

**GLOBAL ACCIDENT & SICKNESS DESCRIPTION OF COVERAGE  
UNITED STATES FIRE INSURANCE COMPANY**

DIPLOMAT LT

Policy No: **US022656**

**ELIGIBILITY AND PERIOD OF COVERAGE**

**Coverage will begin** at 12:00 A.M. Eastern Standard Time on the latest of the following: 1) The date and time your enrollment form and correct premium are received by Global Underwriters Agency; 2) The effective date requested on the enrollment form; or 3) The moment You depart from your **Home Country**.

**Coverage will end** at 11:59 P.M. Eastern Standard Time on the earliest of the following: 1) The moment You return to your **Home Country**, except as provided under the **Home Country Coverage**; 2) Twelve months after your coverage's effective date; 3) The termination date shown on the enrollment form, for which premium has been paid; or 4) The date You are no longer considered an Eligible Person.

**Eligibility**

The Diplomat LT provides long term Accident and Sickness Medical Coverage, Travel Assistance, and Accidental Death and Dismemberment benefits to the below Eligibility Classes while traveling outside their **Home Country**. Coverage is available for you, a second adult, unmarried dependent **Children**, or **Children** traveling alone. The minimum period of coverage that can be purchased is three months, the maximum is twelve months. The Diplomat LT offers Renewable Coverage.

**Eligibility Class I – World Wide With Travel to the United States (Non-US Citizens only)**

If you are a Non-US Citizen traveling outside your **Home Country**, with travel to the United States, this plan will provide World Wide Coverage while on your trip.

**Eligibility Class II – World Wide Without Travel to the United States**

If you are traveling outside your **Home Country**, with No travel to the United States, this plan will provide World Wide Coverage while on your trip.

**Renewability Conditions and Restrictions**

Coverage under the Diplomat LT is renewable if: 1) The Insured Person(s) meet all the eligibility requirements of the policy; 2) The Insurance Plan has not lapsed or terminated for any reason; and 3) The renewal coverage does not exceed the maximum allowable period of coverage. Maximum allowable period of coverage is defined as follows: thirty-six continuous months for ages 14 days to 69 years, twenty-four continuous months for ages 70 to 79, and twelve continuous months for ages 80+.

NOTE: 1) If an Insured Person has been insured under the Plan for twelve continuous months, a new deductible and co-insurance apply; 2) The chosen Medical Maximum is a Policy Lifetime Maximum; and 3) The Company reserves the right to change premium rates for each twelve months of continuous coverage.

**PLAN DEFINITIONS**

**Automobile** means a self-propelled private passenger motor vehicle with four or more wheels which is designed and required to be licensed for use on the highways of any state or country. **Automobile** includes but is not limited to a sedan, station wagon, or jeep type vehicle and a motor vehicle of the pickup, panel, van camper or motor home type. **Automobile** does not include a mobile home or any motor vehicle used in mass or public transit.

**Benefit Period** means the allowable time period **You** have from the date of Injury or onset of **Illness** to receive **Treatment** for a Covered **Injury** or **Illness**. If Your Plan terminates during Your **Benefit Period**, You will still be eligible to receive **Treatment** so long as the **Treatment** is within Your **Benefit Period** and outside Your **Home Country** (except as provided under the Optional **Home Country Coverage**).

**Child(ren)** means a person who is over 14 days of age and under 18 years of age.

**Coinsurance** means the percentage amount of Covered Expenses, after the **Deductible**, which is **Your** responsibility to pay.

**Coma/Comatose** means a profound state of unconsciousness from which the Insured cannot be aroused to consciousness, even by powerful stimulation, as determined by a **Physician**.

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

**Company** means the company shown on the declarations page.

**Covered Accident** means a sudden, unforeseeable external event which: 1) Causes Injury to one or more Covered Persons; and 2) Occurs while coverage is in effect for the Covered Person.

**Deductible** means the amount of Covered Expenses which is **Your** responsibility to pay before benefits under the Plan are payable.

**Domestic Partner** means a same or an opposite sex partner who has met all of the following requirements for at least 12 consecutive months immediately preceding the Effective Date of Coverage: 1) resides with the Insured; 2) shares financial assets and obligations with the Insured; 3) is not related by blood to the Insured.

**Felonious Assault** means any willful or unlawful use of force upon the Insured: 1) with the intent to cause bodily injury to the Insured; 2) that results in bodily harm to the Insured; and 3) that is a felony or a misdemeanor in the jurisdiction in which it occurs.

**Home Country** shall mean, the country where an eligible person(s) has his/her fixed and permanent home establishment and to which he/she has the intention of returning.

**Hospital** means a place that: 1) is legally operated for the purpose of providing medical care and **Treatment** to sick or injured persons for which a charge is made that the Insured is legally obligated to pay in the absence of insurance; 2) provides such care and **Treatment** in medical, diagnostic, or surgical facilities on its premises, or those prearranged for its use; 3) provides 24-hour nursing service under the supervision of a Registered Nurse at all times; and 4) operates under the supervision of a staff of one or more Doctors. **Hospital** also means a place that is accredited as a hospital by the Joint Commission on Accreditation of Hospitals, American Osteopathic Association, or the Joint Commission on Accreditation of Health Care Organizations (JCAHO). Hospital does not mean: 1) a convalescent, nursing, or rest home or facility, or a home for the aged; 2) a place mainly providing custodial, educational, or rehabilitative care; or 3) a facility mainly used for the **Treatment** of drug addicts or alcoholics.

**Illness** means sickness or disease of any kind first manifested, treated or diagnosed after the effective date of coverage for an Insured Person: causing loss covered by this plan.

**Immediate Family Member** means a person who is related to the Insured in any of the following ways: spouse, **Domestic Partner**, brother-in-law, sister-in-law, daughter-in-law, son-in-law, mother-in-law, father-in-law, parent (includes stepparent), brother or sister (includes stepbrother or stepsister), or child (includes legally adopted or stepchild), and grandparents.

**Injury** means bodily harm which results, directly and independently of disease or bodily infirmity, from an Accident. All injuries to the same Covered Person sustained in one accident, including all related conditions and recurring symptoms of the Injuries will be considered one **Injury**. Any **Loss** due to **Injury** must begin after the Effective Date of this Policy.

**Loss** in reference to quadriplegia, paraplegia, hemiplegia, and uniplegia means the complete and irreversible paralysis of such limbs. **Loss** in reference to dismemberment means: 1) with regards to hands and feet means the actual severance through and above the wrist or ankle joints; 2) with regard to eyes, entire irrecoverable loss of sight; and 3) with regard to thumb and index finger the actual severance through or above the joint that meets the finger at the palm. **Loss** in reference to other coverages means injury or damage sustained by the Insured in consequence of happening of one or more of the accidents against which the Company has undertaken to indemnify the Insured.

**Natural Disaster** means an event of natural cause, including but not limited to: wildfire, earthquake, hurricanes, tornados, wind-borne dust or sand, volcanic eruption, tsunami, snow, rain or wind, that results in widespread and severe damage such that the government of the host country issues an official disaster declaration and determines the affected area to be uninhabitable.

**Physician** means a doctor of medicine or a doctor of osteopathy licensed to render medical services or perform Surgery in accordance with the laws of the jurisdiction where such professional services are performed, however, such definition will exclude chiropractors and physiotherapists.

**Pre-Existing Condition** means: 1) A condition that would have caused a person to seek medical advice, diagnosis, care or **Treatment** during the 18 months prior to the Effective Date of coverage under this Plan; or 2) A condition for which manifestation, medical advice, diagnosis, care or **Treatment** was recommended, received or noticed during the 18 months prior to the Effective Date of coverage under this Plan.

**Reasonable and Customary** means the maximum amount that the **Company** determines is Reasonable and Customary for Covered Expenses the Insured Person receives, up to but not to exceed charges actually billed. The **Company's** determination considers: 1) amounts charged by other Service Providers for the same or similar service in the locality were received, considering the nature and severity of the bodily **Injury** or **Illness** in connection with which such services and supplies are received; 2) any usual medical circumstances requiring additional time, skill or experience; and 3) other factors the **Company** determines are relevant, including but not limited to, a resource based relative value scale. For a Service Provider who has a reimbursement agreement, the Reasonable and Customary charge is equal to the amount that constitutes payment in full under any reimbursement agreement with the **Company**. If a Service Provider accepts as full payment an amount less than the negotiated rate under a reimbursement agreement, the lesser amount will be the maximum Reasonable and Customary charge. The Reasonable and Customary charge is reduced by any penalties for which a Service Provider is responsible as a result of its agreement with the **Company**.

**Supplemental Restraint System** means an air bag which inflates for added protection to the chest and head areas.

**Treatment** means a specific in-office or **Hospital** physical examination of or care rendered to **You**, consultation, diagnostic procedures and services, Surgery, medical services and supplies including medication prescribed or provided by a Service Provider.

**War** means any consequences, whether direct or indirect, invasion, act of foreign enemy, hostilities, or warlike operation (whether War be declared or not), "armed conflict" by military forces, civil war, mutiny, military or usurped power, martial law or state of siege or any events or causes which determine the proclamation or maintenance of martial law or state of siege.

**You or Your** means the Insured Person.

## DESCRIPTION OF BENEFITS

### **Accidental Death and Dismemberment (AD&D)**

If within 365 days after the date of a covered accident, the Insured Person's Injury results in death or dismemberment, this Plan provides the following benefits for loss of:

<u>Description of Loss</u>	<u>Indemnity</u>
Life:	Principal Sum
Both Hands <b>or</b> Both Feet <b>or</b> Sight of Both Eyes <b>or</b> One Hand and One Foot <b>or</b> Either Hand or Foot and Sight of One Eye:	Principal Sum
Speech and Hearing in both Ears:	Principal Sum
Speech or Hearing in both Ears:	One-half the Principal Sum
Either Hand <b>or</b> Foot <b>or</b> Sight of One Eye:	One-Half the Principal Sum
Thumb and index finger of same hand:	One-Quarter of the Principal Sum

- The amount of the Principal Sum is \$25,000 unless the **Enhanced AD&D Benefit** is purchased.

**Disappearance** - If the body of an Insured Person has not been found within one year of the disappearance, forced landing, stranding, sinking, or wrecking of a conveyance in which such person was an occupant, then it shall be deemed, subject to all other terms and provisions of the plan, that such Person shall have suffered loss of life within the meaning of the plan.

**Enhanced AD&D Benefit (If Benefit Purchased)** - The Principal Sum is increased from \$25,000 to the selected amount not to exceed \$1,000,000 of coverage. The **Enhanced AD&D Benefit** is not available to children under 18 years of age.

**Beneficiary Designation and Change** - The beneficiary or beneficiaries of an Insured Person shall be that person or those persons designated by the Insured Person and filed with the Plan Administrator. Any Insured Person who has not made an irrevocable designation of beneficiary may designate a new beneficiary at any time, without the consent of the beneficiary, by filing with the Plan Administrator a written request for such change but such change shall become effective only upon receipt of such request by Plan Administrator. When such request is received by the Plan Administrator, whether the Insured Person be then living or not, the change of beneficiary shall relate back to and take effect as of the date of execution of the written request, but without prejudice to the **Company** on account of any payment theretofore made by it.

**Paralysis Benefit** - If a **Covered Accident** renders an Insured Person **Paralyzed** within 365 days of the date of the **Covered Accident** that caused the **Injury**, in any one of the types of paralysis specified below, The **Company** will pay up to a maximum of \$25,000 as follows:

<u>Type of Paralysis (Loss)</u>	<u>Indemnity</u>
Quadriplegia .....	\$25,000
Paraplegia .....	\$18,750
Hemiplegia .....	\$12,500
Uniplegia .....	\$6,250

**Quadriplegia** means the complete and irreversible paralysis of both upper and both lower limbs.

**Paraplegia** means the complete and irreversible paralysis of both lower limbs.

**Hemiplegia** means the complete and irreversible paralysis of the upper and lower limbs of the same side of the body.

**Uniplegia** means the complete and irreversible paralysis of one limb (Limb means entire arm or entire leg).

If the Insured suffers more than one type of paralysis as a result of the same accident, only one amount, the largest, will be paid.

**Coma Benefit** - If a covered Injury renders an Insured Person **Comatose** within 90 days of the date of the accident that caused the Injury, and if the **Coma** continues for a period of 30 consecutive days, The **Company** will pay a monthly benefit of \$250. No benefit is provided for the first 30 days of the **Coma**. The benefit is payable monthly as long as the Insured remains **Comatose** due to that Injury, but ceases on the earliest of

- 1) the date the insured ceases to be **Comatose** due to the Injury;
- 2) the date the Insured dies;
- 3) the date the total amount of monthly Coma Benefit paid for all Injuries caused by the same accident equals \$25,000.

The **Company** will pay benefits calculated at a rate of  $1/30^{\text{th}}$  of the monthly benefit for each day for which The **Company** is liable when the Insured is **Comatose** for less than a full month. Only one benefit is provided for any one month of Coma, regardless of the number of Injuries causing the Coma. The **Company** reserves the right, at the end of the first 30 consecutive days of **Coma** and as often as it may reasonably require thereafter, to determine on the basis of all the facts and circumstances, that the Insured is **Comatose**, including but not limited to, requiring an independent medical examination provided at the Expense of The **Company**.

**Seat Belt and Airbag Benefit** - The **Company** will pay a \$25,000 benefit when the Insured Person suffers accidental death such that an Accidental Death benefit is payable under the plan and the accident causing death occurs while the Insured Person is operating, or riding as a passenger in an **Automobile** if: 1) **You** are wearing a properly fastened seat belt, properly installed by a factory authorized dealer; and 2) You were positioned in a seat protected by a properly functioning **Supplemental Restraint System**, properly installed by a factory authorized dealer that inflates on impact. Verification of the actual use of the seat belt at the time of the accident, and that the **Supplemental Restraint System** inflated properly upon impact must be part of an official report of the accident or be certified, in writing by the investigating officer(s). This benefit is in addition to any other Expenses of the program.

**Felonious Assault Benefit** - The **Company** will pay a \$25,000 benefit when an Insured Person suffers one or more losses for which benefits are payable under the Accidental Death & Dismemberment Benefit or Coma Benefit provided by the plan as a result of a **Felonious Assault**: 1) that is not a moving violation as defined under the applicable government motor vehicle laws; and 2) that is not an act of an **Immediate Family Member**, another insured or an individual who resides with the insured on a permanent basis. Only one benefit is payable for all losses as a result of the same **Felonious Assault**. This benefit is in addition to any other Expenses of the program.

**Home Alteration and Vehicle Modification** - If an Insured Person: 1) suffers an accidental dismemberment or paralysis for which an Accidental Dismemberment and Paralysis benefit is payable under the Policy; 2) did not, prior to the date of the Accident causing such loss(es), require the use of a wheelchair to be ambulatory; and 3) as a direct result of such loss(es) is now required to use a wheelchair to be ambulatory; The **Company** will pay **Covered Home Alteration and Vehicle Modification Expenses** that are incurred within one year after the date of the accident causing such loss(es), up to a maximum of \$2,500 for all such losses caused by the same accident.

**Covered Home Alteration and Vehicle Modification Expenses** - as used in this Rider, means one-time Expenses that: 1) are charged for: (a) alterations to the Insured Person's residence that are necessary to make the residence accessible and habitable for a wheelchair-confined person; or (b) modifications to a motor vehicle owned or leased by the Insured Person or modifications to a motor vehicle newly purchased for the Insured Person that are necessary to make the vehicle accessible to and/or drivable by the Insured Person; and 2) do not include charges that would not have been made if no insurance existed; and 3) do not exceed the usual level of charges for similar alterations and modifications in the locality where the Expense is incurred; but only if the alterations to the Insured Person's residence and the modifications to his or her motor vehicle are: 1) made on behalf of the Insured Person; 2) recommended by a nationally-recognized organization providing support and assistance to wheelchair users; 3) carried out by individuals experienced in such alterations and modifications; and 4) in compliance with any applicable laws or requirements for approval by the appropriate government authorities.

## MEDICAL EXPENSES

### Medical Expenses incurred Outside the US

We will pay **Reasonable and Customary** charges for **Covered Expenses** (as listed below), in excess of the chosen **Deductible** up to the selected Medical Maximum (\$500,000 or \$1,000,000 for ages 14 days to 69; \$100,000 for ages 70 to 79; or \$20,000 for ages 80+) incurred by **You** due to an accidental **Injury** or **Illness** which occurred during the Period of Coverage outside **Your Home Country** (except as provided under the **Home Country Coverage**). All bodily disorders existing simultaneously which are due to the same or related causes will be considered one Disablement. If a Disablement is due to causes which are the same or related to the cause of a prior Disablement, the Disablement will be considered a continuation of the prior Disablement and not a separate Disablement. The initial **Treatment** of an **Injury** or **Illness** must occur within 30 days of the date of **Injury** or onset of **Illness**. For a covered disablement, after you pay the per person **Deductible**, the plan pays 100% of eligible costs up to the Medical Maximum.

### Medical Expenses incurred Inside the US

We will pay **Reasonable and Customary** charges for **Covered Expenses** (as listed below), excess of the chosen **Deductible** and **Coinsurance** up to the selected Medical Maximum (\$500,000 or \$1,000,000 for ages 14 days to 69; \$100,000 for ages 70 to 79; or \$20,000 for ages 80+) incurred by **You** due to an accidental **Injury** or **Illness** which occurred during the Period of Coverage while **You** are outside **Your Home Country** (except as provided under the **Home Country Coverage**). All bodily disorders existing simultaneously which are due to the same or related causes will be considered one Disablement. If a Disablement is due to causes which are the same or related to the cause of a prior Disablement, the Disablement will be considered a continuation of the prior Disablement and not a separate Disablement. The initial **Treatment** of an **Injury** or **Illness** must occur within 30 days of the date of **Injury** or onset of **Illness**. For a covered disablement, after you pay the per person **Deductible**, the plan pays 80% up to \$5,000 of eligible costs, then 100% to the Medical Maximum. There will be an additional \$250 deductible for each emergency room visit as a result of an **Illness**. The emergency room deductible will be waived if hospital admittance is within 12 hours of the incident.

**Covered Expenses** - Only such Expenses that are specifically enumerated in the following list of charges that are incurred for the medical care and supplies which are: (a) necessary and customary; (b) prescribed by a **Physician** for the therapeutic treatment of a disablement; (c) are not excluded under the policy; (d) are not more than the **Reasonable and Customary** charges (as determined by the **Company**); and (e) are incurred within: i) 365 days for US Citizens; or ii) 180 days for Non US Citizens from the date of the disablement will be considered.

- 1) Expenses made by a **Hospital** for room and board, floor nursing and other services, including Expenses for professional services, except personal services of a non-medical nature, provided, however, that Expenses do not exceed the Hospital's average charge for semi-private room and board accommodation.
- 2) Charges made for Intensive Care or Coronary Care charges and nursing services;
- 3) Expenses made for diagnosis, **Treatment** and surgery by a **Physician**.
- 4) Charges made for an operating room.
- 5) Charges made for **Outpatient Treatment**, same as any other **Treatment** covered on an **Inpatient** basis. This includes ambulatory Surgical centers, **Physician's Outpatient** visits/examinations, clinic care, and Surgical opinion consultations.
- 6) Expenses made for administration of anesthetics.
- 7) Expenses for medication, x-ray services, laboratory tests and services, the use of radium and radio-active isotopes, oxygen, blood transfusions, iron lungs, and medical **Treatment**.
- 8) Expenses for physiotherapy, if recommended by a **Physician**, for the **Treatment** of a specific Disablement and administered by a licensed physiotherapist; With regards to chiropractic care, eligible charges up to \$50.00 per visit, with a maximum of 10 visits.
- 9) Dressings, drugs, and medicines that can only be obtained upon written prescription of a **Physician**.
- 10) Hotel room charge, when the insured, otherwise necessarily confined in a **Hospital**, shall be under the care of a duly qualified **Physician** in a hotel room owing to the unavailability of a **Hospital** room by reason of capacity or distance or to any other circumstances beyond the control of the insured; The charges enumerated above shall in no event include any amount in excess of the **Reasonable and Customary** charges (as determined by the **Company**). To determine if Expenses are **Reasonable and Customary**, the **Company** will consider the following: the medical care or supplies usually given and the fees usually accepted for like cases in the area. "Area" means a region large enough to get a cross section of providers or medical care or supplies. All Expenses are deemed to be incurred on the date such service is received.

**Sudden Recurrence of a Pre-existing Condition (US Citizens Only)** - If **You** are a US citizen, the US is **Your Home Country**, and **You** are traveling outside of the US, limited coverage under **Your Medical Expense Benefit** is provided for **Medical Expenses** that result from a sudden and unforeseen recurrence of a **Pre-existing Condition**, as defined hereunder. The plan shall pay up to a maximum of \$20,000 (\$2,500 for age 65 and older) of **Covered Expenses** incurred from a sudden and unforeseen recurrence of a **Pre-existing Condition**. This does not include coverage for known, scheduled, required or expected medical care, drugs, or treatments existent or necessary prior to the Insured Person's effective date of coverage. Only such **Medical Expenses** which are incurred within 30 days from the date of recurrence of **Illness**, and which are not excluded will be considered Covered Expenses under this benefit. Note: This benefit is not available to Non-US citizens.

**Emergency Dental Treatment (Palliative)** - Benefits are paid for **Reasonable and Customary** Expense up to \$100 for the emergency **Treatment** for the relief of pain to natural teeth.

**Emergency Medical Evacuation and Repatriation** - Benefits are paid for Covered Expense incurred up to \$500,000, for any covered **Injury** or **Illness** commencing during the Period of Coverage that result in a Medically Necessary Emergency Medical Evacuation or Repatriation. The decision for an Emergency Medical Evacuation or Repatriation must be pre-approved and arranged by the Assistance Company in consultation with Your local attending **Physician**. Emergency Medical Evacuation or Repatriation means: a) Your medical condition warrants immediate transportation from the place where You are located (due to inadequate medical facilities) to the nearest adequate medical facility where medical **Treatment** can be obtained; b) After being treated at a local medical facility, Your medical condition warrants transportation with a qualified medical attendant to **Your Home Country** to obtain further medical **Treatment** or to recover; c) Both a. and b. above. Covered Expenses are Expenses for transportation, medical services, and medical supplies necessarily incurred in connection with Emergency Medical Evacuation or Repatriation. All transportation arrangements must be by the most direct and economical route. Expenses for special transportation must be: a) recommended by the attending **Physician**; and b) Pre-approved and ordered by the Assistance Company; and c) required by the standard regulations of the conveyance transporting the Insured Person. Expense for medical services and supplies must be recommended by the attending **Physician**. Transportation means any land, water or air conveyance required to transport the Insured Person during an emergency evacuation. Special Transportation includes, but is not limited to, air ambulance, land ambulance, and private motor vehicles. Non-Emergency use of special transportation is excluded from this policy.

**Return of Mortal Remains** - If **You** should die Benefits will be paid for **Reasonable and Customary** Covered Expense incurred up to \$50,000, to return **Your** remains to **Your Home Country**. Covered Expenses include, but are not limited to, Expense for embalming or Cremation, a minimally necessary container appropriate for transportation, shipping Expenses, and the necessary government authorizations. All Covered Expense in connection with a Return of Mortal Remains or Cremation must be pre-approved and arranged by the Assistance Company.

**Emergency Medical Reunion** - When the Assistance Company and **Your** attending **Physician** determine that it is necessary and prudent for **You** to have an Emergency Medical Evacuation or Repatriation, this Plan will arrange to bring an individual of **Your** choice, from **Your** current **Home Country**, to be at **Your** side while **You** are hospitalized and then accompany **You** during **Your** return to **Your** current **Home Country**. Benefits will be paid up to \$50,000 for a round trip economy air fare ticket as well as for reasonable travel and accommodation Expense up to a maximum of 10 days, as pre-approved and arranged by the Assistance Company.

**Return of Minor Child(ren)** - Should the Insured Person be traveling alone with a Minor Child(ren) and be hospitalized because of a covered **Illness** or **Injury** and **Your** Minor Child(ren) is left unattended, the Assistance Company will arrange for a one way economy fare(s) to **Your** current **Home Country**. If an attendant/escort is necessary to ensure the safety and welfare of **Your** Minor Child(ren), the Assistance Company will also arrange these services. The Plan will pay for these services up to a maximum of \$50,000 provided all transportation and services are pre-approved and arranged by the Assistance Company. Meals and lodging are **Your** responsibility.

**In Hospital Indemnity (US Citizens only)** - If **You** are a US citizen, traveling outside of the US, and confined to a **Hospital** as a registered Inpatient as the result of an **Illness** or **Injury** which first occurs during **Your** Period of Coverage and that **Illness** or **Injury** is covered under this Plan, this plan will pay benefits up to \$100 per day of confinement up to a maximum of 10 days.

**Interruption of Trip** - If **Your** trip is interrupted due to one of the following reasons: 1) Death of an **Immediate Family Member**; 2) Serious damage to **Your** principal residence from fire, flood or similar **Natural Disaster** (tornado, earthquake, hurricane, etc.). Benefits will be paid up to \$5,000 for the Expense of economy travel less the value of applied credit from an unused return travel ticket to return **You** home to **Your** area of principal residence.

**Loss of Baggage** - This plan will reimburse **You** for loss, theft, or damage to **Your** baggage or personal effects, checked with a **Common Carrier** provided **You** have taken all reasonable measures to protect, save and/or recover **Your** property at all times. This plan is secondary to any coverage provided by a **Common Carrier** and all other valid and collective insurance. This plan will pay the lesser of: 1) The actual cash value (Expense less proper deduction for depreciation at the time of loss, theft or damage); 2) The Expense to repair or replace the article with material of a like kind and quality; or 3) \$50 per article, to a maximum of \$250.

**Political and Natural Disaster Evacuation** - Coverage is provided up to \$50,000 (\$100,000 if the **Enhanced Political and Natural Disaster Evacuation Benefit** is purchased) if the Insured requires emergency evacuation due to the following reasons, which places him/her in Imminent Bodily Harm as determined by the Assistance Company security personnel, in accordance with local and U.S. authorities or due to a **Natural Disaster**, which makes his/her location Uninhabitable, or, your location in the Host Country is deemed Uninhabitable by the Assistance Company security personnel, the Assistance Company security shall arrange, and the plan will pay for Insured's transportation to the nearest safe location: 1) Officials of the Foreign Country or the embassy of the country with which the Insured is a national has issued for reasons other than medical, a recommendation that categories of persons which include the Insured should leave the Foreign Country; and/or 2) Insured is being expelled or declared persona non grata on the written authority of the recognized government of the Foreign Country; and/or 3) The Political and Military Events in the Foreign Country have created a situation in which the Insured is in danger of Imminent Bodily Harm to the extent that the Insured must be removed from the Foreign Country; and/or 4) Officials of the Foreign Country or the embassy of the country with which the Insured is a national has issued for reasons due to the **Natural Disaster** situation, a recommendation that categories of persons which include the Insured should leave the Foreign Country; **AND** 5) Insured cannot obtain commercial transportation to the nearest safe location within a time period which will enable the Insured to leave the Foreign Country in time to avert Imminent Bodily Harm or to comply with the time allowed to leave the Foreign Country pursuant to the orders of the recognized government of that Foreign Country. The Insured must contact the Travel Assistance Company as soon as possible, as delays may make safe transportation impossible. The method of transportation will be as deemed most appropriate to ensure Insured's safety. If evacuation becomes impractical due to hostile or dangerous conditions, Travel Assistance Company will maintain contact with and advise the Insured until evacuation becomes viable or the **Natural Disaster** situation has been resolved. The Assistance Company shall arrange and the plan will pay up to \$100 per day up to a maximum of three (3) days for reasonable expenses related to lodging if the Insured is delayed at a safe haven. Travel Assistance Company shall also arrange and pay for one-way economy airfare to return Insured to his/her Home Country following an Evacuation. Economy airfare and lodging costs shall not exceed a combined single limit of \$5,000 USD. Should commercial flights be available, but transportation to the airport will place the Participant in Imminent Bodily Harm, Travel Assistance Company shall arrange and pay for his/her secure transport to the airport. Airfare change fees are the responsibility of the Participant once he/she reaches an airport where normal commercial flight is available. **No benefit shall be payable if there is a travel warning in effect within 60 days prior to the insured person's date of arrival in the host country. The Assistance Company must make all arrangements for the Insured. Services rendered without the Travel Assistant Company's coordination and approval is not covered. No claims for reimbursement will be accepted. If the Insured is able to leave their host country by normal means, such as changing a commercial airline ticket, the Assistant Company will assist in rebooking flights or other transportation. Expenses for non-emergency transportation are the responsibility of the Participant.**

**Enhanced Political and Natural Disaster Evacuation Benefit (If Benefit Purchased)** – The Enhanced Political and Natural Disaster Evacuation Benefit Rider increases the **Political and Natural Disaster Evacuation** maximum benefit from \$50,000 to \$100,000. This Benefit is not available if the optional War Risk Rider is purchased.

**Home Country Coverage (If Benefit Purchased)** - The **Home Country Coverage Rider** provides limited coverage under **Your Medical Expense Benefit** while in **Your Home Country**. The plan pays 80% up to \$5,000 of **Covered Expenses**, then 100% to a maximum of 1) \$50,000 for **Incidental Trip(s) to your Home Country** or 2) \$10,000 for **Extension of Benefits (Follow Me Home Coverage)**.

1) **Incidental Trip(s) to your Home Country:** During the period of coverage, **You** may return to **Your Home Country** for incidental visits of up to 60 days per 12 months of coverage, or pro rata there of (approximately 5 days per month of purchased coverage). If during an incidental trip home, **You** suffer an **Injury** or **Illness**, this Plan will pay up to \$50,000 of **Covered Expenses**.

2) **Extension of Benefits (Follow Me Home Coverage):** This plan will pay up to a maximum of \$10,000 for **Covered Expenses** incurred in **Your Home Country** related to an **Injury** or **Illness** which originally occurred, was diagnosed and treated outside **Your Home Country** during **Your** period of coverage.

**War Risk Rider (If Benefit is Purchased)** - It is agreed that the policy is amended as follows: any Exclusion under this Plan for "declared or undeclared war or any act thereof" is waived for an Insured Person's loss caused in whole or in part by, or resulting in whole or in part from, declared or undeclared war or any act thereof. Subject to the following restriction: The waiver only applies with respect to accidents that occur within the geographic limits or territorial waters of, or airspace above the geographic limits or territorial waters of a Designated War Risk Territory (as defined herein). War Risk Coverage in a high risk country listed in the Definition of "Designated War Risk Territory(ies)" requires payment of an additional premium and advance notice of travel. Termination Date: War Risk Coverage ends on the earliest of: 1) the date the Policy terminates; or 2) the date specified in the **Company's** written notice to the Policyholder or Participating Organization of the **Company's** intent to terminate War Risk Coverage (or 10 days after the date the written notice is received by the Policyholder or Participating Organization, if later). Termination of War Risk Coverage will not affect a claim for a covered loss that occurred while War Risk Coverage was in effect. Changes in Terms and Conditions: The terms and conditions of War Risk Coverage, including but not limited to the definition of the Designated War Risk Territory(ies), may be changed at any time to reflect conditions that, in the opinion of the **Company**, constitute a change in the war risk exposure of the Participating Organization or the Insured Person. **Coverage is Not available inside the United States or inside the Insured Person's Home Country.**

**Athletic Sports & Hazardous Activity Rider (If Benefit is Purchased)** - The **Athletic Sports & Hazardous Activity Rider** provides coverage if Your **Injury** or **Illness** results from the below enumerated Athletic Sports & Hazardous activities:

1) **Intercollegiate or Interscholastic Athletics, Club Sports, and Organized Amateur Sports (Medical Expense Benefit is reduced)**; and 2) **Other Athletic Sports and Hazardous Activities**. NOTE: Any Athletic Sport & Hazardous Activity not expressly covered hereunder is excluded from this policy unless the activity is non-contact and engaged in by **You** solely for leisure, recreation, entertainment, or fitness purposes only.

1) **Intercollegiate or Interscholastic Athletics, Club Sports, and Organized Amateur Sports** - Under this rider, the **Medical Expense Benefit** is reduced to \$20,000 for any Covered Injury or Illness resulting from: Baseball; Basketball; Cheerleading; Competitive Cycling (Road, Track, CX); Cross Country; Diving; Equestrian; Fencing; Field Hockey; Football (no Division One); Golf; Gymnastics; Ice Hockey; Lacrosse; Martial Arts; Polo Horse; Polo Water; Rugby; Skiing (Slalom, Giant Slalom, Downhill); Soccer; Softball; Swimming; Tennis; Track and Field; Volleyball; Wrestling.

2) **Other Athletic Sports and Hazardous Activities**: Aerial Photograph (Use of proper restraints required); BMX (Racing or Competitive); Bobsledding; Bungee Jumping; Canopying; Diving with Sharks; Flying in any Chartered or Leased Aircraft or Helicopter; Hang Gliding; Heli-skiing; Horseback Riding; Jet, Snow, and Water Skiing; Kayaking; Martial Arts; Motorcycling & Motor Scooter; Mountain Bike; Mountain Climbing (if over 14 thousand feet, guide required); Mountain Climbing (under 14 thousand feet); MX; Paragliding; Parasailing; Piloting any Non-commercial Aircraft; Running with Bulls; Safari; Safari & Big Game Hunting (use of firearms); Scuba Diving; Security Detail (use of firearms); Skydiving; Snowboarding; Snowmobiling; Spelunking; Surfing; Trekking; Whitewater Rafting (up to and including class V rapids only); Wind Surfing; Zip Lining.

## EXCLUSIONS AND LIMITATIONS

**No Benefit will be payable for Accident Medical, Sickness Medical, In-Hospital Indemnity, Sudden Recurrence of a Pre-existing Condition, Emergency Dental Treatment (Palliative), Emergency Medical Evacuation/Repatriation, Return of Mortal Remains, Return of Minor Child, Incidental Trips, Emergency Medical Reunion, Home Country Coverage, and Athletic Sports & Hazardous Activity Benefits as the result of:**

1. Any **Pre-existing Condition** as defined hereunder. This exclusion does not apply to Emergency Evacuation/Repatriation.
2. **Injury** or **Illness** which is not presented to **Us** for payment within 90 days of receiving **Treatment**.
3. Charges for **Treatment** which is not Medically Necessary.
4. Charges provided at no Expense to **You**.
5. Charges for **Treatment** which exceeds **Reasonable and Customary** charges.
6. Charges incurred for Surgery or **Treatments** which are, Experimental/Investigational, or for research purposes.
7. Services, supplies or **Treatment**, including any period of **Hospital** confinement, which were not recommended, approved and certified as Medically Necessary and reasonable by a **Physician**.
8. Suicide or any attempt thereof, while sane or self-destruction or any attempt thereof, while insane.
9. This plan does not insure against loss or damage (including death or Injury) from any consequences, whether direct or indirect, invasion, act of foreign enemy, hostilities, or warlike operation (whether War be declared or not), "armed conflict" by military forces, civil war, mutiny, military or usurped power, martial law or state of siege or any events or causes which determine the proclamation or maintenance of martial law or state of siege, except as provided under the **Political and Natural Disaster Evacuation** and/or optional **War Risk Coverage Rider**.
10. **Injury** or **Illness** sustained while participating in professional athletics, Intercollegiate, Interscholastic Athletics, Club Sports, and Organized Amateur Sports except as provided under the optional **Athletic Sports & Hazardous Activity Rider**.
11. **Injury** or **Illness** sustained while participating in Athletic Sports and Hazardous Activities except as provided under the optional **Athletic Sports & Hazardous Activity Rider**. Including but not limited to: Aerial Photograph (Use of proper restraints required); BMX (Racing or Competitive); Bobsledding; Bungee Jumping; Canopying; Diving with Sharks; Flying in any Chartered or Leased Aircraft or Helicopter; Hang Gliding; Heli-skiing; Horseback Riding; Jet, Snow, and Water Skiing; Kayaking; Martial Arts; Motorcycling & Motor Scooter; Mountain Bike; Mountain Climbing (if over 14 thousand feet, guide required); Mountain Climbing (under 14 thousand feet); MX; Paragliding; Parasailing; Piloting any Non-commercial Aircraft; Running with Bulls; Safari; Safari & Big Game Hunting (use of firearms); Scuba Diving; Security Detail (use of firearms); Skydiving; Snowboarding; Snowmobiling; Spelunking; Surfing; Trekking; Whitewater Rafting (up to and including class V rapids only); Wind Surfing; Zip Lining.
12. Routine physicals, immunizations or other examinations where there are no objective indications or impairment in normal health, and laboratory diagnostic or x-ray examinations, except in the course of a Disablement established by a prior call or attendance of a **Physician**.
13. **Treatment** of the Temporomandibular joint.
14. Vocational, speech, recreational or music therapy.



15. Services or supplies performed or provided by a Relative of **Yours**, or anyone who lives with **You**.
16. Cosmetic or plastic Surgery, except as the result of a **Covered Accident**; for the purposes of this Plan, **Treatment** of a deviated nasal septum will be considered a cosmetic condition.
17. Elective Surgery which can be postponed until **You** return to **Your Home Country**, where the objective of the trip is to seek medical advice, **Treatment** or Surgery.
18. **Treatment** and the provision of false teeth or dentures, normal ear tests and the provision of hearing aids.
19. Eye refractions or eye examinations for the purpose of prescribing corrective lenses for eye glasses or for the fitting thereof, unless caused by Accidental bodily Injury incurred while covered hereunder.
20. **Treatment** in connection with alcoholism and drug addiction, or use of any drug or narcotic agent.
21. **Injury** sustained while under the influence of or Disablement due wholly or partly to the effects of intoxicating liquor or drugs other than drugs taken in accordance with **Treatment** prescribed and directed by a **Physician** for a condition which is covered hereunder, but not for the **Treatment** of drug addiction.
22. Any Mental and Nervous disorders or rest cures.
23. Congenital abnormalities and conditions arising out of or resulting therefrom.
24. Expenses which are non-medical in nature. Including but not limited to: taxes, administration fees, and service fees.
25. Expenses as a result or in connection with intentionally self-inflicted **Injury** or **Illness**.
26. Expenses as a result or in connection with the commission of a felony offense.
27. **Treatment** paid for or furnished under any other individual or group policy or other service or medical pre-payment plan arranged through the employer to the extent so furnished or paid, or under any mandatory government program or facility set up for **Treatment** without Expense to **You**.
28. **Treatment** of venereal disease.
29. Dental care, except as the result of Injury to natural teeth caused by Accident, unless otherwise covered under this Plan.
30. Routine Dental **Treatment**.
31. For Pregnancy or **Illness** resulting from Pregnancy, childbirth, or miscarriage.
32. For miscarriage resulting from Accident.
33. Drug, **Treatment** or procedure that either promotes or prevents conception, or prevents childbirth, including but not limited to: artificial insemination, **Treatment** for infertility or impotency, sterilization or reversal thereof.
34. **Treatment** for human organ tissue transplants and their related **Treatment**.
35. Expenses incurred while in **Your Home Country**, except as provided under the **Home Country Coverage**.
36. Expenses incurred during a **Hospital** emergency visit which is not of an emergency nature.
37. Expenses incurred for which the Trip to the Host Country was undertaken to seek medical **Treatment** for a condition.
38. Expenses incurred during a Trip after **Your Physician** has limited or restricted travel.
39. Sex change operations, or for **Treatment** of sexual dysfunction or sexual inadequacy.
40. Weight reduction programs or the surgical **Treatment** of obesity.
41. Expenses resulting from Acquired Immune Deficiency Syndrome (AIDS), Aids-Related Complex (ARC) or the Human Immunodeficiency Virus (HIV).
42. For any violent or unlawful act of an **Immediate Family Member**, another insured, or an individual that resides with the insured on a permanent basis.
43. For the ordinary Expense of a one-way airplane ticket used in the transportation back to the insured's country where an air ambulance benefit is provided.
44. Long or short term care outside of the Hospital. Included but not limited to: 1) Home health care; 2) Convalescent, nursing, or rest home facilities; 3) Rehabilitation Centers; and 4) Hospice Care facilities.

**No Benefit will be payable for Accidental Death and Dismemberment, Paralysis, Coma, and Seat Belt and Airbag Benefits as the result of:**

1. Suicide or an attempt thereof while sane or self destruction or any attempt thereof while insane.
2. Disease of any kind; Bacterial infections except pyogenic infection which will occur through an accidental cut or wound.
3. Hernia of any kind.
4. **Injury** sustained while **You** are riding as a pilot, student pilot, operator or crew member, in or on, boarding or alighting from, any type of aircraft.
5. **Injury** sustained while **You** are riding as a passenger in any aircraft. (a) Not having a current and valid Airworthy Certificate and (b) Not piloted by a person who holds a valid and current certificate of competency for piloting such aircraft.
6. This plan does not insure against loss or damage (including death or Injury) from any consequences, whether direct or indirect, invasion, act of foreign enemy, hostilities, or warlike operation (whether War be declared or not), "armed conflict" by military forces, civil war, mutiny, military or usurped power, martial law or state of siege or any events or causes which determine the proclamation or maintenance of martial law or state of siege, except as provided under the **Political and Natural Disaster Evacuation** and/or optional **War Risk Coverage Rider**.
7. Service in the military, naval, or air service of any country.
8. Flying in any aircraft being used for or in connection with acrobatic or stunt flying, racing or endurance tests; Flying in any rocket-propelled aircraft; Flying in any aircraft being used for or in connection with crop dusting or seeding or spraying, fire fighting, exploration, pipe or power line inspection, any form of hunting or herding, aerial photography (except as provided under the optional **Athletic Sports & Hazardous Activity Rider**), banner towing or any experimental purpose; Flying in any aircraft which is engaged in any flight which requires a special permit or waiver from the authority having jurisdiction over civil aviation, even though granted.
9. Sickness of any kind.
10. Being under the influence of alcohol or having taken drugs or narcotics unless prescribed by a legally qualified **Physician** or surgeon.
11. **Injury** occasioned or occurring while **You** are committing or attempting to commit a felony or to which a contributing cause was **You** being engaged in an illegal occupation.
12. Pregnancy, childbirth, miscarriage or abortion.
13. This plan does not insure against loss or damage (including death or Injury) and any associated Expense or expense resulting directly or indirectly from the discharge, explosion or use of any device, weapon or material employing or involving nuclear fission, nuclear fusion or radioactive force, or chemical, biological, radiological or similar agents, whether in time of peace or war, and regardless of who commits the act, regardless or any other cause or event contributing concurrently or in any other sequence thereto.
14. For any violent or unlawful act of an **Immediate Family Member**, another insured, or an individual that resides with the insured on a permanent basis.
15. While riding or driving in any competition except as provided under the optional **Athletic Sports & Hazardous Activity Rider**.
16. **Injury or Illness** sustained while participating in professional athletics, Intercollegiate, Interscholastic Athletics, Club Sports, and Organized Amateur Sports except as provided under the optional **Athletic Sports & Hazardous Activity Rider**.
17. **Injury or Illness** sustained while participating in Athletic Sports and Hazardous Activities except as provided under the optional **Athletic Sports & Hazardous Activity Rider**. Including but not limited to: Aerial Photography (Use of proper restraints required); BMX (Racing or Competitive); Bobsledding; Bungee Jumping; Canopying; Diving with Sharks; Flying in any Chartered or Leased Aircraft or Helicopter; Hang Gliding; Heli-skiing; Horseback Riding; Jet, Snow, and Water Skiing; Kayaking; Martial Arts; Motorcycling & Motor Scooter; Mountain Bike; Mountain Climbing (if over 14 thousand feet, guide required); Mountain Climbing (under 14 thousand feet); MX; Paragliding; Parasailing; Piloting any Non-commercial Aircraft; Running with Bulls; Safari; Safari & Big Game Hunting (use of firearms); Scuba Diving; Security Detail (use of firearms); Skydiving; Snowboarding; Snowmobiling; Spelunking; Surfing; Trekking; Whitewater Rafting (up to and including class V rapids only); Wind Surfing; Zip Lining.

**No Benefit will be payable under the Loss of Baggage Benefit for the following items:**

1. Animals.
2. Artificial teeth or limbs, hearing aids.
3. Sunglasses, contact lenses or eyeglasses.
4. Documents of any kind, including but not limited to documents, bills, currency, deeds, evidence of debt, letters of credit, stamps, credit cards, money, notes, securities, transportation, or other tickets.
5. Household furniture or furnishings.

**No Benefit will be payable for Trip Interruption as the result of:**

1. **You, Your family, Your Traveling Companion or Your Traveling Companion's family** has made changes to personal plans; having business or contractual obligations; being unable to obtain necessary travel documents (passports, visas, etc.); being detained or having property confiscated by customs authorities; carrier caused delays (including bad weather).
2. Prohibition or regulatory by any government; default of yacht charter companies; default of the organization from which **You** have purchased **Your** trip arrangements.

**No Benefit will be payable for Home Alteration and Vehicle Modification, as the result of:**

1. Any condition for which the Insured Person is entitled to benefits under any Workers' Compensation Act or similar law.

**Excess Benefits:**

All coverage, except Accidental Death and Dismemberment, will be in excess of all other valid and collectible Insurance Indemnity and will apply only when such benefits are exhausted. The policy is not in lieu of and does not affect any requirement for coverage by Worker's Compensation insurance.

Other valid and collectable Insurance Indemnity for which benefits may be payable are Insurance programs provided by:

1. Individual, group or blanket Insurance or coverage;
2. Other prepayment coverage provided on a group or individual basis;
3. Any coverage under labor management trusted plans, union welfare plans, employer organizational plans, employee benefit organization plans, or other arrangement of benefits for individuals of a group;
4. Any coverage required or provided by any statute, socialized Insurance program;
5. Any no-fault **Automobile** Insurance;
6. Any third party liability Insurance.

**WORLD WIDE ASSISTANCE SERVICES**

Provided by

**ON CALL INTERNATIONAL SERVICES**

**Inside US and Canada 866-509-7715**

**Outside US and Canada 603-328-1728 (collect)**

- **Open 24 hours / 7 days a week**
- **Assists when you need to be evacuated or repatriated**
- **Locates local facilities/hospitals**
- **Multilingual personnel**
- **Help with emergency situations**
- **Medical personnel on staff**

## **CLAIM PAYMENT / CLAIMS ADMINISTRATOR**

Mail claims with original receipts and completed claim form to:

Global Claims Administration  
3195 Linwood Avenue, Suite 201  
Cincinnati OH 45208

Inside US and Canada 800-513-2981, Outside US and Canada 513-533-1330  
9am – 5pm Eastern Standard Time Monday through Friday

**Notice of Claim** - Written notice of claim must be given to the **Company** within 60 days after the occurrence or commencement of any Disablement covered by the Policy, or as soon thereafter as is reasonably possible. Notice given by or on behalf of the claimant to the **Company** or to any authorized agent of the **Company**, with information sufficient to identify the Insured Person will be deemed notice to the **Company**.

**Claim Forms** - The **Company**, upon receipt of a written notice of claim, will furnish to the claimant such forms as are usually furnished by it for filing proofs of loss. If such forms are not furnished within 15 days after the giving of such notice, the claimant shall be deemed to have complied with the requirements of this Plan by submitting, within the time fixed in this Plan for filing proofs of loss, written proof showing the occurrence, nature and extent of the loss for which claim is made. Claim forms can be obtained by calling 800-513-2981 or online at [www.globalunderwriters.com](http://www.globalunderwriters.com). One claim form is needed for each **Injury** or **Illness** for which a claim is being made.

**Proofs of Loss** - Written proof of loss must be furnished to the **Company** at its said office in case of claim for loss for which this plan provides any periodic payment contingent upon continuing loss within 90 days after termination of each period for which The **Company** is liable and in case of claim for any other loss within 90 days after the date of such loss. Failure to furnish proof within the time required shall not invalidate nor reduce any claim if it is not reasonably possible to give proof within such time, provided proof is furnished as soon as reasonably possible.

**Time of Payment of Claims** - Indemnities payable under the plan for any loss other than loss for which the plan provides any periodic will be paid immediately upon receipt of due written proof of such loss. Subject to due written proof of loss, all accrued indemnities for loss for which the plan provides periodic payment will be paid at the expiration of each four weeks during the continuance of the period for which The **Company** is liable, and any balance remaining unpaid upon the termination of liability will be paid immediately upon receipt of due written proof.

**Payment of Claims** - Indemnity for loss of life will be payable in accordance with the beneficiary designation and the provisions respecting such payment which may be prescribed herein and effective at the time of payment. If no such designation or provision is then effective, such indemnity will be payable to your estate. If any indemnity of the Plan will be payable to a minor or otherwise not competent to give a valid release, the plan will pay such indemnity, up to an amount not exceeding \$1,000, to any Relative by blood or connection by marriage of you who is deemed to be equitably thereto. Any payment made by the Plan in good faith pursuant to this provision will fully discharge the Plan to the extent of such payment. Subject to any written direction by you or a portion of any indemnities provided by this Plan on account of Hospital, nursing, medical or Surgical service may, at the Plan's option and unless you request otherwise in writing not later than the time for filing proof of such loss, be paid directly to the Hospital or person rendering such services, but is not required the service be rendered by a particular Hospital or person.

**Subrogation** - To the extent the Plan pays for a loss suffered by **You**, the Plan will take over the rights and remedies **You** had relating to the loss. This is known as subrogation. **You** must help the Plan to preserve its rights against those responsible for the loss. This may involve signing any papers and taking any other steps the Plan may reasonably require. If this Plan takes over **Your** rights, **You** must sign an appropriate subrogation form supplied to **You**.

**Monetary Limits** - The monetary limits stated in this Plan and the plan cost will be in U.S. dollars. For service outside of the territorial limits of the United States, the exchange rate date used to determine the amount of U.S. dollars to be paid is the exchange rate effective for the date the claims expense was incurred.

**Refund of Premium** - Less a \$25 processing fee, will be considered only when written request is received by Global Underwriters prior to the Effective Date of Individual coverage. After the Effective Date of Individual coverage, premium is considered fully earned and non-refundable. Partial refunds are not available.

**DISCLAIMER** - This Description of Coverage and evidence of insurance provides a summary of the policy features only and does not cover all the terms, conditions and limitations of the Master Policy. The Master Policy (on file with Global Underwriters) contains the actual terms, conditions, and limitations, of the coverage to be provided. If there is any conflict between this description of coverage and the Master Policy the Master Policy will govern in all cases.