

PREMIUMS

Rates are based on a \$ 250 deductible. This plan is for individuals outside their home country.

Age	Plan A \$50,000		Plan B \$100,000	
	Month	15 day	Month	15 day
18 - 29	\$33	\$19	\$39	\$22
30 - 39	\$37	\$21	\$43	\$24
40 - 49	\$61	\$33	\$69	\$37
50 - 59	\$102	\$53	\$117	\$61
60 - 64	\$119	\$61	\$140	\$73
65 - 69	\$149	\$79	\$152	\$79
70 - 79	\$210	\$107	\$275	\$148
80 +	\$360	\$185	N/A	N/A
Dep.Child	\$20	\$11	\$25	\$15
Child Alone	\$34	\$19	\$40	\$23

Age	Plan C \$500,000		Plan D \$1,000,000	
	Month	15 day	Month	15 day
18 - 29	\$48	\$25	\$53	\$28
30 - 39	\$61	\$33	\$64	\$35
40 - 49	\$80	\$42	\$84	\$44
50 - 59	\$134	\$69	\$144	\$75
60 - 64	\$164	\$84	\$200	\$103
65 - 69	\$175	\$90	\$210	\$108
Dep.Child	\$30	\$17	\$32	\$19
Child Alone	\$46	\$28	\$50	\$30

For travel in excess of fifteen days, a daily rate can be calculated by dividing the fifteen day rate by fifteen to get a per day rate.

ENROLLEE INFORMATION - DIPLOMAT INTERNATIONAL Please print clearly. DI 08/04

Last Name _____ First Name _____
 Home Country Address _____
 City _____ State _____ Zip Code _____ Country _____
 Passport Number _____ Issuing Country _____
 Destination _____

For Accidental Death Benefit:

Beneficiary _____
 Relationship to enrollee _____
 Address _____

Send Policy to:

Name _____
 Address _____
 Phone _____

Calculating Your Premium

Policy Maximum: (Circle one)

Plan A: \$50,000
 Plan B: \$100,000
 Plan C: \$500,000
 Plan D: \$1,000,000

Deductible Options and Factors: (Circle one)

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

Optional Riders and Factors:

(Circle all that apply)
 Hazardous Activity x 1.25
 Athletic x 1.20
 Home Country x 1.10

Requested Effective Date _____ Termination Date _____

Names of Persons to be Insured

Enrollee _____
 Spouse _____
 Child _____
 Child _____

Gender

M or F
 M or F
 M or F
 M or F

Date of Birth

____/____/____
 ____/____/____
 ____/____/____
 ____/____/____

Monthly Premium

15 Day Premium

Please attach additional sheet for more children

Total Month (A)

Total 15 day (B)

(A) _____ x _____ = (C) _____	+ (B) _____ = (D) _____
<small>month premium</small>	<small>number of months</small>
<small>15 day premium</small>	<small>sub-total</small>
(D) _____ x _____ = (E) _____	+ \$10.00 = \$ _____
<small>sub-total</small>	<small>deductible factor</small>
<small>Administration Fee</small>	TOTAL PREMIUM

Refund of premium, less a \$25 processing fee, will be considered only if written request is received by Global Underwriters prior to the effective date of coverage. After that date, the premium is considered fully earned and non-refundable. Partial refunds are not available. Coverage cannot begin until Global Underwriters receives your complete enrollment form and correct premium.

Payment Method Check/Money Order (Payable to Global Underwriters) MasterCard/Visa/Discover

Card # _____ - _____ - _____ Expiration date ____ / ____
 Cardholder Name _____ Signature _____
 Cardholder City _____ State _____ Zip Code _____

I have read and fully understand the exclusions list on this brochure. Check or money order must be made payable to Global Underwriters Inc.. All premium payments must be made in U.S. dollars at the time enrollment in coverage is made. If paying by credit card, I authorize Global Underwriters Agency Inc. to bill my Visa/MasterCard/Discover account for the total premium. Coverage purchased by credit card is subject to validation and acceptance by the credit card company. I hereby subscribe to the Diplomat International plan and enroll in the coverage for which I am eligible under the policy issued by The Insurance Company of the State of Pennsylvania, a member company of American International Group, Inc. (AIG).

Signature of Insured or Proxy _____ Date _____
 Agent Name/# _____ GA Name/# _____