

GatewayConnexions Premier,SM
a service of Seabury & Smith, Inc.



Accident and Medical Insurance
for Extended Stays Abroad and
International Work Assignments

MARSH



MARSH MERCER KROLL
GUY CARPENTER OLIVER WYMAN



Designed Expressly for Extended International Stays and Work Assignments

A growing number of people are often away from home for an extended period of time due to business, education, or cultural exchange. An essential element of a successful experience abroad is international insurance coverage. While insurance may be in place at home, it's possible that the same coverage is not available or limited beyond the Home Country.

As a solution, GatewayConnexions Premier, a service of Seabury & Smith, Inc., offers insurance and services to persons who are overseas for an extended period of time.

GatewayConnexions Premier offers insurance for accident and medical expenses, medical evacuation and repatriation, and accidental death and dismemberment. The Plan also features important medical and travel assistance services.

The Plans

Plan 1 — for destinations worldwide

Plan 2 — for destinations worldwide except the United States

Plan 3 — for international work assignment destinations worldwide except the United States

This brochure describes the eligibility requirements, plan provisions including limitations and exclusions, and assistance services available.

Plan Eligibility Requirements

To be eligible for any GatewayConnexions Premier plan, travel must be to a destination(s) outside the Home Country/Country of Residence for 6 or more consecutive months. Other eligibility requirements for specific plans apply.

For Plan 1

- does not hold U.S. visa type B2 (Visitor for Pleasure)
- U.S. citizens are not eligible

For Plan 2

- limited to travel destinations outside the United States

For Plan 3

- limited to international work assignments outside the United States

Spouse and/or unmarried dependent children, under the age of 18, or up to age 23 if a full time student, are also eligible if they meet the requirements outlined above.

A child age 18 and older who is not enrolled as a full time student is not considered a dependent child for this insurance plan. Children over the age of 18 can apply under separate Application and must meet the eligibility requirements shown above.

If the Home Country is different from the Country of Residence, there is no coverage in either location except as provided by this Plan (see Description of Coverage section).

For the purposes of this Plan, the United States means the 48 contiguous states, plus Alaska, Hawaii, and the District of Columbia.

Home Country and Country of Residence Defined

Home Country is the country from which the Insured Person holds a passport.

Country of Residence is the country where the Insured Person maintains a primary permanent residence.

Plan Overview

Coverage	Plan 1 Worldwide Including U.S.	Plan 2 Worldwide Excluding U.S.	Plan 3 Employment Assignments Worldwide Excluding U.S.
Medical Insurance			
Medical Expense Maximum Per Injury or Illness	<p>\$500,000</p> <p>After the Deductible, the Plan pays 80% of the reasonable and customary charges for Covered Medical Expenses up to \$5,000. Thereafter, the Plan pays 100% of the reasonable and customary charges for remaining Covered Medical Expenses up to the Medical Expense Maximum or the Maximum Coverage Period, whichever occurs first.</p> <p>Each Insured Person is responsible for 20% of the first \$5,000 of Covered Medical Expenses once every 12 months from the Effective Date of Insurance.</p>		
Age 65 and over limited to	\$100,000		
Return Home Visits limited to	\$50,000		
Deductible Options	<p>\$100, \$500, \$1,000</p> <p>Applied per person, once every 12 months from the Effective Date of insurance.</p>		
Maternity Coverage Well Child Care Coverage Mental and Nervous Care	N/A		<p>Applicable to Plan 3 only</p> <p>See Description of Coverage section for details.</p>
Other Insurance			
Emergency Medical Evacuation	\$100,000		
Return of Minor Children	\$5,000		
Repatriation of Remains	\$20,000		
Accidental Death & Dismemberment (AD&D)	\$25,000 Principal Sum		
Optional AD&D	<p>\$100,000 Additional Principal Sum</p> <p>\$250,000 Additional Principal Sum</p>		
Services			
Worldwide Medical and Travel Assistance	Included		

How the Medical Insurance Works

For **Covered Medical Expenses** during a **Term of Insurance**, the GatewayConnexions Premier plan works like this:

- Each Insured Person must meet the Deductible once every 12 months from the Effective Date of insurance.
- After the Deductible, the Plan pays 80% of the reasonable and customary charges for Covered Medical Expenses up to \$5,000. Thereafter, the Plan pays 100% of the reasonable and customary charges for remaining Covered Medical Expenses up to the **Medical Expense Maximum** or the **Maximum Coverage Period**, whichever occurs first.
- Each Insured Person is responsible for 20% of the first \$5,000 of Covered Medical Expenses once every 12 months from the Effective Date of insurance.
- The Medical Expense Maximum is applied to Covered Medical Expenses for each separate, distinct, and unrelated condition.
- The Maximum Coverage Period is the length of time in which Covered Medical Expenses are considered eligible.

The **Description of Coverage** section provides details about Covered Medical Expenses, Exclusions, and Limitations.

Effective Date and Expiration Date of Insurance

The **Effective Date** of insurance is the latest of these dates:

- departure from the Home Country/
Country of Residence
- receipt of Application and premium
- date requested on the Application form

The **Expiration Date** of insurance is the earlier of these dates:

- return to the Home Country/Country of Residence for other than a temporary return visit
- the date shown on the insurance documents mailed upon issuance

Term of Insurance

A **Term of Insurance** starts on the **Effective Date** of insurance and ends on the **Expiration Date** of insurance.

- Minimum term is 6 months
- Maximum initial or renewal term is 12 months, up to a total of 60 consecutive months

Enrollment

- **INITIAL** Application — request insurance for 6 months or more (up to an initial maximum term of 12 consecutive months). A renewal notice is automatically sent to the mailing address on file 45 days prior to the Expiration Date.
- **RENEWAL** — Term of Insurance can be renewed for up to 12 months at a time to the maximum total of 60 consecutive months as long as eligibility requirements continue to be met. Administrator must receive the Renewal Form with premium payment on or before the Expiration Date of insurance. Minimum renewal term is 3 months (or less if final renewal). Upon renewal, Expiration Date of insurance is adjusted according to the number of months requested on renewal.
- Dependent children can be **ADDED** during the Term of Insurance. Contact the Administrator for requirements and further instructions.



Description of Coverage

Medical Expenses

If an injury or illness occurs during the **Term of Insurance**, only those expenses specifically described below, and which are incurred within the **Maximum Coverage Period** of the Plan and which are not excluded (see Exclusions section) are considered **Covered Medical Expenses**. Initial treatment of an injury must occur within 60 days of the accident. For Plans 1 and 2, the Maximum Coverage Period per injury or illness is 52 weeks from the date of such injury or onset of such illness. For Plan 3, the Maximum Coverage Period is continuous during expatriate assignment, otherwise ends 30 days from Expiration Date of this insurance.

1. Charges made by a hospital for room and board, floor nursing and other services, exclusive of charges for professional service 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, or intensive care when medically necessary;
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 and medical treatment;
5. Charges for physiotherapy, if recommended by a physician for the treatment of a specific disablement 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. Return Visit Coverage: Expenses described in 1-6 resulting from onset of injury or illness during a visit in the Home Country/Country of Residence is afforded for a maximum total of 60 accumulated days per each 12 month Term of Insurance (or pro-rata thereof) subject to the following terms and conditions: a) Insured Person has been outside their Home Country/Country of Residence for a minimum

of three consecutive months from Effective Date of insurance; b) visit is immediately followed by return to international location; c) medical maximum is limited to \$50,000; d) coverage must be activated through written notification to the Administrator.

8. After 12 months of continuous coverage, the Insured Person will be covered for expenses related to Pregnancy, including: Pre- and Post-natal care, Normal delivery or C-section, associated newborn nursery hospital charges, complications of pregnancy and miscarriage. The following maximums apply: \$5,000 for normal delivery for each pregnancy; and a maximum of \$7,500 for C-section delivery for each pregnancy.
9. Well Child Care is provided by the Plan for covered eligible dependents until age 6. Coverage is provided for: a) six well child visits from age one week to age 12 months; b) three well child visits from age one year to age 2; and c) one well child visit per year from age 2 to age 6. Only services of family practitioners, pediatricians, and internal medicine specialists are covered.
10. After 12 months of continuous coverage, this Plan will pay the reasonable and customary charge for treatment of a mental or nervous disorder on an in-patient/out-patient basis from a hospital, an approved or licensed community mental health center or clinic, or a licensed psychiatrist or consulting psychologist, subject to a maximum benefit of \$10,000 for Inpatient care or \$1,000 for Outpatient care.

Coverage described in this shaded text section applies to Plan 3 ONLY

The charges listed shall in no event include any amount of such charges which are in excess of reasonable and customary charges.

Exclusions

For Medical Expenses, this insurance does not cover:

1. Pre-existing Conditions, defined as illness, injury or manifestation of symptoms for which a licensed physician was consulted, or for which treatment or medication was prescribed, within 12 months prior to the Insured Person's **Effective Date** of 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 the result of or in connection with a) declared or undeclared war or any act thereof; b) injury sustained while participating in professional sports, sponsored scholastic or amateur athletics, which are defined as organized sports activities associated with a team, league, or other similar groups; c) intentionally self-inflicted injury, suicide while sane or attempted suicide while insane; d) scuba diving, mountain climbing, sky diving, professional or amateur racing, piloting an aircraft; or e) commission of a felony;
4. Expenses for a) pregnancy, childbirth or miscarriage, except as provided for in Plan 3; b) routine physicals; c) cosmetic or plastic surgery, except as the result of an accident; d) elective surgery; e) any mental and nervous disorders or rest cures, except as provided for in Plan 3; f) dental care, except as the result of injury to natural teeth caused by accident; g) eye refractions or eye examinations for the purpose of prescribing corrective lenses for eye glasses or for the fitting thereof, unless caused by accidental bodily injury incurred while insured; h) alcoholism or drug addiction or use of any drug or narcotic agent; or i) treatment by a family member;
5. Treatment paid for or furnished under any other individual or group policy, or other service or medical pre-payment plan arranged through an employer to the extent so furnished or paid, or under any mandatory government program or facility set up for treatment without cost to any individual;

6. Loss or expense caused by, contributed to, or resulting from any loss that occurs while traveling or enrolling solely for the purpose of obtaining medical treatment, while on a waiting list for a specific treatment, or while traveling against the advice of a physician.

Emergency Medical Evacuation Expenses

If injury or illness commencing during the **Term of Insurance** warrants immediate transportation to the nearest medical facility where appropriate medical treatment can be obtained, or if after being treated at a local hospital the condition warrants transportation to the Home Country/Country of Residence for further medical treatment or to recover, or both, all eligible expenses incurred are covered up to a maximum of \$100,000. An emergency evacuation must be recommended by a legally licensed attending physician who certifies that the severity of injury or illness necessitates such emergency evacuation and must be agreed upon by you or your representative. **In the event this coverage is needed, arrangements must be made by the Assistance Services provider.**

If an Insured Person is hospitalized for more than 7 days following a covered emergency evacuation and is receiving care outside the Home Country/Country of Residence, the Plan will pay up to the cost of round-trip economy airfare to bring a person chosen by the Insured Person to and from his/her bedside, if the Insured Person is not accompanied by immediate family. **These transportation arrangements must be authorized in advance, and made by the Assistance Services provider.**

Return of Minor Child(ren)

If an adult insured is traveling alone with a Minor Child(ren) up to the age of 18 and is hospitalized because of a covered illness or injury and the minor children are left unattended, the Plan will arrange and pay for one-way economy fares (less the value of applied credit from any unused travel tickets per person) to their Home Country/Country of Residence,

not to exceed the maximum of \$5,000. These arrangements will be made at no cost to you. If an attendant/escort is necessary to ensure the safety and welfare of Minor Child(ren), the Plan will arrange and pay for these services. **All arrangements must be made by the Assistance Services provider.**

Repatriation of Remains Expenses

If injury or illness commencing during the **Term of Insurance** results in death, all reasonable expenses incurred for preparation and return of the remains to the Home Country/Country of Residence are covered up to a maximum of \$20,000.

In the event this coverage is needed, arrangements are made by the Assistance Services provider.

Exclusions

For Emergency Medical Evacuation and Repatriation, this insurance does not cover:

Expenses incurred as the result of or in connection with
a) declared or undeclared war or any act thereof;
b) injury sustained while participating in professional sports; c) intentionally self-inflicted injury, suicide while sane or attempted suicide while insane; d) commission of a felony; e) professional racing, participation in contests of speed, or piloting an aircraft; f) pregnancy, except complications of pregnancy; g) alcoholism or drug addiction.

Accidental Death & Dismemberment (AD&D)

\$25,000 Principal Sum..... Included
\$100,000 Additional Principal Sum.....Option 1
\$250,000 Additional Principal Sum.....Option 2

GatewayConnexions Premier includes \$25,000 AD&D Principal Sum for each Insured Person and Insured Spouse, with partial coverage for each Insured Eligible Child (see the Table of Losses).

If you wish to purchase either Optional Additional Principal Sum, it must be purchased for each adult (Insured Person and Insured Spouse) listed on the Application, and additional premium must be paid at

time of Application. This option is not available for Insured Persons under the age of 18. Purchase of this optional coverage does not affect the AD&D coverage amount for Insured Child(ren).

If an injury occurs during your **Term of Insurance** and results in one of the following losses within 365 days after an accident, the Plan will pay for loss as follows:

Table of Losses	Insured or Spouse	Each Child
Loss of Life	Principal Sum	\$5,000
Loss of Two Members	Principal Sum	\$5,000
Loss of One Member	50% of Principal Sum	\$2,500

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

Exclusions

For **Accidental Death & Dismemberment**, this insurance does **not** cover losses resulting from:

1. a) intentionally self-inflicted injury, suicide while sane or attempted suicide while insane; b) war or any act of war, declared or undeclared, or service in the military, naval or air service of any country; or c) piloting or acting as a crew member or riding in any aircraft except as a fare-paying passenger on a scheduled airline;
2. a) illness, disease, pregnancy, childbirth, miscarriage or any bacterial infection other than one occurring from an accidental cut or wound; or b) hernia.

Assistance Services

Assistance services are provided by **AIGAssist (AIG International Services)**.

Eligibility for any of the assistance services outlined below is effective once insured. Services can be accessed 24 hours a day, 7 days a week.

- **Pre-Departure Assistance** — advice on required and recommended immunizations; passport

and visa information; health information and precautions for medically remote or underserved areas; information for handicapped or disabled travelers; help in arranging special medical services needed while traveling.

- **Travel Medical Emergency Services** — help in obtaining local medical care, in arranging special medical services when traveling; medical case monitoring, arranging communication between patient, family, physicians, employer, consulate; health information and precautions for medically remote or underserved areas; guarantee payment for medical care using traveler's financial resources.
- **Medical Evacuation** — coordinate and arrange for medical transportation if traveler becomes injured or seriously ill and needs to be evacuated to an appropriate medical treatment facility.
- **Repatriation** — coordinate the return of remains to the Home Country/Country of Residence if death occurs while traveling.
- **Legal Assistance** — worldwide, 24-hour contact for legal emergencies; legal referral to help you locate a consular official or attorney.
- **Travel Assistance** — worldwide, 24-hour telephone contact for advice on handling losses and delays; help with lost passports, tickets and documents; advice on filing insurance claims; arranging shipments of forgotten, lost or stolen items.

Refund of Premium

Full refund of premium is made if written request is received prior to the **Effective Date** of insurance. After the Effective Date, premium for the first 6 months of coverage is considered fully earned and non-refundable. If you are issued a **Term of Insurance** for 7 or more consecutive months, and return to your Home Country/Country of Residence earlier than expected, unused premium for remaining whole months, exclusive of the first 6 months, is refunded. Remaining whole months are calculated from the date written notice is received up to the Expiration Date of the Term of Insurance in effect.

Broker:

Barney & Barney LLC

1999 Harrison Street, Suite 1230

Oakland, CA 94612

(510) 273-8888 Ph.

(510) 273-8867 Fax

The GatewayConnexions Plans are underwritten by the Insurance Company of the State of Pennsylvania, a Pennsylvania insurance company, with its principal place of business at 70 Pine Street, New York, New York 10270. It is currently authorized to transact business in all states and the District of Columbia. NAIC No. 19429. The Insurance Company of the State of Pennsylvania is a member of the American International Group of Companies (AIG).

GatewayConnexions is a service of Marsh Global Consumer. Marsh Global Consumer designs, sells, implements and administers insurance-related risk management and financial service programs that generate revenue, promote loyalty, reduce costs, and increase efficiency for sponsoring clients. These programs deliver vision, value, convenience, choice, and innovation to consumers and small businesses worldwide. Marsh professionals in this business provide consulting, broking, product and program design, marketing, and program management and administration services to individual clients and sponsoring organizations. Clients include employer groups, associations, financial institutions, membership organizations, corporate and other product and service providers. Through sophisticated, data-driven marketing strategies, Marsh Global Consumer expands customer access and program utilization, delivering increased security and asset protection on behalf of clients to consumers worldwide. 1-2-1 To Many.

The business includes: Private Client Solutions, which serves high-net-worth individuals, families and their trusted advisors; Business Process Outsourcing Solutions, which provides comprehensive, "private label" back-office operational and marketing support services to leading insurers, financial institutions, and other service businesses; and a Commercial Solutions business, which offers standardized insurance programs and administrative support — for both individual and commercial insurance products — to small businesses and franchise operations.

GatewayConnexions Plan Administrator

P.O. Box 14468
Des Moines, IA 50306-3468

For Customer Service and Enrollment

Toll-free in U.S./Canada: (800) 282-4495
Direct: (515) 365-6565
Fax: (515) 365-1248

Email: gateway@marshpm.com
Web: www.gatewayconnexions.com

A variety of GatewayConnexions plans are available to groups. We provide coverage for accident & health, personal property & liability, travel accident, trip protection and more. We invite group sponsors to call us for prompt service and information at: (800) 282-4495.

GatewayConnexions PremierSM, provided by Seabury & Smith, Inc., is a service of Marsh Global Consumer, Affinity & Private Client Solutions.

MARSH



MARSH MERCER KROLL
GUY CARPENTER OLIVER WYMAN

Copyright 2009 Marsh Inc.
All rights reserved.
March_09

MMC_US_GC_PB_Premier_3_5_09

OFFICIAL USE ONLY: Cert. No. _____ Approved _____ Source Code 32240 Eff. Date _____*Please Type or Print***Primary Insured Information** Dr. Mr. Mrs. Ms.

Last Name _____

First Name _____

Home Country Address _____

City/State _____ Postal Code/Zip Code _____ Country _____

Passport Country _____ Passport No. _____ Country of Residence _____

(if different from Passport Country)

Country(ies) of Destination (list all countries) _____ # of Destinations _____

If your country of destination is the U.S., furnish visa type: _____

Are you currently outside of your Home Country/Country of Residence? *(Check appropriate box and answer the questions):* **NO**When will you depart? ____/____/____
month/day/year **YES**When did you depart? ____/____/____
month/day/year

Have you had GatewayConnexions insurance as a Primary Insured or a dependent since your departure date?

 No Yes Certificate No. _____

Have you had other insurance as a Primary Insured or a dependent since your departure date?

 No Yes If yes, provide Insurance Company Name _____**Mailing Address** (Insurance coverage documents and renewal notices are mailed here):

c/o Contact Name _____

Organization Name *(if applicable)* _____

Address _____

City _____ State _____ Zip Code _____ Country _____

Contact Information

Day Phone _____ Fax _____

Email _____

Accidental Death & Dismemberment Benefit — Loss of Life

Beneficiary Name _____ Relationship _____

*If there is no designated beneficiary or the designated beneficiary is not living after the Primary Insured's death, the AD&D benefits will be paid in equal shares to the survivors in the first surviving class of those that follow: the Primary Insured's (1) spouse; (2) children; (3) parents; or (4) brothers and sisters. If no class has a survivor, the beneficiary is the Primary Insured's estate. The Primary Insured is automatically the beneficiary for the Spouse/Child AD&D benefit(s) unless the Primary Insured has named different beneficiary(ies) for Insured Dependents.***Request Effective Date and Term of Insurance**Begin insurance on ____/____/____ and continue for _____ months *(6 months minimum, 12 months maximum)*.
month/day/year**Coverage Selections**Select Plan Type: Plan 1 Plan 2 Plan 3Select Deductible: Option A \$100 Option B \$500 Option C \$1,000

Corresponding Rate Factor: 1.00 .85 .70

Purpose of International Travel

Select One:

 Academic/Educational Program International Work Assignment Practical Training J Visa Exchange Visitor Program Cultural Exchange Pleasure Travel Spouse or Child of International Exchange Participant Other _____

Sponsor/Host Organization Name: _____

Sponsor/Host Email: _____ Sponsor/Host Phone: _____

Please Type or Print

Persons to be Insured

Print names of person(s) to be insured

Last Name	First Name	Date of Birth	Premium from Chart
Primary Insured _____	_____	____/____/____ month/day/year	\$ _____
Spouse _____	_____	____/____/____ month/day/year	\$ _____
Child _____	_____	____/____/____ month/day/year	\$ _____
Child _____	_____	____/____/____ month/day/year	\$ _____
Total Base Premium			\$ _____

Calculating Your Premium

Enter **Total Base Premium** (From above) \$ _____

Enter Rate Factor (See Application front — Coverage Selection section) X _____

Subtotal #1 \$ _____

Select Additional Optional AD&D: Option 1 (\$12) or Option 2 (\$30) \$ _____

Number of Adults (1 or 2) X _____

Subtotal #2 \$ _____

New Total Base Premium (Add Subtotal #1 and Subtotal #2) \$ _____

Multiply by Number of Months (Minimum 6; Maximum 12) \$ _____

TOTAL PREMIUM DUE \$ _____

Monthly Premium Rates Per Person Based on \$100 Deductible

Each Adult:	Plan 1	Plan 2	Plan 3
Age 29 or under	\$80	\$68	\$105
30-54	\$125	\$94	\$145
55-64	\$205	\$157	\$243
65 or above	\$432	\$360	\$558
Each Dependent Child (to Age 18, or Age 23 if a full-time student)	\$40	\$37	\$57

Additional Accidental Death & Dismemberment Coverage (Optional):

Option 1: Additional \$100,000 Principal Sum	Each Adult \$12
Option 2: Additional \$250,000 Principal Sum	\$30

Please Note:

- Above premium rates represent \$100 Deductible. Selection of higher Deductible lowers premium. Rate factors and instructions appear on front of Application form.
- If Child (under age 18) is the only person listed on Application, Adult Rates (age 29 or under) apply.
- Options 1 and 2 are available only to persons age 18 and older. If purchased, both Primary Insured and Spouse must have same coverage amount.
- The minimum Term of Insurance for GatewayConnexions Premier is 6 months, maximum 12 months. Coverage may be renewed for a minimum of 3 months up to a maximum of 12 months at a time, to a maximum total of 5 years.
- Plan Selection — see brochure
 - Plan 1 — Worldwide, including U.S.
 - Plan 2 — Worldwide, excluding U.S.
 - Plan 3 — Employment assignments Worldwide, excluding U.S.

Statement of Acknowledgment

Premium, Eligibility Criteria, and Plan Provisions including Limitations and Exclusions are subject to change. Coverage is issued according to plan specifications and rates in effect at time of Application.

In this transaction, Marsh is acting as the exclusive insurance agent and program manager for The Insurance Company of the State of Pennsylvania ("Insurer") for this type of coverage, and not as your insurance agent or broker. As the agent for Insurer, Marsh will perform all of the functions necessary to provide insurance program management services for the Plan on behalf of the Insurer. Marsh & McLennan Companies, Inc. and its subsidiaries own equity interests in certain insurers and have contractual arrangements with certain insurers and wholesale brokers. Information regarding such interests and contracts is available at <http://global.marsh.com/about/Transparency.php>. Marsh earns and retains interest income on premium held by Marsh on behalf of insurers during the period between receipt of such payments from clients and the time such payments are remitted to the applicable insurer, where permitted by law. The premium includes thirty-eight and a half percent commission payable to Marsh. Your premium payment indicates your consent to this commission for this policy period and subsequent renewals, including any changes in commission rates at any such renewals.

I acknowledge that I have read, understand, and agree to the terms and conditions of this insurance coverage as it has been presented to me in this brochure.

Signature of Primary Insured or Other Third Party (Required)

_____/____/____
Date month/day/year

Method of Payment

Total premium due for the Term of Insurance requested must be paid in U.S. dollars at the time of Application. Purchase by credit card is subject to validation and acceptance by credit card company.

Check Money Order American Express MasterCard VISA

Card No. _____ Expiration Date ____/____/____
month/year

Name on Card _____

Cardholder's Email _____

Daytime Phone _____

My signature authorizes the GatewayConnexions Plan Administrator to charge my credit card (if selected above) for the total premium due for the Term of Insurance requested.

Signature of Cardholder (Required if paying by credit card) Date ____/____/____
month/day/year

To Apply

To Apply: Online

Visit www.gatewayconnexions.com
*Requires Credit Card Payment

To Apply: Mail

Send completed application along with Check or Credit Card Payment to:
GatewayConnexions Plan Administrator
P.O. Box 14468
Des Moines, IA 50306-3468

To Apply: Fax or Email

Submit completed application to:
Fax: (515) 365-1248
Email: gateway@marshpm.com
*Requires Credit Card Payment

Contact us with any questions.

Toll-free in U.S./Canada: (800) 282-4495
Direct: (515) 365-6565