

DayTripper



FAMILIES



MISSIONARIES



CORPORATE GROUPS



STUDENT GROUPS

DayTripper from HCC Medical Insurance Services (HCCMIS[®]) is with you almost anywhere on the planet you may travel with a group of 5 or more for mission trips, large family vacations, student groups abroad, corporate groups, and overseas excursions for other large organizations.

Why Choose DayTripper?



Beijing, China



Rio de Janeiro, Brazil



Barcelona, Spain

Whatever the reason, traveling internationally with a large group should be a pleasant experience. Emergencies and complications such as natural disasters, injury, or illness are a fact of life, and can be even tougher to manage if it is for a large group of people. While we hope none of these happen, we're here to help if they do. For your peace of mind, coverage for medical expenses in case of hospitalization, while in an intensive care unit, outpatient treatment, emergency medical evacuation, and loss of checked baggage, DayTripper has benefits you can count on.

My family has medical insurance in our home country; do we need group travel medical insurance?

Many times the primary medical insurance in your home country will not cover you and your family while traveling abroad. DayTripper includes essentials such as translation assistance while being treated, doctor and hospital referrals, and assistance replacing lost prescriptions.

Additionally, medical costs can be very expensive while abroad. Past clients have encountered over \$68,000 in medical expenses from an emergency medical evacuation alone. With DayTripper plans starting at less than \$1 a day (per person), can you afford not to have coverage?

For more information about DayTripper, please visit hccmis.com

After purchasing coverage, how can I trust the company to be there if I need them?

HCC Medical Insurance Services LLC (HCCMIS), headquartered in the United States in Indianapolis, Indiana, is a full-service company offering international medical insurance and short-term medical insurance products designed to meet needs of consumers worldwide. HCCMIS is a subsidiary of HCC Insurance Holdings, Inc. (NYSE: HCC), a leading Specialty Insurance group. HCC holds a financial strength rating of AA (Very Strong) by Standard & Poor's and Fitch Ratings and A+ (Superior) by A.M. Best Company.

Did You Consider This?

Snake Bite

They are not cute or cuddly. Treatment: **\$25,730***

Atlas Group starts UNDER \$1 / DAY/PERSON

*This amount is an example of an actual claim handled by HCCMIS. Coverage for similar claims is not to be inferred as all claims are unique.

Schedule of Benefits

BENEFIT	LIMIT
Deductibles	\$0, \$100, \$250, \$500, \$1,000 or \$2,500 per certificate period
Coinsurance – claims incurred in U.S. 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 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 U.S. 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, when covered illness or injury results in hospitalization as Inpatient
Intensive care unit	Usual, reasonable and customary charges
Emergency Room Co-payment	For each visit, the Member shall be responsible for a \$200 copayment for use of Emergency room except for Emergency treatment of Injury after which Coinsurance will apply.
Urgent Care Center	For each visit, the Member shall be responsible for a \$50 copayment, after which Coinsurance will apply. Not subject to Deductible.
Hospital indemnity	\$100 per day of inpatient hospitalization (not subject to deductible or coinsurance)
Physical therapy	\$50 maximum per visit
All other eligible medical expenses	Usual, reasonable and customary charges
Acute onset of pre-existing condition	\$50,000 Lifetime Maximum for Eligible Medical Expenses \$25,000 lifetime maximum for emergency medical evacuation Only available to members under age 70
Cardiovascular Event	\$50,000 lifetime maximum for Members age 55-79 as specified by eligible expenses. All other members covered up to the overall policy maximum.
Emergency dental (acute onset of pain)	\$250 limit per certificate period (not subject to deductible or coinsurance)
Emergency medical evacuation	\$500,000 lifetime maximum, except as provided under acute onset of pre-existing condition (not subject to deductible or coinsurance)
Return of minor children	\$50,000 per Certificate Period (not subject to Deductible or Coinsurance)
Local Burial or Cremation	\$5,000 lifetime maximum
Repatriation of remains	Overall maximum limit (not subject to deductible or coinsurance)
Emergency reunion	\$15,000 limit per certificate period, subject to a maximum of 15 days (not subject to deductible or coinsurance)
Natural disaster	Maximum \$100 a day for 5 days (not subject to deductible or coinsurance)
Trip interruption	\$5,000 limit per certificate period (not subject to deductible or coinsurance)
Lost checked luggage	\$250 limit per certificate period (not subject to deductible or coinsurance)
Political evacuation	\$10,000 lifetime maximum (not subject to deductible or coinsurance)
Terrorism	\$50,000 maximum lifetime limit, eligible medical expenses only
Accidental death and dismemberment (excludes loss due to common carrier accident)	Not subject to deductible or coinsurance
Members age 18 and older	Lifetime maximum - \$25,000 Death - \$25,000 Loss of 2 limbs - \$25,000 Loss of 1 limb - \$12,500 Benefits reduce 50% at age 70 and an additional 50% at age 75.
Members under age 18	Lifetime maximum - \$5,000 Death - \$5,000 Loss of 2 limbs - \$5,000 Loss of 1 limb - \$2,500 \$250,000 maximum benefit any one family
Common carrier accidental death	Not subject to deductible or coinsurance \$50,000 per member \$25,000 per member Subject to a Maximum of \$250,000 any one family
Hospital pre-certification penalty	50% of eligible medical expenses
Maximum per Injury / Illness	Age 80 or older (traveling outside of the United States): \$10,000. Age 70 to 79: \$50,000. All others: \$50,000, \$100,000, \$200,000, \$500,000 or \$1,000,000
Overall Maximum Limit per Certificate Period (includes all benefits except Accidental Death and Dismemberment, Emergency Medical Evacuation and Common Carrier Accidental Death)	Age 80 or older (traveling outside of the United States): \$10,000. Age 70 to 79: \$50,000. All others: \$50,000, \$100,000, \$200,000, \$500,000 or \$1,000,000

What's Covered by DayTripper?

International Coverage

Emergency Medical Evacuation and Emergency Reunion

Would you know what to do if you found yourself in a life-threatening situation far from home? HCCMIS is experienced in arranging emergency medical evacuations. DayTripper will cover the necessary expenses to transport you to the nearest medical facility qualified to treat your life-threatening condition. We also understand the importance of family support in these difficult situations. DayTripper will also cover the transportation, lodging, and meal costs for a relative to join you after an emergency medical evacuation.

Repatriation of Remains

What would your family do if disaster strikes while you are away from home? The death of a loved one is never easy, no matter the circumstances. In the unfortunate event of your death while traveling abroad, DayTripper will arrange for and cover the costs associated with the repatriation of your remains.

Return of Minor Children

If you are expected to be hospitalized for more than 36 hours due to a covered injury or illness and covered children under 18 years of age will be left unattended as a result, DayTripper will cover the transportation cost for the children to return home.

Terrorism

In these turbulent times, the risk of a terrorist attack is a reality. If you are in the wrong place at the wrong time, DayTripper offers coverage for medical expenses resulting from these acts.

Political Evacuation

If, during the coverage period and after your arrival, the United States government issues a travel warning for your destination country, DayTripper will coordinate your alternate departure arrangements from that country and cover the associated costs.

Natural Disaster Benefit

Natural disasters can happen anywhere and at anytime. If a natural disaster occurs while on your trip, causing you to become displaced from your accommodations, DayTripper will provide relief of a maximum of \$100 a day for 5 days to help cover the costs of alternative accommodations.

Hospital Indemnity

If you are hospitalized, the world around you does not stop. What's more, in some places hospitals do not provide their patients basic necessities like meals, toothpaste or soap. If you are hospitalized as an inpatient for treatment of a covered illness or injury, DayTripper will provide \$100 for each night you spend in the hospital.

Other quality benefits offered by DayTripper*

Acute Onset of Pre-Existing Conditions

If you are under age 70, you are covered for an acute onset of a pre-existing condition. Coverage is available up to \$50,000 lifetime maximum for eligible medical expenses and up to \$25,000 lifetime maximum 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.

Hospitalization and Outpatient Treatment

If a covered illness or injury requires hospitalization, the plan provides coverage for costs associated with hospitalization care, including intensive care, and outpatient treatment.

Sports Coverage

If you plan to participate in sporting activities such as mountain climbing or whitewater rafting, Atlas Travel insurance includes coverage for eligible injuries and illnesses that occur while taking on vacation, adventure, and extreme sports activities at no additional cost. The accidental death and dismemberment benefit is deleted during participation in sports activities.

Complications of Pregnancy

DayTripper offers coverage for complications of pregnancy during the first 26 weeks of gestation.

* The description of coverage in these pages is for informational purposes only. Actual coverage will vary based the terms and conditions of the policy issued. The information described herein does not amend or otherwise affect the terms and conditions of any insurance policy issued by HCCMIS or its affiliates. In the event that a policy is inconsistent with the information described herein, the language of the policy will take precedence.

HCC Medical Insurance Services, LLC (HCCMIS) is a service company that is a subsidiary of HCC Insurance Holdings Inc. HCCMIS is regulated by the State of Indiana in our capacity as Third Party Administrator. HCCMIS has authority to enter into contracts of insurance on behalf of the Lloyd's underwriting members of Lloyd's Syndicate 4141, which is managed by HCC Underwriting Agency Ltd.

Enrollment and Filing a Claim

Home Country Coverage

Incidental Home Country Coverage

DayTripper will provide you 30 days of incidental coverage for trips to your home country for every 3 months of coverage purchased. Incidental visit time must be used within the three-month period earned, and you must continue your international trip in order to be eligible for this benefit, which covers medical expenses only. Return to your 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

While the certificate is in effect, the benefit period does not apply. Upon termination of the certificate, underwriters will pay eligible medical expenses, as defined herein, for up to 90 days beginning on the first day of diagnosis or treatment of a covered injury or illness while the member is outside his or her home country and while the certificate was in effect. The benefit period applies only to eligible medical expenses related to the injury or illness that began while the certificate was in effect.

Enrollment

You may access the online quoting and purchasing system or you may complete an application and mail or fax along with your payment to your agent or to HCCMIS.

Pre-certification

To receive full benefits, pre-certification is required for hospitalization, surgery, emergency medical and political evacuations, emergency reunions, trip interruptions, repatriation of remains, CAT Scans, and MRIs. Pre-certification may be done by contacting HCCMIS by phone, e-mail, live chat or through Client Zone. Please see the certificate for more details.

Claim Filing

You may file a claim by submitting a claimant's statement and authorization form. This form may be found online, or you may contact HCCMIS for a copy. Complete the form, attach all itemized invoices and payment receipts, and send them to the address shown on the claimant's statement.

This insurance coverage, offered by HCC Medical Insurance Services, does not meet the minimum standards required by the health care reform law. The policy contains the plan benefits, including a lifetime maximum, that you have selected. Please review your choices to ensure that you have sufficient coverage to meet your medical needs.

HCC Medical Insurance Services

Outstanding Customer Service



HCCMIS Client Zone and World Service Center

HCCMIS Client Zone is an online account management and resource tool available to:

- Renew coverage and reprint ID cards
- Obtain details about claim filing and downloading forms
- Pre-certify for certain medical procedures and hospitalizations
- Locate providers within the PPO Network
- Study destination, weather and travel security information using HCCMIS Travel Board

You can access Client Zone by logging in at:

<https://zone.hccmis.com/clientzone>

If you prefer to speak to a professional service representative, contact the HCCMIS World Service Center by calling toll-free from various countries or by calling collect. The World Service Center can provide service in many different languages.

24 / 7 Worldwide Travel and Medical Assistance

Atlas Group includes valuable travel and medical assistance services, which are available 24 hours a day, 7 days a week. Contact HCCMIS to access any of these services.

Pre-Trip Destination Information

Up-to-date information regarding required vaccinations, health risks, travel restrictions, and weather conditions specific to the destination country.

Medical Monitoring

Consultations with attending medical professionals during hospitalization and establishment of a single point-of-contact for family members to receive ongoing updates regarding medical status.

Provider Referrals

Contact information for Western-style medical facilities, medical and dental practices, and pharmacies in the destination country.

Travel Document Replacement

Assistance with obtaining replacement passports, birth certificates, visas, airline tickets, and other travel-related documents.

Lost Luggage Assistance

Tracking service to assist in locating luggage or other items lost in transit.

Other Travel Assistance Services*

- Prescription Drug Replacement
- Emergency Travel Arrangements
- Dispatch of Physician
- Translation Assistance
- Credit Card / Traveler's Check Replacement

*For a complete list of available assistance services or for more information, please contact HCCMIS. Travel and Medical Assistance Services are not insurance benefits. Any travel or medical assistance service provided is not a guarantee of any insurance benefit.

#1000-DTB-525-8968



Day Tripper International - For travel outside of the US

\$0 Deductible

Option #	1	2	3	4	5
Maximum Limit	\$50,000	\$100,000	\$200,000	\$500,000	\$1,000,000
Age	Daily	Daily	Daily	Daily	Daily
18-29	0.85	1.03	1.13	1.22	1.40
30-39	1.38	1.57	1.79	2.03	2.10
40-49	2.32	2.83	2.89	2.96	3.02
50-59	3.21	3.38	3.56	3.74	3.83
60-64	4.05	4.27	4.38	4.51	4.62
65-69	5.60	5.90	6.30	6.53	6.75
70-79	8.56	N/A	N/A	N/A	N/A
80+*	12.78	N/A	N/A	N/A	N/A
14d-17y	0.85	1.03	1.13	1.22	1.40

\$500 Deductible

Option #	1	2	3	4	5
Maximum Limit	\$50,000	\$100,000	\$200,000	\$500,000	\$1,000,000
Age	Daily	Daily	Daily	Daily	Daily
18-29	0.61	0.74	0.95	1.00	1.13
30-39	0.99	1.13	1.18	1.46	1.81
40-49	1.33	1.69	1.75	1.79	1.94
50-59	2.13	2.43	2.75	3.10	3.49
60-64	2.85	3.07	3.30	3.36	3.39
65-69	3.38	3.44	3.49	3.54	3.58
70-79	6.17	N/A	N/A	N/A	N/A
80+*	9.20	N/A	N/A	N/A	N/A
14d-17y	0.61	0.74	0.95	1.00	1.13

\$100 Deductible

Option #	1	2	3	4	5
Maximum Limit	\$50,000	\$100,000	\$200,000	\$500,000	\$1,000,000
Age	Daily	Daily	Daily	Daily	Daily
18-29	0.75	0.91	0.99	1.07	1.23
30-39	1.22	1.38	1.58	1.78	2.02
40-49	2.04	2.07	2.33	2.60	2.94
50-59	2.61	2.98	3.08	3.19	3.60
60-64	3.56	3.75	3.92	4.10	4.28
65-69	5.13	5.18	5.99	6.20	6.42
70-79	7.53	N/A	N/A	N/A	N/A
80+*	11.25	N/A	N/A	N/A	N/A
14d-17y	0.75	0.91	0.99	1.07	1.23

\$1000 Deductible

Option #	1	2	3	4	5
Maximum Limit	\$50,000	\$100,000	\$200,000	\$500,000	\$1,000,000
Age	Daily	Daily	Daily	Daily	Daily
18-29	0.54	0.66	0.89	0.98	1.08
30-39	0.88	1.00	1.04	1.08	1.12
40-49	1.30	1.50	1.55	1.70	1.87
50-59	1.88	2.16	2.44	2.68	2.95
60-64	2.47	2.70	2.93	2.98	3.02
65-69	3.22	3.27	3.31	3.37	3.40
70-79	5.48	N/A	N/A	N/A	N/A
80+*	8.18	N/A	N/A	N/A	N/A
14d-17y	0.54	0.66	0.89	0.98	1.08

\$250 Deductible

Option #	1	2	3	4	5
Maximum Limit	\$50,000	\$100,000	\$200,000	\$500,000	\$1,000,000
Age	Daily	Daily	Daily	Daily	Daily
18-29	0.68	0.82	0.97	1.03	1.16
30-39	1.10	1.25	1.31	1.62	1.92
40-49	1.38	1.88	1.94	2.37	2.79
50-59	2.38	2.71	2.93	3.14	3.55
60-64	3.17	3.41	3.67	3.73	3.77
65-69	4.66	4.72	5.69	5.89	6.09
70-79	6.85	N/A	N/A	N/A	N/A
80+*	10.22	N/A	N/A	N/A	N/A
14d-17y	0.68	0.82	0.97	1.03	1.16

\$2500 Deductible

Option #	1	2	3	4	5
Maximum Limit	\$50,000	\$100,000	\$200,000	\$500,000	\$1,000,000
Age	Daily	Daily	Daily	Daily	Daily
18-29	0.48	0.58	0.78	0.84	0.90
30-39	0.77	0.87	0.92	0.95	0.98
40-49	1.25	1.31	1.36	1.40	1.43
50-59	1.66	1.90	2.13	2.40	2.71
60-64	2.21	2.39	2.57	2.61	2.64
65-69	2.90	2.94	2.98	3.02	3.06
70-79	4.80	N/A	N/A	N/A	N/A
80+*	7.16	N/A	N/A	N/A	N/A
14d-17y	0.48	0.58	0.68	0.84	0.90

Rates are shown in US dollars and are valid through 4/30/13. Rates include Surplus Lines taxes and fees when applicable.
 *\$10,000 Maximum Limit.

If for any reason you wish to cancel your policy, you must submit your cancellation request in writing to HCC Medical Insurance Services in order to receive a refund or 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; 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.



Day Tripper America - For Non-US citizens traveling to the US

\$0 Deductible

Option #	1	2	3	4	5
Maximum Limit	\$50,000	\$100,000	\$200,000	\$500,000	\$1,000,000
Age	Daily	Daily	Daily	Daily	Daily
18-29	1.97	2.66	3.01	3.36	3.52
30-39	2.67	3.92	4.17	4.42	4.50
40-49	3.97	5.23	5.77	6.32	6.68
50-59	5.90	7.86	8.92	9.97	10.11
60-64	6.89	9.55	10.90	12.50	12.65
65-69	7.80	10.55	12.15	13.91	14.05
70-79	11.25	N/A	N/A	N/A	N/A
14d-17y	1.35	1.58	1.80	2.08	2.37

\$500 Deductible

Option #	1	2	3	4	5
Maximum Limit	\$50,000	\$100,000	\$200,000	\$500,000	\$1,000,000
Age	Daily	Daily	Daily	Daily	Daily
18-29	1.10	1.49	1.57	1.88	1.96
30-39	1.49	2.20	2.43	2.47	2.51
40-49	2.21	2.93	3.13	3.53	3.74
50-59	3.30	4.39	5.18	5.57	5.65
60-64	3.85	5.34	6.75	6.96	7.07
65-69	4.37	5.90	7.53	7.77	7.85
70-79	6.28	N/A	N/A	N/A	N/A
14d-17y	0.97	1.13	1.30	1.50	1.70

\$100 Deductible

Option #	1	2	3	4	5
Maximum Limit	\$50,000	\$100,000	\$200,000	\$500,000	\$1,000,000
Age	Daily	Daily	Daily	Daily	Daily
18-29	1.74	2.34	2.47	2.96	3.10
30-39	2.35	3.46	3.83	3.89	3.96
40-49	3.49	4.61	4.94	5.55	5.88
50-59	5.20	6.92	8.15	8.78	8.90
60-64	6.07	8.41	10.63	11.00	11.12
65-69	6.87	9.28	11.87	12.24	12.37
70-79	9.90	N/A	N/A	N/A	N/A
14d-17y	1.19	1.39	1.58	1.84	2.08

\$1000 Deductible

Option #	1	2	3	4	5
Maximum Limit	\$50,000	\$100,000	\$200,000	\$500,000	\$1,000,000
Age	Daily	Daily	Daily	Daily	Daily
18-29	0.92	1.10	1.25	1.41	1.69
30-39	1.23	1.49	1.66	1.84	2.15
40-49	1.84	2.12	2.47	2.83	3.14
50-59	2.68	3.25	3.62	3.99	4.59
60-64	3.38	4.13	4.52	4.91	5.90
65-69	3.84	4.94	5.15	5.36	6.39
70-79	5.18	N/A	N/A	N/A	N/A
14d-17y	0.77	0.91	1.04	1.20	1.36

\$250 Deductible

Option #	1	2	3	4	5
Maximum Limit	\$50,000	\$100,000	\$200,000	\$500,000	\$1,000,000
Age	Daily	Daily	Daily	Daily	Daily
18-29	1.14	1.70	1.79	2.15	2.25
30-39	1.55	2.51	2.78	2.83	2.88
40-49	2.30	3.35	3.59	4.04	4.28
50-59	3.35	5.03	5.93	6.38	6.47
60-64	4.23	6.11	7.73	8.00	8.09
65-69	4.81	6.75	8.63	8.90	8.99
70-79	6.48	N/A	N/A	N/A	N/A
14d-17y	1.08	1.26	1.44	1.67	1.89

\$2500 Deductible

Option #	1	2	3	4	5
Maximum Limit	\$50,000	\$100,000	\$200,000	\$500,000	\$1,000,000
Age	Daily	Daily	Daily	Daily	Daily
18-29	0.80	0.95	1.10	1.23	1.49
30-39	1.08	1.30	1.45	1.60	1.88
40-49	1.60	1.85	2.16	2.47	2.75
50-59	2.35	2.84	3.17	3.49	4.01
60-64	2.96	3.61	3.95	4.29	5.16
65-69	3.37	4.32	4.51	4.69	5.59
70-79	4.54	N/A	N/A	N/A	N/A
14d-17y	0.76	0.88	1.01	1.17	1.32

Rates are shown in US dollars and are valid through 4/30/13. Rates include Surplus Lines taxes and fees when applicable.

If for any reason you wish to cancel your policy, you must submit your cancellation request in writing to HCC Medical Insurance Services in order to receive a refund or 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; 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.

DAY TRIPPER TRAVEL APPLICATION
HCC Medical Insurance Services
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. Name (Last, First)	Deductible: \$			Maximum Benefit: \$				
	Birth Date (mm/dd/yy)	Gender	Citizenship	Departure Date (mm/dd/yy)	Return Date (mm/dd/yy)	# of Days	Daily Rate	Individual Subtotal
1.	/ /			/ /	/ /			
2.	/ /			/ /	/ /			
3.	/ /			/ /	/ /			
4.	/ /			/ /	/ /			
5.	/ /			/ /	/ /			

Total Amount Due – Total from above and from additional census (if any) : _____

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

Form of Payment: <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> American Express <input type="checkbox"/> Discover Card <input type="checkbox"/> Check/Money Order	Name as it appears on card:
Credit Card #: _____ Expiration Date _____	Complete Billing Address (include daytime phone #):
Signature: _____	
Payment by Credit Card: By signing above, the cardholder authorizes HCC Medical Insurance Services to debit his or her Discover, VISA, MasterCard or American Express account for the amount specified above. Please submit this completed Application by mail or by fax to 866.793.4779 or 480.821.9297. Insurance Services of America 1757 E. Baseline Road, Ste 126 Gilbert, AZ 85233	Checks and Money Orders should be made payable to HCC Medical Insurance Services. Please send your Check or Money Order along with this Application via mail or courier to: Insurance Services of America 1757 E. Baseline Road Suite 126 Gilbert, AZ 85233
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. Coverage purchased by credit card is subject to validation and acceptance by the credit card company.	

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-certification 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 HCC Medical Insurance Services. 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. 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. 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: _____
-----------------------------	--------------------------

For more information or for assistance completing this application, please contact:
 Insurance Services of America, 1757 E. Baseline Road, Ste. 126, Gilbert, AZ 85233
 Tel: (800) 647-4589 / (480) 821-9052
 Fax: (866) 793-4779 / (480) 821-9297
 Email: health@missionaryhealth.net

Producer Number: _23600DT11_