

ROUNDTrip[®] CHOICE



ENHANCED COMPREHENSIVE COVERAGE

Protect Your Trip Investment, Your Health & Your Baggage



SEVEN CORNERS

CHOOSING ROUNDRIP® CHOICE

WHY CHOOSE ROUNDRIP CHOICE?

With RoundTrip Choice, you receive enhanced trip cancellation benefits to protect your trip cost, your health, & your baggage. You can feel confident knowing Nationwide Mutual Insurance Company stands behind RoundTrip Choice. When you need coverage, it will be there. Well respected and with a strong financial history, Nationwide has consistently been rated "A" (Excellent) by AM Best.

As your policy administrator, Seven Corners will handle all of your insurance needs from start to finish. We will process your purchase, provide all documents, & handle any claims. In addition, our own 24/7 in-house travel assistance team, Seven Corners Assist, will handle your emergency and travel needs.

WHY SHOULD YOU BUY?



Protect Your Investment – should a sudden illness prevent you from taking your trip of a lifetime, don't lose everything you spent on your trip. Let us cover it so you can take your trip later.



Protect Your Health – if you become sick or injured while traveling, your health insurance here at home may not cover it. Make sure you are protected to prevent a financial hardship.



Protect Your Belongings – You bought a new wardrobe for this trip. Make sure you can replace it if it is stolen or damaged during your trip.

TRIP CANCELLATION & INTERRUPTION

Covers non-refundable, prepaid trip costs if you are unable to take your trip due to:

Sickness, Injury or Death	Felonious Assault
Death or Hospitalization of Host at Destination	Military Duty for Natural Disaster Relief
Jury Duty	Termination/Layoff/Transfer
Quarantine	Weather
Court-Ordered Appearance	Terrorist Incident
Traffic Accident	Bankruptcy/Default
Residence Uninhabitable	Natural Disaster
Strike	Hijacking

Please visit <http://www.sevencorners.com/roundtrip-roundtrip-choice/> to view the policy and details on the coverage triggers above.

Single Occupancy - We will pay the increased cost in your per person occupancy rate if your traveling companion's trip is canceled or interrupted for a covered reason.

SCHEDULE OF BENEFITS

BENEFIT	PER PERSON LIMIT
Trip Cancellation	Tour Cost to a maximum of \$30,000
Trip Interruption	Up to 150% of tour cost maximum
Trip Delay	\$1,000
Missed Cruise Connection	\$1,000
Emergency Medical Expense	\$150,000
Emergency Medical Evacuation/Repatriation	\$1,000,000
Lost Baggage/Personal Effects	\$2,000
Baggage Delay	\$400
24-Hour AD&D	\$10,000
Common Carrier AD&D	\$25,000
Travel Assistance Services	Included
Optional Flight Accident per Trip	\$100,000; \$250,000; or \$500,000
Optional Collision Damage Waiver (CDW)	\$35,000
Optional Cancel for Any Reason	Up to 75% of Non-Refundable Trip Cost

YOUR BENEFITS

TRIP DELAY

Reimburses you once for additional transportation, meals, accommodations & non-refundable, unused prepaid expenses if delayed 12 or more hours en route to/from your trip. *(Separate coverage reasons apply.)*

MISSED CONNECTION

Reimburses you for additional transportation costs to join your cruise if you miss your cruise due to flight cancellation or a flight delay of 3 or more hours. This benefit also covers accommodations, meals, and non-refundable trip payments for the unused portion of the cruise or tour. *(Separate coverage reasons apply.)*

EMERGENCY MEDICAL EXPENSE

Covers medical treatment for a sickness or injury which occurs during your trip.

EMERGENCY MEDICAL EVACUATION/REPATRIATION

- We will evacuate you to the nearest appropriate medical facility if medically necessary.
- If you are hospitalized more than 7 days, we will transport dependent children home if traveling with you. Also, we will send a person chosen by you to/from your bedside if you are traveling alone.
- If you die while traveling, we will return your remains to your residence in the United States or to your place of burial.

YOUR BENEFITS

BAGGAGE & CHECKED BAGGAGE DELAY

Covers loss, theft & damage to baggage & personal effects. Also reimburses you for personal effects if your bags are delayed more than 24 hours. *These benefits are secondary to other coverage.*

ACCIDENTAL DEATH & DISMEMBERMENT (AD&D)

Pays benefits for death, loss of limbs, or loss of sight due to an accident occurring while on your trip.

OPTIONAL COVERAGES

The optional benefits below are provided if you select them & pay the additional cost.

Optional Cancel For Any Reason - If you cancel your trip for any reason not otherwise covered by this plan, we will pay 75% of your prepaid, forfeited, non-refundable trip payments if: 1) we receive your RoundTrip plan payment within 10 days of your initial trip deposit* 2) you insure all prepaid trip costs, subject to cancellation penalties & 3) you cancel your trip 2 days or more before your departure date.

Optional Flight Accident Coverage - Pays additional AD&D benefits due to an accident occurring while you are a passenger on an aircraft.

Optional Collision Damage Waiver - Covers rental car damage.

PRE-EXISTING MEDICAL CONDITIONS

Pre-existing conditions are covered if you enroll in this plan within 10 days of the initial trip deposit. You must also buy coverage for the full cost of your trip.

A **PRE-EXISTING CONDITION** is any injury, sickness or condition of you, your traveling companion, or your family member booked to travel with you which within 60 days prior to the effective date of coverage (a) first manifested itself or exhibited symptoms that would have caused one to seek diagnosis, care or treatment; (b) required taking prescribed drugs or medicine, unless the condition for which the prescribed drug or medicine is taken remains controlled without any change in the required prescription; or (c) required medical treatment or treatment was recommended by a physician.

***Initial Trip Deposit** - means the first day any payment has been applied towards your land/air/sea arrangements.

IMPORTANT INFORMATION

When paying for your trip, please save all documents, as this information will be required to process any claim.

Please see your policy for a list of items excluded from coverage.

This brochure is intended as a brief summary of benefits and services. It is not your policy. If there is any difference between this brochure and your policy, the provisions of the policy will prevail. Benefits and premiums are subject to change.

Underwritten by Nationwide Mutual Insurance Company and affiliated companies.

(Nationwide Insurance and the Nationwide framemark are service marks of Nationwide Mutual Insurance Company.)



PROGRAM COST

Trip Cost Per Person	Plan Rate				
	Rates Effective: 06/01/14 (per person based on age on the purchase date) The rates below are for trips from 1 through 30 days long.**				
	0 to 34	35 to 55	56 to 70	71 to 80	81 & over
\$0*	\$28	\$40	\$50	\$70	\$123
\$1 - \$500	\$34	\$45	\$58	\$87	\$134
\$501 - \$1,000	\$44	\$58	\$80	\$113	\$179
\$1,001 - \$1,500	\$52	\$69	\$97	\$140	\$223
\$1,501 - \$2,000	\$63	\$84	\$119	\$171	\$277
\$2,001 - \$2,500	\$85	\$113	\$145	\$235	\$399
\$2,501 - \$3,000	\$95	\$126	\$174	\$279	\$468
\$3,001 - \$3,500	\$105	\$141	\$204	\$324	\$538
\$3,501 - \$4,000	\$116	\$155	\$239	\$374	\$621
\$4,001 - \$4,500	\$130	\$175	\$274	\$427	\$699
\$4,501 - \$5,000	\$144	\$193	\$309	\$478	\$779
\$5,001 - \$5,500	\$206	\$277	\$387	\$556	\$921
\$5,501 - \$6,000	\$224	\$302	\$421	\$608	\$1,007
\$6,001 - \$6,500	\$243	\$327	\$457	\$658	\$1,093
\$6,501 - \$7,000	\$264	\$356	\$498	\$719	\$1,192
\$7,001 - \$8,000	\$290	\$390	\$544	\$787	\$1,306
\$8,001 - \$9,000	\$325	\$438	\$613	\$885	\$1,471
\$9,001 - \$10,000	\$362	\$488	\$682	\$987	\$1,643

Coverage must be purchased for the full cost of the trip.

*Note: If you purchase the \$0 category - there is no Trip Cancellation. Trip Interruption covers only return air up to \$1,000 per person. All other benefits apply.

****For Trips 31 - 90 days, an additional cost per person per day is required:**

Age	0 to 34	35 to 55	56 to 70	71 to 80	81 & over †
Per Day	\$6	\$7	\$8	\$11	N/A

† Travelers age 80 and older may not purchase coverage for a trip longer than 30 days.

For Trip cost between \$10,001 and \$30,000, contact your producer or Seven Corners for the rate.

SEVEN CORNERS ASSIST

WE ARE HERE TO HELP

What happens if you become ill in a remote area without appropriate medical care? We will make sure you receive the care you need! If necessary, we will arrange and pay to evacuate you to the nearest appropriate medical facility.

24/7 Travel Assistance – We can provide local weather details, currency rates, embassy contact information, interpreter referrals, help with lost passport recovery, & pre-trip information including inoculation & visa requirements.

24/7 Medical Assistance – We can help you locate appropriate medical care, arrange second opinions, arrange emergency medical evacuations, medical transportation home after treatment, escorts & transportation for unaccompanied children, and medical record transfers.

ROUNDRIP® CHOICE ENROLLMENT FORM

AGENT # 2426

All applicants must be located within the United States at the time of purchase.

APPLICANT INFORMATION

(First Name - Middle Name - Last Name)

Primary Applicant: _____

Birth Date (MM/DD/YYYY) ____ / ____ / ____

Applicant 2: _____

Birth Date (MM/DD/YYYY) ____ / ____ / ____

Applicant 3: _____

Birth Date (MM/DD/YYYY) ____ / ____ / ____

Applicant 4: _____

Birth Date (MM/DD/YYYY) ____ / ____ / ____

TRIP INFORMATION

Trip Start Date (MM/DD/YYYY) ____ / ____ / ____

Trip End Date (MM/DD/YYYY) ____ / ____ / ____

Destination: _____

(Please list all if there is more than one.)

Name of Travel Supplier: _____

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

PERSONAL INFORMATION

Your Residence Address: _____

(must be a U.S. address)

City/State/Zip: _____

Phone: (____) _____ Fax: (____) _____

Email Address: _____

Beneficiary: _____

(For AD&D and optional Flight Accident Coverage)

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: _____

Expiration Date: ____ / ____ Phone: (____) _____

Name on Card: _____

Billing Address: _____

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. (Residents of NY and WA: plan costs are considered non-refundable at time of purchase.) I declare that I have read & understand the terms & conditions of this product. Whenever coverage provided by this policy would be in violation of U.S. or appropriate state law, including U.S. economic or trade sanctions, such coverage will be null & void. I understand that pre-existing conditions, as defined in the policy, are not covered unless I buy this insurance within 10 days of my initial trip deposit & buy coverage for the full cost of my trip. I attest that all persons listed on this application are currently located in the United States.

Signature: mandatory for all payment options. _____

Date _____

ROUNDRIP CHOICE - RATE CALCULATION

Plan must be purchased prior to departure for the FULL cost of Trip.

Please choose the corresponding Plan Rate for each traveler's trip cost from the "Program Cost" section of this brochure.

	Trip Cost	Plan Rate*
Primary Applicant	\$ _____ =	\$ _____
Applicant 2	\$ _____ =	\$ _____
Applicant 3	\$ _____ =	\$ _____
Applicant 4	\$ _____ =	\$ _____

*Plan rate must be listed for all travelers.

Cost A = \$ _____

FOR TRIPS OF 31 - 90 DAYS (if applicable)

Include departure and return dates in calculation. For trips 31 - 90 days, there is an additional daily charge per person. Please see the "Program Cost" section for details.

Primary Applicant	_____ x _____ = \$ _____	_____ = Cost B
	<small># of Days Over 30</small>	<small>Rate per day</small>
Applicant 2	_____ x _____ = \$ _____	_____ = Cost B
	<small># of Days Over 30</small>	<small>Rate per day</small>
Applicant 3	_____ x _____ = \$ _____	_____ = Cost B
	<small># of Days Over 30</small>	<small>Rate per day</small>
Applicant 4	_____ x _____ = \$ _____	_____ = Cost B
	<small># of Days Over 30</small>	<small>Rate per day</small>

Total Base Plan Cost (C) = Cost A + Cost B = \$ _____

Cost C

OPTIONAL CANCEL FOR ANY REASON

Must be purchased within 10 days of initial trip deposit (not available for NY, NH, & WA residents).

Multiply (0.40) x \$ _____ = \$ _____

Cost C Cost D

OPTIONAL FLIGHT COVERAGE - PER PERSON (CHOOSE ONE)

\$100,000 Protection for \$9 x _____ = \$ _____

Total # of Travelers Cost E

\$250,000 Protection for \$22 x _____ = \$ _____

Total # of Travelers Cost E

\$500,000 Protection for \$45 x _____ = \$ _____

Total # of Travelers Cost E

OPTIONAL COLLISION DAMAGE WAIVER (RENTAL CAR COVERAGE)

(Not available for NY, OR, and TX residents)

\$35,000 Protection for \$7 per day per car rental x _____ = \$ _____

Total # of Days Cost F

TOTAL RATE CALCULATION

Plan costs are non-refundable after 10-day review period.

(Residents of NY & WA: plan costs are considered non-refundable at the time of purchase.)

Total Base Plan Cost (C) + D + E + F = _____

Non-Refundable Processing Fee + \$ 5.00

Total Amount Due = \$ _____

Total Amount Due is authorized as payment.

COMPLETING YOUR APPLICATION

Please complete the attached application in full or apply online. **Total plan cost is due at the time of application, & benefits must be purchased for the full cost of the trip.** Also, a signature in the method of payment section of this application is required. If paying by check or money order, make payable to Seven Corners & mail with your application. If paying by credit card, you may mail or fax to us. (Originals are not required if the application is faxed with credit card payment.)

Seven Corners, Inc.

303 Congressional Boulevard, Carmel, IN 46032 USA

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

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

Online: www.sevencorners.com

ADMINISTERED BY



SEVEN CORNERS

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FOR ADDITIONAL INFORMATION

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19760 Knights Crossing Suite 1C
Monument, CO 80132

EMAIL: orders@globalhealthinsurance.com
<http://www.globalhealthinsurance.com>
T: 1-800-576-2674
P: 719-573-9080
FAX: 832-201-7553

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