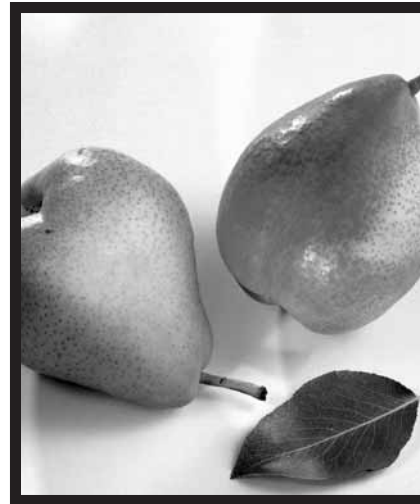


# HealthCare Global



This insurance is underwritten by:  
Pan-American  
Life Insurance Company  
601 Poydras Street  
New Orleans, Louisiana 70130



Accident and sickness insurance is something you buy and hope you will never, ever use. Yet, accidents and unforeseen illnesses do occur. Prior planning and appropriate insurance are the best ways to minimize their possible effects. Medical insurance and assistance for overseas travelers are as important as your passport, at a price that's less than dinner for two.

When planning a trip overseas, check with your health insurance provider to determine what's covered. With limited exceptions in Canada and Mexico, Medicare does not cover health care costs outside of the United States.

## What you should know about HealthCare Global:

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The medical insurance provides up to \$100,000 for each covered personal injury and sickness that occurs while you are traveling overseas. Medical evacuation, if warranted, to a more suitable hospital or your home is included, as are the costs of hospitalization, visits to doctors' offices, prescriptions, lab fees, x-rays, local ambulance, and emergency dentistry arising from an accident. In the very unlikely event of accidental death, the return of your remains to your home is covered.

International assistance is not insurance. Rather it is the service (24 hours per day, 7 days a week) of an English-speaking personal assistant, professionally trained and fluent in local languages and culture to help you quickly find the medical care you need. These pros act as your advocate in communicating with local medical services. Your assistant can help you revise travel plans and facilitate emergency communications with your personal physician and family back home. They'll assist you in getting knowledgeable legal advice if needed. It's as if you had a good friend wherever you are—no further away than a toll free phone call.

Administered by:  
**Wallach  
& COMPANY, INC.**

*"Smart" insurance for informed travelers.™*

107 West Federal Street  
Post Office Box 480  
Middleburg, Virginia 20118-0480 USA  
Telephone:  
(800) 237-6615 or (540) 687-3166  
Fax: (540) 687-3172  
Email: [info@wallach.com](mailto:info@wallach.com)  
[www.wallach.com](http://www.wallach.com)

**Medical insurance  
& assistance for Americans  
& foreign nationals traveling  
outside their home countries  
to destinations other than  
the United States**

# Brief Outline of Coverage

Optional trip cancellation and curtailment coverage reimburses you for unrecoverable deposits and charges and/or unexpected travel expenses should your trip be cancelled or shortened due to a covered illness or accident.

Overseas medical services often demand full payment from international travelers at the time care is delivered. Thus splinting of an ankle broken in a misstep from a curb could require an immediate payment of \$7,500 or more. Should it be desirable for you to return to your home country for treatment, the cost of medical evacuation can run from \$15,000 on a commercial flight to more than \$100,000 for an air ambulance and medically trained crew.

Eligibility for HealthCare Global is available to those under age 71.

## What you should do:

- Review your personal medical insurance to determine if your current insurance covers you overseas and includes medical evacuation coverage.
- Read the detailed description of coverages in the following pages.
- Visit the Department of State web page *Travel and Living Abroad* ([www.state.gov/travel/](http://www.state.gov/travel/)) for health advisories and related information about the countries you will visit.
- Call Wallach & Company (800-237-6615) with questions and concerns about emergency medical and related assistance.



Among the first to offer medical assistance and evacuation insurance to U.S. citizens going overseas, Wallach & Company specializes in providing medical and related insurance to people traveling outside their home countries. Over more than 25 years, Wallach has earned the trust of those who travel abroad for work, study, or vacation. Whether travel spans a week or more than a year, coverage is tailored to meet individual needs.

107 West Federal Street, P.O. Box 480  
Middleburg, Virginia 20118-0480 USA  
(800) 237-6615 or (540) 687-3166  
Fax: (540) 687-3172 Email: [info@wallach.com](mailto:info@wallach.com)  
[www.wallach.com](http://www.wallach.com)

## Medical Expense Benefits

### \$100,000 Accident and Sickness Benefit (\$100, \$500 or \$1,000 deductible)

After the deductible you select, the Company will pay up to \$100,000 for those medical expenses incurred outside the USA during the Period of Insurance which are the direct result of each covered injury or sickness which first manifests itself during the Period of Insurance. Covered expenses include, but are not limited to, the necessary medical or surgical treatment, services and supplies, hospital services, local ambulance, prescriptions, x-rays, laboratory fees and visits to a physician's office. The benefit for downhill (alpine) skiing and scuba diving (certification by PADI or NAUI required) is limited to \$10,000.

This Accident and Sickness Benefit also includes:

- **Medical Evacuation**  
If a covered injury or sickness occurs during the Period of Insurance and requires your medical evacuation, the Company with your concurrence and that of the attending physician, may evacuate you to a more suitable hospital or to your home location in the event you are hospitalized more than five consecutive days. An evacuation to your home location will terminate coverage under this policy.
- **Repatriation of Remains**  
If a covered injury or sickness results in the loss of your life during the Period of Insurance, the Company will pay the expenses for the preparation and transportation of your body back to your home.

**All medical evacuations and repatriations of remains must be approved (in advance) and coordinated by the Assistance Center.**

- **Dental Expense Benefit**  
The Company will pay up to \$200 for the immediate relief of dental pain; or up to \$200 per tooth (subject to a \$1,000 maximum) for dental treatment resulting from a covered accident.

### Right of Subrogation

If you are injured or become sick as a result of another person's negligence, the Company has the right to seek reimbursement on your behalf against the negligent party for any claims paid under this insurance.

- **\$25,000 Accidental Death & Dismemberment Benefit**

The principal sum benefit is \$25,000. If a covered injury occurs to you during the Period of Insurance, which is independent of all other causes and results in one of the following losses within 180 days of the covered injury, the Company will pay the sum indicated below:

Loss	Benefit
Life	Principal Sum
Any two limbs (above the elbow/knee)	Principal Sum
Sight in both eyes (irrecoverable)	Principal Sum
One limb and the sight in one eye	Principal Sum
One limb or the sight in one eye	One-half Principal Sum

The Company will not pay more than the principal sum for all losses incurred as a result of the same accident.

- **Period of Insurance**  
Coverage for Medical Expense Benefits and the Accidental Death & Dismemberment Benefit starts: (a) on the departure date requested on the application; (b) when you board a conveyance at the actual start of the planned trip; or (c) when your application and premium are received by the Administrator, whichever occurs later. Coverage ends: (a) when you alight from a conveyance at the completion of the trip; or (b) at 11:59 p.m. local time on the date specified on your application, whichever occurs earlier.

## Important Information

1. This insurance cannot be renewed. However; another policy may be purchased. If a new policy is issued, any claims incurred under the previous policy will be considered a pre-existing condition and therefore not covered under the new policy.
2. HealthCare Global covers injuries resulting from random acts of terrorism. However, if it is your intention to travel to an area where a state of war exists, that is faced with the threat of war, or is in a state of civil unrest, that information must be included on the application. Additional premium may be required.

## Optional Coverages

### ■ \$500–\$5,000 Trip Cancellation and Curtailment Benefit

#### Trip Cancellation

The Company will pay up to the benefit limit selected on the application, for the loss of unrecoverable deposits or charges paid in advance, due to the necessary cancellation of the entire trip prior to the scheduled departure; provided that the covered injury, sickness or death giving rise to the cancellation begins within the Period of Insurance.

#### Trip Curtailment

The Company will pay up to the benefit limit selected on the application for either: (a) any additional transportation and/or lodging expenses for the emergency return trip home; or (b) the balance of unrecoverable trip costs; whichever is lesser, provided that the covered injury, sickness or death giving rise to the curtailment occurs after your trip commenced and prior to the termination of the coverage as specified on the application.

The Trip Cancellation and Curtailment Benefit may also be applicable if a covered injury, sickness or death is sustained by your traveling companion (named on the application), immediate family (spouse, children, mother, father, sister, brother), and immediate family in-laws. See Exclusion A.

#### Period of Insurance

Coverage for the Trip Cancellation and Curtailment Benefit begins at 12:01 a.m. local time 30 days prior to your scheduled departure, but no sooner than the date your application and premium are received by the Administrator. Coverage ends at: (a) the completion of your trip or; (b) 11:59 p.m. local time on the last day of coverage specified on your application, whichever occurs earlier.

### ■ \$100,000 Accidental Death & Dismemberment Benefit

The Accidental Death & Dismemberment Benefit (as previously defined) may be optionally increased from the included \$25,000 benefit to a total benefit of \$125,000.

This is a descriptive brochure containing a summary of the coverage provided by the Master Policy. Once insured you will receive a Certificate of Insurance which contains details of the coverage.

## Exclusions & Limitations

This insurance does not cover, nor has premium been charged for losses resulting from:

- A. A Pre-existing Condition defined as: Any injury or sickness or complications arising therefrom, which manifests itself, or for which a physician was consulted or for which treatment or medication was prescribed or taken in the 180 days immediately prior to the Period of Insurance. With reference to the Trip Cancellation/Curtailment Benefit this exclusion also applies to any condition or set of circumstances known to you at the time of purchasing the insurance where such condition or set of circumstances could reasonably have been expected to give rise to the cancellation or curtailment of the trip.
- B. Any claim in respect of:
  1. Congenital conditions; cosmetic surgery and/or dental care (except as covered under the Dental Expense Benefit); suicide, self-inflicted injury or any attempt thereat;
  2. Examinations/treatment where there is no objective impairment of normal health;
  3. Eyeglasses, contact lenses or hearing aids;
  4. Sexually transmittable diseases (this exclusion does not apply to HIV, AIDS, ARC or any derivative or variation thereof);
  5. Birth control, fertility or infertility treatment, or pregnancy including miscarriage or abortion;
  6. "Off-Road", all-terrain vehicle accidents; mountaineering (where ropes or guide persons are customarily used); or
  7. Other vehicle accident, if such expenses are recoverable under any other valid and collectible insurance, regardless of whether you assert your rights to obtain benefits from these sources. Nor will this plan cover you while operating a vehicle unless you are properly licensed to operate said vehicle at the time and place of the accident.
- C. Any claim arising from war, declared or undeclared, or any act of war or while in military service. An act of terrorism shall not be considered an act of war.
- D. Participation in professional sports; or involving aviation other than as a passenger in a powered aircraft currently licensed for the carrying of passengers.
- E. Expenses not considered medically necessary; or not recommended and approved by the attending physician.
- F. Amounts covered under any occupational or other benefit plan, or any other insurance or public assistance program.
- G. Those claim expenses incurred after the Period of Insurance or in your home country.
- H. Any loss that occurs:
  1. From medical expenses incurred within the United States;
  2. While traveling against the advice of a physician;
  3. While on a waiting list for a specific treatment; or
  4. When traveling for the purpose of obtaining medical treatment.

## \$100,000 Medical Expense Benefits

Premium is based on the deductible you select.

Deductible	Cost per Week
\$100.00	\$21.00
\$500.00	\$17.00
\$1000.00	\$14.00

Minimum 2 weeks, Maximum 26 weeks

A week is seven calendar days.

The first day of coverage can be your departure date or a later date if you request. Coverage cannot begin before your departure.

### Example:

Deductible Requested:	\$500.00	
Departure Date:	March 10	
Return Date:	March 28	
Period of Coverage is 19 days therefore 3 weeks of coverage		
\$17.00	Cost per Week	
<u>        </u>	<u>        </u>	
x 3		
\$51.00	= Premium	

## \$100,000 Additional Accidental Death & Dismemberment Benefit

\$3.50 per Week

Minimum 2 weeks, Maximum 26 weeks

## Trip Cancellation and Curtailment Benefit

Coverage Available:  
\$500 minimum; \$5,000 maximum  
Premium = Coverage Requested x .05

### Example:

\$1,250	Coverage Requested
<u>        </u>	<u>        </u>
x .05	
\$62.50	= Premium

## Refund Policy

Premium will be refunded only if Wallach & Company, Inc. receives a written request for the refund before your insurance begins. Once your insurance begins, all premium is considered fully earned and none will be refunded.

# HealthCare Global Application

You may submit your application electronically at [www.wallach.com](http://www.wallach.com)

Mail or fax application to:  
**Wallach & Company, Inc.**  
**107 West Federal Street**  
**Post Office Box 480**  
**Middleburg, Virginia 20118-0480 USA**  
**Fax: (540) 687-3172**

Please call (800) 237-6615 between 9:00 a.m.-5:00 p.m. EST for telephone assistance.

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Last Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

( ) \_\_\_\_\_ ( ) \_\_\_\_\_

Home Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_

Destination Country(ies) \_\_\_\_\_

Departure Date \_\_\_\_\_ Number of Weeks of Insurance Requested \_\_\_\_\_

Nationality of Applicant \_\_\_\_\_

Passport No. \_\_\_\_\_ Date of Birth (maximum age 70) \_\_\_\_\_

Person to be contacted in the event of an emergency:

Name \_\_\_\_\_

( ) \_\_\_\_\_ ( ) \_\_\_\_\_

Home Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_

Relationship \_\_\_\_\_

**Other family member to be insured:**

Name \_\_\_\_\_ Date of Birth (maximum age 70) \_\_\_\_\_

**PAYMENT:**

Check payable in U.S. funds, drawn on a U.S. bank, and made payable to:

**Wallach & Company, Inc.**

VISA  MasterCard  American Express

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Name on Credit Card \_\_\_\_\_

Signature \_\_\_\_\_

## REQUIRED COVERAGE

\$100,000 Medical Expense Benefits

\$100 Deductible = \$21/Week  \$500 Deductible = \$17/Week

\$1,000 Deductible = \$14/Week

$$\begin{matrix} \$ & & \times & & = & \$ & & \times & & = & \$ & & \\ & \text{Cost per Week} & & \text{Number of Weeks} & & & & \text{Number of Persons} & & \text{Premium} \\ & & & \text{(minimum 2 weeks)} & & & & \text{to be Insured} & & & & & \end{matrix}$$

## OPTIONAL COVERAGE

Trip Cancellation and Curtailment Benefit (\$500 minimum; \$5,000 maximum)  
**This coverage is available only if purchased at least 10 days before the Departure Date.**

Cost per Person: .05 x the coverage requested

$$\begin{matrix} & & \times & .05 & = & \$ & & \times & & = & \$ & & \\ & \text{Coverage Requested} & & & & & & \text{Number of Persons} & & \text{Premium} \\ & & & & & & & \text{to be Insured} & & & & & \end{matrix}$$

Name of Traveling Companion \_\_\_\_\_

## OPTIONAL COVERAGE

\$100,000 Accidental Death & Dismemberment Benefit

Cost per Person: \$3.50/Week (2 week minimum – 26 week maximum)

$$\begin{matrix} \$ & 3.50 & \times & & = & \$ & & \times & & = & \$ & & \\ & & & \text{Number of Weeks} & & & & \text{Number of Persons} & & \text{Premium} \\ & & & \text{(minimum 2 weeks)} & & & & \text{to be Insured} & & & & & \end{matrix}$$

Total Amount Due = \$                     

Name of Beneficiary \_\_\_\_\_

## DECLARATION OF APPLICANT

I hereby apply to purchase the insurance. I declare to the best of my knowledge and belief that the information given in this application is true and complete. I acknowledge (on behalf of the person(s) to be insured) that benefits will not apply to treatment arising from pre-existing medical conditions. It is agreed that this declaration and the information given herein shall form the basis of the contract between the Insured Person and the Company. Further, I hereby subscribe to the International Sojourners Insurance Trust and acknowledge enrolling in this group coverage for which I am eligible under the contract issued by the Company.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_