

**GLOBAL ACCIDENT AND EVACUATION DESCRIPTION OF COVERAGE  
UNITED STATES FIRE INSURANCE COMPANY**

**GLOBAL ACCIDENT PROTECTION PLAN (GAPP)**

**Policy No: US022657**

**ELIGIBILITY AND PERIOD OF COVERAGE**

The **GAPP** provides (I) Accidental Death and Dismemberment (AD&D) Benefits and/or (II) Medical Evacuation Benefits (type of coverage is limited to the plan options for which premium is paid) to the below Eligibility Classes. 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 one day, the maximum is twelve months.

**Class I (United States and Canadian Citizens Only)**

All US and Canadian citizens while traveling inside or outside their **Home Country** who are enrolled under this plan and whose names are on file for this 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; or 2) The effective date requested on the enrollment form.

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

**Class II (Non-United States and Non-Canadian Citizens)**

All Non-US and Non-Canadian citizens while traveling outside their **Home Country** who are enrolled under this plan and whose names are on file for this 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; or 2) The effective date requested on the enrollment form; 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.

**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.

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

**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** will be 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.

**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** means 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 an institution which: 1) Is operated pursuant to law; 2) Is primarily and continuously engaged in providing medical care and treatment to sick and injured persons on an inpatient basis; 3) Is under the supervision of a staff of doctors; 4) Provides 24-hour nursing service by or under the supervision of a graduate registered nurse (R.N.); 5) Has medical, diagnostic and treatment facilities, with major surgical facilities; a) On its premises; or b) Available to it on a prearranged basis; and 6) Charges for its services. (definition continued on page 2)

**Hospital** does not include: 1) A clinic or facility for: a) Convalescent, custodial, educational or nursing care; b) The aged, drug addicts or alcoholics; or c) Rehabilitation; or 2) A military or veterans hospital or a hospital contracted for or operated by a national government or its agency unless: a) The services are rendered on an emergency basis; and b) A legal liability exists for the charges made to the individual for the services given in the absence of insurance.

**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.

**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 any **Injury** or **Illness** which was contracted or which manifested itself, or for which **Treatment** or medication was prescribed in the 60 days prior to the effective date of this insurance.

**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

### I. Accidental Death and Dismemberment (AD&D) Benefits (If Purchased)

#### Accidental Death, Dismemberment, Loss of Sight, and Speech and Hearing

If, within 1-year from the date of an Accident covered by this Certificate, Injury from such Accident, results in **Loss** listed below, we will pay the percentage of the Principal Sum set opposite the loss in the table below. If the Covered Person sustains more than one such Loss as the result of one Accident, we will pay only one amount, the largest to which he is entitled. This amount will not exceed the Principal Sum which applies for the Covered Person.

<u>Loss</u>	<u>Percentage of Principal Sum</u>
Loss of Life	100%
Loss of Both Hands	100%
Loss of Both Feet	100%
Loss of Entire Sight of Both Eyes	100%
Loss of One Hand and One Foot	100%
Loss of One Hand and Entire Sight of One Eye	100%
Loss of One Foot and Entire Sight of One Eye	100%
Loss of Speech and Hearing (both ears)	100%
Loss of One Hand	50%
Loss of One Foot	50%
Loss of Entire Sight of One Eye	50%
Loss of Speech	50%
Loss of Hearing (both ears)	50%
Loss of Thumb and Index Finger of the Same Hand	50%

- The amount of the Principal Sum is \$100,000 unless the **Enhanced AD&D Benefit** is purchased.
- NOTE: For children under age 18 Accidental Death and Dismemberment is limited to \$25,000 per person.

- **Loss of a hand or foot** means complete Severance through or above the wrist or ankle joint.
- **Loss of sight** means the total, permanent loss of sight of the eye. The loss of sight must be irrecoverable by natural, surgical or artificial means.
- **Loss of speech** means total, permanent and irrecoverable loss of audible communication.
- **Loss of hearing** means total and permanent loss of hearing in both ears which cannot be corrected by any means.
- **Loss of a thumb and index finger** means complete Severance through or above the metacarpophalangeal joints (the joints between the fingers and the hand).
- **Severance** means the complete separation and dismemberment of the part from the body.

**Exposure or Disappearance** - This coverage includes exposure to the elements or disappearance after the forced landing, stranding, sinking, or wrecking of a vehicle in which the Covered Person was traveling. A Covered Person will be presumed to have died, for purposes of this coverage, if: 1) He is in a vehicle which disappears, sinks, or is stranded or wrecked; and 2) His body is not found within one year of the accident.

**AD&D Disclaimer** - The maximum AD&D benefit for all of our Diplomat Series of Products is \$1 million of coverage, \$25,000 if under 18 years of age. (Diplomat Series means: Diplomat America, International, Long Term (LT) and GAPP)

**Enhanced AD&D Benefit (If Benefit Purchased)** - The Principal Sum is increased from \$100,000 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.

**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

**Paralysis** means loss of use, without **Severance**, of a limb. This loss must be determined by a Doctor to be complete and not reversible. 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. This benefit is in addition to any other Expenses of the program.

- **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).

**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.

## II. Medical Evacuation Benefits (If Purchased)

**Emergency Medical Evacuation** - Benefits are paid for Covered Expenses incurred up to \$500,000, for any covered **Injury** or **Covered Illness** commencing during the Period of Coverage that results in a Medically Necessary Emergency Medical Evacuation that is: 1) In excess of a 100 mile radius of **Your Home Country** address (as listed on your application) if you are a US or Canadian Citizen; or 2) Outside **Your Home Country** if you are a Non-US or Canadian Citizen. The decision for an Emergency Medical Evacuation must be pre-approved and arranged by the Assistance Company in consultation with **Your** local attending **Physician**. Emergency Medical Evacuation 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** address 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. 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.

**Repatriation** - We will pay the Eligible Expenses shown in the Schedule of Benefits for returning a Covered Person to his place of residence in his home country if he dies as a result of a covered Injury. **Repatriation** Expenses that are covered include, but are not limited to: 1) The cost of embalming and coffin; and 2) Transportation of the body. Benefits are payable up to \$50,000.

**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, 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.

**Political and Natural Disaster Evacuation** - Coverage is provided for Political and Natural Disaster situations that arise after your arrival in the host country 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 (applies even if optional War Risk Rider is purchased). 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. All policy provisions that apply to the Political and Natural Disaster Benefit also apply to the Enhancement.

## ADDITIONAL COVERAGE RIDERS

**Athletic Sports & Hazardous Activity Rider (If Benefit is Purchased)** - If purchased, the **Athletic Sports & Hazardous Activity Rider** will provide 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**; 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:** 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); 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.

**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 terms and conditions: 1) This 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 the Designated War Risk Area for which coverage is purchased; 2) You will not be covered if you travel to a country in a War Risk Area designated higher than the War Risk Area for which additional premium was paid. 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. **If travel includes the following Countries (Restricted Destinations) which are designated as War Risk Area 1 Countries: Afghanistan, Iraq, Iran, Israel (Gaza Strip and West Bank; excludes Jerusalem), North Korea, Pakistan, Palestinian Territories, Russian Federation (North Caucasus Region of Russia,) Somalia, Syria, and Yemen, War Risk Area 1 Coverage is required for benefits to be payable for any loss under this policy. This list is subject to change. For updated War Risk Area country listing, refer to [www.warriskcountries.com](http://www.warriskcountries.com) Coverage is Not available inside the United States or inside the Insured Person's Home Country.**

## EXCLUSIONS AND LIMITATIONS

**Benefits will not be payable for Emergency Medical Evacuation, Repatriation, Emergency Medical Reunion, and Return of Minor Child(ren) Benefits as the result of:**

1. Any **Pre-existing Condition** as defined hereunder (60 days).
2. Charges for **Treatment** which exceeds **Reasonable and Customary** charges.
3. Charges incurred as a result of Surgery or **Treatments** which are, Experimental/Investigational, or for research purposes.
4. 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**.
5. A Covered Person's loss which is caused by or results from the Covered Person's own: a) Intentionally self-inflicted Injury, suicide or any attempt thereat; b) Voluntary self-administration of any drug or chemical substance not prescribed by, and taken according to the directions of, a doctor (Accidental ingestion of a poisonous substance is not excluded.); c) Commission or attempt to commit a felony; d) Participation in a riot or insurrection; e) Driving under the influence of a controlled substance unless administered on the advice of a doctor; or f) Driving while Intoxicated. "Intoxicated" will have the meaning determined by the laws in the jurisdiction of the geographical area where the loss occurs.
6. Services or supplies performed or provided by a Relative of **Yours**, or anyone who lives with **You**.
7. Expenses and **Treatment** in connection with alcoholism and drug addiction, or use of any drug or narcotic agent.
8. Any Mental and Nervous disorders or rest cures.
9. Congenital abnormalities and conditions arising out of or resulting therefrom.
10. 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**.
11. A Covered Person's loss which is caused by or results from a Covered Person's **Injury** sustained while participating in professional athletics, Intercollegiate, Interscholastic Athletics, Club Sports, and Organized Amateur Sports except as provided under the **Athletic Sports & Hazardous Activity Rider**.
12. A Covered Person's loss which is caused by or results from a Covered Person's **Injury** sustained while participating in Athletic Sports and Hazardous Activities except as provided under the **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); 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.

13. Expenses which are non-medical in nature.
14. **Treatment** of venereal disease.
15. **Treatment** for human organ tissue transplants and their related **Treatment**.
16. Expenses incurred for which the Trip to the Host Country was undertaken to seek medical **Treatment** for a condition.
17. Expenses incurred during a Trip after **Your Physician** has limited or restricted travel.
18. Expenses resulting from Acquired Immune Deficiency Syndrome (AIDS), Aids-Related Complex (ARC) or the Human Immunodeficiency Virus (HIV).
19. 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.
20. Medical expenses except as provided during an **Emergency Medical Evacuation and Repatriation**.

***Benefits will not be payable for Accidental Death and Dismemberment, Paralysis, Coma, and Seat Belt and Airbag Benefits as the result of:***

1. A Covered Person's loss which is caused by or results from the Covered Person's own: a) Intentionally self-inflicted Injury, suicide or any attempt thereat; b) Voluntary self-administration of any drug or chemical substance not prescribed by, and taken according to the directions of, a doctor (Accidental ingestion of a poisonous substance is not excluded.); c) Commission or attempt to commit a felony; d) Participation in a riot or insurrection; e) Driving under the influence of a controlled substance unless administered on the advice of a doctor; or f) Driving while Intoxicated. "Intoxicated" will have the meaning determined by the laws in the jurisdiction of the geographical area where the loss occurs.
2. Disease or sickness of any kind; Bacterial infections except pyogenic infection which will occur through an accidental cut 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. While riding or driving in any kind of competition except as provided under the **Athletic Sports & Hazardous Activity Rider**.
7. Pregnancy, childbirth, miscarriage or abortion.
8. 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.
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. Service in the military, naval, or air service of any country.
11. 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 **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.
12. 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 of any other cause or event contributing concurrently or in any other sequence thereto.
13. A Covered Person's loss which is caused by or results from a Covered Person's **Injury** sustained while participating in professional athletics, Intercollegiate, Interscholastic Athletics, Club Sports, and Organized Amateur Sports except as provided under the **Athletic Sports & Hazardous Activity Rider**.



14. A Covered Person's loss which is caused by or results from a Covered Person's **Injury** sustained while participating in Athletic Sports and Hazardous Activities except as provided under the **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); 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 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.

**Restricted Destination Limitation:**

No benefits will be payable for any loss that is incurred while traveling to, from, or in the following countries which are designated as War Risk Area 1 Countries:

*Afghanistan, Iraq, Iran, Israel (Gaza Strip and West Bank; excludes Jerusalem), North Korea, Pakistan, Palestinian Territories, Russian Federation (North Caucasus Region of Russia,) Somalia, Syria, and Yemen.*

This list is subject to change. Please refer to [www.warriskcountries.com](http://www.warriskcountries.com) for current information.

\*To obtain full coverage in these countries, Area 1 War Risk Coverage must be purchased.

**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 collectible 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

AXA Assistance USA

Within the US and Canada: 888-647-3105

Anywhere in the World: 630-766-7731 (collect)

- Open 24 hours / 7 days a week
- Referrals to Medical and Dental Providers Worldwide
- Assistance with Emergency Medical Evacuations and Repatriations
- Emergency Travel Assistance Services
- Multilingual personnel
- Doctors and nurses 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 must be given to us within 30 days after a covered loss occurs or begins or as soon as reasonably possible. Notice can be given at our administrative office as shown on the cover page or to our agent. Notice should include the Certificate holder's name and number and a Covered Person's name and address.

**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.

**Proof of Loss -** Written proof of loss must be furnished to us in the case of a claim for loss for which this Certificate provides periodic payment contingent upon continuing loss within 90 days after the end of the period for which we are liable. Written proof that the loss continues must be furnished to us at intervals required by us. In case of claim for any other loss, proof must be furnished within 90 days after the date of such loss. If that is not reasonably possible, we will not deny or reduce any claim if proof is furnished as soon as reasonably possible. Proof must, in any case, be furnished not more than a year later, except for lack of legal capacity.

**Time of Payment of Claims -** Benefits due under this Certificate for a loss, other than a loss for which this Certificate provides installments, will be paid immediately upon receipt of due written proof of such loss. Subject to written proof of loss, all accrued benefits for loss for which this Certificate provides installments will be paid Monthly; any balance remaining unpaid upon the termination of liability will be paid immediately upon receipt of a written proof of loss, unless otherwise stated in the Description of Benefits.

**Payment of Claims -** Benefits for a Covered Person's loss of life will be paid to the beneficiary named in our records, if any, at the time of payment. The benefits can be paid in one sum or, at a Covered Person's written request, in accordance with one of our settlement plans. If a Covered Person has not requested any settlement plan, the beneficiary can do so in writing after a Covered Person's death. If there is no named beneficiary or surviving beneficiary, a Covered Person's loss of life benefits will be paid in one sum to the first surviving class of following in the order shown below: 1) The beneficiary named to receive a Covered Person's proceeds; 2) Spouse; 3) Child or children; 4) Mother or father; 5) Sisters or brothers; or 6) The estate of a Covered Person. If we are to pay benefits to the estate or to a person who is incapable of giving a valid release, we may pay up to \$1,000 to a relative by blood or marriage whom we believe is equitably entitled. This good faith payment satisfies our legal duty to the extent of that payment. Any other accrued benefits which are unpaid at a Covered Person's death may, at our option, be paid either to his beneficiary or to his estate. All other benefits, unless specifically stated otherwise, will be paid to a Covered Person.

**Change of Beneficiary -** (Applicable only if an Accidental Death or Dismemberment benefit is provided) The Insured can change the beneficiary at any time by giving us written notice. The beneficiary's consent is not required for this or any other change which a Covered Person may make unless the designation of beneficiary is irrevocable or otherwise required by law.

**Subrogation -** If we have paid benefits to a Covered Person for Injuries received in a covered Accident, and in our opinion a third party may be liable, we will be subrogated to the extent of such payment and to all of the rights of the Covered Person regarding the recovery of benefits paid or to any settlement or judgment which results from the exercise of these rights. The Covered Person agrees to sign papers and do whatever else is necessary to transfer his rights to us. We will exercise such rights on his behalf. He further agrees to furnish us with all relevant information and documents.

**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.

**Renewal -** Coverage under this Plan is not renewable. If additional coverage time is needed, a new application must be completed and correct Premium submitted to Global Underwriters Agency.

**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.