit per Certificate Period:	\$1,000,000



### *What is Excluded?*

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

1. All charges incurred in the United States of America, including its territories and possessions, except for US Citizens who have started a Benefit Period.
2. Pre-existing Conditions – Charges resulting directly or indirectly from any Pre-existing Condition, as herein defined, are excluded from this insurance unless the condition is an Acute Onset of a Pre-existing Condition. A Pre-existing Condition is any illness, injury or medical condition, or chronic or recurring illness, injury or medical condition, including any associated complications or consequences, which existed at or during the two (2) 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.
3. Treatment for or related to any congenital condition.
4. Routine pre-natal care, Pregnancy, child birth, birth control, artificial insemination, infertility, impotency or sexual dysfunction, sterilization or reversal thereof.
5. 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.
6. Mental Health Disorders or Substance Abuse.
7. Charges which are not incurred during the Certificate Period and charges which are not presented to Underwriters for payment within 60 days from the end of the Certificate Period or applicable Benefit Period.
8. 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.
9. Not Medically Necessary and administered or ordered by a Physician.
10. Provided at no cost, by a family member, or by a person who ordinarily resides with you, or are attributable to or recoverable from any other party including government sponsored plans.
11. Charges which exceed Usual, Reasonable and Customary.
12. Investigational, Experimental or for Research purposes.
13. While confined primarily to receive Custodial Care, Educational or Rehabilitative Care.
14. Venereal Disease, AIDS or ARC.
15. Treatment by a Chiropractor.
16. Diseases of the skin.
17. 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.

18. Eyeglasses, eye exams, contact lenses, hearing aids, hearing implants, eye refraction, visual therapy, 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.
19. 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.
20. 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.
21. Willfully self-inflicted Injury or Illness and immunizations and Routine Physical Exams.
22. The Deductible and charges which are not included as Eligible Expenses as described in the Master Policy, and charges which exceed the policy limits.
23. Treatment required as a result of complications or consequences of a treatment or condition not covered hereunder.
24. 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.
25. Treatment incurred as a result of exposure to non-medical nuclear radiation and/or radioactive material(s), and/or biological weapons, and/or chemical weapons.
26. Organ or Tissue Transplants or related services.
27. Acts of terrorism, war, insurrection, riot or any variation thereof including, but not limited to, contamination or poisoning of people by nuclear and/or chemical and/or biological substances which cause illness and/or death.

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

### *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.

### *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 #19. The maximum coverage under this rider is the Overall Maximum Limit. The Accidental Death and Dismemberment benefit is deleted during the course of the activity.

### *Atlas Terrorism Rider*

The Optional Atlas Terrorism Rider 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. You have 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. You have 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.

For additional benefits covering Acts of Terrorism, including high limit AD&D and Permanent Total Disability coverage, review the MultiNational Accident Plan (MAP). Contact your representative for additional information about this exciting new product offered by MultiNational Underwriters, Inc.

### *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 Professional. 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 Much is the Premium?*

ANNUAL PREMIUM	
Professional	\$200.00
Spouse and 2 Dependents (Under age 19)	\$100.00
Each Additional Dependent (Under age 19)	\$40.00
Optional Hazardous Sports Rider Factor	1.20
Optional Atlas Terrorism Rider Factor	1.40

*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.*

### *How do I Apply?*

It's simple. Just complete the Application for Atlas Professional and mail it, along with your payment, to MultiNational Underwriters, Inc. If paying by credit card, you may fax or email your Application. You will receive an Identification Card along with other information about Atlas Professional. You should keep this brochure in a safe place and refer to it if you have questions concerning your coverage. This is a summary of the benefits, provisions and exclusions contained in the Master Policy. For a complete description of coverage, you may obtain a copy of the Master Policy by contacting MultiNational Underwriters, Inc.

**ATLAS PROFESSIONAL APPLICATION**  
**MultiNational Underwriters, Inc.**  
**Lloyd's Coverholder**

Names of <b>all</b> individuals to be covered.					
	Name (Last, First)	Birth Date (mm/dd/yy)	Citizenship	Passport #	Annual Premium
Insured:		/ /			
Spouse		/ /			
Child 1		/ /			
Child 2		/ /			
Child 3		/ /			

Subtotal (A): \_\_\_\_\_

Enter Factor for Hazardous Sports Rider, if Selected (1.2). Otherwise Enter 1.0 (B): \_\_\_\_\_

Enter Factor for Atlas Terrorism Rider, if Selected (1.4). Otherwise Enter 1.0 (C): \_\_\_\_\_

**Total Amount Due (multiply A x B x C):** \_\_\_\_\_

Requested Effective Date (mm/dd/yy): / /		E-Mail Address:	
Send Certificate of Insurance to (Name):		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	
Complete Mailing Address:		Credit Card #: _____ Expiration Date (mm/yy): _____	
		Name as it appears on card:	
Telephone #:	Fax #:	Complete Billing Address:	Daytime Phone #:
Name of Beneficiary:		Signature:	
<p>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.</p> <p>I hereby apply for membership in the Atlas/International Citizen Group Insurance Trust, Hamilton, Bermuda and for the insurance provided to members by Lloyd's. I understand that the insurance applied for is not a general health insurance policy, but is intended for use in the event of a sudden and unexpected event while traveling outside my Home Country. I understand this insurance contains a Pre-existing Condition exclusion, a Pre-notification Penalty and other restrictions and exclusions. I understand that coverage under this insurance is not renewable and successive periods of insurance will require re-satisfaction of the Deductible, Pre-existing Condition provision, and all other conditions of the insurance following acceptance of a new Application. 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 to MultiNational Underwriters, Inc. I understand that Lloyd's, as underwriter of the plan, is solely liable for the coverage and benefits provided under the insurance. I 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. I understand and agree that the insurance agent/broker, if any, assisting with this Application is a representative of the Applicant. If signed by a representative of the Applicant, the undersigned warrants his/her capacity to so act. If signed as guardian or proxy of the Applicant, the undersigned warrants his/her capacity to so act. By acceptance of coverage and/or submission of any claim for benefits, the Applicant ratifies the authority of the signer to so act and bind the Applicant.</p>			
Signature of Applicant:		Signature of Spouse:	
Date of Signature:		Date of Signature:	

**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	Postal Code: 85046	
Country:	Telephone: 602-992-0600	Fax: 602-971-6500	
E-Mail Address: Agent@AmericanRetiredPersons.com		Signature:	