

Application for Insurance – The International Citizen Series



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

	<b>Deductibles</b>	<b>Dental Rider</b>	<b>Term Life</b>	<b>Sports Rider</b>
Economy	<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:	Male <input type="checkbox"/> Female <input type="checkbox"/>	/ /			
2. Spouse:	Male <input type="checkbox"/> Female <input type="checkbox"/>	/ /			
3. Name:	Male <input type="checkbox"/> Female <input type="checkbox"/>	/ /			
4. Name:	Male <input type="checkbox"/> Female <input type="checkbox"/>	/ /			
5. Name:	Male <input type="checkbox"/> Female <input type="checkbox"/>	/ /			

RESIDENT ADDRESS OUTSIDE THE UNITED STATES  
(required if US citizen)

MAIL FORWARDING ADDRESS FOR ALL WRITTEN  
CORRESPONDENCE (if different from Residence)

Must include Street Address, City, State, Country, and Postal Code:	Must include Street Address, City, State, Country, and Postal Code:
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Your Occupation:	Employer Name:
Date Hired:	Prior Employment (if within 2 years):

Home Telephone Number:	Work Telephone Number:
Fax Number:	Email Address:

**If you or any family member are a US citizen or if you are in the US now, the following information is required:**

Date of departure from US:	Length of Residence outside of US:
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## Part 2

Please answer all questions for all members of the family included in this Application.		
	Yes	No
1. Are you presently disabled, pregnant or unable to perform normal activities?		
2. Are you presently Hospitalized, or scheduled for or in need of Hospitalization or Surgery, or have you ever had, been recommended to have, or are you currently on a waiting list for any organ transplant?		
3. Have you ever had any indication, signs, symptoms, diagnosis, treatment, or tested positive for antibodies for Human Immunodeficiency Virus (HIV), Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC), Lymphadenopathy Syndrome, or any other Immune System Disorder?		
4. Do you presently have or have you ever had Multiple Sclerosis, Parkinsons, Lou Gherigs disease (ALS), Down Syndrome or any form of mental retardation or chromosome disorder?		
5. Have you been diagnosed with or treated for any type of cancer or any form of diabetes during the last five (5) years?		
<b>If any individual on the Application answers 'Yes' to any of the above questions, they will not qualify for coverage under this plan. Thank you for your interest.</b>		
<b>Questions 6-20 For any questions answered 'Yes' please identify the family member to whom the answer applies and provide details in Part 3.</b>		
6. During the last 12 months, have you taken medication or received medical or mental health advice or treatment of any kind for any reason?		
7. Do you currently, or have you in the last 5 years, used tobacco in any form?		
<b>Have you ever experienced symptoms of, manifestations of, suffered from, sought consultation, examination, testing or been treated for, or been prescribed medication, or have taken any type of over-the-counter medication, or been diagnosed with, any disease, condition, illness, medical problem, disorder, sickness or other problem arising from or relating to any of the following:</b>		
8. Heart, cardiac, cardiovascular and/or circulatory systems (including but not limited to: angina, chest pain, elevated blood pressure, hypertension, heart attack, congestive heart failure, arteriosclerosis, atherosclerosis, rheumatic fever, heart murmur, mitral valve prolapse, tachycardia, atrial fibrillation, arrhythmia, swelling of feet/ankles, phlebitis, thrombosis, varicose veins)?		
9. Blood, blood vessels, veins, arteries or other blood anomalies (including but not limited to: hemophilia, leukemia, anemia, hepatitis, elevated cholesterol)?		
10. Cancer, tumor, cyst, polyp, lump, cell disorder, any condition or disease of the skin, or growth of any kind (including but not limited to: acne, any type of neoplasm, eczema, or psoriasis)?		
11. Eyes, ears, nose, mouth, gums, throat, tongue or jaw (including but not limited to: cataracts, glaucoma, hearing loss, sinusitis, deviated nasal septum, chronic sinus disorders, gum disease, dysphasia, TMJ)?		
12. Pancreas, gall bladder, liver, thyroid, obesity or any endocrine system (including but not limited to: pancreatitis, gall stones, hyper/hypo thyroidism, Cushing's syndrome, hepatitis)?		
13. Kidney, bladder, or urinary system (including but not limited to: kidney stones, renal failure, urinary incontinence, or chronic kidney, bladder or urinary tract infections)?		
14. Respiratory system (including but not limited to: asthma, allergies, allergic rhinitis, tuberculosis, lung disorder, emphysema, chronic cough, pneumonia)?		
15. Muscular or skeletal system (including but not limited to: scoliosis, disk disease, vertebrae or any back condition, rheumatism, fibromyalgia, any form of arthritis, gout, tendonitis, carpal tunnel syndrome, osteoporosis, any disorder of the tendons, cartilage, bone or joint)?		
16. Male or female reproductive system (including but not limited to: complicated pregnancy, menopause, ovarian cysts, uterine leiomyoma, fibroids, breast cysts or nodules, infertility, prostatitis or elevated PSA level, testicular disorder, or any sexually transmitted disease)?		
17. Digestive or gastrointestinal system (including but not limited to: gastrointestinal or esophageal reflux, heartburn, gastritis, irritable bowel syndrome, ulcers, polyps, anal or rectal disorders)?		
18. Neurological system (including but not limited to: muscular dystrophy, paralysis, epilepsy, convulsions, seizures, migraines, chronic headaches, stroke or transient cerebral ischemic attacks)?		
19. Mental Health (including but not limited to: depression, psychosis, behavioral disorders, any form of Attention Deficit Disorder, chemical, alcohol or drug abuse or dependency, anxiety, chronic fatigue or any eating disorder)?		
20. Any other disease, medical problem, illness, injury, symptom, or condition of any kind?		

### Part 3

For any question answered "Yes," please state the name of the family member (using the corresponding number from Part 1). Provide details of the condition including: treatment dates, name, address and telephone number of the treating physician, diagnosis, prognosis and present course of treatment. Attach additional pages if necessary. Additional information may be requested.

Individual's Name or Corresponding # from Part 1	Condition / Diagnosis	Dates of Treatment / Prognosis	Type(s) of Treatment and Present Course of Treatment	Physician and/or Facility Name, Address and Phone Number

### Part 4

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

	Basic Life	Supplemental Life
Applicant: Beneficiary:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Spouse: Beneficiary:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dependent Child: Beneficiary:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Not available

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

I understand Term Life 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. Either checks or credit cards may be used for Annual payment mode. Please make all checks payable to: MULTINATIONAL UNDERWRITERS, INC.

Please 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.

<b>(1) Medical:</b> Enter the Annual Premium for each family member from the Rate Table for the Plan and Deductible selected.	<b>(2) Optional Dental Rider:</b> Enter the Annual Premium for each family member electing the Optional Dental Rider from the Optional Dental Rate Table.	<b>(3) Optional Term Life:</b> Enter the Annual Premium for each family member from the Optional Term Life and AD&D Insurance Rate Table:	<b>(4) Optional Sports Rider:</b> Enter \$250.00 for each family member electing the Optional Sports Rider.	<b>(5) TOTAL:</b> Add the amounts in columns 1-4 and note the total here.
Applicant: \$ _____ Spouse: \$ _____ 1 <sup>st</sup> Child: \$ _____ 2 <sup>nd</sup> Child: \$ _____ 3 <sup>rd</sup> Child: \$ _____	Applicant: \$ _____ Spouse: \$ _____ 1 <sup>st</sup> Child: \$ _____ 2 <sup>nd</sup> Child: \$ _____ 3 <sup>rd</sup> Child: \$ _____	Applicant: \$ _____ Spouse: \$ _____ 1 <sup>st</sup> Child: \$ _____ 2 <sup>nd</sup> Child: \$ _____ 3 <sup>rd</sup> Child: \$ _____	Applicant: \$ _____ Spouse: \$ _____ 1 <sup>st</sup> Child: \$ _____ 2 <sup>nd</sup> Child: \$ _____ 3 <sup>rd</sup> Child: \$ _____	Applicant: \$ _____ Spouse: \$ _____ 1 <sup>st</sup> Child: \$ _____ 2 <sup>nd</sup> Child: \$ _____ 3 <sup>rd</sup> Child: \$ _____
<b>Subtotal A:</b> \$ _____	<b>Subtotal B:</b> \$ _____	<b>Subtotal C:</b> \$ _____	<b>Subtotal D:</b> \$ _____	<b>Total E:</b> \$ _____

### Total First Payment Due

\$ _____	X	=	\$ _____
(Total E)			*Modal Factor
<b>*Modal Factors:</b>	<b>Annual 1.00</b>	<b>Semi-Annual .55</b>	<b>Quarterly .28</b> <b>Monthly .20</b>
			Optional Overnight 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)

\$ _____	X	=	\$ _____
(Total E)			*Modal Factor
<b>*Modal Factors:</b>	<b>Semi-Annual .55</b>	<b>Quarterly .28</b>	<b>Monthly .10</b>
			<b>Premium Due For Each Additional Installment :</b> \$ _____
<b>Monthly payments are available only if valid email address is provided:</b> _____			
<b>All correspondence regarding monthly payments will be made via email to this address. For Monthly Payment mode, there will be 10 additional monthly payments after initial payment.</b>			



## Annual Premium – For Insurance Effective Through 6/30/2006

### Rate Table

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*	\$ 308	\$ 308	\$ 267	\$ 267	\$ 209	\$ 209	\$ 198	\$ 198	\$ 181	\$ 181
10 to 18*	\$ 333	\$ 333	\$ 296	\$ 296	\$ 245	\$ 245	\$ 228	\$ 228	\$ 214	\$ 214
19-24	\$ 716	\$1,178	\$ 620	\$1,082	\$ 483	\$ 837	\$ 421	\$ 729	\$ 350	\$ 570
25-29	\$ 798	\$1,315	\$ 697	\$1,215	\$ 541	\$ 939	\$ 473	\$ 821	\$ 380	\$ 640
30-34	\$ 847	\$1,425	\$ 728	\$1,306	\$ 564	\$1,010	\$ 495	\$ 881	\$ 407	\$ 688
35-39	\$1,001	\$1,642	\$ 810	\$1,451	\$ 628	\$1,121	\$ 549	\$ 978	\$ 445	\$ 764
40-44	\$1,097	\$1,325	\$ 891	\$1,118	\$ 691	\$ 866	\$ 602	\$ 755	\$ 495	\$ 629
45-49	\$1,222	\$1,474	\$1,002	\$1,254	\$ 776	\$ 969	\$ 677	\$ 845	\$ 552	\$ 700
50-54	\$1,493	\$1,640	\$1,266	\$1,413	\$ 978	\$1,096	\$ 854	\$ 975	\$ 724	\$ 809
55-59	\$1,804	\$1,804	\$1,568	\$1,568	\$1,214	\$1,212	\$1,058	\$1,058	\$ 891	\$ 898
60-64	\$2,656	\$2,499	\$2,420	\$2,264	\$2,040	\$1,801	\$1,848	\$1,658	\$1,543	\$1,371
65-69	\$5,545	\$4,839	\$5,307	\$4,602	\$4,965	\$4,191	\$3,817	\$3,114	\$3,337	\$2,989
70	\$6,654	\$5,806	\$6,369	\$5,522	\$5,958	\$5,029	\$4,580	\$3,737	\$4,005	\$3,587
71	\$6,987	\$6,097	\$6,687	\$5,798	\$6,256	\$5,281	\$4,809	\$3,924	\$4,205	\$3,766
72	\$7,336	\$6,402	\$7,022	\$6,088	\$6,569	\$5,545	\$5,050	\$4,120	\$4,415	\$3,954
73	\$7,703	\$6,722	\$7,373	\$6,393	\$6,897	\$5,822	\$5,302	\$4,326	\$4,636	\$4,152
74	\$8,088	\$7,058	\$7,741	\$6,712	\$7,242	\$6,113	\$5,567	\$4,543	\$4,868	\$4,360

\*First 2 children age 14 days to 9 are free only when both parents are insured under the Economy Plan. The Dependent Child rate is only available when parent (guardian) is insured under the Economy Plan. Dependent children alone must pay the age 19 to 24 Male rate.

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

Age	Basic Premium	Supplemental Premium
19-29	\$130	\$100
30-39	\$210	\$160
40-44	\$310	\$235
45-49	\$450	\$340
50-54	\$570	\$430
55-59	\$770	\$580
60-64	\$585	\$440
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

14 days - 59 years	\$250
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### *Client Zone: "Now You Are In Charge"*

**Client Zone** is an online account management and resource tool for all MultiNational Underwriters clients. Client Zone allows you to effectively manage your insurance and well-being online, any time of the day or night.

- Go to Client Zone to change your personal or credit card information, obtain a claim form or replace a lost ID card.
- Go to Client Zone to locate doctors and hospitals in your area.
- Go to Client Zone to study destination, weather and travel security information using our new Travel Intelligence and Planning System (TIPS).
- Go to Client Zone to access health and wellness information.
- Go to Client Zone to view and download brochures, obtain policy information, or get quotes.

Please visit our website for access to Client Zone at the following address: <https://zone.mnui.com/clientzone>

### *MultiNational Underwriters, Inc. - International Insurance Solutions*

MultiNational Underwriters, Inc. and Travel Guard International are members 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 medical and travel insurance plans and assistance services for individuals, corporations, missionaries, schools and other international organizations requiring access to global solutions regardless of their location. Our organizational culture is based on integrity, keeping our promises, and giving back to the global and local communities where we do business through humanitarian efforts. Headquartered in Stevens Point, Wisconsin, Noel Group has more than 750 employees in 20 worldwide locations. You have choices when buying international medical insurance. Doesn't it make sense to work with a company that keeps its promises, values its customers and is committed to helping those less fortunate? Allow us to show you the difference an enlightened corporate culture can make.

### *Other Products and Services Provided by MultiNational Underwriters, Inc.*

**Atlas Travel Series:** Provides comprehensive travel medical insurance for individuals traveling internationally.

**Atlas Group Travel Insurance Plan:** Provides the same quality coverage as the Atlas Travel Series product at a discount group rate making it ideal for student groups, missionary organizations and corporations.

**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.

**A+ MultiNational Group Benefit Plan:** Provides group medical and life insurance for corporations needing coverage for employees worldwide.

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

**IC+ International Term Life:** Provides high limit term life insurance for international citizens requiring personal and business protections.

### *Privacy Policy*

MultiNational Underwriters, Inc. 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.





**MULTINATIONAL**  
**UNDERWRITERS**  
Lloyd's Coverholder

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