

UNITED STATES FIRE INSURANCE COMPANY
Administrative Office: 5 Christopher Way, Eatontown, NJ 07724
(Herein called "We, "Our", or "Us")

**GROUP TRAVEL PROTECTION
CERTIFICATE OF INSURANCE**

POLICY NUMBER: US022790

POLICY EFFECTIVE DATE: October 1, 2012

POLICY TERMINATION DATE: September 30, 2013

POLICYHOLDER: USI Affinity Collegiate Insurance Resources

STATE OF DELIVERY: OH

Wherever a masculine pronoun is used in this certificate, it includes the feminine also unless the context clearly indicates the contrary. Words that are in **boldface** (other than captions) have a special meaning and are defined in this certificate.

We certify that:

Your coverage under the policy begins on **Your** Effective Date if:

- a. **You** are eligible; and
- b. The required premium for **Your** coverage has been paid.

This certificate of insurance, as issued to each **Insured Person** is a part of a group policy. In case of differences or errors, the policy will govern.

This certificate is subject to the provisions of the group policy. It replaces all other certificates and any amendments for coverage previously issued to **You** under the policy.

PLEASE READ YOUR CERTIFICATE CAREFULLY

Signed for **United States Fire Insurance Company** By:



Douglas M. Libby

Chairman and CEO



James Kraus

Secretary

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Eligibility

If **You** will be traveling outside **Your Home Country**, **We** will provide **You** Medical Coverage while on **Your** trip. **Home Country** will mean where **You** have **Your** true, fixed and permanent home and principal establishment.

Period of Coverage

The minimum Period of Coverage under this plan is one day, the maximum is 12 months. Benefits can be purchased in a combination of monthly, weekly and or daily periods by paying the appropriate Plan Cost.

Effective Date of Individual Coverage

Coverage under the Policy is effective on the later of the following:

1. The date Global Underwriters receives a completed application and the appropriate Plan Cost; or
2. The Effective Date requested on the application; or
3. The moment **You** depart from **Your Home Country**.

Termination Date of Individual Coverage

Coverage under the Policy ends on the earliest of the following:

1. The moment **You** return to **Your Home Country**, except as provided under the **Home Country** Coverage; or
2. The expiration of 12 months from the Effective Date of Coverage; or
3. The date shown on the Certificate issued to **You** by Global Underwriters; or
4. The end or the period for which the Plan Cost has been paid; or
5. The date **You** are no longer considered an Eligible Person.

DESCRIPTION OF BENEFITS

A. Medical Expenses

We will pay for **Reasonable and Customary** charges for Covered Expenses, excess of the chosen **Deductible(\$100 Options 1, 2 & 3)** and **Coinsurance(100% Options 1, 2 & 3)** up to the selected Medical Maximum(**\$50,000 Option 1; \$100,000 Options 2 & 3**), incurred by **You** due to an accidental Injury or Illness which occurred during the Period of Coverage outside **Your Home Country** (except as provided under the **Home Country** Coverage). All bodily disorders existing simultaneously which are due to the same or related causes will be considered one Disablement. If a Disablement is due to causes which are the same or related to the cause of a prior Disablement, the Disablement will be considered a continuation of the prior Disablement and not a separate Disablement. The initial **Treatment** of an Injury or Illness must occur within 30 days of the date of Injury or onset of Illness.

Only such expenses which are specifically enumerated in the following list of charges, are incurred within 180 days from the date of accident or onset of Illness, and which are not excluded will be considered.

B. Covered Expenses:

1. Charges made by a Hospital for room and board, floor nursing and other services inclusive of charges for professional service and with the exception of personal services of a non-medical nature; provided, however, that expenses do not exceed the Hospital's average charge for semiprivate room and board accommodation.
2. Charges made for Intensive Care or Coronary Care charges and nursing services.
3. Charges made for diagnosis, **Treatment** and Surgery by a Physician.
4. Charges made for an operating room.
5. Charges made for **Outpatient Treatment**, same as any other **Treatment** covered on an **Inpatient** basis. This includes ambulatory Surgical centers, Physician's **Outpatient** visits/examinations, clinic care, and Surgical opinion consultations.
6. Charges made for the cost and administration of anesthetics.
7. Charges for Medication, x-ray services, laboratory tests and services, the use of radium and radioactive isotopes, oxygen, blood, transfusions, iron lungs, and medical **Treatment**.
8. Charges for physiotherapy, if recommended by a Physician for the **Treatment** of a specific Disablement and administered by a licensed physiotherapist.
9. Dressings, drugs, and Medicines that can only be obtained upon a written prescription of a Physician or Surgeon.
10. Local transportation to or from the nearest Hospital or to and from the nearest Hospital with facilities for required **Treatment**. Such transportation will be by licensed ground ambulance only, within the metropolitan area in which **You** are located at that time the service is used. If **You** are in a rural area, then licensed ground ambulance transportation to the nearest metropolitan area will be considered a Covered Expense.

C. Emergency Medical Evacuation and Repatriation:

Benefits are paid for Covered Expenses incurred up to **\$250,000**, for any covered Injury or Illness commencing during the Period of Coverage that result in a Medically Necessary Emergency Medical Evacuation or Repatriation. The decision for an Emergency Medical Evacuation or Repatriation must be pre-approved and arranged by the Assistance Company in consultation with **Your** local attending Physician.

Emergency Medical Evacuation or Repatriation means:

- a. **Your** medical condition warrants immediate transportation from the place where **You** are located (due to inadequate medical facilities) to the nearest adequate medical facility where medical **Treatment** can be obtained.
- b. After being treated at a local medical facility, **Your** medical condition warrants transportation with a qualified medical attendant to **Your Home Country** to obtain further medical **Treatment** or to recover; Or
- c. Both **a.** and **b.** above.

Covered Expenses are expenses for transportation, medical services and medical supplies necessarily incurred in connection with Emergency Medical Evacuation or Repatriation. All transportation arrangements must be by the most direct and economical route. Expenses for special transportation and medical supplies and services must be:

- a. Pre-approved and ordered by the Assistance Company and
- b. Required by the standard regulations of the conveyance transportation. Transportation means any land, water or air conveyance required to transport **You**. Special transportation includes, but is not limited to, licensed ground and air ambulances, commercial airlines, and private motor vehicles.

D. Return of Mortal Remains:

Benefits will be paid for **Reasonable and Customary** Covered Expenses incurred up to **\$250,000**, to return **Your** remains to **Your Home Country**, if **You** should die. Covered Expenses include, but are not limited to, expenses for embalming or Cremation, a minimally necessary container appropriate for transportation, shipping costs, and the necessary government authorizations. All Covered Expenses in connection with a Return of Mortal Remains or Cremation must be pre-approved and arranged by the Assistance Company.

E. Emergency Medical Reunion:

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

F. Dental:

When covered Dental expenses are incurred by the insured person the Company will pay Reasonable and Customary expenses in excess of the Deductible and Coinsurance up to **\$150.00**. In no event will the Company's maximum liability exceed the maximum stated in the Schedule of Benefits, Dental, as to Covered Expenses during any one period of individual coverage.

For the purpose of this section, only such expenses, incurred as the result of an eligible Dental condition, in which services or Medications are prescribed, performed, or ordered by a Dentist and enumerated below, and which are not excluded in Section V, Exclusions, will be considered as Covered Expenses.

1. With respect to Accidental Dental, an eligible Dental condition will mean emergency dental repair or replacement to sound, natural teeth damaged as a result of a covered Accident.
2. With respect to Palliative Dental, an eligible Dental condition will mean emergency pain relief treatment to natural teeth.

G. Accidental Death & Dismemberment:

Benefits will be paid to **You** if **You** sustain an accidental Injury. The Injury must occur during the Period of Coverage and death or dismemberment as a result of that accident must occur within 365 days from the date of Accident. Benefits payable for any such loss will be in accordance with the following table: if **You** incur more than one Loss stated in the following table as the result of one Accident, only the largest amount, will be payable.

Accidental Death and Dismemberment
Aggregate Limit of Indemnity Per Accident \$125,000

Principal Sum
\$ 25,000

Description of Loss
(for Loss of)

	<u>Principal Sum</u>
Life	100%
Both Hands or Both Feet or Sight of Both Eyes	100%
One Hand and One Foot	100%
Either Hand or Foot and Sight of One Eye	100%
Either Hand or Foot	50%
Sight of One Eye	50%
Quadriplegia	100%
Paraplegia (total paralysis of both lower limbs)	75%
Hemiplegia (total paralysis of upper and lower limbs of one side the body)	50%
Uniplegia (total paralysis of one limb)	25%

Accidental Death and Dismemberment Insurance is afforded to an Insured Person which will apply only to Injury, as defined in Section III, Definitions, sustained by such Insured Person during the course of coverage. Such Insurance includes such Injury which:

Coverage A) occurs during the course of time the Insured Person is covered under the Policy;

Coverage B) is sustained during such trip while the Insured Person is riding as a passenger (but not as a pilot, operator or member of the crew) in or on, boarding or alighting from:

1. any civilian aircraft having a current and valid Airworthiness Certificate, and piloted by a person who then holds a valid and current certificate of competency of a rating authorizing him to pilot such aircraft or
2. any transport type aircraft operated by the Military Airlift Command (MAC) of the United States, or by the similar air transport service of any duly constituted governmental authority of any other recognized country or

3. a Common Carrier provided that this Insurance will not apply while such Insured Person is riding in any civilian or military aircraft other than as expressly described above, unless previously consented to in writing by the Company.

The Company will pay an indemnity determined from Section II Schedule of Benefits, Accidental Death and Dismemberment, Table of Losses, if an Insured Person sustains a Loss stated therein resulting from Injury, provided that:

- 1) such Loss occurs within 365 days after the date of Accident causing such Loss; and
- 2) the indemnity payable for any such Loss will be the Principal Sum stated in Section II, Schedule of Benefits, Accidental Death and Dismemberment, Principal Sum, as applicable to such Insured Person and this Insurance; and
- 3) if more than one Loss stated in said Table is sustained as the result of one Accident, only one of the amounts so stated in said Table, the largest, will be payable.

Exposure

If by reason of an Accident covered by the Policy an Insured Person is unavoidably exposed to the elements and as a result of such exposure suffers a Loss for which the Principal Sum is otherwise payable hereunder such Loss will be covered under the terms of this Policy.

Disappearance

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

Beneficiary Designation and Change

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

H. TRIP CANCELLATION AND/OR DELAY

Trip Cancellation coverage provides benefits up to the maximum stated in the Schedule of Benefits, Trip Cancellation and/or Delay, Trip Cancellation Limit, for Loss(es) the Insured Person incurs for trips canceled up to the time and date of departure.

Coverage is provided for losses (after the Effective Date) the Insured Person incurs due to the cancellation or interruption of the Insured Person's trip if caused by:

1. Death of a Family Member only;
2. An Injury or medical condition (whether or not death results) requiring the Insured Person, a Family Member, Traveling Companion or Traveling Companion's Family Member to receive treatment by a licensed Physician who advises cancellation or interruption of the trip;
3. Strikes or natural disasters resulting in the complete cessation of services by an airline, tour operator or cruiseline;
4. The Insured Person or Traveling Companion being directly involved in a traffic Accident while directly en route to a departure. The traffic Accident must be substantiated by a police report;
5. A terrorist incident in a foreign city if the Insured Person is scheduled to arrive in that city within 10 days following the incident and, the Insured Person's tour operator or cruise line (if applicable) not offering a substitute itinerary;
6. If, in the event a group leader cancels a scheduled trip because he/she or a member of his/her immediate family becomes seriously ill or injured and no replacement can be found, requiring all participants assigned to such group leader to cancel their trip, payment will not exceed \$4800 in total for all participants assigned to such group leader.
7. If, within 45 days prior to your departure for the program a politically motivated terrorist attack occurs within a 50 mile radius of the territorial city limits of the foreign city to be visited by the program or the United States government issues a travel advisory indicating that Americans should not travel to that city. "Terrorist attack" means an incident deemed a terrorist act by the U.S. State Department involving premeditated, politically motivated violence by persons not acting on behalf of a sovereign state, or clandestine state agents. Acts of war are excluded.

Coverage is provided for the following if one of the above noted incidents occurs:

1. Non-refundable trip payments or deposits made by the Insured Person if the Insured Person's trip is canceled;
2. The additional cost resulting from a change in the per person occupancy rate for prepaid travel arrangements if a Traveling Companion's trip is canceled or interrupted for one of the above covered reasons and the Insured Person's is not;
3. Reasonable, additional accommodation and transportation expenses, up to the amount of coverage provided, if a covered traveling Family Member or Traveling Companion must remain hospitalized;
4. Reasonable, additional travel costs for the Insured Person to reach their original destination if the Insured Person must depart after their planned departure date;
5. Reasonable, additional transportation expenses needed to reach the Insured Person's return destination or to travel from the place the Insured Person's trip was interrupted to the place where the Insured Person can rejoin the trip and the unused portion of any non-refundable land, sea and air arrangements that were paid as part of the trip.
6. A refund of your program fees less the registration fee.

Trip Delay coverage provides benefits for Loss(es) the Insured Person incurs for trips that are interrupted or delayed after the time and date of departure.

The Policy provides coverage for reasonable additional accommodation and traveling expense which the Insured Person incurs up to the maximum stated in the Schedule of Benefits, Trip Cancellation and Delay, Trip Delay Limit, due to a Travel Delay of at least 24 hours.

I. TRIP INTERRUPTION

Trip Interruption coverage provides benefits up to the maximum stated in the, Schedule of Benefits, Trip Interruption, Trip Interruption Limit, for Loss(es) the Insured Person incurs for trips if interrupted after departure. Coverage is provided for losses (after the Effective Date) the Insured Person incurs due to the cancellation or interruption of the Insured Person's trip if caused by:

1. Death of a Family Member.
2. An Injury or medical condition (whether or not death results) requiring the Insured Person, a Family Member, Traveling Companion or Traveling Companion's Family Member to receive treatment by a licensed Physician who advises cancellation or interruption of the trip.
3. Serious damage to the Insured Person's principal residence from fire, flood or similar natural disaster (tornado, earthquake, hurricane, etc.)

Coverage is provided for the following if one of the above noted incidents occurs:

1. Reasonable, additional accommodation and transportation expenses, up to the amount of coverage provided, if a covered traveling Family Member or Traveling Companion must remain hospitalized;
2. Reasonable, additional travel costs for the Insured Person to reach their original destination if the Insured Person must depart after their planned departure date;
3. Reasonable, additional transportation expenses needed to reach the Insured Person's return destination or to travel from the place the Insured Person's trip was interrupted to the place where the Insured Person can rejoin the trip and the unused portion of any non-refundable land, sea and air arrangements that were paid as part of the trip;
4. A refund of your program fees less the registration fee;
5. One-way economy ticket to the participant's home;
6. The cost of economy travel less the value of applied credit from an unused return travel ticket to return home.

J. BAGGAGE LOSS AND/OR DELAY

The Company will reimburse the Insured Person, up to the amount stated in the Schedule of Benefits, Baggage Loss and/or Delay for loss, theft or damage to baggage and personal effects, checked with a Common Carrier provided the Insured Person has taken all reasonable measures to protect, save and/or recover his/her property at all times. The baggage and personal effects must be owned by and accompany the Insured Person at all times.

This coverage is secondary to any coverage provided by a Common Carrier and all other valid and collectible insurance indemnity and will apply only when such other benefit are exhausted.

There will be a per article limit of \$100.

The Company will pay the lesser of the following:

1. The actual cash value (cost less proper deduction for depreciation at the time of loss, theft or damage;
2. The cost to repair or replace the article with material of a like kind and quality; or
3. \$200 per article.

A maximum of \$50 will be paid for the cost of replacing a passport or visa.

For Baggage Delay: If an Insured Person's checked baggage is delayed or misdirected by a Common Carrier for more than 24 hours from the Insured Person's time of arrival at a destination other than their Home Country, benefits will be paid, up to the amount stated in the Schedule of Benefits, Baggage Loss and/or Delay, for the actual expenditure for necessary personal effects. An Insured Person must be a ticketed passenger on a Common Carrier. The Common Carrier must certify the delay or misdirection. Receipts for the purchases must accompany any claim.

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

K. Political and Natural Disaster Evacuation

Coverage is provided up to \$50,000 if the Insured requires emergency evacuation due to the following reasons, which places him/her in Imminent Bodily Harm as determined by the Assistance Company security personnel, in accordance with local and U.S. authorities or due to a Natural Disaster, which makes his/her location Uninhabitable, or, your location in the Host Country is deemed Uninhabitable by the Assistance Company security personnel, the Assistance Company security shall arrange, and the plan will pay for Insured's transportation to the nearest safe location: 1) Officials of the Foreign Country or the embassy of the country with which the Insured is a national has issued for reasons other than medical, a recommendation that categories of persons which include the Insured should leave the Foreign Country; and/or 2) Insured is being expelled or declared persona non grata on the written authority of the recognized government of the Foreign Country; and/or 3) The Political and Military Events in the Foreign Country have created a situation in which the Insured is in danger of Imminent Bodily Harm to the extent that the Insured must be removed from the Foreign Country; and/or 4) Officials of the Foreign Country or the embassy of the country with which the Insured is a national has issued for reasons due to the Natural Disaster situation, a recommendation that categories of persons which include the Insured should leave the Foreign Country; AND 5) Insured cannot obtain commercial transportation to the nearest safe location within a time period which will enable the Insured to leave the Foreign Country in time to avert Imminent Bodily Harm or to comply with the time allowed to leave the Foreign Country pursuant to the orders of the recognized government of that Foreign Country. The Insured must contact the Travel Assistance Company as soon as possible, as delays may make safe transportation impossible. The method of transportation will be as deemed most appropriate to ensure Insured's safety. If evacuation becomes impractical due to hostile or dangerous conditions, Travel Assistance Company will maintain contact with and advise the Insured until evacuation becomes viable or the Natural Disaster situation has been resolved. The Assistance Company shall arrange and the plan will pay up to \$100 per day up to a maximum of three (3) days for reasonable expenses related to lodging if the Insured is delayed at a safe haven. Travel Assistance Company shall

also arrange and pay for one-way economy airfare to return Insured to his/her Home Country following an Evacuation. Economy airfare and lodging costs shall not exceed a combined single limit of \$5,000 USD. Should commercial flights be available, but transportation to the airport will place the Participant in Imminent Bodily Harm, Travel Assistance Company shall arrange and pay for his/her secure transport to the airport. Airfare change fees are the responsibility of the Participant once he/she reaches an airport where normal commercial flight is available. No benefit shall be payable if there is a travel warning in effect within 60 days prior to the insured person's date of arrival in the host country. The Assistance Company must make all arrangements for the Insured. Services rendered without the Travel Assistant Company's coordination and approval is not covered. No claims for reimbursement will be accepted. If the Insured is able to leave their host country by normal means, such as changing a commercial airline ticket, the Assistant Company will assist in rebooking flights or other transportation. Expenses for non-emergency transportation are the responsibility of the Participant.

PLAN DEFINITIONS

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

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

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

Home Country means the country where **You** have **Your** true, fixed and permanent home and principal establishment.

Inpatient means if **You** are confined in an institution and are charged for room and board.

Insured Person(s) means a person eligible for coverage under the Policy as defined in Section I, Declarations #4 "Eligible Persons" who has applied for coverage and is named on the application and for whom the company has accepted premium. This may be the Primary **Insured Person** or Dependent(s).

Outpatient means if **You** receive care in a Hospital or another institution, including; ambulatory surgical center; convalescent/skilled nursing facility; or Physician's office, for an Illness or Injury, but who is confined and is not charged for room and board.

Pre-existing Condition means:

1. A condition that would have caused a person to seek medical advice, diagnosis, care or **Treatment** during the 6 months prior to the Effective Date of coverage under this Plan.
2. A condition for which manifestation, medical advice, diagnosis, care or **Treatment** was recommended, received or noticed during the 6 months prior to the Effective Date of coverage under this Plan.

Reasonable and Customary means the maximum amount that the Plan determines is **Reasonable and Customary** for Covered Expenses **You** receive, up to but not to exceed charges actually billed. The determination considers:

1. Amounts charged by other Service Providers for the same or similar service in the locality were received, considering the nature and severity of the bodily Injury or Illness in connection with which such services and supplies are received.
2. Any usual medical circumstances requiring additional time, skill or experience; and
3. Other factors included but not limited to, a resource based relative value scale.

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.

"**We, Us or Our**" means the United States Fire Insurance Company

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

EXCLUSIONS AND LIMITATIONS

A. No Benefit will be payable for Accident Medical, Sickness Medical, Emergency Medical Evacuation/Repatriation, or Return of Mortal Remains as the result of:

1. Any Pre-existing Condition as defined hereunder. This exclusion does not apply to Emergency Evacuation/Repatriation.
2. Injury or Illness which is not presented to Global Claims for payment within 3 months of receiving Treatment.
3. Charges provided at no cost to You.
4. Charges for Treatment which exceed Reasonable and Customary charges.
5. 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.
6. Suicide or any attempt thereof, while sane or self destruction or any attempt thereof, while sane.
7. Any consequence, whether directly or indirectly, proximately or remotely occasioned by, contributed to by, or traceable to, or arising in connection with:
 - a. War, invasion, act of foreign enemy hostilities, warlike operations (whether war be declared or not), or civil war.
 - b. Mutiny, riot, strike, military or popular uprising insurrection, rebellion, revolution, military or usurped power.
 - c. Martial law or state of siege or any events or causes which determine the proclamation or maintenance of martial law or state of siege (hereinafter for the purposes of this Exclusion called the "Occurrences").
8. Injury sustained while participating in professional athletics.
9. Injury sustained while participating in Amateur or Interscholastic Athletics.
10. Routine physicals, immunizations or other examinations where there are no objective indications or impairment in normal health, and laboratory diagnostic or x-ray examinations, except in the course of a Disablement established by a prior call or attendance of a Physician.
11. Vocational, speech, recreational or music therapy.
12. Cosmetic or plastic Surgery, except as the result of a covered Accident; for the purposes of this Plan, Treatment of a deviated nasal septum will be considered a cosmetic condition.
13. Elective Surgery which can be postponed until You returns to Your Home County, where the objective of the trip is to seek medical advice, Treatment or Surgery.
14. Treatment and the provision of false teeth or dentures, normal ear tests and the provision of hearing aids.
15. 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 hereunder.
16. Treatment in connection with alcoholism and drug addiction, or use of any drug or narcotic agent including any injury sustained while under the influence of or Disablement due wholly or partly to the effects of intoxicating liquor or drugs other than drugs taken in accordance with Treatment prescribed and directed by a Physician for a condition which is covered hereunder, but not for the Treatment of drug addiction.
17. Any Mental and Nervous disorders or rest cures.
18. Congenital abnormalities and conditions arising out of or resulting therefrom.
19. Expenses as a result or in connection with intentionally self-inflicted Injury or Illness.
20. Expenses as a result or in connection with the commission of a felony offense.
21. Injury sustained while taking part in mountaineering where ropes or guides are normally used; hang gliding, parachuting, bungee jumping, racing by horse, motor vehicle or motorcycle, snowmobiling, motorcycle/motor scooter riding, scuba diving involving underwater breathing apparatus, unless PADI or NAUI certified, snorkeling, water skiing, snow skiing, spelunking, parasailing and snow boarding. Unless otherwise stated in the Schedule of Benefits.
22. Treatment paid for or furnished under any other individual or group policy or other service or medical pre-payment plan arranged through the employer to the extent so furnished or paid, or under any mandatory government program or facility set up for Treatment without cost to any You.
23. Expense for Treatment of venereal disease over \$500.
24. Dental care, except as the result of Injury to natural teeth caused by Accident, unless otherwise covered under this Plan and Routine Dental Treatment.

25. For Pregnancy or Illness resulting from Pregnancy, childbirth, or miscarriage; for miscarriage resulting from Accident; or drug, Treatment or procedure that either promotes or prevents conception, or prevents childbirth, including but not limited to: artificial insemination, Treatment for infertility or impotency, sterilization or reversal thereof.
26. Treatment for human organ tissue transplants and their related Treatment.
27. Expenses incurred while in Your Home Country, except as provided under the Home Country Coverage.
28. Expenses incurred during a Hospital emergency visit which is not of an emergency nature;
29. Covered Expenses incurred for which the Trip to the Host Country was undertaken to seek medical Treatment for a condition.

B. No Benefit will be payable for Accidental Death and Dismemberment as the result of:

1. Suicide or attempt thereof while sane or self destruction or any attempt thereof while insane.
2. Disease of any kind; Bacterial infections except pyogenic infection which will occur through an accidental cut or wound.
3. Hernia of any kind.
4. Injury sustained while **You** are riding as a pilot, student pilot, operator or crew member, in or on, boarding or alighting from, any type of aircraft.
5. Injury sustained while **You** are riding as a passenger in any aircraft.
 - a. Not having a current and valid Airworthy Certificate and
 - b. Not piloted by a person who holds a valid and current certificate of competency for piloting such aircraft.
6. Any consequence, whether directly or indirectly, proximately or remotely occasioned by, contributed to by, or traceable to, or arising in connection with:
 - a. War, invasion, act of foreign enemy hostilities, warlike operations (whether war be declared or not), or civil war.
 - b. Mutiny, riot, strike, military or popular uprising insurrection, rebellion, revolution, military or usurped power.
 - c. Martial law or state of siege or any events or causes which determine the proclamation or maintenance of martial law or state of siege (hereinafter for the purposes of this Exclusion called the "Occurrences").

Any consequence happening or arising during the existence of abnormal conditions (whether physical or otherwise), whether directly or indirectly, proximately or remotely occasioned by, or contributed to by, traceable to, or arising in connection with, any of the said Occurrences will be deemed to be consequences for which the Plan will not be liable except to the extent that the **You** can prove that such consequence happened independently of the existence of such abnormal conditions.

7. Service in the military, naval or air service of any country.
8. Flying in any aircraft being used for or in connection with acrobatic or stunt flying, racing or endurance tests.
9. Flying in any rocket-propelled aircraft.
10. 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, banner towing or any experimental purpose.
11. 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. Sickness of any kind.
13. Being under the influence of alcohol or having taken drugs or narcotics unless prescribed by a legally qualified Physician or surgeon.
14. Injury occasioned or occurring while **You** are committing or attempting to commit a felony or to which a contributing cause was **You** being engaged in an illegal occupation.
15. While riding or driving in any kind of competition.
16. Pregnancy, childbirth, miscarriage or abortion.

GENERAL PROVISIONS:

Refund of Plan Cost:

Global Underwriters will only refund **Your** Plan Cost if a written request is received prior to the plan's effective date. The Plan Cost is non-refundable after that date.

Notice of Claim:

Written notice of claim must be given to the Company within 365 days after the occurrence or commencement of any Disablement covered by the Policy, or as soon thereafter as is reasonably possible. Notice given by or on behalf of the claimant to the Administrative Offices of the Company, or to any authorized agent of the Company, with information sufficient to identify the Insured Person will be deemed notice to the Company.

Claim Forms:

The Company, upon receipt of a 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 fifteen days after the giving of such notice the claimant will be deemed to have complied with the requirements of the Policy as to proof of loss upon submitting, within the time fixed in the policy for filing Proofs of Loss written proof covering the occurrence, the character and the extent of the Disablement for which claim is made.

Proof of Loss:

Written Proof of Loss must be furnished to the Company at its said office in case of claim for loss for which this Policy provides any periodic payment contingent upon continuing loss within, 365 days after the termination of the period for which the Company is liable and in case of claim for any other loss within ninety days after the date of such loss. Failure to furnish such proof within the time required will not invalidate nor reduce any claim if it was not reasonably possible to give proof within such time, provided such proof is furnished as soon as reasonably possible. In any case, the proof required must be given no later than one year from the time specified except in the absence of legal capacity.

Payment of Claims:

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

Time of Payment of Claims:

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

Claims will be paid within 30 days following receipt by the Company of due Proof of Loss. Failure to pay within such period will entitle the claimant to interest at the rate of 9 percent per annum from the 30th day after receipt of such Proof of Loss to the date of late payment, provided that interest amounting to less than one dollar need not be paid. A claimant or a claimant's assignee will be notified by the Company of any known failure to provide sufficient documentation for a due Proof of Loss within 30 days after receipt of the claim. Any required interest payments will be made within 30 days after the payment.

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.

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.

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.

Subrogation:

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

Underwriter:

Products underwritten by United States Fire Insurance Company under the management of Fairmont Specialty, a Crum & Forster Company.

Please note that United States Fire Insurance Company's "Privacy Policy & Practices" and "Grievance Procedures" apply to the plan You have purchased. If You would like to receive a copy of this information, please contact Global Underwriters.

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. A new **Deductible, Coinsurance, and Pre-existing Condition** Exclusion will apply at each succeeding or subsequent Period of Coverage.

PRE-CERTIFICATION

This coverage contains pre-certification requirements **Emergency Medical Evacuation and Repatriation, Return of Mortal Remains and Emergency Medical Reunion**. Failure to comply will result in a reduction of benefits.

FOR PRE-CERTIFICATION COMPLIANCE

Call toll free

(Within the United States and Canada)

1-866-509-7711

Or Call Collect

1-603-898-8752

(From all other locations)

To pre-notify, verify eligibility or to file a Claim call toll free:

800-513-2981 (Within the United States and Canada) or

513-533-1330 (From all other locations)

Weekdays 8:30 AM to 4:30 PM ET

Obtain claim forms at www.globalunderwriters.com

Mail all claims to:

Global Claims Administrators

3195 Linwood Road Suite 201

Cincinnati, OH 45208

USA

For travel assistance please call:

ON Call Travel Assistance 866-509-7715 in USA or collect 603-898-9159 outside the USA

You must contact the assistance provider in advance, to make arrangements or receive any benefits provided, for emergency evacuation, emergency reunion or repatriation. Failure to do so will result in a lesser benefit being paid for those services