SAFETRIP™ TRAVEL MEDICAL

For Non-U.S. Residents Traveling to the United States
No expenses will be paid outside the U.S.

SafeTrip Travel Medical provides you with international travel assistance services and travel medical insurance. The emergency assistance services are detailed on the following pages. For full travel insurance details, please see the enclosed Certificate of Insurance.

Emergency Assistance Services provided by UHCG

- Medical Assistance Services
- Concierge Assistance Services
- Destination Intelligence

Travel Insurance Features

Accident & Sickness Medical Expense	$100,000; $250,000 (as chosen at purchase)
Maximum benefit for Age 70-79	$50,000
Maximum benefit for Age 80-85	$10,000
Deductible	$0; $100; $250 (as chosen at purchase)
Coinsurance	Company pays 80% of the first $5,000 of eligible expenses, then 100% thereafter to the Policy Maximum
Emergency Dental	$500
Palliative Dental	$500
Medical Evacuation	$1,000,000
Emergency Reunion	Included
Return of Dependent Child	Included
Medical Repatriation	Included
Return of Remains	Included
AD&D	$25,000
AD&D Common Carrier	$100,000
Baggage Loss	$250 per item / $1,000 maximum
Deductible	$50
Baggage Delay	$250
Trip Interruption	Return Flight to $5,000 maximum
Optional Sports Coverage	Included if chosen at purchase

HOW TO USE UNITEDHEALTHCARE GLOBAL SERVICES

24 hours a day, 7 days a week, 365 days a year

If you have a medical or travel problem, simply call us for assistance. Our toll-free and collect-call telephone numbers are printed on your ID card. Either call the toll-free number of the country you are in, call *collect,* or email at:

Baltimore, Maryland +1-410-453-6330
Assistance@uhcglobal.com

An assistance coordinator will ask for your name, your company or group name, the UHCG ID number shown on your card, and a description of your situation. **If the condition is an emergency, you should go immediately to the nearest physician or hospital without delay and then contact the 24-hour Emergency Response Center**. We will then take the appropriate action to assist you and monitor your care until the situation is resolved.

Payments arranged by UHCG:
Most Physicians and hospitals will provide you with the necessary medical treatment will either send their bill directly to UHCG Insurance Services, or in the case of small dollar amounts, may ask you to pay at time services are rendered. Ask the hospital or Physician to contact UHCG. UHCG will confirm your protection plan coverage and arrange for prompt payments. You will be asked to pay for any deductible amount or items not covered by your plan.

Payments made by you:
If you are required to pay for medical treatment, obtain a signed receipt and a signed statement by a Physician describing the problem and the treatment. Once your other insurance has processed your claim, submit a copy of their final disposition along with a UHCG Insurance Services claim form and a copy of your receipts to:

UnitedHealthcare Global Claim Administrator
P.O. Box 20874
Tampa, FL 33622
1-877-693-8530 / Fax: 1-800-560-6340
Email Address: Team1@cbpinsure.com
For claim forms or questions, call between 8:30 A.M. and 5:00 P.M. Monday through Friday Eastern Time.

WORLDWIDE EMERGENCY ASSISTANCE SERVICES

These non-insurance services are provided by UnitedHealthcare Global.

MEDICAL ASSISTANCE SERVICES

Worldwide Medical and Dental Referrals: Upon your request, UHCG will provide referrals to pre-approved physicians, hospitals, dentists, and dental clinics in the area you are traveling in order to assist you in locating appropriate treatment and quality care.

Monitoring of Treatment: As and to the extent permissible, UHCG will continually monitor your medical condition. Physician Advisors will provide consultative and advisory services to UHCG in relation to your medical condition, including review and analysis of the quality of medical care received by you.

Facilitation of Hospital Payment: Upon securing payment or a guarantee to reimburse, UHCG will either wire or guarantee funds needed for admitting you into a hospital for medical treatment. You are responsible for the payment of the cost of medical care and treatment, including hospital expenses.

Relay of Insurance and Medical Information: Upon your request and authorization, UHCG will relay your insurance benefit information and/or medical records and information to a health care provider or treating physician, as appropriate and permissible, to help prevent delays or denials of medical care. UHCG will also assist with hospital admission and discharge planning.

Medication and Vaccine Transfers: In the event a medication or vaccine is not available locally, or a prescription medication is lost or stolen, UHCG will coordinate the transfer of the medication or vaccine to you upon the prescribing physician's authorization, if it is legally permissible.

Updates to Family, Employer, and Home Physician: Upon your approval, UHCG will provide periodic case updates to appropriate individuals designated by you in order to keep them informed.

Hotel Arrangements: UHCG will assist you with the arrangement of hotel stays and room requirements before or after hospitalization or for ongoing care.

Replacement of Corrective Lenses and Medical Devices: UHCG will assist with the replacement of corrective lenses or medical devices if they are lost, stolen, or broken during travel.

CONCIERGE ASSISTANCE SERVICES

Replacement of Lost or Stolen Travel Documents: UHCG will assist you in taking the necessary steps to replace passports, tickets, and other important travel documents.

Emergency Travel Arrangements: UHCG will make new reservations for airlines, hotels, and other travel services for you in the event of: (a) an Illness or Injury, (b) a Security Evacuation, and (c) during a Political Evacuation.

Transfer of Funds: UHCG will provide you with an emergency cash advance subject to UHCG first securing funds from you (via a credit card) or your family.

Legal Referrals: Should you require legal assistance, UHCG will direct you to a duly licensed attorney in or around the area where you are located.

Language Services: UHCG will provide immediate interpretation assistance to you in a variety of languages in an emergency situation. If a requested interpretation is not available or the requested assistance is related to a non-emergency situation, UHCG will provide you with referrals to interpreter services. Written translations and other custom requests, including an on-site interpreter, will be subject to an additional fee.

Message Transmittals: You may send and receive emergency messages toll-free, 24-hours a day, through the UHCG Emergency Response Center.

WORLDWIDE DESTINATION INTELLIGENCE

Destination Profiles: When preparing for travel, You can contact the Emergency Response Center to have a pre-trip destination report sent to You. This report draws upon the UHCG intelligence database of over 280 cities covering subject such as health and security risks, immunizations, vaccinations, local hospitals, crime, emergency phone numbers, culture, weather, transportation information, entry and exit requirements, and currency. Our global medical and security database of over 170 countries and 280 cities is continuously updated and includes intelligence from thousands of worldwide sources**.**

Advent, Lloyd's Syndicate 780

SafeTrip Travel Protection Plan

POLICYHOLDER: Fairmont Specialty Trust

POLICYHOLDER ADDRESS: ITA BANK AND TRUST COMPANY LTD
Suite 4210,2nd Floor Canella Court,
48 Market St, Camana Bay
PO Box 32203
Grand Cayman KY1-1208,
Cayman Islands

UMR: B1115T162111

This policy is issued by Fairmont Specialty Insurance Agency on behalf of Advent, Lloyd's Syndicate 780.

The Policy is a legal contract between the Policyholder and 100% by Advent, Lloyd's Syndicate 780 (herein referenced as "the Company").

The Company agrees to provide insurance, in exchange for the payment of the required premium. Coverage is subject to the terms and conditions described in the Policy.

The Company and the Policyholder have agreed to all the terms and conditions of the Policy.

PLEASE READ THIS PLAN DOCUMENT CAREFULLY!

This Plan Document is issued in consideration of Your enrollment and payment of the premium due. It describes the insurance benefits underwritten by Advent, Lloyd's Syndicate 780, herein referred to as the Company and also referred to as We, Us and Our.

Please carefully review Your Confirmation of Coverage, which provides You with specific information about the plan You purchased. You should contact UnitedHealthcare Global immediately if You believe that the Confirmation of Coverage is incorrect.

TEN DAY LOOK: If You are not satisfied for any reason, You may cancel Your plan by giving UnitedHealthcare Global written notice within the first to occur of the following: (a) 10 days from Your Effective Date; or (b) Your Scheduled Departure Date. If You do this, We will refund Your premium provided You have not filed a claim under this Plan.

THIS IS LIMITED BENEFIT SHORT DURATION COVERAGE.

THE POLICY IS NOT RENEWABLE.

For questions about your coverage, please contact:

UnitedHealthcare Global
8501 LaSalle Road Suite 200
Baltimore, MD 21286
(800) 732-5309 Toll Free from the United States, Canada and Caribbean
(410) 453-6380 Collect Worldwide
Business Hours: 8:00 a.m. to 5:00 p.m. Eastern Time Monday through Friday

SCHEDULE OF BENEFITS

POLICYHOLDER: Fairmont Specialty Trust

PREMIUM DUE DATE: Date of Purchase

PERIOD OF COVERAGE: The minimum Period of Coverage is seven (7) days, maximum Period of Coverage is ninety (90) days. Coverage can be purchased in a combination of monthly and/or daily periods by paying the appropriate plan Cost.

Travel Insurance Features

Accident & Sickness Medical Expense	$100,000; $250,000 (as chosen at purchase)
Maximum benefit for Age 70-79	$50,000
Maximum benefit for Age 80-85	$10,000
Deductible	$0; $100; $250 (as chosen at purchase)
Coinsurance	Company pays 80% of the first $5,000 of eligible expenses, then 100% thereafter to the Policy Maximum
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Medical Evacuation	$1,000,000
Emergency Reunion	Included
Return of Dependent Child	Included
Medical Repatriation	Included
Return of Remains	Included
AD&D	$25,000
AD&D Common Carrier	$100,000
Baggage Loss	$250 per item / $1,000 maximum
Deductible	$50
Baggage Delay	$250
Trip Interruption	Return Flight to $5,000 maximum
Optional Sports Coverage	Included if chosen at purchase

DEFINITIONS

The male pronoun includes the female whenever used.

For the purposes of the Plan Document the capitalized terms used herein are defined as follows:

Additional terms may be defined within the provision to which they apply.

Accident means an unforeseeable event which:

1) Causes Injury to one or more Plan Participants; and
2) Occurs while coverage is in effect for the Plan Participant.

Additional Transportation Cost means the actual cost incurred for one-way Economy Transportation by Common Carrier reduced by the value of an unused travel ticket.

Advent means Advent Underwriting Limited on behalf of Advent Syndicate 780 at Lloyd's

Baggage and Personal Effects means luggage, personal possessions and travel documents, including a Passport, taken by the Plan Participant on the Plan Participant's Trip.

Benefit Period means the period of time from the date of the Accident causing the Injury for which benefits are payable, as shown in the Schedule of Benefits, and the date after which no further benefits will be paid.

Common Carrier means any motorized land, sea, and/or air conveyance operating under a valid license for the transportation of passenger for hire**.**

Coinsurance means the percentage of Eligible Expenses for which the Company is responsible for a specified covered service after the Deductible, if any, has been met.

Company means 100% by Advent, Lloyd's Syndicate 780. Also hereinafter referred to as We, Us and Our.

Complications of Pregnancy means conditions (when the pregnancy is not terminated) whose diagnoses are distinct from pregnancy but are adversely affected by pregnancy or are caused by pregnancy. These conditions include acute nephritis, nephrosis, cardiac decompensation, missed abortion and similar medical and surgical conditions of comparable severity. Complications of Pregnancy also include non-elective cesarean section, ectopic pregnancy which is terminated and spontaneous termination of pregnancy, which occurs during a period of gestation in which a viable birth is not possible.

Complications of Pregnancy does not include false labor, occasional spotting, Physician-prescribed rest during the period of pregnancy, morning sickness, hyperemesis gravidarum, preeclampsia and similar conditions associated with the management of a difficult pregnancy not constituting a nosologically distinct complication of pregnancy.

Cosmetic Surgery means the surgical alteration of tissue primarily for the improvement of appearance rather than to improve or restore bodily functions**.**

Covered Accident means an Accident that occurs while coverage is in force for a Plan Participant and results in a Covered Loss for which benefits are payable.

Covered Loss or Covered Losses means an accidental death, dismemberment, Sickness or other Injury covered under the Plan Document and indicated on the Schedule of Benefits.

Deductible means the dollar amount of Eligible Expenses which must be incurred and paid by the Plan Participant before benefits are payable under the Plan Document. It applies separately to each Plan Participant.

Dentist means a legally licensed doctor of dental surgery; dental medicine or dental science. A dental hygienist who works within the scope of his/her license, under the supervision of a Dentist, is a covered practitioner.

Disablement shall mean an Illness or an Accidental bodily Injury necessitating Medical Treatment by a Physician.

Domestic Partner means an opposite or same sex partner who, for at least 12 consecutive months, has resided with the Plan Participant and shared financial assets/obligations with the Plan Participant. Both the Plan Participant and the Domestic Partner must: (1) intend to be life partners; (2) be at least the age of consent in the state in which they reside; and (3) be mentally competent to contract. Neither the Plan Participant nor the Domestic Partner can be related by blood to a degree of closeness that would prohibit a legal marriage, be married to anyone else, or have any other Domestic Partner. The Company requires proof of the Domestic Partner relationship in the form of a signed and completed Affidavit of Domestic Partnership.

Economy Transportation means the lowest published available transportation rate for a ticket on a Common Carrier matching the original class of transportation that the Plan Participant purchased for the Plan Participant's Trip.

Eligible Expenses means the Usual, Reasonable and Customary charges for services or supplies which are incurred by the Plan Participant for the Medically Necessary treatment of an Injury or Sickness. Eligible Expenses must be incurred while the Plan Document is in force.

Emergency means a Sickness or Injury for which the Plan Participant seeks immediate medical treatment at the nearest

available facility. The condition must be one which manifests itself by acute symptoms which are sufficiently severe (including severe pain) that without immediate medical care a prudent layperson possessing an average knowledge of health and medicine would reasonably expect that failure to receive immediate medical attention would cause:

- His life or health would be in serious jeopardy, or, with respect to a pregnant woman, serious jeopardy to the health of the woman or her unborn child;
- His bodily functions would be seriously impaired; or
- A body organ or part would be seriously damaged.

Experimental/Investigational means that a drug, device or medical care or treatment will be considered experimental/investigational if:

- The drug or device cannot be lawfully marketed without approval of the Food and Drug Administration and approval for marketing has not been given at the time the drug or device is furnished;
- The informed consent document utilized with the drug, device, medical care or treatment states or indicates that the drug, device, medical care or treatment is part of a clinical trial, experimental phase or investigational phase or if such a consent document is required by law;
- The drug, device, medical care or treatment or the patient informed consent document utilized with the drug, device or medical care or treatment was reviewed and approved by the treating facility's Institutional Review Board or other body serving a similar function, or if federal or state law requires such review and approval;
- Reliable Evidence shows that the drug, device or medical care or treatment is the subject of ongoing Phase I or Phase II clinical trials, is the research, experimental study or investigational arm of ongoing Phase III clinical trials, or is otherwise under study to determine its maximum tolerated dose, its toxicity, its safety, its efficacy or its efficacy as compared with a standard means of treatment of diagnosis; or
- Reliable Evidence shows that the prevailing opinion among experts regarding the drug, device or medical care or treatment is that further studies or clinical trials are necessary to determine its maximum tolerated dose, its toxicity, its safety, its efficacy or its efficacy as compared with a standard means of treatment of diagnosis.

Reliable evidence means only: published reports and articles in authoritative medical and scientific literature; written protocol or protocols by the treating facility studying substantially the same drug, device or medical care or treatment or the written informed consent used by the treating facility or other facility studying substantially the same drug, device or medical care or treatment. Eligible Expenses will be considered in accordance with the drug, device or medical care at the time the expense is incurred.

Management staff in Our Claims Department or a Claims Payor acting on Our behalf will make the determination if the drug, device or medical care is Experimental/Investigational based on the above criteria.

He, His and Him includes "she", "her" and "hers."

Health Care Plan means any contract, policy or other arrangement for benefits or services for medical or dental care or treatment under:

1) Group or blanket insurance, whether on an insured or self-funded basis;
2) Hospital or medical service organizations on a group basis;
3) Health Maintenance Organizations on a group basis;
4) Group labor management plans;
5) Employee benefit organization plan;
6) Professional association plans on a group basis;
7) Any other group employee welfare benefit plan as defined in the Employee Retirement Income Security Act of 1974 as amended; or
8) Automobile no-fault coverage (unless prohibited by law).

Home Country means the country where a Plan Participant has his or her true, fixed and permanent home and principal establishment.

Hospital means an institution licensed, accredited or certified by the state that:

1) Operates as a Hospital pursuant to law for the care, treatment and providing in-patient services for sick or injured persons;
2) Is accredited by the Joint Commission on Accreditation of Healthcare Organizations;
3) Provides 24-hour nursing service by registered nurses (R.N.) on duty or call;
4) Has a staff of one or more licensed Physicians available at all times;
5) Provides organized facilities for diagnosis, treatment and surgery, either
    a) on its premises; or

b) in facilities available to it, on a pre-arranged basis;

6) Is not primarily a nursing care facility, rest home, convalescent home or similar establishment, or any separate ward, wing or section of a Hospital used as such; and
7) Is not a place for drug addicts, alcoholics or the aged.

Hospital also includes tax-supported institutions, which are not required to maintain surgical facilities.

We will not deny a claim for services solely because the Hospital lacks major surgical facilities and is primarily of a rehabilitative nature, if such rehabilitation is specifically for the treatment of a physical disability, and the Hospital is accredited by any one of the following:

1) the Joint Commission of Accreditation of Hospitals; or
2) the American Osteopathic Association; or
3) the Commission on the Accreditation of Rehabilitative Facilities.

In addition, We will not deny a claim for a Skilled Nursing Facility if it meets the definition of such a facility and is a Eligible Expense under the Plan Document.

Hospital does not include a place, special ward, floor or other accommodation used for: custodial or educational care; rest, the aged; a nursing home or an institution mainly rendering treatment or services for mental illness or substance abuse, except as specifically stated.

Hospital Stay means a Medically Necessary overnight confinement in a Hospital when room and board and general nursing care are provided for which a per diem charge is made by the Hospital.

Immediate Family means a Plan Participant's spouse, domestic partner, civil union partner, parent (includes Step-parent), grandparent, child(ren) (includes legally adopted or step child(ren), brother, sister, step-child(ren), grandchild(ren), or in-laws).

Injury means bodily harm which results independently of disease or bodily infirmity, from an Accident after the effective date of a Plan Participant's coverage under the Plan Document, while the Plan Document is in force as to the person whose Injury is the basis of the claim. All injuries to the same Plan Participant sustained in one Accident, including all related conditions and recurring symptoms of the Injuries will be considered one Injury.

Intensive Care Unit means a cardiac care unit or other unit or area of a Hospital which meets the required standards of the Joint Commission on Accreditation of Hospitals for Special Care Units.

Maximum Benefit means the largest total amount of Eligible Expenses that the Company will pay for the Plan Participant as shown in the Plan Participant's Schedule of Benefits.

Medically Necessary means a treatment, drug, device, service, procedure or supply that is:

1) Required, necessary and appropriate for the diagnosis or treatment of a Sickness or Injury;
2) Prescribed or ordered by a Physician or furnished by a Hospital;
3) Performed in the least costly setting required by the condition;
4) Consistent with the medical and surgical practices prevailing in the area for treatment of the condition at the time rendered; and
5) Not excessive in scope, duration or intensity to provide safe, adequate and appropriate treatment.

When specifically applied to Hospital confinement, it means that the diagnosis or treatment of symptoms or a condition cannot be safely provided on an outpatient basis.

The purchasing or renting air conditioners, air purifiers, motorized transportation equipment, escalators or elevators in private homes, swimming pools or supplies for them, and general exercise equipment are not considered Medically Necessary.

A service or supply may not be Medically Necessary if a less intensive or more appropriate diagnostic or treatment alternative could have been used. We may consider the cost of the alternative to be the Eligible Expense.

A treatment, drug, device, procedure, supply or service shall not be considered as Medically Necessary if it:

- Is Experimental/Investigational or for research purposes;
- Is provided for education purposes or the convenience of the Plan Participant, the Plan Participant's family, Physician, Hospital or any other provider;
- Exceeds in scope, duration, or intensity that level of care that is needed to provide safe, adequate and appropriate diagnosis or treatment and where ongoing treatment is merely for maintenance or preventive care;
- Could have been omitted without adversely affecting the person's condition or the quality of medical care;
- Involves the use of a medical device, drug or substance not formally approved by the United States Food and Drug Administration;

- Involves a service, supply or drug not considered reasonable and necessary by the Healthcare Financing Administration Medicare Coverage Issues Manual; or
- It can be safely provided to the patient on a less cost effective basis such as out-patient, by a different medical professional, or pursuant to a more conservative form of treatment.

Mental or Nervous Disorder means any condition or disease, regardless of its cause, listed in the most recent edition of the *International Classification of Diseases* as a Mental Disorder on the date the medical care or treatment is rendered to a Plan Participant.

Mountaineering means the sport, hobby, or profession of walking, hiking, and climbing up mountains either: 1) utilizing harnesses, ropes, crampons, or ice axes; or 2) ascending 4,500 meters or above.

Natural Teeth means the major portion of the individual tooth which is present, regardless of filings and caps; and is not decayed, abscessed, or defective.

Occurrence means all losses or damages that are attributable directly or indirectly to one cause or one series of similar causes. All such losses will be added together and the total amount of such losses will be treated as one Occurrence without regard to the period of time or the area over which such losses occur.

Outpatient means a Plan Participant who receives care in a Hospital or another institution, including; ambulatory surgical center; convalescent/skilled nursing facility; or Physician's office, for a Sickness or Injury, but who is not confined and is not charged for room and board.

Parachuting means an activity involving the breaking of a free fall from an airplane using a parachute.

Participation/Subscription Agreement means the agreement completed by a Plan Participant for insurance under the Master Policy.

Period of Coverage means a period of time beginning with the Plan Participant's Effective Date and ending on the Plan Participant's Termination Date.

Permanent Residence means the country where a Plan Participant has his or her true, fixed and permanent home and principal establishment, and to which he or she has the intention of returning.

Physician means a person who is a qualified practitioner of medicine. As such, He or She must be acting within the scope of his/her license under the laws in the jurisdiction in which He or She practices and providing only those medical services which are within the scope of his/her license or certificate. It does not include a Plan Participant, a Plan Participant's spouse, son, daughter, father, mother, brother or sister or other relative.

Plan Participant means a Person who is a member of an eligible class of persons for whom proper premium payment has been made when due, and who is therefore a Plan Participant under the Plan Document.

Plan Document means this document, the Application of the Policyholder and any end endorsements, riders or amendments that will attach during the Period of Coverage.

Policyholder means the entity shown as the Policyholder in the Schedule of benefits.

Pre-Existing Condition means an Injury, Sickness, disease, or other condition during the 365 day period immediately prior to the date the Plan Participant's coverage is effective for which the Plan Participant: 1) received or received a recommendation for a test, examination, or medical treatment for a condition which first manifested itself, worsened or became acute or had symptoms which would have prompted a reasonable person to seek diagnosis, care or treatment; or 2) took or received a prescription for drugs or medicine.

Pregnancy means the physical condition of being pregnant, including Complications of Pregnancy.

Schedule means the Plan Participant's Schedule of Benefits as shown on the Plan Participant's confirmation of coverage issued by or on behalf of the Company.

Scheduled Departure Date means the date on which the Plan Participant is originally scheduled to leave on the Plan Participant's Trip.

Service Provider means a Hospital, convalescent/skilled nursing facility, ambulatory surgical center, psychiatric Hospital, community mental health center, residential treatment facility, psychiatric treatment facility, alcohol or drug dependency treatment center, birthing center, Physician, Dentist, chiropractor, licensed medical practitioner, registered nurse, medical laboratory, assistance service company, air/ground ambulance firm, or any other such facility that the Company approves.

Sickness means illness or disease which requires treatment by a Physician while covered by this Plan Document. All related conditions and recurrent symptoms of the same or a similar condition will be considered the same Sickness.

Skilled Nursing Facility means a facility that provides skilled nursing 24 hours a day, seven days a week, under the supervision of a registered nurse, and/or skilled rehabilitative services at least five days per week. The emphasis is on skilled nursing care, with restorative, physical, occupational, and other therapies available. A Skilled Nursing Facility provides services that cannot be efficiently or effectively rendered at home or in an intermediate care facility. The service

provided must be directed towards the patient achieving independence in activities of daily living, improving the patient's condition, and facilitating discharge.

Surgery or Surgical Procedure means an invasive diagnostic procedure; or the treatment of Sickness or Injury by manual or instrumental operations performed by a Physician while the patient is under general or local anesthesia.

Transportation Expense means the cost of Medically Necessary conveyance, personnel, and services or supplies.

Usual, Reasonable and Customary means the most common charge for similar professional services, drugs, procedures, devices, supplies or treatment within the area in which the charge is incurred. The most common charge means the lesser of:

- The actual amount charged by the provider;
- The negotiated rate; or
- The charge which would have been made by the provider (Physician, Hospital, etc.) for a comparable service or supply made by other providers in the same Geographic Area, as reasonably determined by Us for the same service or supply.

"Geographic Area" means the three digit zip code in which the service, treatment, procedure, drugs or supplies are provided; a greater area if necessary to obtain a representative cross-section of charge for a like treatment, service, procedure, device drug or supply.

We, Our, Us means 100% by Advent, Lloyd's Syndicate 780 underwriting this insurance.

You, Your, Yours, He or She means the Plan Participant who meets the eligibility requirements of the Plan Document and whose insurance under the Plan Document is in force.

ELIGIBILITY FOR INSURANCE

Persons eligible to be a Plan Participant under the Plan Document are non-United States citizens who: (1) are under the age of 86, (2) have their true, fixed and permanent home and principal establishment outside of the United States, (3) are traveling outside their Home Country, and (4) hold a current and valid passport.

Purchase restrictions may apply to citizens or residents of certain countries as may be agreed upon from time to time by the Participating Organization and Us.

We retain the right to investigate eligibility status and attendance records to verify eligibility requirements are met. If We discover the eligibility requirements are not met, Our only obligation is to refund any premium paid for that person.

This insurance is not subject to, and will not be administered as a PPACA (Patient Protection and Affordable Care Act) insurance plan. PPACA requires certain U.S. residents and citizens obtain PPACA compliant insurance coverage. This plan is not designed to cover U.S. residents and citizens. This Plan Document is not subject to guaranteed issuance or renewal.

EFFECTIVE DATE OF INSURANCE

Plan Participant's Effective. A Person will become a Plan Participant under the Plan Document, provided proper premium payment is made, on the latest of:

1) The Departure Date shown on the Confirmation of Coverage; or
2) The moment He/She exits their Home Country airspace.

TERMINATION DATE OF INSURANCE

Plan Participant's Termination Date. Insurance for a Plan Participant will end on the earliest of:

1) The date the Plan Participant returns to his or her Home Country; or
2) The expiration of 90 days from the Effective Date of Coverage; or
3) The Scheduled Return Date shown on the Confirmation of Coverage; or
4) The date the Plan Participant becomes a permanent resident of the United States; or
5) The date the Plan Participant reports for full-time active duty in any Armed Forces, according to the referenced date shown in the Application. We will refund, upon receipt of proof of service, any premium paid, calculated from the date active duty begins until the earlier of:
   a) The date the premium is fully earned; or
   b) The Expiration Date of the Plan Document.

   This does not include Reserve or National Guard duty for training; or
6) The date the Plan Participant requests, in writing, that his/her coverage be terminated.

EXTENSION OF ACCIDENT AND SICKNESS MEDICAL BENEFITS

If a Plan Participant is under the care and treatment of a Physician and Hospital confined on the Plan Participant's termination date, benefits will continue to be paid for that condition for a period of up to discharge from the Hospital or the maximum benefit has been paid, whichever occurs first.

SCOPE OF COVERAGE

Benefits are payable under the Plan Document for Eligible Expenses incurred by a Plan Participant for the items stated in the Schedule. Benefits will be payable to either the Plan Participant or the Service Provider for Eligible Expenses incurred outside the Plan Participant's Home Country. Coverage is available 24 hours per day.

The charges enumerated herein will in no event include any amount of such charges which are in excess of Usual, Reasonable and Customary charges. If the charge incurred is in excess of Usual, Reasonable and Customary charges, such excess amount will not be recognized as a Eligible Expense. All charges will be deemed to be incurred on the date such services or supplies, which give rise to the expense or charge, are rendered or obtained.

We will provide the benefits described in the Plan Document to all Plan Participants who suffer a Covered Loss which:

1) Is within the scope of the DESCRIPTION OF BENEFITS PROVISIONS; and
2) Occurs while the person is a Plan Participant under the Plan Document.

TERMS OF PAYMENT FOR BENEFITS

Full Excess Medical Expense

If an Injury or Sickness to the Plan Participant results in his incurring Eligible Expenses for any of the services in the Schedule, We will pay the Eligible Expenses incurred, subject to any applicable Deductible Amount, Benefit Period, and Coinsurance Percentage, that are in excess of Expenses payable by any other Health Care Plan, regardless of any Coordination of Benefits provision contained in such Health Care Plan.

The Plan Participant must be under the care of a Physician when the Eligible Expenses are incurred. The Expense must be incurred solely for the treatment of a covered Injury or Sickness:

1) While the person is a Plan Participant under the Plan Document; or
2) During the Period of Coverage.

The total of all medical benefits payable under the Plan Document is shown on the Schedule and is subject to the specific maximums shown on the Schedule.

DESCRIPTION OF BENEFITS

MEDICAL EXPENSE BENEFITS

We shall pay Reasonable and Customary charges for Covered Expenses, excess of the chosen Deductible and Coinsurance up to the selected Medical Maximum, incurred by a Plan Participant due to an Accidental Injury or Illness which occurred during the Period of Coverage outside the Plan Participant's Home Country. All bodily disorders existing simultaneously which are due to the same or related causes shall be considered one Disablement. If a Disablement is due to causes which are the same or related to the cause of a prior Disablement, the Disablement shall be considered a continuation of the prior Disablement and not a separate Disablement. The initial Treatment of an Injury or Illness must occur within thirty (30) days of the date of Injury or onset of Illness.

Only such expenses which are specifically enumerated in the following list of charges and incurred during the Plan Participant's Period of Coverage shall be considered Covered Expenses:

1) Charges made by a Hospital for room and board, floor nursing and other services inclusive 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 most common semi-private room rate.
2) Charges made for Intensive Care or Coronary Care charges and nursing services.
3) Charges made for diagnosis, Treatment and Surgery by a Physician.
4) Charges made for an operating room.
5) Charges made for Outpatient Treatment, same as any other Treatment covered on an Inpatient basis. This includes ambulatory Surgical centers, Physicians' Outpatient visits/examinations, clinic care, and Surgical opinion consultations.
6) Charges made for the cost and administration of anesthetics.
7) Charges for medication, x-ray services, laboratory tests and services, the use of radium and radioactive isotopes, oxygen, blood, transfusions, iron lungs, and medical Treatment.
8) Charges for physiotherapy, if recommended by a Physician for the Treatment of a specific Disablement and administered by a licensed physiotherapist.
9) Dressings, drugs, and medicines that can only be obtained upon a written prescription of a Physician or Surgeon.
10) Local transportation to or from the nearest Hospital or to and from the nearest Hospital with facilities for required Treatment. Such transportation shall be by licensed ground ambulance within the metropolitan area in which the

Plan Participant is located at that time the service is used. If the Plan Participant is in a rural area, then licensed air ambulance transportation to the nearest metropolitan area shall be considered a Covered Expense.

EMERGENCY ACCIDENTAL DENTAL EXPENSE BENEFIT

We will pay benefits as described in the Schedule for expenses for emergency dental treatment due to Injury to natural teeth. Only expenses for emergency dental treatment to natural teeth incurred during the Trip will be reimbursed. Expenses incurred after the Trip are not covered.

PALLIATIVE DENTAL BENEFIT

We will pay benefits as described in the Schedule for eligible expenses for Palliative Dental. An eligible Palliative Dental condition will mean emergency pain relief treatment to natural teeth.

OPTIONAL SPORTS AND ACTIVITY BENEFIT
(Applicable only if the Plan Participant has elected this Benefit)

Coverage is provided in accordance with the Schedule if the Plan Participant's Injury or Sickness results from the sports and activities listed below, which would otherwise be excluded from coverage: skydiving or Parachuting; hang gliding; bungee cord jumping; Mountaineering; spelunking or caving; practice or play in any amateur, club, intramural, interscholastic or intercollegiate sports.

EMERGENCY TRANSPORTATION BENEFITS

EMERGENCY MEDICAL EVACUATION/REPATRIATION

If during the Period of Coverage the local attending Physician and the UnitedHealthcare Global Assistance determine that transportation to a Hospital or medical facility is Medically Necessary to treat an unforeseen Sickness or Injury which is acute or life threatening and adequate medical treatment is not available in the initial medical facility, the Transportation Expense incurred will be paid up to the Emergency Transportation Maximum for the Usual, Reasonable and Customary Charges for transportation to the closest Hospital or medical facility capable of providing that treatment.

If because of an unforeseen Sickness or Injury during the Period of Coverage, the local attending Physician and the UnitedHealthcare Global Assistance determine that it is Medically Necessary for You to return to Your primary place of residence for continued medical treatment or that you are unable to continue Your trip, the Transportation Expense incurred within 30 days from the date of the Covered Loss will be paid for Your return to Your primary place of residence or to a Hospital or medical facility close to Your primary place of residence capable of providing continued treatment via one of the following methods of transportation, as approved, in writing, by the UnitedHealthcare Global Assistance:

a) one-way Economy Transportation;
b) commercial air upgrade (to Business or First Class), based on Your condition as recommended by the local attending Physician and verified in writing and considered necessary by the UnitedHealthcare Global Assistance; or
c) other covered land or air transportation including, but not limited to, commercial stretcher, medical escort, or the Usual and Customary Charges for air ambulance, provided such transportation has been pre-approved and arranged by the UnitedHealthcare Global Assistance. Transportation must be via the most direct and economical route.

Failure to utilize UnitedHealthcare Global Assistance to arrange for these services will result in the denial of benefits.

RETURN OF MORTAL REMAINS

In the event of Your death during the Period of Coverage, the expense incurred within 30 days from the date of the Covered Loss will be paid for embalming or cremation, minimally necessary casket or receptacle adequate for transporting the remains, transportation of Your remains to Your primary place of residence or to the place of burial, and documentation fees. This benefit must be approved and arranged by UnitedHealthcare Global Assistance.

Failure to utilize UnitedHealthcare Global Assistance to arrange for these services will result in the denial of benefits.

RETURN OF MINOR CHILDREN

If You are traveling with Your dependent child (or dependent children) who are under 18 years of age and will be hospitalized during the Period of Coverage for more than 3 consecutive days and Your dependent child (or dependent children) will be left unattended, benefits will be paid for Economy Transportation to return the dependent child (or children) to their home, accompanied by an attendant, if considered necessary by the UnitedHealthcare Global Assistance. This benefit must be approved and arranged by UnitedHealthcare Global Assistance.

Failure to utilize UnitedHealthcare Global Assistance to arrange for these services will result in the denial of benefits.

EMERGENCY MEDICAL REUNION

If You are traveling alone and will be hospitalized during the Period of Coverage for more than 3 consecutive days and Emergency Evacuation is not imminent, benefits will be paid to transport one person, chosen by You, by Economy Transportation, for a single visit to and from Your bedside. This benefit must be approved and arranged by UnitedHealthcare Global Assistance.

Failure to utilize UnitedHealthcare Global Assistance to arrange for these services will result in the denial of benefits.

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS

ACCIDENTAL DEATH AND DISMEMBERMENT

If the Plan Participant dies or sustains a dismemberment as a result of an Accident, as described in the below Table of Losses, that occurs while a passenger (not as a pilot, operator or member of the crew) riding in, boarding or alighting from a public conveyance provided by a Common Carrier, we will pay the percentage of the Principal Sum shown in the Table of Losses below. The Principal Sum for a Common Carrier loss is shown in the Schedule.

If the Plan Participant dies or sustains a dismemberment as a result of an Accident, as described in the below Table of Losses, that occurs *other* than while a passenger on a Common Carrier, we will pay the percentage of the Principal Sum shown in the Table of Losses below. The Principal Sum for a loss that is other than on a Common Carrier is shown in the Schedule.

The loss must occur within one year after the date of the Injury causing the loss.

If the Plan Participant sustains more than one such Loss as the result of one Accident, We will pay only one amount, the largest to which he is entitled.

Table of Losses

Loss	Benefit (Percentage of Principal Sum)
Loss of Life	100%
Loss of Both Hands	100%
Loss of Both Feet	100%
Loss of Entire Sight of Both Eyes	100%
Loss of One Hand and One Foot	100%
Loss of One Hand and Entire Sight of One Eye	100%
Loss of One Foot and Entire Sight of One Eye	100%
Loss of Speech and Hearing (both ears)	50%
Loss of One Hand	50%
Loss of One Foot	50%
Loss of Entire Sight of One Eye	50%
Loss of Speech	25%
Loss of Hearing (both ears)	25%

As used herein:

Loss of a hand or foot means complete Severance through or above the wrist or ankle joint.

Loss of sight means the total, permanent loss of sight of the eye. The loss of sight must be irrecoverable by natural, surgical or artificial means.

Loss of speech means total, permanent and irrecoverable loss of audible communication.

Loss of hearing means total and permanent loss of hearing in both ears which cannot be corrected by any means.

Severance means the complete separation and dismemberment of the part from the body.

EXPOSURE TO THE ELEMENTS OR DISAPPEARANCE

Subject to all other terms and conditions of the Plan Document, We will:

1) Pay the applicable benefit under BENEFITS FOR ACCIDENTAL DEATH AND DISMEMBERMENT for a Plan Participant's loss specified therein, which results from unavoidable exposure to the elements or disappearance due to:
   a) The forced landing; stranding; sinking; or wrecking of a vehicle in which a Plan Participant was traveling; and
   b) Such Occurrence occurs from an Accident for which the Plan Document provides coverage; or
2) Presume that a Plan Participant has died if:

a) A vehicle in which he is traveling disappears; sinks; is stranded; or is wrecked; as a result of an Accident for which the Plan Document provides coverage; and

b) His body is not found within one year of the Occurrence of (2)(a) above.

These benefits will not duplicate any other benefits payable under or attached to the Plan Participant's Plan Document.

BAGGAGE AND PERSONAL EFFECTS BENEFITS

BAGGAGE LOSS BENEFIT

Benefits will be provided to the Plan Participant, as shown in the Schedule against all risks of permanent loss, theft or damage to the Plan Participant's Baggage and Personal Effects occurring while coverage is in effect. Benefits are subject to the deductible and maximums shown in the Schedule, all General Exclusions, and the Additional Limitations and Exclusions Specific to Baggage and Personal Effects in the Plan Document. This benefit is secondary to any other valid and collectible coverage provided by a third party.

Valuation and Payment of Loss: The lesser of the following amounts will be paid:

1) the Actual Cash Value at the time of loss, theft or damage, except as provided below;
2) the cost to repair or replace the article with material of a like kind and quality; or
3) the per article amount shown in the Plan Participant's Schedule of Benefits.

For claimed items without original receipts, payment of loss will be calculated based upon 50% of the Actual Cash Value at the time of loss, not to exceed the per article amount shown in the Plan Participant's Schedule of Benefits .

The Company may take all or part of a damaged Baggage as a condition for payment of loss. In the event of a loss to a pair or set of items, the Company will:

1) repair or replace any part to restore the pair or set to its value before the loss; or
2) pay the difference between the value of the property before and after the loss.

All jewelry, watches, gems, furs, cameras and camera equipment, camcorders, sporting equipment, computers, radios, and other electronic items limited to $250 per item, up to $500 per occurrence unless otherwise covered in the Policy.

A maximum of $100 will be paid for the cost of replacing a passport or visa.

A maximum of $100 will be paid for the cost associated with the unauthorized use or replacement of lost or stolen credit cards, subject to verification that the Plan Participant has complied with all conditions of the credit card company.

The maximum benefit payable for Baggage Loss during a Policy Period is shown in the Schedule.

BAGGAGE DELAY BENEFIT

If, while on a Trip, the Plan Participant's checked baggage is delayed or misdirected by a Common Carrier for more than 24 hours from the Plan Participant's time of arrival at a destination other than the Plan Participant's return destination, benefits will be paid, up to the Baggage Delay Maximum shown in the Schedule, for the actual expenditure for necessary personal effects. The Plan Participant must be a ticketed passenger on a Common Carrier. The Common Carrier must certify the delay or misdirection. Receipts for the purchases must accompany any claim.

Additional provisions applicable to Baggage and Personal Effects and Baggage Delay:

Benefits will not be paid for any expenses which have been reimbursed or for any services which have been provided by the Common Carrier, hotel or Travel Supplier; nor will benefits be paid for loss or damage to property specifically scheduled under any other insurance.

Plan Participant's duties after Loss of or Damage to Property or Delay of Baggage:

In case of loss, theft, damage or delay of baggage or personal effects, and Plan Participant must:

1) take all reasonable steps to protect, save or recover the property:
2) promptly notify, in writing, either the police, hotel proprietors, ship lines, airlines, railroad, bus, airport or other station authorities, tour operators or group leaders, or any Common Carrier or bailee who has custody of the Plan Participant's property at the time of loss:
3) produce records needed to verify the claim and its amount, and permit copies to be made:
4) send proof of loss as soon as reasonably possible after date of loss, providing date, time, and cause of loss, and a complete list of damaged/lost items: and
5) allow the Company to examine baggage or personal effects, if requested.

These benefits will not duplicate any other benefits payable under or attached to the Plan Participant's Plan Document.

INTERRUPTION OF TRIP BENEFIT – RETURN TICKET

Benefits will be paid, up to the Maximum Benefit Amount shown in the Schedule, to reimburse the Plan Participant for the Additional Transportation Cost paid to return to Your place of residence.

Trip Interruption must be due to:

1. The Plan Participant's or an Immediate Family member's death which occurs while the Plan Participant is on the Plan Participant's trip; or
2. The Plan Participant's primary place of residence being rendered uninhabitable by fire, flood, burglary or other natural disaster which occurs while the Plan Participant is on the Plan Participant's trip.

This benefit must be approved by UnitedHealthcare Global Assistance. **Failure to utilize UnitedHealthcare Global Assistance to arrange for these services will result in the denial of benefits.**

EXCLUSIONS

The Plan Document does not cover any loss resulting from any of the following unless otherwise covered under the Plan Document by Additional Benefits:

1) Pre-Existing Conditions, other than for Emergency Medical Evacuation, Medical Repatriation, Return of Remains, Return of Minor Children and Emergency Reunion Benefits;
2) Suicide, attempted suicide (including drug overdose), self-destruction, attempted self-destruction or intentional self-inflicted Injury while sane or insane;
3) War or any act of war, declared or undeclared;
4) An Accident which occurs while the Plan Participant is on Active Duty Service in any Armed Forces, National Guard, military, naval or air service or organized reserve corps;
5) Injury sustained while in the service of the armed forces of any country. When the Plan Participant enters the armed forces of any country, We will refund the unearned pro rata premium upon request;
6) Voluntary, active participation in a riot or insurrection;
7) Medical expenses resulting from a motor vehicle accident in excess of that which is payable under any other valid and collectible insurance;
8) Organ transplants;
9) Treatment for an Injury or Sickness resulting from the Plan Participant's intoxication or use of illegal drugs or any drugs or medication that is intentionally not taken in the dosage recommended by the manufacturer or for the purpose prescribed by the Plan Participant's Physician;
10) Commission or attempt to commit an assault or felony, or that occurs while being engaged in an illegal occupation;
11) Eligible Expenses for which the Plan Participant would not be responsible in the absence of the Plan Document;
12) Treatment of acne;
13) Charges which are in excess of Usual, Reasonable and Customary charges;
14) Charges that are not Medically Necessary;
15) Services or supplies provided at no cost to the Plan Participant;
16) Expenses incurred for treatment while in Your Home Country;
17) Expenses incurred for an Accident or Sickness after the Benefit Period shown in the Schedule of Benefits or incurred after the termination date of coverage;
18) Regular health checkups; routine physical, immunizations or other examination where there are no objective indications or impairment in normal health;
19) Services or treatment rendered by a Physician, registered nurse or any other person who is employed or retained by the Plan Participant; or an Immediate Family member of the Plan Participant;
20) Duplicate services actually provided by both a certified nurse midwife and Physician;
21) Injuries paid under Workers' Compensation, Employer's liability laws or similar occupational benefits;
22) Benefits for enrolling solely for the purpose of obtaining medical treatment, while on a waiting list for a specific treatment, or while traveling against the advice of a Physician;
23) Aggravation or re-injury of a prior Injury that the Plan Participant suffered prior to his or her coverage Effective Date, unless We receive a written medical release from the Plan Participant's Physician;
24) Treatment of a hernia, including sports hernia, whether or not caused by a Covered Accident;
25) Pregnancy or childbirth, elective abortion; elective cesarean section; or any Complications of any of these conditions; other than for Emergency Medical Evacuation, Medical Repatriation or Return of Remains;
26) Drug, treatment or procedure that either promotes or prevents conception, or prevents childbirth, including but not limited to: artificial insemination, treatment for infertility or impotency, sterilization or reversal thereof, or abortion;
27) Charges incurred for Surgery or treatments which are, Experimental/Investigational, or for research purposes;

28) Expense incurred for treatment of temporomandibular joint (TMJ) disorders or craniomandibular joint dysfunction and associated myofacial pain;
29) Eyeglasses, contact lenses, hearing aids, braces, appliances, or examinations or prescriptions therefore;
30) Weak, strained or flat feet, corns, calluses, or ingrown toenails;
31) Private-duty nursing services;
32) The cost of the Plan Participant's unused airline ticket for the transportation back to the Plan Participant's Home Country, where an Emergency Medical Evacuation or Repatriation and/or Return of Mortal Remains benefit is provided;
33) Expenses payable under any prior Plan Document which was in force for the person making the claim;
34) Treatment paid for or furnished under any other individual or group Plan Document, or other service or medical pre-payment plan arranged through the employer to the extent so furnished or paid, or under any mandatory government program or facility set up for the treatment without cost to any individual;
35) Injury sustained while participating in bodily contact sports; skydiving or Parachuting (except parasailing); hang gliding; bungee cord jumping; extreme skiing; skiing outside marked trails or heli-skiing; Mountaineering; any race; speed contests (not including any of the regatta races); spelunking or caving; or scuba diving if the depth exceeds 120 feet (40 meters) or if You are not certified to dive and a dive master is not present during the dive; **except for activities as provided under the Optional Sports and Activity Benefit if the Plan Participant has purchased that benefit.**
36) Practice or play in any amateur, club, intramural, interscholastic, intercollegiate, professional or semi-professional sports contest or competition; except for activities as provided under the Optional Sports and Activity Benefit if the Plan Participant has purchased that benefit.
37) Rest cures or custodial care;
38) Treatment of Mental and Nervous Disorders;
39) Elective or Cosmetic surgery and Elective Treatment or treatment for congenital anomalies (except as specifically provided), except for reconstructive surgery on a diseased or injured part of the body **(**Correction of a deviated nasal septum is considered cosmetic surgery unless it results from a covered Injury or Sickness);
40) Services rendered for detection and correction by manual or mechanical means (including x-rays incidental thereto) of structural imbalance, distortion or subluxation in the human body for purposes of removing nerve interference where such interference is the result of or related to distortion, misalignment or subluxation of or in the vertebral column.
41) Travel or flight in or on any vehicle for aerial navigation, including boarding or alighting from:
    a) While riding as a passenger in any Aircraft not intended or licensed for the transportation of passengers; or
    b) While being used for any test or experimental purpose; or
    c) While piloting, operating, learning to operate or serving as a member of the crew thereof; or
    d) While traveling in any such Aircraft or device which is owned or leased by or on behalf of the Plan Participant or any member of his household.
    e) A space craft or any craft designed for navigation above or beyond the earth's atmosphere; or
    f) An ultra-light;

    except as a fare paying passenger on a regularly scheduled commercial airline.

Additional Limitations and Exclusions Specific to Baggage and Personal Effects:
In addition to any of the exclusions listed above, for Eligible Expenses under Baggage Loss and Delay, this insurance also does not cover the following:

1) Aircraft, automobiles, automobile equipment, motors, motorcycles, bicycles (except bicycles when checked as baggage with a common carrier,) boats or other conveyances or their accessories;
2) Animals;
3) Artificial teeth or limbs, hearing aids;
4) Sunglasses, contact lenses or eyeglasses;
5) Documents of any kind, including but not limited to documents, bills, currency, deeds, evidences of debt, letters of credit, stamps, credit cards, money, notes, securities, transportation or other tickets;
6) Keys, household furniture or furnishings, rugs or carpets of any type;
7) Merchandise for sale or exhibition, salesmen's samples;
8) Perishable items, Medicines, perfumes, cosmetics, and consumables;
9) Physicians and Surgeons instruments;
10) Theatrical property, or professional or business property;
11) Property shipped as freight or shipped prior to the trip departure date;

12) All jewelry, watches, gems, furs, cameras and camera equipment, camcorders, sporting equipment, computers, radios, and other electronic items limited to $250 per item, up to $500 per occurrence unless otherwise covered in the Policy;
13) Wear and tear or gradual deterioration;
14) Insect or vermin damage;
15) Damage from being worked upon;
16) Breakage of articles of a brittle nature unless caused by thieves, fire or Accident to conveyances;
17) Destruction or seizure under quarantine or customs rules or by order of a government;
18) Illegal transportation or trade;
19) Musical instruments;
20) Sporting equipment if loss or damage results from the use thereof.

GENERAL PROVISIONS

NOTICE OF CLAIM

Written notice of death, or Injury or Sickness must be given to Us within 30 days after a covered loss occurs or begins or as soon as reasonably possible. Notice can be given to Our authorized licensed agent. Notice should include the Policyholder's name and number and a Plan Participant's name and address.

If written notice is not received within 30 days, the claim may be reduced or invalidated. However, the claim will not be reduced or invalidated if:

1) it can be shown that it was not possible within reason to submit notice within the 30 day period; and
2) it is further shown that notice was given as soon as possible.

CLAIM FORMS

When We receive the notice of claim, We will send forms for filing proof of loss. If claim forms are not sent within 15 days after receipt of such notice, the Proof of Loss requirements stated below will be deemed to have been met by submitting, within the time required under PROOF OF LOSS, written proof of the nature and extent of the loss.

PROOF OF LOSS

Written proof of loss must be furnished to Us in the case of a claim for loss for which the Plan Document provides periodic payment contingent upon continuing loss within 60 days after the end of the period for which We are liable. Written proof that the loss continues must be furnished to Us at intervals required by us.

In case of claim for any other loss, proof must be furnished within 60 days after the date of such loss.

If the proof of loss is not submitted within 60 days, the claim may be reduced or invalidated. However, the claim will not be reduced or invalidated if:

1) it can be shown that it was not possible within reason to submit notice within the 60 day period; and
2) it is further shown that notice was given as soon as possible, and in no event, except in the absence of legal capacity, later than one year from the time proof is otherwise required.

TIMELY FILING OF CLAIMS

All claims for benefits under the Plan Document must be submitted to Us no more than 365 days from the date of service or date of death.

TIME OF PAYMENT OF CLAIMS

Benefits due under the Plan Document for a loss, other than a loss for which the Plan Document provides installments, will be paid within 30 days after Our receipt of due written proof of such loss.

Subject to written proof of loss, all accrued benefits for loss for which the Plan Document provides installments will be paid monthly; any balance remaining unpaid upon the termination of liability will be paid within 30 days after Our receipt of a written proof of loss, unless otherwise stated in the Description of Benefits.

Failure to pay claims within 30 days shall entitle the claimant to interest at the rate of 9 per cent per annum from the 30th day after receipt of such proof of loss to the date of late payment, provided that interest amounting to less than one dollar need not be paid. A claimant or their assignee shall be notified by Us of any known failure to provide sufficient documentation for a due proof of loss within 30 days after receipt of the claim. Any required interest payments shall be made within 30 days after the payment.

PAYMENT OF CLAIMS

All benefits will be paid in United States currency. Loss of life benefits will be paid to the beneficiary as described in the Designation or Change of Beneficiary provision of the Plan Document.

All other benefits will be paid to the Plan Participant suffering the loss. If the Plan Participant dies before all payments due have been made, the amount still payable will be paid to his/her beneficiary as described in the Designation and Change of Beneficiary provision of the Plan Document.

If We are to pay benefits to the estate or to a person who is incapable of giving a valid release, We may pay up to $1,000 to a relative by blood or marriage whom We believe is equitably entitled. This good faith payment satisfies Our legal duty to the extent of that payment.

Any other accrued benefits which are unpaid at a Plan Participant's death may, at Our option, be paid either to his beneficiary or to his estate. All other benefits, unless specifically stated otherwise, will be paid to a Plan Participant.

ASSIGNMENT BY PLAN PARTICIPANT

At the request of the Plan Participant, or his parent or guardian if the Plan Participant is a minor, medical benefits may be paid to the provider of service. Any payment made in good faith will end Our liability to the extent of the payment.

DESIGNATION OR CHANGE OF BENEFICIARY
Each Plan Participant may designate a beneficiary to whom loss of life benefits are payable. The designation shall be as follows in descending order:

1) Beneficiaries designated in writing by the Plan Participant for the Plan Document on file with the Policyholder, if any, otherwise;
2) Beneficiaries as designated in writing for any group life insurance plan or its renewals in force for the Policyholder, if any, otherwise;
3) In equal shares to the members of the first surviving class of those that follow, if any:
   a) a Plan Participant's lawful spouse, if not legally separated or divorced, or Domestic Partner or Civil Union Partner;
   b) a Plan Participant's natural child, adopted child, foster child, stepchild, or other child for whom the Plan Participant has or had legal guardianship (proof will be required); or
   c) a Plan Participant's parents, whether natural, step or adoptive; or
   d) a Plan Participant's Sisters or Brothers, otherwise.
4) The estate of the Plan Participant.

A Plan Participant may change his/her beneficiary designation from time to time without the consent of the designated beneficiary by giving notice, in writing, to the Policyholder. When a request for designation or change is received by the Policyholder, it will take effect on the date of its execution, whether or not the Plan Participant is living on the date it is received by the Policyholder. Any interest created by the request will be subject to any payment made or action taken before its receipt.

PHYSICAL EXAMINATION
We have the right to have a Physician of Our choice examine the Plan Participant as often as is reasonably necessary. This section applies when a claim is pending or while benefits are being paid. We will pay the cost of the examination.

RECOVERY OF OVERPAYMENT
If benefits are overpaid, or paid in error**,** We have the right to recover the amount overpaid or paid in error by any of the following methods.

1) A request for lump sum payment of the amount overpaid or paid in error or
2) Reduction of any proceeds payable under the Plan Document by the amount overpaid or paid in error.

RECOVERY OF BENEFITS
We reserve the right to recover from a Plan Participant any benefits We have paid to him for injuries:

1) Received in a covered Accident; and
2) Which are covered under:
   (a) workers' compensation or similar statutory remedies available under law; or
   (b) Any employer's liability Insurance.

It will be assumed that the Plan Participant is in receipt of such benefits unless he gives us proof such benefits have been denied to him.

"Recovery" means monies paid to the Plan Participant through judgment, settlement or otherwise to compensate for all losses caused by the Injury.

RIGHT OF REIMBURSEMENT / SUBROGATION
If a Plan Participant recovers expenses for Sickness or Injury that occurred due to the negligence of a third party, We have the right to first reimbursement for all benefits We paid from any and all damages collected from the negligent third party for those same expenses whether by action at law, settlement, or compromise, by the Plan Participant, the Plan Participant's parents if the Plan Participant is a minor, or the Plan Participant's legal representative as a result of that Sickness or Injury. You are required to furnish any information or assistance, or provide any documents that We may reasonably require in order to exercise Our rights under this provision. This provision applies whether or not the third party admits liability.

We are assigned the right to recover from the negligent third party, or his or her insurer, to the extent of the benefits We paid for that Sickness or Injury. You are required to furnish any information or assistance, or provide any documents that We may reasonably require in order to exercise our rights under this provision. This provision applies whether or not the third party admits liability.

LEGAL ACTIONS
No legal action may be brought to recover on the Plan Document within 60 days after written Proof of Loss has been furnished. No legal action may be brought after three (3) years from the time written Proof of Loss is required to be furnished.

COMPLAINTS
In the event that you remain dissatisfied and wish to make a complaint you can do so to the Complaints team at Lloyd's.

Their address is:
Complaints, Lloyd's, One Lime Street, London, EC3M 7HA
Tel: +44 207 327 5693 / Fax: +44 207 327 5225
E-mail: complaints@lloyds.com / Website: www.lloyds.com/complaints

Details of Lloyd's complaints procedure are set out in a leaflet "Your Complaint – How We Can Help" available at www.lloyds.com/complaints and are also available from the above address. If you remain dissatisfied after Lloyd's has considered your complaint, you may have the right to refer your complaint to the Financial Ombudsman Service (United Kingdom).

PPACA DISCLAIMER
This insurance is not subject to, and will not be administered as a PPACA (Patient Protection and Affordable Care Act) insurance plan. PPACA requires certain US residents and citizens obtain PPACA compliant insurance coverage. This plan is not designed to cover US residents and citizens. This policy is not subject to guaranteed issuance or renewal.

Advent Syndicate 780 at Lloyd's of London protects the confidentiality of the Policyholder's non-public information and Plan Participants' non-public personal information. The following describes our policies and practices for securing the privacy of our current and former customers.

INFORMATION WE COLLECT
The non-public information that we collect about the Policyholder includes, but is not limited to:

a) Articles of Incorporation
b) Byelaws
c) Bank accounts

The non-public personal information that we collect about the Plan Participant includes, but is not limited to:

a) Information contained in applications or other forms that the Plan Participant submits to us, such as name, address and date of birth
b) Information about the Plan Participant's transactions with our affiliates or other third-parties, such as balances and payment history
c) Information we receive from a consumer-reporting agency, such as credit-worthiness or credit history

INFORMATION WE DISCLOSE
We disclose the information that we have when it is necessary to provide our products and services. We may also disclose information when the law requires or permits us to do so.

CONFIDENTIALITY AND SECURITY
Only our employees and others who need the information to service the Policyholder or Plan Participant's account have access to the information. We have measures in place to secure our paper files and computer systems.

RIGHT TO ACCESS OR CORRECT YOUR PERSONAL INFORMATION
Plan Participants have a right to request access to or correction of their personal information that is in our possession.