

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

The Company hereby insures all persons whose application has been accepted by Our administrator on behalf of the Company, subject to all the exclusions, limitations and provisions set forth in this Policy. Coverage is afforded only with respect to the Covered Person, the coverage, the amounts, and the limits specified in the Certificate issued to the Covered Person, for which premium has been paid.

## SCHEDULE OF BENEFITS

### POLICY MAXIMUM BENEFITS

MEDICAL MAXIMUM PER POLICY PERIOD	\$50,000, \$100,000, \$250,000, \$500,000, \$1,000,000 \$20,000 for ages 80+
DEDUCTIBLE PER POLICY PERIOD	\$0, \$50, \$100, \$250, \$500, \$1,000, \$2,500, \$5,000
CO-INSURANCE PER POLICY PERIOD	100% up to the Policy Maximum
URGENT CARE CO-PAY	\$30 per Incident if the \$0 deductible is chosen, there is no Co-Pay

### MEDICAL EXPENSE BENEFIT

COVERED TREATMENT OR SERVICE	MAXIMUM BENEFIT
HOSPITAL ROOM AND BOARD EXPENSES	The average semi-private room rate
EMERGENCY ROOM ILLNESS WITH NO DIRECT HOSPITAL ADMISSION	\$200 Additional deductible per visit – Only applies when receiving care in an Emergency Room for an Illness that does not result in a hospital admittance
EMERGENCY ROOM INJURY/ACCIDENT OR ILLNESS WITH DIRECT HOSPITAL ADMISSION	UCC to the selected Policy Maximum
ANCILLARY HOSPITAL EXPENSES	Covered
ICU ROOM AND BOARD CHARGES	Up to the Maximum Limit
PHYSICIAN'S NON-SURGICAL VISITS	Covered
PHYSICIAN'S SURGICAL EXPENSES	Covered
ASSISTANT PHYSICIAN'S SURGICAL EXPENSES	Covered
ANESTHESIOLOGIST EXPENSE	Covered
OUTPATIENT MEDICAL EXPENSES	Covered
PHYSIOTHERAPY/PHYSICAL MEDICINE/CHIROPRACTIC EXPENSES	Limited to \$50 per visit, one visit per day and 10 visits per Policy Period
DENTAL TREATMENT FOR INJURY, FOR PAIN TO SOUND NATURAL TEETH	\$250 per Policy Period
X-RAY	Covered
PHYSICIAN VISITS	Covered
PRESCRIPTION DRUGS	Covered
EMERGENCY MEDICAL TREATMENT OF PREGNANCY	\$1,000 per Policy Period

MENTAL OR NERVOUS DISORDER	\$2,500 per Policy Period
CARDIAC CONDITIONS	up to \$25,000 per Policy Period for ages up to 69 or \$15,000 per Policy Period for ages 70 and over

## ADDITIONAL MEDICAL EXPENSE BENEFITS

COVERED TREATMENT OR SERVICE	MAXIMUM BENEFIT
ACUTE ONSET OF PRE-EXISTING CONDITION	For ages up to and including 69 the limit is up to the Medical Policy Maximum purchased per Policy Period except for any coverage related to Cardiac Conditions or Stroke, which will be limited to \$25,000. <b>Upon attaining age 70, Acute Onset of Pre-existing Condition benefits are not available.</b>
WELL DOCTOR VISIT	Up to \$125 - One Visit per Policy Period

## TRANSPORTATION EXPENSES

COVERED TREATMENT OR SERVICE	MAXIMUM BENEFIT
AMBULANCE SERVICE BENEFITS	Covered
EMERGENCY MEDICAL EVACUATION*	100% up to \$2,000,000 per Policy Period  Limit of \$25,000 Maximum per Policy Period for any condition covered under Acute Onset of a Pre-existing Condition Benefit
MEDICALLY NECESSARY REPATRIATION*	100% up to \$15,000 per Policy Period
POLITICAL EVACUATION*	\$25,000 per Policy Period
NATURAL DISASTERS EVACUATION*	\$10,000 per Policy Period Up to \$250 per day to a max of 5 days for Reasonable Expenses
EMERGENCY REUNION*	\$15,000 per Policy Period
RETURN OF MINOR CHILDREN OR GRAND-CHILDREN OR TRAVELING COMPANION*	\$5,000 per Policy Period
REPATRIATION OF MORTAL REMAINS*	100% up to \$50,000 per Policy Period
LOCAL BURIAL / CREMATION*	\$5,000 per Policy Period

## ADDITIONAL BENEFITS

COVERED TREATMENT OR SERVICE	MAXIMUM BENEFIT
HOSPITAL CONFINEMENT*	\$50 per night up to a maximum of \$500 per Policy Period
ACCIDENTAL DEATH & DISMEMBERMENT - 24 Hour *	Insured: \$25,000 Principal Sum Spouse / Domestic Partner: \$25,000 Principal Sum Dependent Child: \$10,000 Principal Sum \$5,000 Principal Sum
ACCIDENTAL DEATH & DISMEMBERMENT - FELONIOUS ASSAULT & VIOLENT CRIME*	\$50,000 Principal Sum
COMA BENEFIT*	\$10,000 per Policy Period
ADAPTIVE HOME AND VEHICLE*	\$5,000 per Policy Period
LOST BAGGAGE*	\$1,000 per Policy Period
TRIP INTERRUPTION*	\$5,000 per Policy Period

## OPTIONAL BENEFITS

COVERED TREATMENT OR SERVICE	MAXIMUM BENEFIT
OPTIONAL RETURN TO HOME COUNTRY COVERAGE	\$50,000 per Policy Period
OPTIONAL SPORTS ACTIVITY COVERAGE	\$50,000 per Policy Period

## OPTIONAL BENEFIT UPGRADES

COVERED TREATMENT OR SERVICE	MAXIMUM BENEFIT
OPTIONAL ACCIDENTAL DEATH AND DISMEMBERMENT – 24 HOURS	Option #1: \$ 50,000 Principal Sum Option #2: \$100,000 Principal Sum Option #3: \$250,000 Principal Sum Option #4: \$500,000 Principal Sum

## ADDITIONAL SERVICES

SERVICE DESCRIPTION	SERVICE DESCRIPTION
**Telemedicine	<a href="https://trawickinternational.com/telemedicine">https://trawickinternational.com/telemedicine</a>
**Travel Assistance	Included

\*Not subject to Deductible

\*\* This is a non-insurance service and is not a part of the insurance underwritten by Crum & Forster, SPC.

## GENERAL TERMS OF COVERAGE

### ELIGIBILITY

This Policy provides coverage to non-US citizens who reside outside the USA and are traveling outside of Their Home Country to visit solely the United States, or to visit a combination of the United States and other countries worldwide. This Policy is not available to anyone age 90 or above.

This Policy is not available to any individual who has been residing within the United States for more than 365 days prior to their Effective Date.

We maintain Our right to investigate to verify that the eligibility requirements have been met. If and whenever We discover that the eligibility requirements have not been met, Our only obligation is refund of premium.

### BENEFIT PERIOD

- While the Policy is in effect, we will pay eligible medical expenses for up to 180 days beginning on the first day of diagnosis or treatment of a covered Sickness or Injury; or
- Upon termination of the Policy, provided the Covered Person remains outside their Home Country and has not traveled back to their Home Country, we will continue to pay eligible medical expenses; up to 2 days following your Termination Date; or for up to 180 days beginning on the first day of diagnosis or treatment of a covered Sickness or Injury; or up to the maximum as stated under the Policy Medical Maximum; whichever occurs first; or
- Upon termination of the Policy, whereas the Covered Person returns to their Home Country the Benefit Period shall discontinue on the date of termination and the plan will no longer pay eligible medical expenses.

## **EFFECTIVE DATE**

An eligible person will be insured on the latest of the following dates: 1. the Covered Person's departure from Their Home Country; or 2. the date and time the Covered Person completed enrollment form and Their correct premium is received; or 3. the Effective Date requested and shown on the certificate.

## **TERMINATION DATE**

The coverage provided with respect to the Covered Person shall terminate at 12:01 AM North American Central Time on the earliest of the following dates: 1. The day after the Termination Date shown on the insurance confirmation card, for which the premium is paid; or 2. The date the Covered Person returns to Their Home Country, except as provided under Return to Home Country Benefit, if eligible; or 3. Three hundred and sixty-four (364) days after the Covered Person's original effective date; or 4. The date the Covered Person becomes a United States citizen; or 5. The date the Covered Person is no longer eligible for this plan.

## **AUTOMATIC EXTENDED COVERAGE**

Coverage will be automatically extended

- 1) If Your scheduled return is delayed due to unavoidable circumstances beyond Your control. This extension of coverage will end on the earlier of the date You reach Your originally scheduled date to return or 5 days after the Termination Date.
- 2) If You incur a covered Injury or Sickness on Your Trip and a treating Physician certifies that You are not Medically Fit to Travel to Your Home Country on Your Termination Date, the Medical Evacuation and Repatriation benefit will be automatically extended for 30 days or until You are Medically Fit to Travel and transported to Your Home Country or You reached the Maximum Benefit Amount shown in the Schedule of Benefits, whichever is sooner.
- 3) If You are Hospitalized due to a covered Injury or Sickness on Your Termination Date and a treating Physician certifies that You are not Medically Fit to Travel on Your Termination Date, this plan will be extended for an additional 30 days, or until You are released from the Hospital and Medically Fit to Travel, or You reached the Maximum Benefit Amount shown in the Schedule of Benefits, whichever is sooner.

## **OPTIONAL EXTENSION PROCEDURES**

An extension notice will be sent to the Covered Person before the Policy Period ends and includes links to extend prior to the Termination Date. The Covered Person is subject to the following rules at extension: In order to extend, the Policy Period must be initially purchased for a minimum of 5 days. If available, an extension period can be purchased; 1. at the premium rate in force at the time of the extension; 2. for a minimum of 5 days; 3. for up to a maximum of 364 days, provided the Covered Person's Policy Period does not exceed 364 days in total. There are no grace periods for extension. Once the Policy has lapsed, reapplication is required. Please note, upon application for a new Policy, the Pre-Existing Condition exclusion, deductible and co-insurance start over.

## **CANCELLATION AND REFUND PROCEDURE PROVISIONS**

Full cancellation and refund will only be considered if We receive written request prior to or on the Effective Date of the coverage. If We receive a written request for cancellation and refund after the Effective Date of coverage, a partial cancellation and refund may be allowed. The following conditions apply: a) If any claims have been filed with Us, the premium is fully earned and is non-refundable; b) If no claims have been filed with the Company, then (i) a cancellation fee of US \$25 will be charged; and (ii) only unused days premiums will be considered as refundable; and c) If after a refund is made, it is determined that a claim was presented to Us on a Covered Person's behalf, the Covered Person will be fully responsible for that claim in its entirety.

## **EXCESS INSURANCE**

The coverage provided in this plan shall be in excess of all other valid and collectable insurance or indemnity and shall apply only when such other benefits are exhausted. In the event no other insurance exists this coverage becomes primary. The Insurance Company reserves the right to review and potentially subrogate with any undeclared coverage whether known or unknown to the Covered Person.

## **POLICY TERMS AND CONDITIONS**

All benefits payable are subject to the Maximum Benefit Limits, and any applicable sub-limits, listed in the Schedule of Benefits.

### **MEDICAL EXPENSE BENEFIT**

If a covered Sickness or Injury occurs during the Policy Period, and the Covered Person requires medical or surgical treatment, benefits are payable for the following covered expenses that are incurred during the Benefit Period. The first covered expenses must be incurred within 90 days after the date of the Covered Accident or Sickness. No benefits will be paid for any expenses incurred which are in excess of Usual and Customary Charges.

1. Hospital Room and Board Expenses: the average daily rate for a semi-private room when a Covered Person is Hospital Confined, and general nursing care is provided and charged for by the Hospital. In computing the number of days payable under this benefit, the date of admission will be counted but not the date of discharge. All charges in excess of the allowable semiprivate rate are the responsibility of the Covered Person.
2. Hospital Emergency Room Visits: Emergency Room Visit for an Illness with no direct Hospital Admittance will be subject to an additional deductible as outlined in the schedule of benefits.
3. Ancillary Hospital Expenses: Services and supplies as Medically Necessary and approved and covered by the Policy including meals and special diets (only for the Covered Person), use of operating room and related facilities, use of intensive care and related services to include x-ray (including reading charges) , laboratory and other diagnostic tests, drugs, medications, biological anesthesia and oxygen services, and administration of blood products. This does not include personal services of a non-medical nature.
4. Intensive Care Unit Expenses: Room and Board: 3 times the average semiprivate room rate when a Covered Person is Hospital Confined in a bed in the Intensive Care Unit and nursing services other than private duty nursing services.
5. Physician non-surgical treatment and examination expenses including the Physician's initial visit, each Medically Necessary follow-up visit and consultation visits when referred by the attending Physician.
6. Physician's Surgical Expenses.
7. Assistant Physician Surgical Expenses when Medically Necessary.
8. Anesthesiologist Expenses for pre-operative screening and administration of anesthesia during a surgical procedure on an outpatient basis.
9. Outpatient Medical Expenses.
10. Physician Visits.
11. Physiotherapy Physical Medicine/Chiropractic Expenses on an Inpatient or outpatient basis including treatment and office visits connected with such treatment when prescribed by a Physician, including diathermy, ultrasonic, whirlpool, heat treatments, adjustments, manipulation, or any form of physical therapy.
12. X-rays.
13. Emergency dental treatment and restoration of sound natural teeth, including x-rays, required as a result of an Accident or to relieve pain.
14. Prescription Drug Expenses including dressings, drugs and medicines prescribed by a Physician.
15. Emergency medical treatment of pregnancy.
16. Mental or nervous disorders: Benefits are provided for psychotherapeutic treatment and psychiatric counseling and treatment for an approved psychiatric diagnosis. A Physician or a licensed clinical psychologist

- must provide all mental health care services. Services of a clinical psychologist must be rendered in the provider's office or in the outpatient department of a Hospital. Services include treatment for Bulimia; Anorexia; Non-medical causes of insomnia. The following services are excluded: Aptitude testing, educational testing and services; Services for conditions not determined by Us as to be emotional or personality Sickesses; Psychiatric services extending beyond the period necessary for evaluation and Diagnosis of mental deficiency or retardation; Services for mental disorders or Sickness which are not amenable to favorable modification; Bereavement; Family counseling of any kind; Marriage counseling of any kind.
17. Treatment for Cardiac Conditions up to the maximum as stated in the Schedule of Benefits.
  18. Medically Necessary treatment for COVID-19, SARS-CoV-2, and any mutation or variation of SARS-CoV-2.

#### **ADDITIONAL MEDICAL EXPENSE BENEFITS**

ACUTE ONSET OF PRE-EXISTING CONDITION for an Acute Onset of a Pre-Existing Condition up to the maximum as stated in the Schedule of Benefits provided the condition or event: 1. occurs spontaneously and without advance warning either in the form of Physician recommendations or symptoms, is of short duration, is rapidly progressive, and requires urgent and immediate medical care; 2. occurs a minimum of 48 hours after the Effective Date of the Policy; and 3. treatment is obtained within 24 hours of the sudden and unexpected outbreak or recurrence.

Any repeat/reoccurrence within the same Policy Period will no longer be considered Acute Onset of a Pre-Existing Condition and will not be eligible for additional coverage. This benefit covers only one (1) Acute Onset episode of a Pre-Existing Condition. Sudden and Acute Onset of a Pre-Existing Condition Coverage expires upon medical advice that the condition and onset is no longer acute, or the Covered Person is discharged from a medical facility.

#### **WELL DOCTOR VISIT**

Benefits will be payable for a Well Doctor Visit per person during the Policy Period. The Covered Person may use any Physician. Telemedicine is not eligible. To be covered:

1. the visit must occur within the first 21 days from the effective date of coverage: and
2. the Covered Person must purchase at least 30 days of coverage initially; and
3. the Physician must use specific ICD10 codes for the Well Visit which are the following three Diagnosis Codes only a) V70.0-Routine medical exam; b) Z00.00-Encounter for general adult medical examination without abnormal findings c) Z00.129-Encounter for routine child health examination without abnormal findings. Visits with ICD10 Codes not listed here are not considered Well Doctor Visits and are not covered as such but may be covered under another Policy benefit. Please register for this benefit with the Plan Administrator.

Visits with ICD10 Codes not listed here are not considered Well Doctor Visits and are not covered as such but may be covered under another Policy benefit. Please register for this benefit at:

<https://trawickinternational.com/wellness/register>

#### **TRANSPORTATION BENEFITS**

##### **AMBULANCE SERVICE BENEFITS**

Ambulance Service Benefits are provided for medically necessary emergency ground or air ambulance transportation as required from the emergency site to the nearest Hospital able to provide the required level of care.

##### **EMERGENCY MEDICAL EVACUATION**

Benefits are payable if a Covered Person suffers a Sickness or Injury during the course of the Trip and the Hospital or Medical Facility they are at, in the opinion of the Assistance Provider, is unable to provide appropriate medical treatment, the Assistance Provider will coordinate an Emergency Medical Evacuation from the Hospital or Medical

Facility where the Covered Person is at to the nearest Hospital or other medical facility where appropriate medical treatment can be obtained. An Emergency Medical Evacuation includes Medically Necessary medical treatment, medical services and medical supplies necessarily received in connection with such transportation.

Benefits will not be payable unless We authorize in writing or by an authorized electronic or telephonic means all expenses in advance. Benefits will not be payable unless: 1. the Physician ordering the Emergency Medical Evacuation certifies the severity of the Covered Person's Sickness or Injury requires an Emergency Medical Evacuation; 2. all transportation arrangements made for the Emergency Medical Evacuation are by the most direct and economical conveyance and route possible; 3. the charges incurred are Medically Necessary and do not exceed the usual level of charges for similar transportation, treatment, services or supplies in the locality where the expense is incurred ; and 4. do not include charges that would not have been made if there were no insurance.

#### **MEDICALLY NECESSARY REPATRATION**

If You have been evacuated under the Emergency Medical Evacuation, or You are Hospitalized due to an Injury or a sudden and unexpected Sickness and it is determined by Your attending Physician and the Assistance Provider's Physician that You need to be medically repatriated back to a Hospital or medical facility in Your Country to recover, the Assistance Provider will coordinate a medical transfer, by any means necessary, to a Hospital or medical facility near Your home once your condition has reached maximum medical improvement.

Benefits will not be payable unless We authorize in writing or by an authorized electronic or telephonic means all expenses in advance. Benefits will not be payable unless: 1. the Physician ordering the Medically Necessary Repatriation certifies Your Sickness or Injury has reached maximum medical improvement; 2. all transportation arrangements made for the Medically Necessary Repatriation are by the most direct and economical conveyance and route possible; 3. the charges incurred are Medically Necessary and do not exceed the usual level of charges for similar transportation, treatment, services or supplies in the locality where the expense is incurred; and 4. do not include charges that would not have been made if there were no insurance.

#### **POLITICAL EVACUATION**

Benefits are payable for the Covered Person's extrication from the Host Country due to an Occurrence which could result in grave physical harm or death. The Occurrence must take place while coverage is in effect, and while the Covered Person is traveling outside of Their Home Country. Benefits will be paid for Transportation and Related Costs to the Nearest Place of Safety, necessary to ensure the Covered Person's safety and well-being as determined by the Designated Security Consultant. Benefits will not be payable unless We (or Our authorized Assistance Provider) authorize in writing, or by an authorized electronic or telephonic means, all expenses in advance, and services are rendered by the Assistance Provider. The Assistance Provider is not responsible for the availability of transport services. Where a Political Evacuation becomes impractical due to hostile or dangerous conditions, a Designated Security Consultant will endeavor to maintain contact with the Covered Person until a Political Evacuation occurs. Political Evacuation Benefits are payable only once for any one Occurrence. If, after a Political Evacuation is completed, it becomes evident that the Covered Person was an active participant in the events that led to the Occurrence, We have the right to recover all Transportation and Related Costs from the Covered Person. Benefits will be payable for evacuation during a period of civil unrest, insurrection or natural disasters that could not have been foreseen prior to the Covered Person's departure from Their Home Country of origin.

#### **NATURAL DISASTER EVACUATION**

Benefits are payable for the Covered Person's extrication due to a Natural Disaster Evacuation that results in You being placed in imminent physical danger. Natural Disaster Event results in such severe and widespread damage that the area of damage is officially declared a disaster area by the appropriate local government authorities of the Host Country, and the area is deemed to be Uninhabitable or dangerous.

We will pay, up to the Maximum Benefit Amount shown in the Schedule of Benefits, to transport You to the Nearest Place of Safety necessary to ensure Yours safety and well-being as determined by Us or Our designated Assistance Provider. We will also pay reasonable expenses incurred at the place of safety for lodging and meals, up to the Amount shown in the Schedule of Benefits, if you have been evacuated by the Assistance Provider. The Natural Disaster Evacuation must occur within 2 days of the Natural Disaster Event, and the arrangements will be by the most appropriate and by most efficient, practical and economical means available and consistent with Your health and safety.

#### **EMERGENCY REUNION**

Benefits are payable for the cost of one economy airfare ticket and other local travel related expenses including the reasonable expenses incurred for lodging and meals of a Covered Person's Immediate Family Member for a period of up to 10 days, to join the Covered Person at the Hospital where the Covered Person is confined and to accompany the Covered Person back to their Home Country, if needed, provided: 1. the Emergency Medical Evacuation Benefit is payable under the Policy; 2. the Covered Person is alone outside of Their Home Country; 3 . the place of confinement is more than 100 miles from the Covered Person's Home Country; and 4. expenses were authorized in advance by the Company.

#### **RETURN OF MINOR CHILDREN OR TRAVELING COMPANION**

If the Covered Person is the only person traveling with minor Dependent children who are under the age of 21, or with a Travel Companion, and the Covered Person suffers a Sickness or Injury and must be Hospital Confined for at least 48 consecutive hours, or are medically evacuated to another location, benefits are payable for the cost of the Dependent or Travel Companion's one way economy airfare ticket and/or ground transportation ticket to Their Home Country. All transportation arrangements must be made by the most direct and economical route and conveyance possible and may not exceed the usual level of charges for similar transportation in the locality where the expense is incurred. Benefits will not be paid unless all expenses are approved in advance by Us, and services are rendered by the Assistance Provider.

#### **REPATRIATION OF MORTAL REMAINS**

Benefits are payable for preparation and return of a Covered Person's body to Their Home Country if they die due to a Sickness or Injury. Covered Expenses include Expenses for embalming or cremation; The least costly coffin or receptacle adequate for transporting the remains; Transporting the remains by the most direct and least costly conveyance and route possible. Expenses must be approved in advance and coordinated by the Assistance Provider.

#### **LOCAL BURIAL / CREMATION**

Benefits are payable for preparation, local burial or cremation of the Covered Person's mortal remains at the country of death in accordance with the commonly accepted cultural and religious beliefs practiced by the Covered Person. If the Local Cremation or Burial is chosen, the Return of Mortal Remains benefit will not apply. Expenses must be approved in advance by the Assistance Provider. Failure to utilize the Assistance Provider to approve these services will result in the denial of benefits. Coverage is not provided for burial and cremation costs incurred for: religious practitioner, flowers, music, food or beverages.

#### **ADDITIONAL BENEFITS**

##### **HOSPITAL CONFINEMENT**

Benefits are payable, if the Covered Person is confined to a Hospital provided; 1. The Hospital stay is the direct result, from no other causes, of Injuries sustained in a Covered Accident or Sickness that occurs while the Policy is in effect; and 2. The Hospital stay begins within 3 days of a Covered Accident or Sickness and lasts for at least 3 days. The benefit will be paid retroactive to the first day of the Hospital stay. Benefit payments will end on the first of the

following: 1. The date the Hospital Stay ends; 2. The date the Covered Person dies; 3. The 10th day of hospitalization; or 4. The date the coverage terminates.

#### ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) – 24 Hour

Accidental Death and Dismemberment will apply to Covered Accidents incurred by a Covered Person. If Injury to the Covered Person results in any one of the losses shown below within 365 days from date of the Covered Accident, We will pay the Benefit Amount shown below for that loss. If multiple losses occur, only one Benefit Amount, the largest, will be paid for all losses due to the same Covered Accident.

COVERED LOSS	BENEFIT AMOUNT
Loss of Life	100% of Principal Sum
Loss of Hands (Both), Loss of Feet (Both), or Loss of Sight of One Eye	100% of Principal Sum
Quadriplegia	100% of Principal Sum
Paraplegia	75% of Principal Sum
Hemiplegia	75% of Principal Sum
Loss of Hand, Loss of Foot or Loss of Sight of One Eye (any one of each)	50% of Principal Sum
Uniplegia	25% of Principal Sum
Loss of Thumb and Index Finger of the same hand	25% of Principal Sum

Exposure and Disappearance Benefit – Benefits are payable if a Covered Person is exposed to the elements after the forced landing, stranding, sinking, or wrecking of a vehicle in which They were traveling. The Covered Person is presumed dead if They are in a vehicle that disappears, sinks or is stranded or wrecked and Their body is not found within six (6) months of the Covered Accident.

If a Covered Person is Injured while wearing a seatbelt and operating or riding as a passenger in an Automobile resulting in any one of the losses shown above within 365 days from the date of the Covered Accident, we will pay benefits as outlined in the Schedule of Benefits.

#### ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) – FELONIOUS ASSAULT & VIOLENT CRIME

We will pay the Benefit Amount for felonious assault, if Accidental Bodily Injury that results from felonious assault causes a Covered Person to suffer one of the losses shown below within 365 days from the felonious assault. The Benefit Amount for felonious assault is payable in addition to any other applicable Benefit Amounts under this Policy. Any assault by a family member is not covered under this benefit.

COVERED LOSS	BENEFIT AMOUNT
Loss of Life	100% of Principal Sum
Loss of Hands (Both), Loss of Feet (Both), or Loss of Sight of One Eye	100% of Principal Sum
Quadriplegia	100% of Principal Sum
Paraplegia	75% of Principal Sum
Hemiplegia	75% of Principal Sum
Loss of Hand, Loss of Foot or Loss of Sight of One Eye (any one of each)	50% of Principal Sum
Uniplegia	25% of Principal Sum
Loss of Thumb and Index Finger of the same hand	25% of Principal Sum

#### COMA BENEFIT

Benefits are payable if the Covered Person becomes comatose within 31 days of a Sickness or Injury and remains in a coma for at least 31 days.

## **ADAPTIVE HOME AND VEHICLE**

Benefits are payable if the Covered Person has an Injury which results in a Covered Loss under the Accidental Death and Dismemberment Benefit. We will pay an additional benefit equal to the least of the actual cost of the alterations for the one-time cost of alterations to the Covered Person's principal residence and/or private Automobile to make the residence accessible and/or the private Automobile drivable or rideable.

## **LOST BAGGAGE**

Up to \$1,000 maximum for the replacement costs of Necessities, up to \$75 per article. Benefits are payable if a Covered Person's luggage is checked onto a Common Carrier, and is then lost, stolen or damaged beyond use. Replacement costs are calculated on the basis of the depreciated standard and its average usable period. The Covered Person must file a formal claim with the transportation provider and provide Us with copies of all claim forms and proof that the transportation provider has paid the Covered Person its normal reimbursement for the lost, stolen or damaged luggage.

## **TRIP INTERRUPTION**

Benefits are payable for reimbursement of the cost of a one-way economy air and/or ground transportation ticket if the Covered Person's Trip is interrupted as the result of: 1. the death of an Immediate Family Member; or 2. the Covered Person's unforeseen Sickness or Injury or, the Sickness or Injury of a Traveling Companion or Immediate Family Member. The Sickness or Injury must be so disabling as to reasonably cause a Trip to be interrupted; or 3. substantial destruction of the Covered Person's principal residence by fire or weather related activity; or 4. a Medically Necessary covered Emergency Medical Evacuation to return the Covered Person to Their Home Country or to the area from which They were initially evacuated for continued treatment, recuperation and recovery.

## **OPTIONAL BENEFITS**

### **OPTIONAL RETURN TO HOME COUNTRY**

If Coverage is purchased, the Covered Person may return to their Home Country for up to 60 days per 12 months of Coverage Purchased during the Policy Period for an Incidental Trip. If a Covered Injury or Illness occurs while on their Incidental Trip, this benefit will pay to the maximum as outlined in the Schedule of Benefits for covered medical expenses incurred during the Incidental Trip. To be eligible for an Incidental Trip the Covered Person's Policy Period must be greater than 30 days in length. If the Covered Person does not return from their Incidental Trip on their scheduled return date, the Policy will be Terminated on the date of their scheduled return from their Home Country. If the Covered Person's scheduled return date cannot be verified, the Policy will terminate on the date the Covered Person departed for their Home Country. Any Injury or Illness that occurred during the Incidental Trip will be considered a Pre-Existing Condition once the Incidental Trip has concluded and no further expenses for that Injury or Illness will be covered.

### **OPTIONAL SPORTS ACTIVITY COVERAGE**

If coverage is purchased for Class 1: this benefit provides coverage to the Covered Person while performing, practicing, or participating in archery, tennis, swimming, cross country, track, volleyball, and golf.

If coverage is purchased for Class 2: this benefit provides coverage to the Covered Person while performing, practicing, or participating in Class 1 sports and the following additional sports: ballet, baseball, basketball, cheerleading, equestrian, fencing, field hockey, football except division 1, gymnastics, hockey (no league play), karate, lacrosse, polo, rowing, rugby, soccer, and softball.

Any Sport 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.

## **EXCLUSIONS**

We will not pay for any Accidental Death and Dismemberment or Paralysis loss or Injury that is caused by, contributed by or that results from:

1. intentionally self-inflicted Injury.
2. suicide or any attempt thereat while sane or self-destruction or any attempt thereat while insane.
3. war or any act of war, whether declared or not.
4. service in the military, naval or air service of any country.
5. disease or bacterial infection except for any bacterial infection resulting from an accidental external cut or wound or accidental ingestion of contaminated food.
6. hernia of any kind.
7. piloting or serving as a crewmember or riding in any aircraft except as a passenger on a regularly scheduled or charter airline.
8. commission of, or attempt to commit, a felony.
9. Injury or Sickness that occurs while the Covered Person has been determined to be legally intoxicated as determined according to the laws of the jurisdiction in which the Injury or Sickness occurred, or under the influence of any narcotic, barbiturate, or hallucinatory drug, unless administered by a Doctor and taken in accordance with the prescribed dosage.
10. 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, firefighting, exploration, pipe or power line inspection, any form of hunting bird or fowl herding, aerial photography, banner towing or any test or experimental purpose; flying any aircraft which is engaged in flight which requires a special permit or waiver from the authority having jurisdiction over civil aviation, even if granted.
11. specific named hazards: Abseiling, Aviation (except when traveling as a passenger in a commercial aircraft), BASE Jumping, Bobsleigh, BMX, Bungee Jumping, Canopying, Canyoning, Caving, High Diving, Hang Gliding, Heli-skiing, Hot Air Ballooning, Inline Skating, Jet Skiing, Kayaking, Luge, Motocross, Motorcycling, MotoX, Mountaineering, Mountain biking, Mountain Climbing, Paragliding, Parasailing, Parascending, Piloting any Aircraft, Racing of any kind, Rock Climbing, Rodeo Activities, Rappelling, Scuba Diving, Ski Jumping, Skydiving, Snow Skiing, Snowboarding, Snowmobiling, Spelunking, Surfing, Trekking, Water Skiing, Wind Surfing, White Water Rafting, Zip Lining, Zorbing.
12. All professional, semi-professional, amateur, club, intramural, interscholastic or intercollegiate sports.
13. Extreme Sports.

In addition to the Exclusions above, We will not pay Medical Expense Benefits, Transportation Expenses or Additional Benefits for any loss, treatment or services that is caused by, contributed by or that results from:

1. Pre-Existing Conditions, as defined.
2. chronic or recurrent Illnesses.
3. services, supplies or treatment, including any period of Hospital confinement, which were not recommended, approved and certified as necessary and reasonable by a Physician.
4. payment for any subsequent medical services incurred for an Illness or Injury of the Covered Person leaving a medical facility against the medical advice of the attending Physician will not be covered for 90 days following the date the Covered Person left against medical advice of the Physician.
5. Injury sustained while participating in a professional, semi-professional, amateur, club, intramural, interscholastic or intercollegiate sport (except as provided by the Optional Sports Activity Rider).
6. Sickness resulting from pregnancy (except as provided by Emergency Medical Treatment of Pregnancy).
7. miscarriage resulting from Accident (except as provided by Emergency Medical Treatment of Pregnancy).

8. immunizations, routine physical or other examinations where there are no objective indications or impairment in normal health, or laboratory diagnostic or x-ray examinations except in the course of a disability established by the prior call or attendance of a Physician, except as specifically provided for in this Policy.
9. cosmetic or plastic surgery, except as the result of an accident.
10. elective treatment, surgery, health treatment or examination that a) can be postponed until the Covered Person returns to his or her Home Country, b) is deemed by Us to be Experimental or Investigational, or c) are not recognized and generally accepted medical practices in the United States
11. any mental or nervous disorders or rest cures (except as provided in the Schedule by Mental or Nervous Disorders Charges).
12. any dental treatment (except as provided by the for Dental Treatment for Injury and Emergency alleviation of pain).
13. eye refractions or eye examinations for the purpose of prescribing corrective lenses for eyeglasses or for the fitting thereof, unless caused by accidental bodily Injury incurred while covered under the Policy.
14. congenital anomalies and conditions arising out of or resulting therefrom.
15. services, supplies, or treatment expenses which are non-medical in nature.
16. the ordinary cost of a one-way airplane ticket used in the transportation back to the Covered Person's country where an air ambulance benefit is provided.
17. expenses as a result of or in connection with an intentionally self-inflicted Injury.
18. treatment paid for or furnished under any other individual or group policy, or other service or medical pre-payment plan arranged through an employer to the extent so furnished or paid, or under any mandatory government program or facility set up for treatment without cost to any individual.
19. childbirth, miscarriage, birth control, artificial insemination, treatment for fertility or impotency, sterilization or reversal thereof or abortion.
20. organ transplants, marrow procedures and chemotherapy.
21. any sexually transmitted or venereal disease; and/or any testing for the following: HIV, Vaccine induced seropositivity to the AIDS virus, AIDS related Illnesses, ARC Syndrome, AIDS.
22. any treatment, service or supply not specifically covered by the Policy.
23. treatment by any Family Member or member of the Covered Person's household.
24. treatment of hernia; Osgood-Schlatter's Disease; osteochondritis; osteomyelitis; congenital weakness whether or not caused by a Covered Accident.
25. expense incurred for treatment of temporomandibular or crano-mandibular joint dysfunction and associated myofascial pain.
26. contact lenses, hearing aids, wheelchairs, braces, appliances, examinations or prescriptions for them, or repair or replacement of Existing artificial limbs, orthopedic braces, orthotic devices, artificial eyes and larynx.
27. treatment or service provided by a private duty nurse or while confined primarily to receive custodial care, educational or rehabilitative care or nursing care.
28. covered medical expenses for which the Covered Person would not be responsible for in the absence of the Policy.
29. conditions that are not caused by a Covered Accident.
30. vocational, recreational, speech or music therapy.
31. traveling against the advice of a Physician, traveling while on a waiting list for inpatient Hospital or clinic treatment, or traveling for the purpose of obtaining medical treatment abroad.
32. any potential fatal condition which was diagnosed before the date your coverage became effective or any condition for which You are traveling to seek treatment.
33. Expenses incurred in your Home Country except as provided: under Benefit Period or under the Home Country Coverage, if purchased.
34. any infection of the urinary tract (including, without limitation, infection of the kidney, ureter, bladder, prostate or urethra) and any complication, medical condition or other Illness directly or indirectly arising therefrom, that

occurs within ninety (90) days of the Effective Date of this Insurance and that requires Treatment of the Covered Person in a Hospital as an inpatient.

35. declared or undeclared war or any act thereof.
36. Complications arising from or treatment of an Injury or Illness that is not covered under this Policy.

We will not pay Political Evacuation benefits for expenses and fees:

1. payable under any other provision of the Policy.
2. that are recoverable through the Covered Person's employer.
3. arising from or attributable to an actual fraudulent, dishonest or criminal act committed or attempted by the Covered Person, acting alone or in collusion with other persons.
4. arising from or attributable to an alleged:
  - a. violation of the laws of country in which the Covered Person is traveling while covered under the Policy; or
  - b. violation of the laws of the Covered Person's Home County.
5. due to the Covered Person's failure to maintain and possess duly authorized and issued required travel documents and visas.
6. for repatriation of remains expenses.
7. for common or endemic or epidemic diseases or global pandemic diseases as defined by the World Health Organization.
8. for medical services.
9. for monies payable in the form of a ransom, if a Missing Person case evolves into a kidnapping.
10. arising from or attributable, in whole or in part, to a) a debt, insolvency, commercial failure, the repossession of any property by any title holder or lien holder or any other financial cause; b) non-compliance by the Covered Person with regard to any obligation specified in a contract or license.
11. due to military or political issues if the Covered Person's Security Evacuation request is made more than 30 days after the Appropriate Authority(ies) Advisory was issued.

We will not pay Natural Disaster benefits for expenses and fees:

1. If You do not evacuate an area due to a potential Natural Disaster, when evacuation notice (mandatory or voluntary) has been issued or posted by the local, state or country government of Your Home Country or the Host Country for a period of more than three (3) days prior to the Natural Disaster Event.
2. The benefits and services described herein are provided to You only if authorized, arranged and coordinated by Us or Our designated Assistance Provider;
3. We will not pay for any loss or expense recoverable under any other valid and collectible insurance or through an employer;
4. We or Our designated Assistance Provider has sole discretion regarding the means, methods and timing of a Natural Disaster Evacuation. However, the decision to travel is Your sole responsibility;
5. We are not responsible for the availability, timing, quality, results of, or failure to provide any service caused by conditions beyond Our control. This includes Our inability to provide You an evacuation or any additional services when United States of America law, local laws or regulatory agencies prohibit the rendering of such evacuation or service. We will not cover a Natural Disaster Evacuation from OFAC designated countries;
6. the actual or threatened use or release of any nuclear, chemical or biological weapon or device, or exposure to nuclear reaction or radiation, regardless of contributory cause;
7. We will not pay for more than one (1) Natural Disaster Evacuation from a country or territory per Policy Period;
8. We will not pay for any loss or expense arising from or attributable to a) fraudulent or criminal acts committed or attempted by You; b) alleged violation of the laws of the country You are visiting, unless We determine such allegations to be fraudulent; or c) failure to maintain required documents or visas;
9. We will not pay any costs or expenses arising from a) Natural Disaster Evacuation from Your Home Country. b) Natural Disaster Evacuation when the Natural Disaster Event precedes Your arrival in the Host Country.

## **DEFINITIONS**

Please note, certain words used in this document have specific meanings. These terms will be capitalized throughout the document.

“Accident” means a sudden, unexpected and unintended event.

“Acute Onset” means a sudden and unexpected outbreak or recurrence which occurs spontaneously and without advance warning.

“Appropriate Authority(ies)” means the government authority(ies) in the Covered Person’s Home Country or the government authority(ies) of the Host Country.

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

“Cardiac Conditions” means medical conditions related to coronary disease, hypertension, high cholesterol/hyperlipidemia, congestive heart failure, arrhythmias, cardiomyopathy, valvular heart disease, congenital heart disease, and rheumatic heart disease. For the purpose of this definition a heart attack and myocardial infarction fall under the definition of Cardiac Conditions.

“Checked Baggage” means Personal Effects brought by You for planned use on Your Trip for which a claim check has been issued to You by a Common Carrier.

“Company” means Crum & Forster SPC

“Covered Accident” means an Accident that occurs while coverage is in force for a Covered Person and results in a loss or Injury covered by the Policy for which benefits are payable.

“Covered Expenses” means expenses actually incurred by or on behalf of a Covered Person for treatment, services and supplies covered by the Policy. Coverage under the Policy must remain continuously in force from the date of the Accident or Sickness until the date treatment, services or supplies are received for them to be a Covered Expense. A Covered Expense is deemed to be incurred on the date such treatment, service or supply, that gave rise to the expense or the charge, was rendered or obtained.

“Covered Loss” or “Covered Losses” means an accidental death, dismemberment or other Injury covered under the Policy.

“Covered Person” means any Insured and Dependent for whom the required premium is paid (herein also referred to as “You” or “Your” or “They” or “Their”).

“Deductible” means the dollar amount of Covered Expenses that must be incurred as an out of-pocket expense by each Covered Person per Policy Period. The Deductible must be met by the Covered Person before Medical Expense Benefits can be paid or reimbursed. The Deductible is applied to the first eligible claim processed.

“Dependent” means an Insured’s lawful spouse or domestic partner; or an Insured’s unmarried child, from the moment of birth to age 21, who is chiefly dependent on the Insured for support. A child, for eligibility purposes, includes an Insured’s natural child; adopted child, beginning with any waiting period pending finalization of the child’s adoption; or a stepchild who resides with the Insured or depends chiefly on the Insured for financial support. A Dependent may also include any person related to the Insured by blood or marriage and for whom the Insured is allowed a deduction under the Internal Revenue Code. Insurance will continue for any Dependent child who reaches the age limit and continues to meet the following conditions: 1. the child is handicapped, 2. is not capable of self-

support and 3. depends chiefly on the Insured for support and maintenance. The Insured must send Us satisfactory proof that the child meets these conditions, when requested. We will not ask for proof more than once a year.

"Designated Security Consultant" means an employee of a security firm under contract with Us or our Assistance Provider who is experienced in security and measures necessary to ensure the safety of the Covered Person(s) in his or her care.

"Effective Date" means the date coverage provided with respect to the Covered Person shall begin.

"Experimental" or "Investigational" means a service for which one or more of the following is true:

1. The prevailing opinion within the appropriate specialty of the United States medical profession is that the service or supply needs further evaluation for the particular diagnosis or set of indications before it is used outside clinical trials or other research settings. We will determine if this item 1. is true based on:
  - a. Published reports in authoritative medical literature; and
  - b. Regulations, reports, publications, and evaluations issued by government agencies such as the Agency for Health Care Policy and Research, the National Institutes of Health and the Food and Drug Administration (FDA).
2. In the case of a drug, a device or other supply that is subject to FDA approval:
  - a. It does not have FDA approval; or
  - b. It has FDA approval, but it is being used for an indication or at a dosage that is not an accepted off label use. Unlabeled uses of FDA-approved drugs are not considered Experimental or Investigational if they are determined to be:
    - i. Included in substantially accepted peer-reviewed medical literature such as: The American Medical Association Drug Evaluations, The American Hospital Formulary Service Drug Information, The United States Pharmacopoeia Information, and other authoritative compendia as identified from time to time by the Secretary of Health and Human Services;
    - ii. Included in a Prescription Drug reference compendium; or
    - iii. In addition, the medical appropriateness of unlabeled uses not included in the compendia can be established based on supportive clinical evidence in peer-reviewed medical publications.
3. The Provider's institutional review board acknowledges that the use of the service or supply is Experimental or Investigational and subject to the board's approval.
4. Research protocols indicate that the service or supply is Experimental or Investigational. This item 4 applies for protocols used by the Covered Person's Provider as well as for protocols used by other Providers studying substantially the same service or supply.

"Evacuation Advisory" means a formal recommendation issued by the Appropriate Authorities that the Covered Person or citizens of his or her Home Country or Country of Residence or citizens of the Host Country leave the Host Country.

"Extreme Sports" means any high-risk non-team sport or recreation activity that is dangerous and if performed optimally, even by the highly skilled, risks loss of life or limb. Extreme Sports often involve speed, height, a high level of physical exertion and/or highly specialized gear.

"Health Care Plan" means a policy or other benefit or service arrangement for medical or dental care or treatment under: 1. group or blanket coverage, whether on an insured or self-funded basis; 2. Hospital or medical service organizations on a group basis; 3. Health Maintenance Organizations on a group basis; 4. group labor-management plans; 5. employee benefit organization plans; 6. association plans on a group or franchise basis; or 7. any other group employee welfare benefit plan as defined in the employee Retirement income Security Act of 1974, as amended.

"Home Country" means the country which the Covered Person has declared to Us in writing on their enrollment, as his or her true, fixed and permanent home and principal establishment.

"Hospital" means an institution that: 1. operates as a Hospital pursuant to law for the care, treatment, and providing of in-patient services for sick or injured persons; 2. provides 24-hour nursing service by Registered Nurses on duty or call; 3. has a staff of one or more licensed physicians available at all times; 4. provides organized facilities for diagnosis, treatment and surgery, either: (i) on its premises; or (ii) in facilities available to it, on a pre-arranged basis; 5. is not primarily a nursing care facility, rest home, convalescent home, or similar establishment, or any separate ward, wing or section of a Hospital used as such; and 6. is not a place solely for drug addicts, alcoholics, or the aged or any separate ward of the Hospital.

"Hospital Confined" means an overnight stay as a registered resident bed-patient in a Hospital.

"Host Country" means any country, other than an OFAC excluded country, in which the Covered Person is traveling while covered under the Policy.

"Immediate Family Member" means the spouse, parent, parent-in law, grandparent, child, grandchild, brother, sister, fiancé, aunt, uncle, niece or nephew, such person being related to the Covered Person.

"Illness" means Sickness.

"Incidental Trip" means a short scheduled trip with a defined departure and return date prior to the start of the Incidental Trip to the Covered Person's Home Country, during their Policy Period. To be an eligible Incidental Trip, the Incidental Trip must take place after the Covered Person's Effective Date and end prior to the Covered Person's Termination Date.

"Injury" means accidental bodily harm sustained by a Covered Person that results, directly and independently from all other causes, from a Covered Accident. All injuries sustained by one person in any one Accident, including all related conditions and recurrent symptoms of these injuries, are considered a single Injury.

"Medical Emergency" means a condition caused by an Injury or Sickness that manifests itself by symptoms of sufficient severity that a prudent layperson possessing an average knowledge of health and medicine would reasonably expect that failure to receive immediate medical attention would place the health of the person in serious jeopardy.

"Medically Necessary" means a treatment, service or supply that is: 1. required to treat an Injury or Sickness; prescribed or ordered by a Physician or furnished by a Hospital; 2. performed in the least costly setting required by the Covered Person's condition; and 3. consistent with the medical and surgical practices prevailing in the area for treatment of the condition at the time rendered. Purchasing or renting 1. air conditioners; 2. air purifiers; 3. motorized transportation equipment; 4. escalators or elevators in private homes; 5. eye glass frames or lenses; 6. hearing aids; 7. swimming pools or supplies for them; and 8. general exercise equipment are not considered Medically Necessary. A service or supply may not be Medically Necessary if a less intensive or more appropriate diagnostic or treatment alternative could have been used. We may, at Our discretion, consider the cost of the alternative to be the Covered Expense.

"Missing Bag Report" means a formal report of loss as filed with the common carrier commonly known as a PIR (Passenger Irregularity Report) or PAWOB (Passenger arriving without baggage). This must include the 6-digit Claim Number or the World Tracer Record Number as provided by the carrier.

"Missing Person" means a Covered Person who disappeared for an unknown reason and whose disappearance was reported to the Appropriate Authority(ies).

“Natural Disaster” means storm (wind, rain, snow, sleet, hail, lightning, dust or sand) earthquake, flood, volcanic eruption, wildfire or other similar event that: 1. is due to natural causes; and 2. results in such severe and widespread damage that the area of damage is officially declared a disaster area by the government in which the Covered Person’s Trip occurs and the area is deemed to be uninhabitable or dangerous.

“Nearest Place of Safety” means a location determined by the Designated Security Consultant where: 1. the Covered Person can be presumed safe from the Occurrence that precipitated the Covered Person’s Political Evacuation; and the Covered Person has access to Transportation; and 2. the Covered Person has the availability of temporary lodging, if needed.

“Necessities” means personal hygiene items and clothing.

“Occurrence” means any of the following situations involving a Covered Person: 1. expulsion from a Host Country or being declared persona non-grata on the written authority of the recognized government of a Host Country; 2. political or military events involving a Host Country, if the Appropriate Authorities issue an Advisory stating that citizens of the Covered Person’s Home Country or citizens of the Host Country should leave the Host Country; 3. deliberate physical harm of the Covered Person confirmed by documentation or physical evidence or a threat against the Covered Person’s health and safety as confirmed by documentation and/or physical evidence; 4. Natural Disaster in the area the Covered Person is traveling to and occurring after Their effective date; 5. the Covered Person had been deemed kidnapped or a Missing Person by local or international authorities and, when found, his or her safety and/or well-being are in question within seven days of his or her being found.

“Policy Period” means the dates as shown on the Covered Person’s certificate for which premium has been paid.

“Political Evacuation” means the extrication of a Covered Person from the Host Country due to an Occurrence which could result in grave physical harm or death to the Covered Person and is certified by a governing authority via declaration or warning.

“Pre-Existing Condition” means any medical condition, Sickness, Injury, Illness, disease, mental illness or mental nervous disorder, for which medical advice, diagnosis, care or Treatment was recommended or received or for which a reasonably prudent person would have sought Treatment during the 36-month period immediately preceding the Effective Date of Coverage under this Policy.

Pre-Existing shall also mean any Injury, Illness, Sickness, disease, or other physical, medical, mental or nervous disorder, condition or ailment that, with reasonable medical certainty, existed at the time of Application or at any time during the 36 months prior to the Effective Date of this insurance, whether or not previously manifested, symptomatic or known, diagnosed, Treated, or disclosed to the Company prior to the Effective Date, and including any and all subsequent, chronic or recurring complications or consequences related thereto or resulting or arising therefrom.

Pre-Existing shall also include any Acute Onset of an Illness, Sickness, disease, or other physical, medical, mental or nervous disorder, condition or ailment that is an exacerbation of, due to, or associated with an underlying condition. Underlying condition shall include any condition that has been monitored by a Physician due to possible deterioration of the Covered Person’s diagnosis being changed, as a result of a previously known condition that can affect, degrade, and/or alter a Covered Person’s underlying condition, including any changes in medication.

“Related Costs” means food, lodging and, if necessary, physical protection for the Covered Person during the Transport to the Nearest Place of Safety.

"Sickness" means an illness, disease or condition of the Covered Person that causes a loss for which a Covered Person incurs medical expenses while covered under the Policy. All related conditions and recurrent symptoms of the same or similar condition will be considered one Sickness.

"Stroke" means a loss of blood flow to part of the brain, which causes damages to brain tissue. Types of strokes include but are not limited to Ischemic stroke, Hemorrhagic stroke and transient ischemic attack (TIA).

"Supplemental Restraint System" means an airbag that inflates upon impact for added protection to the head and chest areas.

"Termination Date" means the date coverage provided with respect to the Covered Person shall terminate.

"Transport" or "Transportation" means the most efficient and available method of conveyance. Where practical, economy fare will be utilized. If possible, the Covered Person's common carrier tickets will be used.

"Traveling Companion" means a person or persons with whom the Covered Person has coordinated travel arrangements, shares the same accommodations as the Covered Person, and intends to travel with the Covered Person during the Trip.

"Trip" means travel by air, land, or sea from the Covered Person's Home Country.

"Usual and Customary Charge" means the average amount charged by most providers for treatment, service or supplies in the geographic area where the treatment, service or supply is provided.

"We", "Our", "Us" means The Company, or Crum & Forster SPC.

## CLAIM PROCEDURES

All claims must be submitted within 90 days of the date of service. All claims MUST BE ON A FULLY COMPLETED claim form including medical history sections. A claim form must be completed and provided for each medical condition.

**Governing Jurisdiction:** All claims arising under this insurance shall be governed by the Laws of Cayman Islands whose courts alone shall have jurisdiction in any dispute arising hereunder.

**Notice of Claim:** A claimant must give Us or Our authorized representative written (or authorized electronic or telephonic) notice of claim within 90 days after any loss covered by the Policy occurs. If the claimant or Covered Person is incapacitated within the 90 days after the loss, must be given as soon as reasonably possible. This notice should identify the Covered Person and the Policy Number. All claims must be submitted within 90 days from date of incident, or they will be denied. Circumstances may exist in which this is not always possible. Any submissions after 90 days will be considered based on those circumstances.

**Claim Forms:** Upon receiving written notice of claim, We will provide claim forms to the claimant within 15 days. If We do not furnish such claim forms, the claimant will satisfy the requirements of written proof of loss by sending the written (or authorized electronic or telephonic) proof as shown below. The proof must describe the occurrence, extent and nature of the loss and give authorization to release medical records.

**Proof of Loss:** Written (or authorized electronic or telephonic) proof of loss must be sent to the agent authorized to receive it. Written (or authorized electronic or telephonic) proof must be given within 90 days after the date of loss. If it cannot be provided within that time, it should be sent as soon as reasonably possible. In no event, except

in the absence of legal capacity, will proof of loss be accepted if it is sent later than one year from the time proof is otherwise required.

**Proof of Eligibility:** A claimant must provide Us or Our authorized representative with written proof of eligibility as outlined in this policy, at time of Claim. Proof of Eligibility is required prior to any payment of a Claim.

**Claimant Cooperation Provision:** Failure of a claimant to cooperate with Us in the administration of a claim may result in the delay or termination of a claim. Such cooperation includes, but is not limited to, providing any information or documents needed to determine whether benefits are payable or the actual benefit amount due.

**Time Payment of Claims:** Benefits for loss covered by the Policy, other than benefits that require periodic payment, will be paid not more than 60 days after We receive proper written proof of such loss.

**Payment of Claims:** If the Covered Person dies, any death benefits or other benefits unpaid at the time of the Covered Person's death will be paid to the beneficiary. If no beneficiary is on record with Us or Our authorized agent, payment will be made to the first surviving class of the following to the Covered Person's: 1. spouse; 2. children, in equal shares (If a child is a minor, benefits will be paid to the legal guardian); 3. mother or father; 4. estate. All other benefits due and not assigned will be paid to the Covered Person if living. Otherwise, the benefits may, at our option, be paid: 1. according to the beneficiary designation; or 2. to the Covered Person's estate. If a benefit due is payable to: 1. the Covered Person's estate; or 2. the Covered Person or a beneficiary who is either a minor or is not competent to give a valid release for the payment, We may pay any amount due to some other person. The other person will be one who we believe is entitled to the payment and who is related to the Covered Person or the beneficiary by blood or marriage. We will be relieved of further responsibility to the extent of any payment made in good faith. We may pay benefits directly to any Hospital or person rendering covered services, unless the Covered Person requests otherwise in writing. The Covered Person must make the request no later than the time he or she files a written proof of loss.

**Recovery of Overpayment or Error:** If benefits are overpaid, or paid in error, We have the right to recover the amount overpaid, or paid in error, by any or all of the following methods: 1. a request for lump sum payment of the amount overpaid or paid in error. 2. Reduction of any proceeds payable under the Policy by the amount overpaid or paid in error. 3. Taking any other action available to Us. We may at Our own expense take proceedings in the name of the Covered Person to recover compensation or secure an indemnity from any third party in respect of any loss, damage or expense covered by this Insurance and any amount so recovered or secured shall belong to Us.

**Assignment:** At the request of the Covered Person or his or her parent or guardian, if the Covered Person is a minor, medical benefits may be paid to the provider of service. Any payment made in good faith will end our liability to the extent of the payment.

**Beneficiary:** The Insured may designate a beneficiary. The Insured has the right to change the beneficiary at any time by written (or electronic and telephonic) notice. If the Insured is a minor, his or her parent or guardian may exercise this right for him or her. The change will be effective when We or Our authorized agent receive it. When received, the effective date is the date the notice was signed. We are not liable for any payments made before the change was received. We cannot attest to the validity of a change. The Insured is the beneficiary for any covered Dependent.

**Physical Examinations and Autopsy:** We have the right to have a Physician of Our choice examine the Covered Person as often as is reasonably necessary. This section applies when a claim is pending or while benefits are being

paid. We also have the right to request an autopsy in the case of death, unless the law forbids it. We will pay the cost of the examination or autopsy.

**Legal Actions:** No lawsuit or action in equity can be brought to recover on the Policy: 1. before 60 days following the date proof of loss was given to Us; or 2. After 3 years following the date proof of loss is required.

**Not in Lieu of Workers' Compensation:** The Policy is not a Workers' Compensation Policy. It does not provide Workers' Compensation benefits.

**Economic or Trade Sanctions:** Any payments under this policy will only be made in full compliance with all United States of America economic or trade sanction laws or regulations, including, but not limited to, sanctions, laws, and regulations administered and enforced by the U.S. Treasury Department's Office of Foreign Assets Control ("OFAC"). Therefore, any expenses incurred, or claims made involving travel that is in violation of such sanctions, laws and regulations will not be covered under this policy. For more information, You may consult the OFAC internet website at

<https://www.treasury.gov/about/organizational-structure/offices/Pages/Office-of-Foreign-Assets-Control.aspx>

**Electronic Communication:** 1. Consent to receive insurance related documents and communications, including but not limited to, your policy documents, disclosures, notices, explanation of benefits (EOB), claims documentation, as well as termination and cancellation or non-renewal notices, electronically to the email address you provide to us through the online application process instead of receiving these records in a paper format from us. 2. Agree and acknowledge that your consent is provided and/or obtained in connection with a transaction affecting interstate commerce subject to the Electronic Signatures in Global and National Commerce Act and the Uniform Electronic Transactions Act, or a similar electronic transactions law, as adopted by state law. 3. Agree that the document(s) delivered to you electronically shall have the same meaning and effect as if you were provided a paper document, whether or not you choose to view the document(s), unless you previously withdrew your consent to receive documents via electronic means as provided below. Electronic document(s) are considered received by you at the time you complete your purchase, unless we receive notice that the email notification was not delivered to you at the email address you provided.

**Fraud Warning:** If the Covered Person or any person acting on his/her behalf shall make any claim or statement knowing the same to be false or fraudulent as regards to amount or otherwise, then this Insurance shall become void and all claims here under shall be forfeited without refund of premium.

## CONTACT INFORMATION

### CLAIMS ADMINISTRATOR

Surego Administrative Services on Behalf of Crum & Forster  
PO Box 2069 Fairhope AL 36533



[Click here to Submit Your Claim Online](#)

For claim status or questions please call: Toll Free: 866-696-0409 Direct 251-928-0939

Email [claims@mysurego.com](mailto:claims@mysurego.com)

### PLAN ADMINISTRATOR

Trawick International  
PO Box 2284 Fairhope AL 36533

Toll Free: 888-301-9289 Direct: 251-661-0924

Email: [info@trawickinternational.com](mailto:info@trawickinternational.com)



### ON CALL INTERNATIONAL 24/7 TRAVEL ASSISTANCE SERVICES

The Travel Assistance program features a variety of **emergency** travel-related services that include Medical Monitoring Medical and Hospital Admission Guarantee. Travel assistance services are provided by an independent organization and not by the Company. There may be times when circumstances beyond On Call's control hinder their endeavors to provide travel assistance services. They will, however, make all reasonable efforts to provide travel assistance services and help you resolve your emergency situation.

**TOLL FREE 833-425-5101 (within the United States and Canada)**

**COLLECT 603-952-2686 (From all other locations)**