

PREMIUMS

Rates are based on a \$250 deductible and policy maximum chosen. This plan has a three month minimum.

Plan A

Age	Persons Traveling In the USA \$500,000	Persons Traveling Outside USA \$500,000
Up to 29	\$104	\$72
30 - 39	\$139	\$87
40 - 49	\$189	\$94
50 - 59	\$262	\$138
60 - 64	\$437	\$228
65 - 69	\$485	\$253
70 - 79*	\$503	\$341
80 +**	\$578	\$392
Dep.Child	\$49	\$39

Plan B

Age	Persons Traveling In the USA \$1,000,000	Persons Traveling Outside USA \$1,000,000
Up to 29	\$125	\$86
30 - 39	\$166	\$105
40 - 49	\$225	\$112
50 - 59	\$313	\$165
60 - 64	\$498	\$261
65 - 69	\$551	\$287
Dep.Child	\$59	\$46

* Benefits are reduced to \$ 100,000 at ages 70-79

** Benefits are reduced to \$50,000 at age 80

Return completed enrollment form and total premium payment to:

ENROLLEE INFORMATION - DIPLOMAT LT (Three Month Minimum) Please print clearly. DLT 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)

Inside USA Coverage Outside USA Coverage

Plan A: \$500,000 Plan A: \$500,000

Plan B: \$1,000,000 Plan B: \$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

Please attach additional sheet for more children

Total Month (A)

(A) _____ month premium	x	_____ number of months	= (B) _____	x	_____ deductible factor	= (C) _____ sub-total
(C) _____ sub-total	x	_____ rider factor	= (D) _____	+	\$10.00 Administration Fee	= \$ _____ 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 LT 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/# _____