

## ***TheInsuranceNet.com***

### **Instructions for applying for health insurance**

- 1) Print out application.**
- 2) Fill out application completely.**
- 3) If paying by credit card, fax back to 410-796-7456 (24 hr fax)\* or call our office to enroll by phone.**
- 4) If paying by check or money order, make it payable to “Petersen International” and mail to....**

**TheInsuranceNet.com  
5965 Sandy Ridge  
Elkridge, MD 21075**

- 5) Call with questions 410-796-7497 or toll free 877-634-1256.**

# GROUP INTERNATIONAL MAJOR MEDICAL PLANS

*An International Major  
Medical Series Plan*



## **FOR**

*Foreign Nationals while  
Visiting the U.S.A.*

*U.S.A. Citizens Residing or Traveling  
outside the U.S.A.*

*Foreign Nationals who reside  
outside the U.S.A. and who  
work for a U.S.A. Firm*

## **USES**

*Business Assignments*

*Pleasure*

*Educational Pursuits*

*Religious Activities*



## **PETERSEN INTERNATIONAL UNDERWRITERS**

*Lloyd's Correspondents*

23929 Valencia Boulevard Suite 215 Valencia California 91355-2186

Telephone (800) 345-8816 (661) 254-0006 Facsimile (661) 254-0604

E-Mail: [piu@piu.org](mailto:piu@piu.org) Website: [www.piu.org](http://www.piu.org)





# PROPOSAL REQUEST/APPLICATION

Please Return To:

**PETERSEN INTERNATIONAL UNDERWRITERS**  
5965 Sandy Ridge • Elkridge, MD 21075 • Tel (877) 634-1256 • fax 410-796-7456  
*Underwritten by Certain Underwriters at Lloyd's*

## PART I. General

Full Name of Company/Group: \_\_\_\_\_

Type of Company: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail : \_\_\_\_\_

Target Effective Date: \_\_\_\_\_

Is this coverage to be on going or for a fixed time period? \_\_\_\_\_ If fixed, length of time required: \_\_\_\_\_

## PART II. Prior Coverage

Has coverage been provided to this group previously? YES  NO

If yes, please indicate the name of the carrier used in the past three years and the reason for changing:  
\_\_\_\_\_

## PART III. About the Employees or Group Participants

Number of Full-time employees: \_\_\_\_\_ Number of Part-time employees: \_\_\_\_\_

Number of employees for whom coverage is being prepared: \_\_\_\_\_ Are Dependents to be covered? \_\_\_\_\_

Number of people to be covered by age band: Under 30 \_\_\_\_ 30-39 \_\_\_\_ 40-49 \_\_\_\_ 50-59 \_\_\_\_ 60-64 \_\_\_\_ 65+ \_\_\_\_

**A census of the employees to be covered, including full names, addresses, and dates of birth will be needed during final underwriting.**

Will this be:  Voluntary or  Non-voluntary

If you could design your own plan, what benefits would you include?:

Deductible: \$ \_\_\_\_\_ Co-insurance: \_\_\_\_\_ Maximum benefit: \$ \_\_\_\_\_ Target Monthly Premium: \$ \_\_\_\_\_

Other Requests?: \_\_\_\_\_

Other Thoughts or Comments?: \_\_\_\_\_

Rate and plan design guarantees, premium billings, and additio of new employees are subject to change from group to group. These items will be provided with a proposal. Contract disputes are required to go before binding arbitration. If you already have a proposal, please attach a copy of the plan desired for final underwriting approval. Once received, this application and information shall be reviewed and full market support will be sought. Coverage cannot be bound until there is 100% market support. Completion of this Proposal/Application does not constitute an offer or acceptance.

**Binding Arbitration-waiver of Right to Trial by Jury:** I understand and agree that any disputes concerning this insurance must be submitted to binding arbitration if the amounts in dispute exceed the jurisdictional limits of small claims court and is not resolved with a formal review by Underwriters. I understand and agree that this is a waiver of my and Underwriters rights to a trial by jury.

**Signature of Company/Group Representative:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name and Title:** \_\_\_\_\_



# GROUP INTERNATIONAL MAJOR MEDICAL PLANS

The following is a description of a standard basic plan design. Alternative designs are available on a case by case basis. Each plan is designed to best fit the size and needs of the group. In some cases, provisions of the following description may be enhanced or deleted.

## DESCRIPTION OF TYPICAL BENEFITS

### DEDUCTIBLE

Choice of  
**\$100, \$250, \$500,  
\$1,000 or \$2,500**  
per illness or injury

### COINSURANCE

After the deductible Underwriters will reimburse **80%** of next \$5,000 in eligible expenses and **then 100%** up to the Maximum Benefit

### MAXIMUM BENEFIT

**\$25,000 - \$5,000,000**

## SUMMARY OF BENEFITS

Eligible expenses caused by an illness or injury and incurred from any doctor or any hospital within a specified geographical area will be reimbursed to you. Benefits may be assignable directly to the providers once a Claim Review has been completed.

## ELIGIBLE EXPENSES

### Hospital Expenses including:

Semi-private room and board, intensive care, other medically necessary hospital services and supplies, such as emergency room care, outpatient surgery, diagnostic services, supplies and therapy.

### Physician Services Consisting of:

Home, office, and hospital visits, diagnostic services, supplies and therapy.

### Skilled Nursing Facility including:

Room and board, provided confinement begins within 30 days following a medically necessary hospital confinement of three days or longer.

### Home Health Care:

If hospitalization would have been required if Home Health Care were not provided, and the Home health Care is provided in accordance with a written plan established and approved by a physician.

### Ambulance Services:

To and from a hospital in the geographic area.

### Prescription Drugs:

Covered during and following a period of hospitalization.

### Repatriation of Remains:

In the case of death, underwriters will reimburse the costs of delivery of your remains to a mortuary near your home.

### Common Accident Provision:

In the event that you and any additional insured family members suffer injuries from the same accident, only one deductible and coinsurance shall be applied.

### Global Medical Transportation Coverage

Underwriters will reimburse you for the costs of medically necessary transportation to return you to the facility nearest your home which can provide appropriate care.



*This is not intended to be a complete outline of coverage.  
Actual wording may change without notice.*



## GROUP INTERNATIONAL MAJOR MEDICAL PLANS

*The following is a description of a standard basic plan design.  
Alternative designs are available on a case by case basis.*

### LIMITATIONS

*Expenses which have limitations are as follows:*

- 1) Services and supplies for Cardiac Related Conditions and Cancer Related Conditions are limited to either (i) the medical costs of stabilizing your condition and the transportation costs of returning you to your Home Country or (ii) a maximum reimbursement for Eligible Expenses of \$25,000, at the option of Underwriters.
- 2) The maximum Eligible Expense for Global Medical Transportation is \$50,000.
- 3) The maximum Eligible Expense for room and board charges is \$450 per day.
- 4) The maximum Eligible Expense room and board charge for an intensive care unit is the lesser of three times the Provider's semi-private room and board charge or \$1350 per day.
- 5) Insured ages 70-74 are limited to \$250,000 maximum benefit, all other terms and conditions apply.
- 6) Insured ages 75-79 are limited to \$100,000 maximum benefit, all other terms and conditions apply.
- 7) Insured ages 80-84 are limited to \$50,000 maximum benefit, all other terms and conditions apply.

### PREEXISTING CONDITIONS LIMITATIONS

A Preexisting Condition will not be covered until the insurance described in this certificate has been in effect for a period of 12 months. A preexisting condition is one in which an insured sought medical attention or was advised to seek medical attention during the 12 month period preceding the effective date of the policy.

### EXCLUSIONS

*Expenses which are not eligible for reimbursement are as follows:*

- 1) Any expense which you are not legally obligated to pay.
- 2) Services which are not Medically Necessary or are not furnished by and under supervision of a Physician .
- 3) Expenses for services and supplies for which you are entitled to benefits, services or reimbursement through the Veterans' Administration, Workers' Compensation insurance, any private health plan or from any other source except Medicaid.
- 4) Expenses in excess of usual, customary and reasonable (UCR) fees.
- 5) Outpatient drugs, except following a hospitalization if prescribed for the same Illness or Injury.
- 6) Self-inflicted injuries while sane or insane.
- 7) Treatment for alcoholism, drug addiction, allergies, and/or mental or nervous disorders.
- 8) Rest cures, quarantine or isolation.
- 9) Cosmetic surgery unless necessitated by an accidental injury.
- 10) Dental exams, dental x-rays and general dental care except as a result of an accidental injury.
- 11) Eye glasses or eye examinations.
- 12) Hearing aids or hearing examinations.
- 13) General or routine examinations.
- 14) Injuries sustained from participation in Hazardous Sports or Activities which in part include mountaineering, snow skiing, scuba diving, hang gliding, sky diving, racing of any kind, and all professional or semi-professional sports.
- 15) Pregnancy and pregnancy-related conditions including but not limited to fertility, pre-natal care, childbirth, miscarriage, abortion or complications from pregnancy to either mother or baby.
- 16) Injuries due to war or any act of war whether declared or undeclared.
- 17) Injuries sustained while committing a criminal or felonious act.
- 18) Expenses incurred for or resulting from pain which is not supported by medical diagnosis.
- 19) Cataract surgery or any elective surgery.
- 20) Custodial Care.
- 21) Expenses for supplies and services that were not incurred within the specified Geographic Area.

*This is not intended to be a complete outline of coverage. Actual wording may change without notice.  
Underwriters reserve the right to modify terms and benefits at time of underwriting.*