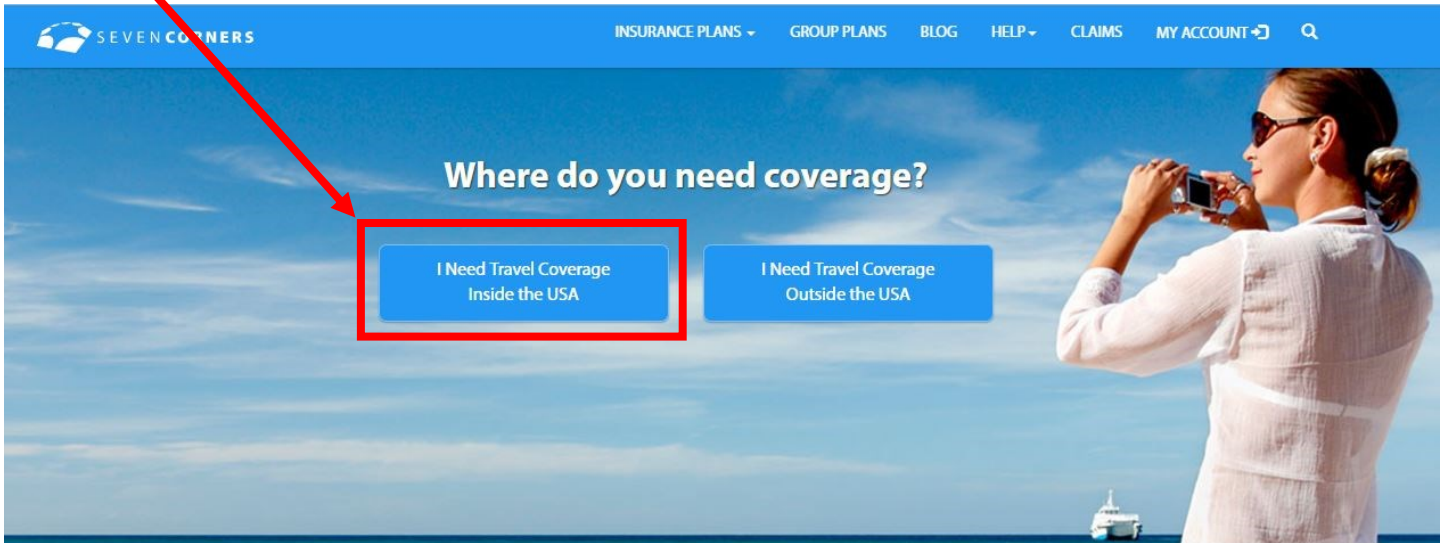


Insurance Instructions for Students 25 and Over

- 1) Go to www.sevencorners.com/#start
- 2) Click "I need Travel Coverage Inside the USA"



Protection for the Unexpected

Travel insurance is an easy and affordable way to protect yourself and your trip when things don't go the way you planned. We offer a variety of travel products with different types of benefits, so you can choose the best plan for your situation.



3) Click Here

4) Fill out the "Quick Quote". Your "Coverage Start Date" should be today's date.

If you will finish CELAC in Fall 2017 your "Coverage End Date" must be after December 16th, 2017.

If you are planning on staying for the Spring 2018 semester, your end date must be until January 15th, 2018. YOU MUST EXTEND YOUR INSURANCE DATE ON JANUARY 15TH IF YOU DO THIS.

You have the option to purchase insurance until May 13th, 2018.

SEVENCORNERS INSURANCE PLANS GROUP PLANS BLOG HELP CLAIMS MY ACCOUNT

Student Travel Insurance

Quick Quote

Coverage Start Date: *

Coverage End Date: *

Destination *

Select Option ...

Insured Information

Primary Age

Select Option ... Age

+ Add additional insured

Next

5) Your "Destination" Is the United States

6) You will enter your age, and if you have any dependents (children or a spouse) you will enter their age(s) as well.

7) Click "Next"

8) Choose whichever plan you prefer. The only main difference is Liaison Student has maternity coverage (for pregnancy). The prices are listed for the number of days you requested to be insured. Click "Select" next to your preferred plan.

1 Your Quote 2 Customize 3 Details 4 Review 5 Payment

Your Details

1 insured(s) from 08/21/2017 to 12/17/2017

[Edit your information](#)

YOUR AGENT

Seven Corners, Inc. Online
800-335-0611
303 Congressional Blvd.
Carmel, Indiana 46032
USA
online@sevencorners.com
http://www.sevencorners.com

Student Travel

Student Express®

Study Abroad with a Plan that Follows You & Your Family. Coverage for up to 12 months & renew for longer.

Liaison® Student

Study Abroad with a Plan that Follows You & Your Family. Coverage for up to 12 months & renew for longer. Provides maternity coverage.

\$180.88
SELECT

\$318.92
SELECT

Benefits

LIAISON®
STUDENT

[More Details](#)

STUDENT
EXPRESS

[More Details](#)

Customize Your Plan
Student Express®
 Study Abroad with a Plan that Follows You & Your Family. Coverage for up to 12 months & renew for longer.

Plan *

Plan L: \$50 Deductible, \$100,000 Med Max, 100% Coinsurance

\$226.10
BUY

8) Choose the type of plan you would like. The best plan for the best price is Plan L, but you may choose whichever plan you prefer here.

9) Then click "Buy"

10) Fill out all of the "Primary Insured Information"

SEVEN CORNERS INSURANCE PLANS ▾ GROUP PLANS BLOG HELP ▾ CLAIMS MY ACCOUNT → Q

Plan Summary

Student Express®
 Price: \$226.10
 Dates: 08/21/2017 to 12/17/2017
 Plan: Plan L: \$50 Deductible, \$100,000 Med Max, 100% Coinsurance

[Edit your information](#)

YOUR AGENT

Seven Corners, Inc. Online
 800-335-0611
 303 Congressional Blvd.
 Carmel, Indiana 46032
 USA
online@sevencorners.com
<http://www.sevencorners.com>

Primary Insured Information

First Name * Middle Name Last Name *

Gender * Date of Birth *

Mailing Address *

Mailing Address 2 (optional)

Country *

City * State Postal Code *

Contact Information

Email * Confirm Email *

Phone * Mobile ▾

10) Fill out the “Additional Information”, then click “Review Purchase”.

Additional Information

Home Country

Select Option ...

Primary's Passport Country *

Select Option ...

Primary's Passport Number (optional)

AD&D Beneficiary

AD&D Beneficiary Relationship

Select Option ...

Student ID

Host School

Destination Country *

Select Option ...

Visa Type *

Select Option ...

Review Purchase

11) Review that all your information is correct. Then, click “Continue to Payment”.

Plan Summary

Student Express®

Price: \$173.74

Dates: 08/21/2017 to 12/17/2017

Plan: Plan L: \$50 Deductible, \$100,000 Med Max, 100% Coinsurance

YOUR AGENT

Seven Corners, Inc. Online

800-335-0611

303 Congressional Blvd.

Carmel, Indiana 46032

USA

online@sevendcorners.com

<http://www.sevendcorners.com>

Review

Insured Summary

Primary Insured

Name:

Gender:

Date of Birth:

Address

Contact Details

Email:

Phone:

[Edit your information](#)

View Policy Documents

- [Program Summary](#)
- [Brochure](#)

[Continue to Payment](#)

12) Enter all your credit or debit card information. If you are using a credit/debit card from your home country click “My credit card billing address is different from the address I provided in step 3”. Then, you will need to enter your address from your home country.

Plan Summary

Student Express*

Price: \$173.74

Dates: 08/21/2017 to 12/17/2017

Plan: Plan L: \$50 Deductible, \$100,000 Med Max, 100% Coinsurance

YOUR AGENT

Seven Corners, Inc. Online
800-335-0611
303 Congressional Blvd.
Carmel, Indiana 46032
USA
online@sevencorners.com
<http://www.sevencorners.com>

Billing Information

Name as it Appears on Card *

Credit/Debit Card Number *

Expiration Month * **Expiration Year *** **Security Code ***

Select Option ... Select Option ...

My credit card billing address is different from the address I provided in step 3.

Terms and Conditions

I hereby subscribe to the World Commercial Trust and enroll in the group coverage for which I am eligible under the Master Policy issued by Certain Underwriters at Lloyd's, London. The premiums listed include a trust fee.

Total payment for the full term of coverage requested must be paid in U.S. dollars at the time of application in order for coverage to be issued. Coverage purchased by credit card is subject to validation and acceptance by the credit card company.

I understand that this coverage is not a general health insurance policy, but a limited benefit period, travel medical program intended for use while away from my Home Country.

I understand that the information contained herein, in the program brochures and the Certificate of Insurance (Certificate) is a summary of the benefits to which I may be entitled under the Master Policy and if, there is any difference, the provisions of the Certificate shall prevail. I understand that I may obtain a copy of the Master Policy upon request to Seven Corners.

I declare that I have read and understand the terms and conditions of this product. I understand that pre-existing conditions, as defined, are excluded, unless otherwise specifically noted as covered in the Certificate.

Any person who, with intent to defraud or knowing that he/she 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. I understand that wherever coverage provided would be in violation of any law including U.S. or appropriate state law (including U.S. economic or trade sanctions), such coverage will be null and void. Residents of India who are seeking to procure this insurance online whilst in India are required to obtain permission from the Central Government and Reserve Bank of India prior to purchasing this insurance.

Seven Corners, Inc. and Certain Underwriters at Lloyd's are subject to sanctions, prohibitions or restrictions under UN resolutions or the trade or economic sanctions, laws or regulations of the European Union (EU), United Kingdom or the United States (including those administered by the Office of Foreign Assets Control (OFAC)). If your Home Country is subject to US, EU or UN sanctions or you are personally the subject of any sanctions or are a "Designated Person" for EU or OFAC purposes (or any similar regime in any other country), we cannot provide you coverage, and any Certificate sent to you will be null and void from its issuance. For the purposes of this program, "Home Country" is the country where you have your true, fixed and permanent residence. Notwithstanding the foregoing, for United States Citizens, the Home Country is always the United States.

I hereby certify that my Home Country is not currently subject to US, EU or UN sanctions and that I am not a Designated Person (or otherwise personally subject to any sanctions law).

THIS IS NOT QUALIFYING HEALTH COVERAGE ("MINIMUM ESSENTIAL COVERAGE") THAT SATISFIES THE HEALTH CARE COVERAGE REQUIREMENT OF THE AFFORDABLE CARE ACT. IF YOU DON'T HAVE MINIMUM ESSENTIAL COVERAGE, YOU MAY OWE AN ADDITIONAL PAYMENT WITH YOUR TAXES.

Geographic Restrictions: Plans on this website may not be available in all territories and are not available for purchase in any territory where such a transaction would be unlawful. Plans on this website are not available for purchase by any person whose Home Country is Alberta or Manitoba, Canada; the U.S. Virgin Islands; Australia or Switzerland.

I agree to the Terms and Conditions above.

Your card will be charged \$173.74

COMPLETE PURCHASE

13) Read the “Terms and Conditions”, then click “I agree to the Terms and Conditions above”

14) Click “Complete Purchase”

15) You MUST send CELAC an email with all the documents (including your insurance card and policy description) to celac@unm.edu.

16) DO NOT FORGET TO PRINT OUT YOUR INSURANCE CARD. YOU MUST CARRY THIS CARD WITH YOU AT ALL TIMES IN CASE OF AN EMERGENCY.