

# the Gateway Roster Form

(for use by sponsoring organizations)

Gateway Plan Administrator  
PO Box 14468, Des Moines, IA 50306-3468

Source Code \_\_\_\_\_

Phone: (800) 282-4495 • (515) 365-6565  
Fax: (515) 365-1248

### General Information

Organization or Group \_\_\_\_\_  
 Contact Person \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 City/State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 Email \_\_\_\_\_

### Method of Payment

**Check** (U.S. Dollars) — or —  **Credit Card:**  
 American Express  Visa  MasterCard

Total premium due must accompany enrollment Roster Form. Coverage cannot be issued without premium payment.  
 For Credit Card Purchases Only: My signature authorizes the Gateway Plan Administrator to charge my credit card (if selected above) for the total premium due for the terms of insurance requested.

Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_  
 Name on Card \_\_\_\_\_  
 Signature \_\_\_\_\_  
 Daytime phone number \_\_\_\_\_  
 Cardholder's email \_\_\_\_\_  
 Note regarding refund of premium: Please review each Gateway brochure for specific details regarding refund of premium.  
 Refund policy varies by plan.

### Coverage Selection (must be completed)

**Gateway Plans**    **Select Plan**    **Select Deductible**    **Select AD&D Option**

**USA**     A     B    \$150 Only     \$100,000     \$250,000

**INTERNATIONAL**     A     B    \$100 Only     \$100,000     \$250,000

**PREMIER**     1     2     3     \$100     \$500     \$1,000     \$100,000     \$250,000

In this transaction, Marsh U.S. Consumer, a service of Seabury & Smith, Inc. (Marsh), is acting as the exclusive insurance agent and program manager for The Insurance Company of the State of Pennsylvania ("insurer") for this type of coverage, and not as your insurance agent or broker. As the agent for insurer, Marsh will perform all of the functions necessary to provide insurance program management services for the Plan on behalf of the insurer.

Premium, Eligibility Criteria, and Plan Provisions including Limitations and Exclusions are subject to change. Coverage is issued according to plan specifications and rates in effect at time of Application. I acknowledge that I have read, understand, and agree to the terms and conditions of this insurance contract as it has been presented.

The premium quoted includes thirty-eight and a half percent commission payable to Marsh. Your premium payment indicates your consent to this commission for this policy period and subsequent renewals, including any changes in commission rates at any such renewals.

Marsh & McLennan Companies, Inc. and its subsidiaries own equity interests in certain insurers and have contractual arrangements with certain insurers and wholesale brokers. Information regarding such interests and contracts is available at <http://global.marsh.com/about/Transparency.php>. Marsh earns and retains interest income on premium held by Marsh on behalf of insurers during the period between receipt of such payments from clients and the time such payments are remitted to the applicable insurer, where permitted by law.

Signature of Primary Applicant or Other Third Party (Required) \_\_\_\_\_ Date \_\_\_\_\_

Roster form may be used in lieu of individual applications and should be used for Primary Insureds only. If coverage is needed for a dependent spouse or child, do not use the Roster Form; contact the Administrator. For roster submissions, all insureds must have the same coverage. For Accidental Death & Dismemberment Benefit - Loss of Life: Beneficiary designation information for each primary insured person can be submitted by email or fax. Include the Primary Insured's name, name of beneficiary, and relationship to the Primary Insured. If there is no designated beneficiary or the designated beneficiary is not living after the Primary Insured's death, the AD&D benefits will be paid in equal shares to the survivors in the first surviving class of those that follow: the Primary Insured's (1) spouse; (2) children; (3) parents; or (4) brothers and sisters. If a class has no survivor, the beneficiary is the Primary Insured's estate.

Full Name of Insured Person (last, first)	Birthdate (mo./day/year)	Home Country (Passport Country)	Country(ies) of Destination	Effective Date of Insurance	Term of Insurance (No. of days or mos.)	Premium
1						
2						
3						
4						
5						

OFFICIAL USE ONLY: Cert. # _____	<b>Total Premium From This Page</b>	
Processed _____	<b>Total Premium From Supplement (if applicable)</b>	
	<b>Total Premium Due</b>	



## Gateway USA

### OVERVIEW

	PLAN A	PLAN B
Medical Expense Maximum		
Through Age 69	\$50,000	\$100,000
Age 70-79	\$50,000	N/A
Age 80 and older	\$10,000	N/A
Emergency Medical Evacuation	\$50,000	\$50,000
Repatriation of Remains	\$20,000	\$20,000
Accidental Death & Dismemberment	\$25,000 <sup>(1)</sup>	\$25,000 <sup>(1)</sup>

### PREMIUM RATES PER PERSON

Medical Expense Maximum	PLAN A: \$50,000		PLAN B: \$100,000	
	15 Days <sup>(2)</sup>	Monthly	15 Days <sup>(2)</sup>	Monthly
Age				
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	\$165	\$275	N/A	N/A
Each Child Alone	\$25	\$42	\$40	\$60

### \$100,000 Additional

AD&D (Optional) <sup>(3)</sup>	PLAN A:	PLAN B:
	\$9	\$14

<sup>(1)</sup>\$5,000 for Insured Persons Under Age 18.

<sup>(2)</sup>Minimum Term of Insurance is 15 days, maximum is 12 months. For any Term of Insurance more than 15 days, full Monthly rates apply.

<sup>(3)</sup>Available only to persons age 18 or older.

Refer to the Plan Brochure for details.

## Gateway International

### OVERVIEW

	PLAN A	PLAN B
Medical Expense Maximum	\$25,000	\$100,000
Emergency Medical Evacuation	\$100,000	\$100,000
Return of Minor Children	\$5,000	\$5,000
Repatriation of Remains	\$20,000	\$20,000
Accidental Death & Dismemberment	\$25,000*	\$25,000*

### PREMIUM RATES PER PERSON

Medical Expense Maximum	PLAN A: \$25,000		PLAN B: \$100,000	
	Under Age 70	Age 70 and older	Under Age 70	Age 70 and older
	\$3.00 per day	\$7.50 per day	\$4.00 per day	\$10.00 per day

### Additional Optional AD&D Coverage

Option	PLAN A:	PLAN B:
Option 1		
Additional \$100,000 Principal Sum	\$.55/day	\$.55/day
Option 2		
Additional \$250,000 Principal Sum	\$1.35/day	\$1.35/day

Additional AD&D coverage is not available to persons under age 18.

\*\$5,000 for Insured Persons Under Age 18.

Minimum Term of Insurance is 15 days, maximum is 180 days.

Refer to the Plan Brochure for details.

# the Gateway Roster Form

## Gateway Premier

### OVERVIEW

Medical Expense	
Maximum per injury or illness	\$500,000
Age 65 and older limited to	\$100,000
Return Home Visits limited to	\$50,000
Emergency Medical Evacuation	\$100,000
Return of Minor Children	\$5,000
Repatriation of Remains	\$20,000
Accidental Death & Dismemberment	\$25,000*

### MONTHLY PREMIUM RATES PER PERSON

(minimum 6 month term applies)

	PLAN 1 Worldwide Including U.S.	PLAN 2 Worldwide Excluding U.S.	PLAN 3 Employment Assignments Worldwide Excluding U.S.
Age 29 or under	\$80	\$68	\$105
30-54	\$125	\$94	\$145
55-64	\$205	\$157	\$243
65 or above	\$432	\$360	\$558

Note: Rates represent \$100 Deductible. For \$500 Deductible, multiply by .85 and \$1,000 Deductible multiply by .70 for adjusted monthly rate.

### Additional Optional AD&D Coverage

Option	Each Adult
Option 1—Additional \$100,000 Principal Sum	\$12
Option 2—Additional \$250,000 Principal Sum	\$30

\*\$5,000 for Insured Persons Under Age 18.

Additional AD&D coverage is not available to persons under age 18.

Minimum Initial Term of Insurance is 6 months, maximum 12 months. Plan is renewable up to 5 year terms.

Refer to the Plan Brochure for details.