

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. CALIFORNIA MAINTAINS A LIST OF ELIGIBLE SURPLUS LINE INSURERS APPROVED BY THE INSURANCE COMMISSIONER. 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.**
- 5. FOR ADDITIONAL INFORMATION ABOUT THE 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.**
- 6. 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.

12/08

LSW1147C



HCC Medical Insurance Services, LLC
 251 North Illinois Street, Suite 600, Indianapolis, Indiana 46204 USA
 main 317 262 2132 facsimile 317 262 2140 toll free 800 605 2282
 hccmis.com service@hccmis.com

VisitorsCoverage Inc.
 VisitorsCoverage.com
 866-384-9104
 insurance@visitorscoverage.com

VisitorSecureSM

Welcome to coverage under VisitorSecure, insured by Syndicate 4141 at Lloyd's, London and administered by HCC Medical Insurance Services. These documents present instructional information as well as a page of details about your coverage and an ID card for each person on this order. Please be sure to read the VisitorSecure Description of Coverage, a summary of the plan provisions, available at: <http://www.hccmis.com/docs/1811151213.pdf>.

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
- Renew 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.

If you need to cancel your insurance, you must notify us in writing prior to the Effective Date of your coverage to receive a full refund. Shipping fees are non-refundable.

You are welcome to phone us 24 hours a day, 7 days a week, or visit our website to obtain additional information or ask questions about your insurance. We are proud of our commitment to our customers and pleased to provide you with the protection of this insurance plan. Our staff is eager to serve you to the best of our abilities. Again, thank you for your enrollment in VisitorSecure.

VisitorSecureSM

Member Name (ID Number):**Mailing Address:****Effective Date:**

March 4, 2015

Termination Date:

August 27, 2015

Length of Coverage:

177 days

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

Plan Elected – Overall Maximum Limit:

Plan A - \$50,000

Deductible:

\$50 per Injury / Illness

Online Fulfillment:

Yes

Shipping Charges:

\$0.00

Purchase Date:

March 3, 2015

Paid By:

AMEX

Total Paid:

\$288.51

Plan Administrator:**HCC Medical Insurance Services, LLC
251 North Illinois Street, Suite 600
Indianapolis, Indiana 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/1811151213.pdf>.

Attachment A

Member Name:	ID Number:	Effective Date:	Termination Date:	Cost:
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Sample

Sample

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.



HCC HCC Medical Insurance Services

Primary Insured:
XXXXXXXXXXXX

Effective Date: March 4, 2015
ID # VSXXXXXXXX

POSSESSION OF THE CARD DOES NOT GUARANTEE COVERAGE



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Filing a Claim

- Obtain a Claimant's Statement & authorization form by visiting hccmis.com or by calling 800-605-2282 or 317-262-2132
- Complete the claim form; attach original, itemized bills; and forward to HCC Medical Insurance Services. Be sure to fully complete your Claimant's Statement and sign it.
- If you have already paid certain expenses, attach copies of payment receipts. In many cases, payment will be made directly to the hospital/physician that treated you. Remember, you are responsible for the deductible, coinsurance and any ineligible charges.

Pre-Notification

You are required to notify HCCMIS of all hospitalizations, surgeries, emergency evacuations, emergency reunions, trip interruptions, repatriation of remains, computerized tomography (CAT scan) and magnetic resonance imaging (MRI). Failure to comply may result in a deduction of benefits.

For pre-notification or general questions regarding eligibility / benefits / claims please call 800-605-2282 or 317-262-2132

*Access worldwide toll-free numbers online at <http://hccmis.com/tollfree>

Mail your claim form and itemized bills including diagnosis to:

HCCMIS Claims Department
Box No. 2005
Farmington Hills, MI 48333-2005
United States

Electronic Payer ID: HCCMI

LL



Sample

Payment Receipt

For Certificate: VSXXXXXXXX
Paid By: XXXXXXXXX
Payment Type: AMEX
Number: xxxxxxxxxxx3205
Amount: \$288.51
Date Paid: 03/03/2015

Credit Card Payments Only

Expiration Date: 02/2020
Trans. Code: XXXXXX
Auth. Code: XXXXXX

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