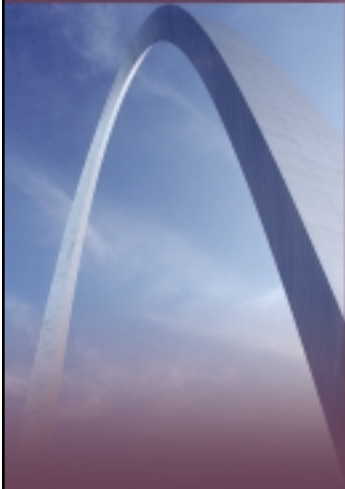
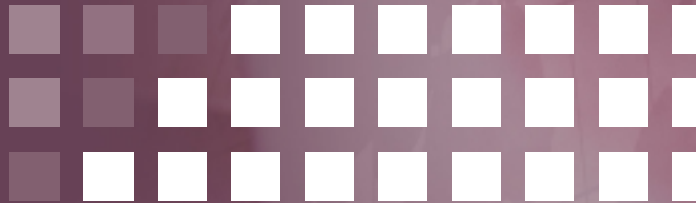


← [Selecting the Right Plan](#)

← [Gateway USA Plan Features](#)

GatewayUSA

Accident and medical insurance protection
and assistance for participants in sponsored
international exchange activities



MARSH

GatewayUSA

Gateway USA for International Visitors to the United States ...

In today's world, opportunities abound for sharing ideas, methods, practices and goals. Whether the underlying purpose relates to business and economics, education and research, cultural enrichment or quality of life, international exchange activities conducted in the U.S. can involve time outside the home country—for a short period—a number of days or months—or even longer.

Many times, persons participating in such activities, or the sponsoring organization, need additional insurance protection when existing group or individual insurance plans are not appropriate, or if the international visitor's national health plan is limited beyond the home country or country of residence.

Gateway USA can help when an alternative solution or supplemental insurance is needed for accident and medical coverage. It also offers the added benefits of Medical Evacuation and Repatriation Benefits, Accidental Death and Dismemberment coverage and valuable Medical and Travel Assistance Services.

This is a brief description of the benefits, limitations, exclusions and services available under Gateway USA. All coverage, benefits and premiums listed are payable in U.S. Dollar amounts.

For exchange activities lasting more than 6 consecutive months, [Gateway Premier](#) is another option.

If the purpose of the visit is for reasons other than those described above, such as holiday, vacation or personal reasons, refer to the [Gateway Visit America](#) plan.

GatewayUSA

Designed Expressly for International Exchange Activities

Gateway USA offers a comprehensive package of benefits and services to persons who travel to the United States to participate in international business, academic, cultural exchange or other similar events and activities arranged by a sponsoring organization. Gateway USA includes extended coverage for incidental trips to Canada, the Bahamas, Bermuda or Mexico. **You are eligible for this Plan if:** a) your passport is from a country other than the United States, and b) the primary purpose of your stay in the United States is to participate in a sponsored or planned international exchange activity. Your spouse and/or unmarried children who are over 14 days old and under the age of 18 who accompany you are also eligible. (Children who are 18 or older are eligible under separate application.)

Home Country is the country from which the Insured Person holds a passport.

Country of Residence is the location or country where the Insured Person maintains a primary permanent residence.

Plan Features

Choose from Two Medical Options!

Coverage for accident and medical expenses are just part of the basic benefits of Gateway USA ...

	Plan A	Plan B
Accident & Illness Medical		
\$150 deductible, Plan pays 80% to \$5,000, then pays 100% thereafter.		
Medical Expense Maximum*	\$50,000	\$100,000
Other Benefits of Both Plans		
Emergency Medical Evacuation	\$50,000	
Repatriation of Remains	\$20,000	
Medical and Travel Assistance Services	Included	
Accidental Death & Dismemberment (AD&D)	\$25,000	

* Medical Expense Maximum is limited to \$50,000 for Insureds age 70 through 79 and to \$10,000 for Insureds age 80 and over.

How the Medical Expense Benefit Works

If you are injured or become ill during your stay and require medical attention—such as treatment from physicians, hospitalization and medication—the costs of services are your responsibility. Gateway USA can help protect you against the unexpected medical costs that can occur during your stay. If you incur costs for covered medical services during a **period of coverage** (the number of months for which you request and pay for insurance), the Gateway USA plan works like this:

You are responsible for the first \$150 of **covered medical expenses** (called the **deductible**). For the next \$5,000 of covered medical expenses, the Plan pays 80% of the cost; you are responsible for the other 20% (called the co-insurance). After your deductible and co-insurance are met (\$150 + \$1,000), the Plan pays 100% of the remaining covered medical expenses up to the **medical expense maximum** you choose—\$50,000 for Plan A or \$100,000 for Plan B—or the **maximum benefit period**, whichever occurs first.

A listing of medical expenses that are covered under the Plan, and those that are not covered, as well as the maximum benefit period are described in the Description of Benefits section. Here are other positive features of the Plan ...

- The deductible and co-insurance are applied only once during each period of coverage.
- The medical expense maximum is applied to covered expenses for each separate, distinct and unrelated condition.

Medical Evacuation/Repatriation Expense Coverage and Assistance Services

Gateway USA covers transportation costs associated with medical emergencies, or for loss of life, expenses to prepare and return mortal remains to your Home Country/Country of Residence. In addition, medical and travel assistance services are automatically included. The Description of Benefits section provides more information on these important benefits and services.

Period of Coverage, Effective Date and Termination Date

You may enroll in Gateway USA for a minimum term of 15 days up to a maximum term of 18 consecutive months. Your **period of coverage** starts from the effective date and continues without interruption for the number of months you request, as long as premium is paid at the time you apply. For example, if you need coverage for 12 months, but choose to apply for 6 months initially, your period of coverage is 6 months. You may apply for additional months by completing a new Application. Each Application represents a separate period of coverage, subject to new deductible and plan limitations.

Once the Administrator receives and accepts your Application and premium, the **effective date** of individual coverage is the *latest* of these dates: your arrival date in the United States, the date your Application and premium are received or the date you request on the Application Form. The **termination date** of individual coverage is the *earlier* of these dates: the date you depart for a location outside the United States (or any of the other covered destinations) or the date shown on the proof of coverage documents mailed after enrollment.

GatewayUSA

Description of Benefits

Medical Expenses

If an injury or illness occurs during the **Period of Coverage**, only those expenses specifically described below, and which are incurred within the **Maximum Benefit Period** (26 weeks from the date of such injury or onset of such illness), and which are not excluded (see Exclusions section) are considered **Covered Medical Expenses**. Initial treatment of an injury must occur within 60 days of the accident. Illness must first manifest itself during the Period of Coverage.

1. Charges made by a hospital for room and board, floor nursing and other services, exclusive of charges for professional service and with the exception of personal services of a non-medical nature; provided, however, that expenses do not exceed the hospital's average charge for semiprivate room and board accommodation, or intensive care when medically necessary;
2. Charges made for diagnosis, treatment and surgery by a physician;
3. Charges made for the cost and administration of anesthetics;
4. Charges for medication, X-ray services, laboratory tests and services, the use of radium and radioactive isotopes, oxygen, blood transfusions and medical treatment;
5. Charges for physiotherapy, if recommended by a physician for the treatment of a specific disablement and administered by a licensed physiotherapist;
6. Dressings, drugs and medicines that can only be obtained upon a written prescription of a physician or surgeon.

Exclusions

For Medical Expenses, this insurance does not cover:

1. Pre-existing Condition defined as illness, injury or any medical condition for which symptoms manifested, or for which a licensed physician was consulted, or for which treatment or medication was prescribed, within 36 months prior to the Insured Person's **Effective Date** of coverage;
2. Services, supplies or treatment, including any period of hospital confinement, which are not recommended, approved and certified as necessary and reasonable by a physician, or expenses which are non-medical in nature;
3. Expenses incurred as a result of or in connection with a) declared or undeclared war, or any act thereof; b) injury sustained while participating in professional sports, sponsored scholastic or amateur athletics; c) intentionally self-inflicted injury, suicide while sane or attempted suicide while insane; d) motorcycle driving, scuba diving, mountain climbing, sky diving, professional or amateur racing, piloting an aircraft; or e) commission of a felony;
4. Expenses for a) pregnancy, childbirth or miscarriage; b) routine physicals; c) cosmetic or plastic surgery, except as the result of an accident; d) elective surgery; e) any mental and nervous disorders or rest cures; f) dental care, except as the result of injury to natural teeth caused by accident; g) eye refractions or eye examinations for the purpose of prescribing corrective lenses for eye glasses or for the fitting thereof, unless caused by accidental bodily injury incurred while insured; h) alcoholism and drug addiction or use of any drug or narcotic agent; or i) treatment by a family member;
5. Treatment paid for or furnished under any other individual or group policy, or other service or medical pre-payment plan arranged through an employer to the extent so furnished or paid, or under any mandatory government program or facility set up for treatment without cost to any individual.

Emergency Medical Evacuation Expenses

If injury or illness commencing during the **Period of Coverage** warrants immediate transportation to the nearest medical facility where appropriate medical treatment can be obtained, or if after being treated at a local hospital the condition warrants transportation to the Home Country/Country of Residence for further medical treatment or to recover, or both, all eligible expenses incurred are covered up to a maximum of \$50,000. An emergency evacuation must be recommended by a legally licensed attending physician who certifies that the severity of injury or illness necessitates such emergency evacuation, and must be agreed upon by you or your representative. **In the event this benefit is needed, arrangements are made by the Assistance Services provider.**

If an Insured Person is hospitalized for more than 7 days and is receiving care outside the Home Country/Country of Residence, the Plan will pay up to the cost of round-trip economy airfare to bring a person chosen by the Insured Person to and from his/her bedside, if the Insured Person is not accompanied by immediate family. **These transportation arrangements must be authorized in advance, and made by the Assistance Services provider.**

Repatriation of Remains Expenses

If injury or illness commencing during the **Period of Coverage** results in death, all reasonable expenses incurred for preparation and return of the remains to the Home Country/Country of Residence are covered up to a maximum of \$20,000. **In the event this benefit is needed, arrangements are made by the Assistance Services provider.**

Exclusions

For Emergency Medical Evacuation and Repatriation, this insurance does not cover: Expenses incurred as a result of or in connection with a) declared or undeclared war or any act thereof; b) injury sustained while participating in professional sports; c) intentionally self-inflicted injury, suicide while sane or attempted suicide while insane; d) commission of a felony; e) professional racing, participation in contests of speed, or piloting an aircraft; f) pregnancy, except complications of pregnancy; g) alcoholism and drug addiction.

Accidental Death & Dismemberment Coverage (AD&D)

\$25,000 Principal Sum Included
\$100,000 Principal Sum Optional Additional Benefit

Gateway USA includes \$25,000 AD&D principal sum for each Insured Person and Insured Spouse with partial benefits for each Insured Eligible Child (see the Table of Losses below for benefits payable).

If you wish to purchase the Optional Additional Benefit, it must be purchased for each adult (Insured Person and Insured Spouse) listed on the Application and additional premium must be paid at time of Application. This option is not available for enrolled persons under the age of 18. Purchase of this optional coverage does not affect the AD&D coverage amount for enrolled Child(ren).

If an injury occurs during your **Period of Coverage** and results in one of the following losses within 365 days after an accident, the Plan will pay for the loss as follows:

Table of Losses	Insured or Spouse	Each Child
Loss of life	Principal Sum	\$5,000
Loss of two members	Principal Sum	\$5,000
Loss of one member	50% of Principal Sum	\$2,500

"Member" means hand, foot or eye. "Loss" means with regard to hands and feet, actual severance through or above wrist or ankle joints, and with regard to eyes, entire and irrecoverable loss of sight. Only one amount, the largest to which you are entitled, is paid for all losses resulting from one accident.

Exclusions

For Accidental Death & Dismemberment, this insurance does **not** cover:

1. Expenses incurred as a result of or in connection with a) intentionally self-inflicted injury, suicide while sane or attempted suicide while insane; b) war or any act of war, declared or undeclared, or service in the military, naval or air service of any country; or c) piloting or acting as a crew member or riding in any aircraft except as a fare-paying passenger on a scheduled airline;
2. Expenses for a) illness, disease, pregnancy, childbirth, miscarriage or any bacterial infection other than one occurring from an accidental cut or wound; or b) hernia.

Assistance Services

Assistance services are provided by AIG Assist (American International Assistance Services, Inc.).

Upon enrollment in the Plan, you are eligible for any of the assistance services outlined below. Your ID card will be sent after you enroll in this Plan. It will have the toll-free number to access AIG Assist.

- **Medical Assistance** — help in obtaining medical care, arranging special medical services when traveling; medical case monitoring; arranging communication between patient, family, physician, employer, consulate; coordination and arrangement for medical transportation if the traveler becomes injured or seriously ill and needs to be evacuated to an appropriate medical treatment facility or return to the Home Country/Country of Residence.
- **Repatriation** — coordinate the return of remains to the Home Country/Country of Residence if death occurs while traveling.
- **Emergency Travel Assistance** — advice on handling losses and delays; help with lost passports, tickets and documents; advice on filing insurance claims; relaying emergency messages.
- **Travel Emergency Legal Assistance** — arranging for traveler to obtain needed help from local attorneys, embassies and consulates.

Refund of Premium

Full refund of premium is made if written request is received by the Gateway Administrator prior to the **Effective Date** of coverage. Premium is considered fully earned and is not refundable for any term of coverage issued for 6 months or less. If you are issued a **Period of Coverage** for 7 or more consecutive months, and must return to your Home Country/Country of Residence earlier than expected, unused premium for remaining whole months exclusive of the first 6 months, will be refunded. Remaining whole months are calculated from the date written notice is received up to the termination date of the Period of Coverage in effect.

The Gateway Plans are underwritten by the Insurance Company of the State of Pennsylvania, a member company of American International Companies (AIG)—a leader in worldwide insurance services.

Premium, Eligibility Criteria, Plan Benefits, Limitations and Exclusions are subject to change. Coverage is issued according to plan specifications and rates in effect at time of enrollment.

← [Selecting the Right Plan](#)

← [Gateway USA Plan Features](#)

Premium Rates

Adult Rates: Age	Plan A: \$50,000 Medical Benefit		Plan B: \$100,000 Medical Benefit	
	15 Days only ⁽¹⁾	Monthly	15 Days only ⁽¹⁾	Monthly
18-29	\$ 30	\$ 49	\$ 40	\$ 66
30-39	\$ 38	\$ 64	\$ 53	\$ 88
40-49	\$ 55	\$ 92	\$ 77	\$ 128
50-59	\$ 75	\$ 126	\$ 100	\$ 168
60-69	\$ 93	\$ 155	\$ 124	\$ 206
70-79	\$ 108	\$ 185	N/A	N/A
80 and over ⁽²⁾	\$ 165	\$ 275	N/A	N/A

Child Rates:

Each Dependent Child	\$ 16	\$ 26	\$ 20	\$ 34
Each Child Alone ⁽³⁾	\$ 25	\$ 42	\$ 40	\$ 60

\$100,000 Additional AD&D (Optional)⁽⁴⁾	\$ 9	\$ 14	\$ 9	\$ 14
---	------	-------	------	-------

⁽¹⁾ Minimum Period of Coverage is 15 days, maximum is 18 months.
For any term of coverage more than 15 days, full Monthly rates apply. The 15-day term cannot be combined with full month term on the same Application form.

⁽²⁾ Medical Benefit Amount for ages 80 and over is \$10,000.

⁽³⁾ Use these rates for child(ren) who are insured independently and are not included with parent(s) on this Application.

⁽⁴⁾ Available only to persons age 18 or older.

How to Enroll

To enroll in Gateway USA, complete the [Application form](#). If paying by check or money order, enclose check with completed Application and mail to the Gateway Plan Administrator. If paying by credit card, you may either mail **or** fax your Application. (*Please do not mail and fax your Application.*)

Gateway Plan Administrator
1255 23rd Street, N.W., Suite 300
Washington, DC 20037

800-282-4495 or 202-367-5097

Fax 202-367-5076

- ← [Selecting the Right Plan](#)
- ← [Gateway USA Plan Features](#)

GatewayUSA Application (Please Print or Type)

Source Code _____

OFFICIAL USE ONLY:

Approved _____

Eff. Date _____

Complete application carefully. Missing information delays processing.

Mr. Ms. Last Name _____

First Name _____ Initial _____

Home Country Address _____

Describe International Exchange Activity: _____

Name of Sponsoring or Host Organization/Institution/Company: _____

Contact Name/Address/Phone of Sponsor or Host: _____

Phone (_____) _____

Passport Country _____ Visa Type _____

Are you currently in the U.S.? (Check appropriate box and answer the questions below)

Yes

When did you arrive? _____
month/day/year

Have you been insured under a Gateway Plan before?

Yes No Certificate # _____

Have you had other insurance coverage? Yes No If yes, provide:

Insurance Company Name _____

Dates of Coverage _____

No

When will you arrive? _____
month/day/year

Requested Effective Date of Coverage _____
month/day/year

Requested Term of Coverage: 15 Day Plan Only **or** _____ Months

Address in U.S.A. for correspondence (Insurance policy documents will be sent here):

c/o Name _____

Address _____

City _____ State _____ Zip Code _____

Day Phone (_____) _____ Fax (_____) _____

Email: _____

If this Plan is available through or you were referred by your professional, trade, military Association, indicate Name of Association: _____

Beneficiary Name/Relationship _____

If this space is left blank, the AD&D benefit is payable to the Primary Insured's Estate. The Primary Insured is automatically the Beneficiary for Spouse/Child AD&D benefit(s).

Calculating Your Premium

Enter Premium Rates from chart

Select Coverage:

Plan A: \$50,000 Medical Benefit or **Plan B:** \$100,000 Medical Benefit

Names of person(s) to be insured

Date of Birth

Applicant _____ / / \$ _____

Spouse _____ / / \$ _____

Child _____ / / \$ _____

Child _____ / / \$ _____

Child _____ / / \$ _____

month/day/year

\$100,000 Additional AD&D (Optional benefit. If purchased, must be included for both Insured and Spouse, if applicable).

\$ _____ X (Number of adults) = \$ _____

Total Base Monthly Premium(s) \$ _____

Multiply by Number of Months* x _____

**(Only whole numbers, no fractions of months. If 15 Day plan, enter 1 here)*

Total Premium Enclosed \$ _____

Premium, Eligibility Criteria, Plan Benefits, Limitations and Exclusions are subject to change. Coverage is issued according to plan specifications and rates in effect at time of enrollment.

The Insurance Company of the State of Pennsylvania (the Insurer), a member of American International Group, Inc. (AIG) insures this Program. Marsh Affinity Group Services (Marsh), a service of Seabury & Smith, provides insurance program management services for the Program on behalf of the Insurer and is compensated for its services by the Insurer in the amount of 38.5% of the total premium. Submission of application and payment of premium to Marsh constitutes acknowledgement of and consent to the compensation and consent by the eligible applicant (or by his or her authorized representative) to issue this insurance coverage.

I hereby subscribe to the AIG Life Trust and enroll as a participant in the Program.

Signature of Primary Applicant or Other Third Party (Required) _____

Date _____

Method of Payment

Make Check or Money Order payable to Gateway Plan Administrator. Total premium for **Full Term** of coverage requested must be made in U.S. Dollars at the time application for coverage is made. Coverage purchased by credit card is subject to validation and acceptance by credit card company.

Check Money Order American Express MasterCard Visa

Card # _____

Expiration Date _____ Daytime Phone (_____) _____

Name as it appears on card _____

Billing Address _____

Cardholder's Email _____

My signature authorizes the Gateway Plan Administrator to charge my credit card (if selected above) for the total premium due for the term of coverage requested.

Signature of Cardholder (Required if paying by Credit Card) _____

Date _____

USA-BRO-5/06

Processed

OFFICIAL USE ONLY
Cert#

← [Selecting the Right Plan](#)

← [Gateway USA Plan Features](#)

Administered by

MARSH

Affinity Group Services
a service of Seabury & Smith

For additional information, contact:

Gateway Plan Administrator

1255 23rd Street, N.W.

Suite 300

Washington, DC 20037

800-282-4495 U.S. and Canada only

or 202-367-5097

Fax 202-367-5076

Visit us on the Web at www.gatewayplans.com

Underwritten by



**THE INSURANCE COMPANY OF
THE STATE OF PENNSYLVANIA**

A CAPITAL STOCK COMPANY
INCORPORATED 1794

Philadelphia, Pa.

A member of the American International Group of Companies (AIG)

Also available:

Gateway Premier®

Gateway International®

Gateway Global®

Gateway Visit America®

Gateway Plus®

Gateway USA® is a registered service mark of Seabury & Smith

USA-BRO-5/06