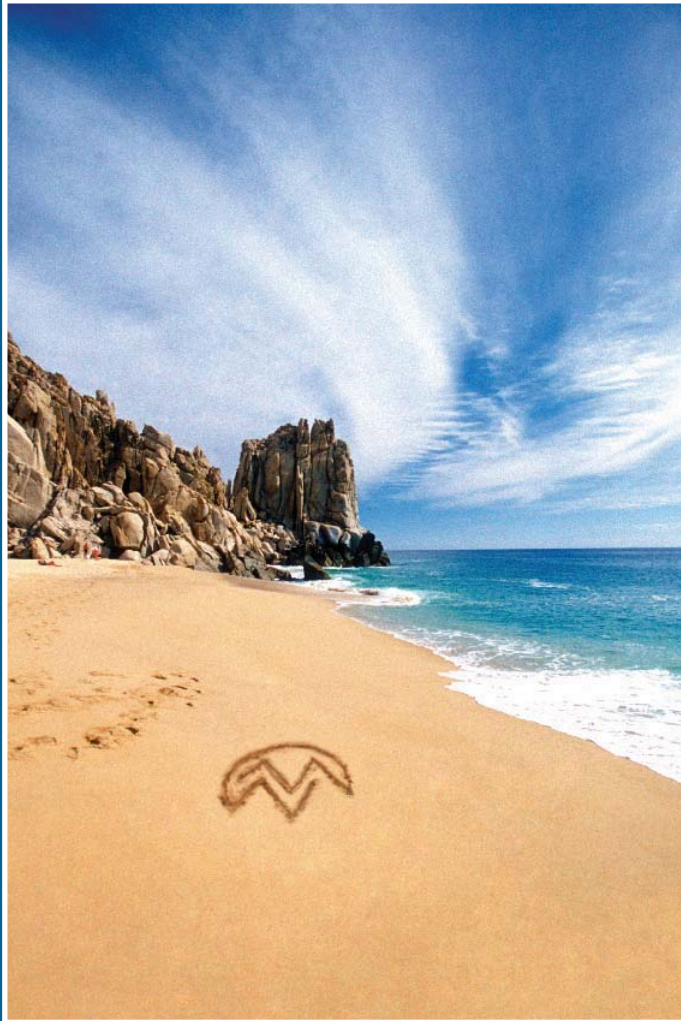


# Atlas Group Travel

*Health Coverage that Goes Far & Beyond*



Atlas Group Travel

- Group Travel Medical Insurance
- Emergency Medical Evacuation
- Astonishing Travel Assistance Services



**MultiNational  
Underwriters®**  
Lloyd's Coverholder

The Atlas Group Travel Series now automatically includes many new benefits, services and features that make it the best option for student groups, missionary organizations and corporations who travel internationally. The policy now includes a benefit to be used in case of Natural Disasters and improved coverage of Incidental Trips Home. This innovative product also includes coverage for Acts of Terrorism and Complications of Pregnancy. Non-US citizens traveling outside of the US will benefit from our updated rating structure. State of the art travel and emergency medical assistance services are part of every Atlas Group Travel Series plan. All of this with the same astonishing service you have come to expect from MultiNational Underwriters®, the leader in international travel medical insurance.

### Why Buy Travel Insurance?

The answer is easy. Whether your group is traveling for business or pleasure, international travel involves risk. You may arrive at your destination to find that a member of your group's luggage with personal items has disappeared. A personal emergency may necessitate early return home for a member of your group. A medical emergency may require hospitalization or even air evacuation. In most cases, your existing insurance will not provide adequate protection for these and other risks. Without appropriate travel insurance, members of your group may be in jeopardy of significant financial liability. MultiNational Underwriters® can't take the risk out of international travel, but if the unforeseen happens, we will be there to help you.

### Am I Eligible for the Atlas Group Travel Series?

If your group consists of a minimum of five travelers who are at least 14 days old traveling internationally for at least 5 days, your group is eligible. If your group members are under age 70, you may select the Overall Maximum Limit, ranging from \$50,000 to \$1,000,000. The Overall Maximum Limit for members age 70 to 79 is \$50,000. The Overall Maximum Limit for members age 80 and older is \$10,000. The minimum coverage period is 5 days and the maximum coverage period is 12 months. The same Overall Maximum Limit must be purchased for every member of your group under the age of 70. The same Deductible must be purchased for every member of your group.

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

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

*\*Times expressed above are based on US Eastern Standard Time.*

### Pre-Trip Health and Safety Advisories

Call us for current passport, visa, inoculation and vaccine requirements as well as for up-to-date travel safety advisories.

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

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

**Incidental Home Country Medical Coverage** – For group members who are US citizens, the Atlas Group Travel Series provides up to 15 days of incidental coverage for trips to the member's Home Country for every 3 months of coverage purchased. Incidental visit time must be used within the three-month period earned, and the member must continue their international trip in order to be eligible for this benefit, which covers Medical expenses only. Return to the Home Country must not be taken for the purpose of obtaining treatment of an Illness or Injury that began while traveling.

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

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

**Home Country Defined** – If you are a US citizen, your Home Country is the United States, regardless of the location of your Principal Residence. If you are not a US citizen, your Home Country is the country where you principally reside and receive regular mail.

### Which Plan Should I Purchase?

All US citizens, as well as all non-US citizens traveling outside of the US, should purchase Atlas Group International, which provides coverage for outside of the United States. Non-US citizens traveling to the United States should purchase Atlas Group America.

### What is Covered?

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

#### Medical:

1. Inpatient and Outpatient charges made by a Hospital
2. Charges made by a Physician, surgeon, radiologist, anesthesiologist, and any other medical specialist to whom the Physician has referred the case
3. Charges made for dressings, sutures, casts or other supplies prescribed by the attending Physician or specialist, but excluding nebulizers, oxygen tanks, diabetic supplies and all devices for repeat use at home
4. Charges for diagnostic testing using radiology, ultrasonographic or laboratory services
5. Charges for oxygen and other gases and anesthetics and their administration
6. Charges for prescription drugs for treatment of a covered Injury or Illness, but not for the replacement of lost, stolen, damaged, expired or otherwise compromised drugs
7. Charges made by a licensed Extended Care Facility upon direct transfer from an acute care Hospital
8. Emergency local ambulance transport incurred in connection with Injury or Illness resulting in inpatient hospitalization

### **Complications of Pregnancy:**

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

#### **Let us help you when you need help most:**

- Medical Referrals
- Assistance with Prescription Drug Replacement
- Dispatch of a Doctor or Specialist
- Up-to-the-minute travel medical advisories

### **Hospital Indemnity:**

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

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

Group members who are US Citizens under age 70 are covered for an Acute Onset of a Pre-existing Condition. Coverage is available up to \$15,000 Maximum for Eligible Medical Expenses and up to \$25,000 for Emergency Medical Evacuation. 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 that is covered under this insurance subject to the Overall Maximum Limit; and Emergency Dental treatment necessary to resolve acute, spontaneous and unexpected onset of pain subject to a maximum benefit of \$100.

### **Emergency Medical Evacuation:**

If recommended by the attending Physician, who certifies that Evacuation is necessary to safeguard the member's life and that Medically Necessary treatment is not available locally, and if approved in advance and coordinated by MultiNational Underwriters®, the Atlas Group Travel Series will provide the following benefits: Emergency air and/or ground transportation to the nearest Hospital that is qualified to provide the Medically Necessary Treatment.

#### **Emergency Message Relay**

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

### **Emergency Reunion:**

In the event of a covered Emergency Medical Evacuation, the Atlas Group Travel Series will provide the following benefits: The cost of an economy round-trip air and/or ground transportation ticket for one of the member's relatives (parent, spouse, sibling or child age 18 or older) for travel to the area where the member is hospitalized following Emergency Medical Evacuation and reasonable expenses for lodging and meals for the relative for a period not to exceed 15 days.

### **Return of Minor Children:**

If a member of your group is the only person age 18 or older, traveling with one or more children under the age of 18, who are also covered by the Atlas Group Travel Series, and the member is Hospitalized for treatment of a covered Illness or Injury, resulting in the children being left unattended for a period of time expected to exceed 36 hours, the Atlas Group Travel Series will provide the following benefit: The cost of a one-way economy air and/or ground transportation ticket for each covered child to the terminal serving the area of Principal Residence of each covered child.

#### **Emergency Travel Arrangements**

When family members need to join you in an emergency, we can make the arrangements for you.

### **Terrorism**

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

1. The Injury or Illness does not result from chemical, nuclear or biological weapons or events.
2. 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 warning 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 a warning 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 product offered by MultiNational Underwriters®.

### Accidental Death and Dismemberment:

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

- Accidental Death – Principal Sum to the Beneficiary
- Loss of 2 eyes or 2 or more limbs – Principal Sum to the member
- Loss of 1 eye or limb – One-half of the Principal Sum to the member

Age	Principal Sum
14 days to 17 years	\$5,000
18 to 69	\$25,000
70-74	\$12,500
75+	\$6,250

The Accidental Death and Dismemberment benefit is not available for losses incurred during participation in a Hazardous Sport or in respect to losses resulting from an Act of Terrorism.

The Beneficiary for members age 18 or older will be as follows: 1. Spouse (if any) 2. Children (if any) 3. Estate of the member. The Beneficiary for members under age 18 will be as follows: 1. Custodial Parent(s) 2. Siblings (if any) 3. Estate of the member.

### Common Carrier Accidental Death:

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

### Repatriation of Remains:

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

#### Emergency Cash Transfers

We will assist you in arranging and obtaining cash transfers anywhere in the world.

#### Lost Passport or Travel Documents Assistance

Losing important documents is extremely troublesome. We can help you notify the appropriate authorities for assistance with replacement of documents.

### Natural Disaster Benefit:

In the event of natural disaster (hurricane, flood, tornado, tsunami, etc) the Atlas Group Travel Series will provide up to \$100 a day 5 days for members who are Displaced from planned, paid accommodations due to evacuation from forecasted disaster or following a disaster strike. Displaced is defined as required to depart the destination due to an evacuation ordered by prevailing authorities. Proof of paid accommodations must be submitted at time of claim.

### Trip Interruption:

1. If, after you have departed, a member of your group learns of the death of a parent, spouse, sibling or child, or learns of the substantial destruction of his or her Principal Residence by fire or weather, the Atlas Group Travel Series will provide the following benefit: The cost of an economy one way air and/or ground transportation ticket for the member to travel to the area of his or her Principal Residence; or
2. If, following a covered Emergency Medical Evacuation, the attending Physician states that it is Medically Necessary for the member to return to his or her Home Country or to the area from which he or she was initially evacuated for continuing treatment, recuperation and recovery, the Atlas Group Travel Series will provide the following benefit: The cost of an economy, one-way air and/or ground transportation ticket for the member's travel from the area where he or she was hospitalized following the Emergency Medical Evacuation to the area where he or she was initially evacuated from, or to the terminal serving the area of the member's Principal Residence.

#### Livetravel Services

We will make emergency travel and itinerary changes for you including rebooking flights, hotel reservations and ground transportation arrangements.

### Lost Checked Luggage:

In the event a member's checked luggage is permanently lost by the transportation provider, the Atlas Group Travel Series will provide the following benefit: Up to \$250 for replacement of clothes and personal hygiene items, not to exceed \$50 for any one item. The member must file a formal claim with the transportation provider and submit copies of all claim forms and proof that the transportation provider has paid its normal reimbursement for the lost checked luggage.

#### BagTrak

We are the industry leaders in tracking lost, checked baggage. We will help track your lost checked baggage and deliver it to you anywhere in the world.

### Travel Assistance

All Travel Assistance Services are available to you 24 hours a day, 7 days a week while your Atlas plan is in effect. In addition to the services already described, the following services are included:

- Embassy and consulate referrals
- Legal and accounting referrals
- Bail bond assistance
- Translation and interpretation assistance

Atlas Group Travel Assistance Services are not insurance benefits, and provision of any Assistance Service is not a guarantee of any other benefit under the Atlas Series.

## Schedule of Benefits and Limits

Deductibles:	\$0, \$100, \$250, \$500, \$1,000 or \$2,500 per Certificate Period
Coinsurance – Claims incurred in US or Canada:	For the Certificate Period, Underwriters will pay 80% of the next \$5,000 of Eligible Expenses after the Deductible, then 100% to the Overall Maximum Limit
Coinsurance – Claims incurred outside US or Canada:	For the Certificate Period, Underwriters will pay 100% of Eligible Expenses after the Deductible up to the Overall Maximum Limit
Hospital Room and Board:	Average Semi-private room rate, including nursing services
Local Ambulance:	Usual, Reasonable and Customary charges
Hospital Indemnity:	\$100 per day (not subject to Deductible or Coinsurance)
Intensive Care Unit:	Usual, Reasonable and Customary charges
Outpatient Treatment:	Usual, Reasonable and Customary charges
Physical Therapy:	\$50 Maximum per visit
All Other Eligible Medical Expenses:	Usual, Reasonable and Customary charges
Acute Onset of Pre-existing Condition:	\$15,000 limit per Certificate Period for Eligible Medical Expenses \$25,000 per Certificate Period for Emergency Medical Evacuation (Only available to US Citizens under age 70)
Emergency Dental:	Accident – Overall Maximum Limit Acute Onset of Pain – \$100 limit per Certificate Period
Emergency Medical Evacuation:	Overall Maximum Limit
Emergency Reunion:	\$15,000 limit per Certificate Period
Return of Minor Children:	\$5,000 limit per Certificate Period
Terrorism:	\$50,000 Maximum Lifetime Limit, Eligible Medical Expenses only
Accidental Death and Dismemberment:	Principal Sum \$25,000 Adults age 18-69 \$12,500 Adults age 70-74 \$ 6,250 Adults age 75 and above \$ 5,000 Children age 17 and below
Common Carrier Accidental Death:	\$50,000 per adult, \$25,000 children under age 18; \$250,000 per group
Repatriation of Remains:	Overall Maximum Limit
Natural Disaster Benefit:	Maximum \$100 a day for 5 days
Trip Interruption:	\$5,000 limit per Certificate Period
Lost Checked Luggage:	\$250 limit per Certificate Period (not subject to Deductible or Coinsurance)
Hospital Pre-Notification Penalty:	50% of Eligible Medical Expenses
Optional Hazardous Sports Rider:	Overall Maximum Limit
Overall Maximum Limit per Certificate Period (includes all benefits except Accidental Death and Dismemberment and Common Carrier Accidental Death):	Age 14 days to 69 - \$50,000, \$100,000, \$250,000, \$500,000 or \$1,000,000; Age 70 to 79 - \$50,000; Age 80 or older - \$10,000

## What Is Excluded?

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

1. Pre-existing Conditions – Charges resulting directly or indirectly from any Pre-existing Condition are excluded from this insurance. US Citizens under age 70 are covered for Medical and Emergency Medical Evacuation charges resulting from an Acute Onset of a Pre-existing Condition, up to the limit set forth in the Schedule of Benefits and Limits. A Pre-existing Condition is any Illness, Injury or medical condition or chronic or recurring Illness or Injury or medical condition, including any associated complications or consequences, which existed at or during the 2 years immediately preceding your Effective date. An Acute Onset is a sudden and unexpected outbreak or recurrence of a Pre-existing Condition, that occurs spontaneously and without advance warning either in the form of Physician recommendations or symptoms. Treatment must be obtained within 24 hours of the sudden and unexpected outbreak or recurrence
2. Treatment for or related to any congenital condition
3. Routine pre-natal care, childbirth, care of newborns, post-natal care, birth control, artificial insemination, infertility, impotency or sexual dysfunction, sterilization or reversal thereof
4. False labor, edema, prolonged labor, prescribed rest during the period of Pregnancy, morning sickness and conditions of comparable severity associated with management of a difficult Pregnancy, and not constituting a medically distinct Complication of Pregnancy, and all charges related to Pregnancy after the 26th week of Pregnancy
5. Mental Health Disorders or Substance Abuse
6. Charges which are not Incurred during the Certificate Period or the applicable Benefit Period, and charges which are not presented to Underwriters for payment within 60 days from the end of the Certificate Period or the applicable Benefit Period
7. Charges for use of Emergency Room within the US for treatment of Illness unless the patient is directly admitted to the Hospital as Inpatient for further treatment of that Illness
8. Not Medically Necessary and administered or ordered by a Physician
9. Provided at no cost, by a family member, or by a person who ordinarily resides with you, or which are attributable to or recoverable from any other party including government-sponsored plans
10. Charges which exceed Usual, Reasonable and Customary
11. Investigational, Experimental or for Research Purposes
12. While confined primarily to receive Custodial Care, Educational or Rehabilitative care
13. Venereal disease, and treatment of individuals who are HIV+ or have AIDS or ARC as of the effective date
14. Treatment by a Chiropractor
15. Diseases of the skin
16. Dental treatment, including treatment of the temporomandibular joint, except for Emergency Dental treatment necessary to replace sound natural teeth lost or damaged in an Accident covered hereunder or for the relief of acute, spontaneous and unexpected onset of pain
17. Eyeglasses, vision exams, contact lenses, hearing tests, hearing aids, hearing implants, eye refraction, visual therapy, orthoptics or visual eye training or eye surgery (including cataract surgery and radial keratotomy) or for any examination or fitting related to these devices or procedures



18. Injury sustained while taking part in the following activities: Amateur or professional sports or athletics, except this does not include Amateur sports or athletics which are non-contact and undertaken solely for leisure, recreational, entertainment or fitness purposes unless such sports or athletics are otherwise excluded by this provision. The following are excluded: Mountaineering where ropes or guides are normally used or at elevations of 4,500 meters or higher; Aviation, except when traveling solely as a passenger in a commercial aircraft; Hang gliding, sky diving, parachuting or bungee jumping; Snow skiing or snowboarding, except for recreational downhill and/or cross-country snow skiing or snowboarding (no cover provided whilst skiing away from prepared and marked in-bound territories and/or against the advice of the local ski school or local authoritative body); Racing by any animal or motorized vehicle; and spelunking; and subaqua pursuits involving underwater breathing apparatus unless NAUI/PADI certified, accompanied by a certified instructor, and at depths of less than 10 meters; jet skiing; and any other sport or athletic activity which is undertaken for thrill seeking and exposes you to abnormal or extreme risk of injury
19. Injury sustained while under the influence of or due wholly or partly to the effects of intoxicating liquor or drugs other than drugs taken in accordance with treatment prescribed and directed by a Physician but not for the treatment of Substance Abuse
20. Willfully self-inflicted Injury or Illness and immunizations and Routine Physical Exams
21. The Deductible, Coinsurance and charges which are not included as Eligible Expenses as described in the Master Policy, and charges which exceed the limits set forth in the Schedule of Benefits and Limits
22. Treatment required as a result of complications or consequences of a treatment or condition not covered hereunder
23. Charges for travel or accommodations, except as provided for in the Local Ambulance, Emergency Medical Evacuation, Repatriation of Remains, Emergency Reunion, Natural Disaster, and Trip Interruption sections of this insurance
24. Treatment incurred as a result of exposure to non-medical nuclear radiation and/or radioactive material(s)
25. Organ or tissue transplants or related services
26. Acts of Terrorism, except as provided for herein, war, insurrection, riot or any variation thereof

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

10

### **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 #18. The maximum coverage under this Rider is the Overall Maximum Limit you select. The Accidental Death and Dismemberment benefit is deleted during the course of the activity. The Rider must be purchased for all members of your group.

### **What are the Pre-notification Requirements?**

All Hospitalizations, Surgeries, Emergency Medical Evacuations, Emergency Reunions, Trip Interruptions, Repatriation of Remains, Computerized Tomography (CAT Scan) and Magnetic Resonance Imaging (MRI) must be Pre-notified. Simply call, or have the Physician call, MultiNational Underwriters® with all information relative to the claim. You may also pre-notify by submitting details through Client Zone. Be sure to have the member's ID number available. If the member does not Pre-notify, medical expenses will be reduced by 50%, and all other expenses will be forfeited.

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

MultiNational Underwriters®, 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 the flagship company of the Noel Group, we benefit from the experience of a corporate leadership team that covers over 6 million travelers a year. Our international claims specialists, medical professionals and client relations specialists 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 Medical Evacuation, you will find our service team to be prompt, compassionate, and highly professional.

### **Who is the Insurer?**

Lloyd's, the largest and oldest insurance market in the world, is the insurer of the Atlas Group Travel Series. Rated 'A' (Excellent) by AM Best Company and 'A' (Strong) by Standard and Poor's, Lloyd's provides financial strength and security that is unparalleled in the worldwide insurance market. Lloyd's is recognized as a market leader in the accident and health insurance arena and is well-known for its innovative products and services. Presently, Lloyd's provides accident and health insurance to millions of individuals in almost every country of the world.

### **How do I Apply?**

It's easy. Just complete the enclosed Application and mail it, along with your payment, to:

Corey Pulver  
CDA Insurance LLC  
PO Box 26540  
Eugene, OR 97402  
Phone: 503-642-4646  
Fax: 503.642.4646

## Client Relations

Whether you have misplaced your ID card or benefit booklet, need assistance with a claim, or have a question about benefits, MNU is always ready to respond. Frequently, these and other issues can be addressed with a short visit to Client Zone. Client Zone is an online account management and resource tool that allows you to:

- Change personal information
- Reprint ID cards
- Obtain details about claim filing, including downloading necessary forms
- Pre-Notify for certain medical procedures and hospitalizations
- Locate providers within the PPO Network
- Study destination, weather and travel security information using our Travel Intelligence and Planning System (TIPS)
- Access health and wellness information
- View and download brochures, obtain policy information, or get quotes for other products offered by MultiNational Underwriters®

You may access Client Zone by logging in at:  
<https://zone.mnui.com/clientzone/>

At times, there is simply no substitute for human intervention. MNU's Client Relations team is available 24 hours a day, 7 days a week to answer your questions and may be reached at no cost through our worldwide toll-free numbers. Immediate support is available in several languages and can be provided in many others with the assistance of a translator. If a translator is needed, the MNU Client Relations Specialist will arrange one. You may contact Client Relations by e-mail via [insurance@mnui.com](mailto:insurance@mnui.com) or by phoning 800-605-2282 or 317-262-2132 (collect calls accepted).



## MultiNational Underwriters® International Travel Solutions

MultiNational Underwriters® is a member of the Noel Group, founded in 1985. Noel Group is a worldwide family of travel service, assistance and insurance companies built on solid corporate values and unrivaled customer service. We offer a broad range of travel insurance plans and assistance services for individuals, corporations, missionaries, schools and other international organizations requiring access to global travel solutions regardless of their location. Our organizational culture is based on integrity, keeping our promises, and giving back to the global and local communities through humanitarian efforts.

You have choices when buying travel insurance and assistance services for your next international trip. Doesn't it make sense to work with a company that keeps its promises, values its customers and is committed to helping others? Allow us to show you the difference an enlightened corporate culture can make when you need help in an unfamiliar place. Through our subsidiaries and a nationwide network of distributors, MultiNational Underwriters® helps millions of customers to have peace of mind in their international travel.

## Other Products Provided by MultiNational Underwriters®

**Atlas Travel Series:** Comprehensive travel medical insurance for individuals and families traveling internationally.

**Atlas Professional:** Coverage similar to the Atlas Travel Series tailored to meet the needs of professionals traveling abroad several times throughout the year.

**StudentSecure<sup>SM</sup>:** A comprehensive medical insurance plan designed specifically to meet the needs of students studying abroad.

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

**MultiNational Group Benefit Plan:** Dependable, high quality medical insurance for US-based organizations with employees overseas or non-US organizations employing expatriates, third-country nationals, or key local nationals.

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

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

## Privacy Policy

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

Option # Maximum Limit	1			2			3			4			5		
	Monthly	Daily	Age	Monthly	Daily	Age	Monthly	Daily	Age	Monthly	Daily	Age	Monthly	Daily	Age
18-29	32.00	0.90	1.05	32.00	1.05	1.20	35.00	1.25	1.40	37.00	1.25	1.40	41.00	1.40	1.80
30-39	37.00	1.05	1.25	37.00	1.25	1.50	45.00	1.50	1.80	49.00	1.60	2.00	55.00	1.80	2.30
40-49	52.00	1.70	1.90	58.00	1.90	2.10	62.00	2.10	2.30	65.00	2.20	2.30	71.00	2.30	3.00
50-59	85.00	2.80	3.20	97.00	3.20	3.40	104.00	3.40	3.80	108.00	3.60	3.80	114.00	3.80	5.70
60-64	109.00	3.60	4.20	128.00	4.20	4.50	137.00	4.50	5.00	143.00	4.80	5.00	170.00	5.70	6.00
65-69	126.00	4.10	4.60	139.00	4.60	4.90	148.00	4.90	5.00	153.00	5.00	5.00	178.00	6.00	N/A
70-79	198.00	6.60	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
80+*	450.00	14.90	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Dep. Child	15.00	0.50	0.65	20.00	0.65	0.80	22.00	0.80	0.85	23.00	0.80	0.85	24.00	0.85	1.30
Child Alone	27.00	0.90	1.05	32.00	1.05	1.10	33.00	1.10	1.20	35.00	1.20	1.30	39.00	1.30	N/A

\*\*\$10,000 Maximum Limit

Atlas Group America – For Non-US citizens traveling to the US

Option # Maximum Limit	6			7			8			9			10		
	Monthly	Daily	Age	Monthly	Daily	Age	Monthly	Daily	Age	Monthly	Daily	Age	Monthly	Daily	Age
18-29	38.00	1.25	1.50	44.00	1.50	1.80	55.00	1.80	2.20	57.00	1.90	2.20	67.00	2.20	2.80
30-39	49.00	1.60	1.95	59.00	1.95	2.40	72.00	2.40	2.85	75.00	2.50	2.85	86.00	2.85	3.50
40-49	75.00	2.50	2.80	85.00	2.80	3.50	106.00	3.50	4.20	112.00	3.75	4.20	126.00	4.20	5.10
50-59	107.00	3.55	4.00	131.00	4.00	4.80	156.00	4.80	5.30	160.00	5.30	5.70	184.00	6.10	7.70
60-64	141.00	4.70	5.40	193.00	5.40	6.40	206.00	6.40	7.40	207.00	6.90	7.70	230.00	8.00	9.00
65-69	179.00	6.00	7.40	223.00	7.40	8.30	249.00	8.30	9.00	250.00	8.40	9.00	270.00	9.00	N/A
70-79	227.00	7.60	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
80+*	450.00	14.90	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Dep. Child	22.00	0.70	0.85	24.00	0.85	1.00	29.00	1.00	1.15	30.00	1.00	1.15	34.00	1.15	1.95
Child Alone	35.00	1.20	1.35	40.00	1.35	1.60	47.00	1.60	1.60	49.00	1.60	1.60	58.00	1.95	N/A

\*\*\$10,000 Maximum Limit

Deductible Factor Table

Deductible:	Factor:
\$0	1.25
\$100	1.1
\$250	1.0
\$500	0.9
\$1,000	0.8
\$2,500	0.7

Hazardous Sports Rider Factor: 1.20

If for any reason you wish to cancel your policy, you must submit your cancellation request in writing to MultiNational Underwriters® to receive a refund of premium. To be eligible for a full refund, the request for cancellation must be received prior to your effective date. Cancellation requests received after the effective date will be subject to the following conditions:  
 1) a \$25 cancellation fee will apply if the entire group is being cancelled; and  
 2) only the unused portion of the plan cost will be refunded; and  
 3) only members who have no claims are eligible for premium refund.

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

Names of all individuals to be covered.		Deductible: \$100.00			Maximum Benefit: \$50,000.00				
Name (Last, First)	Birth Date	Effective Date	# of Months	Monthly Premium	Monthly Special (A x B)	# of Days	Daily Special (D x E)	Total (C + F)	
mm/dd/yy	mm/dd/yy		A	B	C	D	E	F	
1. Page, Jack United States	12/20/75	10/01/06	1	32.00	32.00	2	1.05	2.10	34.10
2. Smith, Joe United States	01/20/64	10/15/06	2	52.00	104	5	1.70	8.50	112.50
3. Groton, Jeff United States	08/04/73	10/13/06	1	32.00	32.00	3	1.05	3.15	35.15
4. Agrave, Andre United States	05/10/60	10/01/06	1	52.00	52.00	0	0	0	52.00
5. Ming, Leif China	02/13/79	10/20/06	3	27.00	81.00	6	0.90	5.40	86.40

Group Subtotal – Total from above and from additional census (if any) (G): 320.15  
 Enter Deductible Factor from Deductible Factor Table (H): 1.1  
 Enter Factor for Hazardous Sports Rider, if Selected (1.2). Otherwise Enter 1.0 (J): 1.2  
 Total Amount Due (G x H x J): 422.60

**ATLAS GROUP APPLICATION**  
**MultiNational Underwriters®**  
**Lloyd's Coverholder**

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

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

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

**Group Subtotal – Total from above and from additional census (if any) (G):** \_\_\_\_\_

**Enter Deductible Factor from Deductible Factor Table (H):** \_\_\_\_\_

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

**Total Amount Due (G x H x J):** \_\_\_\_\_

<b>Florida Surplus Lines question</b> (applies to Atlas Group America only):	
Will your group be traveling to Florida to work?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Payment Mode: <input type="checkbox"/> Check/Money Order <input type="checkbox"/> Discover Card <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> American Express	Credit Card #:	Expiration Date (mm/yy):
Name as it appears on card:	COMPLETE Billing Address:	
Daytime Phone #:	Signature:	

Check or Money Orders should be made payable, in US dollars, to MultiNational Underwriters®. If paying by credit card, I authorize MultiNational Underwriters® to debit my Discover, VISA, MasterCard or American Express account for the amount specified above. Coverage purchased by credit card is subject to validation and acceptance by the credit card company. Total payment for the initial term of coverage requested must be entirely paid in U.S. dollars at time of Application or prior to the Effective Date of Coverage.

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

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

Producer ID Number: 99123A	Producer Name: Corey Pulver		
Company Name: CDA Insurance LLC			
Street Address: PO Box 26540			
City: Eugene	State: OR	Country:	Postal Code: 97402
Telephone: 503-642-4646	Fax: 503.642.4646		
Signature:	E-Mail Address: corey@insurancequest.com		

Name (Last, First) Citizenship	Birth Date mm/dd/yy	Effective Date mm/dd/yy	# of Months A	Monthly Premium B	Monthly Subtotal (A x B) C	# of Days D	Daily Rate E	Daily Subtotal (D x E) F	Total C + F
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25.	/ /	/ /							

Subtotal: \_\_\_\_\_