

Liaison Traveler

International Insurance Coverage for Emergency
Medical Evacuation, Return of Mortal Remains
and the Frequent Traveler

Please Print to your printer

Rates and Application are listed at end of the page. 1999

International Insurance Coverage for Emergency Medical Evacuation, Return of Mortal Remains and The Frequent Traveler. Liaison Traveler is Underwritten by The Insurance Company of the State of Pennsylvania, a member of the **AIG** group of companies and rated **A++ "Superior" by AM Best.**

Save time and effort. You do not have to call in order to receive a brochure by mail or fax. All you need to do is print this page. It will be accepted by SRI and is a complete description of Liaison Traveler. At the end of the document is an application which can be completed and returned to the insurance company.

WHY YOU NEED INTERNATIONAL COVERAGE

Each year, millions of people travel internationally throughout the world. While many of them may have medical coverage when traveling outside their Home Country, few will have the proper coverage for incidental medical expenses arising from an emergency medical evacuation or a repatriation of mortal remains.

Liaison Traveler is designed to offer emergency medical evacuation, repatriation of mortal remains, and accidental death and dismemberment, and incidental medical expenses for persons traveling outside their Home Country or Country of Residence.

This brochure is a brief description of Liaison Traveler. A complete description is contained in the Program Summary, which will be mailed to you together with your ID Card after SRI receives your completed application and correct premium.

NOTE- This plan offers coverage for emergency medical evacuation, repatriation of mortal remains, AD&D and incidental medical expenses when traveling internationally. SRI offers several programs that provide comprehensive international medical coverage, check the rest of the site for details.

ELIGIBILITY

Liaison Traveler provides coverage for persons traveling outside their Home Country or Country of Residence. If you will be traveling outside of your Home Country or Country of Residence, the program will provide coverage for you, your spouse, and your unmarried dependent children (over 14 days and under 19 years of age, or under 25 years of age if they are attending an accredited institution of higher learning on a full-time basis and wholly dependent upon the Insured for support and maintenance.)

Home Country or Country of Residence is defined as - The country where an eligible person(s) has his/her true, fixed and permanent home and principal establishment, and to which he/she has the intention of returning.

PLAN OPTIONS

Standard Program

This is the base program offered to international and frequent travelers. Maximums listed are per policy period. Additional options are available and described below in the Program Options section.

Emergency Medical Evacuation	\$50,000
Repatriation of Mortal Remains	\$20,000
Emergency Reunion	\$10,000
Return of Minor Child	\$5,000
Accidental Death & Dismemberment (AD&D)	\$100,000
Political Evacuation and Repatriation	\$10,000
Trip Interruption	\$5,000
Lost Baggage	\$250
International Assistance Services	Included

Program Options (May not be purchased separately from Standard Program)

- Option A Add Medical Expenses. This provides accidental injury and emergency sickness benefits up to a maximum of \$25,000 per policy period, excess of a \$350 per incident deductible. Medical benefit is not available to persons traveling to the U.S.. See details under Medical.
- Option B Increase AD&D Limits. The benefit for AD&D can be increased from the \$100,000 limit to a maximum of \$500,000 for the Primary Insured. AD&D for spouses and dependents is limited to the amounts listed under the Description of Benefits.

Note: Only one Liaison Traveler program may be purchased for any given policy period.

PERIOD OF COVERAGE

There are two coverage period options for Liaison Traveler, a six month coverage period and a twelve month coverage period. During the coverage period, the insured persons will be covered anytime they are outside their Home Country or Country of Residence (unlimited number of trips).

Effective Date - Your coverage will begin on the latest of the following: 1. The date your Application and premium are received by SRI; or 2. The date you request on the Application.

Expiration Date - Your coverage will end either Six or Twelve months after the Effective Date (depending upon the coverage period chosen). If you choose, coverage can be easily rewritten.

DESCRIPTION OF BENEFITS

Emergency Medical Evacuation Expenses

If you or any covered dependents become sick or injured during the period of coverage and it has been determined that an Emergency Medical Evacuation is required to either the nearest medical facility, where appropriate medical treatment can be obtained, or to your Country of Residence, all eligible expenses incurred are covered up to \$50,000. An Emergency Medical Evacuation must be recommended by a legally licensed physician who certifies that the severity of the Injury or Sickness necessitates such Emergency Medical Evacuation, and agreed to by you or your representative.

Repatriation of Mortal Remains Expenses

If Injury or Sickness commencing during the Period of Coverage results in death, all reasonable expenses incurred for preparation and return of the remains to the Country of Residence are covered up to a maximum of \$20,000.

DESCRIPTION OF BENEFITS (Continued)

Emergency Reunion

In the event of a recommended Emergency Medical Evacuation due to a covered injury or illness, where the physician feels that it would be beneficial to have a family member at your side during transport, you will be reimbursed for travel and lodging expenses incurred by that relative up to US\$10,000 (Additional details in Program Summary)

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 the age of 18 are left unattended, Liaison Traveler will arrange and pay for one way economy fares less the value of applied credit from any unused travel tickets per person to their Home Country, not to exceed the maximum benefit of \$5,000. (Additional information is contained in Program Summary)

Accidental Death & Dismemberment (AD&D)

The program includes Accidental Death & Dismemberment coverage for each Insured Person, Insured Spouse and Dependent Child. If an Injury occurs during your Period of Coverage and results in one of the following losses within 365 days after an accident, the program will pay for loss as follows (Additional information in Program Summary):

	<u>Insured</u>	<u>Spouse</u>	<u>Each Child</u>
Loss of Life	100% of Principal Sum	\$25,000	\$5,000
Loss of two members	100% of Principal Sum	\$25,000	\$5,000
Loss of one member	50% of Principal Sum	\$12,500	\$2,500
Loss of speech and hearing	100% of Principal Sum	\$25,000	\$5,000
Loss of speech or hearing	50% of Principal Sum	\$12,500	\$2,500
Quadriplegia	100% of Principal Sum	\$25,000	\$5,000
Paraplegia	50% of Principal Sum	\$12,500	\$2,500
Hemiplegia	25% of Principal Sum	\$6,250	\$1,250

Political Evacuation and Repatriation

If due to political or military events in a host country, a formal recommendation from the appropriate authorities is issued for the insured to leave the host country or the insured is expelled or declared persona non-grata by the host country, all reasonable expenses incurred for transportation to the nearest place of safety or for repatriation to the insured's home country or country of residence are covered up to a maximum of \$10,000. Evacuation must occur within 10 days of any such event. Coverage will apply to the most appropriate and economical means consistent under the circumstances with your health & safety. Evacuation costs will be paid once per insured per occurrence. In the event this benefit is needed, arrangements must be made by the assistance services provider.

Trip Interruption

Liaison Traveler will pay benefits if an Insured is unable to continue the Trip due to: a) death, occurring prior to the return to the Insured's Home Country, of the Insured's Immediate Family Member, b) serious damage to the Insured's principal residence from fire, flood or similar natural disaster (tornado, earthquake, hurricane, etc.). Liaison Traveler will reimburse the Insured for the cost of travel, less the value of applied credit from an unused return travel ticket, to return home to their area of principal residence. This benefit is limited to the cost of one-way economy airfare or ground transportation and is subject to a Policy Period maximum of \$5,000. Additional information in the Program Summary.

Lost Baggage

Liaison Traveler will pay benefits if an Insured's Checked Baggage is lost due to theft or misdirection by a Common Carrier while the Insured is a ticketed passenger on the Common Carrier during the Trip. Liaison Traveler will reimburse the Insured, up to the Policy Period maximum of \$250 for the cost of replacement of the baggage and its contents. All claims must be verified by the Common Carrier. There is a maximum per article limit of \$50. (This is an excess benefit. Additional information in the Program Summary).

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

DESCRIPTION OF BENEFITS (Continued)

Medical

(An Option) Not available to persons traveling to the United States.

If you or your insured dependent become sick or injured during the period of coverage and require medical treatment, the plan will pay subject to a \$350 per incident deductible, reasonable and customary charges for Covered Expenses resulting from such occurrence, up to \$25,000 per Policy Period. Only those expenses described which are incurred within 13 weeks from the onset of an injury or emergency sickness and which are not excluded are considered covered expenses. Initial treatment of an injury or emergency sickness must occur within 72 hours of the accident or onset of emergency sickness, defined as a condition requiring immediate care and/or hospitalization. In order for medical coverage to be valid, maximum length of any one trip would have to be less than 60 days. Maximum age of eligibility is 69. Covered expenses to include:

1. Charges made by a hospital for room and board, floor nursing and other services, inclusive of charges for professional services and with the exception of personal services of a non-medical nature; provided, however, that expenses do not exceed the hospital's average charge for semiprivate room and board accommodation, or intensive care when medically necessary.
2. Charges made for diagnosis, treatment and surgery by a physician.
3. Charges made for the cost of administration of anesthetics.
4. 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.
5. Charges for physiotherapy, if recommended by a physician for the treatment of a specific disablement and administered by a licensed physiotherapist.
6. Dressings, drugs and medicines that can be obtained upon a written prescription of a physician or surgeon.
7. Hotel room charge, when you, otherwise necessarily confined in a hospital, shall be under the care of a duly qualified physician in a hotel room owing to the unavailability of a hospital room by reason of capacity or distance or to any other circumstances beyond your control.

ASSISTANCE SERVICES

Upon enrollment into Liaison Traveler, you are eligible to use any of the assistance services listed in the Program Summary provided by the Assistance Service Provider, American International Assistance Services.

Pre-Trip Assistance – Telephone information about passports, visas; Telephone information about health hazards in remote areas; Telephone information about inoculations; Help in arranging special medical treatment facilities needed while traveling.

Medical Assistance While Traveling – 24-Hour telephone contact for travel medical emergencies, with assistance in locating medical care; Arranging telephone conferences between your attending and home physicians; Arranging second medical opinions in hospital cases; Relaying emergency messages to family and employer during medical emergencies; Guarantee or payment of medical bills using your available financial resources; 24-hour ticketing service to arrange family visits; Arranging emergency medical evacuation from medically underserved areas; Arranging evacuation for catastrophic claims; Arranging medical transportation home after treatment; Arranging escorts and transportation for unaccompanied children; Arranging transfer of medical records; Arranging repatriation of remains for deceased travelers; Notify your health insurer of a claim.

General Travel Assistance 24 hour telephone contact for baggage and other travel problems; Advice on handling losses and delays; Follow-up contact with airlines regarding baggage; Help with lost passports, ticket and documents; Guarantee or payment of emergency expenses using your available financial resources; Arranging shipments of forgotten, lost or stolen items; Relaying emergency messages.

EXCLUSIONS

For Accidental Death and Dismemberment, Emergency Medical Evacuation, Repatriation of Mortal Remains, Emergency Reunion, Return of Dependent Child, this insurance does not cover:

- 1 Suicide or attempt thereof by the Insured Person while sane or self destruction or any attempt thereof by the Insured Person while insane;
- 2 Disease of any kind; bacterial infections except pyogenic infection which shall occur through an accidental cut or wound; hernia of any kind; (Only applicable for Accidental Death & Dismemberment)
- 3 Injury sustained while the Insured Person is riding as a pilot, student pilot, operator or crew member, in or on, boarding or alighting, from any type of aircraft; as a passenger in any aircraft (a) not having a current and valid airworthy certificate and (b) not piloted by a person who holds a valid and current certificate of competency for piloting such aircraft;
- 4 Declared or undeclared war or any act thereof; service in the military, naval or air service of any country;
- 5 Flying in any aircraft being used for or in connection with acrobatic or stunt flying, racing or endurance tests; rocket-propelled aircraft; crop dusting or seeding or spraying, fire fighting, exploration, pipe or power line inspection, any form of hunting or herding, aerial photography, banner towing or any experimental purpose; engaged in any flight which requires a special permit or waiver from the authority having jurisdiction over civil aviation, even though granted.

For Political Evacuation and Repatriation, this insurance does not cover: 1) Losses recoverable under any other insurance or through an employer; 2) Losses arising from or attributable to a) dishonest or criminal acts committed or attempted by the insured, b) alleged violation of the laws of the host country, unless the company determines such allegations to be fraudulent, or c) failure to maintain required documents or visas; 3) Losses attributable to a) debt, insolvency, commercial failure, or the repossession of any property, b) insured's non-compliance with a contract or license or c) implementation of legally contributed exchange rates; 4) Losses due to liability assumed by the insured under any contract.

For Medical expenses, this insurance does not cover:

1. **Pre-Existing Conditions**, defined as any Injury or Illness which was contracted or which manifested itself, or for which treatment or medication was prescribed within **three (3) years prior** to the Effective Date of this insurance;
2. For services, supplies or treatment, including any period of Hospital confinement, which were not recommended, approved and certified and necessary and reasonable by a Physician;
3. For suicide or any attempt thereat while sane or self destruction or any attempt thereat while insane; declared or undeclared war or any act thereof; injury sustained while participating in professional athletics;
4. For sickness resulting from pregnancy, childbirth, or miscarriage; or miscarriage resulting from accident;
5. For routine physicals or other examinations where there are no objective indications or impairment in normal health, and laboratory diagnostic or x-ray examinations, except in the course of a Disability established by a prior call or attendance of a Physician;
6. For cosmetic or plastic surgery, except as a result of an accident; elective surgery which can be postponed until the insured returns to his/her Country of Residence; any mental and nervous disorders or rest cures;
7. For dental care, except as the result of Injury to natural teeth caused by accident; eye infractions or eye examinations for the purpose of prescribing corrective lenses for eye glasses or for the fitting thereof, unless caused by accidental bodily Injury incurred while insured thereunder;
8. In connection with alcoholism and drug addiction, or use of any drug or narcotic agent; congenital anomalies and conditions arising out or resulting from thereof; expenses which are non-medical in nature;
9. For the ordinary cost of a one-way airplane ticket used in the transportation back to the Insured Person's Home Country where an air ambulance benefit is provided;
10. For expenses as a result of or in connection with intentionally self-inflicted Injury or the commission of a felony offense;
11. For specific named hazards: motorcycle driving, scuba diving, skiing, mountain climbing, ski diving, professional and amateur racing, and piloting an aircraft;
12. Treatment paid for or furnished under any other individual or group policy or other service or medical pre-payment plan arranged through the employer to the extent so furnished or paid, or under any mandatory government program or facility set up for treatment without cost to any individual.

EXCLUSIONS (Continued)

For Trip Interruption, this insurance does not cover: 1) war or any act of war, whether declared or not; participation in a felony, riot or insurrection; participation in contests of speed; a Pre-existing Condition existing prior to the Insured's departure from their Home Country that has the likelihood of causing death.

For Lost Baggage, this insurance does not cover: animals; automobiles or automobile equipment; boats; motors; motorcycles; other conveyances or their appurtenances (except bicycles while checked as baggage with a Common Carrier); household furniture; eye glasses or contact lenses; artificial teeth or dental bridges; hearing aids; prosthetic limbs; musical instruments; money or securities; tickets or documents; or sporting equipment if loss or damage results from the use thereof.

ENROLLING IN LIAISON TRAVELER

1. Complete Entire Application
2. Select method of payment.
3. If paying by check or money order, make payable to: "SRI" and enclose it together with completed Application.
4. If paying by credit card, complete Application and mail or fax to SRI. Be sure to sign Method of Payment section.

Complete and return the Application with your payment for the total premium to:

SRI

9200 Keystone Crossing, Ste 300

Indianapolis, IN 46240

Fax: 317-575-2659

(if paying by credit card only. Originals are not required if applications is faxed to SRI with credit card payment)

Premiums (Effective May 1, 1999)

Standard Program

<u>Type</u>	<u>Plan A - 6 Months</u>	<u>Plan B - 12 Months</u>
Single	\$89.00	\$157.00
Couple	\$119.00	\$210.00
Family	\$147.00	\$263.00

Program Options (May not be purchased separately from Standard Program)

Option A (Medical)

Not available for trips to the U.S.

	<u>6 Months</u>	<u>12 Months</u>
Single	\$40.00	\$50.00
Couple	\$60.00	\$75.00
Family	\$80.00	\$100.00

Option B (add AD&D)

Valid only for Primary Insured

<u>Increase to:</u>	<u>6 Months</u>	<u>12 Months</u>
\$200,000	\$24.00	\$30.00
\$300,000	\$48.00	\$60.00
\$400,000	\$72.00	\$90.00
\$500,000	\$96.00	\$120.00

Application- Liaison Traveler 1999

OFFICIAL USE ONLY: Cert#: _____ Processed: _____ Eff Date: _____ Agent: 5236

Applicant Information

Mr. Mrs. Miss Last Name: _____
First Name: _____ MI _____
Date of Birth ___ / ___ / ___ (month/day/year)

Home Country Address

Address: _____
City/State: _____
Postal Zip Code: _____ Country: _____
Passport Number: _____
Issuing Country: _____

Address of Correspondence (if different)

Address: _____
City/State: _____
Postal Zip Code: _____ Country: _____
Work phone () _____ Home phone () _____

For AD&D benefit...

Beneficiary _____
Relationship _____

For Couple or Family Coverage...

Names of additional persons to be insured? Date of Birth
Spouse _____ ___ / ___ / ___
Child _____ ___ / ___ / ___
Child _____ ___ / ___ / ___
Child _____ ___ / ___ / ___
(please attach separate sheet for additional children)

Have you purchased insurance through SRI before?
Yes No

If yes, when? From _____ to _____

Requested Effective Date of coverage: Mo ___ Day ___
Yr ___

*Note: Coverage can not begin until SRI receives your application and correct premium.

AGENT: Horenberg Insurance Services, Inc.
1300 Spring Street Suite 200
Silver Spring, MD 20910
(800) 296-8000

Calculating Your Premium

Select Policy Period: Plan A (6 months) Plan B (12 months)

Select Plan Type: Single (applicant only) Couple
Family

(Be sure to use correct premiums)

Standard Plan Premium
\$ _____

Program Options (if applicable)

Option A
Add Medical Coverage \$ _____
(max. 60 days any one trip)

Option B
Increase AD&D to \$ _____ \$ _____

Plus Policy Fee: \$ 10 _____

Total Premium Enclosed: \$ _____

Method of Payment

Check Money Order MasterCard Visa

Card #: _____

Expiration Date: _____ Daytime Phone: _____

Name as it appears on Card: _____

Signature (required) _____

Billing address: _____

Only one Liaison Traveler program may be purchased for any given policy period. 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 credit card company.

I declare that I understand the terms and conditions of this product, as outlined in this brochure. I hereby subscribe to the AIG Life Trust and enroll in the group coverage for which I am eligible under the group contract issued by The Insurance Company of the State of Pennsylvania, a member of American International Group, Inc. (AIG).

Signature of Insured or Proxy
(required)

Date