US NetCare
Health Plans

Medical insurance for Non-US Citizens in America

Fast and easy enrollment
Multilingual customer service

Exchange scholars
Foreign workers
Expatriates
Students
Visitors
OPT

(800) 244-1180
www.isoa.org

United States Fire Insurance Company
US NetCare provides affordable and innovative health insurance solutions for non-US citizens in America. With US NetCare plans, you benefit from attentive medical services and dedicated teams of customer service.

**US NetCare plans cover your medical needs in case of injury and sickness.**

**WHICH PLAN IS BEST FOR YOU?**

<table>
<thead>
<tr>
<th>Benefits</th>
<th>Safety (UEL4117S)</th>
<th>Necessity (UEL4118S)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lifetime Medical Expenses</td>
<td>$500,000</td>
<td>$100,000</td>
</tr>
<tr>
<td>Annual or per Sickness / Injury</td>
<td>$250,000</td>
<td>$100,000</td>
</tr>
<tr>
<td>Deductible per Sickness / Injury</td>
<td>$90</td>
<td>$100</td>
</tr>
<tr>
<td>Outpatient Treatment</td>
<td>Covered</td>
<td>Not Covered</td>
</tr>
<tr>
<td>In Network (PPO) Coverage</td>
<td>80% up to $20,000</td>
<td>80% up to $20,000</td>
</tr>
<tr>
<td></td>
<td>100% up to $250,000</td>
<td>100% up to $100,000</td>
</tr>
<tr>
<td>Out of Network Coverage</td>
<td>60% up to $250,000 of reasonable &amp; customary charges</td>
<td>60% up to $100,000 of reasonable &amp; customary charges</td>
</tr>
<tr>
<td>Medical Evacuation</td>
<td>$20,000</td>
<td>$20,000</td>
</tr>
<tr>
<td>Repatriation of Remains</td>
<td>$20,000</td>
<td>$15,000</td>
</tr>
<tr>
<td>Pre-existing Conditions</td>
<td>Not covered</td>
<td>Not covered</td>
</tr>
<tr>
<td>Maternity Expenses</td>
<td>Not covered</td>
<td>Not covered</td>
</tr>
<tr>
<td>Lab Tests &amp; X-Ray (outpatient)</td>
<td>$1,500 annually</td>
<td>Not covered</td>
</tr>
<tr>
<td>Pharmacy Outpatient Annual Maximum*</td>
<td>$1,000</td>
<td>Not covered</td>
</tr>
<tr>
<td>Accidental Death &amp; Dismemberment</td>
<td>$15,000</td>
<td>$10,000</td>
</tr>
</tbody>
</table>

*Prescription deductible $30 per fill.

*Expenses incurred during a hospital emergency room visit will not be covered if the visit is not deemed to be of an emergency nature. Emergency room deductible for Safety is $300 (waived if admitted).

*Under the Necessity plan benefits will be paid according to the policy if insured person is admitted to the hospital.

**Summary Schedule of Benefits**

US NetCare health plans cover the Reasonable and Customary medical charges that are medically necessary for your well being while staying in the USA.

<table>
<thead>
<tr>
<th>Monthly Rates</th>
<th>Safety</th>
<th>Necessity</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 to 15</td>
<td>$135</td>
<td>$60</td>
</tr>
<tr>
<td>16 to 24</td>
<td>$63</td>
<td>$37</td>
</tr>
<tr>
<td>25 to 30</td>
<td>$75</td>
<td>$49</td>
</tr>
<tr>
<td>31 to 40</td>
<td>$110</td>
<td>$60</td>
</tr>
<tr>
<td>41 to 50</td>
<td>$168</td>
<td>$75</td>
</tr>
<tr>
<td>51 to 60</td>
<td>$198</td>
<td>$99</td>
</tr>
<tr>
<td>61 to 65</td>
<td>$340</td>
<td>$165</td>
</tr>
<tr>
<td>Dependent Child</td>
<td>$135</td>
<td>$60</td>
</tr>
</tbody>
</table>

Minimum enrollment period is 3 months.
Eligibility

You are eligible if you have a current passport, entered the U.S. with a valid visa and are temporarily residing outside your home country/country of permanent residency. This insurance is valid in the U.S. for individuals who are not U.S. passport holders or Permanent residents (Green Card) and their non-U.S. children. Your non-U.S. spouse may enroll separately. Covered individuals and their dependent children traveling in the U.S. or outside of the U.S. during the term of this policy will be covered for medically necessary expenses according to the terms and limitations of each Benefit.

For purposes of this insurance, Coverage is only provided while the Eligible Insured is outside their country of permanent residence and or country of citizenship. The Company maintains its right to investigate to verify that the policy eligibility requirements have been met.

Medical Expense Benefits

When a covered Injury or Sickness requires treatment by a Physician, this Policy will provide benefits for the Reasonable and Customary Charges for Medically Necessary Covered Medical Expenses which exceed the deductible per person for each Injury or Sickness. Payment for any Covered Medical Expense will be no more than the Benefit Limit shown for it and will be subject to the deductible amount set forth. The total payable for all Covered Medical Expenses will be no more than the Maximum Benefit Limit per Sickness or Injury. Benefits are subject to the Excess Provision. Outpatient benefits are applicable only to US NetCare Safety and not for US NetCare Necessity.

Covered Medical Expenses will be paid under the Schedule of Benefits for loss:

1. Due to Injury to an Insured Person provided that treatment by a Physician: a) begins within 30 days after date of Injury; and b) is received within 13 weeks after date of Injury; or
2. Due to Sickness of an Insured Person provided Covered Medical Expenses are incurred within 13 weeks after the date of first treatment for such Sickness.

If a benefit is not specifically designated in the Schedule of Benefits, but is a valid Medical incurred charge as authorized by a certified and licensed health care practitioner, the expense will be subject to the deductible per accident or sickness as listed above and benefits will be paid as per the benefit schedule listed above.

Covered Medical Expenses include:

1. Room and Board Expense: 1) daily semi-private room rate when Hospital Confined; and 2) general nursing care provided and charged for by the Hospital;
2. Intensive Care;
3. Hospital Miscellaneous Expenses: 1) while Hospital Confined; or 2) for pre-admission expenses for being Hospital Confined. Benefits will be paid for services and supplies such as: the cost of the operating room; laboratory tests; x-ray examination; anesthesia; drugs (excluding take home drugs) or medicines; therapeutic services; and supplies;
4. Physiotherapy Following an accident or insured sickness inpatient and outpatient (only Safety): $3,000 for Safety and Necessity;
5. Surgery: Physician’s fees for inpatient surgery. Payment will be made based upon the annual Medical Expenses maximum as specified in the Schedule of Benefits. Covered medical expenses will be paid under the Policy benefit schedule;
6. Anesthetist Services: in connection with surgery;
7. Private Duty Nurse’s Services: 1) private duty nursing care only; 2) while Hospital Confined; 3) ordered by a licensed Physician; and 4) a Medical Necessity. General nursing care provided by the Hospital is not covered under this benefit;
8. Pre-admission Testing: limited to routine tests such as: complete blood count; urinalysis; and chest x-ray. If otherwise payable under this policy, major diagnostic procedures such as: cat-scans; NMR’s; and blood chemistries will be paid under
9. Mental and Nervous Disorder (Inpatient): benefits are limited to 1 visit per day to a maximum of 30 visits per benefit period 80% in network and 60% out of network.

10. Surgery (outpatient): Physician’s fees for outpatient surgery. Payment will be made based upon the Schedule of Benefits. Covered medical expenses will be paid under this benefit.

11. Day Surgery Miscellaneous (Outpatient): in connection with outpatient day surgery; excluding non-scheduled surgery, and surgery performed in a Hospital emergency room, trauma center, Physician’s office, or clinic. Benefits will be paid for services and supplies such as: the cost of the operating room, laboratory tests and x-ray examinations including professional fees, anesthesia, drugs or medicines, therapeutic services and supplies.

12. Anesthetist (Outpatient): in connection with outpatient surgery;

13. Physician’s Visits (Outpatient): Includes injections administered during visit. Benefits do not apply when related to surgery or Physiotherapy. Covered medical expenses will be paid as per the Schedule of benefits above and are subject to per accident or sickness deductible;

14. Medical Emergency Care (room and supplies) Expenses: incurred within 72 hours of an Accident and including the attending Doctor’s charges, X-rays, laboratory procedures, use of the emergency room and supplies. Subject to an additional deductible of $300 per occurrence. If a covered Person is admitted to the hospital following visit to the emergency room, the additional deductible is waived. After the deductible has been satisfied the plan will pay 80% of Reasonable and Customary Charges, for Safety plan only. Necessity plan provides benefits only if insured person is hospitalized;

15. Radiation Therapy (Outpatient);

16. Chemotherapy (Outpatient);

17. Prescription Drugs (Outpatient);

18. Mental and Nervous Disorder (Outpatient): benefits are limited to 1 visit per day to a maximum of 40 visits per year. $5,000 annual maximum payable at 80% in network and 60% out of network.

19. Ambulance Service;

20. Braces and Appliances: 1) when prescribed by a Physician; and 2) a written prescription accompanies the claim when submitted. Replacement braces and appliances are not covered. Braces and appliances include durable, medical equipment which is equipment that: 1) is primarily and customarily used to serve a medical purpose; 2) can withstand repeated use; and 3) generally is not useful to a person in the absence of Injury or Sickness. No benefits will be paid for rental charges in excess of purchase price;

21. Consultant Physician Fees: when requested and approved by the attending Physician. Subject to the deductibles per event or sickness;

22. Dental Treatment: 1) performed by a Physician; and 2) made necessary by Injury to Sound, Natural Teeth. Routine dental care and treatment to the gums are not covered. Maximum coverage is $150 for Safety and Necessity plans;

23. Alcoholism/Drug Abuse Treatment: the benefits and the maximum amounts are payable under the Mental or Nervous Disorder benefit in the Schedule of Benefits and are subject to the applicable deductible and benefit limits;

24. Benefits are payable only for those Covered Medical Expenses incurred while the policy is in effect for the Insured Person. No benefits are payable for any expenses incurred after the date insurance terminates, except if an Insured Person is hospitalized on the date his insurance terminates. Benefits will continue to be paid until the completion of the hospital stay, but not to exceed a period of 31 days from the termination date, or the Maximum Policy Benefit, whichever occurs first;

25. Any child born to the Insured on or after the effective date, will be covered under the policy for the first 31 days after birth. Coverage for such child will be for Injury or Sickness including medically diagnosed congenital defects, birth abnormalities, prematurity, and nursery care when the child is sick or injured. To continue coverage beyond 31 days, written application and payment of any required premium must be made to ISO and forwarded to the Underwriting Company.
Excess Provision
All benefits shall be in excess of all other valid and collectible insurance and shall apply only when such benefits are exhausted. If an Insured’s Injury or Sickness is due to an act or omission of another, benefits payable by this plan are subject to recovery from amounts eventually paid to the Insured by or on behalf of, the other person.

Conformity with State Statutes
Any provision of this Policy which, on its effective date, is in conflict with the statutes of the state in which it is issued, is hereby amended to conform to the minimum requirements of such statutes.

Medical Evacuation
Benefits will be paid for covered expenses up to the maximum stated in the Summary Schedule of Benefits if an Injury or Sickness commencing during the period of coverage results in the necessary emergency evacuation of the Insured. An emergency evacuation must be ordered by a legally licensed physician who certifies that the severity of the Insured’s Injury or Sickness warrants the emergency evacuation.

“Medical Evacuation” means:
1. The Covered Person’s immediate transportation from the place where he or she suffers an Injury or Sickness to the nearest Hospital or other medical facility where appropriate medical treatment can be obtained; or
2. The Covered Person’s transportation to his or her Home Country to obtain further medical treatment in a Hospital or other medical facility or to recover after suffering an Injury or Sickness.

All expenses must be authorized in writing or by an authorized electronic or telephonic means in advance. For authorization contact On-Call International (866) 509-7715 or (603) 328-1728.

Repatriation of Remains
The Company will pay the reasonable covered expenses incurred to return the Insured Person’s body to the Insured Person’s Home country/country of permanent residence if he or she dies, not to exceed the maximum listed above in the schedule of benefits. On Call International must make all arrangements and must authorize all expenses in advance for any Repatriation of Remains benefits to be payable. Covered expenses include, but are not limited to, expenses for embalming, cremation, coffins and transportation.

Pharmacy Benefit
Only medications which are prescribed by a physician, and which would not be available without such prescription are covered.

Pharmacy Network
For pharmacy locations call Medco (800) 400-0136 or visit www.medcohealth.com.

Safety – prescription benefit up to annual maximum of $1,000. Prescription deductible per fill is: $30.
Persons insured under this plan may choose to be treated within or outside of the leading PPO networks: First Health & Multiplan. Both PPO networks consist of hospitals, doctors and other health care providers organized into a network for the purpose of delivering quality health care at affordable rates. Reimbursement rates will vary according to the source of care as described under the Summary Schedule of Benefits and Medical Expense Benefits herein.

In order to use the services of a network provider, you must present an identification card that is given to all covered individuals in this insurance plan. Utilization of a PPO network provider does not guarantee eligibility or right to Injury and Sickness benefits under this plan. Providers may be periodically added or deleted as participants in the PPO networks. Not all doctors practicing at a hospital elect to participate in the PPO networks. Insured’s are responsible to verify that a provider is a participant prior to services being rendered.

First Health – to search for participating doctors or hospitals call toll free (800) 226-5116 or search on the internet at: www.myfirsthealth.com

Multiplan – to search for participating doctors or hospitals call toll free (888) 342-7427 or search on the internet at: www.multiplan.com.

Accidental Death & Dismemberment

If Injury to the Covered Person results, within 365 days of the date of a Covered Accident, in any one of the losses shown below, We will pay the Benefit Amount shown below for that loss. If multiple losses occur, only one Benefit Amount, the largest, will be paid for all losses due to the same Accident.

<table>
<thead>
<tr>
<th>Covered Loss</th>
<th>Benefit Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Life ............................................................................ 100% of the Principal Sum</td>
<td></td>
</tr>
<tr>
<td>Two or more Members ............................................... 100% of the Principal Sum</td>
<td></td>
</tr>
<tr>
<td>One Member ................................................................... 50% of the Principal Sum</td>
<td></td>
</tr>
<tr>
<td>Thumb and Index Finger of the Same Hand ........................ 25% of the Principal Sum</td>
<td></td>
</tr>
</tbody>
</table>

"Member" means Loss of Hand or Foot, Loss of Sight, Loss of Speech, and Loss of Hearing. "Loss of Hand or Foot" means complete Severance through or above the wrist or ankle joint. "Loss of Sight" means the total, permanent Loss of Sight of one eye. "Loss of Speech" means total and permanent loss of audible communication that is irrecoverable by natural, surgical or artificial means. "Loss of Hearing" means total and permanent Loss of Hearing in both ears that is irrecoverable and cannot be corrected by any means. "Loss of a Thumb and Index Finger of the Same Hand" means complete Severance through or above the metacarpophalangeal joints of the same hand (the joints between the fingers and the hand). "Severance" means the complete separation and dismemberment of the part from the body.

Disappearance

If the body of an Insured Person has not been found within one year of the disappearance, forced landing, stranding, sinking or wrecking of a conveyance in which such person was an occupant, then it shall be deemed, subject to all other terms and provisions of the policy, that such Insured Person shall have suffered loss of life within the meaning of the policy.
Coverage will begin at 12:01 AM on the latest of the following dates:
1. The Effective Date of the policy; or
2. The Named Insured’s departure from his home country/country of permanent residence; or
3. The date the application and premium are received by the Company, or its authorized representative; or
4. The date the application and premium are accepted by the Company, or its authorized representative; or
5. The date requested on the application.

Coverage will terminate on the earliest of the following:
1. The last day for which premium has been paid; or
2. The date the policy terminates (unless the Company and Policyholder agree, in writing, to permit coverage to continue to the end of the period for which premiums have been paid in lieu of a return of unearned premiums); or
3. The date the Named Insured returns to his Home country/country of permanent residence; or
4. The date the Named Insured becomes a United States citizen or is considered a US permanent resident or
5. The date the Named Insured is no longer eligible for this insurance; or
6. The date of entry into active duty military service.

Assistance Services

Assistance services are provided by On Call International.

Pre-Travel Assistance - Help in arranging special medical services needed while traveling

Medical Emergency Services
• Worldwide, 24-hour medical location service
• Medical case monitoring, arrangement of communication between patient, family, physicians, employer, consulate, etc.
• Medical transportation arrangements
• Emergency message service for medical situations

On Call International
• U.S. or Canada: (866) 509-7715
• International: Contact International Operator to place your call to (01-603) 328-1728
• E-mail for emergencies to mail@oncallinternational.com

Premium Refunds

Premium refunds, less a processing fee, will be considered only for entry into the armed forces. Unearned funds will be refunded, less a $50 processing fee, for the number of full months only. The refund request must be in writing and your Medical Insurance ID card must be returned with your request. Premium refunds will not be considered if a claim has been filed during the Period of Coverage. All refunds are subject to approval by the administrator.

Exclusions and Limitations

No benefits will be paid for loss or expense caused by, contributed to, or resulting from:
1. Pre-Existing Conditions;
2. No benefits will be paid for loss or expense caused by, enrolling solely for the purpose of obtaining medical treatment, while on a waiting list for a specific treatment, or while traveling against the advice of a Physician;
3. For routine physical, immunizations or other examination where there are no objective indications or impairment in normal health, and laboratory diagnostic or X-ray examination except in the course of a disability established by the prior call or attendance of a physician;
4. Eye examinations; prescriptions or fitting of eyeglasses and contact lenses;
5. Hearing examinations or hearing aids; or other treatment for hearing defects and problems;
6. Dental treatment, except as the result of Injury to Natural Teeth as stated in the Covered Medical Expenses;
7. Professional services rendered by a member of the Insured Person's immediate family, or anyone who lives with the Insured Person;
8. Services or supplies not necessary for the medical care of the patient's Injury or Sickness;
9. Weak, strained or flat feet, corns, calluses, or toenails;
10. Cosmetic surgery, or treatment for congenital anomalies (except a specifically provided), except reconstructive surgery as the result of a covered Injury or Sickness. Correction of a deviated nasal septum is considered cosmetic surgery unless it results from a covered Injury or Sickness;
11. Drug, treatment or procedure that either promotes or prevents conception, or prevents childbirth, including but not limited to: artificial insemination, treatment for infertility or impotency, sterilization or reversal thereof;
12. Injury sustained while participating in an amateur, club, intramural, interscholastic, intercollegiate, professional or semi-professional sports;
13. Injury or Sickness for which benefits are paid or payable under any Worker's Compensation or Occupational Disease Law or Act, or similar legislation;
14. Organ transplants;
15. War or any act of war, declared or undeclared; or while in the armed forces of any country (a pro-rate premium will be refunded upon request for such period not covered);
16. Participation on a riot or civil disorder; commission of or attempt to commit a felony in the country in which it was attempted or committed;
17. Suicide or attempted suicide (including drug overdose) while sane or insane (while sane in Missouri); or intentionally self-inflicted Injury (may vary by state);
18. Charges of an institution, health service, or infirmary for whose service payment is not required in the absence of insurance;
19. Treatment of nervous or mental disorders, except as stated in the Schedule of Benefits, or treatment of alcoholism or drug abuse, except as provided for treatment of mental or nervous disorders, according to the Schedule of Benefits;
20. Loss incurred from riding in any aircraft, other than as a passenger in an aircraft licensed for the transportation of passengers;
21. Duplicate services actually provided by both a certified nurse-midwife and Physician;
22. Expenses payable under any prior policy which was in force for the person making the claim;
23. Expenses incurred during a Hospital emergency room visit which is not of an emergency nature;
24. Expenses incurred for outpatient treatment in connection with the detection or correction by manual or mechanical means of structural imbalance, distortion or subluxation in the human body for purposes of removing nerve interference and the effects thereof, where such interference is the result of or related to distortion, misalignment or subluxation of or in the vertebral column;
25. Pregnancy or childbirth;
26. Expenses covered by any other valid and collectible medical, health or accident insurance;
27. Expenses incurred after the date insurance terminates for an Insured Person except as may be specifically provided;
28. Expenses incurred for injuries resulting from the use of alcohol or intoxicants, or any drugs unless prescribed by a Physician;
29. For services, supplies or treatment, including any period of hospital confinement, which were not recommended, approved and certified as necessary and reasonable by a physician;
30. For miscarriage resulting from accident, which exceeds $500;
31. For the ordinary cost of a one way airplane ticket used in the transportation
Exclusions and Limitations (continued)

back to the Insured's country where an air ambulance benefit is provided and medically necessary;

32. For specific named hazards: motorcycling, scuba diving, jet, snow or water skiing, ski activity, snowboarding, mountain climbing (where ropes or guides are used), sky diving, professional or amateur racing, piloting an aircraft, bungee jumping, spelunking, whitewater rafting, surfing (unless part of a school credit course), and parasailing;

33. Treatment paid for or furnished under any other individual or group policy, or other service or medical pre-payment plan arranged through the employer to the extent so furnished or paid, or under any mandatory government program or facility set up for the treatment without cost to any individual;

34. Treatment of Acne;

35. Vaccinations, Acupuncture, or other holistic treatments, routine medical treatment and any routine check-ups for pregnancy, cosmetic or plastic surgery (except as the result of an Accident);

36. Elective Surgery and Elective Treatment. For details on what is determined to be Elective Surgery and Elective Treatment contact Klais at (800) 331-1096.

37. Covered medical expenses for which the Covered Person would not be responsible for in the absence of the Policy;

38. Conditions that are not caused by a Covered Accident or Sickness.

Claim Procedure

In the event of Sickness or Injury, you should report to the nearest physician or hospital. Persons insured under this plan may choose to be treated within or outside First Health or Multiplan. Reimbursement rates will vary according to the source of care as described under the Summary Schedule of Benefits and covered medical expenses.

The completed claim form, all itemized bills, statements and receipts must be sent to the claims administrator no more than 90 days after a covered loss occurs or end, or as soon after that as is reasonably possible. Please mail the completed claim form and accompanying documentation to the claims administrator, Klais & Company, Inc., 1867 West Market Street, Akron, OH 44313.

Should it become necessary to check upon the status of your filed claim, you may call the claims administrator at (800) 331-1096 between 9:00 A.M. and 5:00 P.M. Monday through Friday or e-mail at usnetcare@klais.com. Claim status is available via the internet 24 hours a day at www.klais.com.

United States Fire Insurance Company

This brochure provides you with the benefits of Safety and Necessity medical insurance plans, as underwritten by United States Fire Insurance Company, by Fairmont Specialty, a part of Crum Forster. The terms of the policies brochure (UEL4117S and UEL4118S), will govern in all cases.

Definitions

For the purpose of the Policy and Certificate, reference to “he”, “him” or “his” refers to both the male and female gender.

Covered Expenses means expenses which are for Medically Necessary services, supplies, care, or treatment; due to Illness or Injury; prescribed, performed of ordered by a Physician; Reasonable and Customary charges; incurred while insured under this Policy;

Dependent or Eligible Dependent means the Insured’s Spouse under age 70; or Child who: (a) Is under 26 years of age; and (b) Is not provided coverage as a named subscriber, insured, enrollee, or coverage person under any other group or individual health
benefits plan, group health plan, church plan, or health benefits plan, or entitled to benefits under Title XVIII of the Social Security Act, Public Law 89-97, 42 U.S.C. section 1395 et seq.; or (c) A Child of any age who is medically certified by a Physician as having an intellectual disability or a physical disability and is dependent upon the Insured.

Spouse means the lawful Spouse, under age 70 (unless otherwise stated in the Application), of an Insured.

Child can include stepchild, foster child, legally adopted child, a child of adoptive parents pending adoption proceedings, and natural child.

Doctor means a licensed practitioner of the healing arts acting within the scope of his license. Doctor does not include: a) The Covered Person; b) A Covered Person’s spouse, dependent, parent, brother, or sister; or c) A person who ordinarily resides with a Covered Person.

Hospital means an institution: a) Operated pursuant to law; b) Primarily and continuously engaged in providing medical care and treatment to sick and injured persons on an inpatient basis; c) Under the supervision of a staff of doctors; d) Providing 24 hour nursing service by or under the supervision of a graduate registered nurse, (R.N.); e) With medical, diagnostic and treatment facilities, and with major surgical facilities on its premises or available on a prearranged basis; and f) Charging for its services. Hospital does not include a clinic or facility for convalescent, custodial, educational or nursing care; the aged, drug addicts or alcoholics; or rehabilitation.

Injury means Accidental bodily Injury or Injuries caused by an Accident. The Injury must be the direct cause of the Loss, independent of disease or bodily infirmity. Any Loss due to Injury must begin after the Effective Date of this Policy.

Insured Person(s) means a person eligible for coverage under the Policy who has applied for coverage and is named on the application and for whom the company has accepted premium. This may be the Primary Insured Person or Dependent(s).

Pre-existing Conditions means a medical condition, whether physical or mental, for which medical advice, diagnosis, care or treatment was recommended by or received from a Doctor within the 12-month period prior to the Effective Date of coverage for a Covered Person.

Sickness means illness or disease which first manifests itself or is diagnosed during the term of coverage for the covered person. Sickness includes complications of pregnancy. All related conditions and recurring symptoms of the same or a similar condition will be considered the same sickness.

Usual, reasonable and customary means: a) Charges and fees for medical services or supplies that are the lesser of: (1) The usual charge by the provider for the service or supply given; or (2) The average charged for the service or supply in the area where service or supply is received; and b) Treatment and medical service that is reasonable in relationship to the service or supply given and the severity of the condition.
Last name: ____________________________
First name: __________________________
S.S# / school ID: ______________________
Date of birth: ______ / ______ / ______  Sex: ☐ Male ☐ Female
Visa: ☐ F-1 ☐ J-1 Other: ______________________
Name of school: ________________________
Degree seeking: _________________________
Major: _________________________________
Expected graduation year: ______ / ______ / ______
Home country (passport country): _______________________________
Country of permanent residence (if different from home country): ________________________________
U.S. address: ____________________________________________
City: ___________ State: _______ Zip: ____________
Daytime phone: _____________________________
Evening phone: _____________________________
Fax: ______________________________________
E-mail: ____________________________________
Please start my coverage on: ______ / ______ / ______

Minimum term of coverage is 3 months.
You must be outside your home country/country of permanent residence to receive the benefits of coverage.

For immediate online enrollment visit www.isoa.org

ISO
Student Health Insurance
(800) 244-1180
mailbox@isoa.org
www.isoa.org

In CA, plan is offered by ISO Insurance Center
Rates and benefits are valid for enrollment between April 1, 2012 and March 31, 2013. You may enroll for a period of 3 months minimum, 12 months maximum.

I wish to enroll under (please check one):

☐ Safety (UEL4117S)  ☐ Necessity (UEL4118S)

1. Applicant:  
   number of months x $ = $

2. Child 1:  
   number of months x $ = $

3. Child 2:  
   number of months x $ = $

4. Application administration fee = $25.00

5. Total payment enclosed = $
   (This sum must equal sum of payment)

Comments: ________________________________

Please charge my credit card: ☐ Visa ☐ MC ☐ AMEX ☐ Discover

Card number: ________________________________

Name as appears on credit card: ________________________________

Expiration date: ______ / ______  
month / year

Billing address (if different from mailing address):

________________________________________

Signature of card holder: ________________________________

Please charge my credit card: ☐ Visa ☐ MC ☐ AMEX ☐ Discover

Card number: ________________________________

Name as appears on credit card: ________________________________

Expiration date: ______ / ______  
month / year

Billing address (if different from mailing address):

________________________________________

Signature of card holder: ________________________________

Complete name and date of birth if insurance is requested:

Child 1:  
Last First month/day/year

Child 2:  
Last First month/day/year

I wish to enroll for insurance under the terms of this brochure.

Fraud Warning: Any person who, with intent to defraud or knowingly facilitates a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement, or conceals information for the purpose of misleading may be guilty of insurance fraud and subject to criminal and/or civil penalties.

Signature month/day/year

If paying by check, please make a check payable to ISO and mail to:  
150 West 30th Street, Suite 1101 New York, NY 10001

For immediate enrollment, visit www.isoa.org

Fax form to: (212) 262-8920 (if paying by credit card)