



WorldMed™ Insurance

Your Affordable Solution For Health Care Costs Outside Your Home Country

- **Coverage From 1 Month to 3 Years**
- **Medical Expenses to \$1,000,000**
- **Emergency Medical Evacuation**
- **And More**

International medical care can become a major expense to your family.

Traveling or living abroad can be an exciting, fulfilling experience. However, every year many people visiting foreign countries require emergency medical treatment, hospitalization, or medical evacuation to their home countries.

A major illness or injury could cost you \$100,000 U.S. or more, and a medical evacuation as much as \$90,000 U.S. (Asia to the U.S.). For most families, this would cause a severe financial strain.

Your present insurance may not pay for international expenses.

Traveling U.S. residents will find that Medicare and most Medicare supplement plans offer little or no protection outside the U.S. Further, many U.S. medical policies, HMO's and PPO's provide limited international benefits, and most do not pay for medical evacuations.

Visitors to the U.S. will find that doctors and hospitals may not accept insurance issued in a foreign country and direct claims payment may be unavailable. Benefit limits may also be inadequate.

WorldMed™ Insurance is your affordable solution!

WorldMed™ is designed for people who are living or traveling outside their home country from one month to three years, providing high limit illness and accident expense protection for a reasonable cost.

If you are injured or become ill while abroad, you can rely on WorldMed™ to reimburse you for your covered medical expenses. Major expenses can be paid directly to the medical or evacuation provider. You pay the deductible and coinsurance — see the Brief Outline of Coverages in this brochure for complete details.

WorldMed™ also provides you with 24-hour access to emergency assistance services through AIGAssist. AIGAssist can help refer you to local doctors or hospitals, provide multilingual interpretation, arrange your emergency medical evacuation, keep in touch with your physician and family back home, and more.

Enroll now.

Let WorldMed™ give you financial protection and peace of mind so that you can enjoy your time abroad. See the reverse side for enrollment options.

Brief Outline of Coverages

This is not a Policy. Upon receipt of your Confirmation of Insurance, read it carefully as it will describe the provisions of the Master Policy which will prevail.

Medical Expense* A: \$500,000 / B: \$1,000,000

If Injury or Illness occurs during the Period of Coverage and you, your insured spouse or dependent children require medical treatment, after you pay the selected annual deductible, the policy will pay 80 percent of all reasonable and customary charges for Covered Expenses up to \$5000 annually, then 100 percent up to the maximum amount applicable to the insurance plan you select. *The maximum benefit for ages 70 - 79 is \$100,000 and the maximum benefit for ages 80+ is \$15,000.

Covered Expenses

1) Charges made by a hospital for room and board, floor nursing and other services, including charges for professional services 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; 2) Charges made for diagnosis, treatment and surgery by a physician; 3) Charges made for the cost and 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 only be obtained upon a written prescription of a physician or surgeon.

Illness must be contracted and manifest itself, or Injury must occur, during the Period of Coverage. The first expense must be incurred within 30 days of the commencement of covered Injury or Illness. Benefit period is 26 weeks.

Emergency Medical Evacuation Expense A / B: \$100,000

If Injury or Illness commencing during the Period of Coverage requires emergency evacuation to either the nearest medical facility where appropriate medical treatment can be obtained, or to the Country of Residence, all expenses incurred are covered up to the maximum benefit selected. An emergency evacuation must be recommended by a legally licensed physician who certifies that the severity of Injury or Illness necessitates such emergency evacuation and agreed to by you or your representative. Arrangements must be made by AIGAssist.

Accidental Death & Dismemberment (AD&D) A / B: \$25,000

If an Injury occurs during your Period of Coverage and results in one of the following losses within 365 days after an accident, the Policy will pay as follows: *Loss of Life* - A/B: \$25,000; *Loss of two Members* - A/B: \$25,000; *Loss of one Member* - A/B: \$12,500.

Repatriation of Remains Expense A / B: \$20,000

If Injury or Illness 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 will be paid up to the maximum per person. Arrangements must be made by AIGAssist.

Emergency Reunion A / B: \$10,000

In the event of an Emergency Medical Evacuation due to a covered injury or illness, where the physician feels that it would be beneficial for the Insured to have a family member at their side during transport, the Company will reimburse the Insured for travel and lodging expenses, up to a maximum of \$10,000. Arrangements must be made by AIGAssist.

Emergency Travelers Assistance

- 24-hour verification of medical coverage for hospitals and physicians
- 24-hour medical care location service
- Medical case monitoring, arranging communication between patient, family, physicians, employer, consulate or embassy
- Emergency medical transportation or repatriation of remains arrangements
- Multilingual services
- Legal referral, to help you locate a consular official or attorney

Lost Baggage A / B: \$250

If the Insured is a ticketed passenger on any land, water or air conveyance licensed for the transportation of passengers, coverage is provided if checked baggage is lost due to theft or misdirection. Benefits are paid only in excess of amounts paid or payable by the Common Carrier or any other valid and collectible insurance, maximum: \$50/article, \$250/certificate.

Trip Interruption A / B: \$5,000

The Company will pay benefits if an Insured Person is unable to continue his/her trip due to: 1) Death, occurring prior to the Insured's return to his/her Home Country, or of an Insured Person's Immediate Family Member; or 2) Serious damage to the Insured Person's principal residence from fire, flood or similar natural disaster (tornado, earthquake, hurricane, etc.). The Company will reimburse the Insured Person for the cost of travel, less the value of applied credit from an unused return travel ticket to return home to his/her area of principal residence. This benefit is limited to the cost of a one-way economy airfare or ground transportation and is subject to a maximum amount of \$5,000 per certificate.

Optional Benefit: Recreational Hazardous Activity Coverage

Medical Expense coverage for motorcycling, scuba diving, jet, snow & water skiing, mountain climbing, sky diving, amateur racing, piloting an aircraft, bungee jumping, spelunking, whitewater rafting, surfing or parasailing.

Exclusions

For Medical Expense & Trip Interruption, 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 years prior to the effective date of this insurance; 2) Services, supplies or treatment, including any period of hospital confinement, which are not recommended, approved and certified as necessary and reasonable by a physician, or expenses which are non-medical in nature; 3) Expenses incurred as a result of or in connection with: a) Declared or undeclared war, or any act thereof; b) Injury sustained while participating in professional athletics; c) Intentionally self-inflicted injury, suicide while sane or attempted suicide while insane; d) Motorcycling, scuba diving, jet, snow and water skiing, mountain climbing, sky diving, professional or amateur racing, piloting an aircraft, bungee jumping, spelunking, whitewater rafting, surfing or parasailing; or e) Commission of a felony; 4) Expenses for: a) Pregnancy, childbirth, or miscarriage; b) Routine physicals; c) Cosmetic or plastic surgery, except as the result of an accident; d) Elective surgery; e) Any mental or nervous disorders or rest cures; f) Dental care, except as the result of injury to natural teeth caused by accident; g) Eye refractions or eye examinations for the purpose of prescribing corrective lenses for eyeglasses or contact lenses or for the fitting thereof, unless caused by accidental bodily injury incurred while insured hereunder; h) Alcoholism, drug addiction, or use of any drug or narcotic agent; i) Treatment by the Insured's Immediate Family; or j) Expenses incurred within the Insured's home country.

For Accidental Death & Dismemberment, this insurance does not cover:

Any loss, fatal or non-fatal, caused by or resulting from: 1) Intentionally self-inflicted injury, suicide while sane or attempted suicide while insane; 2) War or any act of war, declared or undeclared, or service in the military, naval or air service of any country; 3) Piloting or acting as a crew member, or riding in any aircraft except as a fare paying passenger on a scheduled airline; 4) Illness, disease, pregnancy, childbirth, miscarriage; 5) Any bacterial infection other than one occurring from an accidental cut or wound; 6) Hernia; or 7) The insured being under the influence of drugs (unless taken under the advice of a physician and within the amounts prescribed by a physician) or intoxicants of any type including alcohol.

For Emergency Medical Evacuation and Repatriation of Remains Expense, this insurance does not cover:

Any loss fatal or non-fatal caused by or resulting from (1), (2) or (3) above.

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 aides; prosthetic limbs; musical instruments; money or securities; tickets or documents; or sporting equipment if loss or damage results from the use thereof.

All coverages, except Accidental Death and Dismemberment, shall be in excess of all other valid and collectible insurance indemnity and shall apply only when such benefits are exhausted.

WorldMed™

DESIGNED AND MARKETED BY

ServeGlobe, Inc
Auburn Drive, Suite 200, Beachwood Ohio 44122
www.serveglobe.com or 877-778-4562

UNDERWRITTEN BY

The Insurance Company of the State of Pennsylvania,
Philadelphia, Pennsylvania, A++ rated by A.M. Best Company
and a member of the American International Group (AIG)

EMERGENCY ASSISTANCE PROVIDED BY

AIG Assist, Houston, Texas, USA

CLAIMS ADMINISTERED BY

AIG Life Insurance Company, Wilmington, Delaware, USA

WORLDMED™

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WORLD MED™ BENEFITS

Included Benefits	Limits (per person/confirmation)
Medical Expense Benefit*	Plan A: \$500,000 Plan B: \$1,000,000
Emergency Medical Evacuation	A / B: \$100,000
Accidental Death & Dismemberment	A / B: \$25,000
Repatriation of Remains	A / B: \$20,000
Emergency Reunion	A / B: \$10,000
Lost Baggage	A / B: \$250
Trip Interruption	A / B: \$5,000
Emergency Travelers Assistance	A / B: Included

* The Medical Expense Benefit is reduced to \$100,000 for ages 70 - 79 and to \$15,000 for ages 80+.

OPTIONAL BENEFIT

Recreational Hazardous Activity Coverage

Medical Expense Benefits for these activities normally excluded from coverage: motorcycling, scuba diving, jet, snow and water skiing, mountain climbing, sky diving, amateur racing, piloting an aircraft, bungee jumping, spelunking, whitewater rafting, surfing or parasailing.

Enrollment Details

Eligibility

Coverage is available to individuals traveling outside their home country or country of residence, and to dependent children (age 14 days through 18 years) traveling with the Insured. Coverage is available from one month to 12 months per Enrollment, and renewable under the same confirmation for up to a total of 36 consecutive months.

Effective Date

Coverage will begin at 12:01 A.M. on the latest of the following:

- Your departure from your Home Country or Country of Residence; or
- The date after the Insured Person's completed enrollment form and correct premium are postmarked to Travel Insurance Services; or
- The requested effective date on the Enrollment Form.

Expiration Date

Coverage will end on the earliest of the following:

- Your return to your Home Country or Country of Residence; or
- Twelve months after the effective date of coverage; or
- The requested termination date on the Insured Person's Enrollment Form for which premium has been paid.

Proof of Insurance

An Insurance Confirmation will be sent by mail to your mailing address on the Enrollment Form unless otherwise instructed. Correctly completed Enrollments are processed and Confirmations of Insurance are normally mailed within 1-3 business days after receipt. Please keep this brochure for reference.

TRAVELING TO THE U.S.

Monthly Premiums

Age	Plan A (\$500,000)			Plan B (\$1,000,000)		
	Annual Deductible Per Confirmation:					
	\$500	\$1,000	\$2,500	\$500	\$1,000	\$2,500
< 30	\$70	\$62	\$54	\$83	\$74	\$65
30 - 39	\$93	\$83	\$73	\$111	\$99	\$87
40 - 49	\$126	\$112	\$98	\$151	\$134	\$117
50 - 59	\$175	\$156	\$136	\$209	\$186	\$163
60 - 64	\$292	\$260	\$227	\$333	\$296	\$259
65 - 69	\$324	\$288	\$252	\$368	\$327	\$286
70 - 79*	\$335	\$298	\$261	n/a	n/a	n/a
80** +	\$386	\$343	\$300	n/a	n/a	n/a
Dep. Child	\$33	\$29	\$26	\$39	\$35	\$31

* The Maximum benefit for age 70 - 79 is \$100,000.

** The Maximum benefit for age 80+ is \$15,000.

TRAVELING OUTSIDE THE U.S.

Monthly Premiums

Age	Plan A (\$500,000)			Plan B (\$1,000,000)		
	Annual Deductible Per Confirmation:					
	\$500	\$1,000	\$2,500	\$500	\$1,000	\$2,500
< 30	\$59	\$52	\$46	\$71	\$63	\$55
30 - 39	\$72	\$64	\$56	\$86	\$76	\$67
40 - 49	\$77	\$68	\$60	\$92	\$82	\$72
50 - 59	\$113	\$100	\$88	\$135	\$120	\$105
60 - 64	\$187	\$166	\$145	\$214	\$190	\$166
65 - 69	\$207	\$184	\$161	\$235	\$209	\$183
70 - 79*	\$279	\$248	\$217	n/a	n/a	n/a
80** +	\$321	\$285	\$250	n/a	n/a	n/a
Dep. Child	\$32	\$28	\$25	\$38	\$34	\$30

* The Maximum benefit for age 70 - 79 is \$100,000.

** The Maximum benefit for age 80+ is \$15,000.

OPTIONAL BENEFIT RATE

Recreational Hazardous Activity Coverage is available for an additional 20% of your Basic Plan premium.

Visit our Web site for additional rate and deductible options only available online including our WorldMed Lite plan:

www.travelinsure.com/what/wmedhigh.htm

Be sure to enter the PC # (see Enrollment Form, page 9).

WorldMed™ Insurance Enrollment Form

TRAVELER'S INFORMATION (please print) CONFIRMATION MAILING ADDRESS

(Complete only if different from Traveler's Information.)

Last Name (Surname) _____ Initial _____
 First Name _____ Address _____
 Home Country Address _____
 City _____ State / Province _____
 Zip / Postal Code _____ Country _____
 Passport Number _____ Country of Citizenship _____
 Daytime Phone _____
 Beneficiary (You will be the beneficiary for your insured spouse & children):

 Trip Destination _____
 Email Address _____

REQUESTED EFFECTIVE

Departure Date: _____ month / _____ day / _____ year
 We request the coverage to begin on: _____ month / _____ day / _____ year

CALCULATING YOUR PREMIUM

Basic Plan

Choose Plan: Travel Inside the U.S. Plan A Plan B Travel Outside the U.S. Plan A Plan B

Choose Deductible: \$500 \$1,000 \$2,500

Name	Date of Birth month / day / year	Monthly Premium	# Months	Total Your Payment
Insured	/ /	\$	X =	\$
Spouse	/ /	\$	X =	\$
Child (age 14 days thru 18 years)	/ /	\$	X =	\$
Child (age 14 days thru 18 years)	/ /	\$	X =	\$
Subtotal				\$
Optional Benefit <input type="checkbox"/> Add Recreational Hazardous Activity				
Multiply by 1.20				X
Total Premium				\$
Enrollment Fee				+ 5.00
Total Payment Due				\$

OFFICIAL USE ONLY

Cert # _____ PC # _____ 0305
 Eff. Date ____ / ____ / ____ Date Recd ____ / ____ / ____

ENROLLMENT AGREEMENT

I hereby subscribe to the AIG Group Insurance 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 company of the American International Group of Companies (AIG). The insured(s) understand(s) that this insurance will not pay for any medical expenses incurred due to any pre-existing condition (refer to Exclusions). All claims will be fully investigated. Refund of premium, less a \$20 processing fee, will be returned only if a written request is received by Travel Insurance Services prior to the effective date of coverage. After the effective date of coverage, the premium is considered fully earned by the insurance company and non-refundable.

X

Signature of Insured or Proxy _____ Date _____

PAYMENT

Check or Money Order, payable to **Travel Insurance Services**
 Must be U.S. dollars drawn on U.S. bank.
 VISA MasterCard Discover

Card Number _____ Exp. Date ____ / ____

Card Holder Name _____

Signature _____

Billing Address _____

City, State, Zip _____

Mail to: Travel Insurance Services
 2950 Camino Diablo, Suite 300
 Walnut Creek, CA 94597-3991 USA

Fax to: 610-537-9831 (credit card payments only)

Buy online: www.travelinsure.com/whalwmedhigh.htm
 Be sure to enter the PC # (see "Official Use Only" box above) where requested.

Please note: Incomplete forms cannot be processed and will be returned.