LIAISON®
STUDENT

STUDY ABROAD INSURANCE

To Protect You Outside Your Home Country

FSG-ADV-LS

SEVENCORNERS

CHOOSING LIAISON® STUDENT

WHY CHOOSE LIAISON STUDENT?

If you are studying, teaching, or doing research outside of your home country,* Liaison Student from Seven Corners is a great option. 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. Liaison Student helps ensure you receive the same level of care abroad that you have at home!

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

ABOUT SEVEN CORNERS

Since 1993, Seven Corners*, Inc. has alleviated many of the concerns with international travel by providing insurance plans to private citizens, governments, missionaries, students, and corporations of various nations around the globe. Each year, thousands of insureds purchase coverage from Seven Corners in order to obtain the most comprehensive and reliable products in the international insurance industry.

*In California, Seven Corners operates 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.

- 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 and are covered if your destination is the United States.
- If you are a U.S. citizen, you must have a current passport and are covered for destinations outside of the United States.

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 364 days.

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 you report for full-time active duty in any Armed Forces.

Continuing Coverage - If you initially buy less than 364 days of coverage, you may purchase additional time, to a total of 364 days. Your initial effective date is used to calculate your deductible & coinsurance & to determine pre-existing conditions.

SCHEDULE OF BENEFITS

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

Accident & Illness Lifetime Medical Maximum: $250,000 Primary Insured, $100,000 Spouse/Child

Accident & Illness Per Injury/Illness: $250,000 Primary Insured, $100,000 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

Terrorism: $50,000

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.

Assistance Services: 24 hours - worldwide

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

Pre-Existing Condition means any medical condition, sickness, Injury, Illness, disease, Mental Illness or Mental Nervous Disorder, regardless of the cause including any congenital, chronic, subsequent, or recurring complications or consequences related thereto or resulting therefrom that with reasonable medical certainty existed at the time of application or any time during the 36 months prior to the effective date of coverage under this policy, whether or not previously manifested, symptomatic, known, diagnosed, treated or disclosed. This specifically includes but is not limited to any medical condition, sickness, Injury, Illness, disease, Mental Illness or Mental Nervous Disorder, for which medical advice, diagnosis, care or treatment was recommended or received or for which a reasonably prudent person would have sought treatment during the 36 month period immediately preceding the effective date of coverage under this policy. *For U.S. and Canadian citizens traveling outside the United States and Canada, the Pre-existing Condition period is 12 months instead of 36 months.

PROGRAM COST

Effective January 27, 2015

DAILY RATES

U.S. CITIZENS STUDYING ABROAD

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

Plan A – 80% Coinsurance/$50 Deductible

AGE BAND	PARTICIPANT	SPOUSE	CHILD
12-18	$1.10	$3.00	$2.74
19-23	$1.10	$3.00	$2.74
24-30	$1.68	$4.59	$2.74
31-40	$2.49	$6.84	$2.74
41-50	$4.78	$10.91	$2.74
51-64	$8.56	$14.30	$2.74

Plan B – 80% Coinsurance/$0 Deductible

12-18	$1.18	$3.20	$2.94
19-23	$1.18	$3.20	$2.94
24-30	$1.82	$4.98	$2.94
31-40	$2.68	$7.43	$2.94
41-50	$5.14	$11.71	$2.94
51-64	$9.17	$15.31	$2.94

Plan C – 100% Coinsurance/$50 Deductible

12-18	$1.21	$3.29	$2.80
19-23	$1.21	$3.29	$2.80
24-30	$1.82	$4.98	$2.80
31-40	$2.71	$7.43	$2.80
41-50	$5.21	$11.88	$2.80
51-64	$9.31	$15.55	$2.80

Plan D – 100% Coinsurance/$0 Deductible

12-18	$1.28	$3.49	$3.27
19-23	$1.28	$3.50	$3.27
24-30	$1.96	$5.37	$3.27
31-40	$2.89	$7.93	$3.27
41-50	$5.56	$12.69	$3.27
51-64	$9.95	$16.61	$3.27

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

Plan M – 80% Coinsurance/deductible details below*

12-18	$1.71	$5.45	$5.40
19-23	$2.17	$9.68	$5.40
24-30	$4.57	$13.75	$5.40
31-40	$7.06	$16.71	$5.40
41-50	$8.99	$20.70	$5.40
51-64	$12.66	$20.70	$5.40

Plan N – 100% Coinsurance/deductible details below*

12-18	$5.20	$11.51	$11.51
19-23	$6.83	$18.05	$11.51
24-30	$10.00	$27.31	$11.51
31-40	$14.48	$35.23	$11.51
41-50	$24.78	$38.37	$11.51
51-64	$32.04	$40.71	$11.51

*Deductible Details for 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

LIAISON® STUDENT

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.

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.

EXCLUSIONS

The list below is a summary of the exclusions in your policy. A complete description of all exclusions are listed in the certificate of coverage which you will receive after your coverage is issued. You can view a sample certificate online.

- Pre-existing Condition; *(does not apply to Emergency Medical Evacuation/ Repatriation or Return of Mortal Remains);*
- Claims not presented to us for payment within 90 days of treatment;
- Treatment which is not medically necessary, provided at no cost or by your relative or anyone who lives with you; exceeds reasonable & customary charges; is experimental/investigational, non-medical; mental & nervous disorders or rest cures; congenital abnormalties and related 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; occupational diseases & related complications; exercise programs; sleep apnea & sleep disorders; complications of a condition not covered by this policy; exposure to non-medical radiation &/or radioactive materials;
- Suicide or any attempt; self-inflicted injury/illness; expenses related to commission of a felony; treatment & supplies not provided by a doctor; products purchased without a doctor's prescription;
- 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 marital law or state of siege *(see program summary for variation in this exclusion)*;
- Injury while participating in professional athletics;
- Routine physicals & immunizations; vocational, speech, or music therapy; temporomandibular joint treatment; learning disabilities, attitudinal disorders, disciplinary problems;
- False teeth, dentures, dental appliances, dental expenses except as provided in the Dental Benefit; normal ear tests, hearing aids & implants;
- Eye surgery, refractions, contact lenses unless due to accidental injury during your period of coverage;
- Treatment related to alcohol, drug or chemical abuse, misuse, illegal use, overuse or dependency or use of any drug or narcotic; injury related to intoxicating liquor, chemicals, drugs or narcotic agent unless prescribed by a physician and taken as directed by the physician;
- 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;
- 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; expenses incurred in the U.S. (except for the Home Country Coverage benefit or unless coverage in the U.S. has been selected & appropriate premium paid);
- 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;
- Injury while taking part in mountaineering, hang gliding, paragliding, parachuting, bungee jumping, racing by animal or motor vehicle/motorcycle, snowmobiling, motorcycle/motor scooter riding (as a passenger or driver), scuba diving with underwater breathing apparatus (unless PADI or NAUI certified), water skiing, wakeboard riding, jet skiing, windsurfing, snow skiing and snowboarding (if you follow all applicable regulations), any sport/athletic activity undertaken for thrill seeking which exposes you to abnormal or extreme risk of injury;
- 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;
- 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;
- 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;
- 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.
- Expenses for Acquired Immune Deficiency Syndrome (AIDS), Aids-Related Complex (ARC) or the Human Immunodeficiency Virus (HIV);
- Expenses for acne, moles, skin tags, sebaceous gland disease, nevus, seborrhea, sebaceous cyst, hypertrophic & atrophic skin conditions;

ABOUT YOUR INSURANCE COMPANY

Liaison Student is underwritten by Advent, Syndicate 780 at Lloyd's of London,* an established organization with an AM Best rating of A (Excellent).

*In specific scenarios, coverage is provided by Certain Underwriters at Lloyd's, London or Tramont Insurance Company Limited. For more information regarding Tramont, please visit www.tramontinsurance.com.

New York & South Dakota – coverage provided by Certain Underwriters at Lloyd's, London

Coverage is not available for Washington and Maryland.

REFUND OF PREMIUM

Advent will provide a refund of your plan cost if we receive a written request from you prior to your coverage start date. If we receive your written request after your coverage start date, the unused portion of your plan cost may be refunded minus a cancellation fee if you have not submitted any claims.

LIAISON® STUDENT APPLICATION

OFFICIAL USE ONLY:
Agent: 11576

PRIMARY APPLICANT INFORMATION

Last Name: _____

First Name: _____ M.I: _____

Residence Country: _____

TRIP INFORMATION

Destination Countries: _____
(please list all destinations for your trip)

Destination State if traveling to the U.S.: _____

Passport Country & Number: _____

Departure Date from your Residence Country? *(MM/DD/YY)*____/____/____

Coverage Start Date: *(MM/DD/YY)*____/____/____

Coverage End Date: *(MM/DD/YY)*____/____/____

The minimum coverage period is 5 days, the maximum is 364 days.

Previously insured by Seven Corners? ❑ Yes ❑ No ID #: _____

MAILING ADDRESS:

Address: _____

City: _____ State: _____

Postal Code: _____ Country: _____

Work Phone: ( ) _____ Home Phone: ( ) _____

Email Address: _____

❑ I would like to receive communications from Seven Corners and/or my agent about products in the future.

AD&D BENEFICIARY DETAILS

Beneficiary: _____

Relationship: _____

EDUCATIONAL INSTITUTION INFORMATION

Name of School or Educational Institution: _____

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): _____

CHOOSING A PLAN

Please see page 2 for plan details.

U.S. CITIZENS, PLEASE CHOOSE A PLAN:
❑ Plan A ❑ Plan B ❑ Plan C ❑ Plan D

NON U.S. CITIZENS, PLEASE CHOOSE A PLAN:
❑ Plan M ❑ Plan N

Name of Persons to be Insured:	Date of Birth MM/DD/YY	Gender	Daily Rate* (USD)
Primary: _____	___/___/___	❑M ❑F	_____
Spouse: _____	___/___/___	❑M ❑F	_____
Child: _____	___/___/___	❑M ❑F	_____
Child: _____	___/___/___	❑M ❑F	_____
Child: _____	___/___/___	❑M ❑F	_____

CALCULATING YOUR COST

1. Add the amounts in the Daily Rate column together. Enter the result on line 1. This your Daily Rate Total. 1._____
2. Enter your Total Number of Travel Days on line 2 (include all travel days & the start & end dates for your trip). 2._____
3. Multiply line 1 by line 2. Enter the result on line 3 This is your Total Payment. 3._____

METHOD OF PAYMENT

❑ Check ❑ Money Order ❑ MasterCard ❑ Visa ❑ Discover ❑ American Express

Card Number: _____ Expiration Date: _____ Daytime Phone: ( ) _____

Name on Card: _____ Billing Address: _____

Signature *(Required)* _____

Total payment for the full term of coverage must be paid in U.S. dollars when you apply. I hereby apply to be a Plan Participant of the Fairmont Specialty Trust (the "Trust") and to participate in the insurance coverage extended by certain underwriters at Lloyd's ('the Insurers') to Plan Participants under the Trust (the "Coverage"), or the World Commercial Trust and enroll in the group coverage for which I am eligible under the group contract issued by Advent, Syndicate 780 at Lloyd's of London or the group contract issued by Tramont Insurance Company Limited. I understand that the Coverage is not a general health insurance product, but is intended for use in the event of a sudden and unexpected event while traveling outside my Home Country. I understand and confirm that it is the responsibility of Indian residents purchasing insurance coverage to obtain permission from the Central Government and Reserve Bank of India before I can acquire insurance. I understand that I may obtain full details of the Coverage by requesting a copy of the Master Policy from the Plan Administrator. I understand that the liability of the Insurers as underwriters of the Coverage is as provided in the Master Policy. I understand and agree that no coverage will be in effect until such time that all premiums due are paid and my subscription agreement is accepted by the Insurance Company.

I hereby confirm the accuracy of all information, and validity of all representations and warranties provided to the Trustee in connection with my participation in the Plan and/or the subscription for the insurance coverage, howsoever provided, including the terms of this Subscription Agreement, (together "Representations & Warranties"). I acknowledge that such information will be relied upon by the Insurers and that any inaccuracy therein may result in the invalidity of the Coverage, the loss of Coverage and all monies paid in relation thereto. I hereby undertake to inform the Trustee of any change to any of the Representations & Warranties. I hereby indemnify and hold harmless the Trustee against any loss or damage (including attorney's fees) occasioned by any inaccuracy in any Representation & Warranty or failure to advise the Trustee of any change in any matter that forms the subject of any of the Representations & Warranties. I agree that the Trustee shall be entitled to rely on and to act in accordance with any written instruction purported to be provided by me and I hereby undertake to indemnify and hold harmless the Trustee against any loss or damage (including attorney's fees) occasioned by the Trustee acting in accordance with any such instruction. I confirm that I have satisfied myself that the Coverage is appropriate for me and that I meet the eligibility criteria.

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. 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

Completing Your Application - If paying by check or money order, make payable to Seven Corners, Inc. & mail with your application to Seven Corners, Inc. - 303 Congressional Boulevard – Carmel, IN 46032 USA. Checks must be issued from a US bank. If paying by credit card, you may mail or fax to us. Credit card purchase is subject to validation & acceptance by the credit card company. Fax: 317-575-2659*
**If your mailing address is South Dakota or New York, make checks payable to World Commercial Trust and mail to World Commercial Trust - P.O. Box: 56575, Station A - Toronto, ON M5W 4L1.*

_____ _____

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

IMPORTANT INFORMATION

IMPORTANT INFORMATION REGARDING YOUR COVERAGE

Please be aware that this is not a general health insurance policy, but an interim, limited benefit period, travel medical program intended for use while away from your home country.

This brochure is intended as a brief summary of benefits and services. It is not your policy. If there is any difference between this brochure and your policy, the provisions of the policy will prevail. Benefits and premiums are subject to change.

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.

ADMINISTERED BY

SEVENCORNERS

303 Congressional Boulevard
Carmel, IN 46032
800-335-0611 • 317-575-2652 • Fax: 317-575-2659
www.SevenCorners.com

BBB ACCREDITED BUSINESS

FOR ADDITIONAL INFORMATION

Community Insurance Agency, Inc.
425 Huehl Road, Suite# 22-A
Northbrook, IL 60062
United States Of America
EMAIL: Info@TravelHealthQuote.us
www.travelhealthquote.us

T: 1-800-344-9540
P: 1-847-897-5120
FAX: 1-847-897-5130

FSG-ADV-LS
For more information regarding Advent's Complaints and Data Protection Policy, please go to: www.sevencorners.com/downloads/Complaints_Data_Protection.pdf
v.5.8.2015