

## LIAISON® International

Medical Insurance That Covers You Outside Your Home Country  
Brochure and Application for the year 2003

15 DAYS TO 3 YEARS OF COVERAGE FOR:

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

### SCHEDULE OF COVERAGE

|  |  |
|--|--|
| All coverages and plan costs listed in this brochure are in U.S. Dollar amounts. |  |
| <b>Policy Maximum</b>  | \$50,000; \$100,000; \$500,000; \$1,000,000 (ages 80+, maximum limited to \$15,000)  |
| <b>Deductible:</b>   | \$100; \$250; \$500; \$1000; \$2500 Deductible is per person per policy period, maximum of 3 Policy Period deductibles per family. The selected Deductible and Coinsurance amount must be met for each 12-month period (see Continuing Coverage)   |
| <b>Coinsurance:</b>  | <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.<br><i>Outside the United States and Canada:</i> After the Insured pays the deductible, the program pays 100% to the selected Maximum. |
| <b>Hospital Indemnity:</b>   | \$100 / night (traveling outside the U.S. and Canada) In addition to any other Covered Expense.  |
| <b>Dental (Emergency):</b>   | \$100 (or \$500 for accidents) Only available to programs purchased for 1 month or more.   |
| <b>Emergency Medical Evacuation/ Repatriation:</b>                               | \$100,000  |
| <b>Return of Mortal Remains:</b>   | \$20,000   |
| <b>Emergency Reunion:</b>  | \$10,000   |
| <b>Return of Minor Child(ren):</b>   | \$5,000  |
| <b>Interruption of Trip:</b>   | \$5,000  |
| <b>Loss of Checked Luggage:</b>  | \$250  |
| <b>Local Ambulance Expense:</b>  | \$2,500  |
| <b>Accidental Death &amp; Dismemberment (AD&amp;D):</b>                          | \$25,000 Principal Sum for Insured or Insured Spouse, \$5,000 for Dependent Child.   |
| <b>Hospital Room &amp; Board:</b>  | Usual, reasonable and customary to the selected Policy Maximum   |
| <b>Intensive Care:</b>   | Usual, reasonable and customary to the selected Policy Maximum   |
| <b>Outpatient Medical Expenses:</b>  | Usual, reasonable and customary to the selected Policy Maximum   |
| <b>Waiver of Pre-Existing Conditions:</b>  | Up to \$2500 for U.S. citizens traveling outside the United States and Canada (refer to exclusion #1 for details)  |
| <b>Benefit Period:</b>   | 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 coverage.

## 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, maximum is 12 months (see Continuing Coverage section). Coverage can be purchased in a combination of monthly and 15 day periods by paying the appropriate plan cost. If you are traveling for a long period of time, please refer to "Continuing Coverage" 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 plan cost is received and accepted 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 plan cost has been paid; \*See Home Country Coverage Section.

## DESCRIPTION OF COVERAGE

### 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). This benefit is subject to the Deductible and Coinsurance.

**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 (up to \$250). 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. \*

**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.

**Home Country Coverage** - This benefit 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. Coverage will be limited to \$5,000 for conditions first diagnosed outside Your Home Country (Does not apply for Emergency Evacuation or Repatriation).

\* 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.

## OPTIONS

### Continuing Coverage

For those who are intending longer international trips, an option is available to you. If you choose this option on the application and enroll in at least three (3) months, a notice will be sent to your address of correspondence, allowing you to purchase another period of coverage (minimum of 1 month, maximum of 12 months). If you purchase at least an additional three months, SRI will continue to send notices to your address of correspondence. If you choose to purchase less than three months, SRI will assume that your international trip is complete and will not send any further notices.

While a new period of coverage will be issued, your original effective date will be used with regards to calculating your deductible and coinsurance (for up to a total of 12 months, then both will begin again), as well as determining any pre-existing conditions. Since SRI's Benefit Period states that the program will pay up to a total of 6 months for any one eligible condition, you can be protected beyond your period of coverage.

The maximum period of time SRI will offer this feature is three years (one year for persons age 70 and over). It is important to note that rates and benefits may change for each subsequent period of coverage. A \$5.00 Administrative

Fee will be included on each notice. This option is not available if you allow coverage to expire prior to reapplying. If this happens, an entirely new program must be purchased (preexisting condition begins again).

Continuing Coverage is available on a monthly basis when purchased using SRI's online system.

**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 prenotification prior to: any medical treatment in the US as well as hospital admissions and inpatient / outpatient surgeries incurred worldwide. 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. Prenotification does not guarantee that benefits will be paid. Failure to prenotify will result in a 20% reduction in Eligible Benefits.

**Please be aware that this is not a general health insurance policy, but an interim, limited benefit period, 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 PLAN COST

Refund of plan cost 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 plan cost 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, 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 only 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; For Insured Persons traveling outside the United States and Canada, the period is 12 months instead of 36 months.  
If the Insured Person is a United States citizen, this exclusion is waived for the first \$2500 in eligible medical expenses incurred outside the United States and Canada (for persons age 65 and over, the amount is \$1500).
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), routine 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 or NAUI 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.

## 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.

## INFORMATION

This Insurance, under Policy HTP01158 is underwritten by: Combined Specialty Insurance Company

Policy terms and conditions are briefly outlined in this brochure.

Complete provisions pertaining to this insurance are contained in the Master Policy on file with the trustee, American Consumer Insurance Trust, and Liaison International. In the event of any conflict between this brochure and the Master Policy, the Policy will govern. A Program Summary, listing more detailed exclusions, will be mailed to you along with Your ID Card once coverage is purchased.

Notice to Florida residents: the benefits of this policy providing Your coverage are governed by the law of a state other than Florida. Your Homeowners policy, if any, may provide coverage for loss of personal effects provided by the Loss of Checked Luggage coverage. This insurance is not required in connection with the purchase of Your travel arrangements.

## ENROLLING IN LIAISON<sup>®</sup> INTERNATIONAL

1. Complete the entire Liaison<sup>®</sup> International Application. Payment 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](http://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 RATES

Rates based on a \$250 Deductible

Effective until December 31, 2003

Rate for 15-day coverage is 1/2 the monthly rate.

| <b>Traveling to the United States</b>   |          |           |           |             | <b>Traveling Outside the U.S.</b>  |          |           |           |             |
|---|----------|-----------|-----------|-------------|--|----------|-----------|-----------|-------------|
| (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) At the time of printing, if you are traveling outside the US and live in OR, NY or SC, we are unable to issue coverage to addresses in those states. |          |           |           |             |
| 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   | \$34     | \$40      | \$47      | \$55        |
| 30 to 39  | \$66     | \$78      | \$99      | \$110       | 30 to 39   | \$40     | \$46      | \$62      | \$74        |
| 40 to 49  | \$97     | \$110     | \$145     | \$160       | 40 to 49   | \$64     | \$72      | \$81      | \$94        |
| 50 to 59  | \$134    | \$163     | \$195     | \$230       | 50 to 59   | \$105    | \$120     | \$135     | \$150       |
| 60 to 64  | \$160    | \$199     | \$249     | \$285       | 60 to 64   | \$120    | \$143     | \$165     | \$195       |
| 65 to 69  | \$201    | \$239     | \$298     | \$320       | 65 to 69   | \$140    | \$153     | \$170     | \$202       |
| 70 to 79  | \$255    | N/A       | N/A       | N/A         | 70 to 79   | \$209    | \$295     | N/A       | N/A         |
| 80 plus *   | \$425    | N/A       | N/A       | N/A         | 80 plus *  | \$350    | N/A       | N/A       | N/A         |
| Each Dep. Child   | \$28     | \$32      | \$42      | \$45        | Each Dep. Child  | \$21     | \$26      | \$30      | \$35        |
| Each Child Alone  | \$46     | \$54      | \$68      | \$76        | Each Child Alone   | \$34     | \$38      | \$44      | \$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. |          |           |           |             |  |          |           |           |             |

| <b>ADMINISTERED BY</b>  | <b>INSURANCE CARRIER</b>   |
|---|--|
| Specialty Risk International, Inc. (SRI)<br>9200 Keystone Crossing, Ste 300<br>Indianapolis, IN 46240<br>800-335-0611 or 317-575-2652 Fax: 317-575-2659<br><a href="http://www.SpecialtyRisk.com">www.SpecialtyRisk.com</a> | Combined Specialty Insurance Company<br>Rated A "Excellent" by A.M. Best |

# LIAISON<sup>®</sup> International Application – 2003

Official Use Only: Cert # \_\_\_\_\_

Processed \_\_\_\_\_

Eff. Date \_\_\_\_\_

Agent:1009

## Applicant Information

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

First Name: \_\_\_\_\_ M.I. \_\_\_\_\_

Country of Permanent, fixed Residence (Home Country)  
\_\_\_\_\_

Passport Number / Country: \_\_\_\_\_

AD&D Beneficiary: \_\_\_\_\_ Relationship: \_\_\_\_\_

(Accidental Death & Dismemberment)

## Address of Correspondence

(where ID card is to be sent)

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Work Phone: ( ) \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_

Email: \_\_\_\_\_

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 Continuing Coverage 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 payment.

## 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  
 \$100 1.10  
 \$250 1.00  
 \$500 .90  
 \$1000 .80  
 \$2500 .70

Continuing

Coverage Option:  No  Yes (must buy at least 3 months)

Coverage Option:  Hazardous Sport Coverage (1.15)

## Calculating Your Plan Cost

(please complete entire section)

| Name of Persons to be Insured:             | Date of Birth<br>MM/DD/YY | Monthly Rate |
|--|---------------------------|--------------|
| Applicant: _____                           | ____/____/____            |              |
| Spouse: _____                              | ____/____/____            |              |
| Child: _____                               | ____/____/____            |              |
| Child: _____                               | ____/____/____            |              |
| Child: _____                               | ____/____/____            |              |
| Total: [A]                                 |                           | \$           |
| Multiply [boxA] by number of months:       | X                         |              |
| Total:                                     |                           | \$           |
| If desired, add 15 day rate: (1/2 box [A]) | +                         | \$           |
| Total:                                     |                           | \$           |
| Multiply by deductible factor:             | X                         |              |
| Total:                                     |                           | \$           |
| Multiply coverage Option Factor: (if       | 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 understand this program is for persons traveling outside their home country.

I hereby subscribe to the American Consumer Insurance Trust and enroll in the group coverage for which I am eligible under the group contract issued by Combined Specialty Insurance Company.

Signature of Insured or Proxy (Required) \_\_\_\_\_ Date \_\_\_\_\_

(Proxy is someone acting on behalf of the Insured)