GeoBlue Xplorer Health Plans
Expatriate Health Insurance for Individuals and Families

Cover Your World
Offered through the Global Citizens Association, Washington, D.C.
Global Innovator

GeoBlue is an innovator and leader in helping world travelers and expatriates stay safe and gain easy access to quality healthcare all around the world.

www.internationalinsurance.com
What is GeoBlue Xplorer®?

International health insurance that covers you inside and outside the U.S.

The GeoBlue Xplorer health plan is designed to support the international lifestyles of those who travel to or from the United States for extended periods of business, leisure and study. If you leave home for six months or more, your health and financial security are at serious risk because of significant gaps in most available insurance coverage and services. This risk is only heightened by limited knowledge of health and safety hazards around the world, including medical treatment from unfamiliar providers.

GeoBlue Xplorer is the ultimate international health plan because it combines comprehensive worldwide benefits with a new generation of medical assistance services, which include an impressive array of online and mobile tools to help you identify, access and pay for quality healthcare all around the world.

GeoBlue Xplorer plans provide access to care inside and outside the U.S. that fit your health and travel needs. GeoBlue allows members to travel to other countries for high quality care, including covered elective treatments.
Meet GeoBlue, an experience well beyond traditional health insurance

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

Easy Access to an Elite International Provider Community

GeoBlue has an elite network of doctors from most every specialty ready to see you in over 190 countries. Only a small fraction of doctors around the world meet GeoBlue’s exacting 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 158 Physician Advisors from all over the world.

We assemble in-depth provider profiles so our members can choose with confidence, and we put formal contracts in place to ensure preferred patient access. GeoBlue doctors and hospitals bill us directly so you don’t have to worry about filing a claim.

Accessing care in the United States

Certain GeoBlue plans allow members to access the Blue Cross and Blue Shield Blue Card PPO network within the United States. With BlueCard PPO, you can access in-network Blue Cross and Blue Shield doctors and hospitals across the U.S. so you can get the care you need when you need it. BCBS has built direct relationships with an expansive network of more than 1.7 million in-network providers, spanning every zip code in the United States. That's more board-certified doctors than any other health insurance company. While you can choose to see any provider you want, both in- and out-of-network, you’ll typically pay less when you go to a provider in the Blue Card PPO network.

Personal Safety Intelligence

GeoBlue provides unsurpassed resources designed to promote personal safety by giving members convenient access to vital 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.
- Brand name equivalents for more than 400 common over-the-counter and prescription drugs in 55 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.

Global TeleMD™

In addition to the worldwide network of healthcare professionals available through the GeoBlue health plan, we’ve teamed up with Teladoc Health to bring members Global TeleMD, a telemedicine smartphone app that provides unlimited, 24/7/365 access to doctor consultations by telephone or video, at no additional cost. Doctors are available within and outside the U.S. Prescriptions may also be provided, as appropriate (subject to local regulations).

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.

www.internationalinsurance.com
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.

World-Class Healthcare
GeoBlue has the expertise and capability to meet any medical need efficiently and effectively. This can be a matter of support for a minor issue or help for a major issue no matter where you are. Members have the ability to access care locally, regionally and internationally.

Plan Highlights
- Unlimited annual and lifetime medical maximum.
- Immediate coverage of pre-existing conditions with proof of prior health insurance.
- Choice to see any healthcare provider outside of the U.S. and plan options that include access to the Blue Cross Blue Shield PPO network in the U.S.
- Deductible waived for office visits, preventative care, prescriptions and more.
- Includes prescription coverage with optional enhanced prescription benefits.
- Optional dental and vision coverage.
- Unlimited telemedicine services.
- Continuous coverage for spouse and dependents in the event of subscriber death.*

Plan Features
- Immediate coverage of pre-existing conditions with proof of prior health insurance.
- Choice to see any healthcare provider outside of the U.S. and plan options that include access to the Blue Cross Blue Shield PPO network in the U.S.
- Deductible waived for office visits, preventative care, prescriptions and more.
- Includes prescription coverage with optional enhanced prescription benefits.
- Optional dental and vision coverage.
- Unlimited telemedicine services.
- Continuous coverage for spouse and dependents in the event of subscriber death.*

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 schedules please see inserts.

For families, the deductible 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.

Optional Benefit Upgrades
- Basic U.S. Benefits Inside the U.S. – available for the Xplorer Essential Plan only: Coverage is limited to emergency medical care, illness and accidental injuries or prescriptions needs when you are temporarily visiting the United States and to a combined maximum of 3 trips of 21 days for each trip per calendar year this upgrade is not available for the Xplorer Essential 10,000 Plan.

- Enhanced Prescription Benefits Inside the U.S. – available on all Xplorer plans: The Enhanced Prescription Medication Benefit provides a more accessible and efficient method for acquiring your prescriptions while traveling, as well as offers a higher limit than the basic benefit.

- Dental/Vision Rider Benefits – available on all Xplorer plans: GeoBlue Dental and Vision benefits are designed to offer you coverage for common dental and vision care needs and to help you budget for dental services at all levels, preventive, basic and major.

For more information and eligibility, visit www.geobluetravelinsurance.com.

GeoBlue Xplorer Premier Options

<table>
<thead>
<tr>
<th>Plan</th>
<th>Deductible</th>
<th>Coinsurance Maximum</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Outside U.S.</td>
<td>U.S. In-Network</td>
</tr>
<tr>
<td>Elite</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>1,000</td>
<td>$500</td>
<td>$1,000</td>
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<tr>
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<td>10,000</td>
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GeoBlue Xplorer Essential Options

<table>
<thead>
<tr>
<th>Plan</th>
<th>Deductible</th>
<th>U.S. In-Network</th>
<th>U.S. Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Outside U.S.</td>
<td>U.S. In-Network</td>
<td>U.S. Out-of-Network</td>
</tr>
<tr>
<td>Elite</td>
<td>$0</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>1,000</td>
<td>$1,000</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>2,500</td>
<td>$2,500</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>5,000</td>
<td>$5,000</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>10,000</td>
<td>$10,000</td>
<td>n/a</td>
<td>n/a</td>
</tr>
</tbody>
</table>
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 plan 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.

About the Global Citizens Association

The Global Citizens Association is a national organization dedicated to promoting the interests of international travelers. Established more than 24 years ago, the GCA, is a not for profit affinity association located in Washington D.C., established to enhance global learning and lifestyles through safe and healthy world travel; to provide its members with useful international travel services and to make group international travel and health insurance coverages available to its members. Visit the GCA website (https://www.gcassociation.org/) to learn about the association’s programs. This insurance is available only to GCA members and by enrolling, you will become a member. Association enrollment fees are included in the amounts charged for the insurance. You are not obligated to purchase any services or products from the GCA. The GCA is not affiliated with any insurance company.

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.

Frequently Asked Questions

For more information and answers to frequently asked questions, visit www.geobluetravelinsurance.com.

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.

Prior Health Insurance 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.

For benefits and other important information, please see inserts.

* In the unfortunate event the subscriber dies while covered under this plan, any currently enrolled spouse and/or dependent children will remain covered with the existing plan benefits for up to 24 months with no additional premium. The continuation of benefits ends at 24 months or when the dependents return to their home country.

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. GeoBlue is the administrator of coverage provided under insurance policies issued by 4 Ever Life International Limited, Bermuda, an independent licensee of the Blue Cross Blue Shield Association.
Contact Us:

International Citizens Group, Inc. 18 Shipyard Drive
Suite 2A
Hingham, MA 02043

Visit www.internationalinsurance.com
Email info@internationalinsurance.com
Call 877-758-4881
Fax 617-505-1484
GovBlue 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.

### GeoBlue Xplorer® Premier Benefit Schedule

<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>Preventive and Office Visits – Insurer Waives Deductible</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physician Office Visits (Adult)</td>
<td>All except a $10 copay per visit 1</td>
<td>All except a $30 copay per visit</td>
<td>60% to Coinsurance Maximum then 100%</td>
</tr>
<tr>
<td>Physician Office Visits (Children 0-18)</td>
<td>100%</td>
<td>80% to Coinsurance Maximum then 100%</td>
<td>60% to Coinsurance Maximum then 100%</td>
</tr>
<tr>
<td>Unlimited Well Baby Visits</td>
<td>100%</td>
<td>80% to Coinsurance Maximum then 100%</td>
<td>60% to Coinsurance Maximum then 100%</td>
</tr>
<tr>
<td>Child Immunizations, Lab and X-rays done in conjunction with an office visit</td>
<td>100%</td>
<td>80% to Coinsurance Maximum then 100%</td>
<td>60% to Coinsurance Maximum then 100%</td>
</tr>
<tr>
<td>Women (19 and Older) Routine Pap Smears, Annual Mammogram</td>
<td>100%</td>
<td>80% to Coinsurance Maximum then 100%</td>
<td>60% to Coinsurance Maximum then 100%</td>
</tr>
<tr>
<td>PSA for Men</td>
<td>100%</td>
<td>80% to Coinsurance Maximum then 100%</td>
<td>60% to Coinsurance Maximum then 100%</td>
</tr>
<tr>
<td>Immunizations as recommended by the Centers for Disease Control (CDC)</td>
<td>100%</td>
<td>80% to Coinsurance Maximum then 100%</td>
<td>60% to Coinsurance Maximum then 100%</td>
</tr>
<tr>
<td>One Routine Physical Per Year</td>
<td>100%</td>
<td>80% to Coinsurance Maximum then 100%</td>
<td>60% to Coinsurance Maximum then 100%</td>
</tr>
<tr>
<td>Urgent Care Facility</td>
<td>100%</td>
<td>All except a $75 copay per visit</td>
<td>60% to Coinsurance Maximum then 100%</td>
</tr>
<tr>
<td>Travel Vaccinations, Subject to a $500 Maximum per Calendar Year</td>
<td>100%</td>
<td>80% to Coinsurance Maximum then 100%</td>
<td>60% to Coinsurance Maximum then 100%</td>
</tr>
</tbody>
</table>

### Professional Services – Insurer Pays After Deductible is Met

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Surgery, Anesthesia, Radiation Therapy, In-hospital</td>
<td>100%</td>
<td>80% to Coinsurance Maximum then 100%</td>
<td>60% to Coinsurance Maximum then 100%</td>
</tr>
<tr>
<td>Doctor Visits, Diagnostic X-ray and Lab Work</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inpatient Hospital Services – Insurer Pays After Deductible is Met</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surgery, X-rays, In-hospital Doctor Visits, Organ/Tissue Transplant</td>
<td>100%</td>
<td>80% to Coinsurance Maximum then 100%</td>
<td>60% to Coinsurance Maximum then 100%</td>
</tr>
<tr>
<td>Inpatient Medical Emergency</td>
<td>100%</td>
<td>80% to Coinsurance Maximum then 100%</td>
<td>60% to Coinsurance Maximum then 100%</td>
</tr>
<tr>
<td>Inpatient Drugs</td>
<td>100%</td>
<td>80% to Coinsurance Maximum then 100%</td>
<td>60% to Coinsurance Maximum then 100%</td>
</tr>
<tr>
<td>Ambulatory and Therapeutic Services – Insurer Pays After Deductible is Met, Unless Noted</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ambulatory Surgical Center</td>
<td>100%</td>
<td>80% to Coinsurance Maximum then 100%</td>
<td>60% to Coinsurance Maximum then 100%</td>
</tr>
<tr>
<td>Ambulance Service</td>
<td>100%</td>
<td>80% to Coinsurance Maximum then 100%</td>
<td>60% to Coinsurance Maximum then 100%</td>
</tr>
<tr>
<td>Accidental Dental</td>
<td>$1,000 per calendar year, $200 per tooth</td>
<td>$1,000 per calendar year, $200 per tooth</td>
<td>$1,000 per calendar year, $200 per tooth</td>
</tr>
<tr>
<td>Acupuncture and Chiropractic Services, Subject to a $2,000 Maximum per Calendar Year if under the care of a licensed Physician</td>
<td>100%</td>
<td>80% to Coinsurance Maximum then 100%</td>
<td>60% to Coinsurance Maximum then 100%</td>
</tr>
<tr>
<td>Durable Medical Equipment</td>
<td>100%</td>
<td>80% to Coinsurance Maximum then 100%</td>
<td>60% to Coinsurance Maximum then 100%</td>
</tr>
<tr>
<td>Infusion Therapy</td>
<td>100%</td>
<td>80% to Coinsurance Maximum then 100%</td>
<td>60% to Coinsurance Maximum then 100%</td>
</tr>
<tr>
<td>Physical/Occupational Therapy, Limited to 12 visits per Calendar Year</td>
<td>100%, no deductible</td>
<td>100%, no deductible</td>
<td>100%, no deductible</td>
</tr>
<tr>
<td>Inpatient Mental Health</td>
<td>100%</td>
<td>80% to Coinsurance Maximum then 100%</td>
<td>60% to Coinsurance Maximum then 100%</td>
</tr>
<tr>
<td>Outpatient Mental Health</td>
<td>100%, no deductible, $10 Copayment 1</td>
<td>100%, no deductible, $30 Copayment</td>
<td>60% to Coinsurance Maximum then 100%, no deductible</td>
</tr>
<tr>
<td>Inpatient Substance Abuse</td>
<td>100%</td>
<td>80% to Coinsurance Maximum then 100%</td>
<td>60% to Coinsurance Maximum then 100%</td>
</tr>
<tr>
<td>Outpatient Substance Abuse</td>
<td>100%, no deductible, $10 Copayment 1</td>
<td>100%, no deductible, $30 Copayment</td>
<td>60% to Coinsurance Maximum then 100%, no deductible</td>
</tr>
<tr>
<td>Prescription Drug Benefit Options – Insurer Waives Deductible</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Basic Prescription Drug Benefit, Subject to a $1,000</td>
<td>100% of actual charges</td>
<td>100% of actual charges</td>
<td>100% of actual charges</td>
</tr>
<tr>
<td>Maximum per Insured Person per Calendar Year (pay and claim benefit only)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Optional Rider, Subject to $25,000 Maximum per Insured</td>
<td>100% of actual charges</td>
<td>Generics: 100% after $10 copay per 30-day supply</td>
<td>Generics: 100% after $10 copay per 30-day supply</td>
</tr>
<tr>
<td>Person per Calendar Year, Max 90-day supply</td>
<td></td>
<td>Brand name: 100% after $10 copay per 30-day supply</td>
<td>Brand name: 100% after $10 copay per 30-day supply</td>
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<tr>
<td>Global Travel Benefits – Insurer Waives Deductible</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency Medical Transportation</td>
<td>Up to $250,000</td>
<td>n/a</td>
<td>n/a</td>
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<tr>
<td>Repatriation of Mortal Remains</td>
<td>Up to $25,000</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>Accidental Death and Dismemberment</td>
<td>$50,000</td>
<td>$50,000</td>
<td>$50,000</td>
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<tr>
<td>Other Benefits - insurer Pays After Deductible is Met</td>
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<td></td>
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<tr>
<td>Home Health Care, Subject to a maximum of 30 visits per</td>
<td>100%</td>
<td>80% to Coinsurance Maximum then 100%</td>
<td>60% to Coinsurance Maximum then 100%</td>
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<tr>
<td>Calendar Year</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Skilled Nursing Facilities, Subject to a maximum of $250</td>
<td>100%</td>
<td>80% to Coinsurance Maximum then 100%</td>
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<tr>
<td>per day for a maximum of 50 days per Calendar Year</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospice, Subject to a maximum of $5,000 per lifetime</td>
<td>100%</td>
<td>80% to Coinsurance Maximum then 100%</td>
<td>60% to Coinsurance Maximum then 100%</td>
</tr>
</tbody>
</table>

See other side for GeoBlue Xplorer Essential Benefit Schedule. This is intended to be a sample benefit schedule. Changes may occur to benefits, rates and terms annually. 

1. Copay waived when visiting a GeoBlue contracted provider outside the U.S.
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.

<table>
<thead>
<tr>
<th>Benefits</th>
<th>Outside U.S. Only</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preventive and Office Visits – Insurer Waives Deductible</td>
<td></td>
</tr>
<tr>
<td>Physician Office Visits (Adult)</td>
<td></td>
</tr>
<tr>
<td>Physician Office Visits (Children 0-18)</td>
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<td>Infusion Therapy</td>
<td>100%</td>
</tr>
<tr>
<td>Physical/Occupational Therapy, Limited to 12 visits per Calendar Year</td>
<td>100%, no deductible</td>
</tr>
<tr>
<td>Inpatient Mental Health</td>
<td>100%</td>
</tr>
<tr>
<td>Outpatient Mental Health</td>
<td>100%, no deductible, $10 Copayment¹</td>
</tr>
<tr>
<td>Inpatient Substance Abuse</td>
<td>100%</td>
</tr>
<tr>
<td>Outpatient Substance Abuse</td>
<td>100%, no deductible, $10 Copayment¹</td>
</tr>
<tr>
<td>Prescription Drug Benefit Options – Insurer Waives Deductible</td>
<td></td>
</tr>
<tr>
<td>Basic Prescription Drug Benefit, Subject to $1,000 Maximum per Insured Person per Calendar Year (pay and claim benefit only)</td>
<td>100% of actual charges</td>
</tr>
<tr>
<td>Optional Enhanced Prescription Drug Rider, Subject to $25,000 Maximum per Insured Person per Calendar Year</td>
<td>100% of actual charges</td>
</tr>
<tr>
<td>Global Travel Benefits – Insurer Waives Deductible</td>
<td></td>
</tr>
<tr>
<td>Emergency Medical Transportation</td>
<td>Up to $250,000</td>
</tr>
<tr>
<td>Repatriation of Mortal Remains</td>
<td>Up to $25,000</td>
</tr>
<tr>
<td>Accidental Death and Dismemberment</td>
<td>$50,000</td>
</tr>
<tr>
<td>Other Benefits</td>
<td></td>
</tr>
<tr>
<td>Home Health Care, Subject to a maximum of 30 visits per Calendar Year</td>
<td>100%</td>
</tr>
<tr>
<td>Skilled Nursing Facilities, Subject to a maximum of $250 per day for a maximum of 50 days per Calendar Year</td>
<td>100%</td>
</tr>
<tr>
<td>Hospice, Subject to a maximum of $5,000 per lifetime</td>
<td>100%</td>
</tr>
<tr>
<td>Optional Basic U.S. Benefits - Deductible Applies²</td>
<td>Inside U.S. Only</td>
</tr>
<tr>
<td>Basic travel accident and sickness coverage inside the U.S. for short trips to the U.S. Covers incidental illness and injury. Not designed to cover preventive, elective care or extended stays in the U.S.</td>
<td>100%, 80%, or 60% (depending upon services received) of actual charges up to $1,000,000 / $500 maximum for pre-existing medical conditions</td>
</tr>
</tbody>
</table>

See other side for GeoBlue Xplorer Premier Benefit Schedule. This is intended to be a sample benefit schedule. Changes may occur to benefits, rates and terms annually.

1. Copay waived when visiting a GeoBlue contracted provider outside the U.S.
2. Separate definitions, terms and exclusions apply to this rider. See full plan description online for details.
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.
- 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 and results of last pelvic examination
- 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
  933 First Ave.
  King of Prussia, PA 19406
  USA

Expediting an Application
- To expedite underwriting please fax to 610.482.9953 or email underwriting@geo-blue.com.
GeoBlue Xplorer Individual Enrollment Application

Application must be completed by the applicant in blue or black ink.

1. Applicant Information (Please Print)

<table>
<thead>
<tr>
<th>Primary Applicant’s Last Name</th>
<th>First Name</th>
<th>M.I.</th>
</tr>
</thead>
</table>

Address Outside the U.S.

<table>
<thead>
<tr>
<th>Street</th>
<th>Apt No.</th>
<th>(P.O. Box or Personal Mail Box No.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>City</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Address Inside the U.S.

<table>
<thead>
<tr>
<th>Street</th>
<th>Apt No.</th>
<th>(P.O. Box or Personal Mail Box No.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>City</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Mailing Address (In Care Of)

<table>
<thead>
<tr>
<th>In Care Of:</th>
<th>Street</th>
<th>Apt No.</th>
<th>(P.O. Box or Personal Mail Box No.)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>City</td>
<td>State</td>
<td>Postal Code</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Home Phone No.</th>
<th>Daytime Phone No.</th>
<th>Marital Status</th>
<th>Spouse’s Social Security/ Visa/ Passport No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>( )</td>
<td>( )</td>
<td>□ Single □ Married</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Business Phone No.</th>
<th>Fax No.</th>
<th>Maiden Name of Applicant/Spouse (If applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td>( )</td>
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</table>

<table>
<thead>
<tr>
<th>Email Address</th>
</tr>
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<tbody>
<tr>
<td></td>
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</tbody>
</table>

2. Time and Location Status

What is your citizenship/nationality(ies)?

What is your host country or destination(s)?

How much time will you be away from your country of citizenship/nationality(ies) during the enrollment period?

☐ Under 3 months ☐ 3-6 months ☐ 7-9 months ☐ 10-12 months

How did you hear about GeoBlue?

3. Choice of Plan

GeoBlue Xplorer Premier (Includes Comprehensive Worldwide Coverage)

- ☐ Elite ☐ 1,000 ☐ 2,000 ☐ 5,000 ☐ 10,000

GeoBlue Xplorer Essential with no U.S. Benefits

- ☐ Elite ☐ 1,000 ☐ 2,500 ☐ 5,000 ☐ 10,000

GeoBlue Xplorer Essential with Basic U.S. Benefits

- ☐ Elite ☐ 1,000 ☐ 2,500 ☐ 5,000

Enhanced Prescription Benefits ☐ Yes ☐ No

Dental and Vision Benefits ☐ Yes ☐ No

4. Applicants for Coverage

<table>
<thead>
<tr>
<th>Relation</th>
<th>Last Name</th>
<th>First Name</th>
<th>M.I.</th>
<th>MUST BE ACCURATE</th>
<th>Date of Birth (MM/DD/YYYY)</th>
<th>Social Security/ Visa/ Passport No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>Yourself</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Husband</td>
<td>Spouse</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Wife</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Son</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Daughter</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Son</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Daughter</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>
4. Applicants for Coverage continued

**Applies to couples or families:**
All family members must apply for coverage to be eligible. If extenuating circumstances prevent all family members from applying, please attach detail and a determination will be made by the company whether or not the application can be considered.

If you are married or have children, are all family members applying for coverage?  [ ] Yes  [ ] No  [ ] N/A

If No, Why? ________________________________

Are you a U.S. Citizen?  [ ] Yes  [ ] No Are you a Permanent Resident?  [ ] Yes  [ ] No

Are you a foreign national residing legally in the U.S.?  [ ] Yes  [ ] No

Please list your occupation and duties.

Please provide the name of your employer.

Please provide your employers address.

5. Other Coverage - Please answer all of the following questions.

**A.** Do you currently have or has anyone to be insured had coverage in the last 18 months?  [ ] Yes  [ ] No

If Yes, please provide the following information and attach the Certificate of Creditable Coverage from your prior health insurance carrier.

<table>
<thead>
<tr>
<th>Name of insured(s)</th>
<th>Insurance carrier(s)</th>
<th>Effective date</th>
<th>End date</th>
</tr>
</thead>
</table>

Are you a prior GeoBlue Member?  [ ] Yes  [ ] No

**B.** Has anyone identified on this application ever been declined, postponed, had a waiver applied, or charged an extra premium for life, disability, or health insurance, or had such insurance rescinded?  [ ] Yes  [ ] No

If Yes, please provide the following information.

1. Name of applicant      Name of Insurance Company      Explain
2. Name of applicant      Name of Insurance Company      Explain
3. Name of applicant      Name of Insurance Company      Explain

Eligible person(s)

**C.** Has anyone applying for coverage on this application filed a claim for disability or Workers’ Compensation within the past 18 months?  [ ] Yes  [ ] No

If Yes, please provide the following information.

<table>
<thead>
<tr>
<th>Name of applicant</th>
<th>Effective date</th>
<th>End date</th>
</tr>
</thead>
</table>
6. Health History – Include information on all family members you wish to enroll.

6A. Health History Questionnaire – ALL QUESTIONS MUST BE ANSWERED OR THE APPLICATION MAY BE RETURNED AND/OR REJECTED. If you answer “Yes” to any question in Section 6A, you must give complete details in Section 6B.

Has any person listed on this application received medical advice, diagnosis or treatment, or had treatment or consultation recommended, received treatment, or been hospitalized for any of the following conditions listed in questions 1 through 24 within the last 10 years?

1. Frequent and/or severe headaches, migraines, seizures, epilepsy, multiple sclerosis or any other neurological or central nervous system disorder(s) □ Yes □ No

2. Dizziness, weakness, fainting, numbness/tingling, head injury, paralysis, stroke, confusion, memory loss, loss of consciousness, narcolepsy or any similar symptoms □ Yes □ No

3. Chest pain, high cholesterol, high or low blood pressure, heart disease, heart attack, heart murmur, palpitations, pacemaker, or any other heart disorder or condition □ Yes □ No

4. Poor circulation, blood clot, varicose veins, enlarged lymph nodes, blood/bleeding disorder, anemia, rheumatic fever or any other circulatory condition □ Yes □ No

5. Allergies, difficulty breathing, shortness of breath, asthma, chronic cough, spitting/coughing up blood, respiratory/lung infections, sinusitis, bronchitis, pneumonia, reactive airway disease (RAD), pneumocystis carinii pneumonia (PJP), tuberculosis, emphysema, or any other respiratory disorder or condition □ Yes □ No

6. Diseases or problems of the nose, nosebleeds, polyps, deviated nasal septum, excessive snoring or use of a sleep monitoring device □ Yes □ No

7. Diseases or problems of the mouth/gums, throat/swallowing, tonsils, adenoids, jaw/chewing problems or TMJ (Temporomandibular Joint Dysfunction) □ Yes □ No

8. Gastric reflux, ulcers, hernia, intestinal problems, diverticulitis, colitis, diarrhea, rectal problems/bleeding, polyps, hemorrhoids or any other digestive disorder or condition □ Yes □ No

9. Gallbladder, spleen, pancreatitis, liver disease, jaundice, unexplained weight loss/gain or hepatitis (indicate type:________) □ Yes □ No

10. Kidney/bladder/urinary tract infections, stones, incontinence, blood in urine or any other disease or disorders of the kidneys or urinary system □ Yes □ No

11. Bone, joint and/or muscle pain, injury or disorder of joint/tendon/ligament/disc, weakness of back/spine/neck/joint, fracture, sprain/strain, fibromyalgia, arthritis, gout, polio or any other musculoskeletal disorder □ Yes □ No

12. Physical handicap, joint replacement, hardware (pins, plates, screws, etc.), amputation or prosthesis □ Yes □ No

13. Diabetes, thyroid, pituitary, adrenal or any other endocrine disorders □ Yes □ No

14. Immune disorders, lupus, scleroderma, mononucleosis, chronic fatigue syndrome □ Yes □ No

15. Is any applicant a candidate for or a recipient of an organ or bone marrow transplant? □ Yes □ No

16. Skin infections, cancer, melanoma, lesion, psoriasis, keratitis, warts, ulcers, birthmarks, severe burns, acne, fungal infections, Kaposi’s sarcoma, eczema, dermatitis, hyperhidrosis, herpes, scars/keloids, cosmetic or reconstructive surgery or any other skin conditions □ Yes □ No

17. Sexually transmitted disease, such as herpes, genital warts, etc. □ Yes □ No

18. Prostate, undescended testes, infertility, low sperm count, impotence, sexual dysfunction or penile implant □ Yes □ No

19. a) Breast disorder/cyst, lump, fibroid tumors, silicone injections or implants □ Yes □ No

   b) Pelvic pain, mensturation disorders, abnormal pelvic exam/PAP smear, endometriosis, uterine fibroids, ovarian cysts, infertility or miscarriages □ Yes □ No

   c) Date and result of last pelvic exam/Pap smear for each female over 16:

      Name:_________________Mo/Day/Yr:_____ □ Normal □ Abnormal

      Name:_________________Mo/Day/Yr:_____ □ Normal □ Abnormal

      Name:_________________Mo/Day/Yr:_____ □ Normal □ Abnormal

   □ N/A I have not had a pelvic exam/Pap smear.

   d) Is the applicant, spouse or any dependent, whether or not listed on the application, currently pregnant, or in the process of adoption or surrogate pregnancy? □ Yes □ No

20. Diseases or problems of the eyes or sight, crossed eyes, glaucoma, cataracts, detached retina or blurred vision □ Yes □ No

21. Diseases or problems of the ears or hearing, implant or hearing aid □ Yes □ No

22. Eating disorder, depression, anxiety, attention deficit disorder, counseling, member of a support group, bi-polar, chemical imbalance, schizophrenia, obsessive-compulsive, panic disorder, etc. □ Yes □ No

23. Mental or physical impairment or deformity, congenital abnormalities or birth defects Specify: □ Yes □ No

24. Has any applicant consulted a provider for any condition or symptom(s) for which a diagnosis has not been established? □ Yes □ No

Has any person listed on this application ever:

25. Had cancer, tumor/growth, leukemia or cyst? □ Yes □ No

26. Had an abnormal physical exam, laboratory results, x-rays, EKG, MRI, CT scan or been advised to undergo further testing surgery or treatment? □ 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 providing health care services for any other condition or symptom(s) (excluding childbirth) not listed on this application? □ 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 for HIV (Human Immunodeficiency Virus)? □ Yes □ No
### 6B. Professional Services

Give COMPLETE details of any “Yes” answers to the questions in 6A. (Use additional sheets if necessary.)

<table>
<thead>
<tr>
<th>Question #</th>
<th>Name of Family Member</th>
<th>Date of Onset</th>
<th>If abnormal, please explain:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Condition/Illness</th>
<th>Date Ended</th>
<th>Treatment (X-ray, lab, surgery, etc.)</th>
<th>Degree of Recovery</th>
<th>Medications</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Results</th>
<th>Normal</th>
<th>Abnormal</th>
<th>Still under treatment</th>
<th>Dosage</th>
<th>Date Prescribed</th>
<th>Date Discontinued</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

### 6C. Prescription Medications –

List all medications not noted above taken within the last 12 months by any family member listed on this application.

<table>
<thead>
<tr>
<th>Family Member</th>
<th>Medication and Dosage</th>
<th>Illness for which Medication is Prescribed</th>
<th>Date Prescribed</th>
<th>Date Discontinued</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

### 6D. Other Health Questions

1. Has any applicant ever smoked or used any tobacco products such as: cigarettes, cigars, pipe, snuff or chewing tobacco?  
   - [ ] Yes  
   - [ ] No

2. Has any applicant used illegal or controlled drugs or substances such as marijuana, cocaine, methamphetamines, in the last 10 years, or been diagnosed as chemically or alcohol dependent?  
   - [ ] Yes  
   - [ ] No

3. Has any applicant ever used any illegal or controlled I.V. drugs?  
   - [ ] Yes  
   - [ ] No

4. Has any applicant consumed any alcoholic beverages in the last 6 months?  
   - [ ] Yes  
   - [ ] No

   Amount: A drink is 12 oz. of beer, 6 oz. of wine, or 1 oz. of liquor.
   - [ ] _______ per [ ] day  [ ] week  [ ] month
   - [ ] _______ per [ ] day  [ ] week  [ ] month

5. Has any applicant been advised to reduce alcohol intake within the past 10 years?  
   - [ ] Yes  
   - [ ] No

To provide further information, please use additional sheets if necessary. List the page number, section name, and question number you are explaining. Also, please identify the applicable family member. All additional sheets must be signed by the applicant.
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 my 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.

☐ 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  ☐ 12 months

(Minimum of six months required.)

Billing Date

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

Agreement (All applicants)

I, the undersigned, agree to the following:

1. 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.

2. I agree to become a member of the Global Citizens Association and acknowledge that membership is subject to the terms and conditions set forth in the Membership Agreement which will be mailed to me with my welcome packet. Prices include a membership fee for the Global Citizens Association (GCA). If you are already a member, your membership will be extended for 12 months. Members may request a pro-rated adjustment of current membership fees. Please contact GCA at admin@gcassociation.org.

3. 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.

4. 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.

5. 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.

6. 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.

7. 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.

8. If I am accepted, this application will become part of the agreement between the insurance carrier and myself.

9. 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.

10. The selling agent has no authority to promise me coverage or to modify underwriting or terms of any GeoBlue Xplorer coverage.

11. 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.

Applicant's Social Security No.

Visa/ Passport No.

Yes. I Agree X ____________________

Signature
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.

Important details about this plan and the Affordable Care Act:

THIS IS NOT QUALIFYING HEALTH COVERAGE ("MINIMUM ESSENTIAL COVERAGE") THAT SATISFIES THE HEALTH COVERAGE REQUIREMENTS OF THE AFFORDABLE CARE ACT. IF YOU DON’T HAVE MINIMUM ESSENTIAL COVERAGE, YOU MAY OWE AN ADDITIONAL PAYMENT WITH YOUR TAXES.

To see if you are required to purchase Minimum Essential Coverage and to learn more details, please visit our Affordable Care Act page: https://www.geobluetravelinsurance.com/marketing/AHA.cfm.

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

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.
8. Payment Method – Submit initial premium with application (required).

8A. Initial Deposit

1 month premium $ __________
☐ I am attaching a check/money order for the above amount
☐ Please charge my credit card for the above amount

3 month premium $ __________
☐ I am attaching a check/money order for the above amount
☐ Please charge my credit card for the above amount

6 month premium $ __________
☐ I am attaching a check/money order for the above amount
☐ Please charge my credit card for the above amount

364 days premium $ __________
☐ I am attaching a check/money order for the above amount
☐ Please charge my credit card for the above amount

All checks should be made payable to Worldwide Insurance Services.

Credit Card information (only if applicable)

☐ VISA ☐ MasterCard ☐ American Express ☐ Discover

Cardholder’s Name ___________________________ Cardholder’s ZIP Code ________

Authorized Signature (as it appears on the credit card) ____________ Today’s Date ________

* For Visa/Mastercard/Discover: The security code is the last three digits of the code in the signature panel on the back of the card.

For American Express: The security code is the 4 digits printed just above and to the right of the embossed credit card number on the front of the card.

8B. Payment Type (First payment will be credited to approved applicants only.)

Monthly Deduction Quarterly Deduction Semi-Annual Deduction Annual Deduction

☐ From Checking Account ☐ From Checking Account ☐ From Checking Account ☐ Charge to Credit Card

☐ Charge to Credit Card

Checking Account and credit card deductions are done on the first or the 15th of the month depending on the effective date of the plan.

8C. Checking Account Deduction Authorization

Attach a check for one (1) month’s premium above where indicated or if paying initial premium by credit card, attach a voided check. If the account listed below is a joint account, both account holders’ signatures are required. GeoBlue must be notified of any changes to your bank account no later than the 20th of the month preceding the change.

AUTHORIZATION: As a convenience to me, I request and authorize you to pay and charge to my account checks drawn on that account by and payable to the order of GeoBlue provided there are sufficient collected funds in said account to pay the same upon presentation. I agree that your rights with respect to each debit will be the same as if it were a check drawn on you and signed personally by me. I authorize GeoBlue to initiate debits (and/or corrections to previous debits) from my account with the financial institution indicated for payment of my GeoBlue Xplorer premium. This authority is to remain in effect until revoked by me in writing, and until you actually receive such notice, I agree that you shall be fully protected in honoring any such debit. I further agree that if any such debit be dishonored, whether with or without cause and whether intentionally or inadvertently, you shall be under no liability whatsoever even though such dishonor results in forfeiture of insurance.

NOTE: Should your withdrawal not be honored by your bank, you will automatically be removed from Monthly Checking Account Deduction and be billed quarterly. After 364 days, you may re-apply for the monthly checking account deduction option.

Applicant Name ___________________________ Applicant Social Security No. ___________

Name on Checking Account ___________________________

Name of Bank or Financial Institution ________ Address ________ City ________ State ________ ZIP Code ________

Checking Account No. ________ Bank Routing No. ________ Federal Credit Union Routing No. ________

Authorized Signature (as it appears in the financial institution’s records) ___________________________ Date ________

Authorized Signature (as it appears in the financial institution’s records) ___________________________ Date ________

(Continued on reverse)

DO NOT WRITE BELOW

The coverage requested may not be available.

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. GeoBlue is the administrator of coverage provided under insurance policies issued by 4 Ever Life International Limited, Bermuda, an independent licensee of the Blue Cross Blue Shield Association.
9. Statement of Accountability – To be completed when the applicant cannot complete the application.

I, ______________________________________________, personally read and completed this Individual Enrollment Application for the applicant named below because:

- [ ] Applicant does not read English
- [ ] Applicant does not speak English
- [ ] Applicant does not write English
- [ ] Other (explain): ______________________________

I translated the contents of this form and to the best of my knowledge, obtained and listed all the requested personal and medical history disclosed by: ______________________________________________________________

I also translated and fully explained the “Conditions of Application (Section 7)."

By X ________________________________________________

Signature of Translator Today’s Date (Required)

10. Conditional Receipt – To be completed by the agent and given to the applicant.

Received from ___________________________________ $ __________ as a premium, payable to Worldwide Insurance Services.

Subject to the following:

IN NO EVENT SHALL GEOBLUE HAVE ANY LIABILITY TO THE APPLICANT IF THE APPLICATION IS NOT APPROVED, EXCEPT FOR THE OBLIGATION TO RETURN THE PREMIUM SUBMITTED WITH THIS APPLICATION IF THIS APPLICATION IS NOT APPROVED, AND NEITHER SHALL ANY COVERAGE EXIST NOR SHALL THE APPLICANT BE ENTITLED TO ANY BENEFITS UNLESS AND UNTIL THIS APPLICATION IS APPROVED BY GEOBLUE.

Dated this _________________ day of ______________________, 20____.

Agent acknowledges receipt of money and delivery of Conditional Receipt.

By X ________________________________________________

Signature of Agent 112686 Agent I.D. Number