

LIAISON[®] International 2001

Medical insurance that covers
you outside your home country



15 DAYS TO 3 YEARS OF COVERAGE FOR:

- NON-CITIZENS VISITING THE UNITED STATES.
- UNITED STATES CITIZENS TRAVELING OVERSEAS.
- INTERNATIONAL TRAVELERS REQUIRING RENEWABLE COVERAGE

NEW FOR THE YEAR 2001: Hospital Indemnity benefit of \$100 / Night • Shorter Pre-existing Condition Period • Higher Unexpected Recurrence Benefit • Competitive Rates!

SCHEDULE OF BENEFITS

All benefits and premiums listed in this brochure are in U.S. Dollar amounts.	
Policy Maximum	\$50,000; \$100,000; \$500,000; \$1,000,000 (ages 80+, maximum limited to \$15,000)
Deductible:	\$100; \$250; \$500; \$1000; \$2500 Deductible is per person per policy period, maximum of 3 Policy Period deductibles per family.
Coinsurance:	<i>Inside the United States and Canada:</i> After the Insured pays the deductible, the program pays 80% of the next \$5,000 of eligible expenses, then 100% to the selected Maximum. <i>Outside the United States and Canada:</i> After the Insured pays the deductible, the program pays 100% to the selected Maximum.
Hospital Indemnity:	\$100 / night (traveling outside the U.S. and Canada)
Dental (Emergency):	\$100 or \$500 for accidents *
Emergency Medical Evacuation/ Repatriation:	\$100,000
Return of Mortal Remains:	\$20,000
Emergency Reunion:	\$10,000
Return of Minor Child(ren):	\$5,000
Interruption of Trip:	\$5,000
Loss of Checked Luggage:	\$250
Local Ambulance Expense:	\$2,500
Accidental Death & Dismemberment (AD&D):	\$25,000 Principal Sum for Insured or Insured Spouse, \$5,000 for Dependent Child.
Hospital Room & Board:	Usual, reasonable and customary to the selected Policy Maximum
Intensive Care:	Usual, reasonable and customary to the selected Policy Maximum
Outpatient Medical Expenses:	Usual, reasonable and customary to the selected Policy Maximum
Unexpected Recurrence:	Up to \$1000 for those traveling outside the U.S. and Canada (see exclusion #1)
Benefit Period:	Six months

WHY INTERNATIONAL MEDICAL INSURANCE?

Each year, millions of people travel outside of their Home Countries, beyond the boundaries of their medical insurance. They're concerned with the potential out-of-pocket expenses that could result from an injury or sickness abroad. Liaison® International offers medical coverage and emergency services to individuals and families traveling outside their Home Countries. This brochure is a brief description of Liaison® International. For a full description, see the Program Summary, which will be mailed to you once you are approved for insurance.

ELIGIBILITY

Liaison® International provides coverage as outlined in this brochure for individuals and families (including unmarried dependent children over 14 days and under 19 years of age) while traveling outside of their home country.

Home Country is defined as - The country where an insured person(s) has his/her true, fixed and permanent home and principal establishment.

PERIOD OF COVERAGE

The minimum period of coverage under Liaison® International is 15 days, the maximum is 12 months (up to 3 years available, see "Renewal Option" section). Coverage can be purchased in a combination of monthly and 15-day periods by paying the appropriate premium. If you are interested in our renewable coverage, please refer to "Renewal Option" section.

Effective Date

Your coverage will begin on the latest of the following: 1) Moment of departure from Home Country; or 2) The date and time the Application and full premium are received by SRI; or 3) The date requested on the Application.

Expiration Date

Coverage will end on the earlier of the following: 1) The arrival of the Insured Person back in their Home Country *; or 2) The date shown on the ID Card, for which premium has been paid; *See Home Country Coverage.

DESCRIPTION OF BENEFITS

Medical

When the Insured incurs a covered Injury or Illness, the program will pay Usual, Reasonable and Customary medical charges for Covered Expenses, excess of the chosen Deductible and Coinsurance, up to the selected Policy Maximum. Only such expenses, incurred as the result of a disablement, which are specifically enumerated in the following list of charges, are incurred within six months from the onset of an Injury or Illness, and which are not excluded in the Exclusions, shall be considered as Covered Expenses:

1. Charges made by a Hospital for room and board, floor nursing and other services inclusive of charges for professional service and (with the exception of personal services of a non-medical nature); charges made for an operating room.
2. Charges made for Intensive Care or Coronary Care charges and nursing services.
3. Charges made for diagnosis, treatment and Surgery by a Physician; charges made for the cost and administration of anesthetics.
4. Charges made for Outpatient treatment, same as any other treatment covered on an Inpatient basis. This includes ambulatory Surgical centers, Physicians' Outpatient visits/examinations, clinic care, and Surgical opinion consultations.
5. Charges for medication, x-ray services, laboratory tests and services, the use of radium and radioactive isotopes, oxygen, blood transfusions, iron lungs, and medical treatment; dressings, drugs, and medicines that can only be obtained upon a written prescription of a Physician or Surgeon.
6. Charges for physiotherapy, if recommended by a Physician for the treatment of a specific Disablement and administered by a licensed physiotherapist.

7. Ground ambulance (within the metropolitan area) to and from the nearest Hospital with facilities for required treatment. If the Insured Person is in a rural area, then licensed ground ambulance transportation to the nearest metropolitan area shall be considered a Covered Expense.

Dental - Emergency Only - The Emergency Dental Benefit is available to programs purchased for 1 month or more. Treatment necessary to resolve acute, spontaneous and unexpected inception of pain to natural teeth (\$100) or Dental treatment necessary to restore or replace sound natural teeth lost or damaged in an Accident which is covered under the program (\$500).

Emergency Medical Evacuation/Repatriation - The program will pay Covered Expenses incurred if any covered Injury or Illness commencing during the Period of Coverage results in the Medically Necessary Emergency Medical Evacuation or Repatriation of the Insured Person (the Insured Person's medical condition warrants immediate transportation from the medical facility where the Insured Person is located to the nearest adequate medical facility where medical treatment can be obtained). The benefit must be ordered by the Assistance Company in consultation with the Insured Person's local attending Physician.*

Return of Mortal Remains - The Program will pay the reasonable Covered Expenses incurred up to a maximum of \$20,000 to return the Insured Person's remains to his/her Home Country, if he or she dies.*

Emergency Medical Reunion - When Emergency Medical Evacuation or Repatriation is ordered and the attending Physician recommends that a family member travel with the Insured, the program will arrange and pay, up to \$10,000, for round trip economy-class transportation for one individual selected by the Insured Person, from the Insured Person's Home Country to the location where the Insured Person is hospitalized and return to the Home Country.

Return of Minor Child(ren) - Should the Insured Person be traveling alone with a Minor Child(ren) and is hospitalized because of a covered Illness or Injury and the Minor Child(ren), under age 19, is left unattended, the program will arrange and pay, up to \$5,000, for one way economy fare to their Home Country (including the cost of an attendant/escort, if necessary to insure the safety and welfare of a Minor Child(ren)).*

Hospital Indemnity - If you are hospitalized while traveling outside of the United States or Canada, and the hospitalization is considered a Covered Expense, the program will indemnify the Insured \$100 for each night spent in the hospital (this benefit is in addition to any other covered expenses of the program).

Interruption of Trip - If the Insured is unable to continue the Trip due to the death of an Immediate Family member (parent, spouse, sibling or child) or due to serious damage to the Insured's principal residence from fire, flood or similar natural disaster (tornado, earthquake, hurricane, etc.). The program will reimburse (up to \$5,000) the Insured for the cost of economy travel, less the value of applied credit from an unused return travel ticket, to return home to their area of principal residence. *

Loss of Checked Luggage - If the Insured's checked luggage is permanently lost by the airline, the program will reimburse the Insured for the replacement of clothing and personal hygiene items lost to a maximum per bag limit of \$50. This benefit is secondary to any other (including airline) coverage available. The Insured must furnish proof to the Company that full reimbursement has been obtained from the airline. *

Home Country Coverage - This covers you for incidental trips to your Home Country (60 days per 12 months of purchased coverage or pro rata thereof - example: approximately 5 days per month). Maximum benefit is reduced to \$50,000 while in your Home Country.

* NOTE: In the event of an Emergency Medical Evacuation, Repatriation, Return of Mortal Remains, Emergency Reunion, Return of Minor Child(ren), Interruption of Trip, Loss of Checked Luggage benefit is needed or utilized, arrangements must be made by the Assistance Service Provider. Complete details about the benefits and about the required notification of the Assistance Service Provider are contained in the Program Summary.

Assistance Services - Upon enrollment into Liaison® International, you are eligible to use any of the assistance services provided by the Assistance Services Provider. Additional information is contained in the Program Summary. Open 24 hours /

day, 365 days a year • Multilingual personnel • Physicians / Nurses on staff • Locate local facilities • Help with emergency situations.

OPTIONS

Renewal Option - Intended for longer international trips, this option allows for continuous coverage for up to three years while paying premiums on a minimum quarterly basis (however, you may purchase longer increments if you wish). If this option is chosen, SRI will send you renewal notices to your Address of Correspondence, giving you the option of continuing coverage under the same program. To be valid, you must purchase at least 3 months initially (you can purchase up to 12 months if desired). The renewal notices will be sent one month before your expiration date. Coverage may then be renewed for between 1 and 12 months (at the premium rate in force at the time of renewal), depending upon your specific need. If you choose to renew for less than 3 months, SRI will assume that your international trip will be over and not send any further notices. If you renew coverage for 3 months or more, SRI will continue to send the renewal notices. Maximum period of coverage is 3 years. For persons age 70 and over, maximum period of coverage is 1 year. A \$5.00 Administrative Fee will be charged each time coverage is renewed. Please note that the maximum policy period for the deductible and coinsurance is 12 months.

Hazardous Sport Coverage - To cover motorcycle/motor scooter riding, mountaineering (4500 meter limit), hang gliding, parachuting, bungee jumping, water skiing, snow skiing, snowmobiling, and snow boarding.

PRENOTIFICATION / REFERRAL

In order to ensure your claims are addressed as efficiently as possible, the Insured or the provider of service, must contact the Assistance Company for pre-notification prior to: hospital admissions and inpatient/outpatient surgeries. The Assistance Company has trained personnel available 24 hours a day, 7 days a week throughout the year to answer your questions, provide assistance, and guide you to an appropriate facility if necessary. In the case of an Emergency Admission, the Assistance Company must be contacted within 48 hours, or as soon as reasonably possible. Pre-notification does not guarantee that benefits will be paid. Failure to pre-notify will result in a 20% reduction in Eligible Benefits.

Please be aware that this is not a general health insurance policy, but an interim travel medical program intended for use while away from your Home Country. Liaison® International does not guarantee payment to a facility or individual for medical expenses until SRI determines that it is an eligible expense.

REFUND OF PREMIUM

Refund of premium will be considered only if written request is received by SRI prior to the Effective Date of Coverage. After the Effective Date of Coverage, the premium is considered fully earned and nonrefundable.

CLAIM SUBMISSION

Filing a claim with SRI is easy. You will receive a Liaison® International identification card and claim form once you are approved for insurance. When you receive treatment, you send the original, itemized bills to SRI within 90 days. Eligible bills are automatically converted from local currencies to US dollars. For payments of eligible medical expenses, notify SRI of pending treatments and we can refer you to approved health care providers worldwide. You're simply responsible for your deductible, coinsurance amounts and non-eligible expenses. For more details, consult the Program Summary that is provided with your insurance kit, or contact the SRI Claim Department.

EXCLUSIONS

For Medical benefits, this Insurance does not cover:

1. Any Injury or Illness which meets the following criteria: a) condition(s) that would have caused a person to seek medical advise, diagnosis, care or treatment during the 36 months prior to the Effective Date of coverage under this Policy; b) condition(s) for which manifestation, medical advise, diagnosis, care or treatment was recommended, received, or noticed during the 36 months prior to the Effective Date of coverage under this Policy; If the Injury or Illness is an **Unexpected Recurrence** and the Insured Person is traveling outside the United States and Canada, the program will reimburse up to \$1000 for that particular condition. An Unexpected Recurrence is a sudden and unexpected outbreak or recurrence of a condition defined in a & b above. The condition must occur spontaneously and without advanced warning, for example: prior symptoms, Physician visit, failing to take medication. For Insured Persons traveling outside the United States and Canada, the period is 12 months instead of 36 months.
 2. Charges for treatment which exceed Reasonable and Customary charges; or Charges incurred for Surgeries or treatments which are Investigational, Experimental, or for research purposes; expenses which are nonmedical in nature; expenses for Vocational, Speech, Recreational or Music Therapy;
 3. Expenses which were not recommended, approved and certified as Medically Necessary and reasonable by a Physician;
 4. Suicide or any attempt there at, while sane or self destruction or any attempt there at, while insane; intentionally self-inflicted Injury or Illness; or expenses as a result or in connection with the commission of a felony offense;
 5. Any consequence, whether directly or indirectly, proximately or remotely occasioned by, contributed to by, or traceable to, or arising in connection with war, invasion, act of foreign enemy hostilities, warlike operations (whether war be declared or not), or civil war;
 6. Injury sustained while participating in professional, sponsored and/or organized Amateur or Interscholastic Athletics;
 7. Routine physicals, inoculations, or other examinations where there are no objective indications or impairment in normal health;
 8. Treatment of the Temporomandibular joint.
 9. Services or supplies performed or provided by a Relative of the Insured Person, or anyone who lives with the Insured Person.
 10. Treatment and the provision of false teeth or dentures, normal ear tests and the provision of hearing aids, cosmetic or plastic Surgery (including deviated nasal septum), dental expenses, eye care or eye related expenses, unless caused by Accidental bodily Injury incurred while insured hereunder;
 11. Treatment in connection with alcoholism and drug addiction, or use of any drug or narcotic agent; any Mental and Nervous disorders or rest cures; Injury sustained while under the influence of or Disablement due to wholly or partly to the effects of intoxicating liquor or drugs;
 12. Congenital abnormalities and conditions arising out of or resulting therefrom;
 13. Expenses incurred during a hospital emergency room visit which is not of an emergency nature;
 14. Injury sustained while taking part in mountaineering where ropes or guides are normally used, hang gliding, parachuting, bungee jumping, racing by horse or motor vehicle or motorcycle, snowmobiling, motorcycle / motor scooter riding, scuba diving involving underwater breathing apparatus (unless PADI certified), water skiing, snow skiing and snow boarding; *
 15. Treatment paid for or furnished under any other individual, government, or group policy or charges provided at no cost to the Insured Person.
 16. Treatment of venereal or sexually transmitted disease.
 17. Pregnancy expenses or Illness resulting from pregnancy, childbirth, or miscarriage; or for miscarriage resulting from Accident.
 18. Drug, treatment or procedure that either promotes or prevents conception, or prevents childbirth;
 19. Expenses incurred while the Insured Person is in their Home Country (except after approved Emergency Evacuation / Repatriation or if treatment is a follow-up to a covered disablement during coverage or if the expenses pertain to the Home Country Coverage benefit); *
 20. Expenses incurred for which travel was undertaken to seek medical treatment for a condition; or incurred after the Insured Person's physician has limited or restricted travel.
- * Options are available to include all or part of these risks.

Detailed Exclusions pertaining to the benefits of this product are listed in the Program Summary, which will be mailed to you along with the ID Card once coverage is purchased.

ABOUT SRI

Since 1993, Specialty Risk International has provided medical insurance to corporations, international travelers, expatriates, students, overseas visitors, immigrants and global citizens. With expertise and efficiency we've served clients in more than a hundred countries.

ENROLLING IN LIAISON® INTERNATIONAL

1. Complete the entire Liaison® International Application. Premium for the entire period of coverage is due at the time of application.
2. If paying by check or money order, make payable to: "SRI" and enclose it together with completed Application.
3. If paying by credit card, complete the Application and mail or fax to SRI. Be sure to sign the Method of Payment section.
4. Read the brochure and sign the application.

Return the Application with your payment for the total premium to:

SRI
9200 Keystone Crossing, Ste 300
Indianapolis, IN 46240
Fax 317-575-2659
Phone: 800-335-0611 or 317-575-2652
Online: www.SpecialtyRisk.com

(You may fax if paying by credit card only. Originals are not required if application is faxed to SRI with credit card payment.)

MONTHLY PREMIUMS

Based on a \$250 Deductible Effective until December 31, 2001
 Premiums for 15 day coverage are ½ the monthly premium.

Traveling to the United States					Traveling Outside the U.S.				
(If the applicant is traveling to, temporarily residing in, or visiting the United States, please use these rates.)					(If the applicant is traveling outside the United States, use these rates. This includes US citizens traveling overseas as well as persons traveling between countries. ie. a Brazilian traveling to Spain)				
Policy Maximum Options					Policy Maximum Options				
Age	\$50,000	\$100,000	\$500,000	\$1,000,000	Age	\$50,000	\$100,000	\$500,000	\$1,000,000
19 to 29	\$51	\$60	\$76	\$85	19 to 29	\$38	\$43	\$50	\$55
30 to 39	\$66	\$78	\$99	\$110	30 to 39	\$45	\$50	\$68	\$74
40 to 49	\$97	\$110	\$145	\$160	40 to 49	\$68	\$76	\$85	\$94
50 to 59	\$134	\$163	\$195	\$230	50 to 59	\$105	\$120	\$135	\$150
60 to 64	\$156	\$190	\$225	\$270	60 to 64	\$120	\$140	\$165	\$195
65 to 69	\$175	\$225	\$245	\$290	65 to 69	\$140	\$150	\$170	\$202
70 to 79	\$223	N/A	N/A	N/A	70 to 79	\$190	\$223	N/A	N/A
80 plus *	\$351	N/A	N/A	N/A	80 plus *	\$285	N/A	N/A	N/A
Dep. Child	\$28	\$34	\$42	\$45	Dep. Child	\$21	\$26	\$30	\$35
Child Alone	\$46	\$54	\$68	\$76	Child Alone	\$38	\$43	\$48	\$50

* Ages 80+ limited to \$15,000. Dep. Child rate is applicable when at least one parent will also be covered under Liaison International. Child Alone rate is used when a child will be insured by themselves. [Blanket Accident and Sickness Policy MEGA-SRI98]

ADMINISTERED BY	INSURANCE CARRIER
Specialty Risk International, Inc. (SRI) 9200 Keystone Crossing, Ste 300 Indianapolis, IN 46240 800-335-0611 or 317-575-2652 Fax: 317-575-2659 www.SpecialtyRisk.com	The MEGA Life and Health Insurance Company Oklahoma City, OK USA Rated A- "Excellent" by A.M.

LIAISON International Application

2001

Official Use Only: Cert # _____	Processed _____	Eff. Date _____	Agent: _____
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Applicant Information

Last Name: _____
 First Name: _____ M.I. _____
 Country of Permanent, fixed Residence (Home Country) _____
 Passport Number / Country: _____
 AD&D Beneficiary: _____ Relationship: _____

Address of Correspondence

(where ID card is to be sent)
 Name: _____
 Address: _____
 City: _____ State: _____
 Postal Code: _____ Country: _____
 Work Phone: () _____ Home Phone: () _____
 Previously insured by SRI? _____ ID Number: _____
 Departure Date from your Home Country? (MM/DD/YY) ____ / ____ / ____
 When would you like coverage to begin? (MM/DD/YY) ____ / ____ / ____
 Destination?: _____ Length of Trip?: _____

Please note: The minimum period of coverage is 15 days, the maximum is 12 months (please see Renewal Option). Coverage must be purchased in increments of no less than 15 days. Coverage cannot begin until your departure from your Home Country, nor will coverage begin until SRI receives your application and correct premium.

Coverage Specifics

Are you traveling: To the United States or
 Outside the United States
 Policy Maximum: \$50,000 \$100,000 \$500,000
 \$1,000,000
 Deductible:

Option	Factor
<input type="checkbox"/> \$100	1.10
<input type="checkbox"/> \$250	1.00
<input type="checkbox"/> \$500	.90
<input type="checkbox"/> \$1000	.80
<input type="checkbox"/> \$2500	.70

 Renewal Option: No Yes (must buy at least 3 months)
 Coverage Option: Hazardous Sport Coverage (1.15)

Calculating Your Premium

(please complete entire section)

Name of Persons to be Insured:	Date of Birth MM/DD/YY	Monthly Premium
Applicant: _____	__ / __ / __	\$
Spouse: _____	__ / __ / __	\$
Child: _____	__ / __ / __	\$
Child: _____	__ / __ / __	\$
Child: _____	__ / __ / __	\$
Total: [A]		\$
Multiply [boxA] by number of months:	X	\$
Total:		\$
If desired, add 15 day premium: (1/2 box [A])	+	\$
Total:		\$
Multiply by deductible factor:	X	\$
Total:		\$
Multiply coverage Option Factor: (if applicable)	X	\$
Total Payment Enclosed:		\$

Method of Payment

Check Money Order MasterCard Visa Discover
 Card Number: _____
 Expiration Date: _____ Day Phone: _____
 Name on Card: _____
 Billing Address: _____

 Signature (Required) _____

Make Check or Money Order payable to "SRI". Total Payment for the Full Term of coverage requested must be paid in U.S. dollars at the time application for coverage is made. Coverage purchased by credit card is subject to validation and acceptance by the credit card company. I declare that I understand the terms and conditions of this product, as outlined in this brochure. I understand that pre-existing conditions, as defined in Exclusion number 1, are excluded.

I hereby subscribe to the Global International Trust and enroll in the group coverage for which I am eligible under the group contract issued by The MEGA Life and Health Insurance Company.

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