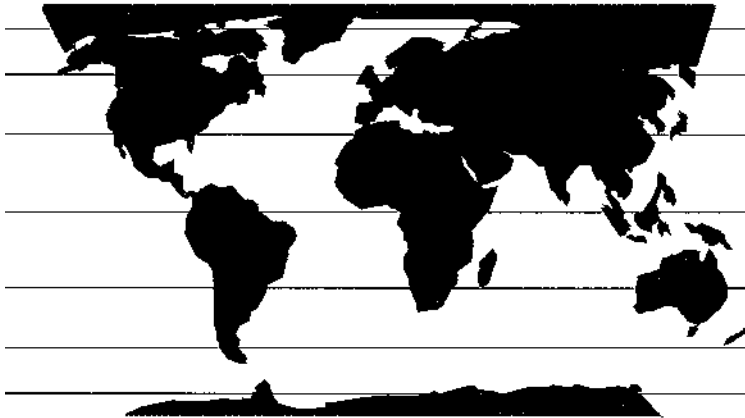


INTERMEDICAL™ INSURANCE



*Emergency Medical Care
and Evacuation Costs
can be very expensive
when you are traveling
anywhere outside the U.S.*

*If you become sick
or injured during your
international trip...*

*...how will you find
adequate medical care?*

*...will your present
medical insurance
pay for it?*



Since 1973, Travel Insurance Services has designed and marketed travel insurance and international medical policies for individuals, families, groups and businesses. Our insurance plans are underwritten only by the financially strongest companies. These are other products available through Travel Insurance Services:

InterMedical™ Insurance

Temporary medical insurance for people traveling outside the U.S. and outside their home country.

Visit USA-HealthCare™ Insurance

Temporary medical insurance for visitors to the U.S.

High Limit Accident Insurance

A stand alone accidental death plan with available limits of \$500,000 to \$20 million or more. Optional war and terrorism coverage are available.

Worldwide Group Protector™

Temporary medical insurance for groups traveling to or from the U.S.

Employee Travel Protection Plan™

A workers comp "gap filler" for businesses employing people who travel across town or internationally.

Custom Group Plans

Our specialty, we provide international medical insurance for a wide variety of groups traveling to or from the U.S.

All of us at Travel Insurance Services thank you for choosing us to serve your travel insurance needs.

InterMedical™
division of
TRAVEL INSURANCE SERVICES
2950 Camino Diablo, Suite 300
Walnut Creek, CA 94596-3949
USA

Yes, it can happen to you...

- ✓ Every year, people traveling to foreign countries may require emergency medical treatment, hospitalization or medical evacuation back to their home country.
- ✓ Doctors and clinics or hospitals may charge you prices comparable to those charged in the U.S.
- ✓ If medical evacuation is necessary, the cost to you can easily reach \$30,000...or more.

"But I have health insurance..."

- ✓ Your present health care insurance may not pay for medical expenses incurred outside the U.S.; Medicare and most Medicare supplements offer little or no protection outside the U.S. and its possessions and territories.
- ✓ Most medical policies, HMO's and PPO's do not pay for medical evacuations.
- ✓ Without "Worldwide Emergency Assistance Service," provided by AIG Assist, it can be difficult to locate adequate medical care in a foreign country or to arrange emergency medical evacuations.

There is an inexpensive solution!

- ✓ **INTERMEDICAL™** is designed specifically for people who are traveling outside the U.S. and outside their home country. (Those traveling to the U.S., please ask us about our Visit USA-Health Care.™)
- ✓ If you are injured or become ill while on your trip, you can rely on **INTERMEDICAL™** to reimburse you for your covered medical expenses. Major expenses can be paid directly to the medical provider and evacuation/repatriation transportation service.
- ✓ With **INTERMEDICAL™**, you also are provided an important service through AIG Assist: Worldwide Emergency Assistance Service. This service is just a free phone call from helping you in locating appropriate medical care while on your trip. It also arranges your emergency medical evacuation, escorts minor dependents home, and brings a friend or relative to your bedside if you are hospitalized overseas for an extended period.

Two INTERMEDICAL™ Plans for you...

INTERMEDICAL™	Plan A	Plan B
Benefits	Limits	Limits
Maximum Stay	1 Year	1 Year
Illness and Injury		
Medical Expenses/Incident	\$25,000	\$100,000
Deductible/Incident	\$50	\$50
Emergency Evacuation	\$50,000	\$75,000
Bedside Visit	\$1,500	\$1,500
Escort of Minors	economy class fare limit	economy class fare limit
Accidental Death & Dismemberment	\$10,000	\$100,000
Repatriation of Remains	\$7,500	\$7,500

Enrollment Details...

- ✓ **ELIGIBILITY** Apply early to begin coverage when you leave your home country. Coverage is available to people who are traveling outside the U.S. and outside their home country, for up to one year.
- ✓ **EFFECTIVE DATE** Coverage begins at 12:01 a.m. on the latest of:
(1) the departure of the Insured Person from his home country;
(2) the date after the Insured Person's completed enrollment form and correct premium are postmarked to Travel Insurance Services; or
(3) the requested effective date on the enrollment form.
- ✓ **EXPIRATION DATE** Coverage will terminate on the earliest of:
(1) the return of the Insured Person to his home country;
(2) one year after the effective date of coverage; or
(3) the requested termination date on the Insured Person's enrollment form for which premium has been paid.
- ✓ **PROOF OF INSURANCE** Correctly completed enrollments are processed within 1-3 business days after receipt. Your Certificate of Insurance will be sent by mail to your home country address on the enrollment form unless otherwise instructed. To expedite processing and Certificate of Insurance delivery:
 1. Include an additional \$20.00 for rush overnight delivery of your Certificate to a U.S. address;* or
 2. Include an additional \$10.00 for a rush fax copy of your Certificate to a U.S. fax number.*

*Correctly completed rush enrollments received by 12:00 noon Pacific Time will be overnighted or faxed by 4:30 p.m. Pacific Time the same day. You need not receive the Certificate for coverage to be effective.

INTERMEDICAL™ is exclusively administered by Travel Insurance Services, 2950 Camino Diablo, Suite 300, Walnut Creek, California 94596-3949, USA. Phone (925) 932-1387 or (800) 937-1387 • Fax (925) 932-0442
Web site: www.travelinsure.com

INTERMEDICAL™ is underwritten by The Insurance Company of the State of Pennsylvania, a member Company of the American International Group (AIG, Inc.). AIG is A++ rated by A.M. Best Company.

INTERMEDICAL™ claims are adjusted by AIG Life Insurance Company, Wilmington, Delaware, USA.

INTERMEDICAL™ Worldwide Emergency Assistance Service is provided by AIG Assist, Houston, Texas, USA.

INTERMEDICAL™ is a registered trademark of Travel Insurance Services and is also available through certain insurance agents and brokers throughout the U.S.

INTERMEDICAL™ INSURANCE

BRIEF OUTLINE OF COVERAGES

This is a descriptive brochure, not a Policy. Your Certificate of Insurance will describe the provisions of the Master Policy which will prevail. Your benefit limits depend upon your selection of Plan A or Plan B.

Medical Expense Benefit - A: \$25,000/B: \$100,000 per Injury or Illness

If injury or illness occurs when coverage is effective and you, your covered spouse or covered children require medical or surgical treatment, the Policy will pay after a \$50 deductible per injury or illness, 100 percent of all reasonable and customary charges for Covered Expenses up to the maximum amount and incurred within 26 weeks of the covered accident or commencement of the covered illness applicable to the selected Injury or Illness Medical Expense Benefit.

Covered Expenses

1) Charges made by a hospital for room and board, floor nursing and other services, including charges for professional services and with the exception of personal services of a non-medical nature, provided however, that expenses do not exceed the hospital's average charge for semiprivate room and board accommodation. 2) Charges made for diagnosis, treatment and surgery by a physician. 3) Charges made for the cost and administration of anesthetics. 4) Charges for medication, x-ray services, laboratory tests and services, the use of radium and radioactive isotopes, oxygen, blood transfusions, iron lungs and medical treatment. 5) Charges for physiotherapy, if recommended by a physician for the treatment of a specific dismemberment and administered by a licensed physiotherapist. 6) Dressings, drugs and medicines that can only be obtained upon a written prescription of a physician or surgeon. 7) Hotel room charge, when insured, otherwise necessarily confined in a hospital, shall be under the care of a duly qualified physician in a hotel room owing to the unavailability of a hospital room by reason of capacity or distance or to any other circumstances beyond the control of the insured. Initial treatment must begin within 30 days of the covered accident or commencement of covered illness. All benefits provided in this policy will cease when an eligible insured person returns to his home country. This policy will not pay for medical expenses incurred in the insured person's home country.

Illness must be contracted and manifest itself during the Period of Coverage. An accident which causes an injury must occur during the Period of Coverage.

Emergency Medical Evacuation Expense Benefit - A: \$50,000/B: \$75,000

If injury or illness commencing during the Period of Coverage requires emergency evacuation to either the nearest medical facility where appropriate medical treatment can be obtained, or back to the insured's home country, all covered expenses incurred are payable up to the maximum benefit selected. An emergency evacuation must be recommended by a legally licensed physician who certifies that the severity of injury or illness necessitates such emergency evacuation and agreed to by you or your representative. Arrangements must be made by AIG Assist.

Accidental Death & Dismemberment (AD&D) Benefit - A: \$10,000/B: \$100,000

If an injury occurs during your Period of Coverage and results in one of the following losses within 365 days after an accident, the Policy will pay as follows:

Loss of Life.....A: \$10,000/B: \$100,000 Loss of two Members.....A: \$10,000/B: \$100,000 Loss of one Member.....A: \$5,000/B: \$50,000

"Loss" with regard to hand or foot means actual severance through or above the wrist or ankle joints; with regard to eye means entire and irrecoverable loss of sight. "Member" means hand, foot, or eye. Only one amount, the largest to which you are entitled, is paid for all losses resulting from one accident.

Repatriation of Remains Expense Benefit - A: \$7,500/B: \$7,500

If injury or illness commencing during the Period of Coverage results in death, all reasonable expenses incurred for preparation and return of the remains to the insured's home country will be paid by the Policy. Covered expenses include, but are not limited to expenses for embalming, cremation, coffins and transportation. Arrangements must be made by AIG Assist.

Bedside Visit - A: \$1,500/B: \$1,500

The Policy will pay for strictly necessary traveling costs incurred by a friend or relative to visit the insured when in the opinion of a medical practitioner acceptable to the Company, such a visit is necessary due to bodily injury or illness which constitutes an immediate danger to life. These expenses must be authorized in advance by AIG Assist.

Escort for Minor

If you are hospitalized for more than 7 days, the Policy will pay to return your accompanying dependent children under age 18 to their home, limited to the cost of a one-way economy airfare less the value of applied credit from an unused return travel ticket, with an attendant if necessary. These expenses must be authorized in advance by AIG Assist.

Exclusions

For Medical Expense Benefits, this insurance does not cover:

1) **Pre-existing Conditions**, defined as any injury or illness which was contracted or which manifested itself, or for which a licensed physician was consulted, or for which treatment or medication was prescribed within three (3) years prior to the effective date of this insurance. 2) Services, supplies or treatment, including any period of hospital confinement, which are not recommended, approved and certified as necessary and reasonable by a physician, or expenses which are non-medical in nature. 3) Expenses incurred as a result of or in connection with: a) declared or undeclared war, or any act thereof; b) injury sustained while participating in professional athletics; c) intentionally self-inflicted injury, suicide or any attempt thereof while sane or insane; d) motorcycle driving, mountain climbing, sky diving, professional or amateur racing, or piloting an aircraft; or e) commission of a felony. 4) Expenses for: a) Pregnancy, childbirth or miscarriage; b) routine physical; c) cosmetic or plastic surgery except as the result of an accident; d) elective surgery; e) any mental or nervous disorders or rest cures; f) dental care, except as the result of injury to natural teeth caused by an accident; g) eye refractions or eye examinations for the purpose of prescribing corrective lenses for eyeglasses or contact lenses or for the fitting thereof, unless caused by accidental bodily injury incurred while insured; or h) alcoholism, drug addiction, or use of any drug or narcotic agent. 5) Treatment paid for or furnished under any other individual or group policy or other service or medical prepayment plan arranged through the employer to the extent so furnished or paid or under a mandatory government program or facility set up for treatment without cost to any individual. 6) Medical expenses incurred in the United States or the insured person's country or countries of citizenship.

With respect to Accidental Death and Dismemberment, Emergency Medical Evacuation Expense, and Repatriation of Remains Expense, this plan does not cover any loss, fatal or non-fatal, caused by, or resulting from 1) suicide or self-destruction or any attempt thereof while sane or insane; 2) disease of any kind; 3) bacterial infections except pyogenic infection which shall occur through an accidental cut or wound; 4) hernia of any kind; 5) acting as a pilot, operator or member of the crew of any aircraft or as a passenger in any aircraft used for or in connection with acrobatic or stunt flying, racing or endurance tests, crop dusting, seeding, spraying, fire fighting, exploration, pipe or power line inspection, any form of hunting, bird or fowl herding, aerial photography, banner towing, test or experimental purposes, flying in any rocket propelled aircraft engaged in any flight requiring a special permit or waiver; 6) declared or undeclared war or any act thereof; 7) service in the military, naval or air service of any country. **With regard to Emergency Medical Evacuation or Repatriation of Remains**, exclusions 2, 3, and 4 above shall be deleted.

Definitions

The term "**physician**" as used in this Policy shall mean a doctor of medicine or osteopathy licensed to render medical services or perform surgery in accordance with the laws of the state where such professional services are performed. Charges for medical care or treatment provided by a member of the "immediate family" are not covered by this policy. The term "**immediate family**" means the Insured's spouse and his children, grandchildren, brothers, sisters and parents and those of his spouse.

Worldwide Emergency Assistance Service provided by AIG Assist

INTERMEDICAL™ includes a special service. You are eligible to use any of the assistance services provided during the Period of Coverage:

*24 hour verification of medical coverage for clinics, hospitals and physicians. *24 hour medical care location referral service. *Medical care monitoring, arranging communication between patient, family, physicians, employer, consulate or embassy. *Emergency medical transportation/evacuation arrangements. *Emergency message service for medical situations. *Multilingual services. *24 hour contact for legal emergencies. *Legal referral to help you locate a consular official or attorney.

INTERMEDICAL™ INSURANCE ENROLLMENT FORM

INSURED'S INFORMATION	<p>PLEASE PRINT OR TYPE Insured Last Name _____ First _____ Initial _____ Home Country Address _____ City _____ State _____ Zip Code _____ Daytime Phone () _____ Passport number _____ Country of Issue _____ Trip destination _____</p>	<p>IMPORTANT: To effect coverage, this enrollment and full premium must be received by Travel Insurance Services by mail or fax. If leaving within 10 days, fax us the enrollment form. Such enrollments cannot be processed without credit card name, number & expiration date. Fax: (925) 932-0442</p>	<p>OFFICIAL USE ONLY Cert.# _____ Eff. Date ____/____/____ PC# 132485 Date Rec'd ____/____/____ 0901/6CM</p>
EMERGENCY CONTACT	Name _____ Home Phone () _____ Address _____ Business Phone () _____ City _____ State _____ Zip Code _____	<p>I hereby subscribe to the AIG Life Trust and enroll in the group coverage for which I am eligible under the group contract issued by The Insurance Company of the State of Pennsylvania, a member Company of the American International Group of Companies (AIG, Inc.). The group policy provides limited medical expense benefits for pre-existing conditions (refer to Exclusions). Refund of premium, less a \$20 processing fee, will be returned only if a written request is received by Travel Insurance Services prior to the effective date of coverage. After the effective date of coverage, the premium is considered fully earned and non-refundable.</p>	
COVERAGE EFFECTIVE DATES	We request INTERMEDICAL™ Insurance to begin at 12:01 a.m. on the dates we are originally scheduled to depart on our trip, provided premium and this completed form are received, as set forth in the brochure. Travel Dates _____ thru _____ In calculating your premium be sure to include both your departure and return dates. Important: Coverage cannot be purchased after your departure from your home country.		

CALCULATING YOUR PAYMENT	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">TRAVELERS</th> <th style="text-align: left;">NAME</th> <th style="text-align: left;">DATE OF BIRTH Month/Day/Year</th> <th style="text-align: left;">REQUESTED PLAN: A or B</th> <th style="text-align: left;">NO. OF DAYS TO BE INSURED</th> <th style="text-align: left;">DAILY RATE</th> <th style="text-align: left;">TOTAL PREMIUM</th> </tr> </thead> <tbody> <tr> <td>1. INSURED</td> <td>_____</td> <td>MM / DD / YYYY</td> <td>_____</td> <td>_____</td> <td>x \$ _____</td> <td>= \$ _____</td> </tr> <tr> <td>BENEFICIARY</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>x \$ _____</td> <td>= \$ _____</td> </tr> <tr> <td colspan="7" style="text-align: center;">(You will be the beneficiary for your spouse and children)</td> </tr> <tr> <td>2. SPOUSE</td> <td>_____</td> <td>MM / DD / YYYY</td> <td>_____</td> <td>_____</td> <td>x \$ _____</td> <td>= \$ _____</td> </tr> <tr> <td>3. CHILD (age 14 days through 18 years)</td> <td>_____</td> <td>MM / DD / YYYY</td> <td>_____</td> <td>_____</td> <td>x \$ _____</td> <td>= \$ _____</td> </tr> <tr> <td>4. CHILD (age 14 days through 18 years)</td> <td>_____</td> <td>MM / DD / YYYY</td> <td>_____</td> <td>_____</td> <td>x \$ _____</td> <td>= \$ _____</td> </tr> </tbody> </table>	TRAVELERS	NAME	DATE OF BIRTH Month/Day/Year	REQUESTED PLAN: A or B	NO. OF DAYS TO BE INSURED	DAILY RATE	TOTAL PREMIUM	1. INSURED	_____	MM / DD / YYYY	_____	_____	x \$ _____	= \$ _____	BENEFICIARY	_____	_____	_____	_____	x \$ _____	= \$ _____	(You will be the beneficiary for your spouse and children)							2. SPOUSE	_____	MM / DD / YYYY	_____	_____	x \$ _____	= \$ _____	3. CHILD (age 14 days through 18 years)	_____	MM / DD / YYYY	_____	_____	x \$ _____	= \$ _____	4. CHILD (age 14 days through 18 years)	_____	MM / DD / YYYY	_____	_____	x \$ _____	= \$ _____	<p>TOTAL PREMIUM DUE (Minimum premium \$20): \$ _____ Your Certificate will be mailed via first class mail or: For overnight delivery of Certificate, add \$20: \$ _____ For a rushed fax copy of Certificate, add \$10: \$ _____ TOTAL DUE: \$ _____</p>
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**Mail this application with check, money order or credit card information, or FAX (925) 932-0442 with credit card information only to:
 Travel Insurance Services, 2950 Camino Diablo, Suite 300, Walnut Creek, CA 94596-3949**

NEW! InterMedical™ AD&D Upgrade YES! I would like to upgrade my InterMedical™ Insurance to include \$400,000 additional AD&D coverage per person.

Now you can add \$400,000 Accidental Death and Dismemberment coverage (including Terrorism coverage) for just \$3.00 additional per person, per day.

The additional AD&D coverage must be purchased for all travelers listed on the the InterMedical™ Enrollment Form and purchased for the entire trip duration. Please complete this and include with your Enrollment Form.	_____ X _____ X \$3.00 = \$ _____ Number of Days Number of Travelers AD&D Premium	
		+ \$ _____ Total Due - from attached Enrollment Form
	Sign _____ Date _____	= \$ _____ Grand Total Due