



THE BEACON SERIESSM

Going Your Way



Is it Important to Have Travel Medical Insurance?

Perhaps the better question is whether you are prepared to travel without it. While international travel is often interesting, fun and exciting, it is important not to ignore the real risks we face, even though we do not like to think about them happening. Imagine it is 3 a.m. back home; you are severely injured in a fall. Will anyone pick up the phone at your local insurance company? If they do, can they or will they be able to help you in an emergency? Many health insurance plans have restrictions for time out of home country or geographic areas which lack coverage. Be confident when you arrive in another country that you'll enjoy the security of the finest travel medical insurance protection available in the market today. Azimuth Risk Solutions provides the essential coverage and service to respond quickly, compassionately and professionally to the emergency mentioned above and hundreds of other travel emergencies.

Who Is Azimuth Risk Solutions?

Headquartered in Indianapolis, Indiana, Azimuth Risk SolutionsSM, LLC (Azimuth) is a service-first organization formed by professionals with nearly 30 years in the international insurance industry to provide simply the finest in product offering, administration and support before and after the sale of international health, travel and life insurance products. If it's important to you to do business with an organization that is committed to service excellence, to ethical conduct and philanthropic pursuits, Azimuth is the choice to meet your requirements. Azimuth is a Managing Agency for our insurer, certain Underwriters at Lloyd's, London and the scheme administrator for the Beacon Series.

Is the Beacon Series a Good Value?

The Beacon Series offers the most comprehensive series of benefits available in today's travel medical insurance market all at an affordable price. However, the real value of an insurance plan exists in the company behind the plan and its ability to respond in a time of need. Azimuth takes exceptional pride in its ability to professionally serve our clients no matter where they are in the world and at any time of the day or night. Azimuth stands ready to provide solutions with professionals who enjoy helping other people.

Who is Eligible To Purchase the Beacon Series?

Anyone more than 14 days old who travels outside of their home country should be protected with the Beacon Series. If you are a US citizen, your home country is always the US. If you are a non-US citizen, your home country is the location of your principal residence and where you receive mail at the time of your application for insurance.

What Does the Beacon Series Cover?

The description in this brochure is a general discussion of the coverage provided by the Beacon Series. A complete statement of your benefits is delivered with the fulfillment of the Beacon Series upon purchase. If you would like a plan summary in advance, you may request one via email at: service@azimuthrisk.com or by calling Azimuth Risk Solutions, LLC at 888-201-8850 or 317-644-6291.

Who Insures This Plan?

The preeminent name in international insurance is Lloyd's, London. This largest, oldest and most respected insurance market is the insurer on all Azimuth Risk plans. You will have the security of knowing that you are working with an insurer who has paid every eligible claim for more than 320 years. Lloyd's is rated 'A' by AM Best Company and Standard & Poor's for their superior ability to pay claims.

Sudden Onset of Preexisting Condition:

If you have a prior health condition which suddenly and unexpectedly asserts itself during your travel, the Beacon Series does provide a limited amount of coverage to help mitigate this unpleasant surprise. If you are a US citizen, you have coverage up to \$20,000 (including emergency medical evacuation). As a non-US citizen you have up to \$1,000 of coverage for medical expenses only. Enjoy peace of mind, even if your past health history has a few blemishes with this powerful benefit.

What If I have a Claim?

The claim process is quite simple. In the event that you have a claim for eligible expenses you have already incurred, simply complete our Claim Form, which is included in your plan fulfillment and available online and return to Azimuth with your original receipts and your eligible expenses will be promptly refunded. As with every aspect of Azimuth's operations, if you have any difficulty, simply contact Azimuth and we will gladly help you with completing the process. In the event that you have a large or ongoing claim your precertification through Azimuth will in many cases allow us to arrange for your care and payment directly to your healthcare provider.

Precertification:

In order to receive complete benefits, hospital admissions, trip interruptions, repatriation of mortal remains, emergency medical evacuations, any eligible inpatient or outpatient procedure as indicated in the Evidence of Insurance, must be precertified by contacting Azimuth Risk Solutions, LLC through the contact information indicated on the member's identification card prior to receiving service. In the case of emergency hospital admission, Azimuth must be contacted within the first 48 hours of admission or as soon as possible. **Precertification is not a guarantee of coverage.**

Trip Delay: Exclusive Azimuth Benefit!

As we all know, travel can sometimes lead to frustration and trip delays are a big part of that frustration. In the event your travel is significantly delayed, the Beacon Series provides \$100 a day to help defray unexpected expenses as a result of such a delay.

Quick Trip Home Coverage:

Longer trips may require that you return home for a brief time to manage your affairs. Perhaps it is important to be home for the holidays; if so, the Beacon Series has you covered. If you purchase at least 3 months of coverage, the Beacon Series provides coverage in your home country for up to 14 days in your home country for a quick visit home, after which you would then complete your international travel.

What if I Stay Longer?

Sometimes you just need a little more time away from things at home. With the Beacon Series, it is easy to stay covered. Simply login to the ARS Client Center at the Azimuth website, www.azimuthrisk.com after your initial purchase and you can extend your plan up to a maximum overall Coverage Period of 12 to 24 months depending upon your citizenship.

Home Country Coverage at End of Trip: *Exclusive Azimuth Benefit!*

A long time away from home requires a little time to get acclimated to life back home. That is why we provide 15 days free with a 6 month purchase or 30 days free with a 12 month purchase.

Terrorism:

Today's headlines provide a regular reminder of the challenging environment in which we live. Terrorism, by its very nature is to take advantage of the unaware and unprepared. While we cannot stop these events from occurring, the Beacon Series is prepared to help with covering the expenses for medical care in case you are injured in such an attack.

Emergency Medical Evacuation:

It is likely that the most significant financial and personal risk you face abroad is the need for an emergency medical evacuation. In the case of a life threatening injury or illness, the Beacon Series provides coverage to transport you to the nearest facility which can properly care for you. We know it's important not to feel alone at a time of crisis, so the Beacon Series provides coverage to transport an immediate family member or friend to your bedside in the event you are evacuated.

All benefits discussed here are as indicated in the schedule of benefits.

What Is Not Covered? Charges related to:

- **Preexisting Conditions** - Except for Sudden Onset of Pre-existing Condition, charges resulting directly or indirectly from or relating to any Pre-existing Condition are excluded from coverage under this insurance.
- **Pregnancy** - Charges related to Pregnancy, including but not limited to pre-natal care, child birth, post-natal care, false labor, edema, prolonged labor and/or prescribed rest during the period of pregnancy, including newborn care.
- **Experimental treatments or surgery**
- **Weight modification treatment, plastic surgery unrelated to restoration after a covered injury or illness or sex-change surgery**
- **Injuries as a result of engaging in Hazardous Sports without the purchase of the optional Sports rider**
- **Any injury or illness as a result of the consumption of alcohol or drugs; or for the treatment of substance abuse**

This is a partial list and description of exclusions. For a full description, please contact Azimuth Risk Solutions, LLC for a copy of the Evidence of Insurance.

International Client Assistance

If it matters to you to know that someone is always by your side while traveling in a distant land, the Beacon Series can ease your mind while you are away from the familiar surroundings of home. For no extra charge, each Beacon Series Plan includes the following key services to help you when you are in the greatest need:

- **Real Time Call Center** – never worry about getting lost in voicemail while you are many time zones away. A caring, helpful voice on the other end of the phone is always ready to help
- **Lost Baggage Tracking** – if you've ever had to chase down your airline baggage department to find out where your luggage may have gone, you will appreciate our ability to do so on your behalf. Enjoy your travel without having to make multiple phone calls to get updates on your baggage delivery
- **Medical Referrals** – need a doctor or the nearest hospital? One free call gets you the information you need
- **Travel Advisories** – get in the know, before you go; call us to learn areas to avoid, travel delays, weather alerts and more
- **Crisis Cash Advance** – we'll help you get to your money so you can stay on the go
- **Much, much, more**

How Do I Apply?

It is easy, simply fax the enclosed application (both pages) to 888-201-8851 or 317-423-9620 if paying by credit card.

Alternatively, please mail the application and payment to:

Azimuth Risk Solutions, LLC
1 North Pennsylvania Street, Suite 600
Indianapolis, IN 46204
USA

The Beacon SeriesSM Schedule of Benefits

Benefits	Beacon International	Beacon America
Medical Maximum	\$50,000; \$100,000; \$500,000; \$1,000,000; \$2,000,000 (ages 70-79 limited to \$50,000 maximum; ages 80+ limited to \$12,000)	\$50,000; \$100,000; \$500,000; \$1,000,000 (ages 70-79 limited to \$50,000 maximum; ages 80+ limited to \$12,000)
Deductibles	\$0; \$100; \$250; \$500; \$1,000; or \$2,500 per Coverage Period	\$0; \$100; \$250; \$500; \$1,000; or \$2,500 per Coverage Period
Benefit Period	6 months	6 months
Coinsurance- Claims incurred in US or Canada	The plan pays 80% of next \$5,000 of Eligible Expenses (subject to Deductible), then 100% to the Overall Maximum Limit.	The plan pays 80% of next \$5,000 of Eligible Expenses (subject to Deductible), then 100% to the Overall Maximum Limit.
Coinsurance- Claims incurred outside US or Canada	No Coinsurance	No Coinsurance
Hospital Indemnity (Traveling outside US and Canada)	\$150 per night; Inpatient Hospitalization	\$150 per night; Inpatient Hospitalization
Hospital Room and Board	Private room rate. US citizens only.	Average Semi-private room rate.
Intensive Care Unit	Usual, Reasonable, and Customary to selected Policy Maximum Limit.	Usual, Reasonable, and Customary to selected Policy Maximum Limit.
Local Ambulance	Usual, Reasonable, and Customary charges, when covered Illness or Injury results in Hospitalization as Inpatient.	Usual, Reasonable, and Customary charges, when covered Illness or Injury results in Hospitalization as Inpatient.
Physical Therapy	\$60 Maximum Limit per visit. Maximum 15 visits.	\$60 Maximum Limit per visit. Maximum 15 visits.
Sudden Onset of Pre-existing Condition	\$20,000 Maximum Limit for Eligible Medical Expenses. Including Emergency Medical Evacuation.	\$1,000 Maximum Limit for Eligible Medical Expenses.
All Other Medical Expenses	Usual, Reasonable and Customary charges	Usual, Reasonable and Customary charges
Dental (Injury as result of Accident) Only available for Policies purchased for 90 days or more.	\$250 Maximum Limit per Coverage Period	\$250 Maximum Limit per Coverage Period
Emergency Medical Evacuation	\$30,000 Maximum Limit	\$30,000 Maximum Limit
Emergency Reunion	\$15,000 Limit per Coverage Period	\$15,000 Limit per Coverage Period
Return of Mortal Remains	\$30,000 Limit per Coverage Period	\$30,000 Limit per Coverage Period
Return of Minor Children	\$5,000 Limit per Coverage Period	\$5,000 Limit per Coverage Period
Quick Trip Home Country Coverage	14 days cumulative Home Country Coverage (as defined in Policy). Minimum 3 month purchase	14 days cumulative Home Country Coverage (as defined in Policy). Minimum 3 month purchase
Home Country Coverage (End of Trip)	Free 15 days with a 6 month purchase. Free 30 days with a 12 month purchase. Maximum 6 months for any one Coverage Period.	Free 15 days with a 6 month purchase. Free 30 days with a 12 month purchase. Maximum 6 months for any one Coverage Period.
Lost Checked Luggage	\$250 per Coverage Period (not subject to Deductible or Coinsurance). As defined in the Policy.	\$250 per Coverage Period (not subject to Deductible or Coinsurance). As defined in the Policy.
Accidental Death and Dismemberment (AD&D)	\$30,000 for Insured or Insured spouse and \$6,000 for Dependent Child(ren)	\$30,000 for Insured or Insured spouse and \$6,000 for Dependent Child(ren)
Common Carrier Accidental Death and Dismemberment	\$50,000 per Member (age 18 and over) \$30,000 per Member (under age 18)	\$50,000 per Member (age 18 and over) \$30,000 per Member (under age 18)
Terrorism	\$50,000 Maximum Limit, Medical expenses only.	\$50,000 Maximum Limit, Medical expenses only.
Trip Delay/Missed Connection	Maximum Limit of \$100 a day after a minimum of 12 hour delay period. As defined in the Policy.	Maximum Limit of \$100 a day after a minimum of 12 hour delay period. As defined in the Policy.

With regard to the foregoing Schedule of Benefits/Limits, the references to "continuous coverage" mean continuous unbroken coverage under the Beacon/Axis Series Group Insurance Trust (Anguilla). The applicable benefits described will become first available to the Participating Member only at the end of the continuous coverage period so specified.

BEACON INTERNATIONAL RATES- (Traveling outside the US & Canada)

	Option 1		Option 2		Option 3		Option 4		Option 5	
Maximum Limit	\$ 50,000.00		\$ 100,000.00		\$ 500,000.00		\$ 1,000,000.00		\$ 2,000,000.00	
Age	Monthly	Daily	Monthly	Daily	Monthly	Daily	Monthly	Daily	Monthly	Daily
18-29	\$31.00	\$1.10	\$36.00	\$1.25	\$42.00	\$1.44	\$47.00	\$1.60	\$53.00	\$1.82
30-39	\$36.00	\$1.25	\$42.00	\$1.45	\$56.00	\$1.90	\$62.00	\$2.12	\$71.00	\$2.42
40-49	\$61.00	\$2.06	\$65.00	\$2.25	\$73.00	\$2.47	\$80.00	\$2.73	\$98.00	\$3.34
50-59	\$98.00	\$3.27	\$109.00	\$3.63	\$121.00	\$4.10	\$131.00	\$4.50	\$151.00	\$5.12
60-64	\$115.00	\$3.90	\$132.00	\$4.50	\$157.00	\$5.30	\$185.00	\$6.25	\$200.00	\$6.74
65-69	\$134.00	\$4.55	\$144.00	\$4.86	\$165.00	\$5.57	\$188.00	\$6.62	\$240.00	\$8.12
70-79	\$203.00	\$6.80	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
80+*	\$400.00	\$13.50	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Dep. Child	\$17.00	\$0.60	\$23.00	\$0.79	\$26.00	\$0.90	\$28.00	\$0.98	\$32.00	\$1.18
Child Alone	\$32.00	\$1.12	\$35.00	\$1.20	\$40.00	\$1.38	\$45.00	\$1.53	\$50.00	\$1.76

BEACON AMERICA RATES- (Non-US Citizens Traveling to the US)

	Option 1		Option 2		Option 3		Option 4	
Maximum Limit	\$ 50,000.00		\$ 100,000.00		\$ 500,000.00		\$ 1,000,000.00	
Age	Monthly	Daily	Monthly	Daily	Monthly	Daily	Monthly	Daily
18-29	\$41.00	\$1.37	\$48.00	\$1.68	\$62.00	\$2.12	\$74.00	\$2.52
30-39	\$54.00	\$1.84	\$65.00	\$2.24	\$82.00	\$2.80	\$95.00	\$3.25
40-49	\$82.00	\$2.78	\$94.00	\$3.24	\$124.00	\$4.20	\$140.00	\$4.75
50-59	\$118.00	\$3.98	\$145.00	\$4.90	\$178.00	\$6.00	\$204.00	\$6.88
60-64	\$152.00	\$5.12	\$210.00	\$7.10	\$224.00	\$7.54	\$252.00	\$8.47
65-69	\$175.00	\$6.00	\$225.00	\$7.56	\$275.00	\$9.25	\$285.00	\$9.58
70-79	\$242.00	\$8.12	N/A	N/A	N/A	N/A	N/A	N/A
80+*	\$425.00	\$14.23	N/A	N/A	N/A	N/A	N/A	N/A
Dep. Child	\$24.00	\$0.85	\$26.00	\$0.92	\$35.00	\$1.17	\$37.00	\$1.23
Child Alone	\$37.00	\$1.28	\$44.00	\$1.50	\$56.00	\$1.92	\$64.00	\$2.17



1 North Pennsylvania Street, Suite 600
Indianapolis, Indiana 46204

Phone: 317-64 / 888-201-8850
Fax: 317-423-9620 / 88-201-8851

Email: service@azimuthrisk.com
Website: www.azimuthrisk.com

BEACON INTERNATIONAL RATES- (Traveling outside the US & Canada)

	Option 1		Option 2		Option 3		Option 4		Option 5	
Maximum Limit	\$ 50,000.00		\$ 100,000.00		\$ 500,000.00		\$ 1,000,000.00		\$ 2,000,000.00	
Age	Monthly	Daily	Monthly	Daily	Monthly	Daily	Monthly	Daily	Monthly	Daily
18-29	\$31.00	\$1.10	\$36.00	\$1.25	\$42.00	\$1.44	\$47.00	\$1.60	\$53.00	\$1.82
30-39	\$36.00	\$1.25	\$42.00	\$1.45	\$56.00	\$1.90	\$62.00	\$2.12	\$71.00	\$2.42
40-49	\$61.00	\$2.06	\$65.00	\$2.25	\$73.00	\$2.47	\$80.00	\$2.73	\$98.00	\$3.34
50-59	\$98.00	\$3.27	\$109.00	\$3.63	\$121.00	\$4.10	\$131.00	\$4.50	\$151.00	\$5.12
60-64	\$115.00	\$3.90	\$132.00	\$4.50	\$157.00	\$5.30	\$185.00	\$6.25	\$200.00	\$6.74
65-69	\$134.00	\$4.55	\$144.00	\$4.86	\$165.00	\$5.57	\$188.00	\$6.62	\$240.00	\$8.12
70-79	\$203.00	\$6.80	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
80+*	\$400.00	\$13.50	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Dep. Child	\$17.00	\$0.60	\$23.00	\$0.79	\$26.00	\$0.90	\$28.00	\$0.98	\$32.00	\$1.18
Child Alone	\$32.00	\$1.12	\$35.00	\$1.20	\$40.00	\$1.38	\$45.00	\$1.53	\$50.00	\$1.76

BEACON AMERICA RATES- (Non-US Citizens Traveling to the US)

	Option 1		Option 2		Option 3		Option 4	
Maximum Limit	\$ 50,000.00		\$ 100,000.00		\$ 500,000.00		\$ 1,000,000.00	
Age	Monthly	Daily	Monthly	Daily	Monthly	Daily	Monthly	Daily
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70-79	\$242.00	\$8.12	N/A	N/A	N/A	N/A	N/A	N/A
80+*	\$425.00	\$14.23	N/A	N/A	N/A	N/A	N/A	N/A
Dep. Child	\$24.00	\$0.85	\$26.00	\$0.92	\$35.00	\$1.17	\$37.00	\$1.23
Child Alone	\$37.00	\$1.28	\$44.00	\$1.50	\$56.00	\$1.92	\$64.00	\$2.17



BEACON APPLICATION

Please Print legibly and complete ALL SECTIONS (front and back) of this application. Rates found on brochure back page.

1. Primary applicant information:

Last Name:	First Name:	MI:
Complete Mailing Address for all correspondence:	City, State:	Postal Code:
Country:	Passport, SSN, or Drivers License #:	Issuing Country:
Requested Effective Date(M/D/Y) :	Date of Departure(M/D/Y) :	Date of Return to Home Country(M/D/Y) :

Please indicate beneficiary for the accidental death benefit.

Note: The Primary Insured will be the Beneficiary for spouse and dependent children on this Application.

Beneficiary for Applicant: (enter below)	Relationship to Applicant: (enter below)
Please provide an E-mail address below where you would like to receive your electronic Confirmation of Coverage and Fulfillment Kit. If you require your Fulfillment Kit to be mailed to you, please check here:	Destination Country(ies): 1. _____ 3. _____ 2. _____ 4. _____
Email:	
Telephone:	Country of Citizenship:

Please complete the number of whole months you are traveling. If you are traveling less than a whole month, please complete ONLY the number of days you are traveling. If you have a combination of whole months and days, please calculate both in the boxes provided below. **Note: a whole month is considered 30 days.**

2. Please list names of all persons to be Insured.	Date of Birth M/D/Y	Sex M/F	Age	Monthly Rate	# of months Travel Coverage	Total Monthly Premium	Daily Rate	# of Days	Total Daily Premium
(Last Name, First Name, MI)									
A				x	=		x	=	
B				x	=		x	=	
C				x	=		x	=	
D				x	=		x	=	
E				x	=		x	=	
F				x	=		x	=	
G				x	=		x	=	
H				x	=		x	=	
I				x	=		x	=	
J				x	=		x	=	
K				x	=		x	=	
L				x	=		x	=	
If visiting the U.S. will you be located in Florida to work? <input type="checkbox"/> Yes <input type="checkbox"/> No						Total (A) (enter above)			Total (B) (enter above)

3. Please select a deductible. Select one deductible by checking it, and then enter the applicable rate factor amount in the premium calculation box in Section 4.	*Deductible Amount	*Rate Factor	*Optional Sports Rider Rate Factor
	<input type="checkbox"/> US \$ 0.00 <input type="checkbox"/> US \$ 100.00 <input type="checkbox"/> US \$ 250.00 <input type="checkbox"/> US \$ 500.00 <input type="checkbox"/> US \$ 1,000.00 <input type="checkbox"/> US \$ 2,500.00	1.25 1.1 1 0.9 0.8 0.7	1.2

4. Please enter correct amounts from Sections 2 and 3.		
(A) Monthly Premium Total	From Total (A) in Section 2	
(B) Daily Premium Total	From Total (B) in Section 2	+
Total Base Premium	enter amount here:	=
*Deductible Rate Factor	(*Rate Factor) in Section 3	x
Enter Total Here	enter amount here:	=
To purchase the Optional Sports Rider check: <input type="checkbox"/> Yes <input type="checkbox"/> No	enter 1.2 here:	x
Enter total here	enter amount here:	=
To purchase Optional express mail <input type="checkbox"/> US \$25 <input type="checkbox"/> NON-US \$35	enter amount here:	+
TOTAL AMOUNT DUE	enter amount here:	\$

5. Method of Payment		
<input type="checkbox"/> Check (annual only) <input type="checkbox"/> Money Order (annual only) <input type="checkbox"/> Visa Card <input type="checkbox"/> Master Card <input type="checkbox"/> American Express <input type="checkbox"/> Card Discover Card		
All payments must be made in U.S. dollars. Please make checks and money orders payable to Azimuth Risk Solutions. If paying by credit card, I authorize Azimuth Risk Solutions to debit my Visa card, MasterCard, American Express card, or Discover card account for the total amount due as specified on the Application. Coverage purchased by credit card is subject to validation and acceptance by the credit card company. I understand that coverage will not be effective if the credit card company denies the charge. Note: On American Express cards, the CSC is a 4 digit number printed on the front above the account number. On all other cards, it is a 3 digit value printed on the signature panel on the back of the card immediately following the account number, or a portion of the account number.		
Name as it appears on card:	Billing Address:	
Credit Card Number:	Expiration Date (M/Y):	Card Security Code (CSC):
Daytime Phone Number:	Authorized Signature:	

6. Agent/Broker Information		
Azimuth Agent/Broker Number: 72a704ab	Agent/Broker Name: Mari Maldonado	
Company Name: HR Benefits Services, Inc.		
Street Address: 10446 NW 31st Terrace		
City: Miami	State/Postal Code: Florida 33172	
Phone: 305-969-7670	Fax: 305-969-7672	Mobile:
Email: mmaldonado@hrbenefitsservices.com		
Website: http://www.hrbenefitsservices.com/		
Agent/Broker Signature:		

CANCELLATION POLICY: All cancellation requests must be submitted in writing to Azimuth Risk Solutions. To be eligible for a full refund, the request must be received before your requested effective date. Cancellation Requests received after the requested effective date will be subject to the following:

- a) a \$25 cancellation fee; and
- b) only the unused portion of the premium cost will be refunded; and
- c) no claims to be eligible for premium refund

6. SUBSCRIPTION: I hereby apply for membership in the Beacon/ Axis Series Group Insurance Trust (Anguilla), and for the insurance provided to Participating Member(s) by certain Underwriters at Lloyd's. I understand that the insurance applied for is not a general health insurance policy, but is intended for use in the event of a sudden and unexpected event while traveling outside my Home Country. I understand this insurance contains a Pre-existing Condition exclusion, a Pre-certification Requirement and other restrictions and exclusions. I understand that if I am eligible for an extension of this insurance, it may only be transacted online and will not be effective unless such transaction is confirmed in writing by Azimuth Risk Solutions, LLC. I understand that the information contained herein is a summary of benefits and that I may obtain a complete copy of the Master Policy upon request to Azimuth Risk Solutions, LLC. I understand that Certain Underwriters at Lloyd's, as underwriter of the plan, is solely liable for the coverage and benefits provided under this insurance. I understand that Lloyd's operates as an approved, non-admitted insurer in all states of the United States except Illinois and Kentucky where they are admitted. As such, claims under this insurance may not be made against any state guaranty fund. I understand and agree that the insurance agent/broker, if any, assisting with this Application is a representative of the Applicant. If signed by a representative of the Applicant, the undersigned warrants his/her capacity to so act. If signed as guardian or proxy of the Applicant, the undersigned warrants his/her capacity to so act. By acceptance of coverage and/or submission of any claim for benefits, the Applicant ratifies the authority of the signer to so act and bind the Applicant.

ACKNOWLEDGEMENT I (we) understand and agree that: (i) the insurance agent/broker soliciting, assigned to or assisting with this Application is the representative of applicant(s), (ii) this insurance does not provide benefits for any injury, illness, sickness, disease, or other physical, medical, mental or nervous condition, disorder or ailment that, with reasonable medical certainty, existed at the time of application or at any time during the three years prior to the effective date and time of this insurance, including any subsequent, chronic or recurring complications or consequences related thereto or arising there from, whether or not previously manifested or symptomatic, diagnosed, treated, or disclosed prior to the effective date (a "pre-existing condition"), and that all charges and/or claims for pre-existing conditions will be excluded from coverage under this insurance, (iii) the subjects of insurance applied for are not intended or considered by the applicant(s), the Company or ARS to be resident, located, or expressly to be performed in any particular state of the United States, and (iv) the Company, as carrier and underwriter of the plan, is solely liable for the coverages and benefits to be provided under the insurance contract.

MEDICAL RELEASE I (we) hereby authorize any doctor, practitioner of the healing arts, hospital, clinic, health related facility, pharmacy, government agency, insurance agency, insurance company, group policyholder, employee or benefit plan administrator having information as to my (our) care, advice, treatment, diagnosis or prognosis for any physical or mental condition, or financial and employment status, to provide such information to ARS and/or the Company.

CERTIFICATION I (we) hereby certify, represent and warrant that : (i) I (we) have read the foregoing statements and the brochure or that they have been read to me (us), and I (we) understand them, (ii) I am (we are) eligible to participate in the insurance program applied for as a traveler for whom domestic U.S. health care coverage is unavailable, (iii) I am (we are) currently in good health and have not been diagnosed with, sought consultation or been treated for, and have not experienced manifestation or symptoms of and do not suffer from any pre-existing or other medical condition which I (we) foresee may require treatment during this insurance or for which I (we) intend to claim under this insurance. If signed as guardian or proxy of the applicant, the signer warrants their authority and capacity to so act and to bind the applicant. By acceptance of coverage and/or submission of any claim for benefits, the applicant ratifies the authority of the signer to so act and bind applicant.

Payment must be made for the total number of months you want coverage. All payments must be made in U.S.D. and drawn on U.S. banks.

Signature X: _____

Date (M/D/Y): _____



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