



PrimeTime CERTIFICATE OF INSURANCE

Plan Number: Visitors-PrimeTime26

Plan Administrator: Point Comfort Travel

TABLE OF CONTENTS

Master Policy	2
CERTIFICATE DECLARATION.....	2
SCHEDULE OF BENEFITS AND LIMITS	3
DEFINITIONS	7
ELIGIBILITY REQUIREMENTS	17
CERTIFICATE PERIOD	18
ELIGIBLE MEDICAL EXPENSES	18
ELIGIBLE TRANSPORTATION EXPENSES.....	21
LUMP SUM BENEFITS	27
PERSONAL PROPERTY.....	28
PERSONAL LIABILITY	28
OPTIONAL BENEFITS.....	30
CLAIMS.....	31
EXCLUSIONS.....	37
GENERAL CONDITIONS AND CONDITIONS PRECEDENT	43

Master Policy

The Master Policy is a legal contract between the **Assured** and HDI Global Specialty SE (herein referenced as "Underwriters").

Underwriters will provide the benefits described in the Master Policy in consideration of the Master Policy application, the **Participating Organization** application (if applicable), and the accuracy and truthfulness of each **Insured Person's Application** and payment of premium.

Point Comfort Group, Inc. dba Point Comfort Travel has been appointed as the **Plan Administrator** for Underwriters. All communications, payments and notices required under the Master Policy shall be transmitted through the **Plan Administrator** and receipt of same by the **Plan Administrator** shall be considered receipt by Underwriters.

Underwriter's agreement is subject to all terms, conditions, provisions and Exclusions of the Master Policy, including the Master Policy Declaration, and any exhibits, schedules, and/or endorsements attached hereto. The **Certificate**, including the **Certificate Declaration**, provided to **Insured Persons** is merely a summary of the Master Policy and evidence of the **Insured Person's** coverage hereunder. In the event of any conflict between the Master Policy and the **Certificate**, the Master Policy shall prevail.

CERTIFICATE DECLARATION

Master Policy Number	PCU02012025-2
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Plan Administrator	Point Comfort Travel (a division of Point Comfort Group, Inc.) 306 Prospect Street Indianapolis, IN 46225 service@pointcomfort.com
Assured	International Travel Care Trust c/o International Management Services, Ltd. Solely in its capacity as trustee of International Travel Care Trust at Harbour Centre, PO Box 61 Georgetown, Grand Cayman, KY 11102 Cayman Islands
Participating Organization	As declared hereunder
Master Policy Period	Effective Date December 1, 2025
	Termination Date July 31, 2026
Rates	On file with Plan Administrator
Coverage Area	Including US / Excluding US

Note: Words and terms that are bold have the meanings set forth in **DEFINITIONS**.

Note: Any communication, including notices required hereunder, between the **Plan Administrator** or Underwriters and the **Insured Person** shall be transmitted electronically (email or fax) unless otherwise required by either party. Communications from the **Plan Administrator** or Underwriters to the **Insured Person** shall be transmitted to the **Insured Person's** last known email address on file with the **Plan Administrator**.

IMPORTANT NOTICE AND DISCLAIMER CONCERNING THE UNITED STATES PATIENT PROTECTION AND AFFORDABLE CARE ACT: This insurance is not subject to and does not provide certain insurance benefits required by the United States Patient Protection and Affordable Care Act ("ACA"). This insurance does not provide, and Underwriters do not intend to provide minimum essential coverage under ACA. In no event will benefits be provided in excess of those specified in this Master Policy. This is short term limited duration travel insurance that only provides coverage while traveling outside your **Home Country**. You should consult your attorney or tax professional to determine whether this policy meets any obligations you may have under ACA.

SCHEDULE OF BENEFITS AND LIMITS

(also referred to as "Schedule")

TRIPTIME TRAVEL INSURANCE

ELIGIBLE EXPENSES

Coverage Area Options	Worldwide, excluding US Worldwide, including US
Maximum Benefit per Certificate Period (applicable to all benefits except Accidental Death and Dismemberment)	
Age 14 days through 69	<u>Options</u> \$500,000, or \$1,000,000, or \$2,000,000
Age 70 through 79	Including US - \$50,000 Excluding US - \$100,000
Age 80 and older	\$10,000

ELIGIBLE MEDICAL EXPENSES

Deductibles, Co-pays and Coinsurance All Eligible Medical Expenses are subject to Deductible, Co-pays and Coinsurance unless otherwise indicated. (Co-pays do not apply toward satisfaction of Deductible or Coinsurance .)	
Deductible per Insured Person per Certificate Period	<u>Options</u> \$0, \$100, \$250, \$500, \$1,000, \$2,500, \$5,000
Virtual Medicine Consultation (approved telemedicine providers only; US only)	\$0 Co-pay
Physician office visit	Including US - \$20 Co-pay (Waived if Deductible is \$0) Excluding US - \$0 Co-pay
Urgent Care Clinic	Including US - \$25 Co-pay (Waived if Deductible is \$0) Excluding US - \$0 Co-pay
Walk-in Clinic	Including US - \$15 Co-pay (Waived if Deductible is \$0) Excluding US - \$0 Co-pay
Emergency eye exam	\$50 Co-pay
Outpatient prescription drugs	\$0 Co-pay , plan pays 100%
Emergency Medical Treatment in Emergency Room	Including US - \$350 Co-pay , waived if admitted Excluding US - \$0 Co-pay
Coinurance – claims incurred in US in network	Plan pays 100% of network discounted charges
Coinurance – claims incurred in US out of network and claims incurred outside the US	Plan pays 100% of Usual, Reasonable and Customary charges
Features	
Incidental Visit(s) Home	
Coverage hereunder is suspended when the Insured Person is visiting their Home Country during their Certificate Period , and resumes when the Insured Person departs their Home Country for continuation of their trip. Premium attributable to Incidental Visit(s) Home are non-refundable.	
Acute Onset of Pre-existing Condition – Including US	
Subject to 48 hour Waiting Period beginning on Certificate Effective Date .	
Age 14 days through 69 years	Eligible Medical Expenses - Maximum Benefit selected or \$1,000,000 (whichever is less) Emergency Medical Evacuation expenses - \$25,000
Age 70 and older	No benefit
Acute Onset of Pre-existing Condition – Excluding US	
Subject to 48 hour Waiting Period beginning on Certificate Effective Date .	
Age 14 days through 64, with Primary Insurance	Eligible Medical Expenses - Maximum Benefit selected or \$1,000,000 (whichever is less) Eligible Emergency Medical Evacuation expenses - \$25,000
Age 14 days through 64, without Primary Insurance	Eligible Medical Expenses and Emergency Medical Evacuation expenses combined - \$20,000
Age 65 through 69	Eligible Medical Expenses (only) - \$2,500

Age 70 and older	No benefit
Professional Services (Subject to Deductible and Coinsurance unless otherwise indicated.)	
Physician Hospital visits / services	
Physical therapy / Chiropractic Care	\$50 per visit, maximum of 10 visits
Surgeon/Anesthesiologist/Anesthesia	Covered
Assistant Surgeon	20% of covered Surgeon fees
All other Inpatient and Outpatient Services (Subject to Deductible, Co-pays and Coinsurance unless otherwise indicated)	
Outpatient Facility	Covered
Hospital Room and Board, including nursing, miscellaneous and Ancillary Services	Covered (subject to average semi-private room rate)
Intensive Care Unit	Covered
Operating room, treatment room and/or recovery room	Covered
Outpatient laboratory	Covered
Outpatient radiology/x-rays	Covered
Durable Medical Equipment	Covered (includes standard wheelchair and/or standard Hospital bed only)
Reconstructive Surgery if incidental to or following a covered Surgery	Covered
Chemotherapy / Radiation Therapy	Covered
Pre-admission Testing	Covered
Extended Care Facility	Covered
Home Nursing Care	Covered (in lieu of Inpatient)
Hospice care	Covered (in lieu of Inpatient)
Dental Treatment and Vision Care (Subject to Deductible, Coinsurance and Usual, Reasonable and Customary charges unless otherwise indicated)	
Acute Onset of Dental Pain (Certificate Period must be 30 or more days)	Subject to maximum of \$300; (palliative care only)
Dental Treatment in a dental office - non- Emergency , following a covered Accident	Subject to maximum of \$300
Traumatic Dental Treatment – Emergency treatment in a Hospital following a covered Accident (involving associated face, skull, neck, and/or jaw Injury)	Covered
Emergency eye exam	Subject to a maximum of \$150 (Co-pay applies)

ELIGIBLE TRANSPORTATION EXPENSES

(Not subject to **Deductible** or **Coinsurance** unless otherwise indicated.)

Local Ambulance	
Injury	Covered (Subject to Deductible and Coinsurance)
Illness if admitted to Hospital as Inpatient	Covered (Subject to Deductible and Coinsurance)
Illness if Insured Person is not admitted to Hospital as Inpatient	No Benefit
Interfacility Ambulance Transfer	Covered (Subject to Deductible and Coinsurance)
Emergency Medical Evacuation	
Age 14 days through 64	\$1,000,000 or the Maximum Benefit selected; whichever is less
Age 65 through 69	\$1,000,000 or the Maximum Benefit selected; whichever is less
Age 70 through 79	Maximum Benefit selected
Age 80 and older	No Benefit
Other Transportation Expenses	
Emergency Reunion	\$100,000 (subject to a maximum of 15 days)
Bedside Visit	\$1,500
Repatriation of Mortal Remains	\$100,000
Local Burial/Cremation	\$5,000 (in lieu of Repatriation of Mortal Remains)
Return of Minor Child(ren)	\$10,000
Trip Interruption	\$10,000
Natural Disaster Daily Accommodations	\$500 per day, maximum of 5 days
Natural Disaster Evacuation	\$25,000
Political Evacuation and Repatriation	\$100,000
Emergency Pet Transportation	\$1,000

LUMP SUM BENEFITS

Accidental Death	Principal Sum
Under age 18	\$1,250
Age 18 through 69	\$25,000
Age 70 through 74	\$12,500
Age 75 and older	\$5,000
Accidental Dismemberment	
Loss of 1 limb or eye	50% of Accidental Death Principal Sum
Loss of more than one limb or eye	100% of Accidental Death Principal Sum

Accidental Death and Dismemberment	\$250,000
Family Maximum	
Common Carrier Accidental Death	100% Accidental Death Benefit
Common Carrier Accidental Death Family Maximum	\$250,000
Hospital Indemnity	\$200 per night, subject to a maximum of 10 nights

PERSONAL PROPERTY COVERAGE

Lost Checked Luggage	\$50 any one item, subject to a maximum of \$500
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PERSONAL LIABILITY COVERAGE

Combined Limit	\$50,000
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OPTIONS AVAILABLE

Personal Equipment

Covered Sports Equipment	\$1,000
Covered Photography Equipment	\$1,000
Covered Electronics and Communications Equipment	\$500

Adventure Sports

(subject to **Deductible, Co-pays and Coinsurance**)

Includes Eligible Medical Expenses and Eligible Transportation Expenses	Limit
14 days through 49	\$50,000
50 through 59	\$25,000
60 through 64	\$10,000
65 and older	No benefit

Marine Activities

Covered Water Sports - Eligible Medical Expenses and Eligible Transportation Expenses (subject to Deductible and Coinsurance)	Age	Limit
	14 days through 49	\$100,000
	50 through 64	\$50,000
	65 through 69	\$10,000
	70 and older	No Benefit
Covered Scuba Equipment		\$2,000

DEFINITIONS

Certain words, terms and phrases used herein are defined below. Other words, terms and phrases may be defined elsewhere when they are first used.

Accident; Accidental	A sudden, unintentional and unexpected occurrence directly caused by external, visible means and resulting in physical Injury to the Insured Person . The cause or
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	one of the causes of such Accident must be external to the Insured Person's own body and must occur beyond the Insured Person's control.																												
Accidental Death	Death of the Insured Person resulting from an Accident .																												
Accidental Dismemberment	Complete severance from the body of one or more limbs or eyes resulting from an Accident . For purposes of the Accidental Dismemberment benefits provided by this insurance, the term "limb" shall mean: the arm, when the severance is at or above (toward the elbow) the wrist, or the leg, when the severance is at or above (toward the knee) the ankle. Loss of eye(s) shall include complete, permanent and irrevocable loss of sight.																												
Act of Terrorism	An act, including without limitation, the use of force or violence and/or the threat thereof, of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organization(s) or government(s) committed for political, religious, ideological or similar purposes including the intention to influence any government and/or to put the public, or any section of the public, in fear.																												
Act of War	<ol style="list-style-type: none"> War, invasion, act of foreign enemy hostilities, warlike operations (whether war be declared or not), or civil war. Mutiny, riot, strike, military or popular uprising, insurrection, rebellion, revolution, military or usurped power. Any act of any person acting on behalf of or in connection with any organization with activities directed towards the overthrow by force of the Government de jure or de facto or to the influencing of it by violence of any nature. Martial law or state of siege or any events or causes which determine the proclamation or maintenance of martial law or state of siege. Any use of radiological, chemical, nuclear or biological weapons or any other radiological, chemical, nuclear or biological events of any type (including in connection with an Act of Terrorism). 																												
Actual Cash Value	The replacement cost of an item, less proper deduction for depreciation at the time of the loss.																												
Acute Onset of Dental Pain	Sudden and unexpected experience of severe pain in the teeth, gums or bones supporting the teeth.																												
Acute Onset of Pre-existing Condition	A sudden and unexpected outbreak or recurrence of a Pre-existing Condition which occurs: (1) spontaneously and without advance warning in the form of Physician recommendations or symptoms, (2) is of short duration, (3) is rapidly progressive, (4) requires immediate Emergency Medical Treatment , (5) is not a Chronic Condition or Congenital Disorder and (6) begins and ends during the Certificate Period .																												
Adventure Sport(s)	<p>A sporting activity undertaken for the purposes of recreation or an unusual experience or excitement, typically performed outdoors, and involving a medium degree of risk, including only the following:</p> <table> <tr> <td>Rappelling</td> <td>Hot air ballooning</td> <td>Bobsledding</td> <td>Kitesurfing</td> </tr> <tr> <td>Abseiling</td> <td>Bungee jumping</td> <td>BMX</td> <td>Kiteboarding</td> </tr> <tr> <td>Skydiving</td> <td>Parascending</td> <td>Paragliding</td> <td>Windsurfing</td> </tr> <tr> <td>Wildlife Safaris</td> <td>Zip lining</td> <td>Spelunking</td> <td></td> </tr> <tr> <td>Parachuting</td> <td>Canyoning</td> <td>Caving</td> <td></td> </tr> <tr> <td colspan="4">Scuba diving or sub-aqua pursuits to depths between 10 meters and 50 meters</td></tr> <tr> <td colspan="4">Whitewater kayaking or whitewater rafting in water of Class IV difficulty</td></tr> </table>	Rappelling	Hot air ballooning	Bobsledding	Kitesurfing	Abseiling	Bungee jumping	BMX	Kiteboarding	Skydiving	Parascending	Paragliding	Windsurfing	Wildlife Safaris	Zip lining	Spelunking		Parachuting	Canyoning	Caving		Scuba diving or sub-aqua pursuits to depths between 10 meters and 50 meters				Whitewater kayaking or whitewater rafting in water of Class IV difficulty			
Rappelling	Hot air ballooning	Bobsledding	Kitesurfing																										
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Whitewater kayaking or whitewater rafting in water of Class IV difficulty																													

	Mountaineering between 2,000 and 3,000 meters from ground level												
AIDS	Acquired Immune Deficiency Syndrome as that term is defined by the US Centers for Disease Control and Prevention												
Ancillary Services	All Hospital services for a patient other than room and board and professional services. Laboratory tests and radiology are examples of Ancillary Services . Services and supplies of a personal nature are not included.												
Assured	The organization indicated on the Master Policy Declaration												
Certificate	The document, including the Certificate Declaration, is issued to Insured Persons and is a summary of the Master Policy and evidence of the Insured Person's coverage hereunder. The Certificate Declaration identifies the Insured Person and the Certificate Period.												
Chemotherapy/Radiation Therapy	The treatment of disease, especially cancer, by the use of chemical substances, other drugs, X-rays or similar forms of radiation.												
Chiropractic Care	A type of therapy in which the hands are used to manipulate the spine or other parts of the body for the diagnosis, treatment and prevention of mechanical disorders of the musculoskeletal system.												
Chronic Condition	A health condition or disease that is persistent or otherwise long-lasting in its effects or a disease that comes with time, including without limitation: diabetes, functional gastrointestinal disorder, eczema, psoriasis, arthritis, asthma, chronic obstructive pulmonary disease, autoimmune diseases, genetic disorders and some viral diseases such as hepatitis C and HIV/AIDS .												
Coinsurance	The payment by or obligation of the Insured Person for payment of covered expenses at the percentage specified in Schedule.												
Common Carrier	A company or organization that holds itself out to the public as engaging in the business of transporting persons from place to place by air, rail, bus and/or water for compensation, offering its scheduled services to the public generally, and is licensed by a recognized and approved government authority to transport fare-paying passengers. The term Common Carrier does not include taxi, motorcar, motorcycle or limousine services, or transportation by animal or human means (for example, horse, camel, elephant or rickshaw).												
Congenital Disorder(s)	A physical abnormality, defect or medical condition existing at or before birth, regardless of cause or when or if diagnosed or treated.												
Contact Sport(s)	<p>A sport in which the participants purposely hit or collide with each other, inanimate objects, the ground or water, with force, including without limitation:</p> <table> <tr> <td>American football</td> <td>Lacrosse</td> <td>Ski-jumping</td> <td>Rugby</td> </tr> <tr> <td>Basketball</td> <td>Polo</td> <td>Soccer</td> <td>Rodeo</td> </tr> <tr> <td>High Diving</td> <td>Cliff Diving</td> <td></td> <td></td> </tr> </table> <p>Hockey, including ice and field hockey</p> <p>Fighting or combat sports, including without limitation, boxing, wrestling, martial arts, mixed martial arts, fencing and kickboxing</p>	American football	Lacrosse	Ski-jumping	Rugby	Basketball	Polo	Soccer	Rodeo	High Diving	Cliff Diving		
American football	Lacrosse	Ski-jumping	Rugby										
Basketball	Polo	Soccer	Rodeo										
High Diving	Cliff Diving												
Co-pay	The payment by or obligation of the Insured Person for payment for covered services specified in Schedule. The Co-pay is applied each time the Insured Person receives the specified service. The Co-pay does not apply toward satisfaction of the Deductible or Coinsurance .												
Covered Electronics and Communication Equipment	The following items exclusively: mobile phones, tablets and laptop computers. Applicable only when the Personal Equipment Option is purchased.												

Covered Personal Equipment	Covered Sports Equipment, Covered Photography Equipment and Covered Electronics and Communication Equipment exclusively. Applicable only when the Personal Equipment Option is purchased.
Covered Photography Equipment	The following items exclusively: cameras, camera flash accessories and camera lenses. Applicable only when the Personal Equipment Option is purchased.
Covered Scuba Equipment	The following items exclusively: Scuba tank, regulator, analog or digital depth gauge, submersible pressure gauge, dive computer, buoyancy compensator, underwater camera. Applicable only when the Marine Activities Option is purchased.
Covered Sports Equipment	The following items exclusively: skis, ski boots, ski poles, snowboards, snowboard boots, golf clubs, golf bags, tennis rackets.
Covered Water Sports	<p>The following activities exclusively, and applicable only when the Marine Activities Option is purchased:</p> <p>Kitesurfing, Kiteboarding, Windsurfing</p> <p>Scuba diving or sub-aqua pursuits to any depth for which the Insured Person has the experience, training and proper certification by a recognized certifying agency.</p> <p>Operating or riding as a passenger on board a personal watercraft. A personal watercraft, commonly known as jet ski, is a lightweight, motorized craft designed for recreational use where riders sit or stand on top, propelled by water jets.</p>
Custodial Care	The type of care or service, wherever furnished and by whatever name called, that is designed primarily to assist an Insured Person in performing the activities of daily living. Daily living is a twenty-four (24) hour period during which an Insured Person engages in normal daily activities including without limitation eating, drinking and washing. Custodial Care also includes non-acute care for the comatose, semi-comatose, paralyzed or mentally incompetent patients until they are fit to return home.
Deductible	The dollar amount specified in Schedule, that the Insured Person must pay before receiving benefits or coverage hereunder, not including any applicable Co-pays or Coinsurance .
Dental Treatment	Treatment and/or supplies relating to the care, maintenance or repair of teeth, gums or bones supporting the teeth, including dentures and preparation for dentures.
Domestic Cat(s)	A member of the species felis catus, which is ordinarily kept as an indoor pet.
Domestic Dog(s)	A member of the species canis lupus familiaris, which is ordinarily kept as an indoor pet.
Educational or Rehabilitative Care	Care for restoration (by education or training) of one's ability to function in a normal or near normal manner following an Illness or Injury . This type of care includes, but is not limited to, vocational or occupational therapy and speech therapy.
Elective Treatment	A treatment, including without limitation, any diagnostic procedure or Surgery , which is undertaken either, 1. when less invasive or alternative treatments or procedures are available and have not been undertaken, or 2. when the condition, including any Chronic Condition , can be reasonably managed by the patient without treatment prior to their return to their Home Country .

Eligible Medical Expenses	Expenses for services and supplies for treatment of Injury or Illness, Dental Treatment, and Mental Health treatment which are covered under this insurance.
Eligible Transportation Expenses	Expenses for transportation and accommodation which are covered under this insurance.
Emergency	A medical condition manifesting itself by acute signs or symptoms which could reasonably result in placing the Insured Person's life or limb in danger if medical attention is not provided within twenty-four (24) hours based upon reasonable medical certainty. Immediate medical intervention and attention is required as a result of a severe, life threatening or potentially disabling condition.
Emergency Medical Evacuation	Emergency transportation of the Insured Person from the location where the Insured Person suffers Accidental bodily Injury or Illness to the nearest Hospital where the appropriate Emergency medical treatment can be obtained.
Emergency Medical Treatment	Services and supplies provided to an Insured Person while in an Emergency Room when the following conditions are met: <ol style="list-style-type: none"> A Physician instructs the patient to report to the Emergency Room immediately for Emergency care; or The severity of symptoms upon presentation to the Emergency Room is at a level that would lead a reasonable person with an average understanding of health and medicine to believe they were experiencing an Emergency.
Emergency Room	That part of a Hospital designated for the immediate care of Emergency medical conditions.
End of Trip Extension	A period of time of between five (5) days and fifteen (15) days following the scheduled initial Certificate Termination Date, during which an Insured Person may extend their Certificate Period subject to payment of additional premium and continued eligibility and provided the initial Certificate Period was for a period not less than thirty (30) days.
Extension	A period of time of 30 days following the scheduled initial Certificate Termination Date and any subsequent Extension , during which an Insured Person may extend their Certificate Period subject to payment of additional premium and continued eligibility and provided the initial Certificate Period was for a period not less than (30) days.
Extended Care Facility	An institution, or a distinct part of an institution, which is licensed as a Hospital , Extended Care Facility or rehabilitation facility by the jurisdiction in which it operates; and is regularly engaged in providing twenty-four (24) hour skilled nursing care under the regular supervision of a Physician and the direct supervision of a Registered Nurse; and maintains a daily record on each patient; and provides each patient with a planned program of observation prescribed by a Physician ; and provides each patient with active treatment of an Illness or Injury . Extended Care Facility does not include a facility primarily for rest, the aged, Substance Abuse treatment, Custodial Care , nursing care or for care of Mental Health Disorders or the mentally incompetent.
Extreme Sport(s):	A sporting activity, including practice, preparation and actual sporting events, which involves a high degree of risk. These activities often involve speed, height, a high level of physical exertion and/or highly specialized gear and often carry the potential risk of serious or permanent physical Injury and even death. These

	activities include, without limitation, the following and any combination or derivative of the following:		
	Power lifting	Freediving	Heli-skiing
	Feats of strength	Freeflying	Jet skiing
	Base jumping	Freestyle scootering	Powerbocking
	Cave diving	Freestyle skateboarding	Ice climbing
	Downhill mountain biking	Wingsuit flying	Ice canoeing
	Freerunning and Parkour	Free skiing	Gliding
	Extreme skiing	Big game hunting	
	Back country or off-piste snow skiing, snowboarding or snowmobiling		
	Piloting a commercial or non-commercial aircraft		
	Mountaineering above elevation of 3,000 meters from ground level		
	Racing any vehicle or animal, including mountain bikes, motocross, motorcycle racing, motor rally, snowmobile racing, truck racing, horse racing, boat racing		
	Scuba diving or sub-aqua pursuits below a depth of 50 meters		
	Whitewater kayaking or white-water rafting Class V or higher difficulty (Class V=A section of a river, stream or other waterway or watercourse where the current moves with enough speed or force to meet, but not to exceed, the qualifications of Class V as determined by the International Scale of River Difficulty or as commonly published by a local authority or government agency.)		
Family	All relatives of an Insured Person . Relatives are limited to biological or stepparent or grandparent; biological or stepchild or grandchild; current spouse; biological or stepsibling; parent, children, or sibling-in-law; aunt, uncle or first cousin; fiancé or betrothed individual.		
HIV; HIV+	Human Immunodeficiency Virus as that term is defined by the US Centers for Disease Control and Prevention. Someone is HIV+ when there is a laboratory confirmed presence of either HIV antibodies or the HIV virus (antigen) itself in their blood.		
Home Country	The country where the Insured Person principally resides as declared on the Insured Person's Application , except for US citizens and lawful permanent residents of the US . For US citizens, including those with dual citizenship, the US is always your Home Country . For non- US citizens who are lawful permanent residents of the US , the US is always your Home Country . A lawful permanent resident is an individual who is not a citizen of the US who is living in the US under legally recognized and lawfully recorded permanent residence as an immigrant.		
Home Health Care Agency	A public or private agency or one of its subdivisions, which operates pursuant to law and is regularly engaged in providing Home Nursing Care under the supervision of a Registered Nurse, and maintains a daily record on each patient, and provides each patient with a planned program of observation and treatment prescribed by a Physician . A Registered Nurse is a graduate nurse who has been registered or licensed to practice by the local authority Board of Nurse Examiners or any other authority, and who is legally entitled to place the letters "RN" after their name.		
Home Nursing Care	Services provided by a Home Health Care Agency and supervised by a Registered Nurse, which are directed toward the personal care of a patient, provided always that such care is provided in lieu of Medically Necessary Inpatient care in a Hospital .		

Hospice	An institution which operates as a Hospice , is licensed by the state or country in which it operates; and which operates primarily for the reception, care and palliative control of pain for terminally ill persons who have, as certified by a Physician , a life expectancy of not more than six (6) months. Hospice care is provided in lieu of Medically Necessary Inpatient care in a Hospital .
Hospital	An institution which operates as a Hospital pursuant to law, and is licensed by the State or Country in which it operates; and operates primarily for the reception, care and treatment of sick or injured persons as Inpatients ; and provides twenty-four (24) hour nursing service by Registered Nurses on duty or call; and has a staff of one or more Physicians available at all times; and provides organized facilities and equipment for diagnosis and treatment of acute medical conditions on its premises; and is not primarily a rehabilitation facility, long-term care facility, Extended Care Facility , nursing, rest, Custodial Care or convalescent home, a place for the aged, drug addicts or abusers, alcoholics or runaways; or similar establishment.
Hospitalized, Hospitalization	Confined and/or treated in a Hospital as an Inpatient .
Host Country	The country being visited by the Insured Person , or where the Insured Person resides temporarily. Host Country does not include the Insured Person's Home Country .
Illness	A sickness, disorder, pathology, abnormality, ailment, disease or any other medical, physical or health condition. Illness does not include learning disabilities, attitudinal disorders or disciplinary problems.
Incidental Visit Home	A period of time during the Certificate Period when insurance hereunder is temporarily suspended while an Insured Person is visiting their Home Country . Coverage ends on the date and time the Insured Person first departs their Host Country to return to their Home Country (not including the Insured Person's final return trip to their Home Country). Coverage resumes on the date and time the Insured Person returns to their Host Country .
Initial Certificate Effective Date	The earliest Certificate Effective Date after which there has been no lapse, cancellation or termination for any reason.
Injury	Identifiable physical harm to the body caused by an Accident that requires medical treatment.
Inpatient	A patient who occupies a Hospital bed for more than twenty-four (24) hours, not including time spent in an Emergency Room , for medical treatment and whose admission was recommended by a Physician .
Insured Person	An individual who meets the Eligibility requirements herein and has completed the Application and been accepted for coverage hereunder provided required premium has been paid.
Insured Person's Application; Application	The fully answered and signed (including electronic signatures) form that is submitted by or on behalf of the Insured Person for acceptance into the insurance provided under this Master Policy, submitted to the Plan Administrator and maintained on file with the Plan Administrator . Any insurance agent/broker or other person or entity assigned to, soliciting, or assisting with the Application is the agent and representative of the applicant/ Insured Person and is not and shall not be deemed or considered as an agent or representative for or on behalf of Underwriters or the Plan Administrator .

Intensive Care Unit	A Cardiac Care Unit or other unit or area of a Hospital that meets the required standards of the Joint Commission on Accreditation of Healthcare Organizations for Special Care Units.
Medically Necessary or Medical Necessity	A service or supply which is necessary and appropriate for the diagnosis or treatment of an Illness or Injury based on generally accepted current medical practice as determined by Underwriters. A service or supply will not be considered Medically Necessary if it is provided only as a convenience to the Insured Person or Medical Provider , and/or is not appropriate for the Insured Person's diagnosis or symptoms, and/or exceeds in scope, duration or intensity that level of care which is needed to provide safe, adequate and appropriate diagnosis or treatment of an Illness or Injury , even if prescribed or recommended by a Physician . A service or supply will not be considered Medically Necessary when such service or supply is more costly than an alternative service or supply or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results.
Medical Provider(s)	A Hospital , Physician or other person or organization which provides medical services and/or supplies.
Mental Health, Mental Health Disorder(s)	A mental, nervous or emotional Illness which generally denotes an Illness of the brain with predominant behavioral symptoms; or an Illness of the mind or personality, evidenced by abnormal behavior; or a disorder of conduct evidenced by socially deviant behavior. Mental Health Disorders include those psychiatric Illnesses listed in the current edition of the International Classification of Diseases as published by the US Department of Health and Human Services and those psychiatric and other mental Illnesses listed in the current edition of the Diagnostic and Statistical Manual for Mental Disorders of the American Psychiatric Association.
Natural Disaster	Widespread disruption of human lives by disasters such as flood, drought, tidal wave, fire, hurricane, earthquake, windstorm or other storm, landslide or other natural catastrophe or event resulting in migration of human population for its safety. The occurrence must be a disaster that is due entirely to forces of nature and could not reasonably have been prevented.
Newborn(s)	Infants under the age of thirty-one (31) days.
Outpatient	An Insured Person who receives Medically Necessary treatment by a Physician for Injury or Illness who is not admitted as an Inpatient , regardless of the hour the Insured Person arrived at the Hospital , whether a bed was used or whether the Insured Person remained in the Hospital past midnight.
Participating Organization	An organization that has applied for and been accepted as a member of the Assured .
Physician(s)	A Doctor of Medicine (MD), Doctor of Dental Surgery (DDS), Doctor of Dental Medicine (DDM), Doctor of Chiropractic (DC), Doctor of Osteopathy (DO), a Doctor of Psychology (Ph.D.), a Doctor of Psychiatry (Psy.D), Doctor of Podiatry (DPM) or a licensed Physical Therapist or Physiotherapist. Physician also includes a Certified Nurse Practitioner (CNP), a Certified Registered Nurse Anesthetist (CRNA), Nurse Midwife, or Physician Assistant (PA) under the direction of a medical doctor. Physician does not include any other degree or designation. A Physician must be currently licensed by the jurisdiction in which the services are provided, and the services provided must be within the scope of that license. A Physician must be a

	person other than the Insured Person , the Insured Person's relative, or one who ordinarily resides with the Insured Person .
Plan Administrator	The Plan Administrator for this insurance is Point Comfort Group, Inc., 306 Prospect Street, Indianapolis, Indiana, 46225. As the Plan Administrator , Point Comfort Group, Inc. acts solely as the disclosed and authorized agent and representative for and on behalf of Underwriters, and does not have, and shall not be deemed, considered or alleged to have any direct, indirect, joint, several, separate, individual or independent liability, responsibility or obligation of any kind under the Master Policy, including the Master Policy Declaration and any exhibits, schedules, and/or endorsements attached hereto, or any Certificates , including Certificate Declarations, issued to Insured Persons , or to any other person or entity.
Political Evacuation and Repatriation	Transportation of an Insured Person to an alternative country or location, and/or to the Insured Person's Home Country , which becomes necessary due to Political Threat in the proximity of the Insured Person .
Political Threat	Political and/or military events which have created a situation in which the Insured Person is in danger of or has incurred serious bodily harm.
Pre-Admission Testing	Medical tests that are completed prior to scheduled procedures, including Surgery , or scheduled admissions to the Hospital .
Pre-existing Condition	Any (1) condition for which medical advice, diagnosis, care, or treatment (includes receiving services and supplies, consultations, diagnostic tests or prescription medicines) was recommended or received during the two (2) years immediately preceding the Initial Certificate Effective Date ; (2) condition that had manifested itself in such a manner that would have caused a reasonably prudent person to seek medical advice, diagnosis, care, or treatment (includes receiving services and supplies, consultations, diagnostic tests or prescription medicines) within the two (2) years immediately preceding the Initial Certificate Effective Date ; (3) Injury , Illness , sickness, disease, or other physical, medical, mental, or nervous condition, disorder or ailment (whether known or unknown) that, with reasonable medical certainty, existed at the time of the Insured Person's Application or within the two (2) years immediately preceding the Initial Certificate Effective Date .
Primary Insurance	A group, individual or a government health plan (Medicaid, Medicare and V.A. health plans are considered Primary Insurance) that is the first payor of claims for an Insured Person , in effect prior to the Certificate Effective Date and in effect at the time of any claim hereunder. Such plans must have coverage limits of at least \$250,000 per incident or per year to be considered Primary Insurance for the purpose of determining the amount of benefits available with respect to an Acute Onset of Pre-existing Condition .
Principal Residence	The location indicated on the Insured Person's Application , where the Insured Person ordinarily resides, not including locations in the Host Country . If more than one location meets this criterion, the Principal Residence is the location that meets this criterion and is listed on the Insured Person's Application .
Professional Athletics	A sporting activity, including practice, preparation and actual sporting events, for any individual or organized team that is a member of a recognized professional sports organization, is a member of a playing league that is directly supported or sponsored by a professional team or professional sports organization, or any athlete receiving for their participation any kind of payments or compensation,

	directly or indirectly, from a professional team or professional sports organization.
Recreational	Activities that are non-organized and engaged in by the Insured Person solely for recreational, entertainment or fitness purposes. Recreational does not include any activity defined herein as Extreme Sports, Adventure Sports, Contact Sports or Professional Sports .
Routine Physical Exam(s)	Examination of the physical body by a Physician for preventative or informative purposes only, and not for the diagnosis or treatment of any condition.
Sexually Transmitted Diseases	Syphilis, gonorrhea, lymphogranuloma venereum, chancroid, granuloma inguinale, chlamydiosis, pelvic inflammatory disease, trichomoniasis, genital candidiasis, genital herpes, genital warts, amebiasis, viral hepatitis, scabies, crab lice, cervical dysplasia, and bacterial vaginitis.
Specialty Medications	All medications listed as T4: Non-Preferred Drug or T5: Specialty on the current US Medicare Formulary .
Substance Abuse	Alcohol, drug or chemical abuse, overuse or dependency.
Surgery; Surgical Procedure	An invasive diagnostic procedure, or the treatment of Illness or Injury by manual or instrumental operations performed by a Physician while the patient is under general or local anesthesia.
Traumatic Dental Treatment	Dental Treatment and/or supplies relating to the repair of teeth, gums or bones supporting the teeth, performed in a Hospital or Emergency Room following a covered Accident involving associated face, skull, neck, and/or jaw Injury .
Travel Warning; Travel Advisory	Published statement or website document issued by the US Department of State, Bureau of Consular Affairs, Centers for Disease Control and Prevention, United Nations, World Health Organization or similar government or non-governmental agency of the Insured Person's Home Country , warning that travel to specified countries, regions or locations poses serious risks to safety and security or exposes the Insured Person to a greater likelihood of life-threatening risks, including, without limitation, US Department of State Travel Advisory level 4 – Do not travel.
United States; US	The United States of America including all states, districts, territories and possessions
Urgent Care Center(s):	A stand-alone facility, or a facility located inside a Hospital that staffs Physicians and provides medical services for Injuries and Illnesses that are not life-threatening. Urgent Care Centers have onsite x-ray equipment and provide treatment for more severe urgent care services, such as broken bones, burns and other non-emergent conditions that Walk-in Clinics are unable to treat.
Usual, Reasonable and Customary	The lesser of: <ol style="list-style-type: none"> The amount charged for the services or supplies; or One and one-half times (150%) the charges payable under the US Medicare program for claims incurred outside the PPO Network within the US; or A typical and reasonable amount of expenses for similar services, medicines or supplies within the area in which the charge is incurred, so long as those expenses are reasonable considering the following factors, without limitation: the amount charged by the provider, the amount charged by similar providers or providers in the same or similar locality, the amount paid by other payors for the same or comparable services, medicines or supplies in the same or similar locality, whether the services or supplies were unbundled or should have been included in the

	allowance of another service, the amount charged by other providers for the same or comparable services, medicines or supplies in other parts of the country, the cost to the provider of providing the service, medicine or supply, the level of skill, extent of training, and experience required to perform the procedure or service, the length of time required to perform the procedure or services as compared to the length of time required to perform other similar services; the length of time required to perform the procedure or services as compared to national standards and/or benchmarks, the severity or nature of the Illness or Injury being treated, and such other factors as Underwriters, in the reasonable exercise of discretion, determine are appropriate.
Virtual Medicine Consultation	An electronic encounter with a Physician .
Waiting Period	A period of time beginning on the Initial Certificate Effective Date , during which no coverage is provided as indicated in the Schedule.
Walk-in Clinic	A medical facility that provides medical services for minor Injury or Illness . The clinics are often found in or near retail establishments or pharmacies. The staff providing medical services are usually nurse practitioners and Physician assistants.

ELIGIBILITY REQUIREMENTS

Participating Organization(s)

To become a **Participating Organization**, the organization must meet all of the following requirements.

1. Be legally organized and engaged in international service, education or commerce.
2. Apply for and be accepted as a **Participating Organization** of the **Assured**.
3. Make insurance under this Master Policy available to, or if applicable compulsory to, all of its students, volunteers, employees or associates who meet the eligibility requirements for **Insured Persons** set forth herein.
4. Provide complete enrollment details (specified by the **Plan Administrator**) for each participant enrolled or to be enrolled for coverage to the **Plan Administrator** on or prior to the **Initial Certificate Effective Date** applicable to each **Insured Person**.
5. Remit all premium due for all **Insured Persons**, or before the due dates specified and calculated based on the rates indicated in Exhibit A attached to the **Participating Organization** Membership Application and Agreement.

Insured Person(s)

To become an **Insured Person**, the individual must meet all of the following requirements. If an **Insured Person** does not in reality meet these requirements, all coverage under the Master Policy is void ab initio and all premiums paid will be refunded. Once the **Insured Person** reaches the age of sixty-five (65), seventy (70) or (80), the Maximum Benefit per **Certificate** Period will automatically reduce to the new age range as shown in the Schedule without further notice to the **Insured Person**.

1. Be at least fourteen (14) days old.
2. Complete, sign and submit an **Application**/enrollment as the **Insured Person** (or be listed thereon by proxy);
3. Pay the required premium on or before **Initial Certificate Effective Date**, **End of Trip Extension** or **Extension date**.
4. Receive written acceptance of their initial application, **End of Trip Extension** or **Extension**.
5. As of the **Initial Certificate Effective Date** must have legally departed their **Home Country**.

6. As of any subsequent End of Trip Extension or other Extension date must have legally entered and be legally present in the Host Country .
7. Must not have established a permanent residency in the Host Country .

CERTIFICATE PERIOD

Only claims for services/supplies provided during the **Certificate** Period may be covered under this insurance. The **Certificate** Period begins on the **Certificate Effective Date** and ends on the **Certificate Termination Date**.

The **Certificate** Period is subject to a maximum of:

1. Three hundred sixty-four (364) days if the **Insured Person's Home Country** is the **US**; or
2. Three hundred sixty-five (365) days if the **Insured Person's Home Country** is not the **US**

Certificate Effective Date

The date and time coverage begins, provided premiums are paid, is the later of the following:

- 1.12:01 AM Eastern Standard Time (hereafter "EST") on the date indicated on the **Certificate** issued to the **Insured Person**; or
2. The moment the **Insured Person** departs from their **Home Country**.

Certificate Termination Date

The date and time coverage ends is the earlier of the following:

1. 11:59 PM EST on the date indicated on the **Certificate** issued to the **Insured Person** or any **Extension** issued to the **Insured Person**; or
2. The moment the **Insured Person** returns to their **Home Country** with no plans to continue their trip; or
3. 11:59 pm EST on the last day for which premium is fully paid; or
4. 12:01 am EST on the date the **Insured Person** first fails to meet the applicable eligibility requirements set forth herein; or
5. The date specified by Underwriters in accordance with any other provision of this Master Policy; or
6. The date the Underwriters, at their sole option, elect to cancel all **Insured Persons** of the same sex, age, class, **Participating Organization** or geographic location, provided the Underwriters will give not less than thirty (30) days advance written notice to the **Insured Person's** last known mailing or electronic address.

Cancellation by **Insured Person**

1. The **Insured Person** may cancel their **Application** and receive a full refund of any premium paid any time before the **Initial Certificate Effective Date** by advance written notice to the **Plan Administrator**.
2. The **Insured Person** may cancel this insurance after the **Initial Certificate Effective Date** upon advance written notice to the **Plan Administrator**. If any claims have been filed, the premium paid is fully earned and no refund is payable to the **Insured Person**. If no claims have been filed and cancellation notice from the **Insured Person** is received by Underwriters within sixty (60) days of the **Initial Certificate Effective Date**, Underwriters will refund the premium attributable to the unused days, after deducting an administrative fee of \$50.

Renewal

Underwriters may, at their sole option and discretion, renew any **Certificate** based on the premium rates and plan provisions and benefits available at the time of renewal.

ELIGIBLE MEDICAL EXPENSES

Subject to the **Deductible**, **Co-Pays**, **Coinsurance** and limits set forth in Schedule, and subject to all other terms, clauses, conditions, provisions and Exclusions contained herein, Underwriters will pay the following expenses incurred by an **Insured Person** during the **Certificate** Period, provided such expenses are **Medically Necessary**.

Charges made by a **Hospital** for the following services and supplies.

1. Daily room and board and nursing services not to exceed the Hospital 's average semi-private room rate; a private room will be covered when no semi-private room is available or if Medically Necessary , subject to the average semi-private room rate.
2. Hospital Ancillary Services
3. Daily room and board and nursing services in an Intensive Care Unit
4. Use of operating, treatment and/or recovery rooms
5. Services and supplies which are routinely provided by the Hospital to persons for use while Inpatient , with the exception of personal services and supplies of a non-medical nature.
6. Emergency Medical Treatment of a covered Injury or Illness in an Emergency Room .
Charges made by a Medical Provider for the following services and supplies.
1. Professional services provided by a Physician for Surgery , Hospital visits, and for services performed in their office, an Urgent Care Center , a Walk-in Clinic or Student Health Center.
2. Virtual Medicine Consultations through a telemedicine system approved by the Plan Administrator .
3. Charges for an assistant surgeon subject to a maximum of 20% of the covered charge for the primary surgeon. Standby availability is not considered a professional service and is not covered hereunder.
4. Charges made by an Outpatient Surgical facility including services and supplies.
5. Reconstructive Surgery when the reconstructive Surgery is directly related to Surgery which is covered hereunder.
6. Anesthetics and their administration by a Physician .
7. Oxygen and other gasses and their administration by or under the supervision of a Physician .
8. Physical therapy by a licensed physiotherapist necessarily incurred to continue recovery from a covered Injury or Illness . Such physical therapy must be prescribed by a Physician who is not affiliated with the physiotherapy practice performing the physical therapy.
9. Chiropractic Care by a licensed chiropractor, necessarily incurred to continue recovery from a covered Injury or Illness . Such Chiropractic Care must be prescribed by a Physician who is not affiliated with the chiropractic office.
10. Drugs which require prescription by a Physician for treatment of a covered Injury or Illness but excluding: Specialty Medication , drugs prescribed for the treatment of diabetes, oral contraceptives and costs for the replacement of lost, stolen, damaged, expired or otherwise compromised drugs, and for a maximum supply of thirty (30) days per prescription. Brand name drugs are covered only in the event a suitable generic drug is not available.
11. Dressings, sutures, casts or other supplies which are administered by or under the supervision of a Physician , but excluding nebulizers, oxygen tanks, diabetic supplies and other supplies for use, application and/or for repeat use at home, except covered durable medical equipment.
12. Rental of durable medical equipment (consisting of a standard basic Hospital bed and/or a standard basic wheelchair) up to the purchase price.
13. Basic functional artificial limbs, eyes, larynx or breast prosthesis, but not the replacement or repair thereof.
14. Diagnostic testing using radiology, ultrasonographic or laboratory services (psychometric, intelligence, behavioral and educational testing are not included). Laboratory services billed for professional component fees are covered if the pathologist has direct involvement in providing a written report or verbal consultation for specimen-specific pathology services.
15. Hemodialysis for the treatment of acute renal failure only and charges by the Hospital for processing and administration of blood or blood components, but not the cost of the actual blood or blood components.
16. Home Nursing Care in bed by a qualified licensed professional, provided by a Home Health Care Agency upon direct transfer from an acute care Hospital and only in lieu of Medically Necessary Inpatient Hospitalization .
17. Care in a licensed Extended Care Facility upon direct transfer from an acute care Hospital .

18. Home Hospice care in bed by a qualified licensed professional, provided by a Home Health Care Agency upon direct transfer from an acute care Hospital and only in lieu of Medically Necessary Inpatient Hospitalization .
19. Treatment of an Injury to the foot due to a covered Accident .
20. Treatment of an Illness for which foot Surgery is Medically Necessary and determined to be the only appropriate method of treatment.
21. Charges for an Emergency Eye Exam performed by a licensed optometrist or ophthalmologist to obtain a Medically Necessary prescription for corrective lenses that were lost or damaged in connection with an Injury that is covered hereunder, but not for the replacement of prescription corrective lenses or contact lenses.
22. Eligible Medical Expenses for treatment of Injury or Illness resulting from participation in Adventure Sports if the Adventure Sports Option is purchased by and in effect for the Insured Person .
23. Eligible Medical Expenses for treatment of Injury or Illness resulting from participation in Covered Water Sports if the Marine Activities Option is purchased by and in effect for the Insured Person .
Charges for Eligible Medical Expenses and covered Emergency Medical Evacuation expenses only, attributable to an Acute Onset of Pre-existing Condition(s) subject to the following.
1. Essential and necessary treatment must be obtained immediately, no more than twenty-four (24) hours from the sudden and unexpected outbreak or recurrence of the Pre-Existing Condition .
2. Coverage for treatment in the US is provided only for non- US citizens and/or non- US permanent residents.
3. The Insured Person must not be traveling against or in disregard of the recommendations, established treatment plans or medical advice of a Physician or other Medical Provider .
4. The Insured Person must not be traveling with the intent or purpose of seeking or obtaining treatment for the Pre-Existing Condition .
5. The Insured Person must not be traveling during a period of time when they are preparing or waiting for, involved in, or undertaking a new, changed or modified treatment program with respect to the Pre-Existing Condition and must not be traveling subsequent to any such new, changed or modified treatment plan having been advised or recommended.
6. The Pre-Existing Condition must have been stabilized for at least thirty (30) days prior to the Insured Person's Certificate Effective Date, with no change in treatment or medication.
7. The Pre-Existing Condition must not be a Mental Health Disorder , a Chronic Condition , Congenital Disorder or one that gradually becomes worse over time.
8. Coverage of the Pre-Existing Condition ends on the earliest of: a. the date the condition is no longer considered acute; or b. the date and time the Insured Person is discharged from the Hospital ; or c. the date and time this insurance is terminated for any reason.
Charges made for the following Dental Treatment
1. Dental Treatment necessary to resolve Acute Onset of Dental Pain in sound, natural teeth, incurred within twenty-four (24) hours of the Acute Onset of Dental Pain .
2. Dental Treatment in a dental office necessary to restore or replace sound natural teeth lost or damaged in a covered Accident incurred within seventy-two (72) hours of the covered Accident . Loss or damage to sound, natural teeth while eating or biting into hard objects such as, but not limited to, pencils, ice cubes, nuts, popcorn and hard candies, are not covered.
3. Traumatic Dental Treatment in a Hospital following a covered Accident involving associated face, skull, neck, and/or jaw Injury .
Other covered expenses
Charges for Value Added Tax (VAT) or like tax on Eligible Medical Expenses .

ELIGIBLE TRANSPORTATION EXPENSES

Subject to the **Deductible**, **Coinsurance** and limits set forth in Schedule, and subject to all other terms, clauses, conditions, provisions and Exclusions contained herein, Underwriters will pay the following expenses incurred by an **Insured Person** during the **Certificate Period**, provided such expenses are approved in advance by the **Plan Administrator**.

Local Ambulance

1. Ground transportation and accompanying treatment provided by licensed, qualified, professional **Emergency** personnel, from the location of a covered **Accident** resulting in **Injury** requiring **Emergency** care for the **Insured Person**, to a local **Hospital** or other appropriate health care facility.
2. Ground transportation and accompanying treatment provided by licensed, qualified, professional **Emergency** personnel, from the location of a covered **Emergency Illness** which results in **Hospital** confinement of the **Insured Person** as an **Inpatient** for further treatment of the **Illness**.

Interfacility Ambulance Transfer

Transportation and accompanying treatment provided by licensed, qualified, professional personnel from the **Hospital** where the **Insured Person** is confined as an **Inpatient** for treatment of a covered **Illness or Injury**, to another **Hospital** or appropriate health care facility via land or ground ambulance, provided such transfer is **Medically Necessary**.

Emergency Medical Evacuation

1. **Emergency** air transportation to a suitable airport nearest to the nearest **Hospital** which is qualified to provide the **Medically Necessary** treatment to prevent the **Insured Person's** loss of life or limb,
2. **Emergency** ground transportation necessarily preceding **Emergency** air transportation, and from the destination airport to the **Hospital** where the **Insured Person** will receive treatment.
3. The cost of an economy one-way commercial air and/or ground transportation ticket for the **Insured Person** from the area where the **Insured Person** was **Hospitalized** following an **Emergency Medical Evacuation**, to the area from which the **Insured Person** was initially evacuated, or to the terminal serving the area of the **Insured Person's Principal Residence**. The value of the **Insured Person's** unused return ticket shall be deducted from the amount paid by Underwriters if the **Insured Person** is evacuated to the area of their **Principal Residence**.

Subject to all of the following conditions and restrictions:

- a. The **Illness or Injury** giving rise to the **Emergency Medical Evacuation** must be covered under this insurance.
- b. **Medically Necessary** treatment, services and supplies cannot be provided locally.
- c. Transportation by any other method would result in loss of **Insured Person's** life or limb within twenty-four (24) hours, based upon reasonable medical certainty.
- d. **Emergency Medical Evacuation** must be recommended by the attending **Physician** who certifies to (b) and (c) above.
- e. **Emergency Medical Evacuation** is agreed upon by the **Insured Person** or a relative of the **Insured Person**.
- f. The condition giving rise to the **Emergency Medical Evacuation** occurred outside the **Insured Person's Home Country**.
- g. The condition giving rise to the **Emergency Medical Evacuation** arose unexpectedly, spontaneously and without advance warning, or advance treatment, diagnosis or recommendation for treatment by a **Physician**, or prior manifestation in the form of symptoms which would have caused a reasonably prudent person to seek medical attention prior to the onset of the **Emergency**.
- h. The **Emergency Medical Evacuation** must be approved in advance or arranged and coordinated by Underwriters (acting through the **Plan Administrator**).
- i. By acceptance of the **Certificate** and request for **Emergency Medical Evacuation** benefits hereunder, the **Insured Person** understands, acknowledges and agrees that timeliness, duration and occurrences during, and outcome of an **Emergency Medical Evacuation** can be directly and indirectly affected by events and/or

circumstances which are not within the supervision or control of Underwriters, nor of the **Plan Administrator**, including, without limitation, the availability, limitations, physical condition, reliability, maintenance and training schedules, procedures and performance or non-performance of available transportation equipment, supplies and/or staff of third party contractors, delays or restrictions on flights or other modes or means of transportation caused by mechanical problems, government officials, telecommunications problems, non-availability of routes and/or other travel, geographical or weather conditions and other acts of God and unforeseeable and/or uncontrollable occurrences. The **Insured Person** agrees to release and to hold Underwriters, the **Plan Administrator** and their authorized agents and representatives harmless from, and agrees that Underwriters, the **Plan Administrator** and their authorized agents and representatives shall not be held liable or responsible for any delays, losses, damages, further **Injuries or Illnesses**, or any other claims that arise from or are caused in whole or in part by the acts or omissions of any independent third party contractors or their agents, employees or representatives or that arise from or are caused in whole or in part by any acts, omissions, events or circumstances that are not within the direct and immediate supervision and control of Underwriters, the **Plan Administrator** and/or their authorized agents and representatives.

j. The **Insured Person** further agrees that upon seeking an **Emergency Medical Evacuation**, they will cooperate fully as required under the Claims Cooperation provision contained herein. Failure to so cooperate and/or failure to use or accept **Emergency Medical Evacuation** once it has been arranged by Underwriters or the **Plan Administrator** will require the **Insured Person** to reimburse Underwriters for costs incurred for any **Emergency Medical Evacuation** that was arranged for, but not used by, the **Insured Person**.

Emergency Reunion

1. The cost of a round-trip economy, commercial air or ground transportation ticket for one relative or friend designated by the **Insured Person** for transportation to the terminal serving the area where the **Insured Person** is **Hospitalized** or is to be **Hospitalized** following a covered **Emergency Medical Evacuation**.
2. Reasonable expenses for lodging and meals for the relative or friend, which are incurred in the area where the **Insured Person** is **Hospitalized** for a period not to exceed fifteen (15) days, including travel days.

Subject to all of the following conditions and restrictions:

- a. The **Emergency** Reunion must take place after or during the course of a covered **Emergency Medical Evacuation**.
- b. The **Insured Person** must be so seriously injured or ill that the attending **Physician** deems it necessary and recommends the presence of a relative or friend at the destination of the **Emergency Medical Evacuation**.
- c. All **Emergency** Reunion travel, transportation and accommodation arrangements must be approved in advance by Underwriters (acting through the **Plan Administrator**).
- d. The **Insured Person**, relative or friend must submit to the **Plan Administrator** legible and verifiable copies of all paid receipts for the travel, transportation and accommodation costs and expenses for which reimbursement is sought.

Bedside Visit

1. The cost of a round-trip economy, commercial air or ground transportation ticket for one relative or friend designated by the **Insured Person** for transportation to the terminal serving the area where the **Insured Person** is **Hospitalized** in an **Intensive Care Unit**.

2. Reasonable expenses for lodging and meals for the relative or friend, which are incurred in the area where the **Insured Person** is **Hospitalized** for a period not to exceed ten (10) days, including travel days.

Subject to all of the following conditions and restrictions:

- a. The **Insured Person** must be **Hospitalized** in an **Intensive Care Unit** for treatment of a life-threatening **Injury** or **Illness** which is covered hereunder, for a period expected to exceed three (3) days.
- b. The **Insured Person** must be so seriously ill that the attending **Physician** deems it necessary and recommends the presence of a relative or friend.

<p>c. All Bedside Visit travel, transportation and accommodation arrangements must be approved in advance by Underwriters (acting through the Plan Administrator).</p> <p>d. The Insured Person, relative or friend must submit to the Plan Administrator legible and verifiable copies of all paid receipts for the travel, transportation and accommodation costs and expenses for which reimbursement is sought.</p>
Repatriation of Mortal Remains or Local Burial or Local Cremation
<p>1. Air or ground transportation of bodily remains or ashes of the deceased Insured Person to the airport or ground transportation terminal nearest to the Principal Residence of the deceased Insured Person.</p> <p>2. Reasonable costs of preparation of the bodily remains necessary for transportation; or</p> <p>3. Reasonable costs of preparation of the bodily remains necessary for Local Burial or Cremation at the place of death, in accordance with the commonly accepted cultural and religious beliefs practiced by the Insured Person, but excluding costs for religious practitioners, flowers, music, food or beverages.</p>
Subject to all of the following conditions and restrictions:
<p>a. The death of the Insured Person must occur as a result of an Injury or Illness that is covered under this insurance.</p> <p>b. The death of the Insured Person must occur outside the Insured Person's Home Country, and during the Certificate Period.</p> <p>c. All Repatriation of Remains or Local Burial or Cremation expenses must be approved in advance by Underwriters (acting through the Plan Administrator).</p> <p>d. By acceptance of the Certificate and request for Repatriation of Remains benefits hereunder, the Insured Person, and all heirs and representatives of the Insured Person's estate, understands, acknowledges and agrees that the timeliness, duration and occurrences during, and outcome of a Repatriation of Remains can be directly and indirectly affected by events and/or circumstances which are not within the supervision or control of Underwriters including, without limitation, the availability of trained personnel and equipment necessary for preparation of bodily remains, availability of competent transportation equipment, supplies and/or staff of third party contractors, delays or restrictions on flights or other modes or means of transportation caused by mechanical problems, government officials, telecommunications problems, non-availability of routes and/or other travel, geographical or weather conditions and other acts of God and unforeseeable and/or uncontrollable occurrences. The Insured Person, and all heirs and representatives of the Insured Person's estate, agrees to release and to hold Underwriters, the Plan Administrator and their authorized agents and representatives harmless from, and agrees that Underwriters, the Plan Administrator and their authorized agents and representatives shall not be held liable or responsible for any delays, losses, damages or any other claims that arise from or are caused in whole or in part by the acts or omissions of any independent third party contractors or their agents, employees or representatives or that arise from or are caused in whole or in part by any acts, omissions, events or circumstances that are not within the direct and immediate supervision and control of Underwriters, the Plan Administrator and/or their authorized agents and representatives.</p>
Return of Minor Children
<p>1. The cost of a one-way economy commercial air or ground transportation ticket for each minor child (under age 17) who is traveling with the Insured Person, for transportation to the terminal serving the area where the minor child(ren) permanently reside(s); and</p> <p>2. Transportation and reasonable fees for a chaperone, approved by the Insured Person, to accompany the minor child(ren), if necessary and required by the airline for their safety.</p>
Subject to all of the following conditions and restrictions:
<p>3. Conditions and Restrictions - Underwriters will provide Return of Minor Child(ren) benefits only when all of the following conditions are met:</p> <p>a. The Insured Person must be either deceased with death resulting from a covered Illness or Injury or Hospitalized as an Inpatient for treatment of a covered Injury or Illness.</p>

b. The Insured Person must be traveling outside of their Home Country , alone with the minor child(ren), who would otherwise be left unattended upon their Hospitalization or death.
c. The Return of Minor Child(ren) must occur during the Insured Person's Hospitalization if applicable.
d. All Return of Minor Child(ren) expenses must be approved in advance by Underwriters (acting through the Plan Administrator).
e. The value of the unused commercial airline ticket(s) possessed by or for the benefit of the child(ren) at the time of the Insured Person's Hospitalization or death will be deducted from the Return of Minor Child(ren) benefit.
f. Underwriters will not provide any coverage for expenses incurred by the Insured Person and/or by the child(ren) for a return trip to the original location of the child(ren) at the time of the Hospitalization or death of the Insured Person .
g. The Insured Person understands that the safety of minor child(ren) before, during and after transportation is Underwriters' and the Plan Administrator's highest priority; however, the Insured Person , and all heirs and representatives of the Insured Person's estate, agrees to release and to hold Underwriters, the Plan Administrator and their authorized agents and representatives harmless from, and agrees that the Underwriters, the Plan Administrator and their authorized agents and representatives shall not be held liable or responsible for any delays, losses, damages, Injuries , Illnesses or any other claims that arise from or are caused in whole or in part by the acts or omissions of any independent third party contractors or their agents, employees or representatives or that arise from or are caused in whole or in part by any acts, omissions, events or circumstances that are not within the direct and immediate supervision and control of Underwriters, the Plan Administrator and/or their authorized agents and representatives

Emergency Pet Transportation

1. The cost of a one-way economy commercial air or ground transportation ticket for one **Domestic Dog** or **Domestic Cat** which is owned by and traveling with the **Insured Person**, for transportation to the terminal service the area of the **Insured Person's Principal Residence**

Subject to all of the following conditions and restrictions:

- a. The **Insured Person** must be **Hospitalized** as an **Inpatient** outside of their **Home Country** for a covered **Illness** or **Injury** and such **Hospitalization** is expected to exceed three (3) days during which the pet would otherwise be left unattended;
- b. The death of the **Insured Person** must occur outside of their **Home Country** and result in the pet being left unattended for a period expected to exceed three (3) days; provided the death of the **Insured Person** results from an **Injury** or **Illness** which is covered hereunder.
- c. The **Insured Person** must be at least eighteen (18) years of age and traveling alone with the pet.
- d. The pet must have been owned by and resided with the **Insured Person** for at least six (6) months prior to the **Certificate Effective Date**.

Trip Interruption

1. The cost of a one-way commercial air or ground transportation ticket of the same class as the **Insured Person's** unused return travel ticket, for transportation from their location when they learn of the substantial destruction of their **Principal Residence** resulting from fire or **Natural Disaster** to the terminal serving the area of their **Principal Residence**; or

2. The cost of a one-way commercial air or ground transportation ticket of the same class as the **Insured Person's** unused return travel ticket, for transportation from their location when they learn of the unexpected death of an immediate **Family** member (spouse, child, parent or sibling) to the terminal serving the area of the deceased person's funeral or place of burial.

Subject to all of the following conditions and restrictions:

- a. The **Insured Person** must be outside their **Home Country** upon learning of the substantial destruction of their **Principal Residence** or the unexpected death of the immediate **Family** member.

b. The destruction or death must occur during the Certificate Period.
c. The value of any unused ticket held by the Insured Person will be deducted from the Trip Interruption benefit.
Natural Disaster Evacuation and Repatriation
1. Reasonable expenses for transportation of the Insured Person to a place of safety based on the most appropriate and economical means of travel consistent under the circumstances of the Insured Person 's health and safety; and
2. reasonable lodging expenses for the Insured Person for a maximum of three (3) days if the Insured Person is delayed at the place of safety; and
3. the cost of a one-way commercial air or ground transportation ticket of the same class as the Insured Person 's unused return travel ticket, for transportation from the place of safety or from the location of the origination of the Natural Disaster to the terminal serving the Insured Person 's Principal Residence , less the value of any unused tickets.
Subject to all of the following conditions and restrictions:
a. The Natural Disaster Evacuation must have been ordered and mandated by the recognized governmental authorities having jurisdiction over the location of the Insured Person 's location within the Host Country .
b. The Insured Person must be unable to leave the Host Country location by normal means, including but not limited to changing an existing Common Carrier reservation to arrange for an earlier return due to the Natural Disaster .
c. The Insured Person must be unable to obtain commercial transportation within the Host Country to travel to the nearest safe location in a time period that would (i) reasonably avoid Injury , and (ii) comply with the time allowed to leave the Host Country location pursuant to the orders of the recognized government of the Host Country or the US Embassy .
d. The Insured Person 's location in the Host Country must be deemed uninhabitable by Underwriters.
e. The Insured Person must contact the Plan Administrator as soon as reasonably possible after the Host Country has issued an official evacuation order.
f. Natural Disaster Evacuations and Repatriations must be approved in advance by Underwriters (acting through the Plan Administrator).
g. By acceptance of the Certificate and request for Natural Disaster Evacuation and Repatriation benefits hereunder, the Insured Person understands, acknowledges and agrees that timeliness, duration and occurrences during, and outcome of a Natural Disaster Evacuation can be directly and indirectly affected by events and/or circumstances which are not within the supervision or control of Underwriters, nor of the Plan Administrator , including, without limitation, the availability, limitations, physical condition, reliability, maintenance and training schedules, procedures and performance or non-performance of available transportation equipment, supplies and/or staff of third party contractors, delays or restrictions on flights or other modes or means of transportation caused by mechanical problems, government officials, telecommunications problems, non-availability of routes and/or other travel, geographical or weather conditions and other acts of God and unforeseeable and/or uncontrollable occurrences. The Insured Person agrees to release and to hold Underwriters, the Plan Administrator and their authorized agents and representatives harmless from, and agrees that the Underwriters, the Plan Administrator and their authorized agents and representatives shall not be held liable or responsible for any delays, losses, damages, Injuries or Illnesses , or any other claims that arise from or are caused in whole or in part by the acts or omissions of any independent third party contractors or their agents, employees or representatives or that arise from or are caused in whole or in part by any acts, omissions, events or circumstances that are not within the direct and immediate supervision and control of Underwriters, the Plan Administrator and/or their authorized agents and representatives.
h. The Insured Person further agrees that upon seeking a Natural Disaster Evacuation and Repatriation, they will cooperate fully as required under the Claims Cooperation provision contained herein. Failure to so

cooperate and/or failure to use or accept **Natural Disaster** Evacuation and Repatriation once it has been arranged by the Underwriters or the **Plan Administrator** will require the **Insured Person** to reimburse the Underwriters for costs incurred for any **Natural Disaster** Evacuation that was arranged for, but not used by, the **Insured Person**.

i. In no event will **Natural Disaster** Evacuation and Repatriation expenses be paid if, prior to the **Insured Person**'s arrival, **Natural Disaster** evacuation has been ordered and mandated by the recognized governmental authorities having jurisdiction over the location of the **Insured Person**'s location within the **Host Country**.

Political Evacuation and Repatriation

1. Reasonable expenses for transportation of the **Insured Person** to a place of safety based on the most appropriate and economical means of travel consistent under the circumstances of the **Insured Person**'s health and safety; and

2. reasonable lodging expenses for the **Insured Person** for a maximum of three (3) days if the **Insured Person** is delayed at the place of safety; and

3. the cost of a one-way commercial air or ground transportation ticket of the same class as the **Insured Person**'s unused return travel ticket, for transportation from the place of safety or from the location of the origination of the **Political Threat**, to the terminal serving the **Insured Person**'s **Principal Residence**, less the value of the original return ticket.

Subject to all of the following conditions and restrictions:

a. The **US** Department of State, Bureau of Consular Affairs or similar government organization of the **Insured Person**'s **Home Country** must order the evacuation of all non-essential government personnel from the area where the **Insured Person** is located.

b. The order of evacuation must pertain to persons from the same **Home Country** as the **Insured Person**.

c. In no event will **Political Evacuation and Repatriation** expenses be paid unless the **US** Department of State issues a Level 3 (reconsider travel), or Level 4 (do not travel) warning concerning **Political Threat** after the **Insured Person** has arrived to the affected location.

d. The **Insured Person** must be unable to leave the **Host Country** location by normal means, including but not limited to changing an existing **Common Carrier** reservation to arrange for an earlier return due to the political environment

e. The **Insured Person** must be unable to obtain commercial transportation within the **Host Country** to travel to the nearest safe location within a time period that would (i) reasonably be expected to avoid **Injury**, and (ii) comply with the time allowed to leave the **Host Country** location pursuant to the orders of the recognized government of the **Host Country** or the **US** Embassy.

f. The **Insured Person** must contact the **Plan Administrator** as soon as reasonably possible after the **Host Country** has issued an official evacuation order.

g. **Political Evacuation and Repatriation** must be approved in advance by Underwriters (acting through the **Plan Administrator**).

h. By acceptance of the **Certificate** and request for **Political Evacuation and Repatriation** benefits hereunder, the **Insured Person** understands, acknowledges and agrees that timeliness, duration and occurrences during, and outcome of a **Political Evacuation and Repatriation** can be directly and indirectly affected by events and/or circumstances which are not within the supervision or control of Underwriters, nor of the **Plan Administrator**, including, without limitation, the availability, limitations, physical condition, reliability, maintenance and training schedules, procedures and performance or non-performance of available transportation equipment, supplies and/or staff of third party contractors, delays or restrictions on flights or other modes or means of transportation caused by mechanical problems, government officials, telecommunications problems, non-availability of routes and/or other travel, geographical or weather conditions and other acts of God and unforeseeable and/or uncontrollable occurrences. The **Insured Person** agrees to release and to hold Underwriters, the **Plan Administrator** and their authorized agents and representatives harmless from, and

agrees that the Underwriters, the **Plan Administrator** and their authorized agents and representatives shall not be held liable or responsible for any delays, losses, damages, **Injuries or Illnesses**, or any other claims that arise from or are caused in whole or in part by the acts or omissions of any independent third party contractors or their agents, employees or representatives or that arise from or are caused in whole or in part by any acts, omissions, events or circumstances that are not within the direct and immediate supervision and control of Underwriters, the **Plan Administrator** and/or their authorized agents and representatives.

i. The **Insured Person** further agrees that upon seeking a **Political Evacuation and Repatriation**, they will cooperate fully as required under the Claims Cooperation provision contained herein. Failure to so cooperate and/or failure to use or accept **Political Evacuation and Repatriation** once it has been arranged by the Underwriters or the **Plan Administrator** will require the **Insured Person** to reimburse the Underwriters for costs incurred for any **Political Evacuation and Repatriation** that was arranged for, but not used by, the **Insured Person**.

j. In no event will **Political Evacuation and Repatriation** expenses be paid if, prior to the **Insured Person's** arrival, evacuation has been ordered and mandated by the recognized governmental authorities having jurisdiction over the location of the **Insured Person's** location within the **Host Country**.

LUMP SUM BENEFITS

Subject to the limits set forth in the Schedule, and subject to all other terms, clauses, conditions, provisions and Exclusions contained herein, Underwriters will pay the following benefits incurred by an **Insured Person** during the **Certificate Period**.

Accidental Death

The Principal Sum indicated in Schedule will be paid to the **Insured Person's** beneficiary. The beneficiary is the individual designated as such in the **Insured Person's Application/Enrollment**. For **Insured Persons** aged 18 years and older who do not designate a beneficiary, the beneficiary is automatically as follows: 1) Spouse (if any), 2) Children (if any) equally, 3) Estate of the **Insured Person**. For **Insured Persons** who are under age eighteen (18) who do not designate a beneficiary on their **Application**, the beneficiary is automatically as follows: 1) Custodial parent(s) (if any), 2) Siblings (if any) equally, 3) Estate of the **Insured Person**.

Subject to all of the following conditions and restrictions:

1. The death of the **Insured Person** must result from an **Accident** which occurs during the **Certificate Period**.
2. The death of the **Insured Person** must occur within sixty (60) days of the **Accident**.
3. The **Accidental Death** must result directly and independently of all other causes, from an **Accidental Injury** which is unintended, unexpected and unforeseen, and the **Injury** must be the sole cause of death and must be evidenced by a visible contusion or wound, except in the case of **Accidental** drowning.

Accidental Dismemberment

The Principal Sum indicated in Schedule will be paid to the **Insured Person**.

Subject to all of the following conditions and restrictions:

1. The **Accidental Dismemberment** of the **Insured Person** must result from an **Accident** which occurs during the **Certificate Period**.
2. The **Accidental Dismemberment** of the **Insured Person** must occur within sixty (60) days of the **Accident**.
3. The **Accidental Dismemberment** must result, directly and independently of all other causes, from an **Injury** which is unintended, unexpected and unforeseen, and the **Injury** must be the sole cause of the **Accidental Dismemberment**.

Common Carrier Accidental Death

The Lump Sum Benefit indicated in the Schedule will be paid to the **Insured Person's** beneficiary. The beneficiary is the individual designated as such in the **Insured Person's Application/Enrollment**. For **Insured Persons** aged 18 years and older who do not designate a beneficiary, the beneficiary is automatically as follows:

(1) Spouse (if any), (2) Children (if any) equally, (3) Estate of the **Insured Person**. For **Insured Persons** who are under age eighteen (18) who do not designate a beneficiary on their **Application**, the beneficiary is automatically as follows: (1) Custodial parent(s) (if any), (2) Siblings (if any) equally, (3) Estate of the **Insured Person**.

Subject to all of the following conditions and restrictions:

1. The death of the **Insured Person** must result from an **Accident** while they are traveling on a **Common Carrier**.
2. The death of the **Insured Person** must result from an **Accident** which occurs during the **Certificate Period**.
3. The death of the **Insured Person** must occur within sixty (60) days of the **Common Carrier Accident** and must result directly and independently of all other causes, from an **Injury** which was sustained during the **Common Carrier Accident**. The **Injury** must be the sole cause of death.
4. **Common Carrier Accidental Death** benefits shall not exceed the amount indicated in the Schedule per **Family** involved in the same **Accident**.

Hospital Indemnity

The amount indicated in Schedule will be paid to the **Insured Person**.

Subject to all of the following conditions and restrictions:

1. The **Hospitalization** must occur outside the **Insured Person's Home Country**.
2. The **Insured Person** must be admitted as an **Inpatient** for treatment of a covered **Injury** or **Illness**.
3. The daily benefit shall be calculated and based on each full 24-hour period of confinement as an **Inpatient** in a **Hospital** during the **Certificate Period**, not including time spent in **Emergency Room**, and not including any partial 24-hour periods.

PERSONAL PROPERTY

Subject to the limits set forth in Schedule, and subject to all other terms, clauses, conditions, provisions and Exclusions contained herein, Underwriters will pay the following benefits incurred by an **Insured Person**.

Lost Checked Luggage

Cost of contents of Lost Checked Luggage when such luggage was permanently lost in transit by a **Common Carrier**.

Subject to all of the following conditions and restrictions:

1. The **Insured Person** must submit a copy of the **Common Carrier**'s claim form and such other documentation as Underwriters may reasonably require as proof that the **Insured Person's** luggage was permanently lost.
2. The **Common Carrier** must first reimburse the **Insured Person** the full amount that it is legally required to pay for Lost Checked Luggage, and proof of such reimbursement must be provided to the **Plan Administrator** by the **Insured Person**.
3. Lost Checked Luggage reimbursements under this insurance will be provided only if and to the extent the amount of the **Insured Person's** loss suffered as a result of the Lost Checked Luggage exceeds the reimbursement by the **Common Carrier**.

PERSONAL LIABILITY

Subject to the limits set forth in Schedule, and subject to all other terms, clauses, conditions, provisions and Exclusions contained herein, Underwriters will pay or reimburse the **Insured Person** for eligible court-entered judgements or settlements approved by Underwriters, arising as a result of or in connection with personal liability incurred by the **Insured Person** for acts, omissions, and other occurrences covered hereunder, for losses or damages solely, directly and proximately caused by the **Insured Person's** negligent acts or omissions during the **Certificate Period** that result in the following:

1. **Injury** to a third person occurring during the **Certificate Period**; or

<p>2. Damage or loss to a third person's personal property during the Certificate Period.</p> <p>Subject to all of the following conditions and restrictions:</p>
<p>a. The Insured Person must notify Underwriters within thirty (30) days of any act, omission, or occurrence that may create or impose any personal liability upon them and, also, within thirty (30) days of the Insured Person's initiation or receipt of service of any actual or threatened lawsuit, Notice of Claim, or proceeding filed or threatened to be filed against the Insured Person with respect to same. Such notification(s) to Underwriters shall include a recitation of all circumstances, facts, and known or presumed causes of any loss or damage and a description of the nature and approximate amount of any damages suffered by any third person. In addition, immediately upon receipt thereof, the Insured Person must provide Underwriters with copies of any pleadings, complaints, lawsuits, petitions, demand letters, notices, orders, summonses, subpoenas, opinions, briefs, motions, letters from opposing counsel, and any other documents or papers with respect to any such lawsuit or proceeding that are received or issued by, addressed to or from, remitted to or by, or served by or upon the Insured Person or the Insured Person's counsel. Any failure to so notify or provide papers or documents to Underwriters in strict accordance with the foregoing shall be deemed to be and will result in a forfeiture and waiver of any and all benefits, claims, or coverages otherwise provided hereunder.</p>
<p>b. Underwriters shall have the absolute right and authority without further consent or approval by the Insured Person to intervene in its own name and on its own behalf as a party in interest with respect to any lawsuit, civil action, or other proceeding in which the Insured Person is involved and for which Underwriters may have exposure for coverage or benefits under insurance and shall be entitled to fully participate, receive due and proper notice of all matters, and have an opportunity to be heard with respect to all issues, controversies, and other proceedings or hearings of any kind.</p>
<p>c. With respect to any personal liability for which the Insured Person is or may become jointly or jointly and severally liable with other third persons or relatives, Underwriters shall be fully subrogated to all rights of contribution, indemnity, recoupment, and recovery of proportional shares from other joint tort-feasors whose negligence contributed in whole or in part to the subject Injury or loss and who are or may also be liable to the Insured Person or the injured/damaged person.</p>
<p>d. As a condition precedent to any liability or obligation of Underwriters to provide coverages or benefits for personal liability under this insurance, no settlement, compromise, accord, admission of fault or liability, default, default judgment, waiver, release, indemnity, hold harmless, or other concession of any kind shall be given, made, committed, allowed, granted, or agreed to by or on behalf of the Insured Person to any third person or relative without the prior express written approval and consent of Underwriters, and any failure to comply with this condition precedent shall void, waive, and forfeit all coverage for personal liability under this insurance.</p>
<p>e. Underwriters shall not be liable or obligated to provide any coverage or benefits or to pay or reimburse any claim, damage, or loss under this insurance for and no coverage or benefits shall be eligible or available under this provision with respect to any legal fees, legal costs or expenses, or for any personal Injury or property damage claims, liability awards or judgments in the event there exists any other insurance, insurance fund, membership benefits, workers' or workplace compensation coverage program or other similar governmental program, reimbursement or indemnification coverage, right of contribution, recoupment or recovery, contract, or any other third-party obligation or liability for provision of benefits ("Primary Coverage") which would or would, but for the existence of this insurance, be available or obligated to provide such benefit or to pay or reimburse or provide indemnity for such claim, damage, or loss except in respect of any excess beyond the amount payable or provided under such primary coverage had this insurance not been effected. Further, Underwriters shall not be liable or obligated to provide any benefit or to pay or reimburse any claim for Injury, loss, or damage to the extent coverage for same is furnished or provided by any program or agency funded or controlled by any government or government authority.</p>
<p>f. No third person is intended to have, shall be deemed or construed to have or shall have any rights or interest as a "third-party beneficiary" under this insurance, and any allegation or assertion of an such status or any direct</p>

claim or other attempt to legally enforce alleged rights by such third person against Underwriters or the **Plan Administrator** based on any allegation or assertion of any such status, shall be subject to summary dismissal. Notwithstanding any law, statute, judicial decision, or rule to the contrary which may be or may purport to be otherwise applicable within the jurisdiction, locale or forum state the **Insured Person** or third person or the situs of any alleged personal **Injury**, property damage or other loss, no transfer or assignment of any of the **Insured Person's** rights, benefits or interests under this **Certificate**, and no transfer or assignment of the **Insured Person's** rights, benefits, or interests under this provision as a beneficiary thereof, shall be valid, binding on, or enforceable against Underwriters or the **Plan Administrator** unless first expressly agreed and consented to in writing by Underwriters, which agreement and/or consent may be refused and/or withheld for any or no reason at the sole discretion of Underwriters. Any such purported transfer or assignment not in strict compliance with the foregoing provisions of this insurance shall be void ab initio and without effect as against Underwriters and the **Plan Administrator** and any assertion or claim of same shall be subject to summary dismissal, and Underwriters and the **Plan Administrator** shall have no liability of any kind under this insurance to any such purported transferee or assignee with respect thereto.

g. Underwriters will consider paying or advancing, but without any obligation or contractual duty to do so, up to \$2,500 to the **Insured Person** or for the **Insured Person's** benefit to settle and compromise an asserted claim against the **Insured Person** arising from personal **Injury** or property damage so long as (i) the asserted claim is one that may be eligible for coverage under this insurance and is not expressly excluded; (ii) a lawsuit has not yet been filed, or, if already filed, an answer or other response has not yet been filed thereto; (iii) you obtain a full written release and/or covenant-not-to-sue upon such terms and conditions as are satisfactory to Underwriters in their sole discretion; (iv) a full Proof of Claim, medical bills, Claimant Questionnaires, and such other documentation is provided to Underwriters in form and substance satisfactory to them; and (v) the **Insured Person** first pays the **Deductible** as stated in Schedule for such **Injury** or loss.

OPTIONAL BENEFITS

In consideration of additional premium, and subject to all terms, clauses, conditions, provisions and Exclusions contained herein, the following options are available if selected by the **Participating Organization** or **Insured Person** and indicated in Schedule.

Adventure Sports

1. Eligible Medical Expenses

2. Eligible Transportation Expenses

Personal Equipment

Underwriters will pay the **Actual Cash Value** of **Covered Personal Equipment** which are permanently lost while traveling on a **Common Carrier** or stolen from the **Insured Person**.

Subject to all of the following conditions and restrictions:

1. In the event **Covered Personal Equipment** is permanently lost while traveling on board a **Common Carrier**, the **Insured Person** must:

a. Submit a copy of the **Common Carrier's** claim form and such other documentation as Underwriters may reasonably require as proof that the **Insured Person's** **Covered Personal Equipment** was permanently lost; and
b. The **Common Carrier** must first reimburse the **Insured Person** the full amount that it is legally required to pay for lost **Covered Personal Equipment**, and proof of such reimbursement must be provided to the **Plan Administrator** by the **Insured Person**; and

c. Lost **Covered Personal Equipment** reimbursements under this insurance will be provided only if and to the extent the **Actual Cash Value** of the **Covered Personal Equipment** exceeds the amount of any reimbursement by the **Common Carrier**.

<p>2. In the event the Covered Personal Equipment is stolen from the Insured Person, they must submit a formal police report, made by authorities with jurisdiction over the location of the theft, and made at the time the theft was discovered by the Insured Person, which identifies the stolen Covered Personal Equipment and the circumstances surrounding the theft. In the event no police report is available, no benefit will be paid.</p> <p>3. The Insured Person must submit evidence of the original purchase price and original purchase date of any Covered Personal Property. Covered Personal Property purchased from friends or relatives of the Insured Person, provided to the Insured Person at no cost to them, or rented or loaned to the Insured Person are not covered under this insurance.</p>
Marine Activities Option
<p>1. Underwriters will provide Eligible Medical Expenses and Eligible Transportation Expenses resulting from the Insured Person's participation in Covered Water Sports.</p> <p>2. Underwriters will provide personal property coverage in respect to Covered Scuba Equipment which is permanently lost while traveling on board a Common Carrier or stolen from the Insured Person while outside their Home Country.</p>
Subject to all of the following conditions and restrictions:
<p>a. In the event Covered Scuba Equipment is permanently lost while traveling on board a Common Carrier, the Insured Person must: submit a copy of the Common Carrier's claim form and such other documentation as Underwriters may reasonably require as proof that the Insured Person's Covered Scuba Equipment was permanently lost.</p> <p>b. The Common Carrier must first reimburse the Insured Person the full amount that it is legally required to pay for lost Covered Scuba Equipment, and proof of such reimbursement must be provided.</p> <p>c. Lost Covered Scuba Equipment reimbursements under this insurance will be provided only if and to the extent the Actual Cash Value of the Covered Scuba Equipment exceeds the amount of any reimbursement by the Common Carrier.</p>
<p>3. In the event the Covered Scuba Equipment is stolen from the Insured Person, they must submit a formal police report, made by authorities with jurisdiction over the location of the theft, and made at the time the theft was discovered by the Insured Person, which identifies the stolen Covered Scuba Equipment and the circumstances surrounding the theft. In the event no police report is available, no benefit will be paid.</p> <p>4. The Insured Person must submit evidence of the original purchase price and original purchase date of any Covered Scuba Equipment. Covered Scuba Equipment purchased from friends or relatives of the Insured Person or provided to the Insured Person at no cost is not covered.</p>

CLAIMS
Notice of Claim
<p>The Insured Person is responsible for ensuring timely and complete Notice of Claim is provided to the Plan Administrator. Notice of Claim may be provided by mail, email or fax to the Plan Administrator at the address indicated on the Insured Person's identification card and must be submitted as soon as possible but no later than ninety (90) days from the date the service is provided or supply purchased. Failure to comply with this provision may result in claim delay or denial.</p>
<p>When the Plan Administrator receives Notice of Claim, it will provide the Insured Person with the required claim forms and other documents.</p>
Proof of Claim
<p>The Insured Person is responsible for ensuring timely and complete Proof of Claim is submitted to the Plan Administrator within 180 days of the date the service is provided or supply purchased. Documents may be submitted electronically however Underwriters may, at their discretion, require originals. Proof of Claim consists of the following.</p>

1. Claimant Questionnaires, Statements and Authorization forms, completed, signed and including all required attachments. Forms that are unsigned, incomplete, or lacking required attachments will not be considered Proof of Claim.
2. Itemized bills from Physicians, Hospitals and other Medical Providers .
3. Any other documents or information the Plan Administrator may reasonably require, including without limitation, copies of visas, passports and other travel documents and medical records from current and/or past providers as needed to validate any claim and the amount of such claim.
4. Receipts for any costs, fees or expenses that have been paid by or on behalf of the Insured Person including receipts for any cash and/or credit card payments. Such receipts must include the name of the Insured Person , full name, address and telephone number of the provider, date of service or purchase, description of service or purchase, and diagnosis, if applicable. Illegible receipts or those that do not include the above information are not eligible for reimbursement.
5. All receipts for the purchase of any property and/or equipment, if applicable.
6. If the Plan Administrator is unable to make a benefit determination or payment based on the above items, they may require additional information or documentation from the Insured Person and/or their Physician, Hospital, Medical Provider and other service providers. The Insured Person and/or their Physician, Hospital, Medical Provider and other service providers shall have ninety (90) days from the date the Plan Administrator makes such request, to submit the requested information or documentation, even if such ninety (90) day period extends beyond the initial one hundred eighty (180) days.
7. Underwriters may, at their sole option, suspend adjudication and/or resolution of submitted claims and may deny coverage of any claim due to any of the following: a. An incomplete Proof of Claim; and/or b. Failure to submit Proof of Claim; and/or c. Failure to submit Proof of Claim within the required time frame indicated above.

US Preferred Medical Provider Network

1. Underwriters, via the Plan Administrator , endeavor to maintain contractual arrangements with one or more independent Preferred Provider Organizations (PPO) that have established and maintain networks of US-based Physicians, Hospitals and other Medical Providers who are contracted separately and directly with the PPO and who may provide re-pricings, discounts or reduced charges for services and/or supplies provided to the Insured Person . Neither Underwriters nor the Plan Administrator have any authority or control over the operations or business of the PPO, or over the operations or business of any provider within the PPO network. Neither the PPO, nor any provider within the PPO network, nor any of their respective agents, employees or representatives has or shall have any power or authority whatsoever to act for or on behalf of Underwriters or the Plan Administrator in any respect. It is not a requirement of this insurance that the Insured Person seek services or supplies exclusively from a provider within the independent PPO network.
2. Freedom of choice - Nothing contained in this insurance restricts or interferes with the Insured Person's right to select the Hospital, Physician, or other Medical Provider of their choice. Nothing contained in this insurance restricts or interferes with the relationship between the Insured Person and the Hospital, Physician or other Medical Providers with respect to treatment of any condition, or the right of any Insured Person to receive, at their own expense, services and/or supplies that are not covered under this insurance.
3. Reduction of benefits - The Insured Person's use or non-use of the PPO network may affect the scope and extent of benefits available under this insurance, as described in Schedule. An Insured Person may contact the Plan Administrator and request a PPO directory for the area where they will be receiving medical care or may visit the Plan Administrator's website to obtain such information.

Pre-certification

1. Pre-certification is a general determination of Medical Necessity only, and all such determinations are made by Underwriters (acting through the Plan Administrator) in reliance and based upon the completeness and
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accuracy of the information provided by the **Insured Person** and/or their relatives, and/or guardian and/or medical service and/or supply providers at the time of Pre-certification. Underwriters reserve the right to challenge, dispute and/or revoke a prior determination of **Medical Necessity** based upon subsequent information obtained. Pre-certification is not an assurance, authorization, preauthorization, verification of coverage, verification of benefits, or a guarantee of payment. The fact that services or supplies are Pre-certified does not guarantee the payment of benefits, the availability of coverage, or the amount of or eligibility for benefits. Underwriters' consideration and determination of a Pre-certification request, as well as any subsequent review or adjudication of all medical claims submitted in connection therewith, shall remain subject to all of the terms, conditions, provisions and Exclusions of this insurance. Any consideration or determination of a Pre-certification request shall not be deemed or considered as Underwriters approval, authorization or ratification of, recommendation for, or consent to any diagnosis or proposed course of treatment. Neither Underwriters nor the **Plan Administrator** (nor anyone acting on their respective behalves) has any authority or obligation to select **Physicians, Hospitals** or other **Medical Providers** for the **Insured Person**, or to make any diagnosis or medical treatment decisions on behalf of the **Insured Person** and all such decisions must be made solely and exclusively by the **Insured Person** and/or their **Family** members or guardians, treating **Physicians** and **Medical Providers**. If the **Insured Person** and their **Medical Providers** comply with the Pre-certification requirements contained in this provision, and the treatment or supplies are Pre-certified as **Medically Necessary**, Underwriters will reimburse the **Insured Person** for **Eligible Medical Expenses** up to the amount shown in this Master Policy.

2. The following medical expenses must always be Pre-certified before admission or receiving services and/or supplies:

Inpatient care	Surgery or Surgical Procedure	Care in Extended Care Facility
Home Nursing Care	Hospice care	Durable Medical Equipment
Computerized Tomography (CAT Scan, CT Scan)	Magnetic Resonance Imaging (MRI)	Ultrasound
Positron emission tomography scan (PET)	Chemotherapy/Radiation Therapy	Interfacility Ambulance Transfer
Physical Therapy		

3. To comply with the Pre-certification requirements, the **Insured Person** must:

- contact the **Plan Administrator** at the telephone number or electronic address indicated on the **Insured Person's** identification card as soon as possible before the expense is to be incurred; and
- comply with the instructions of the **Plan Administrator** and submit any information or documents they require; and
- notify all **Physicians, Hospitals** and other **Medical Providers** that this insurance contains Pre-certification requirements and ask them to fully cooperate with Underwriters and the **Plan Administrator**.

4. If the **Insured Person** and/or their **Medical Providers** do not comply with the Pre-certification Requirements and/or the expenses are not Pre-certified,

- Eligible Medical Expenses** will be reduced by 50%; and
- The **Deductible**, if applicable, will be subtracted from the remaining amount; and
- Co-pays**, if applicable, will be subtracted from the remaining amount; and
- Coinsurance**, if applicable, will be applied.

5. In the event of an **Emergency Hospital** admission, Pre-certification must be made within forty-eight (48) hours after the admission, or as soon as is reasonably possible but no later than one week thereafter.

6. For **Inpatient** stays of any kind, Underwriters will Pre-certify a limited number of days of confinement. Additional days of **Inpatient** confinement may later be Pre-certified based on **Physician** recommendations and **Medical Necessity**.

7. If the **Insured Person** disagrees with a Pre-certification decision, they may in writing ask Underwriters (through the **Plan Administrator**) to reconsider the decision and may supply additional documentation to support the Appeal. Underwriters may reconsider their decision based on review of the additional documentation and facts, if any. Underwriters will advise the **Insured Person** of their decision within a reasonable time frame following receipt of additional documentation and facts.

Patient Advocacy

Neither Underwriters nor the **Plan Administrator** shall have any right, obligation or authority of any kind to ultimately select **Physicians, Hospitals, Medical Providers** or other providers of services and/or supplies for the **Insured Person**, or to make any medical treatment decisions for or on behalf of the **Insured Person**, and all such decisions shall be made solely and exclusively by the **Insured Person** and/or their guardians, relatives, **Physicians** and other **Medical Providers**. Subject to the foregoing, Underwriters may determine that a particular claim or diagnosis occurring under this insurance may be placed under the Patient Advocacy program to ensure that **Medically Necessary** services and supplies are provided in the most cost-effective manner and setting. In the event Underwriters determine that a claim or diagnosis meets the Patient Advocacy program guidelines, they will notify the **Insured Person**, and a Patient Advocate will be assigned to the **Insured Person**. Thereafter, the Patient Advocate may make recommendations of alternative treatment settings and/or procedures and/or supplies, which may be more cost-effective for Underwriters and/or the **Insured Person**. Such recommendations will be made with input from the **Insured Person** and/or the **Insured Person's** guardian(s), relative(s), **Physician(s)** and/or other **Medical Providers** and will be made only when it can be reasonably demonstrated that the **Medically Necessary** services and supplies can be provided in a more cost-effective manner to Underwriters and/or the **Insured Person**. Underwriters will use best efforts to evaluate and recommend alternative treatment settings and/or procedures and/or supplies, which can reasonably be expected to result in the same or better care of the **Insured Person**. The **Insured Person** is under no obligation to accept or follow any of the Patient Advocate's recommendations. However, if the **Insured Person** accepts and follows any of the Patient Advocate's recommendations, the **Insured Person** agrees to hold Underwriters, the **Plan Administrator**, and their agents and representatives, including without limitation the Patient Advocate, harmless, and Underwriters shall not be held liable or otherwise responsible for any treatment, service or supply provided to the **Insured Person** except for the payment of claims eligible for coverage under this insurance. After the **Insured Person** has been notified that the claim or diagnosis meets the Patient Advocacy program guidelines, Underwriters reserve the right, at their option and sole discretion, and without liability to:

1. make payment for treatments, services and/or supplies, including without limitation payment for medical repatriation expenses, which are not covered under this insurance, but which may be beneficial to the **Insured Person** and/ or cost effective to Underwriters; and/or
2. deny coverage for expenses, including without limitation **Eligible Medical Expenses**, otherwise eligible for coverage but for the terms of this provision, which exceed the amount Underwriters would have paid had the **Insured Person** followed the recommendations of the Patient Advocacy program, and/or
3. deny coverage for any expenses whatsoever incurred on or after the date of the medical repatriation recommended by Underwriters.
4. Medical repatriation expenses include the following:
 - a. The cost of a one-way commercial air or ground transportation ticket for the **Insured Person**, for transportation to the terminal serving the area where the **Insured Person** resides in their **Home Country**.
 - b. The cost of reasonable and necessary travel assistance services and supplies to assure the **Insured Person's** safety during transportation, including without limitation accompanying medical personnel, medical equipment and mobility devices.

Claims Cooperation

The **Assured**, the **Insured Person** and their **Physician(s)**, **Hospital(s)**, other **Medical Providers** and all other providers of services and/or supplies shall cooperate fully with Underwriters and the **Plan Administrator** in

reviewing, investigating, adjudicating, considering an Appeal of and/or administering any claim under this insurance, including granting full right of access to all related records, medical documentation, medical histories, reports, laboratory or test results, x-rays and all other available evidence relating to or affecting the claim. Underwriters, at their option, may suspend or pend adjudication of a claim and/or may deny a claim or coverage for a claim when any of the following has occurred:

1. Refusal to so cooperate
2. An unreasonable delay in such cooperation
3. Any other act or omission on the part of the **Insured Person** and/or their **Physician(s), Hospital(s), other Medical Providers** and/or other providers of services and/or supplies which hinders, delays, impairs or otherwise prejudices the performance of Underwriters obligations hereunder.

Claims Assistance

In the event of any verbal or telephone inquiry, every attempt will be made to help the **Insured Person** and their **Medical Providers** and other suppliers to understand the status, scope and extent of available benefits and coverage under this insurance, provided, however, that no statement made by any agent, employee or representative of Underwriters or the **Plan Administrator** will be deemed or construed as an actionable representation, promise or an estoppel, or will create any liability against Underwriters or the **Plan Administrator** or be deemed or construed to bind Underwriters or the **Plan Administrator**, or to modify, replace, waive, extend or amend any of the terms, conditions, provisions, restrictions and Exclusions of this Master Policy unless expressly set forth in writing and signed by an officer of Underwriters or the **Plan Administrator**. Actual eligibility determinations, benefit verifications, final coverage decisions, claim adjudications, final payments, reimbursements or benefits or claims shall be determined only after a complete Proof of Claim is submitted, an opportunity for reasonable investigation and/or review is provided, cooperation required hereunder is received, and all facts and supporting information, including relevant medical records, when deemed necessary or appropriate by Underwriters, are presented in writing. Appealed claims may be further investigated and/or reviewed. If a definite answer to a specific benefits or coverage question is required for any reason, the **Insured Person** and or their **Medical Providers** may submit a written request to the **Plan Administrator**, including all pertinent medical information and a statement from the attending **Physician** (if applicable). A written reply will be sent by the **Plan Administrator** and kept on file. If Underwriters, via the **Plan Administrator**, elect to verify generally and/or preliminarily to a **Medical Provider** or an **Insured Person** that an **Injury, Illness**, diagnosis or proposed service, supply or treatment is or may be covered under this insurance, or that benefits for same are or may be available, any such verification does not guarantee either payment of benefits or the amount or eligibility for benefits.

Assignment of Benefits

Subject to agreement by Underwriters, the **Insured Person** may assign benefits under this insurance to a **Hospital, Physician** or other **Medical Provider**. Any such assignment shall not confer upon such **Hospital, Physician** or other **Medical Provider**, any right or privilege granted to the **Insured Person** under this insurance except for the right to receive benefits, if any, which are determined to be due and payable hereunder. No **Hospital, Physician** or other **Medical Provider** shall have any direct or indirect claim or right of action against Underwriters or the **Plan Administrator**

Subrogation

The **Insured Person** shall undertake to pursue in their own name and stead, and to fully cooperate with Underwriters in the pursuit and prosecution of any and all valid claims they may have against any third parties arising out of any occurrence which results or may result in a claim payment by Underwriters, and to fully account to Underwriters for any amounts recovered or recoverable in connection therewith, on the basis that Underwriters shall be entitled to recover first in full any sums paid or to be paid by them before the **Assured** or **Insured Person** shares in any amount so recovered. Should the **Assured** or **Insured Person** fail to prosecute any valid claims against any such third party(ies) and Underwriters thereupon become liable to make payment under

this insurance, then Underwriters shall be fully subrogated to all rights and interests of the **Assured** and **Insured Person**. The **Assured** and **Insured Person** agree to include Underwriters as co-payee on any settlement check or check from any third party or insurer. The **Assured** and **Insured Person** agree that they will not release any party or their insured without prior written approval from Underwriters and will take no action which prejudices Underwriters' rights. Any amount recovered by Underwriters in accordance with this provision shall be used to pay the expenses of collection and reimbursement of Underwriters for any amount that it may have paid or become liable to pay under this insurance. Any remaining amounts shall be paid to the **Insured Person**. In the event the **Insured Person** receives any form or type of settlement and either fails or refuses to abide by the terms of this provision, in addition to any other remedies Underwriters may have, Underwriters retain a right of equitable offset against future claims.

Right of Recovery

Underwriters have the right to recover the amount of overpayment of any claim, from the **Insured Person** and/or the **Hospital, Physician, Medical Provider** or other provider of services or supplies, for any reason, including without limitation, the following:

1. All or some of the expenses were not paid for by or on behalf of the **Insured Person** or were subsequently recovered by or determined to be recoverable by or on behalf of the **Insured Person**.
2. The **Insured Person** and/or any relative of the **Insured Person**, whether or not that relative is or was an **Insured Person**, is repaid or is entitled to be repaid for all or some of any claim paid by Underwriters.
3. All or some of the expenses were not eligible for coverage hereunder.
4. All or some of the expenses were paid or reimbursed based on incorrect or mistaken application of the terms of this insurance.
5. All or some of the claim has been excused, waived, abandoned, forfeited, discounted or released by the provider.
6. The **Insured Person** is not liable or responsible as matter of law for all or part of the claim.
7. The amount of the recovery shall be the difference between: (i) the amount actually paid by Underwriters; and (ii) the amount, if any, which should have been paid by Underwriters. If the **Insured Person** or the **Hospital, Physician, Medical Provider** or other provider of services or supplies does not promptly make any such refund to Underwriters, Underwriters may, in addition to any other rights or remedies available to them (all of which are reserved), either: (i) reduce or deduct from the amount of any future claim that is otherwise eligible for payment hereunder, to the full extent of the refund due Underwriters; and/or (ii) cancel the **Certificate** issued to the **Insured Person** by giving thirty (30) days advance written notice and offset against the amount of any refund of premium due the **Insured Person** to the full extent of the refund due to Underwriters.

Fraudulent Claims

If the **Assured**, the **Participating Organization** or any **Insured Person** makes a fraudulent claim hereunder, Underwriters:

1. Are not liable to pay the claim.
2. May recover from the **Assured** or any **Insured Person** any sums paid by Underwriters to the **Assured** or to or for the benefit of any **Insured Person**, in respect of the claim.
1. May, by notice to the **Assured** and the **Insured Person**, treat the Master Policy, either altogether or, at Underwriters' discretion, only with respect to the **Insured Person**, as having been terminated with effect from the time of the fraudulent act.
2. If Underwriters exercise their right under this provision Underwriters shall not be liable to the **Assured** or **Insured Person** in respect of a relevant event occurring after the time of the fraudulent act. A relevant event is whatever gives rise to Underwriters' liability under this Master Policy (such as the occurrence of a loss, the making of a claim, or the notification of a potential claim) to the **Assured** or any **Insured Person**. Underwriters need not return any of the premiums paid.
3. Nothing in this provision is intended to vary the applicable provisions of the Insurance Act 2015.

Appealing a Claim

1. Time Limit: In the event Underwriters deny all or part of a claim under this insurance, the **Insured Person** shall have ninety (90) days from the date the notice of denial was mailed to the **Insured Person's** last known address, to file a written Appeal with Underwriters. The **Insured Person** must file an Appeal prior to bringing any legal action hereunder with respect to any claim. The written Appeal must include sufficient information to identify the claim under Appeal and must specify the reason(s) for the Appeal with supporting documentation, if applicable.
2. Appeal procedure: Within thirty (30) days of Underwriters' receipt of the Appeal, they will review the claim. Underwriters' review will take into account all comments, documents, records and other information submitted by the **Insured Person** relating to the claim, without regard to whether such information was submitted or considered in the initial claim determination.
4. A written response will be forwarded to the **Insured Person** as soon as reasonably possible, and in any event, within ninety (90) days from receipt of the written Appeal.

EXCLUSIONS

Unless expressly provided for herein, and in addition to all terms, clauses, conditions, restrictions and Exclusions contained herein, all of the following claims, charges, expenses, reimbursements and/or circumstances are expressly excluded from coverage under this insurance and Underwriters shall have no liability or obligation for any coverage thereof or therefor. (All of the following Exclusions may apply to any claim hereunder; category headings are provided for convenient reference purposes only.)

General Exclusions

1. Other Coverage - Underwriters shall not be liable or obligated to provide any coverage or benefits or to pay or reimburse any claims if there is any other insurance, membership benefit, state and/or federal government program (including without limitation Medicare, Medicaid, Veterans Administration and CHAMPUS), right of contribution, recoupment or recovery contract, or any other third- party obligation or liability for provision of benefits ("Other Coverage") which would, or would but for the existence of this insurance, be available or obligated to provide such benefit or to pay or reimburse or provide indemnity for such claim, except where benefit amounts provided under Other Coverage are less than the applicable benefit amount insured hereunder, in which case Underwriters will pay the difference between the benefit amounts provided under Other Coverage and the benefit amount of this insurance, subject always to the applicable **Deductible, Co-pays, Coinsurance** and all other term, clauses, conditions, provisions and Exclusions of this insurance. Underwriters shall not pay any claim in respect to treatment, services or supplies furnished by any program or agency funded by any government.
2. Any **Illness or Injury** when the purpose of traveling to the **Host Country** was to obtain treatment.
3. Services or supplies provided by a member of the **Insured Person's Family** or any person who ordinarily resides with the **Insured Person**.
4. Services or supplies provided at no cost to the **Insured Person** and/or for which the **Insured Person** is not otherwise liable.
5. Treatment of an **Illness or Injury** for which payment is made or available through a workers' compensation law or similar law.
6. Claims of any nature that would expose the Underwriter and/or the **Plan Administrator** to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, United Kingdom or **United States**.
7. Charges which exceed the **Usual, Reasonable and Customary** charge for the service or supply provided.

8. Services or supplies that are not Medically Necessary , whether or not administered by or under the supervision of a Physician , including without limitation products and medications that can be purchased without a Physician's prescription.
9. Incurred by an Insured Person after the Insured Person checks themself out of a Hospital, Emergency Room or other facility against the advice of the treating Physician , or who leaves before reaching the end of Medically Necessary care for that Injury or Illness or any condition related directly or indirectly to or arising from that Injury or Illness . All coverage hereunder with respect to that Injury or Illness shall be forfeited immediately upon the Insured Person's departure from the Hospital, Emergency Room or other facility.
10. Incurred more than thirty (30) days following the date of onset of Illness or date of Injury , unless covered services are incurred for treatment of the Illness or Injury within thirty (30) days following the date of onset of Illness or date of Injury .
11. Elective Treatment
12. Emergency Room treatment of a non- Emergency condition
13. Specialty Medications
14. Surgeries , treatments, services or supplies that are investigational, experimental or for research purposes. These are terms used to describe procedures, services or supplies that are by nature or composition, or are used or applied, in a way which deviates from generally accepted standards of current medical practice.
15. Resulting directly or indirectly, proximately or remotely occasioned by, contributed to or by, traceable to or arising in connection with the Insured Person's active and voluntary planning or coordination of or participation in any Act of Terrorism .
16. Resulting directly or indirectly, proximately or remotely occasioned by, contributed to by, traceable to or arising in connection an Act of War .
17. Resulting directly or indirectly, proximately or remotely occasioned by, contributed to by, traceable to or arising in connection with any use of radiological, chemical, nuclear or biological weapons or any other radiological, chemical, nuclear or biological events of any type (including in connection with an Act of Terrorism).
Pre-existing Condition(s) Exclusions
Resulting from or relating, directly or indirectly, to any Pre-existing Condition , except as described in the Acute Onset of Pre-existing Condition(s) section of this insurance.
Diagnosis-oriented Exclusions
1. Related in any way to birth defects, hereditary conditions and Congenital Disorders , including any conditions arising out of or resulting therefrom.
2. Any service, supply, drug, treatment or procedure, that either diagnosis, promotes or prevents conception, insemination or birth, including without limitation, artificial insemination, contraceptives, treatment for infertility or impotency, vasectomy or reversal of vasectomy, sterilization or reversal of sterilization, surrogacy and abortion.
3. Resulting from or relating, directly or indirectly, to pregnancy, including without limitation, pre-natal care, delivery, post-natal care, care of Newborns , complications of pregnancy, miscarriage, complications of delivery and/or complications related to Newborns .
4. Any service, supply, drug, treatment or procedure that either diagnoses, promotes, enhances or corrects or attempts to diagnose, promote, enhance or correct impotency or sexual dysfunction.
5. Diagnosis and/or treatment of Sexually Transmitted Diseases .
6. Diagnosis and/or treatment of fungal, viral or bacterial skin infection or inflammatory skin conditions, including without limitation, dermatitis, acne, rosacea, hives, rash, eczema, psoriasis, folliculitis, moles, warts, skin tags, herpes (including HSV-1 and HSV-2) carbuncle, furuncle, diseases of sebaceous glands, seborrhea, and hypertrophic and atrophic conditions of skin.

7. Non-Surgical care, diagnosis and/or treatment or supplies for the feet, including without limitation, orthopedic shoes, orthopedic prescription devices to be attached to or placed in shoes, treatment of weak, strained, flat, unstable or unbalanced feet, metatarsalgia, bone spurs, hammer toes or bunions, corns, calluses or toenails. This Exclusion does not apply to treatment of an Injury to the foot due to a covered Accident .
8. Diagnosis and/or treatment of Mental Health Disorders unless expressly herein included.
9. Weight modification or any Inpatient , Outpatient , Surgical Procedure or other treatment of obesity (including morbid obesity), including without limitation, diagnostic tests and procedures, wiring of the teeth, all forms or procedures of bariatric Surgery , by whatever name called, or reversal thereof, including without limitation, intestinal bypass, gastric bypass, gastric banding, vertical banded gastroplasty, biliopancreatic diversion, duodenal switch or stomach reduction or stapling.
10. Any prescription medication that promises weight loss, regardless of the Insured Person's diagnosis.
11. Modifications of the physical body in order to change or improve or attempt to change or improve the psychological, mental or emotional well-being of the Insured Person , including without limitation, sex-change Surgery and Surgery relating to sexual performance or enhancement thereof.
12. Eyeglasses, contact lenses, hearing aids or hearing implants and any diagnostic test or procedure, treatment, service or supply, or examination or fitting related to these devices or for eye refraction for any reason.
13. Orthoptics, visual eye training, and eye Surgery , such as radial keratotomy, when the primary purpose is to correct nearsightedness, farsightedness or astigmatism.
14. Diagnosis and/or treatment of the temporomandibular joint, including without limitation, TMJ syndrome, craniomandibular syndrome, chronic TMJ pain, orthognathic Surgery , Le-Fort Surgery or splint.
14. Routine Physical Exams and treatment, including without limitation, vaccinations, immunizations, annual check-ups, the issue of medical certificates and attestations, and examinations as to suitability for employment, travel or any activity.
15. Diagnosis and/or treatment of Substance Abuse or addiction or conditions that may be attributed to Substance Abuse or addiction and direct consequences thereof.
16. Surgeries , treatments, services or supplies for cosmetic or aesthetic reasons, except for reconstructive Surgery when such Surgery is Medically Necessary and directly related to and/or follows Surgery which was covered hereunder.
17. Diagnosis and/or treatment of any sleep disorder, including without limitation, sleep apnea.
18. Diagnosis and/or treatment of any infection of the urinary tract, including without limitation, infection of the kidney, ureter, bladder, prostate or urethra, and any complication, medical condition or other Illness resulting from or relating, directly or indirectly thereto, that occurs within ninety (90) days of the Certificate Effective Date and that requires treatment of the Insured Person in a Hospital as an Inpatient .
19. Treatment required as a result of complications or consequences of a treatment or condition not covered hereunder.
20. Services, supplies, or treatment for hair loss, including without limitation, wigs, hair transplants or any drug that promises to promote hair growth, whether or not prescribed by a Physician .
21. Organ or tissue or other transplants and/or related services and supplies and for any efforts to keep a donor alive for a transplant procedure.
22. Any artificial or mechanical device designed to replace human organs temporarily or permanently after termination of Inpatient status.
23. Accidental Death and/or Accidental Dismemberment resulting from or relating, directly or indirectly, or where there is a contribution from any of the following: (a) bodily or mental infirmity, Illness or disease; or (b) infection, other than infection occurring simultaneously with and as a direct result of the Accidental Injury .
24. Testing, serologic or otherwise, for the HIV virus, AIDS , and/or AIDS related Illnesses .

25. For an **Insured Person** who was **HIV+** on or before the **Initial Certificate Effective Date**, whether or not the **Insured Person** had knowledge of their **HIV** status prior to the **Certificate Effective Date**, and incurred in relation to or arising or resulting directly or indirectly from the **HIV** virus, **AIDS**, **AIDS** related **Illnesses**, and/or any other **Illness** arising or resulting from any complications or consequences of any of the foregoing.

Provider-oriented Exclusions

1. Cryogenic preservation and implantation or re-implantation of living cells.
2. Telephone consultations, except **Virtual Medicine Consultations** through an approved telemedicine protocol system, or failure to keep a scheduled appointment.
3. Incurred while confined primarily to receive **Custodial Care**.
4. **Educational or Rehabilitative Care**.
5. Speech, vocational, occupational, biofeedback, acupuncture, recreational, sleep or music therapy, holistic care of any nature, massage and kinesitherapy.
6. Exercise or fitness programs or equipment, whether or not prescribed or recommended by a **Physician**.
7. Genetic medicine, genetic testing, surveillance testing and/or wellness screening procedures for genetically predisposed conditions indicated by genetic medicine or genetic testing, including but not limited to amniocentesis, genetic screening, risk assessment, preventative and prophylactic **Surgeries** recommended by genetic testing and/or any procedures used to determine genetic pre-disposition, genetic counseling, or administration of gene therapy.
8. Testing that attempts to measure aspects of an **Insured Person's** mental ability, intelligence, aptitude, personality and stress management. Such testing may include, but is not limited to, psychometric, behavioral and educational testing.
9. Nonprescription drugs, medicines, vitamins, food extracts, or nutritional supplements; IV vitamin or herbal therapy, drugs or medicines not approved by the **US** Food and Drug Administration, or which are considered "off-label" drug use, and for drugs or medicines not prescribed by a **Physician**.

Geographic Exclusions

1. Resulting from or relating, directly or indirectly, to epidemics, pandemics, public health emergencies, **Natural Disasters** or other disease outbreak conditions that may affect a person's health that are sustained and/or incurred in a location for which a **US** Department of State Level 4 (do not travel) **Travel Warning** was issued or in effect within the thirty (30) days prior to the **Insured Person's** arrival to said location. This Exclusion also applies in the event the **US** Department of State issues a Level 4 (do not travel) **Travel Warning** after the **Insured Person's** arrival to said location and the **Insured Person** fails within a reasonable time, based on availability of appropriate transportation, and in no event more than fifteen (15) days (unless approved in advance by Underwriters) or refuses to heed such warning and thereafter remains in the affected location.
2. Resulting from or relating, directly or indirectly, to any **Act of Terrorism** that takes place in a location for which a **Travel Warning** or **Emergency Travel Advisory** related to an actual or potential **Act of Terrorism** was issued or in effect within the one hundred eighty (180) days prior to the **Insured Person's** arrival to said location. This Exclusion also applies in the event a **Travel Warning** or **Emergency Travel Advisory** related to an actual or potential **Act of Terrorism** is in effect on or after the **Insured Person's** arrival to said location and the **Insured Person** fails within a reasonable time, based on availability of appropriate transportation, and in no event more than fifteen (15) days (unless approved in advance by Underwriters) or refuses to heed such warning and thereafter remains in the affected location.
3. Incurred in the **Insured Person's Home Country**.

Activity-oriented Exclusions

1. Resulting from or occurring during the commission of a violation of law by the **Insured Person**, including without limitation, engaging in an illegal occupation or act, but excluding minor traffic violations.
2. Resulting or relating, directly or indirectly from willfully, self-inflicted **Injury** or **Illness** and/or suicide or attempted suicide, whether sane or insane.

3. Resulting or relating, directly or indirectly, from an Insured Person's operation of any moving vehicle without possession of a valid vehicle operator's license if licensure is required by local authorities, or operating any moving vehicle without valid registration, licensure and protective gear as required by local authorities. This exclusion does not apply to Insured Person's while participating in a drivers' education program. If the Marine Activities Option is in effect, this Exclusion does not apply to personal watercraft that are operated without possession of a valid operator's license in locations where licensure is not required by local authorities.
4. Resulting or relating, directly or indirectly, from an Insured Person operating or riding as a passenger on any motorized vehicle not designed primarily for and licensed for (if licensure is required by local authorities) use on public streets, highways or waterways. If the Marine Activities Option is in effect, this exclusion does not apply to personal watercraft while operating in locations where licensure of personal watercraft is not required by local authorities.
5. Resulting or relating, directly or indirectly, from an Insured Person's operation of any moving vehicle, after consumption of intoxicating liquor or drugs in excess of the applicable legal blood/alcohol limit, other than drugs taken in accordance with a prescription and as directed by a Physician . For purposes of this Exclusion, "moving vehicle" shall include without limitation, motorized devices regardless of whether or not a driver or operator license is required (including watercraft and aircraft) and non-motorized bicycles and scooters for which no permit or license is required.
6. Resulting or relating, directly or indirectly, from the Insured Person's participation in Contact Sports .
7. Resulting or relating, directly or indirectly, from the Insured Person's participation in Professional Athletics .
8. Resulting or relating, directly or indirectly, from the Insured Person's participation in Extreme Sports . This Exclusion does not apply to Extreme Sports specifically included as Covered Water Sports if the Marine Activities Option is in effect.
9. Resulting or relating, directly or indirectly, from the Insured Person's participation in Adventure Sports unless the person has purchased the Adventure Sports Option. If the Insured Person has purchased the Marine Activities Option, this exclusion does not apply to Adventure Sport(s) specifically included as Covered Water Sports .
10. Downhill or cross-country snow skiing or snowboarding undertaken in violation of applicable laws, rules or regulations or away from prepared and marked in-bound, patrolled territories or against the advice of the local ski school or local authoritative body. This exclusion applies to all individuals including those who have purchased the Adventure Sports Option.
11. Scuba-diving or sub-aqua pursuits if, during the immediately preceding twelve (12) months, the Insured Person (i) has been treated as an Inpatient for any Mental Health Disorder , (ii) is on the waiting list or scheduled for Inpatient treatment in a Hospital or any other medical facility, (iii) is pregnant or (iv) has been given a terminal prognosis. This exclusion applies to all individuals including those who have purchased the Adventure Sports Option or the Marine Activities Option.
12. Scuba-diving or sub-aqua pursuits at night or where a speargun or similar device is carried or used. This exclusion applies to all Insured Persons , including those who have purchased the Adventure Sports Option or the Marine Activities Option.
13. Resulting or relating, directly or indirectly, from the Insured Person's participation in Covered Water Sports , unless the Marine Activities Option is in effect.
14. Resulting or relating, directly or indirectly, from the Insured Person's participation in any sports or athletic or recreational activity undertaken against the advice or direction of any local authority or any qualified instructor or contrary to the rules, recommendations and procedures of a recognized governing body for the activity or in disregard or against the recommendations of a Physician or other healthcare professional.
15. Resulting or relating directly or indirectly from the Insured Person's participation in any athletic activity involving any type of competition or record-breaking or training for such.

Dental Exclusions

1. Resulting or relating, directly or indirectly, from wear and tear of teeth due to cavities and/or chewing or biting down on hard objects such as, but not limited to, pencils, ice cubes, nuts, popcorn and hard candies.
2. For Traumatic Dental Treatment resulting from a covered Accident , performed in a Hospital , unless the Insured Person sustained associated face, skull, neck and/or jaw Injury .
3. For Dental Treatment relating, directly or indirectly, to oral care and maintenance, including without limitation, tooth repair by fillings, root canals, tooth removals and x-rays.
<p style="text-align: center;">Personal Liability Exclusions</p> <p>Underwriters will not pay or reimburse the Insured Person or any third person for any claims of any kind arising directly or indirectly from, happening through or as a consequence of the following.</p>
1. Any criminal, fraudulent, deceptive, willful, reckless, malicious, or other unlawful acts or omissions committed by the Insured Person or any acts or omissions committed by the Insured Person in connection with the violation or breach of any laws, statutes, ordinances, legal orders, rules or regulations to which the Insured Person is subject or by which the Insured Person is bound. This includes, without limitation any criminal or disciplinary proceedings, charges, arrests, indictments, or arraignments of any kind.
2. Any loss, damage, or claim arising or resulting from hunting, the use of any firearms, fireworks, explosives, welding equipment, propane tanks, or other flammables, deadly weapons, or hazardous implements.
3. The pursuit of any trade, business, profession, or employment activity including without limitation the consequences of any breach, violation, or failure to perform any contractual undertakings or obligations of the Insured Person whether verbal or in writing.
4. Ownership, possession, control, or occupation of any land or building, or use of any automobile, motorcycle, ATV, off-road vehicle, watercraft, aircraft, parachute, parasail, glider, or any other motorized, gravity- induced, or self-propelled vehicle or craft of any kind.
5. Resulting from any fire, flood, wind, hail, water leak, gas leak, explosion, or other catastrophe or loss occurring in or about the residence or premises of any relative, or in or about the residence or any other premises of which the Insured Person is the owner, lessee, invitee, licensee, occupant, or resident or in or about any residence or premises which are contiguous or adjacent to any of the foregoing residences or premises.
6. Gross negligence, fraud, bad faith, assault and battery, domestic disputes, and all other intentional torts or actions based or sounding in tort without regard to how named or presented.
7. Any collusion, conspiracy, deceit, or other fraudulent scheme or artifice to defraud or other fraudulent means or methods.
8. Fines, penalties, assessments, or claims by any governmental authorities or regulatory bodies including traffic fines or traffic violations or parking tickets, and the costs, fees, or expenses incurred by the Insured Person as a witness, custodian, or in any other non-party status in connection with responding to any order to appear in court, subpoena, subpoena duces tecum, notice of deposition, or any other nonparty legal or administrative proceeding or activity.
9. All non-compensatory damages including, without limitation, damages imposed as a punishment, punitive or exemplary damages, consequential damages, lost profits, criminal damages, excessive damages, expectancy damages, incidental damages, liquidated damages, presumptive damages, prospective damages, special damages, speculative damages, statutory damages, double, treble or other multiples of damages, and/or unliquidated damages, and all claims and damages for pain and suffering, loss of consortium, physical discomfort, mental or emotional distress, trauma, disfigurement, dismemberment, loss of use, or scarring.
10. Contractual or employer's liability or worker's compensation claims.
11. Animals or pets belonging to the Insured Person or any relative, or in the care, custody, or control of the Insured Person or any relative
12. Arising or occurring while the Insured Person is, to any extent, under the influence of alcohol or drugs or due to the Insured Person's use of drugs, prescription medicines, narcotics, or tranquilizers not medically prescribed for the Insured Person by a licensed Physician .

13. Caused by the Insured Person's suicide or attempted suicide.
14. The Insured Person's participation in gambling, gaming, or betting of any kind.
15. During the practice or participation of sports, recreational endeavors, or athletics either as a professional, amateur or novice, unless performed solely for recreational purposes or during high school activities. This includes without limitation Contact Sports, Extreme Sports, Adventure Sports, Covered Water Sports or Professional Sports.
16. Occurring when the Insured Person is a passenger in an aircraft other than a commercial aircraft.
17. Judgments or damage awards that have not been ordered, declared, or entered within twelve (12) months from the date of the act, omission, occurrence, or event causing personal Injury or property damage or within twelve (12) months from the date of termination of coverage under the Certificate , whichever is earlier.
18. Any lawsuit, claim for benefits, enforcement action, complaint, or other civil or administrative proceeding of any kind brought by or on behalf of the Insured Person or any third person or relative against Underwriters or the Plan Administrator including, without limitation, any lawsuit or proceeding alleging breach of contract, bad faith, or any tortious conduct of any kind, seeking equitable or declaratory relief, or otherwise seeking the recovery, enforcement or effectuation of any benefits or coverages under this insurance.
19. Any loss, personal Injury , property damage, or other claim arising or resulting from any act, omission, failure to act, event or other occurrence committed or occurring at any time prior to or subsequent to the Certificate Period .
20. Any personal Injury , medical expense, damage or other loss suffered by a relative except for damage to a relative's personal property, which shall be limited to a maximum of \$2,500 and subject to the Deductible set forth in Schedule.

GENERAL CONDITIONS AND CONDITIONS PRECEDENT

The following are conditions precedent to Underwriters' liability under this insurance:

Premium

1. Rate: The initial rates for this insurance shall be as set forth in the **Certificate** provided to the **Insured Person**.
2. Payment: Payment of the required premium shall be remitted to Underwriters on or before the due dates indicated on the **Certificate**.

Currency

The monetary benefit limits and sub-limits, premiums and all other monetary amounts stated in this Master Policy are in **US** dollars. Benefits may be paid in local currency equivalents at the option of Underwriters.

Notice

Any notice to the **Assured** shall be sent by registered mail and addressed to the mailing address on file with Underwriters. Any notice to the **Insured Person** shall be sent by registered mail and addressed to the mailing address on file with Underwriters. Notwithstanding the foregoing, Underwriters, the **Assured** and/or the **Insured Person** may agree to electronic means of notice in which case any notice to the **Assured** or **Insured Person** shall be transmitted to the electronic address on file with Underwriters. If the **Insured Person** communicates with Underwriters and/or the **Plan Administrator** electronically, they shall be deemed to have agreed to electronic means of notice. It is the responsibility of the **Assured** and each **Insured Person** to advise Underwriters of any change in mailing address or electronic address.

Complaints Procedure

Every effort is made to provide you with a high standard of service. However, occasionally disputes or misunderstandings can arise, and **Insured Persons** need to know what to do. If an **Insured Person** wishes to make a complaint, it should be made in writing to the **Plan Administrator**. A written response will be provided to the **Assured**, the **Participating Organization** or any **Insured Person** within fourteen (14) days. If the **Assured**, the **Participating Organization** or **Insured Person** is not satisfied with the response or the way a complaint has

been dealt with, they may ask Underwriters Complaints Department to review the case without prejudice to their rights in law. Details will be provided upon request.

Law and Jurisdiction

1. No action at law or in equity can be brought by an **Insured Person** to recover on this Master Policy prior to the later of: a. the expiration of sixty (60) days after written Proof of Claim has been furnished in accordance with the requirements for Proof of Claim contained herein; or b. after exhaustion of one (1) Appeal in accordance with the requirements for Appeal set forth herein.
2. No action at law or in equity can be brought by an **Insured Person** after the expiration of three (3) years after the time written Proof of Claim is required to be furnished in accordance with the requirements for Proof of Claim contained herein.
3. This Master Policy and any dispute or claim arising out of or in connection with it or its subject matter or formation (including non-contractual disputes or claims) shall be governed by, and construed in accordance with, the laws of England and Wales, and in accepting this insurance the **Insured Person** expressly consents to same.
4. The courts of England and Wales shall have exclusive jurisdiction over any dispute or claim arising out of or in connection with this Master Policy or its subject matter or formation (including non-contractual disputes or claims), and in accepting this insurance the **Insured Person** expressly consents to same.

Arbitration

If any dispute shall arise as to the amount to be paid under this insurance, liability being otherwise admitted, such dispute shall be referred to arbitration in accordance with procedures of the London Court of International Arbitration. If any dispute shall arise as to any claims for benefits where liability has not been admitted by Underwriters, or as to any other controversy arising under this insurance, such dispute shall not be arbitrable under any circumstance or for any reason. Where any dispute is referred to arbitration by this provision, the making of an award shall be a condition precedent to any right of action against Underwriters.

Waiver of Rights

In the event that Underwriters do not enforce or require compliance with any provision herein, this will not invalidate, modify or render such provision unenforceable at any other time, whether or not the circumstances are the same.

Entire Agreement

This Master Policy, including the Master Policy Declaration and any exhibits, Schedules, and/or endorsements attached hereto, constitutes the entire agreement between Underwriters, the **Assured**, the **Participating Organization** and the **Insured Person**. The terms set forth herein may not be waived or modified without the express written agreement of Underwriters.

Duty of Fair Presentation

In accordance with the Insurance Act 2015 each **Participating Organization** and each **Insured Person** has a duty to make a fair presentation of all material facts and circumstances known to them regarding insurance hereunder to Underwriters.

1. If, prior to the **Participating Organization** Effective Date or any **Certificate** Effective Date, the **Participating Organization** or **Insured Person** breaches their duty of fair presentation, the remedies available to Underwriters are as follows:
 - a. If the breach of the duty of fair presentation is deliberate or reckless, Underwriters may avoid the Master Policy, either altogether or, at Underwriters' discretion, only with respect to the **Participating Organization** or **Insured Person**, and refuse to pay all claims by or on behalf of the **Participating Organization** or **Insured Person**; they need not return any of the premiums paid.
 - b. If the breach of the duty of fair presentation is not deliberate or reckless, Underwriters' remedy depends upon what Underwriters would have done if the **Participating Organization** and/or **Insured Person** had complied with the duty of fair presentation, as follows: i. If Underwriters would not have entered into the

Master Policy or would not have accepted the **Participating Organization's or Insured Person's Application** at all, Underwriters may avoid the Master Policy, either altogether or, at Underwriters' discretion, only with respect to the **Participating Organization or Insured Person**, and refuse to pay all claims or all claims by or on behalf of the **Insured Person**; Underwriters must return the premiums paid; ii. If Underwriters would have entered into the Master Policy or accepted the **Participating Organization** application or **Insured Person's Application** but on different terms (other than terms relating to the premium), the Master Policy or, at Underwriters discretion, only coverage with respect to the **Participating Organization or Insured Person**, will be treated as if it had been entered into on those different terms from the outset, if Underwriters so require; or iii. if Underwriters would have entered into the Master Policy or accepted the **Participating Organization or Insured Person's Application**, but would have charged a higher premium, Underwriters may reduce proportionately the amount to be paid on a claim (and, if applicable, the amount already paid on prior claims) made to or for the **Insured Person**. In those circumstances, Underwriters shall pay only X% of what it would otherwise have been required to pay, where $X = (\text{premium actually charged}/\text{higher premium}) \times 100$.

2. If, prior to entering into a variation to the Master Policy, the **Assured**, the **Participating Organization or Insured Person** breaches their duty of fair presentation, the remedies available Underwriters are as follows:

a. If the breach of the duty of fair presentation is deliberate or reckless Underwriters may, by notice to the **Participating Organization or Insured Person**, treat this Master Policy altogether or, at Underwriters' discretion, only with respect to the **Participating Organization or Insured Person**, as having been terminated as of the time when the variation was concluded; Underwriters need not return any of the premiums paid.

b. If the breach of the duty of fair presentation is not deliberate or reckless, Underwriters remedy depends upon what Underwriters would have done if the **Assured or Insured Person** had complied with the duty of fair presentation: i. If Underwriters would not have agreed to the variation at all, Underwriters may treat the Master Policy, either altogether or, at Underwriters' discretion, only with respect to the **Participating Organization or Insured Person**, as if the variation was never made, but must in that event return any extra premium paid as a result of said variation; or ii. If Underwriters would have agreed to the variation to the Master Policy, but on different terms (other than terms relating to the premium), the variation is to be treated as if it had been entered into on those different terms, if Underwriters so require; or iii. If Underwriters would have increased the premium by more than it did or at all, then Underwriters may reduce proportionately the amount to be paid on a claim arising out of events which occur after the variation. In those circumstances, Underwriters shall pay only X% of what it would otherwise have been required to pay, where $X = (\text{premium actually charged}/\text{higher premium}) \times 100$ or iv. If Underwriters would not have reduced the premium as much as it did or at all, then Underwriters may reduce proportionately the amount to be paid on a claim arising out of events after the variation. In those circumstances, Underwriters shall pay only X% of what it would otherwise have been required to pay, where $X = (\text{premium actually charged}/\text{reduced total premium}) \times 100$.

3. Nothing in provision is intended to vary the applicable provisions of the Insurance Act 2015.