

This insurance is underwritten by:

Pan-American Life Insurance Company

601 Poydras Street

New Orleans, Louisiana 70130

Administered by:

Wallach
& COMPANY, INC.

"Smart" insurance for informed travelers.SM

107 West Federal Street

Post Office Box 480

Middleburg, Virginia 20118-0480 USA

(800) 237-6615 or (540) 687-3166

Fax: (540) 687-3172

Email: info@wallach.com

www.wallach.com

Form MEDHELP-C-94-01 01/07

HealthCare International



**International medical
insurance and assistance
for persons living outside
their Home Country**

HealthCare International

Immersion for six months or more of work, education, or vacation is the best way to become acquainted with the people, language, and customs of another country. Planning an extended stay away from your Home Country includes a myriad of details—not the least of which is your health insurance. Your personal medical policies are unlikely to cover you abroad. HealthCare International offers comprehensive coverage for less than the cost of domestic medical insurance.

Administered by:

Wallach
& COMPANY, INC.

"Smart" insurance for informed travelers.SM

Among the first to offer medical assistance and evacuation insurance to U.S. citizens going overseas, Wallach & Company specializes in providing medical and related insurance to people traveling outside their home countries. Over more than 25 years, Wallach has earned the trust of those who travel abroad for work, study, or vacation. Whether travel spans a week or more than a year, coverage is tailored to meet individual needs.

107 West Federal Street
Post Office Box 480
Middleburg, Virginia 20118-0480 USA
(800) 237.6615 or (540) 687-3166
Fax: (540) 687-3172
Email: info@wallach.com
www.wallach.com

Americans planning a trip overseas should check with their health insurance providers to determine what's covered. With limited exceptions in Canada and Mexico, Medicare does not cover health care costs outside of the United States.

What you should know about HealthCare International:

The medical insurance provides up to \$1,000,000 for each covered personal injury and sickness that occurs while you are traveling overseas. Medical evacuation, if warranted, to a more suitable hospital or your home is included, as are the costs of hospitalization, visits to doctors' offices, prescriptions, lab fees, x-rays, local ambulance, and emergency dentistry arising from an accident. In the very unlikely event of accidental death, the return of your remains to your home is covered.

International assistance is not insurance. Rather, it is the service (24 hours per day, 7 days a week) of a personal assistant, professionally trained and fluent in English and the language of the country you are visiting, to help you quickly find the medical care you need. These pros can help you revise travel plans and facilitate emergency communications with your personal Physician and family at home. They'll ensure that you receive knowledgeable legal assistance if needed. It's as if you had a good friend wherever you are—no further away than a toll free phone call.

What you should do:

- Review your personal medical insurance to determine if it will cover you for the entire time you are overseas.
- Read the detailed description of coverages in the following pages.
- Visit the Department of State web page *Travel and Living Abroad* (www.state.gov/travel/) for health advisories and related information about the countries where you will work, study or travel.
- Call Wallach & Company (800-237-6615) with questions and concerns about long-term international medical insurance and related assistance.

Brief Outline of Coverage

Assistance Services

In addition to US\$1,000,000 insurance provided by HealthCare International, you will have access to a worldwide assistance network. In the event you need help with a medical, travel, or legal situation, simply phone (toll free) the Assistance Center, which is staffed 24 hours a day by highly experienced multilingual international assistance professionals, capable of helping you anywhere in the world.

Services provided by the Assistance Network include:

- Help in locating appropriate medical care.
- Arranging direct payment of covered expenses between Physicians, hospitals and the insurance company.
- Handling all matters related to a medical evacuation or repatriation of remains.
- Providing referrals for local legal representation, if required.
- Help in replacing lost or stolen passports, credit cards and travel documents.
- Assistance with other types of medical and travel emergencies.

Eligibility

HealthCare International is designed to provide insurance and assistance to persons who will be outside their Home Country for six months or longer. The insurance will cover an individual, spouse and unmarried dependent children up to age 20, living with their parent(s). The minimum age of an Insured Person is 15 days and the maximum age is 70 years.

How to Apply

The cost of obtaining medical care varies in different parts of the world, therefore the premium charged for HealthCare International varies, depending upon your destination. For determining the correct premium, there are three Areas of the world. Refer to the Premium Schedule and select Area A, B or C from the tables. Then determine your monthly premium depending on your age, and the age of each family member you want to insure. Complete the entire application and

send it to the Administrator. Full payment must be in U.S. dollars at the time of application and may be made by check (drawn on a U.S. bank) or credit card. If you cancel the insurance after the effective date, the first six months premium will be considered fully earned and not refundable. The balance of the premium will be eligible for refund.

Introduction

This policy will provide medical insurance to you only while you are living or traveling outside your Home Country. The policy will not provide coverage before your departure from your Home Country nor will it continue to cover you after you return to your Home Country. (See Period of Insurance for details.)

Medical Expense Benefits

| Benefit Limit | Coverage |
|---------------|----------------------------------------------------------------------------------------------------------|
| US\$1,000,000 | Accident and Sickness Expense Benefit (includes Medical Evacuation and Repatriation of Remains Benefits) |
| US\$5,000 | Accident Dental Benefit |
| US\$25,000 | Lifetime Maternity Expense Benefit |
| US\$100,000 | Home Country Coverage Benefit (coverage for brief return visits to your Home Country) |

Accident and Sickness Expense

The Company will pay up to the benefit limit for the reasonable and customary medical expenses including, but not limited to, necessary medical or surgical treatment, services and supplies, hospital services, local ambulance, x-rays, laboratory fees, and visits to a Physician's office, as a direct result of each Covered Injury or Sickness which first manifests itself during the Period of Insurance. There is a US\$100 deductible per claim that applies to this benefit.

Limitation: Coverage for non-hospitalization expenses (where you are not a registered inpatient in the hospital) incurred in the USA, Canada, Bermuda and the Caribbean Islands is limited to 80% of the reasonable and customary charges after the US\$100 deductible.

■ Medical Evacuation

If a Covered Injury or Sickness occurs during the Period of Insurance and requires your immediate medical evacuation, upon the recommendation

of the attending Physician, authorization from the Assistance Center Regional Medical Advisor and your concurrence, the Company may: (a) medically evacuate you to a more suitable medical facility; or (b) evacuate you to a medical facility near your home in your Home Country. After an evacuation to your Home Country, additional medical expenses will be limited to the benefits available under the Home Country Coverage.

The reasonable transportation expenses of one other adult Insured Person necessarily accompanying you on the medical evacuation will be covered by the policy.

■ Repatriation of Remains

If a Covered Injury or Sickness results in loss of your life during the Period of Insurance, the Company will pay the expenses for the preparation and transportation of your body to your home.

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

Accident Dental

This benefit covers the expenses incurred for dental treatment resulting from a covered accident. The limitation is US\$500 per natural tooth with a maximum benefit of US\$5,000.

Maternity Expense

This benefit covers the mother's prenatal and postnatal medical expenses incurred outside her Home Country including hospitalization services, Physician services for the delivery of the child(ren) or termination (spontaneous or elective) of the pregnancy. This benefit is limited to US\$5,000 for an uncomplicated pregnancy (including delivery) and US\$7,500 for a complicated pregnancy. The lifetime benefit under this coverage is limited to US\$25,000 (for multiple pregnancies). These are the only benefits available for maternity related expenses and cover only those pregnancies where the expected date of birth is at least ten months after the mother became covered under this policy.

Home Country Coverage

You continue to be covered under this policy during **temporary return visits** to your Home Country. The Home Country Coverage is limited to US\$100,000 and a maximum accumulation of 30 days of return visits to your Home Country during the Period of

Insurance. All expenses incurred in your Home Country are subject to a US\$500 deductible. After satisfying the deductible, the next US\$50,000 expenses are limited to 50% coverage; thereafter the coverage is increased to 100% up to the US\$100,000 limit. The policy will not cover any expense incurred in your Home Country once the Home Country Coverage limitations have been exceeded.

Important Note

If you return to your Home Country for a temporary visit and subsequently do not leave before the expiration date of your policy, this insurance will be considered terminated as of the date you returned to your Home Country for that visit. Any medical expense incurred between the date you returned to your Home Country and the expiration of this policy will not be covered except as noted in the Period of Insurance (see Definitions).

Accidental Death & Dismemberment Benefit

Principal Sum: US\$25,000.

If a Covered Injury occurs during the Period of Insurance, which is independent of all other causes and within 180 days of the injury results in one of the following losses, 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 by you as a result of same accident.

Additional US\$100,000 benefit available.

International Travelers Assistance Services

1. Multilingual professional staff to help locate the nearest, most appropriate medical care.
2. Medical Advisors consultative and advisory services including second opinion and review of appropriateness/quality of medical care, plus progress monitoring during treatment.
3. Assistance in establishing contact with family, personal Physician and employer as necessary; emergency message transmittal.
4. Special assistance to facilitate direct claims payment or transfer of funds.
5. Arrange and coordinate medical evacuation with the appropriate medical escort or, in the case of death, repatriation of remains.
6. Special assistance in making arrangements for disrupted travel plans.
7. Knowledgeable legal referral assistance and assistance in replacing travel documents as well as other travel related services.

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

Exclusions & Limitations

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

- A. A Pre-existing Condition defined as: Any injury or sickness, or complications arising therefrom, for which you had manifested symptoms, or for which a Physician was consulted, treatment or medication was prescribed or taken, within one year (365 days) immediately prior to the Period of Insurance. Coverage for a Pre-existing Condition will begin after you have been insured for 12 continuous months under this policy or have gone 12 consecutive months without receiving advice, consultation or treatment for that condition.

- B. Any claim in respect of:
 1. Birth defects; congenital conditions; suicide, self-inflicted injury or any attempt thereat; cosmetic surgery unless required as the result of a Covered Injury;
 2. Examinations or treatment where there is no objective impairment of normal health;
 3. Eyeglasses, contact lenses or hearing aids; dental care except as specified under the Accident Dental Benefit;
 4. Birth control, fertility or infertility treatment, or pregnancy including miscarriage or abortion except as specified under the Maternity Expense Benefit;
 5. Mountaineering (where ropes or guide persons are customarily used); scuba diving (unless PADI or NAUI certified); racing (except on foot); or
 6. A vehicle accident, if such expenses are recoverable under any other valid and collectible insurance, regardless of whether you assert your right to obtain benefits from these sources. Nor will this policy cover you while operating a vehicle unless 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; parachuting; or 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 in the your Home Country, other than those benefits specified in the Home Country Coverage or Period of Insurance.
- H. Any loss that occurs: (1) while traveling against the advice of a Physician; (2) while on a waiting list for a specific treatment; or (3) when traveling for the purpose of obtaining medical treatment.
- I. Organ transplant procedures; acupuncture; treatment and/or other procedures not scientifically recognized and accepted.
- J. Expenses incurred after the Period of Insurance arising from an injury or sickness which occurred during the Period of Insurance.
- K. Hospital room and board benefits are limited to the hospital's most prevalent semi-private accommodation. Private room accommodations will be covered only if considered medically necessary by the attending Physician.

HealthCare International Premiums

For Policies with Effective Dates January 1, 2007 or later

| Age of Applicant | Monthly Premium | | |
|------------------|-----------------|--------|--------|
| | Area A | Area B | Area C |
| 0 – 25 | \$ 90 | \$ 113 | \$ 180 |
| 26 – 39 | \$ 102 | \$ 128 | \$ 205 |
| 40 – 54 | \$ 133 | \$ 167 | \$ 267 |
| 55 – 70 | \$ 236 | \$ 354 | \$ 472 |
| Dependent Child | \$ 58 | \$ 70 | \$ 115 |

Definition of Dependent Child

Unmarried child declared on the Application, between 15 days and 20 years of age, traveling or residing with their parent(s) outside their Home Country.

Optional: \$100,000 Accidental Death & Dismemberment Benefit: (Available only to persons age 18 or older) \$15 per month

The premium calculation is based upon the applicant's age, destination area (A, B or C) and the length of time to be insured. The minimum premium is six (6) times Monthly Premium even if less than six months of insurance is requested.

Area A includes those countries within Europe, Central America, South America and elsewhere in the world not specifically named under Areas B and C.

Area B includes Africa (every country located on the continent of Africa) and the islands of Madagascar and the Seychelles; Russia and the Newly Independent States (formerly the USSR); Middle East and Asia.

Area C includes the United States (its possessions and territories), Canada, the Caribbean Islands and Bermuda.

Please see the Definitions and Administration for more precise details on the countries included within Areas A, B and C.

If you are traveling to more than one area or to an area where civil unrest exists, please call the Administrator at (800) 237-6615 for the appropriate premium.

Definitions

Period of Insurance

This insurance begins on the later of: (a) your departure from your Home Country; (b) at 12:01 a.m. local time on the effective date requested on the application; or (c) when your application and premium are received and approved by the Administrator. The insurance terminates on the earlier of: (a) at 11:59 p.m. local time on the expiration date of your policy; or (b) when you cease to be eligible as defined under Insured Person; or (c) immediately upon your return to your Home Country. However, if you have been insured under this policy for at least six months and then return to your Home Country permanently, the insurance will continue for 30 days or until the policy's expiration date (whichever first occurs) to provide Home Country Coverage for an unexpected injury or illness which may occur after you return home. The purpose of this benefit is to provide time to purchase domestic health insurance.

Home Country

Your Home Country is that country where you permanently reside at the time applying for this insurance. There can be only one Home Country declared on each application.

Africa

For the purposes of determining the proper premium and insurance benefits, Africa will include (but not necessarily be limited to) every country located on the continent of Africa and the islands of Madagascar and the Seychelles.

Middle East

For the purposes of determining the proper premium and insurance benefits, the Middle East will include (but not necessarily be limited to) the following countries: Turkey, Cyprus, Syria, Iraq, Iran, Jordan, Lebanon, Israel, Saudi Arabia, Kuwait, Qatar, United Arab Emirates, Bahrain, Oman and Yemen.

Asia

For the purposes of determining the proper premium and insurance benefits, Asia will include (but not necessarily be limited to) the following countries: Afghanistan, Pakistan, India, Maldives, Sri Lanka, Nepal, Tibet, Bangladesh, Bhutan, Myanmar, Thailand, Laos, Kampuchea, Vietnam, Malaysia, Singapore, Indonesia, Brunei, Papua New Guinea, Philippines, China, Taiwan, North and South Korea, Mongolia, Hong Kong and Japan.

Caribbean Islands

For the purposes of determining the proper premium and insurance benefits, the Caribbean Islands will include (but not necessarily be limited to) the following: The Bahamas, Greater Antilles (Cuba, Jamaica, Puerto Rico, Hispaniola), Lesser Antilles (Virgin Islands, Leeward Islands, Windward Islands, Barbados, Tobago, Trinidad), and the Netherlands Antilles (Aruba, Bonaire, Curacao).

Insured Person

An eligible person over the age of 15 days and under the age of 71 years who is living or traveling outside their Home Country for whom the applicable premium has been received and accepted by the Company. Eligible children are those unmarried children over the age of 15 days and up to 20 years living with their parent(s) outside their Home Country.

Covered Injury

A bodily injury which results directly and independently of all other causes, from an accident occurring while you are covered under the policy.

Covered Sickness

A sickness, illness or disease which first manifests itself while you are covered under the policy.

Covered Expense

The Usual and Customary expenses incurred during the Period of Insurance for medical care, treatment, services or supplies, recommended and approved by the attending Physician which are the direct result of a Covered Injury or Sickness.

Pre-existing Condition

Any injury or sickness, or complications arising therefrom, for which you had manifested symptoms, or for which a Physician was consulted, treatment or medication was prescribed or taken, within one year (365 days) immediately prior to the Period of Insurance.

Physician

A person properly licensed to practice medicine in the jurisdiction and/or country where the treatment is provided and includes doctors of medicine, general practitioners, specialists and medical consultants other than you or your immediate family.

Administration

Company

Pan-American Life Insurance Company
601 Poydras Street
New Orleans, Louisiana 70130 USA

Administrator

Wallach & Company, Inc.
107 West Federal Street
Post Office Box 480
Middleburg, Virginia 20118-0480 USA

Law and Conformity to Statutes

Any provision of the policy which, on its effective date, is in conflict with the statutes of your jurisdiction, is hereby amended to conform to the minimum requirements of such statutes.

Entire Contract: Changes

The policy and your individual application constitute the entire contract between the parties. No change in the policy shall be valid unless approved by an executive officer of the Company and unless such approval be endorsed hereon or attached hereto.

Notice of Claim

Written notice of claim must be given to the Administrator within 45 days after the occurrence or commencement of any loss covered by the policy, or as soon thereafter as is reasonably possible. Notice given by or on behalf of you to the Administrator at its offices or to any authorized agent of the Company, with information sufficient to identify you as insured under this policy, shall be deemed notice of claim.

Claim Forms

Upon receipt of a written notice of claim, the Administrator will furnish you such forms as are usually furnished for filing Proof of Loss. If such forms are not furnished within 15 days after the giving of such notice, you will be deemed to have complied with the requirements of the policy as to Proof of Loss upon submitting within the time fixed in the policy for filing Proofs of Loss.

Proof of Loss

Written Proof of Loss must be furnished to the Company within 45 days after the date of such loss, or as soon thereafter as reasonably possible. The completed claim form must be accompanied by the original Proofs of Loss such as bills, receipts, etc. for all expenses. Photocopies are not acceptable.

Payment of Claims

Indemnity for loss of life will be payable in accordance with the beneficiary designation and the provisions respecting such payment which may be prescribed therein and effective at the time of payment.

Medical Expense Benefits payable under this policy will be coordinated with those of other insurance policies you may have so that the total benefits from all policies do not exceed the actual medical expenses incurred. The Company retains full rights of subrogation.

Right of Subrogation

Subrogation means the Company has the right to request a refund of payments made under the following conditions:

The Company will be subrogated to any claim you have against a third party provided:

- a) You were injured or became ill due to the act or omission of the third party; and
- b) The Company paid benefits to you under this insurance for such Covered Injury or Sickness.

The Company can only seek repayment of the amount of benefits paid.

If you collect any sums for damages from the third party, you will be liable to the Company for the benefits already paid by the Company. If you sue to recover expenses, the Company can join in the suit. If you do not sue, the Company can do so in your name.

You are obligated to:

- a) Avoid doing anything that would prejudice the Company's Right of Subrogation; and
- b) Execute any documents required to enforce the Company's right. (Failure to execute the required documents does not waive the Company's right to collect any sums for damages from the third party.)

Once settlement has been made and the Company has been reimbursed the amount of benefits paid, no other benefits are payable for the condition or related condition which gave rise to the claim.

Beneficiary Designation

The beneficiary designation for Insured Persons shall be "ESTATE". You may name a beneficiary or change a named beneficiary by written request to the Company. The request takes effect on the date it is executed regardless of whether or not you are living when the Company receives it. The Company will be relieved of further responsibility to the extent of any payment made in good faith before receiving said request.

Not in Lieu of Workers' Compensation

The policy is not in lieu of and does not affect any requirement for coverage by Workers' Compensation Insurance, or any other occupational benefit plan or public assistance program.

Change of Premiums

The Company has the right to change the rate at which premiums will be calculated for any time period or Period of Insurance under the policy. Additional premium may be required to cover certain war risks otherwise excluded. Persons traveling 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 must include that information on the application.

Exposure and Disappearance

If by reason of an accident covered by the policy you are unavoidably exposed to the elements and as a result suffer (within six months after the accident), a loss attributable to such exposure, the loss will be covered. If your body has not been found within six months of an accident or disappearance of the aircraft or vessel on which you were known to be a passenger, then it shall be deemed (subject to all other provisions of this insurance), that you will have suffered loss of life at the time of the incident.

Extension of Benefits

If on the last day of the Period of Insurance, you are hospitalized (as an inpatient) outside your Home Country for a Covered Injury or Sickness, the Period of Insurance will be extended until it is medically

confirmed that further inpatient hospitalization is no longer necessary, subject to an overall maximum of 13 weeks beyond the last day of the Period of Insurance.

Physical Examinations and Autopsy

While a claim is pending, the Company has the right at their expense: (a) to have you examined by a Physician, when and as often as is reasonably necessary; and (b) in case of death to have an autopsy performed, unless forbidden by law or local custom.

Legal Action

No legal action may be taken against the Company:

(a) before 90 days following the date the fully completed Proof of Loss is sent to the Company; or (b) after three years following the date Proof of Loss is due.

Assignment

The coverages under the policy are not generally assignable. However, benefits payable for services received under the Medical Expense Benefits provision may be assigned to the provider of those services in accordance with the Payment of Claims provision of the policy.

Certificate of Insurance

The Company will issue you an individual Certificate of Insurance describing the benefits which you are entitled to under the policy, the limitations and exclusions of the policy, and the Period of Insurance as it pertains to you.

Payment of Premium and Renewal of Policy

If payment of a premium is not honored by the bank or credit card drawn upon, the insurance is deemed to have not been purchased. No less than 30 days prior to the expiration of the policy, a renewal application will be mailed to you at the most recent address on file. The completed renewal application and correct premium must be received by the Administrator prior to the expiration of the previous policy in order for coverage to remain in effect. All renewals are subject to approval by the Company.

Refund Policy

This insurance may be cancelled prior to the effective date and a full refund of premium will be made. If the insurance is cancelled after the effective date, the first six months premium will be considered fully earned

and not refunded. After that, including any subsequent renewal period, an adjusted premium refund can be made on remaining whole months at your request.

Requests for policy cancellations and refunds must be in writing and the effective date of the cancellation cannot be prior to the date the request is received by the Administrator.

Important Notice

The insurance is in force only while you are living (or traveling) outside your Home Country. However, limited coverage remains in force if: (a) you return to your Home Country for a temporary visit (see Home Country Coverage); or (b) if you return to your Home Country permanently prior to the expiration of the insurance (see Period of Insurance).

HealthCare International Application

3 ways to
submit your
application:

On-line at:
www.wallach.com

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

Fax to:
(540) 687-3172

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

Applicant (print name as it appears on your passport)

Address (for all correspondence)

Email Address

Home Country

Date of Birth (maximum age 70)

Nationality and Passport No.

Purpose of Travel

Destination Country(ies)

Name of Emergency Contact in Home Country

Relationship

()

Telephone Number of Emergency Contact

Have you ever been insured under this policy? Yes No

Requested Effective Date _____ The effective date of the insurance cannot be prior to the date this application and premium are received and approved by the Administrator.

Information on Spouse and Children to be insured

Spouse's Name

Sex

Date of Birth

Child's Name

Sex

Date of Birth

Child's Name

Sex

Date of Birth

Child's Name

Sex

Date of Birth

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 (on behalf of all persons to be insured)

Date

()

Telephone Number where applicant can be reached prior to departure.

Premium Calculation

\$ _____ Monthly Premium
(total monthly premium of all persons to be insured)

+ \$ _____ Optional Monthly AD&D Premium

= \$ _____ Total Monthly Premium

x \$ _____ Number of Months Requested
(12 month maximum)

= \$ _____ **Total Policy Premium***

* The minimum policy premium is six (6) times the total monthly premium, even if less than six (6) months of insurance is requested.

Beneficiary

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

Security Code

Name on Credit Card

Signature