

Administered By:



For Additional Information:

**Insurance Consultants International
PO Box 510
Palmer Lake, CO 80133
800-576-2674
orders@globalhealthinsurance.com
www.globalhealthinsurance.com**

The Insurance Company

Diplomat America is Underwritten by United States Fire Insurance Company; **rated "A" (excellent)** by A.M. Best.

The Program Administrator

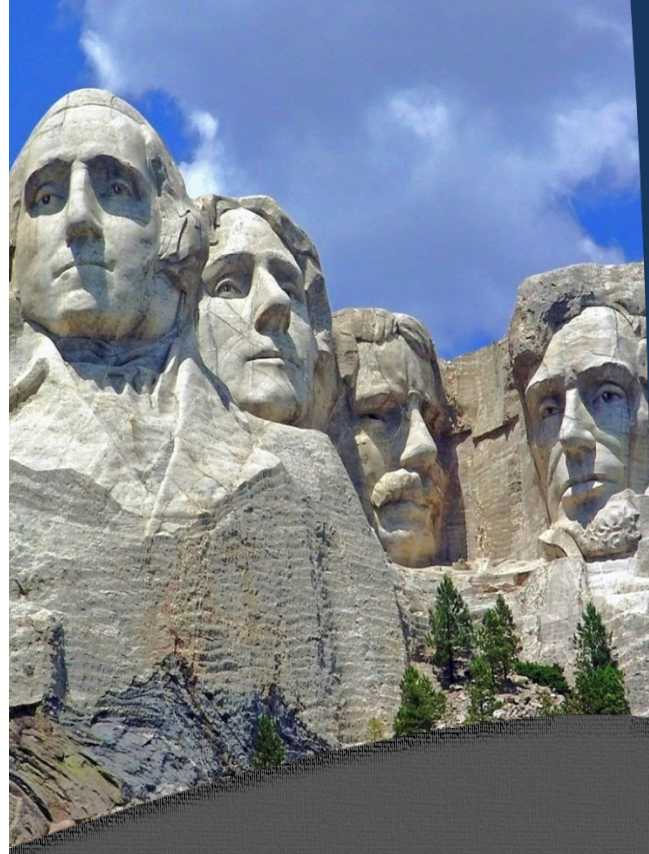
Diplomat America is designed and administered by Global Underwriters. With over 50 years of experience in the insurance industry, Global Underwriters has established itself as a leader in the development, administration and marketing of international health and life insurance products. We offer exceptional and affordable International Health insurance coverage for groups and individuals. So whether you're traveling on business, vacationing, or are residing in a foreign country, Global Underwriters has a plan designed just for you.

Questions? Please contact your Insurance Agent at 1-800-576-2674 (719-573-9080).

**Insurance Consultants International
PO Box 510
Palmer Lake, CO 80133**

**Completed Application and Credit Card Payment
may be faxed to: 832-201-7553**

Diplomat America



**Medical Insurance
that covers you
inside the United
States (15 days up
to 12 months)**



Medical Insurance for Travel inside the U.S.

Quick Glance Benefits Summary:

Medical Maximum:

Plan A - \$50,000, **Plan B** - \$100,000,
Plan C - \$250,000, **Plan D** - \$500, 000,
Plan E - \$1,000,000; Persons age 60-69 are eligible for plan A, B, and C. Persons age 70 – 79 are eligible for plans A and B; Persons age 80+ are eligible for a maximum benefit of \$20,000.

Co-Insurance:

After you pay the selected deductible, the plan pays 80% up to \$5,000 of eligible costs, then 100% to the Medical Maximum. There will be an additional \$250 deductible for each emergency room visit as a result of an illness. The emergency room deductible will be waived if hospital admittance is within 12 hours of the incident.

Pre-Existing Condition Exclusion: 24 Months prior to the start date of coverage

Deductible Choices: \$0, \$50, \$100, \$250, \$500, \$1,000, \$2,500, \$5,000 per person/policy period

Emergency Medical Evacuation and Repatriation: \$500,000

Political and Natural Disaster Evacuation: \$50,000; (\$100,000 available with the purchase of the Enhanced Political and Natural Disaster Evacuation Rider)

Return of Mortal Remains: \$50,000

Emergency Medical Reunion: \$50,000

Return of Minor Child: \$50,000

Interruption of Trip: \$5,000

Loss of Baggage: \$50 per article; up to a maximum of \$250

Emergency Dental Treatment (Palliative): \$100

Accidental Death and Dismemberment: \$25,000 (Enhanced Benefit Amounts available) with paralysis, coma, seat belt and airbag, felonious assault and home alteration and vehicle modification benefits.

Athletic & Hazardous Activity Rider Available

Why Purchase International Medical Insurance?

Who should purchase the Diplomat America?

Travel medical insurance designed to cover Non-U.S. Citizens and Non-U.S. Residents traveling to the United States. This valuable travel protection is ideal for students, business and leisure travelers, study abroad, international exchange students, tourists, holiday travelers, and church or missionary travelers.

Why do you need international travel Insurance?

Nationalized or government sponsored health plans rarely provide adequate medical coverage for injuries or illnesses which occur in the United States. Most travelers are unaware of how expensive medical care is in the United States. Not to mention, that U.S. medical facilities may not recognize insurance provided by a "foreign" insurance company and could deny services or demand up-front payment for treatment.

This brochure is meant to be a brief summary of the policy features only for the Diplomat America Plan and does not cover all the terms, conditions and limitations of the Master Policy. If there is any conflict between this brochure and the Master Policy, the Master Policy will govern in all cases. Benefits and premiums are subject to change.

Eligibility: The **Diplomat America** provides Accident and Sickness Medical Coverage, Travel Assistance, and AD&D benefits to Non-US Residents while visiting the United States. Coverage is available for **you**, a second adult, unmarried dependent Children, or Children traveling alone.

Period of Coverage: The minimum period of coverage that can be purchased is 15 days, the maximum is 12 months.

Effective Date: Coverage will begin at 12:00 A.M. Eastern Standard Time on the latest of the following: 1) The date and time your enrollment form and correct premium are received by Global Underwriters Agency; or 2) The effective date requested on the enrollment form; 3) The moment You depart from your Home Country.

Expiration Date: Coverage will end at 11:59 P.M. Eastern Standard Time on the earliest of the following: 1) The moment You return to your Home Country, 2) Twelve months after your coverage's effective date; 3) The termination date shown on the enrollment form, for which premium has been paid; or 4) The date You are no longer considered an Eligible Person.

Diplomat America (Daily Rates)

Plan A - \$50,000	With \$250 Deductible	Plan B - \$100,000	With \$250 Deductible
Ages 18 -29	\$1.33	Ages 18 -29	\$1.57
Ages 30-39	\$1.77	Ages 30-39	\$2.12
Ages 40-49	\$2.67	Ages 40-49	\$3.08
Ages 50-59	\$3.88	Ages 50-59	\$4.74
Ages 60-64	\$4.88	Ages 60-64	\$5.98
Ages 65-69	\$5.57	Ages 65-69	\$7.15
Ages 70-79	\$7.53	Ages 70-79	\$10.17
80+ (\$20K max)	\$15.88	80+ (\$20K max)	N/A
Dependent Child	\$0.87	Dependent Child	\$0.95
Child Alone	\$1.27	Child Alone	\$1.52
Plan C - \$250,000	With \$250 Deductible	Plan D - \$500,000	With \$250 Deductible
Ages 18 -29	\$1.74	Ages 18 -29	\$2.02
Ages 30-39	\$2.33	Ages 30-39	\$2.67
Ages 40-49	\$3.46	Ages 40-49	\$4.08
Ages 50-59	\$5.15	Ages 50-59	\$5.81
Ages 60-64	\$6.42	Ages 60-64	N/A
Ages 65-69	\$7.39	Ages 65-69	N/A
Ages 70-79	N/A	Ages 70-79	N/A
80+ (\$20K max)	N/A	80+ (\$20K max)	N/A
Dependent Child	\$1.06	Dependent Child	\$1.19
Child Alone	\$1.69	Child Alone	\$1.91
Plan E - \$1,000,000	With \$250 Deductible	<div style="border: 1px solid black; padding: 10px; text-align: center;"> <p>This plan is for individuals while traveling outside their home country and inside the USA.</p> <p>Diplomat America must be purchased for a minimum of 15 days.</p> </div>	
Ages 18 -29	\$2.43		
Ages 30-39	\$3.12		
Ages 40-49	\$4.57		
Ages 50-59	\$6.67		
Ages 60-64	N/A		
Ages 65-69	N/A		
Ages 70-79	N/A		
80+ (\$20K max)	N/A		
Dependent Child	\$1.27		
Child Alone	\$2.15		

Optional Policy Enhancement Riders

Enhanced AD&D Benefit Rates (Per Person / Month)

\$100,000 Total Coverage	\$6.00	Total AD&D coverage includes the \$25,000 base amount.
\$250,000 Total Coverage	\$18.00	
\$500,000 Total Coverage	\$38.00	
\$750,000 Total Coverage	\$58.00	
\$1,000,000 Total Coverage	\$78.00	

Optional Policy Enhancement Riders

Enhanced Political and Natural Disaster Evacuation Benefit

The Enhanced Political and Natural Disaster Evacuation Benefit Rider increases the maximum benefit from \$50,000 to \$100,000. (**\$30 per person per month**)

Athletic Sports & Hazardous Activity Rider - provides coverage if Your Injury or Illness results from the below enumerated Athletic Sports & Hazardous activities. NOTE: Any Athletic Sport & Hazardous Activity not expressly covered hereunder is excluded from this policy unless the activity is non-contact and engaged in by You solely for leisure, recreation, entertainment, or fitness purposes only.

Table 1: For the below listed activities apply the 1.25

factor to the base premium:

(1) Low Option - Bobsledding; Bungee Jumping; Canopying; Hang Gliding; Heli-skiing; Horseback Riding; Jet, Snow, and Water Skiing; Kayaking; Martial Arts; Motorcycling & Motor Scooter; Mountain Biking; Mountain Climbing (under 14,000 feet); Paragliding; Parasailing; Piloting any Non-commercial Aircraft; Safari; Scuba Diving, Skydiving; Snowboarding; Snowmobiling; Spelunking; Surfing; Trekking; Whitewater Rafting (up to and including Class V Rapid only); Wind Surfing; Zip Lining.

Table 2: For the below listed activities apply the 1.25

factor to the base premium plus the monthly flat rate listed:

(2) Middle Option - additional \$25.00 flat monthly rate

Arial Photograph (Use of proper restraints required); BMX (Racing or Competitive); Flying in any Chartered or Leased Aircraft or Helicopter.

(3) High Option - additional \$50.00 flat monthly rate

Diving with Sharks; Mountain Climbing (if over 14 thousand feet, guide required); MX; Running with Bulls; Safari & Big Game Hunting (use of firearms); Security Detail (use of firearms).

Table 3: For the below listed Intercollegiate, Interscholastic Athletics, Club Sports, and Organized Amateur Sports, apply the 1.25 factor to the base

premium plus the monthly flat rate listed. Under this rider, the Medical Expense Benefit is reduced to \$20,000 for any Covered Injury or Illness resulting from:

(1) Low Option - additional \$12.00 flat monthly rate

Baseball; Cheerleading; Cross Country; Diving; Equestrian; Fencing; Field Hockey; Golf; Polo Horse; Polo Water; Softball; Swimming; Tennis; Track and Field; Volleyball

(2) Middle Option - additional \$26.00 flat monthly rate

Basketball; Competitive Cycling (Road, Track, CX); Ice Hockey; Lacrosse; Martial Arts; Skiing (Slalom, Giant Slalom, Downhill); Wrestling.

(3) High Option - additional \$80.00 flat monthly rate

Football (no Division One); Gymnastics; Rugby; Soccer.

Enrollee Information – Diplomat America

DA: 5/2014

Last Name: _____ First Name: _____ Middle: _____

Home Country Address: _____

City: _____ State: _____ Zip Code: _____ Country: _____

Passport Number: _____ Issuing Country: _____

For Accidental Death Benefit:

Beneficiary: _____ Relationship: _____

Address: _____

Send Policy to: Email Postal Service Check box if Home Country Address is the mailing address

Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____ Country: _____

Email: _____ Phone: _____

Requested Effective Date: _____ Termination Date: _____ Total # of Days (B)

(Include First and Last Days in calculation: Must be purchased for a minimum of 15 days; Maximum 365 days)

Policy Maximum (Circle One)	Deductible Factors (Circle One) (C)	Optional Riders & Factors (Circle All That Apply)
Plan A - \$50,000	\$0 x 1.30 \$500 x .90	(G) Enhanced Political & Natural Disaster _____
Plan B - \$100,000	\$50 x 1.20 \$1000 x .80	(D) Enhanced AD&D Benefit: _____
Plan C - \$250,000	\$100 x 1.10 \$2500 x .70	(E) Athletic Sports & Hazardous Activity x 1.25
Plan D - \$500,000	\$250 x 1.00 \$5000 x .60	(F) Special Sport Flat Rate: _____
Plan E - \$1,000,000		List Special Sport(s): _____

Calculating Your Premium

Name of Persons to be Insured	Gender	Date of Birth	Daily Rate Premium
Enrollee: _____	M or F	___/___/___	_____
Spouse: _____	M or F	___/___/___	_____
Child: _____	M or F	___/___/___	_____
Child: _____	M or F	___/___/___	_____
Child: _____	M or F	___/___/___	_____

Total Daily Premium (A): _____

_____ X _____ = _____ X _____ = _____

Total Daily Premium (A) X Total # of Days (B) = Sub-Total X Deductible Factor (C) = Sub-Total

+ _____ = _____ X _____ + _____ + _____ + \$5.00

Enhanced AD&D (D) = Sub-Total X Rider Factor (E) + Special Sport (F) + Enhanced Political (G) + Admin Fee

Coverage cannot begin until Global Underwriters receives your completed Enrollment form and correct premium. **Total Plan Cost:**

Payment Method: Check/Money Order (Payable to Global Underwriters) MasterCard / Visa / Discover

Card #: _____ - _____ - _____ - _____ Expiration Date: ___/___/___

Cardholder Name: _____ Signature: _____

Cardholder City: _____ State: _____ Zip Code: _____

I have read and fully understand the exclusions list on this brochure. Check or money order must be made payable to Global Underwriters Inc. All premium payments must be paid in U.S. Dollars at the time enrollment coverage is made. If paying by credit card, I authorize Global Underwriters Agency Inc. to bill my Visa/MasterCard/Discover account for the total premium. Coverage purchased by credit card is subject to validation and acceptance by the credit card company. I hereby subscribe to the Diplomat America plan and enroll in coverage for which I am eligible under the policy issued by United States Fire Insurance Company.

Signature of Insured or Proxy _____ Date _____

Agent Name/#: _____ ICI _____ GA Name/#: _____ ICI _____