

# Maritime Citizen

*Health Coverage that Goes Far & Beyond*



- **Annually Renewable Major Medical Insurance**
- **Optional Term Life, Dental, and Sports Coverage**
- **Astonishing Travel Assistance Services**

Maritime Citizen



**HCC Medical  
Insurance Services**  
Lloyd's Coverholder

## **Why Buy Maritime Medical Insurance?**

The answer is easy. If you are a US citizen living abroad, traditional sources of US private health insurance may not meet your needs. Geographical exclusions and provider limitations common to these policies will restrict or even eliminate the coverage available to you while you are outside the US. At the same time, you may not be eligible for participation in the government-sponsored plans in the country where you reside. Or you may wish to have access to health care in other countries, including the US, in the event you become seriously ill. If you are a non-US citizen, you may need an international medical insurance policy to supplement the coverage available to you through your government sponsored plan, or to provide coverage while you are outside your home country. If you travel or reside worldwide, HCC Medical Insurance Services has designed the Maritime Citizen plan to meet your needs.

## **Who is the Plan Administrator?**

HCC Medical Insurance Services (HCCMIS), headquartered in Indianapolis, Indiana, is a full service organization offering a comprehensive portfolio of insurance products designed specifically to address the insurance needs of consumers worldwide. HCCMIS is a subsidiary of HCC Insurance Holdings, Inc. (HCC), which is a leading international specialty insurance group headquartered in Houston, Texas. HCC has assets of more than \$9.0 billion, shareholders' equity in excess of \$3.0 billion and is rated AA (Very Strong) by Standard & Poor's, AA (Very Strong) by Fitch Ratings and A+ (Superior) by A.M. Best Company.

## **Who is the Insurer?**

Maritime Citizen is insured by Syndicate 4141 at Lloyd's, London. Lloyd's is the largest and oldest insurance market in the world and is rated 'A' (Excellent) by A.M. Best Company and 'A+' (Strong) by Standard & 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.

## **Which Coverage Area is Right for Me?**

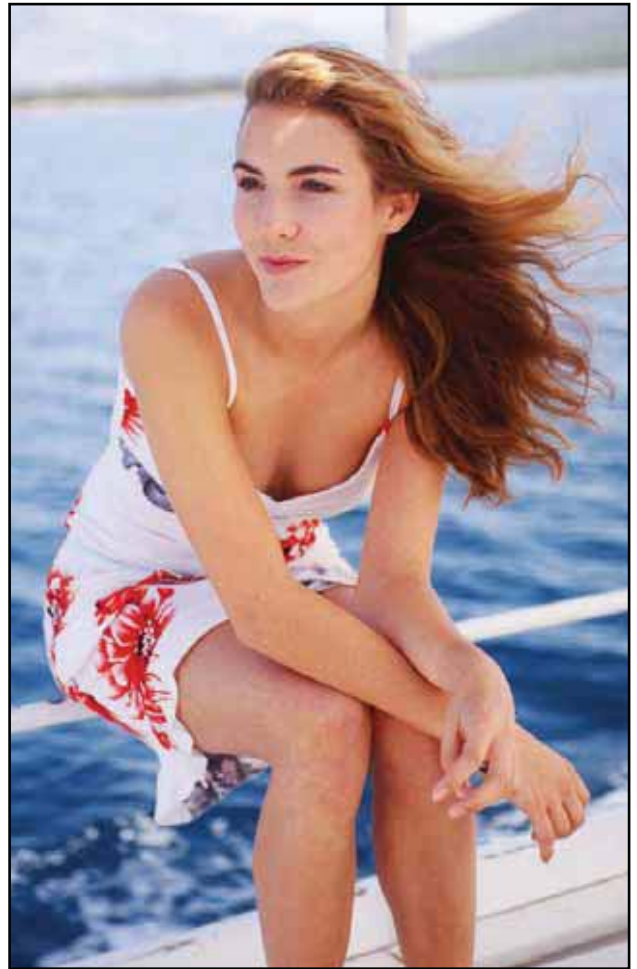
Maritime Citizen offers two coverage areas: including the US and Canada and excluding the US and Canada. If you desire worldwide coverage, select the "Including the US and Canada" option. If you do not need or desire coverage in the US or Canada, you may obtain lower premiums by selecting the "Excluding the US and Canada" option.

## **Am I Eligible for Maritime Citizen?**

Maritime Citizen is available to citizens of many countries around the world who are at least age 14 days and not over age 74. If you are a US citizen, you must reside outside the US, or plan to depart the US within 30 days of the Effective Date. If you are a US citizen, you must also reside outside the US for at least 6 months within each Certificate Period. Citizens of other countries may reside abroad, including the US or their country of citizenship. Optional Term Life Insurance is not available to residents of the US, regardless of citizenship.

## **Is Coverage Under Maritime Citizen Renewable?**

Yes. Maritime Citizen is annually renewable. There are no medical questions at renewal. Renewal is subject to your continued eligibility and timely payment of premiums. Your renewal premium will be the same as all persons of the same Certificate origination year, age and gender. If you purchase coverage before you reach the age of 65, and maintain coverage continuously for 10 years, subject to continued eligibility, you will automatically be eligible to apply for the Maritime Citizen Senior Plan with no medical questions.



## **How Do I Apply for Maritime Citizen?**

Complete the Application for Insurance and send it with your initial premium payment to your agent or to HCC Medical Insurance Services (HCCMIS). Remember, your Application will become a permanent part of your record as well as part of your Certificate of Coverage. Answer each question thoroughly and legibly. You may attach additional sheets if necessary. Within five business days of receipt of your Application, you will be informed of whether your Application has been accepted or of any additional information required for continuing the evaluation of your Application. If your Application is accepted, you will be informed of the effective date of coverage, and a fulfillment kit will be sent via electronic mail containing your Certificate of Coverage, an identification card, a Claimant's Statement, and instructions on how to use your insurance. In the event that your Application is not accepted, HCCMIS will promptly refund your premium.

## **What Should I Expect During the Underwriting Process?**

Maritime Citizen is a medically underwritten plan, which means that your family's medical status and history will be used to determine your eligibility for coverage. When Underwriting reviews your Application, they will evaluate the medical information that you provide and determine whether coverage can be issued and if Riders are necessary. These Riders allow Underwriting to issue a Certificate by excluding coverage for specified conditions. Additionally, your premium may be impacted by certain factors. If additional premium is due, you will be notified after a medical underwriter has reviewed the application.

## **Preferred Provider Network (PPO)**

Coinsurance will be waived for expenses incurred in the US within our direct-pay PPO. Simply present your identification card at the provider's office so that they may contact us to verify benefits and billing information. For your convenience, HCCMIS also offers an international network. Both networks are searchable through Client Zone, which is accessible with your Certificate number and date of birth once coverage has been approved.

## **How Do I File a Claim?**

Filing a claim is easy. Once your Application is accepted, you will receive a kit which contains Claimant's Statement and Authorization forms. Complete the Claimant's Statement and Authorization form, attach original, itemized bills, and forward them to HCCMIS. Be sure to complete your Claimant's Statement entire it. If you have already paid certain expenses, attach copies of your payment receipts. You will be reimbursed for eligible medical or dental expenses. In many cases HCCMIS will make payment directly to the hospital or physician who treated you. Remember, you are responsible for the deductible, coinsurance, and any ineligible charges.

## **Pre-certification**

Maritime Citizen requires Pre-certification, which simply means that you must contact HCCMIS as soon as possible before a planned hospitalization or surgical procedure, within 48 hours of an emergency hospital admission, or within the first 90 days of Pregnancy. Pre-certification allows us to establish contact and make payment arrangements with your providers, negotiate discounts which will benefit both you and us, pre-arrange future care, and plan for your claim. Pre-certification helps us help you.

## **Maritime Citizen Senior Plan**

Eligibility for the standard Maritime Citizen plans ends at age 75, but for those members who joined before age 65 and have maintained coverage for at least 10 years, the Maritime Citizen Senior Plan is available with no medical questions. The Maritime Citizen Senior Plan offers many of the same benefits and limits as the standard Maritime Citizen plan. The Deductibles available on the Maritime Senior plan are \$5,000, \$7,500, and \$10,000. On the Maritime Senior Platinum plan, the Overall Maximum Limit is reduced to \$1 million. Additionally, the Human Organ Transplant and Emergency Medical Evacuation benefits are deleted. On the Maritime Senior Premier plan, the Overall Maximum Limit is reduced to \$250,000 and the Human Organ Transplant benefit is deleted.

## Maritime Citizen Benefits and Limits

Maritime Citizen features a \$5,000,000 lifetime limit, worldwide medical coverage, Maternity benefits, Mental Health benefits, Wellness benefits and Emergency Medical Evacuation benefits. Maritime Citizen offers two coverage areas: including the US and Canada and excluding the US and Canada. If you desire worldwide coverage, select the "Including the US and Canada" option. If you do not need or desire coverage in the US and Canada, you may obtain lower premiums by selecting the "Excluding the US and Canada" option.

Benefit	Limit – all limits are per Certificate Period except as specifically indicated otherwise
Overall Maximum Limit	\$5,000,000 Lifetime
Coverage Area	Option 1 – Including the US and Canada Option 2 – Excluding the US and Canada
Deductibles Available	\$250, \$500, \$1,000, \$2,500 or \$5,000 per Member per Certificate Period
Family Deductible	Maximum of three Deductibles per Family per Certificate Period
Coinsurance – Claims Incurred in US or Canada*	After the Deductible, Underwriters will pay 80% of the next \$5,000 of Eligible Expenses per Member per Certificate Period, then 100% to the Overall Maximum Limit. The Coinsurance will be waived if expenses are incurred within the PPO and expenses are submitted to Underwriters for review and payment directly to the provider
Coinsurance – Claims Incurred outside US or Canada	After the Deductible, Underwriters will pay 100% of Eligible Expenses per Member per Certificate Period to the Overall Maximum Limit
Family Coinsurance	After \$3,000 of Coinsurance has been paid per Family per Certificate Period, Underwriters will pay 100% of Eligible Expenses to the Overall Maximum Limit
Hospital Room and Board – In US or Canada*	Average Semi-private room rate
Hospital Room and Board – Outside US or Canada	Average Private room rate
Intensive Care Unit	Usual, Reasonable
Prescription Drugs	Usual, Reasonable and Customary Subject to Deductible and Coinsurance
Mental Health Disorders	\$10,000 per Certificate Period, \$25,000 Lifetime Maximum, \$50 Maximum per visit per day for outpatient care (after 12 months of continuous coverage)
Maternity – Normal or Complicated Delivery	After the Deductible, Underwriters will pay 50% of the next \$100,000 of Eligible Medical Expenses, then 100% to a Lifetime Maximum of \$250,000. Covered Maternity expenses include pre-natal, Delivery, and post-natal care (after 12 months of continuous coverage)
Maximum for Maternity	\$250,000 Lifetime
Newborn Care	Included as part of Maternity benefits for a maximum of 60 days
Pre-existing Conditions	Same as any other Injury or Illness if disclosed on Application and not excluded or limited by Rider
Local Ambulance	Usual, Reasonable and Customary
Physical Therapy	\$50 Maximum per visit per day
Wellness	All Wellness benefits are available after 12 months of continuous coverage and are not subject to Deductible. <u>Members under age 19:</u> \$50 per visit (including immunizations), maximum of three visits per Certificate Period. <u>Members age 30 and over:</u> \$250 per Member per Certificate Period. <u>Female Members age 40 and over (or qualifying Woman at Risk):</u> \$100 per Member per Certificate Period for a screening mammogram
Human Organ/Tissue Transplants	Same as any other Illness for Covered Transplants**
All Other Eligible Expenses	Usual, Reasonable and Customary
Emergency Medical Evacuation	\$50,000 Lifetime Maximum
Repatriation of Remains	\$25,000 Limit
Emergency Reunion	\$10,000 Lifetime Maximum
Pre-certification Penalty	50%

\* Benefits within the US and Canada are not available to applicants electing Option 2 as their Coverage Area.

\*\* Covered Transplants include Heart, Heart/Lung, Lung, Kidney, Kidney/Pancreas, Liver and Allogenic and Autologous Bone Marrow.

### Optional Dental Rider

	Certificate Period 1	Certificate Period 2	Certificate Period 3 and after
Preventative Dental Benefits  Children age 9 through 16 (after 3 months of continuous coverage)	100%	100%	100%
Basic Dental Benefits (after 6 months of continuous coverage)	50%	65%	80%
Major Dental Benefits (after 6 months of continuous coverage)	30%	40%	50%
Dental Deductible	\$100 per Certificate Period per person	\$100 per Certificate Period per person	\$100 per Certificate Period per person
Maximum Dental Benefits	\$500 per Certificate Period per person	\$750 per Certificate Period per person	\$1,000 per Certificate Period per person

### Optional Term Life Insurance and Accidental Death and Dismemberment

(Not available to residents of the US, regardless of citizenship)

#### Term Life Insurance

Age	Option 1 – Principal Sum	Option 2 – Principal Sum
19 to 59	\$50,000	\$100,000
60 to 64	\$25,000	\$50,000
65 to 69	\$10,000	Not Available
Dependent Child	\$5,000	Not Available

You may choose a different option for each family member taking Term Life coverage.

#### Accidental Death and Dismemberment

Accidental Death	Principal Sum to the Beneficiary
Accidental Loss of Two Limbs	Principal Sum to the Member
Accidental Loss of One Limb	50% of Principal Sum to the Member

“Limb” means hand, foot, or eye. The benefit is based on age at the time of death or dismemberment.



## What Are the Plan Features?

### Pre-existing Conditions:

If your Pre-existing Conditions have been fully disclosed on your Application and not excluded or restricted by a Rider or any other provision of your Certificate, your Pre-existing Conditions are covered the same as any other Illness or Injury as of your effective date. Pre-existing Conditions include any Injury, Illness or Mental Health Disorder that existed at or prior to your initial effective date, including chronic or recurring conditions.

### Exclusions and Limitations

The following charges, treatments, care, services, supplies and/or conditions are excluded from coverage:

- Charges not Incurred during the Certificate Period
- Services or treatment payable by another insurance or government
- Substance Abuse
- Charges which exceed Usual, Reasonable and Customary
- Investigational or experimental Surgeries or treatment
- Custodial, Educational or Rehabilitative care
- Weight modification
- Cosmetic surgery, unless reconstructive surgery is directly related to a covered Injury or Illness
- 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
- Individuals HIV+ at effective date
- Charges relating to congenital conditions
- Drugs or treatment for sexual dysfunction
- Drugs or treatment to promote or prevent conception
- Devices or procedures to correct sight or hearing
- Self-inflicted Injury or Illness
- Foot care, unless related to a covered accidental Injury
- Treatment or supplies not ordered by a Physician or not Medically Necessary, except for Wellness benefits provided herein
- Organ transplants, except for Covered Transplants
- Speech, acupuncture, occupational or sleep therapy
- Acts of Terrorism, war, insurrection, riot or any variation thereof
- Dental Treatment, except emergency treatment following a covered Accident, or unless Dental Rider is purchased

The following are excluded from the Optional Dental Rider:

- Orthodontia
- Sealants, bleaching and oral hygiene expenses

This is a summary of the exclusions contained in the Certificate of Insurance. See the Certificate of Insurance for a complete list of exclusions.

### Special Illness Exclusion:

The following conditions which manifest themselves within the first 180 days of coverage are excluded: Any condition of the breast, prostate, reproductive system, tonsils, adenoids, hemorrhoids, hernia, gallstones, kidney stones, glaucoma, cataracts, disk disease, varicose veins, all types of cysts, arthritis, and repetitive motion disorders, and any disorder or disease of the skin.

### Wellness:

After 12 months of continuous coverage, you may be eligible for Wellness benefits that are not subject to the Deductible. If you are at least 30 years of age, you will be entitled to the following Wellness benefit: \$250 per Certificate Period for a Routine Physical Exam, including OB/GYN visits for females. Additionally, females who are at least 40 years of age will be entitled to the following benefit: \$100 per Certificate Period for a screening mammogram. If you are under the age of 19, you will be entitled to the following Wellness benefit: \$50 per visit (including immunizations) with a maximum of three visits per Certificate Period.

### Emergency Medical Evacuation:

Maritime Citizen provides coverage for Emergency Medical Evacuation to the nearest medical facility qualified to treat your life-threatening condition or potential loss of limb. All Emergency Medical Evacuations must be approved in advance and coordinated by HCCMIS. Emergency Medical Evacuations provide you with access to care when you need it most. HCCMIS is available 24 hours a day, 7 days a week, to approve and coordinate Emergency Medical Evacuations.

### **Emergency Reunion:**

In the event of a covered Emergency Medical Evacuation, Maritime Citizen will provide the following benefits: the cost of an economy round-trip air or ground transportation ticket for one of your Relatives (parent, spouse, sibling or child age 18 or older) for travel to the area where you are hospitalized following an Emergency Medical Evacuation, and reasonable expenses for lodging and meals for your Relative for a period not to exceed 15 days.

### **Repatriation of Remains:**

In the Event of a covered Injury or Illness resulting in your death, Maritime Citizen will provide the following benefit: air and/or ground transportation of bodily remains or ashes to the area of your principal residence and reasonable cost of preparation of the remains necessary for transportation.

### **Optional Sports Rider:**

The Optional Sports Rider provides additional coverage for your extreme sports lifestyle. Whether your interests include mountaineering, skydiving, or whitewater rafting, electing the Sports Rider option will add coverage up to a Lifetime Maximum of \$25,000 for these activities excluded by the standard plan. Coverage for Contact Sports, such as soccer or hockey, is added up to a Lifetime Maximum of \$5,000. The Sports Rider adds coverage for sports and athletics except those activities engaged in for wage, reward, or profit.

### **Optional Dental Rider:**

If you purchase the Optional Dental Rider, children age 9 to 16 are covered for Preventative Dental Benefits, including routine oral exams every 6 months, fluoride treatment every 12 months and bitewing x-rays every 24 months. All covered family members receive Basic and Major Dental Benefits. Basic benefits include periodontics, endodontics, extractions and fillings. Major Benefits include crowns, bridges and dentures. The Maritime Citizen Optional Dental Rider is useful for families as well as individuals. Coverage is provided in most countries of the world at your choice of dentists.

### **Maritime Citizen Assistance Services:**

All Assistance Services are available to you 24 hours a day, 7 days a week while your Maritime Citizen plan is in effect.

**Pre-Trip Health and Safety Advisories** (available after your purchase of Maritime Citizen, and before your departure) – Call us for current passport, visa, inoculation and vaccine requirements, as well as up-to-date travel safety advisories.

**LiveTravel<sup>®</sup> Services** – We will make emergency travel and itinerary changes for you including rebooking flights, hotel reservations and ground transportation arrangements.

**BagTrak<sup>®</sup>** – We are one of the industry leaders in tracking lost checked baggage. We will help you locate your lost checked baggage, and deliver it to you.

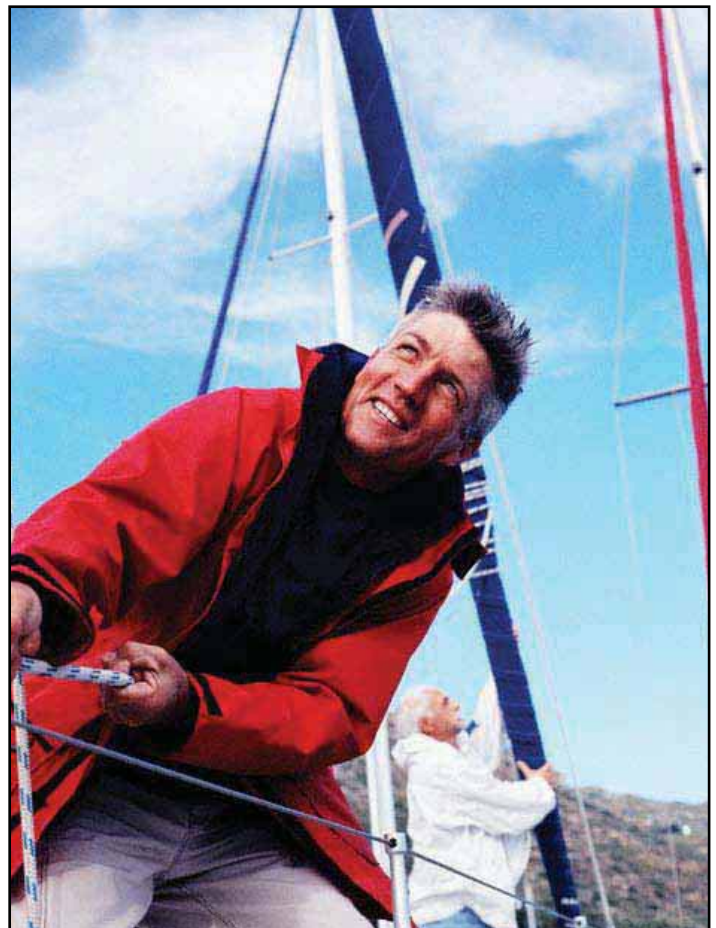
**Emergency Message Relay** – We will relay messages to your family, friends and co-workers, helping you to maintain contact during an emergency.

**Emergency Cash Transfers** – We will assist you in arranging and obtaining cash transfers in various countries around the world.

### **Maritime Citizen Assistance Services also 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

Maritime Citizen Assistance Services are not insurance benefits. Any assistance service provided is not a guarantee of any insurance benefit under Maritime Citizen.



# Maritime Citizen Application and Rates

## Important Instructions for All Applicants

1. Review your answers to each question on this Application for accuracy. Unanswered questions or incomplete information will delay processing.
2. All Applications must be signed and dated. Full details, including treatment dates, name, address and telephone number of attending physician, diagnosis, prognosis and present course of treatment must be provided for all "Yes" answers in Part 2.
3. All family members must apply for the same Coverage Area and Deductible. You must select a Coverage Area and a Deductible in Part 1.
4. Annual premiums may be paid by check, money order or credit card authorization. **HCC Medical Insurance Services will not accept checks or money orders for monthly, quarterly, or semi-annual payment modes. The payment modes are only accepted with pre-authorization to debit your credit card on the due date(s) of your premium.**
5. **If monthly payments are selected, a valid e-mail address must be provided in Part 5 of the Application.** If the credit card declines, HCC Medical Insurance Services will send notification of the credit card declination to this e-mail address. The Applicant will have seven business days to submit new credit card information to avoid a lapse in coverage. To update and/or change credit card information, please visit Client Zone at <https://zone.hccmis.com/clientzone>.
6. Upon approval, if you would like to have your Certificate sent to you by courier service, please add to your premium: \$20 for delivery within the US (overnight service) or \$30 to delivery outside of the US (express service).
7. Sign the Application in Part 6. If the spouse is applying, the spouse must also sign.
8. Be sure to answer all questions accurately and honestly. Any errors may cause the insurance to be voided.

### Mail or fax completed Application to:

Chong, Peraza & Associates  
Calle 5 de Mayo No.2214, Zona Centro Mazatlan Sinaloa  
,  
Mexico  
Phone: 669-982-0260  
Fax: 669-982-3310  
E-mail: [juanchong@telmexmail.com](mailto:juanchong@telmexmail.com)

# Application for Insurance – Maritime Citizen



## Part 1 Failure to provide complete information will delay processing.

Coverage	Deductibles	Dental Rider	Term Life	Sports Rider
Including US/Canada	<input type="checkbox"/> \$250 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$500 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Excluding US/Canada	<input type="checkbox"/> \$250 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$500 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Requested Effective Date (must be within 30 days of signature)		Premium (from Part 5): \$		

Note: Include only the family members applying for coverage. Attach additional sheets if necessary. Please print your name as you would like it to appear on your identification card.

Name (first name, middle initial, last name)		Date of Birth (mm/dd/yy)	Height	Weight	Citizenship
1. Applicant:	<input type="checkbox"/> Male <input type="checkbox"/> Female	/ /			
2. Spouse:	<input type="checkbox"/> Male <input type="checkbox"/> Female	/ /			
3. Child:	<input type="checkbox"/> Male <input type="checkbox"/> Female	/ /			
4. Child:	<input type="checkbox"/> Male <input type="checkbox"/> Female	/ /			
5. Child:	<input type="checkbox"/> Male <input type="checkbox"/> Female	/ /			

Please describe your prior 12 months' travel as it relates to your professional marine employment:	Please describe your anticipated next 12 months' travel as it relates to your professional marine employment:
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Your Occupation: Date Hired: Current Employer Name: Vessel Name: Registry:	Home Telephone Number: Work Telephone Number: Fax Number: Personal E-mail Address: Boat E-mail Address:
Prior Employment (if within 2 years): Vessel Name: Registry:	Mail Forwarding Address (Must include street address, city, state, country, and postal code):

## Part 2

Please answer all questions for all members of the family included in this Application. Provide details of each "Yes" answer in Part 3.	Yes	No
1. Have you ever had an application for health or life insurance voided, declined, cancelled, rescinded or modified (including medical exclusion riders)?		
2. In the last 24 months, have you used tobacco in any form? If yes, please specify type and frequency in Part 3.		
3. In the last 12 months, have you experienced a weight change of 15 pounds or more?		
4. In the last 5 years, have you had any indication, diagnosis or treatment of an alcohol or drug dependency, problem or abuse or any alcohol or drug related arrest?		
5. In the last 5 years, have you consumed alcoholic beverages in excess of 14 drinks per week? If yes, please specify type and how much per week in Part 3.		
6. Are you pregnant or do you have an adoption pending?		
7. Do you (not including dependent children) read, write, speak and understand English? If no, what is your primary language?		
8. In the last 12 months, have you taken medication or received medical advice or treatment of any kind?		
<b>Within the last 10 years, have you had any indication, signs, symptoms, diagnosis or treatment of any disease or disorder of:</b>	<b>Yes</b>	<b>No</b>
9. Gallbladder, pancreas, or liver?		
10. Skin?		
11. Joints or spine?		
12. Kidney?		
13. Eyes, ears, or nose?		
14. Mouth, throat, or jaw?		
<b>Within the last 10 years, have you had any indication, signs, symptoms, diagnosis or treatment of:</b>	<b>Yes</b>	<b>No</b>
15. High blood pressure?		
16. Chest pain?		
17. Headaches?		
18. Paralysis?		
19. Arthritis?		
20. Convulsions or epilepsy?		
21. Elevated cholesterol?		
22. Sexually transmitted disease?		
23. Cancer?		
24. Diabetes or sugar in the blood or urine?		
25. Stroke?		
26. Acquired Immune Deficiency Syndrome (AIDS) or any HIV-related disease or illness?		
27. Tumor, cyst, polyp, lump or growth of any kind?		
<b>In the last 10 years, have you:</b>	<b>Yes</b>	<b>No</b>
28. Had a complicated pregnancy or delivery?		
29. Tested positive for antibodies to the Human Immunodeficiency Virus (HIV)?		
30. Been hospital confined, had surgery or discussed surgery?		
31. Consulted a mental health professional or received medical advice or treatment for a mental health condition?		
<b>In the last 10 years, have you had any indications, signs, symptoms, diagnosis or treatment of any disease, disorder, or abnormality of the:</b>	<b>Yes</b>	<b>No</b>
32. Heart or circulatory system?		
33. Nervous system?		
34. Digestive system?		
35. Muscular or skeletal system?		
36. Respiratory system?		
37. Male or female reproductive system?		
38. Urinary system?		
39. Thyroid, breast, or other glands?		
40. In the last 10 years, have you had any indication, signs, symptoms, diagnosis or treatment of any other disorder, disease, injury or adverse or abnormal test results?		

### Part 3

For any question answered "Yes" in Part 2, please state the name of the family member (and corresponding question number from Part 2). Provide complete details of medical condition including: treatment dates, name, address and telephone number of the treating physician, diagnosis, prognosis and present course of treatment. Attach additional sheets if necessary. Additional information may be requested.

#2 – Tobacco use (type and frequency of use)	#5 – Alcohol use (type and frequency of consumption)
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Individual's Name and Question # from Part 2	Condition / Diagnosis	Dates of Treatment / Prognosis/Degree of Recovery	Type(s) of Treatment and Present Course of Treatment	Physician and / or Facility Name, Address and Phone Number

#### Family History – Must be completed for all Applicants

Do you have a family history (mother, father, brother, and/or sister) of diabetes, cancer, heart disease, stroke, high blood pressure, and/or high cholesterol?    Yes    No    If Yes, please complete the following (attach additional sheets if necessary):

Applicant name	Relationship	Condition	Age at onset	Current age, if living	Age at death, if deceased

### Part 4

For each family member applying for Term Life insurance, please complete the following (**Term Life is not available for those in the United States**):

	Coverage Elected
Applicant: Beneficiary:	Option 1 Option 2
Spouse: Beneficiary:	Option 1 Option 2
Child: Beneficiary:	Option 1

Provide full address for each Beneficiary listed above (attach additional sheets if necessary):

I understand Term Life and AD&D insurance will not become effective until the date of my departure from the US.  
 \_\_\_\_\_ (Applicant initial here)    \_\_\_\_\_ (Spouse initial here)    \_\_\_\_\_ (Initial here for dependent children)

## Part 5

### PREMIUM CALCULATION

Applications without premium will not be processed. We will not accept checks or money orders for monthly, quarterly or semi-annual payment modes. For monthly, quarterly or semi-annual payment modes we will only accept a pre-authorized credit card. Checks, money orders or credit cards may be used for annual payment mode. Please make all checks and money orders payable to: HCC Medical Insurance Services.

Use the rate tables found on page 14 to enter premium amounts for the Medical portion (column 1) and any options elected (columns 2 through 4) below. Add the amounts in columns 1 through 4 for each individual and note the totals in column 5.

	(1) Medical	(2) Optional Dental Rider	(3) Optional Term Life	(4) Optional Sports Rider	(5) TOTAL
Applicant:	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Spouse:	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
1 <sup>st</sup> Child:	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
2 <sup>nd</sup> Child:	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
3 <sup>rd</sup> Child:	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Add all totals listed in column 5 and note the total here.					\$ _____ (Subtotal A)

### Total First Payment Due

\$ _____ (Subtotal A)	X	_____	=	\$ _____
		*Modal Factor		
<b>*Modal factors:</b> <input type="checkbox"/> Annual 1.00 <input type="checkbox"/> Semi-annual .55 <input type="checkbox"/> Quarterly .28 <input type="checkbox"/> Monthly .20				
Optional express mailing fee: (\$20 in US, \$30 outside the US):				\$ _____
<b>Total first payment due:</b>				\$ _____

### Remaining Payments (For semi-annual, quarterly, or monthly payment modes only)

\$ _____ (Subtotal A)	X	_____	=	\$ _____
		*Modal Factor		
<b>*Modal Factors:</b> <input type="checkbox"/> Semi-Annual .55 <input type="checkbox"/> Quarterly .28 <input type="checkbox"/> Monthly .10				
<b>Premium due for each additional installment:</b>				\$ _____
<b>Monthly payments are available only if valid e-mail address is provided:</b> _____ <b>All correspondence regarding installment payments will be made via e-mail to this address. For monthly payment mode, there will be 10 additional monthly payments after the initial payment. If you elect monthly payments, the 11 payments will be drawn during the first 11 months of coverage.</b>				

**Florida Surplus Lines** – All applicants: Please indicate whether either of the following statements applies to you.

I am a Florida Resident who will be living and working abroad during my Certificate Period. I may return home for short periods of time.	Yes No
I am a non-Florida resident who is coming to Florida for vacation or other non-work purposes.	Yes No

## Part 6

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 have personally completed this Application. I represent and warrant that the answers and statements on this Application are true, complete and correctly recorded. I understand HCC Medical Insurance Services relies on the information provided on this Application, including any attachments, to determine whether or not the Applicant(s) meets the Underwriting and Eligibility requirements of the plan. I understand that any misrepresentation or omission contained herein will void my insurance and all claims will be forfeited. I understand that no coverage is effective until I am notified in writing by HCC Medical Insurance Services. I understand that if this Application is not accepted, the sole obligation of HCC Medical Insurance Services is to return to me any premium I have paid. I understand that this insurance contains a Pre-existing Condition exclusion, a Pre-certification penalty, and other restrictions, exclusions and limitations. I understand that I may obtain a copy of the Master Policy upon request to HCC Medical Insurance Services. I understand that Lloyd's, as underwriter of the plan, is solely liable for the coverage and benefits provided under this 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 that the insurance agent/broker, if any, assisting me with this Application, is a representative of the Applicant. Licensed insurance brokers and independent agents are compensated through commissions calculated as a percentage of premium for the purchase, renewal, placement or servicing of insurance coverage. Additionally, some licensed producers may also receive bonuses and incentive trips or prizes associated with sales contests based on sales criteria, such as the overall sales volume or for the percentage of completed sales through HCC Medical Insurance Services. Please contact your insurance broker to obtain information about the specific compensation they may receive in connection with the issuance of your coverage. The undersigned authorizes any doctor, medical practitioner, hospital, clinic, health facility, pharmacy, government agency, insurance agency, insurance company, group policyholder or insurance or benefit administrator or any other entity having information as to the care, advice, treatment, diagnosis or physical or mental condition of any family member listed on this Application to release said information to HCC Medical Insurance Services. **Further, I hereby certify that I am employed as a member of a Professional Marine Crew who currently or usually works aboard a vessel as a full-time seagoing crew member, or I am a full-time seagoing yacht owner working as part of the crew. I expect to spend 6 months or more of the next 12 month period sailing outside of US waters and I do not qualify for adequate coverage under a US domestic health insurance plan. Additionally, I intend to be outside of the US within 30 days following the effective date of my coverage, and I understand that I need to contact HCC Medical Insurance Services immediately if my departure date is expected to be delayed beyond 30 days following my effective date of coverage.**

\_\_\_\_\_  
Signature of Applicant, Guardian, or Power of Attorney

\_\_\_\_\_  
Signature of Spouse

\_\_\_\_\_  
Date of Signature

\_\_\_\_\_  
Date of Signature

### Method of Payment

Check or Money Order* (annual payments only)	American Express	Discover	MasterCard	VISA
All payments must be made in US Dollars. If paying by credit card, I authorize HCC Medical Insurance Services to debit my VISA/MasterCard/American Express/Discover account for the total amount due. If I have selected monthly, quarterly, or semi-annual payment modes, I hereby request and authorize HCC Medical Insurance Services to debit my credit card account for the proper installment amounts on their respective due dates. This authorization will remain in effect for up to 12 months or longer if the Certificate is renewed, or until revoked by me in writing. Coverage purchased by credit card is subject to validation and acceptance by the credit card company.				
* Checks and Money Orders should be made payable to HCC Medical Insurance Services. Please mail your Check or Money Order along with this Application to: Bank of America Lockbox Services • c/o Lockbox # 15748 • 540 W. Madison, 4 <sup>th</sup> floor • Chicago, IL 60661				
Credit Card Number:		Expiration Date (mm/yy):		
Name as it appears on card:		Billing Address:		
Daytime Phone Number:		Signature:		

## Part 7

Producer Number: 99346-0038	Producer Name: Chong, Peraza & Associates	
Company Name:	Street Address: Calle 5 de Mayo No.2214, Zona Centro Mazatlan Sinaloa	
City:	State:	Postal Code:
Country: Mexico	Telephone: 669-982-0260	Fax: 669-982-3310
E-mail Address: juanchong@telmexmail.com	Signature:	

THIS MEDICAL AND DENTAL INSURANCE IS UNDERWRITTEN BY SYNDICATE 4141 AT LLOYD'S, LONDON. THIS LIFE INSURANCE IS UNDERWRITTEN BY SYNDICATE 308, ALSO AT LLOYD'S. THE INSURANCE IS AVAILABLE TO MEMBERS OF THE ATLAS/INTERNATIONAL CITIZEN GROUP INSURANCE TRUST, HAMILTON, BERMUDA. LLOYD'S IS AN APPROVED, NON-ADMITTED INSURER IN ALL STATES OF THE UNITED STATES EXCEPT KENTUCKY AND ILLINOIS, WHERE THEY ARE ADMITTED. CLAIMS UNDER THIS INSURANCE MAY NOT BE MADE AGAINST ANY STATE GUARANTY FUND.

## New Business Annual Rates for Standard Risks

All amounts shown are in US Dollars

### Rate Table – Medical Coverage Including the US and Canada

Age	\$250 Deductible		\$500 Deductible		\$1,000 Deductible		\$2,500 Deductible		\$5,000 Deductible	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
14 days to 9*	\$652	\$652	\$600	\$600	\$516	\$516	\$373	\$373	\$250	\$250
10 to 18*	\$913	\$913	\$854	\$854	\$751	\$751	\$569	\$569	\$401	\$401
19-24	\$901	\$1,649	\$845	\$1,563	\$748	\$1,407	\$575	\$1,122	\$410	\$838
25-29	\$1,009	\$2,046	\$948	\$1,948	\$843	\$1,765	\$651	\$1,428	\$469	\$1,090
30-34	\$1,247	\$2,210	\$1,179	\$2,108	\$1,055	\$1,918	\$832	\$1,561	\$611	\$1,192
35-39	\$1,560	\$2,352	\$1,482	\$2,246	\$1,340	\$2,047	\$1,075	\$1,669	\$808	\$1,276
40-44	\$2,007	\$2,630	\$1,917	\$2,518	\$1,748	\$2,302	\$1,430	\$1,889	\$1,099	\$1,452
45-49	\$2,665	\$3,145	\$2,558	\$3,020	\$2,351	\$2,776	\$1,959	\$2,309	\$1,539	\$1,803
50-54	\$3,600	\$3,884	\$3,470	\$3,743	\$3,214	\$3,465	\$2,724	\$2,928	\$2,184	\$2,331
55-59	\$4,825	\$4,738	\$4,669	\$4,581	\$4,356	\$4,267	\$3,757	\$3,659	\$3,075	\$2,967
60-64	\$5,930	\$5,451	\$5,758	\$5,288	\$5,406	\$4,954	\$4,734	\$4,311	\$3,947	\$3,561
65-69	\$8,998	\$7,847	\$8,670	\$7,519	\$8,016	\$6,861	\$6,233	\$5,187	\$5,407	\$4,565
70	\$10,610	\$9,173	\$10,277	\$8,851	\$9,613	\$8,187	\$7,580	\$6,153	\$6,575	\$5,319
71	\$11,107	\$9,612	\$10,775	\$9,282	\$10,111	\$8,617	\$7,983	\$6,488	\$6,925	\$5,608
72	\$11,532	\$9,977	\$11,204	\$9,648	\$10,547	\$8,991	\$8,330	\$6,776	\$7,226	\$5,856
73	\$11,970	\$10,344	\$11,645	\$10,019	\$10,993	\$9,369	\$8,690	\$7,063	\$7,538	\$6,105
74	\$12,553	\$10,839	\$12,227	\$10,514	\$11,576	\$9,863	\$9,153	\$7,438	\$7,940	\$6,430

### Rate Table – Medical Coverage Excluding the US and Canada

Age	\$250 Deductible		\$500 Deductible		\$1,000 Deductible		\$2,500 Deductible		\$5,000 Deductible	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
14 days to 9*	\$509	\$509	\$468	\$468	\$402	\$402	\$291	\$291	\$196	\$196
10 to 18*	\$712	\$712	\$665	\$665	\$585	\$585	\$444	\$444	\$313	\$313
19-24	\$702	\$1,286	\$658	\$1,219	\$583	\$1,098	\$448	\$876	\$320	\$654
25-29	\$787	\$1,596	\$739	\$1,519	\$657	\$1,376	\$508	\$1,114	\$366	\$851
30-34	\$973	\$1,724	\$920	\$1,644	\$822	\$1,495	\$649	\$1,218	\$477	\$930
35-39	\$1,217	\$1,835	\$1,156	\$1,752	\$1,044	\$1,597	\$838	\$1,302	\$630	\$995
40-44	\$1,626	\$2,129	\$1,553	\$2,039	\$1,416	\$1,865	\$1,158	\$1,529	\$889	\$1,176
45-49	\$2,159	\$2,547	\$2,072	\$2,446	\$1,904	\$2,247	\$1,586	\$1,870	\$1,246	\$1,461
50-54	\$2,916	\$3,146	\$2,812	\$3,032	\$2,604	\$2,806	\$2,207	\$2,371	\$1,768	\$1,887
55-59	\$3,957	\$3,885	\$3,828	\$3,755	\$3,572	\$3,500	\$3,080	\$3,000	\$2,523	\$2,434
60-64	\$4,863	\$4,470	\$4,722	\$4,335	\$4,433	\$4,063	\$3,882	\$3,534	\$3,237	\$2,921
65-69	\$7,378	\$6,435	\$7,110	\$6,165	\$6,573	\$5,626	\$5,111	\$4,253	\$4,433	\$3,743
70	\$8,806	\$7,614	\$8,530	\$7,346	\$7,979	\$6,795	\$6,291	\$5,107	\$5,457	\$4,414
71	\$9,219	\$7,978	\$8,943	\$7,704	\$8,392	\$7,152	\$6,626	\$5,385	\$5,747	\$4,654
72	\$9,572	\$8,281	\$9,299	\$8,008	\$8,754	\$7,463	\$6,914	\$5,624	\$5,997	\$4,861
73	\$9,935	\$8,586	\$9,665	\$8,316	\$9,125	\$7,776	\$7,213	\$5,862	\$6,257	\$5,067
74	\$10,419	\$8,997	\$10,148	\$8,726	\$9,608	\$8,186	\$7,597	\$6,174	\$6,590	\$5,336

\* Medical coverage for the first 2 children age 14 days to 9 years is free only when both parents are insured under the same plan. The Dependent Child rate is only available when at least one parent (guardian) is insured under the same plan. Dependent children alone must pay the '19-24 Male' rate.

### Rate Table – Optional Term Life and AD&D Insurance

Age	Option 1	Option 2
19-29	\$130	\$ 230
30-39	\$210	\$ 370
40-44	\$310	\$ 545
45-49	\$450	\$ 790
50-54	\$570	\$1000
55-59	\$770	\$1350
60-64	\$585	\$1025
65-69	\$315	Not Available
Dependent Child	\$ 85	Not Available

### Rate Table – Optional Dental Rider

US Citizen	\$348
All Others	\$492

### Rate Table – Optional Sports Rider

Age 14 days – 59 years	\$250
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Rates effective through 03/31/2011

Rates include Surplus Lines taxes and fees when applicable