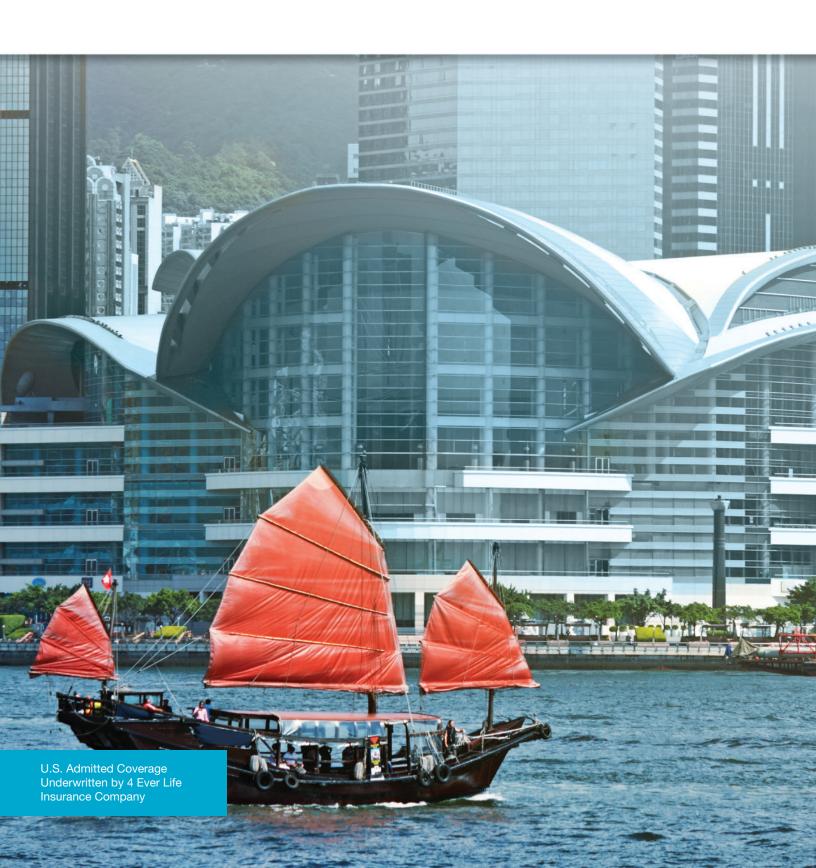


GeoBlue Xplorer Health Plans Expatriate Health Insurance for Individuals and Families









Meet GeoBlue, an experience well beyond that of traditional health insurance.

GeoBlue provides unsurpassed service and the convenience of mobile technology to access the best medical care no matter what town, country or time zone.

Easy Access to an Elite International Provider Community

GeoBlue has a network of doctors from almost every specialty in over 190 countries to see you.

Only a small fraction of doctors around the world meet GeoBlue standards – participation is by invitation only. We seek out professionals certified by the American or Royal Board of Medical Specialties who speak English, and we factor in recommendations by over 165 Physician Advisors from all over the world. Then we assemble in-depth profiles so our members can choose with confidence, and we put formal contracts in place to ensure patient access. Once they've seen you, GeoBlue doctors bill us directly so you don't have to file a claim.

In the U.S. you have cashless access to the Blue Cross and Blue Shield network in all fifty states.

Strength of the Blue Brands in the U.S.

GeoBlue members have access to the Blue Cross and Blue Shield network within the U.S.

More than 92 percent of physicians and more than 96 percent of hospitals across the U.S. are a part of the BlueCard Network.

Personal Safety Intelligence

GeoBlue maintains unsurpassed resources designed to promote personal safety by giving members convenient access to vitally important news, health and safety analysis and medical translation tools.

- Global Health and Safety news alerts published daily and delivered by email or smartphone.
- City and country level profiles on crime, terrorism and natural disasters.
- Brandname equivalents for more than 400 common over-thecounter and prescription drugs in 44 of the most frequently visited countries.
- Translation of hundreds of medical terms and phrases into the 14 most widely spoken languages.

Around-the-Clock Assistance Call Center

GeoBlue maintains a 24/7, toll-free call center to assist GeoBlue members with everything from routine requests to medical emergencies. The GeoBlue staff has years of experience with international medical assistance and has close working relationships with the best doctors around the globe.

Emergency Evacuation and Centers of Excellence

GeoBlue coordinates emergency services with a worldwide network of contracted Physician Advisors as well as air ambulance operators selected for their safety records. Members in need of life-saving medical intervention are treated in Centers of Excellence in the U.S. and around the world. whenever possible.

Personalized Member Services

Informed ChoiceSM

When GeoBlue Xplorer members experience an unanticipated medical problem, they can request a second opinion and referral through the Informed Choice service. A GeoBlue Regional Physician Advisor is available to discuss the member's diagnosis and treatment plan directly with the attending physician.

Personalized Recruitment

If GeoBlue Xplorer members need a physician or specialist in an area not currently covered by the GeoBlue network, GeoBlue will make every effort to recruit and contract with an appropriate, qualified doctor.

Personal Solutions

GeoBlue Xplorer members enjoy a full range of Personal Solutions. Your online and mobile tools allow you to check medical symptoms, understand your health risks and access personalized prevention and wellness recommendations.

Direct Pay

GeoBlue members can avoid paying out of pocket for care by using Direct Pay. Through this service participating providers outside the U.S. bill GeoBlue directly for covered medical treatment.



Why Choose the GeoBlue Xplorer Plan?

A Recognized Leader

GeoBlue is a recognized leader in international health insurance and medical assistance services, serving hundreds of thousands of world travelers annually.

Highest Standards of Service

GeoBlue meets the highest expectations of quality. For medical care outside the U.S., members are free to see any provider and their benefits will remain the same.

Strength of a U.S. Regulated Insurer

- GeoBlue Xplorer is underwritten by a U.S. Licensed & Admitted Insurer: 4 Ever Life Insurance Company, rated A- (excellent) by A.M. Best.
- As a credible health plan, GeoBlue Xplorer protects your rights by meeting U.S. standards and features benefits more generous than offshore, non-admitted "surplus coverage."

Top 10 Advantages over Competing Plans

- · Provides an unlimited annual and lifetime maximum.
- No waiting periods associated with any preventive services.
- The pre-existing condition exclusion can be waived with proof of prior creditable insurance.
- Covers injuries or illnesses that are a result of a terrorist act.
- No pre-certification required for inpatient and outpatient care.
- Deductible is waived for office visits and a small copay applies.
- Generous U.S. Coverage.
- Access to our elite providers can lead to better diagnosis, treatment and medical outcomes.
- Our providers bill GeoBlue directly, which eliminates paperwork hassles.
- The strength of Blue. GeoBlue Xplorer is offered in cooperation with certain local Blue Cross and Blue Shield companies, which collectively cover 1 in 3 Americans.

How the Plan Works

GeoBlue Xplorer Premier and GeoBlue Xplorer Essential plans offer comprehensive benefits and a range of deductible options that allow members to select the right amount of insurance coverage for their budget and lifestyle. For detailed benefit schedule and rates, please see inserts. To calculate your total out-of-pocket expense, add the deductible and coinsurance maximum.

For families, the deductible and coinsurance maximum is a multiple of 2.5.

After 364 days of continuous coverage, GeoBlue Xplorer members may re-enroll in a plan that matches their existing benefits.

GeoBlue Xplorer Premier Options							
Plan		Coinsurance					
	Outside U.S.	U.S. In-Network	U.S. Out-of- Network	Maximum			
Elite	\$0	\$0	\$1,000	\$2,000			
1000	\$500	\$1,000	\$2,000	\$4,000			
2000	\$1,000	\$2,000	\$4,000	\$8,000			
5000	\$2,500	\$5,000	\$10,000	\$10,000			

	GeoBlue Xplorer Essential Options							
P	Plan		Coinsurance					
		Outside U.S.	U.S In-Network	U.S. Out-of- Network	Maximum			
E	lite	\$0	n/a	n/a	\$2,000			
1	000	\$1,000	n/a	n/a	\$8,000			
2	2500	\$2,500	n/a	n/a	\$10,000			
5	000	\$5,000	n/a	n/a	\$10,000			



How to Apply

Applications are available online or may be initiated by telephone or email. See back cover for details.

A personal check, money order or credit card number must accompany the application and must be sufficient to pay for one month of standard premium. GeoBlue will hold the form of payment until an underwriting decision is made. If your application is accepted, the payment will be applied to your account. Quotes obtained online or by telephone are advisory only. Actual premium is determined by the medical underwriting process.

GeoBlue will review your medical history as provided on the application and may request an Attending Physician's Statement. GeoBlue publishes standard premium rates for non-smokers. Smokers and other applicants with certain medical histories may be offered a policy at a higher rate. Not all applicants will be accepted. Your effective date of insurance will be on the 1st or 15th day of the month following underwriting approval.

Member Welcome Kit

When your application is accepted, GeoBlue will mail you and any family members covered under the plan a Welcome Kit with identification cards, a certificate of insurance and instructions on how to register online. Procedures for filing a claim or requesting direct payment of participating providers will also be included.

Eligibility

GeoBlue Xplorer is designed for extended living abroad. You can choose to enroll in a new plan when your existing plan expires. When you do, there are no medical questions and premium rates do not change based on your individual claims history. Your new rate will be the same as all persons covered in your rating class.

How Coverage Ends

Your coverage ends on the earlier of:

- 1. The last day of the month after the date the Insured Person is no longer eligible;
- 2. The end of the last period for which premium has been paid;
- 3. The date the Policy terminates;
- 4. The date of fraud or misrepresentation of a material fact by the Insured Person, except as indicated in the Time Limit on Certain Defenses provision.

Extension of Benefits

If an Insured Person is Totally Disabled on the date of termination of the Policy, coverage will be extended until the earlier of:

- 1. The date payment of the maximum benefit occurs;
- 2. The date the Insured person ceases to be Totally Disabled; or
- 3. The end of 90 days following the date of termination.

Pre-existing conditions

The GeoBlue Xplorer plan does not cover services for treatment of a medical condition for which medical advice, diagnosis, care, or treatment was recommended or received during 180 days immediately preceding the member's eligibility date.

Creditable coverage

The 180-day pre-existing conditions period can be reduced or eliminated if you have been covered by a creditable group or individual health insurance plan.

Licensed & Admitted

This policy is a U.S. Admitted plan and affords members unique protections not available on most offshore plans.

For benefits, rates, exclusions, eligibility and other important information, please see inserts.





How to Apply

Insuremytrip.com Attn: Insuremytrip.com 100 Commerce Drive Warwick, 02886-2430

Visit www.insuremytrip.com

Email customercare@insuremytrip.com

Call (800) 487-4722



GeoBlue Xplorer Premier Benefit Schedule

GeoBlue Xplorer Premier has three tiers of coinsurance: 100% outside the U.S.; 80% in-network inside the U.S.; 60% out-of-network inside the U.S. All plans have an unlimited lifetime maximum and a \$250,000 maximum benefit for emergency medical evacuation. The Out-of-Pocket Maximum is calculated by adding the deductible and coinsurance maximum together. Please refer to the chart on page 3 of the Brochure.

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Benefits	Outside U.S.	U.S. (In-Network)	U.S. (Outside Network)
Preventive and Office Visits – Insurer Waives Dedu	ctible		
Physician Office Visits (Adult)	All except a \$10 copay per visit	All except a \$30 copay per visit	60% to Out-of-Pocket Maximum then 100%
Physician Office Visits (Children 0-18)	100%	80% to Out-of-Pocket Maximum then 100%	60% to Out-of-Pocket Maximum then 100%
Unlimited Well Baby Visits	100%	80% to Out-of-Pocket Maximum then 100%	60% to Out-of-Pocket Maximum then 100%
Child Immunizations, Lab and X-rays	100%	80% to Out-of-Pocket Maximum then 100%	60% to Out-of-Pocket Maximum then 100%
Women: (19 and Older) Routine Pap Smears, Annual Mammogram	100%	80% to Out-of-Pocket Maximum then 100%	60% to Out-of-Pocket Maximum then 100%
PSA for Men	100%	80% to Out-of-Pocket Maximum then 100%	60% to Out-of-Pocket Maximum then 100%
One Routine Physical Per Year	100%	80% to Out-of-Pocket Maximum then 100%	60% to Out-of-Pocket Maximum then 100%
Professional Services – Insurer Pays After Deductil	ole is Met		
Surgery, Anesthesia, Radiation Therapy, In-hospital Doctor Visits, Diagnostic X-ray and Lab Work	100%	80% to Out-of-Pocket Maximum then 100%	60% to Out-of-Pocket Maximum then 100%
Inpatient Hospital Services - Insurer Pays After Dec	ductible is Met		
Surgery, X-rays, In-hospital Doctor Visits, Organ/ Tissue Transplant	100%	80% to Out-of-Pocket Maximum then 100%	60% to Out-of-Pocket Maximum then 100%
Inpatient Medical Emergency	100%	80% to Out-of-Pocket Maximum then 100%	60% to Out-of-Pocket Maximum then 100%
Inpatient Drugs	100%	80% to Out-of-Pocket Maximum then 100%	60% to Out-of-Pocket Maximum then 100%
Ambulatory and Therapeutic Services – Insurer Page	ys After Deductible is Met		
Ambulatory Surgical Center	100%	80% to Out-of-Pocket Maximum then 100%	60% to Out-of-Pocket Maximum then 100%
Ambulance Service	100%	80% to Out-of-Pocket Maximum then 100%	60% to Out-of-Pocket Maximum then 100%
Accidental Dental	\$1,000 per year, \$200 per tooth	\$1,000 per year, \$200 per tooth	\$1,000 per year, \$200 per tooth
Acupuncture and Chiropractic Services	100% up to \$2,000	80% up to \$2,000	60% up to \$2,000
Durable Medical Equipment	100%	80% to Out-of-Pocket Maximum then 100%	60% to Out-of-Pocket Maximum then 100%
Infusion Therapy	100%	80% to Out-of-Pocket Maximum then 100%	60% to Out-of-Pocket Maximum then 100%
Physical/Occupational Therapy*	\$50 max each visit, 12 visits per year	\$50 max each visit, 12 visits per year	\$50 max each visit, 12 visits per year
Inpatient Mental Health	100% up to 60 days	80% up to 60 days	60% up to 60 days
Outpatient Mental Health	75% up to 40 visits/60% thereafter	75% up to 40 visits/60% thereafter	75% up to 40 visits/60% thereafter
Inpatient Substance Abuse	100% up to 60 days detox	80% up to 60 days detox	60% up to 60 days detox
Outpatient Substance Abuse	75% up to 40 visits/60% thereafter	75% up to 40 visits/60% thereafter	75% up to 40 visits/60% thereafter
Prescription Drug Benefit Options – Insurer Waives	Deductible		
Basic Prescription Drug Benefit Subject to \$1000 Maximum per Insured Person per Policy Period	100% of actual charges	Generics: 100% after \$10 copay Brandname: 100% after \$25 copay Injectables: 70%	Generics: 100% after \$10 copay Brandname: 100% after \$25 copay Injectables: 70%
Optional rider, subject to \$25,000 Maximum Benefit per Insured Person per Policy Period.	100% of actual charges	Generics: 100% after \$10 copay Brand- name: 100% after \$25 copay Injectables: 70%	Generics: 100% after \$10 copay Brandname: 100% after \$25 copay Injectables: 70%
Global Travel Benefits – Insurer Waives Deductible			
Medical Evacuation	Up to \$250,000	n/a	n/a
Repatriation of Remains	Up to \$25,000	n/a	n/a
Accidental Death and Dismemberment	\$50,000	\$50,000	\$50,000
Other Benefits		Limits	
Home Health Care		100% Covered Expenses, as many as 30 vis	its ner vear
			F 70m

Other Benefits	Limits
Home Health Care	100% Covered Expenses, as many as 30 visits per year
Skilled Nursing Facilities	100% with a maximum Covered Expense of \$250 per day, as many as 50 days per year
Hospice	100% with a maximum Covered Expense of \$5,000 per lifetime

See other side for GeoBlue Xplorer Essential Benefit Schedule. This is intended to be a sample benefit schedule. Certain benefit levels may vary by state. *Deductible is waived for this benefit.

GeoBlue is the trade name of Worldwide Insurance Services, LLC (Worldwide Services Insurance Agency, LLC in California and New York), an independent licensee of the Blue Cross and Blue
 Shield Association: made available in cooperation with Blue Cross and Blue Shield companies in select service areas. Coverage is provided under insurance policies underwritten by 4 Ever Life Insurance Company, Oakbrook Terrace, Illinois, NAIC #80985 under policy form series 54.1401.



Complete GeoBlue Xplorer Essential Benefit Schedule

GeoBlue Xplorer Essential covers most services outside the U.S. at 100%. All plans have an unlimited lifetime maximum and a \$250,000 maximum benefit for emergency medical evacuation.

Benefits	Outside U.S. Only
Preventive and Office Visits – Insurer Waives Deductible	
Physician Office Visits (Adult)	All except a \$10 copay per visit
Physician Office Visits (Children 0-18)	100%
Unlimited Well Baby Visits	100%
Child Immunizations, Lab and X-rays	100%
Women (19 and Older) Routine Pap Smears, Annual Mammogram	100%
PSA for Men	100%
One Routine Physical Per Year	100%
Professional Services – Insurer Pays After Deductible is Met	
Surgery, Anesthesia, Radiation Therapy, In-hospital Doctor Visits, Diagnostic X-ray and Lab Work.	100%
Inpatient Hospital Services – Insurer Pays After Deductible is Met	
Surgery, X-rays, In-hospital Doctor Visits, Organ/Tissue Transplant	100%
Inpatient Medical Emergency	100%
Inpatient Drugs	100%
Ambulatory and Therapeutic Services – Insurer Pays After Deductible is Met	
Ambulatory Surgical Center	100%
Ambulance Service	100%
Accidental Dental	\$1,000 per year, \$200 per tooth
Acupuncture and Chiropractic Services	100% up to \$2,000
Durable Medical Equipment	100%
Infusion Therapy	100%
Physical/Occupational Therapy*	\$50 max each visit, 12 visits per year
Inpatient Mental Health	100% up to 60 days
Outpatient Mental Health	75% up to 40 visits/60% thereafter
Inpatient Substance Abuse	100% up to 60 days detox
Outpatient Substance Abuse	75% up to 40 visits/60% thereafter
Prescription Drug Benefit Options – Insurer Waives Deductible	
Basic Prescription Drug Benefit	100% of actual charges up to \$1000
Optional Rider, subject to \$25,000 maximum per Insured Person per Policy Period.	Maximum Benefit 100% of actual charges
Global Travel Benefits – Insurer Waives Deductible	
Medical Evacuation	Up to \$250,000
Repatriation of Remains	Up to \$25,000
Accidental Death and Dismemberment	\$50,000

Other Benefits	Limits
Home Health Care	100% Covered Expenses, as many as 30 visits per year
Skilled Nursing Facilities	100% with a maximum Covered Expense of \$250 per day, as many as 50 days per year
Hospice	100% with a maximum Covered Expense of \$5,000 per lifetime

See other side for GeoBlue Xplorer Premier Benefit Schedule.

This is intended to be a sample benefit schedule. Certain benefit levels may vary by state.



^{*}Deductible is waived for this benefit.

Xplorer Premier Health Plan Prices

Monthly Premium Rate Table
Effective July 1, 2016

Optional Rx Plan premium is in addition to Medical Plan premium.

	Elite	1000	2000	5000	Rx Plan Optional
Male/Female					
Under 25	\$374	\$265	\$234	\$194	\$86
25-29	\$374	\$265	\$234	\$194	\$86
30-34	\$513	\$359	\$314	\$260	\$111
35-39	\$668	\$464	\$409	\$333	\$136
40-44	\$677	\$465	\$410	\$334	\$167
45-49	\$847	\$577	\$509	\$410	\$209
50-54	\$1,080	\$732	\$640	\$517	\$249
55-59	\$1,335	\$901	\$787	\$633	\$301
60-64	\$1,643	\$1,105	\$965	\$772	\$371
65-69	\$2,912	\$1,944	\$1,690	\$1,346	\$670
70-74	\$4,181	\$2,785	\$2,416	\$1,922	\$970
Child (when insured with	parent)				
One Child under Age 1	\$445	\$315	\$282	\$235	\$98
One Child 1-25	\$296	\$214	\$194	\$165	\$60
2 Children	\$514	\$360	\$321	\$267	\$114
3 Children	\$708	\$492	\$437	\$357	\$165

Prices are subject to change

Xplorer Essential Health Plan Prices

Monthly Premium Rate Table Effective July 1, 2016

	Elite	1000	2500	5000	Rx Plan Optional				
Male/Female	Male/Female								
Under 25	\$163	\$116	\$98	\$87	\$47				
25-29	\$163	\$116	\$98	\$87	\$47				
30-34	\$227	\$159	\$133	\$117	\$58				
35-39	\$299	\$214	\$178	\$157	\$74				
40-44	\$307	\$220	\$183	\$161	\$92				
45-49	\$390	\$280	\$231	\$202	\$114				
50-54	\$502	\$357	\$294	\$260	\$134				
55-59	\$621	\$445	\$365	\$322	\$162				
60-64	\$772	\$550	\$453	\$396	\$202				
65-69	\$1,385	\$989	\$811	\$713	\$304				
70-74	\$2,001	\$1,421	\$1,170	\$1,027	\$437				
Child (when insured with parent)									
One Child under Age 1	\$194	\$139	\$117	\$105	\$52				
One Child 1-25	\$123	\$89	\$75	\$66	\$35				
2 Children	\$226	\$164	\$138	\$124	\$64				
3 Children	\$320	\$234	\$194	\$173	\$88				

Xplorer Essential

N.B. – Does not include coverage in the United States. If you would like U.S. coverage, please refer to the Xplorer Premier Health Plan.

Prices are subject to change

4EL-XPR12/XMP-54370



GeoBlue Xplorer Frequently Asked Questions

1. Who is eligible to buy an Xplorer® plan?

All U.S. citizens living abroad who are 74 or younger at the time of application are eligible to apply for coverage or; All legal residents of the U.S. (citizens and foreign nationals) who are age 74 or younger at the time of application are eligible if they live in an approved state or; An employee of a U.S. company, whereby the company is domiciled in an approved state and the company pays the insurance premium.

For the most current state list.

please visit geobluetravelinsurance.com/products/longterm/xplorer-5-eligibility.cfm

If you live in a state not listed, please contact your agent directly or GeoBlue.

2. How do I qualify for maternity benefits?

After 364 days of continuous coverage, Xplorer members may apply for a new plan that covers maternity costs in the same way as all other medical conditions.

3. Do all eligible family members have to apply for Xplorer?

Yes. The Xplorer plan is available to individuals and their dependents. All eligible family members must apply for coverage.

4. Will my policy automatically renew? At what rate?

You can enroll in a Xplorer policy up to age 84. The policy does not automatically renew upon your request. You will be notified of your new plan rate at least 30 days prior to your policy expiration date. You must confirm your new policy rate in writing or by accepting the rate when logged in to our secure website. Plan rates are based on age at time of enrollment and are impacted by medical inflation. You will not be asked any medical questions and your personal health history will not determine your new rate. Xplorer rates are standard rates for all members re-enrolling.

5. When does my coverage end?

We may terminate your policy if:

- a. You no longer meet the eligibility requirements
- b. You fail to pay your premium
- c. We discover that you committed fraud or misrepresented a material fact to us, except as indicated in the time limit of certain defenses provision
- d. We terminate the plan in your state or geographic service area

6. Who is the insurer?

GeoBlue Xplorer is underwritten by 4 Ever Life Insurance Company. 4 Ever Life Insurance Company enhances protection with unique underwriting solutions nationwide for insurance companies, brokers, agents, administrators, employers, employees and individuals. With over 60 years experience in enhancing protection, 4 Ever Life is rated "A-" (Excellent) by A.M. Best and licensed to provide health and life insurance solutions in all 50 states, the District of Columbia, and Puerto Rico. 4 Ever Life Insurance Company is an independent licensee of the Blue Cross and Blue Shield Association. Blue Cross and Blue Shield companies collectively cover 1 in 3 Americans.

continued...





7. Does my plan deductible apply to all services?

No. Your deductible is waived for office visits. You simply pay a small copay at time of service with the contracted provider. For non-contracted providers, you pay the provider directly and submit a claim for reimbursement.

8. Will my pre-existing condition be covered under an Xplorer plan?

If you were previously covered by a U.S. health plan that issues you a Certificate of Creditable Coverage, GeoBlue will credit you for this prior coverage. The number of months of coverage shown on the Certificate will reduce or eliminate the six-month pre-existing condition waiting period. If you have six or more months of creditable coverage, your waiting period will be eliminated. If you have less than six months creditable coverage, your waiting period will be reduced by the number of months you had creditable coverage. For example, if you have two months of creditable coverage, your waiting period will be reduced from six months to four months.

9. Am I guaranteed to be issued an Xplorer policy if I apply?

No, Xplorer is not a guaranteed issue plan. Each application is medically underwritten. Your application may be 1) accepted, 2) accepted with a rate increase due to your health status, or 3) denied.

10. Is the quote I receive binding?

No. The quote you receive may not apply if 1) you provided us with an inaccurate zip code, 2) you misstated a material fact on your application, or 3) we increase the rate due to your health status.

11. When determining a rate while overseas, what zip code should I use?

Policies for U.S. citizens residing overseas are issued through the Xplorers Association office in Washington D.C. The zip code that applies is 20036.

12. What is the Global Citizens Association?

Global Citizens Association (GCA) is a non-profit organization that gives its members the opportunity to enhance global learning and lifestyles through safe and healthy world travel. With access to GCA resources such as the Healthy Travel Blog (at www. healthytravelblog.com) and international medical assistance information and services, members are able to pursue extended episodes of international living that increase cross-cultural understanding and promote an abiding respect for the world's many peoples.

Founded in 1994 to serve international students, GCA has grown to encompass world travelers and expatriates in all corners of the globe. As an organization run for the benefit of its members, GCA conducts an annual meeting of its membership in January each year to select Board Members and to review and discuss benefits and membership policy.

13. Does this plan meet the Affordable Care Acts requirement for Minimum Essential Coverage?

This plan does not provide Minimum Essential Coverage and therefore does not meet the requirements of the Affordable Care Act (ACA). It is filed as a limited duration policy designed specifically for international living. Coverage by the insurer can be 1) accepted, 2) accepted with a rate increase, or 3) denied based on the health history of the applicants(s). A waiting period for pre-existing conditions applies unless you have 6 months of prior creditable coverage. There is no tax penalty for purchasing this policy if you are outside the U.S. for 330 days or more in a calendar year.

14. What about accessing participating providers?

GeoBlue's Global Health and Safety services help members identify, access and pay for quality healthcare all over the world, including a contracted community of elite providers in 180 countries. Members can access these carefully selected providers and arrange for the bills to be sent directly to GeoBlue. Please note that in the U.S. a member can simply show his/her ID card at time of service and participating providers will only bill the member for any applicable deductible or copayment. Members have access to the Blue Cross and Blue Shield Network. Whether overseas or in the U.S., members can choose to use any doctor or hospital. Members are never restricted to a network. Please see the benefit schedules to see how coinsurance may apply.

15. Where can I read the fine print?

To see plan definitions, limitations or to review a sample certificate, visit: geobluetravelinsurance.com/products/longterm/xplorer-certs.cfm



Xplorer Excluded Services

The plan does not provide benefits for:

- Hospitalization, services and supplies that are not Medically Necessary.
- 2. Services or supplies that are not specifically mentioned in this Certificate.
- 3. Services or supplies for any illness or injury arising out of or in the course of employment for which benefits are available under any Workers' Compensation Law or other similar laws whether or not you make a claim for such compensation or receive such benefits.
- 4. Services or supplies that are furnished to you by the local, state or federal government and for any services or supplies to the extent payment or benefits are provided or available from the local, state or federal government whether or not that payment or benefits are received.
- 5. Conditions caused by or contributed by: (a) An act of war; (b) The inadvertent release of nuclear energy when government funds are available for treatment of Illness or Injury arising from such release of nuclear energy; (c) An Insured Person participating in the military service of any country; (d) An Insured Person participating in an insurrection, rebellion, or riot; (e) Services received for any condition caused by an Insured Person's commission of, or attempt to commit a felony or to which a contributing cause was the Insured Person being engaged in an illegal occupation; (f) An Insured Person voluntarily using illegal drugs; intentionally taking over the counter medication not in accordance with recommended dosage and warning instructions; and intentionally misusing prescription drugs.
- 6. Services or supplies that do not meet accepted standards of medical and/or dental practice.
- 7. Investigational Services and Supplies and all related services and supplies.
- 8. Custodial Care Service.
- 9. Routine physical examinations, unless otherwise specified in this Certificate.
- 10. Services or supplies received during an Inpatient stay when the stay is primarily related to behavioral, social maladjustment, lack of discipline or other antisocial actions that are not specifically the result of Mental Illness.
- 11. Cosmetic Surgery and related services and supplies, whether or not for psychological purposes, except for the correction of congenital deformities or for conditions resulting from accidental injuries, scars, tumors or diseases that occur after your Coverage Date.
- 12. Services or supplies for which you are not required to make payment or would have no legal obligation to pay if you did not have this or similar coverage.
- 13. Charges for failure to keep a scheduled visit or charges for completion of a Claim form.
- 14. Personal hygiene, comfort or convenience items commonly used for other than medical purposes, such as air conditioners, humidifiers, physical fitness equipment, televisions and telephones.
- 15. Special braces, splints, specialized equipment, appliances, ambulatory apparatus, battery implants, except as specifically mentioned in this Certificate.
- 16. Orthopedic shoes (except when joined to braces) or shoe inserts, including orthotics.
- 17. Blood derivatives that are not classified as drugs in the official formularies.
- 18. Eyeglasses, contact lenses or cataract lenses and the examination for prescribing or fitting of glasses or contact lenses or for determining the refractive state of the eye, except as specifically mentioned in this Certificate.
- 19. Treatment to change the refraction of one or both eyes (laser eye correction), including refractive keratectomy (RK) and photorefractive keratectomy (PRK).
- 20. Vision care services unless elected by your Group
- 21. Treatment of flat foot conditions and the prescription of supportive devices for such conditions and the treatment of subluxations of the foot.
- 22. Routine foot care, except for persons diagnosed with diabetes, including the cutting or removal of corns or calluses; the trimming of nails, routine hygienic care and any service rendered in the absence of localized Illness, Injury or symptoms involving the feet.
- 23. Immunizations, unless otherwise specified in this Certificate.
- 24. Maintenance Occupational Therapy, Maintenance Physical Therapy and Maintenance Speech Therapy.

- 25. Hearing aids or examinations for the prescription or fitting of hearing aids unless otherwise specified in this Certificate.
- 26. Services and supplies to the extent benefits are duplicated because the spouse, parent and/or child are employees of the Group and each is covered separately under this Certificate.
- 27. Diagnostic Service as part of routine physical examinations or check-ups, premarital examinations, determination of the refractive errors of the eyes, auditory problems, surveys, casefinding, research studies, screening, or similar procedures and studies, or tests which are Investigational unless otherwise specified in this Certificate.
- 28. Procurement or use of prosthetic devices, special appliances and surgical implants which are for cosmetic purposes, the comfort and convenience of the patient, or unrelated to the treatment of a disease or injury.
- 29. Services and supplies rendered or provided for human organ or tissue transplants other than those specifically named in this Certificate.
- 30. Investigational or experimental organ transplantation including animal to human organ transplants.
- 31. Consultations performed by you, your spouse, parents or children.
- 32. Charges for the services of a standby Physician.
- 33. Treatment for overweight conditions other than for morbid obesity.
- 34. Treatment for hair loss.
- Growth Hormone treatment.
- 36. Dental treatment, dental surgery, dental prostheses and orthodontic treatment unless otherwise specified in this Certificate.
- 37. Dental Implants: Dental materials implanted into or on bone or soft tissue or any associated procedure as part of the implantation or removal of dental implants.
- 38. Medical aids unless otherwise specified in this Certificate.
- 39. Services and treatment related to elective abortions.
- 40. Sterilization or the reversal of sterilization, unless otherwise specified in this Certificate.
- 41. All services related to the evaluation or treatment of fertility and/or Infertility, including, but not limited to, all tests, consultations, examinations, medications, invasive, medical, laboratory or surgical procedures including sterilization reversals and In vitro fertilization.
- 42. Cryopreservation of sperm or eggs.
- 43. Sex change operations.
- 44. Treatment of sexual dysfunction or inadequacy.
- Non-prescription drugs.
- Educational services except as specifically provided or arranged by the Insurer.
- 47. Nutritional counseling or food supplements, except for treatment of Phenylketonuria (PKU) and other inherited metabolic diseases and diabetes.
- 48. Charges by a provider for telephone consultations.



GeoBlue Xplorer Health Plans

Application Instructions



Thank you for applying with GeoBlue®.

- GeoBlue Xplorer is specially designed for members of the Global Citizens Association.
- Coverage is not guaranteed until approved in writing by GeoBlue.
 Do not cancel your current insurance coverage until you have been notified of approval by GeoBlue that your GeoBlue Xplorer coverage is effective.

Instructions

Do not complete this application until you have read the current product brochure or website.

Please follow these instructions to allow us to better process your application.

- For your own protection, you, the applicant, must complete this application. You are solely responsible for its accuracy and completeness.
- · All information must be stated accurately.
- All questions must be answered in full or the application may be returned to you resulting in a delay in processing.
- For additional information or explanations attach extra sheets, if necessary.
 All attachments must be signed and dated.
- Print clearly using blue or black ink. No correction fluid, please.
 Sorry, but typed applications will not be accepted.
- This application must be received by GeoBlue within thirty (30) days from the signature date.
- Even if this application is approved, any intentional misstatements or omissions may result in future claims being denied and the plan being rescinded.
- Your insurance will become effective only if this application is approved as applied for, the appropriate premium is enclosed, and other specific conditions are met. (See details under Section 7 – Conditions of Application).
- Please return this application and your check to your agent OR mail to the address listed.

Payment Information

Please see page 7.

Most common causes for delay in underwriting

- . Missing, inaccurate or incomplete information such as:
 - Weight AND Height
 - Spouse's social security, visa, or passport number
 - Dependent's social security, visa, or passport number
 - Date of birth
 - Date of last pelvic examination
 - Results of last pelvic examination
 - Physician's address, phone number and fax number
- Incomplete or illegible information such as the mailing address does not include city, state and ZIP code.
- ALL questions are not answered in Sections 4 and 6. If it does not apply to you, the answer should be "No." Do not leave any answers blank.
- The application is not signed and dated by the applicant and/or all dependents over age 18.
- · Additional documentation or information is required.

Mailing Address

 Applicant: Please return this application to the address below or to your agent.

GeoBlue

Attn: Individual Underwriting Department One Radnor Corporate Center Suite 100 Radnor, PA 19087

Expediting an Application

 To expedite underwriting please fax to 610.482.9953 or email underwriting@geo-blue.com.



GeoBlue is the trade name of Worldwide Insurance Services, LLC (Worldwide Services Insurance Agency, LLC in California and New York), an independent licensee of the Blue Cross and Blue Shield Association: made available in cooperation with Blue Cross and Blue Shield companies in select service areas. Coverage is provided under insurance policies underwritten by 4 Ever Life Insurance Company, Oakbrook Terrace, Illinois.



Ge

Cover rour world						Visa/ Passport No.	
GeoBlue Xplorer In	dividu	al Enrollmen	t Δnnlic:	ation			
Application must be completed						Agent I.D. No. 2246	35
Approacion must be completed	by the ap	phodite in blue of blue			Reason for Application (Ch	eck one)	
1. Applicant Information	1 (Please	Print)			■ New Enrollment(s)		
Primary Applicant's Last Name		First Name		M.I.			
					Add dependent(s) to I.D. No To change existing plan, please		
Address Outside the US							
Street				Apt No.	(P.O. Box or Personal Mail Box No).)	
City			Postal Code	Country			
Address Inside the US						'	
Street				Apt No.	(P.O. Box or Personal Mail Box No).)	
City					State	ZIP Code	
Mailing Address (In Care	Of)						
In Care Of:							
Street				Apt No.	(P.O. Box or Personal Mail Box No.)		
City				State	Postal Code	Country	
Home Phone No.	l D	artina Dhana Na		Marital Otation			
()	(aytime Phone No.)		Marital Status	☐ Single ☐ Married		
Business Phone No.	Fa	ıx No.		Spouse's Social S	ecurity/ Visa/ Passport No.		
Email Address)		Maiden Name of Applicant/Spouse (If applicable)			
2. Time and Location St							
					What locations?		
How did you hear about Geo	Blue?						
3. Choice of Plan							
GeoBlue Xplorer Premier (In		•					
☐ Elite ☐ 1000 GeoBlue Xplorer Essential (I		2000	□ 5000				
Elite 1000		2500	□ 5000				
Prescription Drug Rider	☐ Yes	□ No		Dental and Visi	on Rider (Elite and 1000 Plans only)	☐ Yes ☐	l No

Applicant's Social Security No.

4. Applicants for Coverage

Relation		MUST BE ACCURATE		Date	0.110
	Last Name First Name M.I.	Height	Weight	of Birth	Social Security/ Visa/ Passport No.
☐ Male ☐ Female	Yourself				
☐ Husband ☐ Wife	Spouse				
☐ Son ☐ Daughter					
□ Son □ Daughter					
□ Son □ Daughter					
□ Son □ Daughter					

Applicant's Social Security No.					
Visa/ Passport No.					

4. Applicants for Coverage continued

			ng circumstances prevent all family the application can be considered.		ng, please attach			
If you are married or have childrer	If you are married or have children, are all family members applying for coverage?							
If No, Why?								
Are you a U.S. Citizen?								
Please list your occupation and du	rties.							
Please provide the name of your e	employer.							
Please provide your employers ad	dress.							
5. Other Coverage - Please and	wer all of the follow	ving questions.						
A. Do you currently have or has a	inyone to be insured	d had coverage in t	the last 18 months?		Yes No			
If Yes, please provide the following	ng information and a	attach the Certificat	e of Creditable Coverage from your p	rior health insurance ca	rrier.			
Name of insured(s)		Insurance carrier(s)		Effective date	End date			
Do you agree to discontinue your If No, please explain:	current coverage if	this application is	accepted?	Yes No				
1	ty, or health insuran		ned, had a waiver applied, or charg surance rescinded?		Yes No			
1. Name of applicant	Name of Insurance	e Company	Explain					
2. Name of applicant	Name of Insurance	e Company	Explain					
3. Name of applicant	Name of Insurance	ce Company	Explain					
C. Are any persons applying for coverage on this application eligible for Medicare or Medicaid benefits?								
Eligible person(s)								
D. Has anyone applying for cover within the past 18 months? If Yes, please provide the following the following the state of the control of the state of the coverage of the coverage of the state of the coverage of the c		ion filed a claim fo	or disability or Workers' Compensati	ion	Yes No			
Name of applicant				Effective date	End date			

Applicant's Social Security No.								
Visa/ Passport No.								

6. Health History – Include information on all family members you wish to enroll.

answer "Yes" to any question in Section 6A, you must	give complete det		-
Has any person listed on this application received medical a ment, or been hospitalized for any of the following condition		r treatment, or had treatment or consultation recommended, rens 1 through 24 within the last 10 years?	eceived treat-
Frequent and/or severe headaches, migraines, seizures, epilepsy, multiple sclerosis or any other neurological or central nervous		17. Sexually transmitted disease, such as herpes, genital warts, etc.	☐ Yes ☐ No
system disorder(s) 2. Dizziness, weakness, fainting, numbness/	☐ Yes ☐ No	Prostate, undescended testes, infertility, low sperm count, impotence, sexual dysfunction or penile implant	☐ Yes ☐ No
tingling, head injury, paralysis, stroke, confusion, memory loss, loss of consciousness, narcolepsy or any similar symptoms	☐ Yes ☐ No	19. a) Breast disorder/cyst, lump, fibroid tumors, silicone injections or implants b) Pelvic pain, menstruation disorders,	☐ Yes ☐ No
 Chest pain, high or low blood pressure, heart disease, heart attack, heart murmur, palpitations, pacemaker, or any other heart disorder or condition 	☐ Yes ☐ No	abnormal pelvic exam/PAP smear, endometriosis, uterine fibroids, ovarian cysts, infertility or miscarriages	☐ Yes ☐ No
Poor circulation, blood clot, varicose veins, enlarged lymph nodes, blood/bleeding disorder, anemia, rheumatic fever or any		c) Date and result of last pelvic exam/Pap smear for each female over 16: Name: Mo/Day/Yr: Norm	al 🔲 Abnormal
other circulatory condition	☐ Yes ☐ No	Name: Mo/Day/Yr: Norm	
Allergies, difficulty breathing, shortness of breath, asthma, chronic cough, spitting/coughing up blood,		Name: Mo/Day/Yr: Norm	
respiratory/lung infections, sinusitis, bronchitis, pneu	ımonia,	☐ N/A I have not had a pelvic exam/Pap smear.	
reactive airway disease (RAD), pneumocystis carinii pneumonia (PCP), tuberculosis, emphysema, or any other respiratory disorder or condition	☐ Yes ☐ No	d) Is the applicant, spouse or any dependent, whether or not listed on the application, currently pregnant, or in the process of	
6. Diseases or problems of the nose, nosebleeds,		adoption or surrogate pregnancy?	☐ Yes ☐ No
polyps, deviated nasal septum, excessive snoring or use of a sleep monitoring device	☐ Yes ☐ No	e) Are you intending to become pregnant in the next 18 months?	☐ Yes ☐ No
7. Diseases or problems of the mouth/gums, throat/swallowing, tonsils, adenoids, jaw/chewing problems or TMJ		20. Diseases or problems of the eyes or sight, crossed eyes, glaucoma, cataracts,	
(Temporomandibular Joint Dysfunction)	☐ Yes ☐ No	detached retina or blurred vision 21. Diseases or problems of the ears	☐ Yes ☐ No
8. Gastric reflux, ulcers, hernia, intestinal problems, diverticulitis, colitis, diarrhea, rectal problems/		or hearing, implant or hearing aid	☐ Yes ☐ No
bleeding, polyps, hemorrhoids or any other digestive disorder or condition	☐ Yes ☐ No	22. Eating disorder, depression, anxiety, counseling, member of a support group, bi-polar, chemical imbalance, attention	
 Gallbladder, spleen, pancreatitis, liver disease, jaundice, unexplained weight loss/gain 		deficit disorder, schizophrenia, obsessive-compulsive, panic disorder, etc.	☐ Yes ☐ No
or hepatitis (indicate type:) 10. Kidney/bladder/urinary tract infections,	☐ Yes ☐ No	23. Mental or physical impairment or deformity,	_ 100 _ 110
stones, incontinence, blood in urine or any other disease or disorders of the kidneys	D Vac D Na	congenital abnormalities or birth defects Specify:	☐ Yes ☐ No
or urinary system 11. Bone, joint and/or muscle pain, injury or disorder	☐ Yes ☐ No	24. Has any applicant consulted a provider for any condition or symptom(s) for which a diagnosis	
of joint/tendon/ligament/disc, weakness of back/spine/neck/joint, fracture, sprain/strain,		has not been established?	☐ Yes ☐ No
fibromyalgia, arthritis, gout, polio or any other musculoskeletal disorder	☐ Yes ☐ No	Has any person listed on this application ever:	
12. Physical handicap, joint replacement, hardware (pins, plates, screws, etc.), amputation or prosthesis	☐ Yes ☐ No	25. Had cancer, tumor/growth, leukemia or cyst? 26. Had an abnormal physical exam, laboratory results, x-rays, EKG, MRI, CT scan or been	☐ Yes ☐ No
13. Diabetes, thyroid, pituitary, adrenal or any other endocrine disorders	☐ Yes ☐ No	advised to undergo further testing surgery or treatment?	☐ Yes ☐ No
14. Immune disorders, lupus, scleroderma, mononucleosis, chronic fatigue syndrome	☐ Yes ☐ No	27. Seen, been a patient in a hospital, clinic, or other medical facility, received treatment from or consulted any doctor or other person	
15. Is any applicant a candidate for or a recipient of an organ or bone marrow transplant?	☐ Yes ☐ No	providing health care services for any other condition or symptom(s) (excluding childbirth) not listed on this application?	☐ Yes ☐ No
16. Skin infections, cancer, melanoma, lesion, psoriasis, keratosis, warts, ulcers, birthmarks, severe burns, acne, fungal infections, Kaposi's sarcoma, eczema, dermatitis, hyperhidrosis, herpes, scars/keloids, cosmetic or reconstructive	☐ Yes ☐ No	28. Been diagnosed as having or received treatment by a physician or health care professional for AIDS (Acquired Immune Deficiency Syndrome), ARC (AIDS Related Complex) or tested positive	☐ Yes ☐ No
surgery or any other skin conditions	162 110	for HIV (Human Immunodeficiency Virus)?	- 162 - 140

IMPORTANT: Applicant's medical conditions, which occur after the signature date and before the approval date that come to GeoBlue's attention, may be considered in the final underwriting decision.

							App	olicant's Sc	cial S	Secur	ity No.
00.0 () 10)							74.	<u> </u>			
6B. Professional Services Give COMPLETE details of a	any "Voe" anew	vare to the au	actions in 6A (Hea	additional chapte	if necessary)		Visa	a/ Passpor	t No.		
Question # Name of Family N	<u> </u>	reis to the que	Date of Onset	Name of Physician		cility			Date	of Vis	
quositori ir indinio or i dininy i	WIOTIIDOI		Dute of offset	Name of Frigoroidin	Tioopitai/Otiloi To	omty			Date	OI VIO	,it
Name of Condition/Illness			Date Ended	Address					Phon	ne No.	
Treatment (X-ray, lab, surgery, etc.)			Degree of Recovery	City		Sta	ate	ZIP	Fax I	Vo.	
Results Normal Abnormal Still und			er treatment	Medications		'			Frequ	uency	
If abnormal, please explain:				Dosage		Da	te Pre	escribed	Date	Disco	ontinued
Question # Name of Family N	Member		Date of Onset	Name of Physician	/Hospital/Other Fa	cility			Date	of Vis	sit
Name of Condition/Illness			Date Ended	Address					Phon	ne No.	
Treatment (X-ray, lab, surgery,	etc.)		Degree of Recovery	City		Sta	ate	ZIP	Fax I	Vo.	
Results	Abnormal	☐ Still unde	er treatment	Medications		l			Frequ	uency	!
If abnormal, please explain:		I		Dosage		Da	te Pre	escribed	Date	Disco	ontinued
Question # Name of Family N	Member		Date of Onset	Name of Physician	/Hospital/Other Fa	cility			Date of Visit		
Name of Condition/Illness			Date Ended	Address			F		Phon	ne No.	
Treatment (X-ray, lab, surgery,	etc.)		Degree of Recovery	City		Sta	ate	ZIP	Fax I	Vo.	
Results	Abnormal	☐ Still unde	er treatment	r treatment Medications		<u> </u>			Frequ	uency	!
If abnormal, please explain:				Dosage		Da	te Pre	escribed	Date	Disco	ontinued
6C. Prescription Medications n	ions – not noted above	e taken withir	the last 12 mont	hs by any family n	nember listed o	n this an	olica	tion.			
Family Member		and Dosage	Illness for which Medication is Prescribed		Date Discontinued		Name	e, Phone No Physician o ess/City/Sta	o. & F/ or Hos ate/ZII	AX No pital P Cod). le
			1100011200					,,,			<u></u>
6D. Other Health Questions											
				1. Family member	Amount per day	2. Fa	amily	member	Amo	unt pe	er day
Has any applicant ever smoke such as: cigarettes, cigars, pip	•		☐ Yes ☐ No	Type of product	Date Discontinue	ed Type	e of pr	roduct	Date	Disco	ontinued
Has any applicant used illegal substances such as marijuana	ı, cocaine, metham	phetamines,		1. Family member		2. Fa	2. Family member				
in the last 10 years, or been d or alcohol dependent?	iagnosed as chem	ically	☐ Yes ☐ No	Type of product	Date Discontinue			roduct	Date	Disco	ontinued
3. Has any applicant ever used a	nv illegal			1. Family member		2. Fa	2. Family member				
or controlled I.V. drugs?			☐ Yes ☐ No	Type of product	Date Discontinue	ed Type	e of pr	roduct	Date	Disco	ontinued
4 Has any applicant concurred	any alcoholic boye	2000		1. Family member		2. Fa	amily	member			
Has any applicant consumed any alcoholic beverages in the last 6 months?			☐ Yes ☐ No	Amount per 🗖 da	y 🗖 week 🗖 mon	Amo	ount	per □ da	v 🗆	Jack L	
Amount: A drink is 12 oz. of t	peer, 6 oz. of wine,	or 1 oz. of liquor	·	Type of Product	y week willon		e of Pr	per 🗀 day roduct	y -1 \\	CCK L	- monul
Has any applicant been advise within the past 10 years?	ed to reduce alcoho	ol intake	☐ Yes ☐ No	1. Family member	Date Discontinue	ed 2. Fa	amily	member	Date	Disco	ontinued
To provide further information, pl please identify the applicable fan	lease u <u>se additiona</u>	al sheets if <u>neces</u>		nber, section n <u>ame, an</u>	d question number	you are exp	lainin	g. Also,			of sheets
please identify the applicable fan	nily member. All ac	lditional sheets m	nust be signed by the a	applicant.						atta	iched

Applicant's Social Security No.					
Visa/ Passport No.					

7. Conditions of Application

It is important that you carefully read and fully understand the following.

I, the undersigned, understand that, under the GeoBlue Xplorer for which I am applying, I may be entitled to lesser benefits if I use a nonparticipating hospital, physician, or other provider, than if I use a participating hospital, physician or other provider.

All applicants age 18 and over must personally read, agree to, and sign the following. If an applicant does not read English, the translator must sign and submit the Statement of Accountability, Section 9, for translating this entire application.

Effective Date

If you currently have health coverage, we strongly recommend that you maintain your current coverage, and allow us to assign your effective date FOLLOWING APPROVAL. If, however, you would like to request a specific effective date, we strongly recommend you allow 30-60 days for underwriting. This will help ensure that your application is processed before you surrender your present insurance and will prevent you from being required to pay for two policies.

NOTE: If a child is born to the participant the child has to be registered within 31 days. All other children including adopted children must go through underwriting.

I request that GeoBlue Xplorer assign my effective date if r	ny
application is approved. My effective date will be assigned as either	
the 1st or the 15th of the month following the approval date of my	
application.	

If GeoBlue	Xplorer	approves	my	application,	please	assign	an
date of the			-			•	

1 E+h	of the	month	following	annroval
าวแา	OI LITE	HIIOHUI	following	approval

_		
]	1st of	15th of

This date must be AFTER the signature date but not greater than 75 days from the signature date on this application.

REQUESTING AN EFFECTIVE DATE DOES NOT GUARANTEE UNDERWRITING TO BE COMPLETED BEFORE THE DATE REQUESTED. I UNDERSTAND THAT IF I SELECT AN EFFECTIVE DATE, ONLY GEOBLUE CAN CHANGE THIS DATE, HOWEVER, GEOBLUE CANNOT CHANGE THIS DATE UNDER ANY CIRCUMSTANCES ONCE THE PLAN IS ISSUED.

Initial X

Initial Term

Please issue coverage for the initial term of:
☐ 6 months ☐ 7 months ☐ 8 months ☐ 9 months
☐ 10 months ☐ 11 months ☐ 364 days
(Minimum of six months required.)

Billing Date

Charged on the 1st or 15th of the month (depending on your policy effective date).

Agreement (All applicants)

I, the undersigned, agree to the following:

- I understand and agree to pay the premium amount required with this application. If my application is denied, GeoBlue will return the premium payment. If my application is accepted, this premium amount will be applied to the premium charges.
- If my application for GeoBlue Xplorer coverage is accepted as applied for, the coverage date will be as specified above, but I agree I have no coverage under this application until I am notified in writing by GeoBlue that my application is approved.
- 3. I understand that GeoBlue has the right to deny my application and if it does so, I will be notified in writing and the premium I submitted will be returned.
- 4. MINOR CHILDREN: I represent that I have made such investigations as are necessary to assure the truth and accuracy of all statements made in this application regarding minor children.
- 5. CONCERNING DEPENDENTS AGE 18 AND OVER: I represent that my dependents

- age 18 and over (1) have read this application and have provided such full and accurate information necessary to complete this application, (2) I have discussed all provisions of this application, especially Sections 6A, 6B, 6C and 6D with them and (3) all information contained in this application regarding them is complete and accurate.
- 6. I understand and agree that if GeoBlue rejects my application, under no circumstance will any benefits be payable for any person listed on this application. Receipt of money, and/or cashing of my premium check or charging this amount to my credit card by GeoBlue does not constitute approval of my application or create GeoBlue Xplorer coverage.
- 7. If I am accepted, this application will become part of the agreement between the insurance carrier and myself.
- GeoBlue may request additional information, and this may delay processing of this application. If the health care provider charges a fee for these services, GeoBlue will determine payment, and I will be responsible for any difference.
- The selling agent has no authority to promise me coverage or to modify underwriting policy or terms of any GeoBlue Xplorer coverage.
- 10. I have personally read and completed this application. Nothing has been left off regarding the past or present health of anyone listed on this application. I understand that no one listed is eligible for benefits if any information on this application is false, incomplete or omitted. GeoBlue may void all coverage from the original effective date of the agreement for such material intentional misstatements or omissions. If the family member is a minor, I accept full legal and financial responsibility for the coverage and information provided on this application.

PLEASE NOTE: If the listed minor dependent does not reside with the applicant purchasing this plan, the custodial parent or guardian must complete the Health History Section and sign the Conditions of Application accepting legal responsibility for full and complete disclosure of the minor applicant, including any history of substance abuse. Also, if the responsible adult is not the natural parent, please submit court papers authorizing guardianship.

Association Membership

I understand that this product is being offered only to members of the Global Citizens Association. I agree to become a member of the Association at no obligation. As a member of the Association, I shall be entitled to a variety of benefits, which includes the ability to purchase this insurance product. For further information visit www.gcassociation. org.

/es. I Agree X		
<u> </u>	Signature	

FRAUD NOTICE Please read carefully

Any person who knowingly and with intent to defraud or deceive any insurance company submits an insurance application or statement of claim containing any false, incomplete or misleading information may by subject to civil or criminal penalties, depending upon state law.

Arkansas Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Colorado It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

District of Columbia It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Kentucky Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Louisiana Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Maine It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

New Jersey Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New Mexico any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

New York Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Ohio Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Tennessee It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Washington It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

Authorization/Disclosure Statement

I hereby authorize any health care facility, physician, surgeon, counselor, therapist or insurance company to provide GeoBlue's authorized underwriters or Medical Directors, all information, pertaining to me or any of my dependents who are also applying for coverage, regarding past or present medical or mental conditions, any examination or treatment, including treatment for alcohol abuse, substance abuse, mental or emotional disorders (other than psychotherapy notes), AIDS (Acquired Immune Deficiency Syndrome), ARC (AIDS Related Complex), and to any illness, injury or condition that I or my dependents have had at any time in the past or in the future up until the expiration of this Authorization. I understand this information is collected in connection with the evaluation and processing of an application for coverage or change in benefits, or to determine eligibility for benefits. The Authorization is valid from the date listed below through thirty (30) months. A photocopy of this Authorization is as valid as the original. My authorized representative, or I am entitled to receive a copy of this form. I understand any request for psychotherapy notes will require separate authorization.

I understand and agree to all the Conditions of Application (Section 7). I understand that coverage is subject to the provisions in the Conditional Receipt (Section 10). I have read and understand this Application in its entirety. I certify that I have received an outline of coverage.

Signatures (Required) - All applicants over age 18 must sign and date.

1. Applicant/parent or legal guardian	Today's date
2. Applicant's Spouse (required if applying for coverage)	Today's date
3. Applicant age 18 or over	Today's date
4. Applicant age 18 or over	Today's date
5. Applicant age 18 or over	Today's date
6. Applicant age 18 or over	Today's date

Notice of Information Practices

If you apply for or are covered by a GeoBlue health care plan, GeoBlue may collect personal information about you in order to evaluate your application or to administer benefits. This information is normally limited to the condition of your health. For example, GeoBlue may provide information to a hospital in order to verify benefits. Upon your request, GeoBlue will provide details of the nature of personal information that may be collected, the circumstances under which it may be disclosed without authorization, and your right to access and correction if you believe it to be inaccurate. GeoBlue can choose to furnish the medical record information either directly to you or to a medical professional designated by you.

ATTACH IN	ITIAL PRE	MUM	CHECK	HERE.
	DO NO1	TAPE.		

Applicant's Socia	al Securi	ity No).
Visa/ Passport N	0.		

8. Payment Method – Submit initia	al premium wi	ith applic	ation (requi	ired).			
8A. Initial Deposit 1 month premium \$ ☐ I am attaching a check/money order ☐ Please charge my credit card for the					onth premium \$ am attaching a check/money order for Please charge my credit card for the a		nount
6 month premium \$ I am attaching a check/money order Please charge my credit card for the	e above amoun	nt			days premium \$ am attaching a check/money order for Please charge my credit card for the a		ount
	All checks s	hould be	made paya	able to	Worldwide Insurance Services.		
Credit Card information (only if applicab ☐ VISA ☐ MasterCard ☐ America		☐ Discove	r	(Credit Card No.	Security Code*	Expiration Date
Cardholder's Name		Cardholde	r's ZIP Code	<i>A</i>	Authorized Signature (as it appears on the c	credit card)	Today's Date
* For Visa/Mastercard/Discover: The security of For American Express: The security code is the						ne card.	
8B. Payment Type (First payment will Monthly Deduction ☐ From Checking Account ☐ Charge to Credit Card Checking Account and credit card deduction	Quarterly Ded From Chec Charge to	duction cking Acco Credit Car	ount d	S		Annual Deducti Charge to Contact the policy.	
Attach a check for one (1) month's premiur a joint account, both account holders' signs month preceding the change. AUTHORIZATION: As a convenience to me, GeoBlue provided there are sufficient collec same as if it were a check drawn on you awith the financial institution indicated for pactually receive such notice, I agree that yow without cause and whether intentionally or	m above where in atures are required I request and auticted funds in said and signed person ayment of my Ge bu shall be fully p inadvertently, yo	thorize you d account the nally by me eoBlue Xplo protected in ou shall be	ue must be not to pay and of to pay the said. I authorize orer premium in honoring arounder no liab	charge ime upo GeoBlu i. This a ny such bility w	to my account checks drawn on that account presentation. I agree that your rights will be to initiate debits (and/or corrections to pauthority is to remain in effect until revoke a debit. I further agree that if any such debits over even though such dishonor results.	no later than the punt by and payal ith respect to each previous debits) field by me in writin bit be dishonored ults in forfeiture o	e 20th of the ole to the order of th debit will be the rom my account ag, and until you , whether with or f insurance.
After 364 days, you may re-apply for the m	nonthly checking	account d	eduction option	ion.	<u> </u>	duction and be t	mod quartorry.
Applicant Name	Applicant Social	Security N	l 0.	Name	e on Checking Account		
Name of Bank or Financial Institution	Address			City		State	ZIP Code
Checking Account No.	Bank Routing No	0.		Feder	al Credit Union Routing No.	I	
Authorized Signature (as it appears in the finance	cial institution's rec	ords)	Date	Autho	rized Signature (as it appears in the financial i	nstitution's records)	Date
				I		(Cont	inued on reverse)

DO NOT WRITE BELOW

Insurance underwritten by 4 Ever Life Insurance Company,
Oakbrook Terrace, Illinois NAIC #80985 under policy form series 54.1401.

The coverage requested may not be available.

Medical Benefits underwritten by 4 Ever Life Insurance Company, an independent licensee of the Blue Cross Blue Shield Association.

App	plica	nt's	Soc	cial	Seci	urity	No.	
Vis	a/ P	ass	port	No.				

l,	, personally read and	completed this Individual Enrollment Application for the appli-
cant named below because:	☐ Applicant does not read English	☐ Applicant does not speak English
	☐ Applicant does not write English	☐ Other (explain):
	form and to the best of my knowledge, obtained and	listed all the requested personal and medical history disclosed
I also translated and fully explain	ned the "Conditions of Application (Section 7)."	
By _X	Signature of Translator	
_	Signature of Translator	Today's Date (Required)
	be completed by the agent and given to the	
10. Conditional Receipt – To	be completed by the agent and given to the	e applicant.
10. Conditional Receipt – To	be completed by the agent and given to the	
10. Conditional Receipt – To Received from Subject to the following: IN NO EVENT SHALL GEOBLUE OBLIGATION TO RETURN THE F	be completed by the agent and given to the \$ HAVE ANY LIABILITY TO THE APPLICANT IF THE A PREMIUM SUBMITTED WITH THIS APPLICATION IF	e applicant.
Received from Subject to the following: IN NO EVENT SHALL GEOBLUE OBLIGATION TO RETURN THE P SHALL ANY COVERAGE EXIST I APPROVED BY GEOBLUE.	be completed by the agent and given to the \$ HAVE ANY LIABILITY TO THE APPLICANT IF THE A PREMIUM SUBMITTED WITH THIS APPLICATION IF NOR SHALL THE APPLICANT BE ENTITLED TO ANY	e applicant. _ as a premium, payable to Worldwide Insurance Services. PPLICATION IS NOT APPROVED, EXCEPT FOR THE THIS APPLICATION IS NOT APPROVED, AND NEITHER BENEFITS UNLESS AND UNTIL THIS APPLICATION IS
Received from Subject to the following: IN NO EVENT SHALL GEOBLUE OBLIGATION TO RETURN THE F SHALL ANY COVERAGE EXIST I APPROVED BY GEOBLUE. Dated this	be completed by the agent and given to the \$ HAVE ANY LIABILITY TO THE APPLICANT IF THE A PREMIUM SUBMITTED WITH THIS APPLICATION IF	e applicant. _ as a premium, payable to Worldwide Insurance Services. PPLICATION IS NOT APPROVED, EXCEPT FOR THE THIS APPLICATION IS NOT APPROVED, AND NEITHER BENEFITS UNLESS AND UNTIL THIS APPLICATION IS
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