

instr	uctions							
• Plea	ase Print or Type							
part a	» general g	roup info	ormation					
Group A	Applicant/ Compa	iny Name:						
Group E	Email Address (ma	nin point of co	ntact):					
Address	5:							
City:	City: State:			Zip Code:		Country:		
Contact	Contact Name:				Email Address:			
Telepho	one:			1	- ax:			
Nature	of Business:				Requested Effective Date:			
ratare	or business.				Tequested Effectiv	e bute.		
part b	» group eli	igibility						
Total Nu Total Nu	Employees (Minir umber of Employe umber of Eligible umber of Employe	ees: Employees:	r Insureds needed to or Coverage:	o be Eligible for G	roup Coverage):			
			e employees will b employees will hav		or			
Has the	number of emplo	yees stated a	bove increased or eriod of coverage?	decreased by m	ore than 10% in th If Yes, Please Exp		ns and/or will it in	crease or decrease
	define class or class nagers, Staff, Exec		ees to which insur	rance is to apply	if insurance will no	ot apply to all er	mployees	
Gender			ding quote and pr all Employees and					
		Male Employees			Female Employees			
Age	Employee Only	Employee+	1 Family	Current Count of Residence		Employee + 1	Family	Current Country of Residence
19-24								
25-29								
30-34								
35-39								
40-44								
45-49								
50-54								
55-59								
60-64								
65-60					[

70+

International Major Medical Group Quote Request

part c » benefits requested

Requested Benefit Schedule: RESIDE Prime Worldwide	RESIDE Worldwide	The state of the s	oiring Plan nt Policy Wording describing Benefits)				
Desired deductible per insured per □ \$100 □ \$250 □ \$500	rson per policy period: \$\Boxed{1} \\$1,000 \Boxed{1} \\$2,500 \Boxed{2} \\$5,	000 🗆 \$10,000 🗀 \$20,000	☐ Other \$				
Desired Underwriting Method: Individual Underwriting "12/12" Pre-Ex Clause (Pre-Existing Conditions will not be paid during the first 12 months of this plan.) Full Take-Over Provision (i.e. No Loss/No Gain. For Take-Over Provision, we must receive the detailed claims experience listed below in order to provide a Binding Quote.)							
Does the employer group presently have domestic and/or international group medical coverage? Yes □ No □ If Yes, please attach the following: 1. Present policy wording describing benefits. 2. Most recent billing statement from present carrier. 3. Copy of claims experience during the last three years, which include claims incurred, claims paid, and claims outstanding. 4. Policy Period Dates for all of the above.							
Additional information / modificati	ions to requested benefit schedule:						
part d » agent information							
Agent Name:			Seven Corners, Inc. Agent#:				
Company Name:							
Address:		Email:					
City:	State:	Zip:	Country:				
Telephone:		Fax:	1				

Please be certain to complete this form in full and mail or fax to Seven Corners, Inc.

Please Mail or Fax Request to: Seven Corners, Inc. 303 Congressional Boulevard, Carmel, IN 46032 Phone: 800-335-0611 Fax: 317-575-2870



Worldwide Major Medical Group Proposal Warranted Statement

Assured Group:

Please answer the questions below. Also, be certain to review the proposal and contact Seven Corners, Inc. or your insurance agent with questions or modifications regarding the proposed benefits and terms.

1. Has anyone been treated for serious illness, been hospitalized or had surgery in the past three years (i.e. cancer, juvenile diabetes, cardiovascular disease, AIDS, substance abuse, renal disease, mental illness)?				
2. Has anyone undergone open-heart surgery or received significant cardiac testing at anytime in the past three years?	Yes 🗖	No 🗖		
3. Has anyone had a claim of \$2,500 or more in the past three years?	Yes 🗖	No 🗖		
4. Is anyone apt to have a continuing claim from an existing mental or physical disorder?	Yes 🗖	No 🗖		
5. Has anyone been advised to have surgery or diagnostic testing in the last six months or anticipate hospitalization for any other reason?	Yes 🗖	No 🗖		
6. Are any employees or dependents currently pregnant?	Yes 🗖	No 🗖		
7. Has any employee missed ten or more consecutive days of work in the past 12 months due to illness or injury?	Yes 🗖	No 🗖		
8. Are there any spouses or dependents that are presently hospitalized, confined at home or treatment facility, disabled, or incapacitated?	Yes 🗖	No 🗖		
9. Are there any employees who are not actively at work performing his/her duties full time due to illness or injury?	Yes 🗖	No 🗖		
10. Are you aware of any circumstances, chronic or continuing medical, mental or nervous conditions, which can be expected to produce ongoing claims?	Yes 🗖	No 🗖		
11. Are there any current or former employees or dependents currently on medical continuation (COBRA, Continuing Coverage, Other)?	Yes 🗖	No 🗖		
Additional comments and explanations for questions 1-11 above (attach additional sheets, if necessary):				
I am hereby duly authorized by the Assured Group to submit and apply for the Group program and for the insurance provided. I represent that I have read the completed application and that all my answers and statements on this Application and any attachments hereto is complete and true to the best of my knowledge and belief. I understand that qualification for insurance is based upon my answers and statements herein and that Seven Corners, Inc. may verify this information. I understand that no one has the authority to exclude or direct me to exclude any information sought by this form. I understand that Seven Corners, Inc. will rely on all information on this Application in determining whether or not to issue Group coverage and that any incorrect or incomplete information may result in a claim denial or loss of coverage.				
Name:(Please Print or Type)				
Signature: Date:				
Title:				

THE INDICATION PRESENTED IN THIS PROPOSAL IS BASED UPON THE INFORMATION PROVIDED AND IS ONLY A RATE CALCULATION. IT IS NOT BINDING IN ANY WAY. FINAL RATES WILL BE DETERMINED BY ACTUAL ENROLLMENT AND UNDERWRITING. COVERAGE IS SUBJECT TO VERIFICATION OF CENSUS, FIRST MONTHS PREMIUM IN ADVANCE AND ANY OTHER REASONABLE INFORMATION REQUESTED BY SEVEN CORNERS, INC. NO INSURANCE SHALL BE EFFECTIVE UNTIL SRI NOTIFIES THE GROUP IN WRITING.



Explanation page for Questions 1 thru 11:				