

# GeoBlue Navigator Health Plan

Worldwide Health Insurance for International Students  
and Faculty in the U.S. and Abroad

Questions: 916-682-1117



U.S. Admitted Coverage  
Underwritten by 4 Ever Life  
Insurance Company





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## Who is GeoBlue?

GeoBlue is an innovator and leader in helping world travelers and expatriates stay safe and gain easy access to quality healthcare all around the world.

### What is GeoBlue Navigator?

Worldwide health insurance and services for students and faculty.

### Why Choose GeoBlue Navigator?

The GeoBlue Navigator health plan meets the needs of international students and faculty by offering comprehensive worldwide benefits—inside and outside the U.S.—without the typical limits, eligibility conditions and benefit exclusions common among traditional plans.

GeoBlue Navigator is the premier health plan for students and faculty because it combines these benefits with concierge-level medical assistance and easy access to the Blue Cross and Blue Shield provider network, the largest provider network in the U.S., and an elite community of carefully selected providers outside the U.S. GeoBlue Navigator gives students and faculty peace of mind, knowing they have the freedom to access top medical care no matter where their studies or assignments take them.

### Does GeoBlue offer coverage for assignments shorter than 3 months?

Yes, GeoBlue Voyager provides coverage for students and faculty traveling outside of the U.S. for short-term research, study or international experience. For study or assignments inbound to the U.S., the minimum length of stay is 3 months under the GeoBlue Navigator policy.





Affordable monthly premium  
with no loading!

## Meet GeoBlue, an experience well beyond that of traditional health insurance.

GeoBlue provides unsurpassed service and the convenience of mobile technology to access the best medical care no matter what town, country or time zone.

### Easy Access to an Elite International Provider Community

#### Strength of the Blue Brands in the U.S.

GeoBlue members have cashless access to the Blue Cross and Blue Shield network in all fifty states.

More than 96% of physicians and more than 92% of hospitals across the U.S. are a part of the BlueCard Network.

#### Outside the U.S.

GeoBlue has a network of doctors that includes almost every speciality you may need in over 190 countries.

Only a small fraction of doctors around the world meet GeoBlue standards – participation is by invitation only. We seek out professionals certified by the American or Royal Board of Medical Specialties who speak English, and we factor in recommendations from over 165 Physician Advisors from all over the world. Then we assemble in-depth profiles so our members can choose with confidence, and we put formal contracts in place to ensure patient access. Once they've seen you, GeoBlue doctors bill us directly so you don't have to file a claim.

#### Emergency Evacuation and Centers of Excellence

GeoBlue coordinates emergency services with a worldwide network of contracted Regional Physician Advisors as well as air ambulance operators selected for their safety records. Members in need of life-saving medical intervention are treated in Centers of Excellence in the U.S. and around the world whenever possible.

#### Around-the-Clock Assistance Call Center

GeoBlue maintains a 24/7, toll-free call center to assist GeoBlue members with everything from routine requests to medical emergencies. The GeoBlue staff has years of experience with international medical assistance and has close working relationships with its International Provider Community.

## Unsurpassed Member Services

### Direct Pay—Paperless, Cashless, Convenient

GeoBlue members can avoid paying out of pocket for care by using Direct Pay. Through this service participating providers outside the U.S. bill GeoBlue directly for covered medical treatment.

### Personal Solutions

GeoBlue Navigator members enjoy a full range of Personal Solutions. Your online tool kit allows you to check medical symptoms, understand your health risks and access personalized prevention and wellness recommendations.

### Informed Choice—To Get the Care You Need

If members experience unanticipated medical problems, they can request local, regional or global treatment alternatives through the Informed Choice service.

### GeoBlue Travels with You

While traveling across the globe with the GeoBlue mobile app, members can quickly and conveniently find and access quality care using your mobile device.





# Why Choose the GeoBlue Navigator Plan?

## A Recognized Leader

GeoBlue is a recognized leader in international health insurance and medical assistance services, serving hundreds of thousands of world travelers annually.

## Highest Standards of Service

GeoBlue meets the highest expectations of quality. GeoBlue has set new standards for international assistance services and for applying stringent criteria when contracting with doctors and hospitals.

## Strength of a U.S. Regulated Insurer

- GeoBlue Navigator is underwritten by a U.S. Licensed & Admitted Insurer: 4 Ever Life Insurance Company, rated A- (excellent) by A.M. Best.
- 4 Ever Life has over 60 years experience in enhancing protection. 4 Ever Life Insurance Company is an independent licensee of the Blue Cross Blue Shield Association.
- GeoBlue Navigator protects your rights by meeting U.S. standards and features benefits more generous than offshore, non-admitted “surplus coverage”.

## Group Quotes Available

Educational organizations can cover groups with 25 or more enrollees.

- Group plan designs can be customized.

## GeoBlue Navigator Advantages

1. U.S. licensed and admitted coverage
2. Cashless access to the best provider networks inside and outside the U.S.
3. Choice of deductible options (waived for office visits)
4. \$30 office visit copay (reduced to \$10 outside the U.S.)
5. Coinsurance waived for care outside the U.S.
6. Pre-existing conditions exclusion waived with prior creditable coverage
7. No waiting period associated with preventative services
8. No exclusion for specified conditions in the first 6 months
9. No pre-certification penalty imposed
10. Sports and alcohol related injuries covered





## How the Plan Works

GeoBlue Navigator offers comprehensive benefits and a range of deductible options that allow members to select the right amount of insurance coverage for their budget and lifestyle. For detailed benefit schedule and rates, please see inserts. To calculate your total out-of-pocket expense, add the deductible and coinsurance maximum.

For families, the deductible and coinsurance maximum is a multiple of 2.5.

After 364 days of continuous coverage, Navigator members may re-enroll in a plan that matches their existing benefits.

### GeoBlue Navigator Plan Highlights

- Unlimited annual and lifetime medical maximum
- Physician office visits including preventive care
- Hospitalization, surgery and diagnostic care
- Coinsurance: 20% in-network/40% out-of-network (waived outside the U.S.)
- Prescription drug coverage included
- Physical therapy, mental health and substance abuse
- Medical Evacuation, Repatriation of Remains and AD&D

### Choose the Proper Level of Coverage

GeoBlue Navigator offers comprehensive benefits and a range of deductible options that allow members to select the right amount of insurance coverage for their budget and lifestyle.

GeoBlue Navigator Options				
Plan	Deductible*			Coinsurance Maximum
	Outside U.S.	U.S. In-Network	U.S.Out-of-Network	
0**	\$0	\$0	\$0	\$1,000
250**	\$125	\$250	\$500	\$2,000
500**	\$500	\$500	\$500	\$3,000
1000	\$500	\$1,000	\$2,000	\$4,000
2500	\$1,250	\$2,500	\$5,000	\$8,000
5000	\$2,500	\$5,000	\$10,000	\$10,000

\*Amounts paid to satisfy a deductible are credited to all other deductibles. Deductible waived for office visits.

\*\*These plan choices meet and exceed the J1 Visa requirements.

# How to Apply

Applications are available online or may be initiated by telephone or email. A personal check, money order or credit card number must accompany the application and must be sufficient to pay for one month of standard premium. GeoBlue will hold the form of payment until an underwriting decision is made. If your application is accepted, the payment will be applied to your account. Quotes obtained online or by telephone are advisory only. Actual premium is determined by the medical underwriting process.

GeoBlue will review your medical history as provided on the application and may request an Attending Physician's Statement. GeoBlue publishes standard premium rates for non-smokers. Smokers and other applicants with certain medical histories may be offered a policy at a higher rate. Not all applicants will be accepted. Your effective date of insurance will be on the 1st or 15th day of the month following underwriting approval.

## Member Welcome Kit

When your application is accepted, GeoBlue will mail you and any family members covered under the plan a Welcome Kit with identification cards, a certificate of insurance and instructions on how to register online.

Procedures for filing a claim or requesting direct payment of participating providers will also be included.

## Eligibility

GeoBlue Navigator is designed for extended living abroad. You can choose to enroll in a new plan when your existing plan expires. When you do, there are no medical questions and premium rates do not change based on your individual claims history. Your new rate will be the same as all persons covered in your rating class.

## How Coverage Ends

Your coverage ends on the earlier of:

1. The last day of the month after the date the Insured Person is no longer eligible;
2. The end of the last period for which premium has been paid;
3. The date the Policy terminates;
4. The date of fraud or misrepresentation of a material fact by the Insured Person, except as indicated in the Time Limit on Certain Defenses provision.

## Extension of Benefits

If an Insured Person is Totally Disabled on the date of termination of the Policy, coverage will be extended until the earlier of:

1. The date payment of the maximum benefit occurs;
2. The date the Insured person ceases to be Totally Disabled; or
3. The end of 90 days following the date of termination.

### Pre-existing conditions

The GeoBlue Navigator plan does not cover services for treatment of a medical condition for which medical advice, diagnosis, care, or treatment was recommended or received during 365 days immediately preceding the member's eligibility date.

### Creditable coverage

The 365-day pre-existing conditions period can be reduced or eliminated if you have been covered by a creditable group or individual health insurance plan.

### Licensed & Admitted

This policy is a U.S. Admitted plan and affords members unique protections not available on most offshore plans. Please see the Frequently Asked Questions (FAQs) for important information about the Affordable Care Act.

- GeoBlue is the trade name of Worldwide Insurance Services, LLC, an independent licensee of the Blue Cross and Blue Shield Association.
- Made available in cooperation with Blue Cross and Blue Shield companies in select service areas.



# GeoBlue Navigator Benefit Schedule

GeoBlue Navigator has three tiers of coinsurance: 100% outside the U.S., 80% in-network in the U.S., 60% out-of-network inside the U.S. All GeoBlue Navigator plans have an unlimited lifetime maximum and a \$250,000 maximum benefit for emergency medical evacuation. The Out-of-Pocket Maximum is calculated by adding the deductible and coinsurance maximum together. Please refer to the chart on page 3 of brochure.

Benefits	Outside the U.S.	In-Network, U.S.	Out-of-Network, U.S.
<b>Primary and Preventative Care – Deductible is Waived</b>			
Primary Care Office Visits - as many as 8 visits per Calendar Year	All except a \$10 copay per visit	All except a \$30 copay per visit	60% to Coinsurance Maximum then 100%
Preventative Care for Babies/Children: (Birth to Age 18) for Office Visits/Examination and Immunizations, Lab work & X-rays	100%	80% to Coinsurance Maximum then 100%	60% to Coinsurance Maximum then 100%
Preventative Care For Adults: (Age 19 and Older) for Routine Pap Smears, Annual Mammogram and PSA For Men	100%	80% to Coinsurance Maximum then 100%	80% to Coinsurance Maximum then 100%
Annual Physical Examination Health Screening	100% Maximum Covered Expense of \$250 and limited to one per Calendar Year.	80% to Coinsurance Maximum then 100% Maximum Covered one per Calendar Year.	60% to Coinsurance Maximum then 100% Maximum Covered Expense of \$250 and limited to one per Calendar Year.
<b>Outpatient Services – Insurer pays after the Deductible is Met</b>			
Outpatient Medical Care	100%	80% to Coinsurance Maximum then 100%	60% to Coinsurance Maximum then 100%
<b>Inpatient Hospital Services – Insurer pays after the Deductible is Met</b>			
Surgery, X-rays, In-hospital doctor visits, Organ/Tissue Transplant	100%	80% to Coinsurance Maximum then 100%	60% to Coinsurance Maximum then 100%
Inpatient Medical Emergency	100%	80% to Coinsurance Maximum then 100%	60% to Coinsurance Maximum then 100%
Professional Services-Surgery, Anesthesia, Radiation Therapy, In-Hospital Doctor Visits, Diagnostic X-ray and Lab Work.	100%	80% to Coinsurance Maximum then 100%	60% to Coinsurance Maximum then 100%
<b>Other Services – Insurer pays after the Deductible is Met, unless noted</b>			
Ambulatory Surgical Center	100%	80% to Coinsurance Maximum then 100%	60% to Coinsurance Maximum then 100%
Physical/Occupational Therapy/Medicine	Deductible is waived. Covered Expenses up to \$50 per visit, and as many as 6 visits per Calendar Year	Deductible is waived. Covered Expenses up to \$50 per visit, and as many as 6 visits per Calendar Year	Deductible is waived. Covered Expenses up to \$50 per visit, and as many as 6 visits per Calendar Year
Ambulance Service	100%	80% to Coinsurance Maximum then 100%	60% to Coinsurance Maximum then 100%
Durable Medical Equipment	100%	80% to Coinsurance Maximum then 100%	60% to Coinsurance Maximum then 100%
<b>Mental, Emotional or Functional Nervous Disorders, Alcoholism or Drug Abuse</b>			
Inpatient Mental Health	100% up to 60 days	80% up to 60 days	60% up to 60 days
Outpatient Mental Health	75% up to 40 visits/ 60% thereafter	75% up to 40 visits/ 60% thereafter	75% up to 40 visits/ 60% thereafter
Inpatient Substance Abuse	100% up to 60 days detox	80% up to 60 days detox	60% up to 60 days detox
Outpatient Substance Abuse	75% up to 40 visits/ 60% thereafter	75% up to 40 visits/ 60% thereafter	75% up to 40 visits/ 60% thereafter
Outpatient Prescription Drugs	100% of actual charge up to an annual maximum of \$5,000. Maximum 90 - day supply	100% of actual charge up to an annual maximum of \$5,000. Maximum 90 - day supply	100% of actual charge up to an annual maximum of \$5,000. Maximum 90 - day supply
Dental Care Required Due to an Injury	100% of Covered Expenses up to \$500 per Calendar Year maximum	100% of Covered Expenses up to \$500 per Calendar Year maximum	100% of Covered Expenses up to \$500 per Calendar Year maximum
<b>Global Travel Benefits – Insurer Waives Deductible</b>			
Accidental Death and Dismemberment	Deductible is waived. Maximum Benefit: Principal Sum up to \$10,000		
Repatriation of Remains	Deductible is waived. Maximum Benefit up to \$25,000		
Medical Evacuation	Deductible is waived. Maximum Lifetime Benefit for all Evacuations up to \$250,000		

This is intended to be a sample benefit schedule. Certain benefit levels may vary by state.

- GeoBlue is the trade name of Worldwide Insurance Services, LLC, an independent licensee of the Blue Cross and Blue Shield Association.
- Made available in cooperation with Blue Cross and Blue Shield companies in select service areas.

## Navigator Excluded Services

The plan does not provide benefits for:

1. Hospitalization, services and supplies that are not Medically Necessary.
2. Services or supplies that are not specifically mentioned in this Certificate
3. Services or supplies for any illness or injury arising out of or in the course of employment for which benefits are available under any Workers' Compensation Law or other similar laws whether or not you make a claim for such compensation or receive such benefits. This exclusion does not apply to Protection and Indemnity Insurance for Marine crew members.
4. Services or supplies that are furnished to you by the local, state or federal government and for any services or supplies to the extent payment or benefits are provided or available from the local, state or federal government whether or not that payment or benefits are received.
5. Conditions caused by or contributed by: (a) An act of war; (b) The inadvertent release of nuclear energy when government funds are available for treatment of Illness or Injury arising from such release of nuclear energy; (c) An Insured Person participating in the military service of any country; (d) An Insured Person participating in an insurrection, rebellion, or riot; (e) Services received for any condition caused by an Insured Person's commission of, or attempt to commit a felony or to which a contributing cause was the Insured Person being engaged in an illegal occupation; (f) An Insured Person voluntarily using illegal drugs; intentionally taking over the counter medication not in accordance with recommended dosage and warning instructions; and intentionally misusing prescription drugs.
6. Services or supplies that do not meet accepted standards of medical and/or dental practice.
7. Investigational Services and Supplies and all related services and supplies.
8. Custodial Care Service.
9. Routine physical examinations, unless otherwise specified in this Certificate.
10. Services or supplies received during an Inpatient stay when the stay is primarily related to behavioral, social maladjustment, lack of discipline or other antisocial actions that are not specifically the result of Mental Illness.
11. Cosmetic Surgery and related services and supplies, whether or not for psychological purposes, except for the correction of congenital deformities or for conditions resulting from accidental injuries, scars, tumors or diseases that occur after your Coverage Date.
12. Services or supplies for which you are not required to make payment or would have no legal obligation to pay if you did not have this or similar coverage.
13. Charges for failure to keep a scheduled visit or charges for completion of a Claim form.
14. Personal hygiene, comfort or convenience items commonly used for other than medical purposes, such as air conditioners, humidifiers, physical fitness equipment, televisions and telephones.
15. Special braces, splints, specialized equipment, appliances, ambulatory apparatus, battery implants, except as specifically mentioned in this Certificate.
16. Care and treatment by a Chiropractor.
17. Care and treatment by an Acupuncturist.
18. Orthopedic shoes (except when joined to braces) or shoe inserts, including orthotics.
19. Blood derivatives that are not classified as drugs in the official formularies.
20. Eyeglasses, contact lenses or cataract lenses and the examination for prescribing or fitting of glasses or contact lenses or for determining the refractive state of the eye, except as specifically mentioned in this Certificate.
21. Treatment to change the refraction of one or both eyes (laser eye correction), including refractive keratectomy (RK) and photorefractive keratectomy (PRK).
22. Treatment of flat foot conditions and the prescription of supportive devices for such conditions and the treatment of subluxations of the foot.
23. Routine foot care, except for persons diagnosed with diabetes, including the cutting or removal of corns or calluses; the trimming of nails, routine hygienic care and any service rendered in the absence of localized Illness, Injury or symptoms involving the feet.



24. Immunizations, unless otherwise specified in this Certificate.
25. Maintenance Occupational Therapy, Maintenance Physical Therapy and Maintenance Speech Therapy.
26. Hearing aids or examinations for the prescription or fitting of hearing aids unless otherwise specified in this Certificate.
27. Services and supplies to the extent benefits are duplicated because the spouse, parent and/or child are employees of the Group and each is covered separately under this Certificate.
28. Diagnostic Service as part of routine physical examinations or check-ups, premarital examinations, determination of the refractive errors of the eyes, auditory problems, surveys, case finding, research studies, screening, or similar procedures and studies, or tests which are Investigational unless otherwise specified in this Certificate.
29. Procurement or use of prosthetic devices, special appliances and surgical implants which are for cosmetic purposes, the comfort and convenience of the patient, or unrelated to the treatment of a disease or injury.
30. Services and supplies rendered or provided for human organ or tissue transplants other than those specifically named in this Certificate.
31. Investigational or experimental organ transplantation including animal to human organ transplants.
32. Consultations performed by you, your spouse, parents or children.
33. Charges for the services of a standby Physician.
34. Treatment for overweight conditions other than for morbid obesity.
35. Treatment for hair loss.
36. Growth Hormone treatment.
37. Dental treatment, dental surgery, dental prostheses and orthodontic treatment unless otherwise specified in this Certificate.
38. Dental Implants: Dental materials implanted into or on bone or soft tissue or any associated procedure as part of the implantation or removal of dental implants.
39. Medical aids unless otherwise specified in this Certificate.
40. Services and treatment related to elective abortions.
41. Sterilization or the reversal of sterilization, unless otherwise specified in this Certificate.
42. All services related to the evaluation or treatment of fertility and/or Infertility, including, but not limited to, all tests, consultations, examinations, medications, invasive, medical, laboratory or surgical procedures including sterilization reversals and In vitro fertilization.
43. Cryopreservation of sperm or eggs.
44. Sex change operations.
45. Treatment of sexual dysfunction or inadequacy.
46. Non-prescription drugs.
47. Educational services except as specifically provided or arranged by the Insurer.
48. Nutritional counseling or food supplements, except for treatment of Phenylketonuria (PKU) and other inherited metabolic diseases and diabetes.
49. Charges by a provider for telephone consultations.
50. Loss arising from:
  - a. Participating in any professional sport, contest or competition;
  - b. Skin/scuba diving.

# GeoBlue Navigator Students and Faculty Frequently Asked Questions

## 1. Who is eligible to buy a GeoBlue Navigator<sup>SM</sup> plan?

U.S. citizens and U.S. permanent residents living abroad who are 75 or younger at the time of application are eligible to apply for coverage. Legal residents of the U.S. (citizens and residents) are eligible if they apply from an approved state. The Eligible Member must be scheduled to reside outside his/her country for at least 3 months per year and must be involved in Educational activity. This includes:

- International Students living in an approved state
- International Faculty and Research Scholars in an approved state
- Optional Practical Training (OPT) Participants living in an approved state
- U.S. Students and Faculty, planning on studying outside the U.S., applying from either an approved state or from outside the U.S.

For the most current state list, please visit [geobluetravelinsurance.com/products/longterm/navigator-stud-eligibility.cfm](http://geobluetravelinsurance.com/products/longterm/navigator-stud-eligibility.cfm)  
If you live in a state not listed, please contact your agent directly or GeoBlue.

## 2. How long will the medical underwriting process take?

The underwriting time frame depends on the verification of student status listed on the application. Our commitment is to respond to a submission in writing within 24 – 48 hours. In some instances, this may mean that we send a request for additional information to the applicant, such as a copy of a tuition bill, class schedule or letter from the registrar, or to notify the applicant that they erroneously missed a question on the application form. Our turnaround time in these situations will depend on how quickly the applicant responds to our request.

If we receive the application before the requested effective date, we can honor the effective date even if the approval comes through thereafter.

If you are applying for coverage as a student only, you are eligible for our expedited underwriting process. If you are a student in need of dependent coverage, an OPT participant or you are a Faculty member/scholar, you will be directed through the normal underwriting process.

## 3. How do I qualify for maternity benefits?

After 364 days of continuous coverage, GeoBlue Navigator members may apply for a new plan that covers maternity costs in the same way as all other medical conditions.

## 4. Will my policy automatically renew? At what rate?

You can enroll in a GeoBlue Navigator policy up to age 75. The policy does not automatically renew upon your request. You will be notified of your new plan rate at least 30 days prior to your policy expiration date. You must confirm your new policy rate in writing or by accepting the rate when logged in to our secure website. Plan rates are based on age at time of enrollment and are impacted by medical inflation. You will not be asked any medical questions and your personal health history will not determine your new rate. GeoBlue Navigator rates are standard rates for all members re-enrolling.

## 5. When does my coverage end?

We may terminate your policy if:

You no longer meet the eligibility requirements; or you fail to pay your premium; or we discover that you committed fraud or misrepresented a material fact to us, except as indicated in the time limit of certain defenses provision; or we terminate the plan in your geographic service area.

## 6. Who is the insurer?

GeoBlue Navigator is underwritten by 4 Ever Life Insurance Company. 4 Ever Life Insurance Company enhances protection with unique underwriting solutions nationwide for insurance companies, brokers, agents, administrators, employers, employees and individuals. With over 60 years experience in enhancing protection, 4 Ever Life is rated "A-" (Excellent) by A.M. Best and licensed to provide health and life insurance solutions in all 50 states, the District of Columbia, and Puerto Rico. 4 Ever Life Insurance Company is an independent licensee of the Blue Cross and Blue Shield Association. Blue Cross and Blue Shield companies collectively cover 1 in 3 Americans.

*continued...*

**7. Will my pre-existing condition be covered under a GeoBlue Navigator plan?**

If you were previously covered by a primary health plan that issues you a Certificate of Creditable Coverage, GeoBlue will credit you for this prior coverage. The number of months of coverage shown on the Certificate will reduce or eliminate the 12-month pre-existing condition waiting period. If you have 12 or more months of creditable coverage, your waiting period will be eliminated. If you have less than 12 months creditable coverage, your waiting period will be reduced by the number of months you had creditable coverage. For example, if you have 2 months of creditable coverage, your waiting period will be reduced from 12 months to 10 months. **Please note:** Surplus lines insurance does not constitute creditable coverage.

**8. Am I guaranteed to be issued a GeoBlue Navigator policy if I apply?**

No, GeoBlue Navigator is not a guaranteed issue plan. Each application is medically underwritten. Your application may be 1) accepted, 2) accepted with a rate increase due to your health status, or 3) denied.

**9. Is the quote I receive binding?**

No. The quote you receive may not apply if 1) you misstated a material fact on your application, or 2) we increase the rate due to your health status.

**10. What is the Global Citizens Association?**

**Global Citizens Association (GCA)** is a non-profit organization that gives its members the opportunity to enhance global learning and lifestyles through safe and healthy world travel. With access to GCA resources such as the Healthy Travel Blog (at [www.healthytravelblog.com](http://www.healthytravelblog.com)) and international medical assistance information and services, members are able to pursue extended episodes of international living that increase cross-cultural understanding and promote an abiding respect for the world's many peoples.

Founded in 1994 to serve international students, GCA has grown to encompass world travelers and expatriates in all corners of the globe. As an organization run for the benefit of its members, GCA conducts an annual meeting of its membership in January each year to select Board Members and to review and discuss benefits and membership policy.

**11. Does this plan meet the Affordable Care Acts requirement for Minimum Essential Coverage?**

This plan does not provide Minimum Essential Coverage and therefore does not meet the requirements of the Affordable Care Act (ACA). It is filed as a limited duration policy designed specifically for international living. Coverage by the insurer can be 1) accepted, 2) accepted with a rate increase, or 3) denied based on the health history of the applicant(s). A waiting period for pre-existing conditions applies unless you have 12 months of prior creditable coverage. For international Students on a J1, F1 or M1 Visa, you are exempted from any tax penalty under the Affordable Care Act. For Americans abroad, there is no tax penalty for purchasing this policy if you are outside the U.S. for 330 days or more in a calendar year.

**12. What about accessing participating providers?**

GeoBlue's Global Health and Safety services help members identify, access and pay for quality healthcare all over the world, including a contracted community of elite providers in 180 countries. Members can access these carefully selected providers and arrange for the bills to be sent directly to GeoBlue. Please note that in the U.S. a member can simply show his/her ID card at time of service and participating providers will only bill the member for any applicable deductible or copayment. Members have access to the Blue Cross and Blue Shield Network. Whether overseas or in the U.S., members can choose to use any doctor or hospital. Members are never restricted to a network. Please see the benefit schedules to see how coinsurance may apply.

**13. Do these plans meet the J-1 program Visa requirements effective May 15, 2015?**

Yes, the plan benefits and three deductible options meet and exceed the requirements. The deductible options that meet the requirements are the 0, 250 and 500 plans. Full details of the requirements can be found on <https://www.federalregister.gov/>.

**12. How do I order my prescriptions when I need them?**

Your GeoBlue Navigator plan comes with outpatient prescription drug coverage up to 100% of actual charges up to an annual max of \$5,000 (90 day Max – Insurer waives deductible).

**To access prescription drugs at a retail pharmacy inside of the U.S.;**

Locate a participating pharmacy online at [www.universalrx.com](http://www.universalrx.com). Present your medical ID card to the participating pharmacy and pay your copay.

**To access mail order prescription drugs outside the U.S.;**

Outside of the U.S. your benefit is pay and claim. To obtain a claim form, you may:

Visit Online: [www.expatps.com](http://www.expatps.com) to download a claim form.

Email: Email an EPS representative at [eps@universalrx.com](mailto:eps@universalrx.com) and request an electronic order form be emailed directly to you.

Phone: Call an EPS representative to order within the U.S. at 1.540.777.1450; Hours: 8:30a.m.–5:00p.m. EST, USA.



## Navigator Health Plan Prices

Monthly Premium Rate Table

Effective July 1, 2016

<b>Deductible Plan:</b>	<b>0</b>	<b>250</b>	<b>500</b>	<b>1000</b>	<b>2500</b>	<b>5000</b>
<b>Male/Female</b>						
Under 30	<b>\$221</b>	<b>\$212</b>	<b>\$204</b>	<b>\$188</b>	<b>\$163</b>	<b>\$144</b>
30-34	<b>\$241</b>	<b>\$231</b>	<b>\$221</b>	<b>\$204</b>	<b>\$175</b>	<b>\$155</b>
35-39	<b>\$279</b>	<b>\$267</b>	<b>\$258</b>	<b>\$238</b>	<b>\$204</b>	<b>\$180</b>
40-44	<b>\$312</b>	<b>\$300</b>	<b>\$288</b>	<b>\$268</b>	<b>\$231</b>	<b>\$202</b>
45-49	<b>\$386</b>	<b>\$370</b>	<b>\$355</b>	<b>\$330</b>	<b>\$282</b>	<b>\$249</b>
50-54	<b>\$478</b>	<b>\$457</b>	<b>\$440</b>	<b>\$408</b>	<b>\$349</b>	<b>\$306</b>
55-59	<b>\$570</b>	<b>\$545</b>	<b>\$524</b>	<b>\$485</b>	<b>\$417</b>	<b>\$368</b>
60-64	<b>\$700</b>	<b>\$671</b>	<b>\$646</b>	<b>\$599</b>	<b>\$513</b>	<b>\$450</b>
65-69	<b>\$1,238</b>	<b>\$1,186</b>	<b>\$1,141</b>	<b>\$1,058</b>	<b>\$904</b>	<b>\$795</b>
70-74	<b>\$1,777</b>	<b>\$1,701</b>	<b>\$1,638</b>	<b>\$1,516</b>	<b>\$1,297</b>	<b>\$1,141</b>

**Prices are subject to change**

4EL-NSR13/XMP-64400

## GeoBlue Navigator Health Plans

### Application Instructions



Thank you for applying with GeoBlue®.

- GeoBlue Navigator is specially designed for members of the Global Citizens Association.
- Coverage is not guaranteed until approved in writing by GeoBlue. Do not cancel your current insurance coverage until you have been notified of approval by GeoBlue that your GeoBlue Navigator coverage is effective.
- This application is for students only.

### Instructions

*Do not complete this application until you have read the current product brochure or website.*

**Please follow these instructions to allow us to better process your application.**

- **For your own protection, you, the applicant, must complete this application. You are solely responsible for its accuracy and completeness.**
- All information must be stated accurately.
- All questions must be answered in full or the application may be returned to you resulting in a delay in processing.
- For additional information or explanations attach extra sheets, if necessary. **All attachments must be signed and dated.**
- Print clearly using blue or black ink. No correction fluid, please. **Sorry, but typed applications will not be accepted.**
- This application must be received by GeoBlue within thirty (30) days from the signature date.
- Even if this application is approved, any intentional misstatements or omissions may result in future claims being denied and the plan being rescinded.
- Your insurance will become effective only if this application is approved as applied for, the appropriate premium is enclosed, and other specific conditions are met. **(See details under Section 7 – Conditions of Application).**
- Please return this application and your check to your agent OR mail to the address listed.
- If we cannot verify educational status you will be required to electronically submit a tuition bill, class schedule or letter from the registrar.  
**IT IS BEST TO SUBMIT THIS PROOF AT THE TIME OF APPLICATION.**

### Payment Information

Please see page 6.

### Most common causes for delay in underwriting

- Missing, inaccurate or incomplete information such as:
  - Weight AND Height
  - Date of birth
- Incomplete or illegible information such as the mailing address does not include city, state and ZIP code.
- The application is not signed and dated by the applicant.
- Additional documentation or information is required.

### Mailing Address

- **Applicant:** Please return this application to the address below or to your agent.

**John Conner**  
**10425 Saddle Creek Drive**  
**Sacramento CA 95829**

### Expediting an Application

**Fax Application to: 916-258-0296**  
**email to: john@johnconner.com**

## GeoBlue Navigator Individual Enrollment Application

Application must be completed by the applicant in blue or black ink.

### 1. Applicant Information (Please Print)

Applicant's Last Name	First Name	M.I.
-----------------------	------------	------

### Reason for Application (Check one)

- ☐ New Enrollment(s)  
☐ To change existing plan, please enter I.D. No:

### Address Outside the U.S.

Street	Apt No.	(P.O. Box or Personal Mail Box No.)	
City	Postal Code	Country	

### Address Inside the U.S.

Street	Apt No.	(P.O. Box or Personal Mail Box No.)	
City	State	ZIP Code	

### Mailing Address (In Care Of)

In Care Of:			
Street	Apt No.	(P.O. Box or Personal Mail Box No.)	
City	State	Postal Code	Country

Home Phone No. ( )	Daytime Phone No. ( )
Business Phone No. ( )	Fax No. ( )
Email Address	

### 2. Time and Location Status

How much time in the next 12 months will you be outside of your home country? \_\_\_\_\_ What locations? \_\_\_\_\_

How did you hear about GeoBlue? \_\_\_\_\_

### 3. Choice of Plan

<b>GeoBlue Navigator</b>					
<input type="checkbox"/> 0	<input type="checkbox"/> 250	<input type="checkbox"/> 500	<input type="checkbox"/> 1000	<input type="checkbox"/> 2500	<input type="checkbox"/> 5000

### 4. Applicant for Coverage

Sex	Last Name First Name M.I.	MUST BE ACCURATE		Date of Birth	Social Security/ Visa/ Passport No.
		Height	Weight		
<input type="checkbox"/> Male <input type="checkbox"/> Female					



Applicant's Social Security No.

Visa/ Passport No.

#### 4. Applicants for Coverage continued

Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a foreign national residing legally in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a full time student at a U.S. University? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Please provide the name of your institution, college or university.	
Please provide business address.	

#### 5. Other Coverage - Please answer **all** of the following questions.

A. Have you been insured in the last 18 months? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes, please provide the following information and attach the Certificate of Creditable Coverage from your prior health insurance carrier.			
Name of insured(s)	Insurance carrier(s)	Effective date	End date
Do you agree to discontinue your current coverage if this application is accepted? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No			
If No, please explain:			

Applicant's Social Security No.

Visa/ Passport No.

## 6. Health History

**6A. Health History Questionnaire – ALL QUESTIONS MUST BE ANSWERED OR THE APPLICATION MAY BE RETURNED AND/OR REJECTED. If you answer “Yes” to any question in Section 6A, you must give complete details in Section 6B.**

Have you received medical advice, a diagnosis, treatment, or had treatment or consultation recommended, or been hospitalized for any of the following conditions listed in questions 1 through 5 **within the last 10 years?**

1. Dizziness, weakness, fainting, numbness/tingling, head injury, paralysis, stroke, confusion, memory loss, loss of consciousness, narcolepsy or any similar symptoms ☐ Yes ☐ No

2. Chest pain, high or low blood pressure, heart disease, heart attack, heart murmur, palpitations, pacemaker, or any other heart disorder or condition ☐ Yes ☐ No

**Have you ever:**

3. Had cancer, tumor/growth, leukemia or cyst? ☐ Yes ☐ No

4. Had an abnormal physical exam, laboratory results, x-rays, EKG, MRI, CT scan or been advised to undergo further testing surgery or treatment? ☐ Yes ☐ No

5. Seen, been a patient in a hospital, clinic, or other medical facility, received treatment from or consulted any doctor or other person providing health care services for any other condition or symptom(s) (excluding childbirth) not listed on this application? ☐ Yes ☐ No

**IMPORTANT: Applicant's medical conditions, which occur after the signature date and before the approval date that come to GeoBlue's attention, may be considered in the final underwriting decision.**

## 6B. Professional Services

Give COMPLETE details of any “Yes” answers to the questions in 6A. (Use additional sheets if necessary.)

Question #	Name	Date of Onset	Name of Physician/Hospital/Other Facility			Date of Visit
	Name of Condition/Illness	Date Ended	Address			Phone No.
	Treatment (X-ray, lab, surgery, etc.)	Degree of Recovery	City	State	ZIP	Fax No.
	Results <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Still under treatment	Medications			Frequency	
	If abnormal, please explain:	Dosage		Date Prescribed	Date Discontinued	

Question #	Name	Date of Onset	Name of Physician/Hospital/Other Facility			Date of Visit
	Name of Condition/Illness	Date Ended	Address			Phone No.
	Treatment (X-ray, lab, surgery, etc.)	Degree of Recovery	City	State	ZIP	Fax No.
	Results <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Still under treatment	Medications			Frequency	
	If abnormal, please explain:	Dosage		Date Prescribed	Date Discontinued	

Question #	Name	Date of Onset	Name of Physician/Hospital/Other Facility			Date of Visit
	Name of Condition/Illness	Date Ended	Address			Phone No.
	Treatment (X-ray, lab, surgery, etc.)	Degree of Recovery	City	State	ZIP	Fax No.
	Results <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Still under treatment	Medications			Frequency	
	If abnormal, please explain:	Dosage		Date Prescribed	Date Discontinued	

## 6C. Prescription Medications –

**List all medications not noted above taken within the last 12 months by any family member listed on this application.**

Medication and Dosage	Illness for which Medication is Prescribed	Date Prescribed	Date Discontinued	Name, Phone No. & FAX No. of Physician or Hospital Address/City/State/ZIP Code

Applicant's Social Security No.									
Visa/ Passport No.									

## 7. Conditions of Application

**It is important that you carefully read and fully understand the following.**

I, the undersigned, understand that, under the GeoBlue Navigator for which I am applying, I may be entitled to lesser benefits if I use a nonparticipating hospital, physician, or other provider, than if I use a participating hospital, physician or other provider.

All applicants age 18 and over must personally read, agree to, and sign the following. If an applicant does not read English, the translator must sign and submit the Statement of Accountability, Section 9, for translating this entire application.

### Effective Date

If you currently have health coverage, we strongly recommend that you maintain your current coverage, and allow us to assign your effective date FOLLOWING APPROVAL. If, however, you would like to request a specific effective date, we strongly recommend you allow 3-5 days for underwriting. This will help ensure that your application is processed before you surrender your present insurance and will prevent you from being required to pay for two policies.

☐ I request that GeoBlue Navigator assign my effective date if my application is approved. My effective date will be assigned as either the 1st or the 15th of the month following the approval date of my application.

☐ If GeoBlue Navigator approves my application, please assign an effective date of the

☐ 1st of the month following approval.

☐ 15th of the month following approval.

☐ 1st of  ☐ 15th of .

This date must be AFTER the signature date but not greater than 75 days from the signature date on this application.

REQUESTING AN EFFECTIVE DATE **DOES NOT GUARANTEE** UNDERWRITING TO BE COMPLETED BEFORE THE DATE REQUESTED. I UNDERSTAND THAT IF I SELECT AN EFFECTIVE DATE, ONLY GEOBLUE CAN CHANGE THIS DATE, HOWEVER, GEOBLUE CANNOT CHANGE THIS DATE UNDER ANY CIRCUMSTANCES ONCE THE PLAN IS ISSUED.  
Initial ☒

### Initial Term

Please issue coverage for the initial term of:

- |                                    |                                   |                                   |                                    |
|------------------------------------|-----------------------------------|-----------------------------------|------------------------------------|
| <input type="checkbox"/> 3 months  | <input type="checkbox"/> 4 months | <input type="checkbox"/> 5 months | <input type="checkbox"/> 6 months  |
| <input type="checkbox"/> 7 months  | <input type="checkbox"/> 8 months | <input type="checkbox"/> 9 months | <input type="checkbox"/> 10 months |
| <input type="checkbox"/> 11 months | <input type="checkbox"/> 364 days |                                   |                                    |

### Billing Date

Charged on the 1st or 15th of the month (depending on your policy effective date).

### Agreement (All applicants)

I, the undersigned, agree to the following:

- I understand and agree to pay the premium amount required with this application. If my application is denied, GeoBlue will return the premium payment. If my application is accepted, this premium amount will be applied to the premium charges.
- If my application for GeoBlue Navigator coverage is accepted as applied for, the coverage date will be as specified above, but I agree I have no coverage under this application until I am notified in writing by GeoBlue that my application is approved.
- I understand that GeoBlue has the right to deny my application and if it does so, I will be notified in writing and the premium I submitted will be returned.
- I understand and agree that if GeoBlue rejects my application, under no circumstance will any benefits be payable for any person listed on this application. Receipt of money, and/or cashing of my premium check or charging this amount to my credit card by GeoBlue does

not constitute approval of my application or create GeoBlue Navigator coverage.

- If I am accepted, this application will become part of the agreement between the insurance carrier and myself.
- GeoBlue may request additional information, and this may delay processing of this application. If the health care provider charges a fee for these services, GeoBlue will determine payment, and I will be responsible for any difference.
- The selling agent has no authority to promise me coverage or to modify underwriting policy or terms of any GeoBlue Navigator coverage.
- I have personally read and completed this application. Nothing has been left off regarding the past or present health of anyone listed on this application. I understand that no one listed is eligible for benefits if any information on this application is false, incomplete or omitted. GeoBlue may void all coverage from the original effective date of the agreement for such material intentional misstatements or omissions. If the family member is a minor, I accept full legal and financial responsibility for the coverage and information provided on this application.

### Association Membership

I understand that this product is being offered only to members of the Global Citizens Association. I agree to become a member of the Association at no obligation. As a member of the Association, I shall be entitled to a variety of benefits, which includes the ability to purchase this insurance product. For further information visit [www.gcassociation.org](http://www.gcassociation.org).

Yes. I Agree ☒

Signature



FRAUD NOTICE Please read carefully

Any person who knowingly and with intent to defraud or deceive any insurance company submits an insurance application or statement of claim containing any false, incomplete or misleading information may be subject to civil or criminal penalties, depending upon state law.

**Arkansas** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Colorado** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

**District of Columbia** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**Florida** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**Kentucky** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

**Louisiana** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Maine** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**New Jersey** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**New Mexico** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

**New York** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**Ohio** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**Oklahoma** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**Tennessee** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**Washington** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

Authorization/Disclosure Statement

I understand and agree to all the Conditions of Application (Section 7). I understand that coverage is subject to the provisions in the Conditional Receipt (Section 10). I have read and understand this Application in its entirety. I certify that I have received an outline of coverage.

Signatures (Required) – All applicants over age 18 must sign and date.

1. Applicant/parent or legal guardian	Today's date

Notice of Information Practices

If you apply for or are covered by a GeoBlue health care plan, GeoBlue may collect personal information about you in order to evaluate your application or to administer benefits. This information is normally limited to the condition of your health. For example, GeoBlue may provide information to a hospital in order to verify benefits. Upon your request, GeoBlue will provide details of the nature of personal information that may be collected, the circumstances under which it may be disclosed without authorization, and your right to access and correction if you believe it to be inaccurate. GeoBlue can choose to furnish the medical record information either directly to you or to a medical professional designated by you.

Applicant's Social Security No.

Visa/ Passport No.

ATTACH INITIAL PREMIUM CHECK HERE.  
DO NOT TAPE.

## 8. Payment Method – Submit initial premium with application (required).

### 8A. Initial Deposit

1 month premium \$ _____ <input type="checkbox"/> I am attaching a check/money order for the above amount <input type="checkbox"/> Please charge my credit card for the above amount	3 month premium \$ _____ <input type="checkbox"/> I am attaching a check/money order for the above amount <input type="checkbox"/> Please charge my credit card for the above amount
6 month premium \$ _____ <input type="checkbox"/> I am attaching a check/money order for the above amount <input type="checkbox"/> Please charge my credit card for the above amount	364 days premium \$ _____ <input type="checkbox"/> I am attaching a check/money order for the above amount <input type="checkbox"/> Please charge my credit card for the above amount
<b>All checks should be made payable to Worldwide Insurance Services.</b>	
<b>Credit Card information (only if applicable)</b> <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover	
Credit Card No.	Security Code*
Cardholder's Name	Cardholder's ZIP Code
Authorized Signature (as it appears on the credit card) <b>X</b>	Today's Date

\* For Visa/Mastercard/Discover: The security code is the last three digits of the code in the signature panel on the back of the card.

For American Express: The security code is the 4 digits printed just above and to the right of the embossed credit card number on the front of the card.

### 8B. Payment Type (First payment will be credited to approved applicants only.)

#### Monthly Deduction

- ☐ From Checking Account  
☐ Charge to Credit Card

#### Quarterly Deduction

- ☐ From Checking Account  
☐ Charge to Credit Card

#### Semi-Annual Deduction

- ☐ From Checking Account  
☐ Charge to Credit Card

#### Annual Deduction

- ☐ Charge to Credit Card

Checking Account and credit card deductions are done on the first or the 15th of the month depending on the effective date of the policy.

### 8C. Checking Account Deduction Authorization

Attach a check for one (1) month's premium above where indicated or if paying initial premium by credit card, attach a voided check. If the account listed below is a joint account, both account holders' signatures are required. **GeoBlue must be notified of any changes to your bank account no later than the 20th of the month preceding the change.**

AUTHORIZATION: As a convenience to me, I request and authorize you to pay and charge to my account checks drawn on that account by and payable to the order of GeoBlue provided there are sufficient collected funds in said account to pay the same upon presentation. I agree that your rights with respect to each debit will be the same as if it were a check drawn on you and signed personally by me. I authorize GeoBlue to initiate debits (and/or corrections to previous debits) from my account with the financial institution indicated for payment of my GeoBlue Navigator premium. This authority is to remain in effect until revoked by me in writing, and until you actually receive such notice, I agree that you shall be fully protected in honoring any such debit. I further agree that if any such debit be dishonored, whether with or without cause and whether intentionally or inadvertently, you shall be under no liability whatsoever even though such dishonor results in forfeiture of insurance.

**NOTE:** Should your withdrawal not be honored by your bank, you will automatically be removed from Monthly Checking Account Deduction and be billed quarterly. After 364 days, you may re-apply for the monthly checking account deduction option.

Applicant Name	Applicant Social Security No.	Name on Checking Account		
Name of Bank or Financial Institution	Address	City	State	ZIP Code
Checking Account No.	Bank Routing No.	Federal Credit Union Routing No.		
Authorized Signature (as it appears in the financial institution's records)	Date	Authorized Signature (as it appears in the financial institution's records)	Date	

(Continued on reverse)

## DO NOT WRITE BELOW

Insurance underwritten by 4 Ever Life Insurance Company,  
Oakbrook Terrace, Illinois NAIC #80985 under policy form series 54.1404.

The coverage requested may not be available.

Medical Benefits underwritten by 4 Ever Life Insurance Company,  
an independent licensee of the Blue Cross Blue Shield Association.

Applicant's Social Security No.

Visa/ Passport No.

**9. Statement of Accountability – To be completed when the applicant cannot complete the application.**

I, \_\_\_\_\_, personally read and completed this Individual Enrollment Application for the applicant named below because: ☐ Applicant does not read English ☐ Applicant does not speak English

☐ Applicant does not write English ☐ Other (explain): \_\_\_\_\_

I translated the contents of this form and to the best of my knowledge, obtained and listed all the requested personal and medical history disclosed by: \_\_\_\_\_

I also translated and fully explained the "Conditions of Application (Section 7)."

By X \_\_\_\_\_ Signature of Translator Today's Date (Required)

**10. Conditional Receipt – To be completed by the agent and given to the applicant.**

Received from \_\_\_\_\_ \$ \_\_\_\_\_ as a premium, payable to Worldwide Insurance Services.

Subject to the following:

**IN NO EVENT SHALL GEOBLUE HAVE ANY LIABILITY TO THE APPLICANT IF THE APPLICATION IS NOT APPROVED, EXCEPT FOR THE OBLIGATION TO RETURN THE PREMIUM SUBMITTED WITH THIS APPLICATION IF THIS APPLICATION IS NOT APPROVED, AND NEITHER SHALL ANY COVERAGE EXIST NOR SHALL THE APPLICANT BE ENTITLED TO ANY BENEFITS UNLESS AND UNTIL THIS APPLICATION IS APPROVED BY GEOBLUE.**

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

Agent acknowledges receipt of money and delivery of Conditional Receipt.

By X \_\_\_\_\_ Signature of Agent 84446 Agent I.D. Number