

## about seven corners



### SEVEN CORNERS

Since 1993, Seven Corners has provided medical insurance to corporations, international travelers, expatriates, students, overseas visitors, immigrants and global citizens. With expertise and efficiency, we've served clients in more than a hundred countries.

## for additional information:

**ASA, Inc.**

**International Insurance Consultants**

480-753-1333 | 888-ASA-8288 (within U.S. only)

Fax: 480-753-1330

insurance@asaincor.com

[www.asaincor.com](http://www.asaincor.com)

1300 N. McClintock Dr. Ste A  
Chandler, AZ 85226-7240

## enrolling is easy

1. Read the entire brochure and complete the RoundTrip Application in full. Plan cost for the entire package is due at the time of Application. Remember: Benefits must be purchased for the full cost of the Trip.
2. If paying by check or money order, make payable to: "Seven Corners" and enclose it together with completed Application.
3. If paying by credit card, complete the Application and mail or fax to Seven Corners. Be sure to sign the Method of Payment section (*for all payment methods*).

Return the Application with your payment to:



### SEVEN CORNERS

**303 Congressional Boulevard  
Carmel, IN 46032 USA**

**Fax: 317-575-2659 (*credit card orders*)**

**Phone: 800-335-0611 or 317-575-2652**

**Online: [www.sevencorners.com](http://www.sevencorners.com)**

*(You may fax only if paying by credit card. Originals are not required if Application is faxed to Seven Corners with credit card payment)*

# roundtrip enrollment form

[pull-out application form]

effective february 1, 2009

## producer # 2081

Protection Plan may be purchased if you are a resident of the United States or if you purchase this plan within the United States.

### applicant information

(First Name – Middle Name – Last Name)

Primary Applicant: \_\_\_\_\_

Birth Date (MM/DD/YYYY) \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Spouse: \_\_\_\_\_

Birth Date (MM/DD/YYYY) \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Dependent Child: \_\_\_\_\_

(under 19 years of age)

Birth Date (MM/DD/YYYY) \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Dependent Child: \_\_\_\_\_

(under 19 years of age)

Birth Date (MM/DD/YYYY) \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### trip information

Departure Date (MM/DD/YYYY) \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Return Date (MM/DD/YYYY) \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Destination: \_\_\_\_\_

Name of Travel Supplier: \_\_\_\_\_

(Airline, Tour Operator, Cruise Line, etc.)

### personal information

Your Address: \_\_\_\_\_

(must be a U.S. address)

City / State / Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

Beneficiary: \_\_\_\_\_

(For AD&D and optional Flight Accident Coverage)

In Florida, Florida Resident – Agent No. A269211

### method of payment

- Check / Money Order Payable to Seven Corners  
 Visa  MasterCard  Discover/Novus  
 Diners Club  American Express

Signature is required below for all methods of payment.

Card Number: \_\_\_\_\_ CVV: \_\_\_\_\_

Expiration Date: \_\_\_\_ / \_\_\_\_ Daytime Phone: (\_\_\_\_) \_\_\_\_\_

Name on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Signature (Required) \_\_\_\_\_

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an Insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud. Plan costs are non-refundable after 10-day review period.

Signature: mandatory for all payment options.

Date

### roundtrip rate calculation

Plan must be purchased for the FULL cost of Trip. See rates (pg. 14)

USE FOR ROUNDTRIP ONLY

	Trip Cost	=	Plan Cost*
Primary	\$ _____	=	\$ _____
Spouse	\$ _____	=	\$ _____
Dependent Child	\$ _____	=	\$ _____
Dependent Child	\$ _____	=	\$ _____

\*Plan costs must be indicated for all travelers.

**Total Plan Cost =** \$ \_\_\_\_\_

### for trips of 31 – 90 days

Include departure and return dates in calculation.

$$\$3 \times \frac{\text{# of Days Over 30}}{\text{Total # of Travelers}} = \$ \underline{\hspace{2cm}}$$

### roundtrip choice rate calculation

Plan must be purchased for the FULL cost of Trip. See rates (pg. 14)

USE FOR ROUNDTRIP CHOICE ONLY

	Trip Cost	=	Plan Cost*
Primary	\$ _____	=	\$ _____
Spouse	\$ _____	=	\$ _____
Dependent Child	\$ _____	=	\$ _____
Dependent Child	\$ _____	=	\$ _____

\*Plan costs must be indicated for all travelers.

**Total Plan Cost (a) =** \$ \_\_\_\_\_

### for trips of 31 – 90 days

Include departure and return dates in calculation.

$$\$5 \times \frac{\text{# of Days Over 30}}{\text{Total # of Travelers}} = \$ \underline{\hspace{2cm}}$$

### optional cancel for any reason

If chosen, must be purchased within 10 days of initial deposit.

$$(1.40) \times \$ \underline{\hspace{2cm}} = \$ \underline{\hspace{2cm}}$$

Total Plan Cost (a)

**New Total Plan Cost =** \$ \_\_\_\_\_

### optional coverage rate calculation

(Available for both RoundTrip and RoundTrip Choice)

#### optional flight coverage (per person)

$$\$100,000 \text{ Protection for } \$9 \times \frac{\text{Total # of Travelers}}{\text{Total # of Travelers}} = \$ \underline{\hspace{2cm}}$$

$$\$250,000 \text{ Protection for } \$22 \times \frac{\text{Total # of Travelers}}{\text{Total # of Travelers}} = \$ \underline{\hspace{2cm}}$$

$$\$500,000 \text{ Protection for } \$45 \times \frac{\text{Total # of Travelers}}{\text{Total # of Travelers}} = \$ \underline{\hspace{2cm}}$$

#### optional collision damage waiver

$$\$35,000 \text{ Protection for } \$7 \text{ per day per car rental } \times \underline{\hspace{2cm}} = \$ \underline{\hspace{2cm}}$$

### total rate calculation

$$\text{Non-Refundable Processing Fee} = \$ \underline{5.00}$$

$$\text{Total Amount Due} = \$ \underline{\hspace{2cm}}$$

And authorized as payment in the lower left box on this application