

# HealthCare Global 2000

# HealthCare Global 2000

This insurance is underwritten by:  
Pan-American  
Life Insurance Company  
601 Poydras Street  
New Orleans, Louisiana 70130



**Offers  
\$100,000  
Medical  
Expense  
Benefits  
including:**

- **Medical**
- **Evacuation**
- **Benefit**
- 
- **Repatriation**
- **of Remains**
- **Benefit**
- 
- **\$25,000**
- **Accidental**
- **Death &**
- **Dismemberment**
- **Benefit**
- 
- **Travelers**
- **Assistance**
- **Services**
- 
- 
- 

This insurance is available only to students under the age of 30. If you are not a student or are over age 30, please call and ask for HealthCare Global.

Administered by:



107 West Federal Street  
Post Office Box 480  
Middleburg, Virginia 20118-0480  
(800) 237-6615 or (540) 687-3166  
Fax: (540) 687-3172  
Email: info@wallach.com  
www.wallach.com

Medical insurance & assistance for students enrolled in study abroad programs outside the United States

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107 West Federal Street  
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**S**tudying abroad should be an exciting and enriching experience which will allow you to participate in different cultures of our world. The memories will last a lifetime. Unfortunately, some of them might not be very pleasant.

No insurance plan can prevent an injury or illness, but a good insurance plan can eliminate the financial burden associated with that injury or sickness. If you get sick at home, you know exactly what to do...where to find medical care...what doctor to call...where to get your prescriptions filled...what charges your insurance will cover. But what do you do while traveling in a foreign country where you may not even speak the language? Who pays for your medical expenses?

Physicians and clinics overseas often require full payment at the time services are rendered and hospitals may require a deposit before admitting you and even keep your passport until your expenses have been paid. Even if your existing medical insurance does cover you abroad:

- Who will assist you, or your family, in making necessary arrangements?
- Who knows the local customs?
- Who will notify your family?
- Who will pay for medical evacuation back home?

Once insured under HealthCare Global 2000, you will receive the Worldwide Assistance Guide and identification card which give you immediate access to a worldwide network of assistance centers. A toll free or collect telephone call from anywhere in the world puts you in contact with an English-speaking assistance specialist, a service that will be a tremendous comfort in any kind of travel emergency. You are immediately in touch with someone who understands the local customs; can translate and provide quick responses during a crisis, or who can:

- Arrange for the refill of a prescription which you left at home;
- Assist with the replacement of lost documents such as a passport or credit card;
- In an emergency, transmit urgent messages; and
- Assist in arranging for legal representation in case of an auto accident or traffic violation.

HealthCare Global 2000, after the deductible, will pay your covered medical bills up to the \$100,000 policy limit. Covered expenses include hospitalization, physician services, local ambulances, and if appropriate, medical evacuation home with a medical escort. In the unlikely event of death, the policy also covers those expenses for the preparation and transportation of your remains back home.

### Medical Expense Benefits

#### **\$100,000 Accident and Sickness Benefit** (\$100 deductible)

After the deductible, the Company will pay up to \$100,000 for those medical expenses incurred outside the USA during the Period of Insurance which are the direct result of each covered injury or sickness which first manifests itself during the Period of Insurance. Covered expenses include, but are not limited to, the necessary medical or surgical treatment, services and supplies, hospital services, local ambulance, prescriptions, x-rays, laboratory fees and visits to a physician's office. The benefit for downhill (alpine) skiing and scuba diving (certification by PADI or NAUI required) is limited to \$10,000.

This Accident and Sickness Benefit also includes:

#### ● **Medical Evacuation**

If a covered injury or sickness occurs during the Period of Insurance and requires your medical evacuation, the Company with your concurrence and that of the attending physician, may evacuate you to a more suitable hospital or to your home location in the event you are hospitalized more than five consecutive days. An evacuation to your home location will terminate coverage under this policy.

#### ● **Repatriation of Remains**

If a covered injury or sickness results in the loss of your life during the Period of Insurance, the Company will pay the expenses for the preparation and transportation of your body back to your home.

**All medical evacuations and repatriations of remains must be approved (in advance) and coordinated by the Assistance Center.**

#### ● **Dental Expense Benefit**

The Company will pay up to \$200 for the immediate relief of dental pain; or up to \$200 per tooth (subject to a \$1,000 maximum) for dental treatment resulting from a covered accident.

#### **Right of Subrogation**

If you are injured or become sick as a result of another person's negligence, the Company has the right to seek reimbursement on your behalf against the negligent party for any claims paid under this insurance.

## Brief Outline of Coverage

### ● \$25,000 Accidental Death & Dismemberment Benefit

The principal sum benefit is \$25,000. If a covered injury occurs to you during the Period of Insurance, which is independent of all other causes and results in one of the following losses within 180 days of the covered injury, the Company will pay the sum indicated below:

Loss	Benefit
Life	Principal Sum
Any two limbs (above the elbow/knee)	Principal Sum
Sight in both eyes (irrecoverable)	Principal Sum
One limb and the sight in one eye	Principal Sum
One limb or the sight in one eye	One-half Principal Sum

The Company will not pay more than the principal sum for all losses incurred as a result of the same accident.

## Optional Coverage

### ● \$100,000 Accidental Death & Dismemberment Benefit

The Accidental Death & Dismemberment Benefit (as previously defined) may be optionally increased from the included \$25,000 benefit to a total benefit of \$125,000.

#### Period of Insurance

Coverage for Medical Expense Benefits and the Accidental Death & Dismemberment Benefit starts: (a) on the departure date requested on the application; (b) when you board a conveyance at the actual start of the planned trip; or (c) when your application and premium are received by the Administrator, whichever occurs later. Coverage ends: (a) when you alight from a conveyance at the completion of the trip; or (b) at 11:59 p.m. local time on the date specified on your application, whichever occurs earlier.

This is a descriptive brochure containing a summary of the coverages provided by the Master Policy. Once insured you will receive a Certificate of Insurance which contains details of the coverage.

## Exclusions & Limitations

This insurance does not cover, nor has premium been charged for losses resulting from:

- A. A Pre-existing Condition defined as: Any injury or sickness or complications arising therefrom, which manifests itself, or for which a physician was consulted or for which treatment or medication was prescribed or taken in the 180 days immediately prior to the Period of Insurance. This exclusion is not applicable to the medical evacuation or repatriation of remains benefit.
- B. Any claim in respect of:
  1. Congenital conditions; cosmetic surgery and/or dental care (except as covered under the Dental Expense Benefit); suicide, self-inflicted injury or any attempt thereat;
  2. Examinations/treatment where there is no objective impairment of normal health;
  3. Eyeglasses, contact lenses or hearing aids;
  4. Sexually transmittable diseases (this exclusion does not apply to HIV, AIDS, ARC or any derivative or variation thereof);
  5. Birth control, fertility or infertility treatment;
  6. "Off-Road", All-Terrain Vehicle accidents; mountaineering (where ropes or guide persons are customarily used); or
  7. Other vehicle accident, if such expenses are recoverable under any other valid and collectible insurance, regardless of whether you assert your rights to obtain benefits from these sources. Nor will this plan cover you while operating a vehicle unless the you are properly licensed to operate said vehicle at the time and place of the accident.
- C. Any claim arising from war, declared or undeclared, or any act of war or while in military service. An act of terrorism shall not be considered an act of war.
- D. Participation in professional sports; or involving aviation other than as a passenger in a powered aircraft currently licensed for the carrying of passengers.
- E. Expenses not considered medically necessary; or not recommended and approved by the attending physician.
- F. Amounts covered under any occupational or other benefit plan, or any other insurance or public assistance program.
- G. Those claim expenses incurred after the Period of Insurance or in your home country.
- H. Any loss that occurs:
  1. From medical expenses incurred within the United States;
  2. While traveling against the advice of a physician;
  3. While on a waiting list for a specific treatment; or
  4. When traveling for the purpose of obtaining medical treatment.

## HealthCare Global 2000 Premiums

### \$100,000 Medical Expense Benefits

The cost per week is \$7.50.  
Minimum 2 weeks, Maximum 26 weeks

A week is seven calendar days.

The first day of coverage can be your departure date or a later date if you request.

Coverage cannot begin before your departure.

*Example:*

Departure Date: September 3  
Return Date: December 21  
Period of Coverage is 15 weeks, 5 days;  
therefore 16 weeks of coverage

\$7.50	Per Week
x 16	Weeks
\$120.00	= Premium

### \$100,000 Additional Accidental Death & Dismemberment Benefit

\$3.00 per week  
Minimum 2 weeks, Maximum 26 weeks

### Refund Policy

Premium will be refunded only if Wallach & Company, Inc. receives a written request for the refund before your insurance begins. Once your insurance begins, all premium is considered fully earned and none will be refunded.

### IMPORTANT INFORMATION

1. This insurance cannot be renewed. However; another policy may be purchased. If a new policy is issued, any claims incurred under the previous policy will be considered a pre-existing condition and therefore not covered under the new policy.
2. HealthCare Global 2000 covers injuries resulting from random acts of terrorism. However, if it is your intention to travel to an area where a state of war exists, that is faced with the threat of war, or is in a state of civil unrest, that information must be included on the application. Additional premium may be required.

# HealthCare Global 2000 Application

You may submit your  
application electronically  
at [www.wallach.com](http://www.wallach.com)

Mail application to:  
Wallach & Company, Inc.  
107 W. Federal St., P.O. Box 480  
Middleburg, VA 20118-0480

Please call (800) 237-6615 between 9:00 a.m.-5:00 p.m. EST for telephone assistance.

DETACH HERE

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Last Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

( ) \_\_\_\_\_  
Telephone (Where you can be reached before your departure)

Destination Country(ies) \_\_\_\_\_

Name of Study Abroad Program \_\_\_\_\_

Host Institution \_\_\_\_\_

Departure Date \_\_\_\_\_ Number of Weeks of Insurance Requested \_\_\_\_\_

Nationality of Applicant \_\_\_\_\_

Passport No. \_\_\_\_\_ Date of Birth (maximum age 29) \_\_\_\_\_

Person to be contacted in the event of an emergency:

Name \_\_\_\_\_

( ) ( ) \_\_\_\_\_  
Home Telephone Work Telephone

Relationship \_\_\_\_\_

### Payment:

Check payable in U.S. funds, drawn on a U.S. bank, and  
made payable to Wallach & Company, Inc.

VISA     MasterCard     American Express

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Name on Credit Card \_\_\_\_\_

Signature \_\_\_\_\_

### Required Coverage

#### \$100,000 Medical Expense Benefits

Cost per Person: \$7.50/week,  
2 week minimum – 26 week maximum

\$7.50 x \_\_\_\_\_ = \$ \_\_\_\_\_  
Number of Weeks Premium

### Optional Coverage

#### \$100,000 Accidental Death & Dismemberment Benefit

Cost per Person: \$3.00/week  
2 week minimum – 26 week maximum

\$3.00 x \_\_\_\_\_ = \$ \_\_\_\_\_  
Number of Weeks Premium

**Total Amount Due = \$ \_\_\_\_\_**

Name of Beneficiary \_\_\_\_\_

### Declaration of Applicant

I hereby apply to purchase the insurance. I declare to the best of my knowledge and belief that the information given in this application is true and complete. I acknowledge (on behalf of the person(s) to be insured) that benefits will not apply to treatment arising from pre-existing medical conditions. It is agreed that this declaration and the information given herein shall form the basis of the contract between the Insured Person and the Company. Further, I hereby subscribe to the International Sojourners Insurance Trust and acknowledge enrolling in this group coverage for which I am eligible under the contract issued by the Company.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Agent ID: 000000