

**ACE GLOBAL ACCIDENT & HEALTH  
WORLD CLASS TRAVEL PROTECTION PROGRAM  
THROUGH**

**INTERNEX, LLC**

1130 TEN ROD ROAD, SUITE E-103  
NORTH KINGSTOWN, RI 02852  
PHONE: 401-295-4333  
FAX: 401-295-4830  
E-MAIL: info@internexllc.com

World Class Travel Protection offered by ACE USA is specifically designed to protect employees while they are conducting business overseas. This coverage will protect employees whether they are traveling to or from the United States, outside the United States, or from one country to another.

**COVERAGE:**

- International Accident & Sickness Medical
- Accidental Death & Dismemberment
- Medical Evacuation & Repatriation
- Executive Assistance® Services
- Personal Effects and Financial Instruments

**PROGRAM HIGHLIGHTS:**

- Up to \$500,000 per person medical coverage
- Up to \$1,000,000 per person AD&D coverage
- Can include War Coverage
- Primary or excess benefits
- Low medical deductible limits
- Occupational or non-occupational coverage available
- Emergency dental care up to \$1,000
- Emergency pregnancy care up to \$2,000
- Ability to combine coverages with an ACE USA Advantage or CMP program
- Ability to write local policies
- Flexible pre-existing coverage limits
- Flexible limits of medical evacuation and repatriation
- Optional coverage for dependents
- Worldwide coverage
- Dedicated claims team
- Fast response time for quotes, policy issuance and claims

## ***ACE PROGRAM ADVANTAGES***

- Ability to write local policies in foreign countries
- Worldwide network of owned-ACE offices
- Dedicated claims team
- Ability to settle medical claims in foreign currencies
- Flexible limits and deductibles with the ability to write high limits
- Ability to carve out coverages not needed
- Provide standard pre-existing condition coverage with option to increase limits
- Insured can choose most convenient and qualified doctor or hospital
- Easy underwriting terms (ages and medical history not required)
- No minimum number of employees required
- Average response time for quotes is 72 hours

## ***COMPETITORS DISADVANTAGES***

- Limited ability to write local policies
- Limited network of "affiliated" offices
- Claims team supporting various products
- Limited ability to settle medical claims in foreign currencies
- Low limits of coverage, inflexible parameters regarding limits and deductible
- Client forced to buy coverages not needed (i.e. travel assistance, AD&D, etc.)
- Excludes or restricts pre-existing condition coverage
- Insured has limited choice of doctor or hospital (i.e. forced to use limited network)
- Complicated underwriting terms (i.e. ages and medical history required; experience rated)
- Minimum number of employees required
- Average response time for quotes is 1-2 weeks

*FOR FURTHER INFORMATION, PLEASE CONTACT BERT de BONT OR KAREN HOPWOOD AT:*

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**WORLD CLASS TRAVEL PROTECTION  
REQUEST FOR PROPOSAL**

1. FULL NAME OF EMPLOYER: \_\_\_\_\_
2. STREET ADDRESS: \_\_\_\_\_  
\_\_\_\_\_
3. NATURE OF BUSINESS: \_\_\_\_\_ SIC CODE: \_\_\_\_\_
4. DEFINITION OF ELIGIBILITY: \_\_\_\_\_
4. NATIONALITIES OF PERSONS TO BE INSURED: \_\_\_\_\_
6. DEPENDENTS AND/OR SPOUNSES TO BE COVERED? \_\_\_\_\_ HOW MANY PER TRIP? \_\_\_\_\_
7. SOJOURN OR PERSONAL DEVIATIONS TAKEN IN CONJUNCTION WITH BUSINESS TRIPS? \_\_\_\_\_  
IF YES, AVERAGE NUMBER OF DAYS: \_\_\_\_\_
8. TOTAL NUMBER OF EMPLOYEES: \_\_\_\_\_ NUMBER OF PERSONS TO BE INSURED: \_\_\_\_\_
- |                                   | TO US DESTINATIONS | TO NON-US DESTINATIONS |
|-----------------------------------|--------------------|------------------------|
| A) NUMBER OF TRAVELERS PER TRIP:  | _____              | _____                  |
| B) ESTIMATED NUMBER OF TRIPS:     | _____              | _____                  |
| C) AVERAGE DURATION OF EACH TRIP: | _____              | _____                  |
| D) TOTAL TRAVEL DAYS (A x B x C): | _____              | _____                  |
9. TRAVELING TO WHICH COUNTRIES: \_\_\_\_\_

*Minimum Deposit and Audit premiums are available for all programs when estimated annual premium exceeds \$500,000.*

*A Flat Annual Charge will be calculated on the basis of a known number of employees traveling for a given period of time on a one-time basis.*

*Minimum and Deposit premium will be determined based on 75% of the estimated travel exposure for the policy period. Audit premium will be determined at the end of the policy period based upon receipt of the actual number of travelers and the duration of their trips outside their country of citizenship.*

*The Minimum Premium for any one policy will be \$1,275 and subject to an audit at the end of the policy period.*

**PLEASE SELECT BENEFITS DESIRED:**

Option 1

Option 2

**Accidental Death & Dismemberment:**

Choose from \$10,000 to \$500,000

\_\_\_\_\_

\_\_\_\_\_

**Medical Evacuation:**

Choose an amount up to \$100,000

\_\_\_\_\_

\_\_\_\_\_

**Repatriation:**

Choose an amount up to \$50,000

\_\_\_\_\_

\_\_\_\_\_

**Personal Effects\*:**

Choose deductible of \$50 to \$1,000

\_\_\_\_\_

\_\_\_\_\_

**Baggage\*:**

Choose an amount up to \$10,000

\_\_\_\_\_

\_\_\_\_\_

**Financial Instruments\*:**

Choose an amount up to \$5,000

\_\_\_\_\_

\_\_\_\_\_

**Executive Assistance® \*\*:**

Yes or No

\_\_\_\_\_

\_\_\_\_\_

***MEDICAL PLAN***

**Medical Maximum:**

Choose and amount up to \$500,000

\_\_\_\_\_

\_\_\_\_\_

**Deductible per occurrence:**

Choose \$25 \$50 \$100 \$250 \$500  
\$1,000 or \$10,000

\_\_\_\_\_

\_\_\_\_\_

**Co-Insurance:**

Choose None or 80/20

\_\_\_\_\_

\_\_\_\_\_

**Co-Insurance Maximum:**

Choose \$0 \$1,000 \$2,500 \$5,000  
or \$10,000

\_\_\_\_\_

\_\_\_\_\_

**Hospital Room & Board (Intensive Care is 2 times the benefit):**

Choose \$00 \$500 \$600 or Average Semi-Private

\_\_\_\_\_

**Occupational Coverage:**

Yes or No

\_\_\_\_\_

**Pre-Existing Conditions Limit:**

Choose a maximum benefit of \$500 \$1,000 or \$2,500

\_\_\_\_\_

**Coverage Integration:**

Choose Primary or Secondary

\_\_\_\_\_

- \* Available with Medical Plan Only
- \*\* Executive Assistance® Services is required with Evacuation and/or Repatriation Benefits

PROPOSED TERM: From: \_\_\_\_\_ To: \_\_\_\_\_

SIGNED BY: \_\_\_\_\_

COMPANY: \_\_\_\_\_

**PLEASE SUBMIT COMPLETED APPLICATION TO:**

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