

NOTICE:

- 1. THE INSURANCE POLICY THAT YOU HAVE PURCHASED IS BEING ISSUED BY AN INSURER THAT IS NOT LICENSED BY THE STATE OF CALIFORNIA. THESE COMPANIES ARE CALLED "NONADMITTED" OR "SURPLUS LINE" INSURERS.**
- 2. THE INSURER IS NOT SUBJECT TO THE FINANCIAL SOLVENCY REGULATION AND ENFORCEMENT THAT APPLY TO CALIFORNIA LICENSED INSURERS.**
- 3. THE INSURER DOES NOT PARTICIPATE IN ANY OF THE INSURANCE GUARANTEE FUNDS CREATED BY CALIFORNIA LAW. THEREFORE, THESE FUNDS WILL NOT PAY YOUR CLAIMS OR PROTECT YOUR ASSETS IF THE INSURER BECOMES INSOLVENT AND IS UNABLE TO MAKE PAYMENTS AS PROMISED.**
- 4. THE INSURER SHOULD BE LICENSED EITHER AS A FOREIGN INSURER IN ANOTHER STATE IN THE UNITED STATES OR AS A NON-UNITED STATES (ALIEN) INSURER. YOU SHOULD ASK QUESTIONS OF YOUR INSURANCE AGENT, BROKER, OR "SURPLUS LINE" BROKER OR CONTACT THE CALIFORNIA DEPARTMENT OF INSURANCE AT THE FOLLOWING TOLL-FREE TELEPHONE NUMBER 1-800-927-4357. ASK WHETHER OR NOT THE INSURER IS LICENSED AS A FOREIGN OR NON-UNITED STATES (ALIEN) INSURER AND FOR ADDITIONAL INFORMATION ABOUT THE INSURER. YOU MAY ALSO CONTACT THE NAIC'S INTERNET WEB SITE AT WWW.NAIC.ORG.**
- 5. FOREIGN INSURERS SHOULD BE LICENSED BY A STATE IN THE UNITED STATES AND YOU MAY CONTACT THAT STATE'S DEPARTMENT OF INSURANCE TO OBTAIN MORE INFORMATION ABOUT THAT INSURER.**

- 6. FOR NON-UNITED STATES (ALIEN) INSURERS, THE INSURER SHOULD BE LICENSED BY A COUNTRY OUTSIDE OF THE UNITED STATES AND SHOULD BE ON THE NAIC'S INTERNATIONAL INSURERS DEPARTMENT (IID) LISTING OF APPROVED NONADMITTED NON-UNITED STATES INSURERS. ASK YOUR AGENT, BROKER, OR "SURPLUS LINE" BROKER TO OBTAIN MORE INFORMATION ABOUT THAT INSURER.**
- 7. CALIFORNIA MAINTAINS A LIST OF APPROVED SURPLUS LINE INSURERS. ASK YOUR AGENT OR BROKER IF THE INSURER IS ON THAT LIST, OR VIEW THAT LIST AT THE INTERNET WEB SITE OF THE CALIFORNIA DEPARTMENT OF INSURANCE:
WWW.INSURANCE.CA.GOV.**
- 8. IF YOU, AS THE APPLICANT, REQUIRED THAT THE INSURANCE POLICY YOU HAVE PURCHASED BE BOUND IMMEDIATELY, EITHER BECAUSE EXISTING COVERAGE WAS GOING TO LAPSE WITHIN TWO BUSINESS DAYS OR BECAUSE YOU WERE REQUIRED TO HAVE COVERAGE WITHIN TWO BUSINESS DAYS, AND YOU DID NOT RECEIVE THIS DISCLOSURE FORM AND A REQUEST FOR YOUR SIGNATURE UNTIL AFTER COVERAGE BECAME EFFECTIVE, YOU HAVE THE RIGHT TO CANCEL THIS POLICY WITHIN FIVE DAYS OF RECEIVING THIS DISCLOSURE. IF YOU CANCEL COVERAGE, THE PREMIUM WILL BE PRORATED AND ANY BROKER'S FEE CHARGED FOR THIS INSURANCE WILL BE RETURNED TO YOU.**

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The Atlas Series

Thank you very much for your recent application for membership in the Atlas/International Citizen Group Insurance Trust and for the insurance provided to its members under the Atlas Series. These documents present instructional information as well as a page of details about your coverage elections and an ID card for each person on this order. Please be sure to read the summary of the coverage available under this plan, available in the link(s) on the following Declaration page.

This insurance coverage, offered by HCC Medical Insurance Services, does not meet the minimum standards required by the health care reform law. The policy contains the plan benefits, including a lifetime maximum, that you have selected. Please review your choices to ensure that you have sufficient coverage to meet your medical needs.

How to Use Your Insurance

In the event you need medical attention, present the identification card to your attending physician. The physician is welcome to submit bills directly to us. You will need to submit a Claimant's Statement.

To file a claim, please submit the original, itemized bills and payment receipts to us along with a Claimant's Statement and Authorization form. Claims must be filed within 60 days of the termination date of your policy. You may obtain a Claimant's Statement at:

http://www.hccmis.com/downloads/HCCMIS_Claimants_Statement.pdf.

This insurance policy does contain pre-certification requirements. You need to notify us in advance (within 48 hours for emergencies) for any hospitalizations or surgeries as well as other items listed on your identification card or in the policy description. You may pre-certify through Client Zone or by phoning HCC Medical Insurance Services. Pre-certification is not a guarantee of benefits, please review your policy carefully.

Client Zone:

<https://zone.hccmis.com/clientzone/>

- Obtain a Visa Letter
- Extend coverage and reprint an ID card
- Study destination, weather and travel security information using our [Travel Board](#)

Other Resources

- Use these worldwide toll-free numbers to contact us from a host of countries <http://www.hccmis.com/docs/WorldwideNumbers.pdf>
- Email us at service@hccmis.com
- Connect with us on [Facebook](#), [Twitter](#) and [Google+](#) for travel alerts or service assistance

Please Note

This insurance is extendable for up to 364 days. Extensions may be completed online through Client Zone.

If your coverage has ended and you need additional coverage, Client Zone will also allow you to purchase a new plan.

You are welcome to phone us or visit our website to obtain additional information or ask questions about your insurance. Again, thank you for choosing the Atlas Series, and have a safe and enjoyable trip.

The Atlas Series
Unique Market Ref. No. B0755RAM00214

Member Name (ID Number, Citizenship):

Mailing Address:

Home Country: India
Effective Date: March 9, 2015
Termination Date: August 2, 2015
Length of Coverage: 147 Days

Actual effective date and period may vary based on the provisions of this coverage.

Coverage: Atlas America
Overall Maximum Limit: \$200,000
Maximum per Injury / Illness: \$200,000
Deductible: \$250
Online Fulfillment: Yes
Shipping Charges: None

Purchase Date: March 3, 2015
Paid By: Visa
Total Paid: \$ 2,451.96

Plan Administrator: **HCC Medical Insurance Services**
251 N. Illinois St., Ste. 600
Indianapolis, IN 46204

This Declaration Page is evidence of your insurance under the Atlas/International Citizen Group Insurance Trust, Hamilton, Bermuda. For a complete copy of the Master Policy, contact HCC Medical Insurance Services.

A summary of the coverage available under this plan is available at: <http://www.hccmis.com/docs/1001151014.pdf>.

POLICYHOLDER/CERTIFICATE HOLDER NOTICE

U.S TREASURY DEPARTMENT'S OFFICE OF FOREIGN ASSETS CONTROL ("OFAC")

It is important to note that no coverage is provided by this Policyholder/Certificate Holder Notice nor can it be construed to replace any provisions of your plan. For complete information on provided coverage, consult the plan itself and the Declaration page. This Policyholder/Certificate Holder Notice is solely for providing information concerning the possible impact on your insurance coverage due to directives issued by OFAC, and it is necessary that this notice be read carefully. OFAC administers and enforces sanctions policy based on national emergency declarations made by the President and has identified numerous countries, foreign agents, front organizations, terrorists, terrorist organizations, and narcotics traffickers as "Specially Designated Nationals and Blocked Persons ("SDN")". This list can be found on the United States Treasury's web site - <http://www.treas.gov/ofac>. In accordance with OFAC regulations, if it is determined that the insured or any person or entity claiming the benefits of this insurance has been identified as a SDN or if a prohibited country as identified by OFAC is involved, then the provisions of the insurance plan will be immediately subject to OFAC administration. Accordingly, certain limitations on premium payments and/or claim payments may apply.

Payment Receipt

For Certificate:

Paid By:

Payment Type: Visa

Number: xxxxxxxxxxxx3975

Amount: \$2,451.96

Date Paid: March 3, 2015

Credit Card Payments Only

Expiration Date: 04/2016

Trans. Code:

Auth. Code:

HCC Medical Insurance Services, LLC
251 North Illinois Street, Suite 600
Indianapolis, IN 46204
