ACE GROUP OF COMPANIES
U.S. PRIVACY NOTICE

FACTS	**WHAT DOES THE ACE GROUP OF COMPANIES DO WITH YOUR PERSONAL INFORMATION?**
Why?	Insurance companies choose how they share your personal information. Federal and state law gives consumers the right to limit some but not all sharing. Federal and state law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.
What?	The types of personal information we collect and share depend on the product or service you have with us. This information can include: • Social Security number and payment history • insurance claim history and medical information • account transactions and credit scores When you are no longer our customer, we continue to share information about you as described in this notice.
How?	All insurance companies need to share customers' personal information to run their everyday business. In the section below, we list the reasons insurance companies can share their customers' personal information; the reasons the ACE Group chooses to share; and whether you can limit this sharing.

Reasons we can share your personal information	**Does ACE share?**	**Can you limit this sharing?**
For our everyday business purposes – such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus	Yes	No
For our marketing purposes – to offer our products and services to you	Yes	No
For joint marketing with other financial companies	Yes	No
For our affiliates' everyday business purposes – information about your transactions and experiences	Yes	No
For our affiliates' everyday business purposes – information about your creditworthiness	No	We don't share
For our affiliates to market to you	No	We don't share
For nonaffiliates to market to you	No	We don't share

Questions?	**Call 1-800-352-4462 or go to www.acegroup.com/us-en/contact-us/general-inquiry-form.aspx**

Who we are	
Who is providing this notice?	The ACE Group of Companies. A list of these companies is located at the end of this document.
What we do	
How does ACE Group protect my personal information?	To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings. We restrict access to personal information to our employees, affiliates' employees, or others who need to know that information to service the account or to conduct our normal business operations.
How does ACE Group collect my personal information?	We collect your personal information, for example, when you • apply for insurance or pay insurance premiums • file an insurance claim or provide account information • give us your contact information We also collect your personal information from others, such as credit bureaus, affiliates, or other companies.
Why can't I limit all sharing?	Federal law gives you the right to limit only • sharing for affiliates' everyday business purposes – information about your creditworthiness • affiliates from using your information to market to you • sharing for nonaffiliates to market to you State laws and individual companies may give you additional rights to limit sharing. See below for more on your rights under state law.

Definitions	
Affiliates	Companies related by common ownership or control. They can be financial and nonfinancial companies. • Our affiliates include those with an ACE name and financial companies, such as Westchester Fire Insurance Company and ESIS, Inc.
Nonaffiliates	Companies not related by common ownership or control. They can be financial and nonfinancial companies. • ACE does not share with nonaffiliates so they can market to you.
Joint Marketing	A formal agreement between nonaffiliated financial companies that together market financial products or services to you. • Our joint marketing partners include categories of companies such as banks.

Other important information

For Insurance Customers in CA, CT, GA, IL, MA, ME, MN, MT, NC, NJ, OH, OR, and VA only: Under state law, you have the right see the personal information about you that we have on file. To see your information, write ACE US Customer Services, P.O. Box 1000, 436 Walnut Street, WA04B, Philadelphia, PA 19106. ACE USA may charge a reasonable fee to cover the costs of providing this information. If you think any of the information is wrong, you may write us. We will let you know what actions we take. If you do not agree with our actions, you may send us a statement. If you want a full description of privacy rights that we will protect in accordance with the law in your home state, please contact us and we will provide it. We may disclose information to certain third parties, such as law enforcement officers, without your permission.

For Nevada residents only: We may contact our existing customers by telephone to offer additional insurance products that we believe may be of interest to you. Under state law, you have the right to opt out of these calls by adding your name to our internal do-not-call list. To opt out of these calls, or for more information about your opt out rights, please contact our customer service department. You can reach us by calling 1-800-352-4462, emailing us at info@acegroup.com, or writing to P.O. Box 1000, 436 Walnut Street, WA04B, Philadelphia, PA 19106. You are being provided this notice under Nevada state law. In addition to contacting ACE, Nevada residents can contact the Nevada Attorney General for more information about your opt out rights by calling 775-684-1100, emailing bcpinfo@ag.state.nv.us, or by writing to: Office of the Attorney General, Nevada Department of Justice, Bureau of Consumer Protection: 100 North Carson Street, Carson City, NV 89701.

For Vermont residents only: Under state law, we will not share information about your creditworthiness within our corporate family except with your authorization or consent, but we may share information about our transactions or experiences with you within our corporate family without your consent.

ACE Group of Companies legal entities

ACE Group of Companies use the names: ACE American Insurance Company, ACE Fire Underwriters Insurance Company, ACE Insurance Company of the Midwest, ACE Property and Casualty Insurance Company, Atlantic Employers Insurance Company, Bankers Standard Fire and Marine Company, Bankers Standard Insurance Company, Century Indemnity Company, Illinois Union Insurance Company, Indemnity Insurance Company of North America, Insurance Company of North America, Pacific Employers Insurance Company, Westchester Fire Insurance Company, Westchester Surplus Lines Insurance Company, ESIS, Inc., Combined Insurance Company of America, Combined Life Insurance Company of New York, Penn Millers Insurance Company, Agri General Insurance Company

ACE Group of Companies

Notice of HIPAA Privacy Practices for Protected Health Information

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This notice is effective as of September 23, 2013.

The ACE Group of Companies, as affiliated covered and hybrid entities, (the "Company") is required by law to take reasonable steps to ensure the privacy of your personally identifiable health information, and to inform you about:

- The Company's uses and disclosures of Protected Health Information ("PHI")
- Your privacy rights with respect to your PHI;
- The Company's duties with respect to your PHI;
- Your right to file a complaint with the Company and to the Secretary of the U.S.
- Department of Health and Human Services ("HHS"); and
- The person or office to contact for further information regarding the Company's privacy practices.

PHI includes all individually identifiable health information transmitted or maintained by the Company, regardless of form (e.g. oral, written, electronic).

A federal law, the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), regulates PHI use and disclosure by the Company. You may find these rules at *45 Code of Federal Regulations* Parts 160 and 164. This notice attempts to summarize the regulations.

The regulations will supersede any discrepancy between the information in this notice and the regulations.

I. Notice of PHI Uses and Disclosures

A. Required Uses and Disclosures

Upon your request, the Company is required to give you access to certain PHI in order to inspect and copy it.

Use and disclosure of your PHI may be required by the Secretary of Health and Human Services to investigate or determine the Company's compliance with the privacy regulations.

B. Uses and Disclosures to Carry Out Treatment, Payment, and Health Care Operations

The Company and its business associates will use PHI without your consent, authorization or opportunity to agree or object to carry out treatment, payment and health care operations. The Company also may also disclose PHI to a plan sponsor for purposes related to treatment, payment and health care operations and as otherwise permitted under HIPAA to the extent the plan documents restrict the use and disclosure of PHI as required by HIPAA.

Treatment is the provision, coordination or management of health care and related services.

It also includes but is not limited to consultations and referrals between one or more of your providers. For example, the Company may disclose to a treating orthodontist the name of your treating dentist so that the orthodontist may ask for your dental X-rays from the treating dentist.

Payment includes, but is not limited to, actions to make coverage determinations and payment (including establishing employee contributions, claims management, obtaining payment under a contract of reinsurance, utilization review and pre-authorizations). For example, the Company may tell a doctor whether you are eligible for coverage or what percentage of the bill will be paid by the Company.

Health care operations include, but are not limited to, underwriting, premium rating and other insurance activities relating to creating or reviewing insurance contracts. It also includes disease management, case management, conducting or arranging for medical review, legal services and auditing functions including fraud and abuse compliance programs, business planning and development, business management and general administrative activities. For example, the Company may use information about your claims to refer you to a disease management

program, project future benefit costs or audit the accuracy of its claims processing functions. The Company will not use or disclose PHI that is genetic information for underwriting purposes.

The Company also may contact you to provide appointment reminders or information about treatment alternatives or health-related benefits and services that may be of interest to you.

C. Uses and Disclosures that Require Your Written Authorization

The Company will not use or disclose your PHI for the following purposes without your specific, written authorization:

- Use and disclosure of psychotherapy notes, except for your treatment, Company training programs, or to defend Company against litigation filed by you.
- Use and disclosure for marketing purposes, except for face to face communications with you.
- Use and disclosure that constitute the sale of your PHI. The Company does not sell the PHI of its customers.

Except as otherwise indicated in this notice, uses and disclosures of PHI will be made only with your written authorization subject to your right to revoke such authorization. You may revoke an authorization by submitting a written revocation to the Company at any time. If you revoke your authorization, the Company will no longer use or disclose your PHI under the authorization. However, any use or disclosure made in reliance of your authorization before its revocation will not be affected.

D. Uses and Disclosures Requiring Authorizations or Opportunity to Agree or Disagree Prior to the Use or Release

If you authorize in writing the Company to use or disclose your own PHI, the Company may proceed with such use or disclosure without meeting any other requirements and the use or disclosure shall be consistent with the authorization.

Disclosure of your PHI to family members, other relatives or your close personal friends is allowed if:

- The information is directly relevant to the family or friend's involvement with your care or payment for that care; and
- You have either agreed to the disclosure or have been given an opportunity to object and have not objected.

E. Uses and Disclosures for which Consent, Authorization or Opportunity to Object is Not Required

Use and disclosure of your PHI is allowed without your authorization or request under the following circumstances:

(1) When required by law.

(2) When permitted for purposes of public health activities, including when necessary to report product defects and to permit product recalls and to conduct post-market surveillance. PHI may also be used or disclosed if you have been exposed to a communicable disease or are at risk of spreading a disease or condition, if authorized by law.

(3) When authorized by law to report information about abuse, neglect or domestic violence. In such case, the Company will promptly inform you that such a disclosure has been or will be made unless that notice would cause a risk of serious harm. For the purpose of reporting child abuse or neglect, it is not necessary to inform the minor that such a disclosure has been or will be made. Disclosure may generally be made to the minor's parents or other representatives although there may be circumstances under federal or state law where the parents or other representatives may not be given access to the minor's PHI.

(4) The Company may disclose your PHI to a public health oversight agency for oversight activities authorized by law. This includes uses or disclosures in civil, administrative or criminal investigations; inspections; licensure or disciplinary actions (for example, to investigate complaints against providers); and other activities necessary for appropriate oversight of government benefit programs (for example, to investigate Medicare or Medicaid fraud).

(5) The Company may disclose your PHI when required for judicial or administrative proceedings. For example, your PHI may be disclosed in response to a subpoena or discovery request provided certain conditions are met. One of those conditions is that satisfactory assurances must be given to the Company that the requesting party has made a good faith attempt to provide written notice to you, and the notice provided sufficient information about the proceeding to permit you to raise an objection and no objections were raised or were resolved in favor of disclosure by the court or tribunal.

(6) When required for law enforcement purposes (for example, to report certain types of wounds).

(7) For law enforcement purposes, including for the purpose of identifying or locating a suspect, fugitive, material witness or missing person. Also, when disclosing information about an individual who is or is suspected to a victim of a crime but only if the individual agrees to the disclosure or the covered entity is unable to obtain the individual's agreement because of emergency circumstances. Furthermore, the law enforcement official must represent that the information is not intended to be used against the individual, the immediate law enforcement activity would be materially and adversely affected by waiting to obtain the individual's agreement and disclosure is in the best interest of the individual as determined by the exercise of the Company's best judgment.

(8) When required to be given to a coroner or medical examiner for the purpose of identifying a deceased person, determining a cause of death or other duties as authorized by law. Also, disclosure is permitted to funeral directors, consistent with applicable law, as necessary to carry out their duties with respect to the decedent.

(9) The Company may use or disclose PHI for government-approved research, subject to conditions.

(10) When consistent with applicable law and standards of ethical conduct if the Company, in good faith, believes the use of disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public and the disclosure is to a person reasonably able to prevent or lessen the threat, including the target of the threat.

(11) For certain government functions such as related to military service or national security.

(12) When authorized by and to the extent necessary to comply with workers' compensation or other similar programs established by law.

(13) That is "incident to" an otherwise permitted use or disclosure of PHI by the Company.

II. Rights of Individuals

A. Right to Request Restrictions on Use and Disclosure of PHI

You may request the Company to restrict its use and disclosure of your PHI to carry out treatment, payment or health care operations, or to restrict its use and disclosure to family members, relatives, friends or other persons identified by you who are involved in your care or payment for your care. However, the Company may not be required to agree to your request, unless you have paid out of pocket in full for services, depending on the specific facts.

The Company will accommodate reasonable requests to receive communications of PHI by alternative means or alternative locations, such as a location other than your home. The Company will accommodate this request if you state in writing that you would be in danger from receiving communications through the normal means.

You or your personal representative will be required to complete a form to request restrictions on uses and disclosures of your PHI.

Such requests should be made to: ACE US Customer Services, 436 Walnut Street, Philadelphia, PA 19106, 1-800-352-4462.

B. Right to Inspect and Copy PHI

You have a right to inspect and obtain a copy of your PHI contained in a "designated record set," for as long as the Company maintains the PHI.

"*Protected Health Information"* (PHI) includes all individually identifiable health information transmitted or maintained by the Company, regardless of form.

"*Designated Record Set*" includes the medical records and billing records about individuals maintained by or for a covered health care provider; enrollment, payment, billing, claims adjudication and case or medical management record systems maintained by or for a health plan; or other information used in whole or in part by or for the covered entity to make decisions about individuals. Information used for quality control or peer review analyses and not used to make decisions about individuals is not in the designated record set.

The requested information will be provided within 30 days if the information is maintained on site or within 60 days if the information is maintained offsite. A single 30-day extension is allowed if the Company is unable to comply with the deadline.

You or your personal representative will be required to complete a form to request access to the PHI in your designated record set. Requests for access to PHI should be made to: ACE US Customer Services, 436 Walnut Street, Philadelphia, PA 19106, 1-800-352-4462.

If access is denied, you or your personal representative will be provided with a written denial setting forth the basis for the denial, a description of how you may exercise those review rights and a description of how you may complain to the Secretary of Health and Human Services.

C. Right to Amend PHI

You have the right to request the Company to amend your PHI or a record about you in a designated record set for as long as the PHI is maintained in the designated record set.

The Company has 60 days after the request to act on the request. A single 30-day extension is allowed if the Company is unable to comply with the deadline. If the request is denied in whole or part, the Company must provide you with a written denial that explains the basis for the denial. You or your personal representative may then submit a written statement disagreeing with the denial and have that statement included with any future disclosures of your PHI.

Requests for amendment of PHI in a designated record set should be made to: ACE US Customer Services, 436 Walnut Street, Philadelphia, PA 19106, 1-800-352-4462.

You or your personal representative(s) will be required to complete a form to request amendment of the PHI in your designated record set.

D. Right to Receive an Accounting of PHI Uses and Disclosures

Upon your request, the Company will provide you with an accounting of disclosures by the Company of your PHI during the six (6) years prior to the date of your request. However, such accounting need not include PHI disclosures made: (1) to carry out treatment, payment or health care operations; (2) to individuals about their own PHI; (3) prior to the compliance date; or (4) based upon your own written authorization.

If the accounting cannot be provided within 60 days, an additional 30 days is allowed if the individual is given a written statement of the reasons for the delay and the date by which the accounting will be provided.

If you request more than one accounting within a 12-month period, the Company will charge a reasonable, cost-based fee for each subsequent accounting.

E. Right to Obtain a Paper Copy of This Notice Upon Request (Even if you have consented to receive this notice electronically)

To obtain a paper copy of this notice contact: ACE US Customer Services, 436 Walnut Street, Philadelphia, PA 19106, 1-800-352-4462.

F. Note About Personal Representatives

You may exercise your rights through a personal representative. Your personal representative will be required to produce evidence of his/her authority to act on your behalf before that person will be given access to your PHI or allowed to take any action for you. Proof of such authority may take one of the following forms:

- A power of attorney for health care purposes, notarized by a notary public;
- A court order of appointment of the person as the conservator or guardian of the individual; or
- An individual who is the parent of a minor child.

The Company retains discretion to deny access to your PHI to a personal representative to provide protection to those vulnerable people who depend on others to exercise their rights under these rules and who may be subject to abuse or neglect. This also applies to personal representatives of minors.

III. The Company's Duties

The Company is required by law to maintain the privacy of PHI and to provide individuals (participants and beneficiaries) with notice of its legal duties and privacy practices and to notify affected individuals of a breach of unsecured PHI. The Company is required to abide by the terms of this notice.

The Company reserves the right to change its privacy practices and to apply the changes to any PHI received or maintained by the Company prior to that date. If a privacy practice is changed, a revised version of this notice will be provided to all past and present participants and beneficiaries for whom the Company still maintains PHI. This notice and any revised version of this notice will be posted on the Company's internal website or mailed.

Any revised version of this notice will be distributed within 60 days of the effective date of any material change to the uses or disclosures, the individual's rights, the duties of the Company or other privacy practices stated in this notice.

A."Minimum Necessary" Standard

When using or disclosing PHI, or when requesting PHI from another covered entity, the Company will make reasonable efforts not to use, disclose or request more than the minimum amount of PHI necessary to accomplish the intended purpose of the use, disclosure or request, taking into consideration practical and technological limitations.

However, the minimum necessary standard will not apply in the following situations:

- Disclosures to or requests by a health care provider for treatment;
- Uses or disclosures made to the individual;
- Disclosures made to the Secretary of HHS;
- Uses or disclosures that are required by law; and
- Uses or disclosures that are required for the Company's compliance with legal regulations.

This notice does not apply to information that has been "de-identified." *De-identified information* is information that does not identify an individual and with respect to which there is no reasonable basis to believe that the information can be used to identify an individual is not individually identifiable health information.

In addition, the Company may use or disclose "summary health information" to a plan sponsor for obtaining premium bids or modifying, amending or terminating the Company, which summarizes the claims history, claims expenses or type of claims experienced by individuals for whom the Company Sponsor has provided health benefits under the Company; and from which identifying information has been deleted in accordance with HIPAA.

IV. Your Right to File a Complaint with the Company or the HHS Secretary

If you believe that your privacy rights have been violated, you may complain to the Company in care of: ACE US Customer Services, 436 Walnut Street, Philadelphia, PA 19106, 1-800-352-4462.

You may file a complaint with the Secretary of the U.S. Department of Health and Human Services, Hubert H. Humphrey Building, 200 Independence Avenue S.W., Washington, D.C. 20201.

The Company will not retaliate against you for filing a complaint.

V. Contact Information

If you have any questions regarding this notice or the subjects addressed in it, you may contact: ACE US Customer Services, 436 Walnut Street, Philadelphia, PA 19106, 1-800-352-4462.

VI. ACE Group of Companies Legal Entities

The ACE Group of Companies include the following: ACE American Insurance Company, ACE Property and Casualty Insurance Company, Illinois Union Insurance Company, ACE Fire Underwriters Insurance Company, Combined Insurance Company of America, Combined Life Insurance Company of New York. These companies are covered entities whose business activities include both covered and non-covered functions under HIPAA (i.e., hybrid entities) and are legally separate covered entities that are under common ownership or control (i.e., affiliated covered entity).

ACE American Insurance Company
(A Stock Company)
Philadelphia, PA 19106

Participating Organization Application

I. Application is hereby made for a plan of blanket travel Accident and Sickness insurance based on the following statements and representations:

1. Identification of Policyholder:

Name of Policyholder:	Trustee of ACE USA Accident & Health Insurance Trust
Address of Policyholder:	Washington, D.C.
Policy Number:	GLM N04983932

2. Identification of Participating Organization:

Name of Participating Organization:	University of South Florida
Address of Participating Organization:	International Affairs Center 4202 E.Fowler Ave, CPR107 Tampa, FL 33620

3. Classification of Eligible Persons:

Class 1 All students and accompanying faculty and staff who are enrolled as program participants of the Participating Organization and who are temporarily pursuing educational activities outside of their Home Country

4. Participating Organization Riders and/or Endorsements:

The following Riders and/or Endorsements, if any, are attached to and made part of the Participating Organization's coverage under the Policy as of the Participating Organization Effective Date. Each Rider and/or Endorsement is subject to all provisions, limitations and exclusions of the Policy that are not specifically modified by the Rider and/or Endorsement.

FORM NO.	DESCRIPTION
AH-10051a	Participating Organization Endorsement

5. Participating Organization Coverage:

Covered Activities:
The covered Injury or Sickness must take place while:

1. traveling or staying outside of the Insured Person's Home Country or Permanent Residence; and
2. participating in a program sponsored or coordinated by the Participating Organization; and
3. engaging in educational or research activities authorized by the Participating Organization.

Benefits:	Medical Expense Benefits Emergency Medical Evacuation Benefit Repatriation of Remains Benefit
Additional Benefits:	Emergency Medical Reunion Benefit Quarantine Benefit Security Evacuation Expense Benefit Trip Delay Benefit Accidental Death and Dismemberment Benefits

6. **Premiums:** $43.46 per Insured Person, per person

   Such Premiums are due and payable in the following manner: The Applicant agrees to pay, in advance, the required Premium for these coverages.

7. **Participating Organization's Policy Term:** May 1, 2015 to April 30, 2016

II. The undersigned Participating Organization hereby elects the blanket travel Accident and Sickness Insurance Benefits provided by ACE American Insurance Company as outlined on this Participating Organization Application. It is agreed that this Application for Insurance Benefits replaces any prior application made for the same coverage.

<u>WARNING</u>: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

_____
Signed for the Participating Organization

_____
Title

_____
Date

_____
Signed by Licensed Resident Agent
(Where Required by Law)

ACE American Insurance Company
(A Stock Company)
Philadelphia, PA 19106

Blanket Accident and Sickness Policy

POLICYHOLDER:	Trustee of the ACE USA Accident & Health Insurance Trust on behalf of the Participating Organization
PARTICIPATING ORGANIZATION:	University of South Florida
POLICY NUMBER:	GLM N04983932
POLICY EFFECTIVE DATE:	May 1, 2015
POLICY TERM:	May 1, 2015 to April 30, 2016
STATE OF DELIVERY:	District of Columbia

This Policy takes effect at 12:01 a.m. at the Participating Organization's address on the Policy Effective Date shown above. It will remain in effect for the duration of the Policy Term shown above if the premium is paid according to the agreed terms. This Policy terminates at 11:59 p.m. at the Participating Organization's address on the last day of the Policy Term.

This Policy is governed by the laws of the state in which it is delivered.

Signed for ACE AMERICAN INSURANCE COMPANY at Philadelphia, Pennsylvania

JOHN J. LUPICA, President

REBECCA L. COLLINS, Secretary

THIS IS A BLANKET ACCIDENT AND SICKNESS INSURANCE POLICY.
IT PAYS OUT-OF-COUNTRY MEDICAL EXPENSE BENEFITS ONLY.
PLEASE READ THE POLICY CAREFULLY.

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SCHEDULE OF BENEFITS

PREMIUM DUE DATE: Monthly, in arrears on the first of each month.

CLASSES OF ELIGIBLE PERSONS:

A person may be insured only under one Class of Eligible Persons even though he or she may be eligible under more than one class. Also, a person may not be insured as a Dependent and an Insured at the same time.

Class 1 All students and accompanying faculty and staff who are enrolled as program participants of the Participating Organization and who are temporarily pursuing educational activities outside of their Home Country

COVERED ACTIVITIES:

The covered Injury or Sickness must take place while:
1. traveling or staying outside of the Insured Person's Home Country or Permanent Residence; and
2. participating in a program sponsored or coordinated by the Participating Organization; and
3. engaging in educational or research activities authorized by the Participating Organization.

Exposure & Disappearance

Coverage includes exposure to the elements after the forced landing, stranding, sinking, or wrecking of a vehicle in which the Insured Person was traveling and drowning.

An Insured Person is presumed dead if:
1. he or she is in a vehicle that disappears, sinks, or is stranded or wrecked on a trip covered by this Policy; and
2. the body is not found within one year of the Covered Accident.

BENEFITS

Medical Expense Benefits

Total Maximum per Covered Accident or Sickness, per Insured Person:	
Class 1:	$250,000
Maximum for Pre-existing Conditions:	$5,000
Pre-existing Condition Limitation	6 consecutive months
Maximum for Mental and Nervous Disorders:	
Inpatient Treatment:	$10,000 per Policy Term
Outpatient Treatment:	$2,500 per Policy Term
Maximum for Palliative Dental Treatment	
For Alleviation of Pain:	$250 per tooth, up to $500
Maximum for Chiropractic Services and Therapeutic Services:	$50 per visit, up to $500
Maximum Number of Visits:	10
Deductible:	$0 per Covered Accident or Sickness
Coinsurance Rate:	100% of the Reasonable and Customary Charges
Incurral Period:	30 days after the date of the covered Injury or commencement of Sickness
Maximum Benefit Period:	the earlier of 364 days from the date of a covered Injury or Sickness, or the date the Insured Person returns to his or her Home Country or Permanent Residence (except as provided in the Home Country Benefit and the Extension of Benefits).

Emergency Medical Evacuation Benefit

Benefit Maximum:	$200,000

Repatriation of Remains Benefit

Benefit Maximum:	$100,000

Emergency Medical Reunion Benefit

Aggregate Benefit Maximum:	$1,500
Daily Benefit Maximum for Lodging and Meals:	$150

Quarantine Benefit

Benefit Maximum:	$2,500

Security Evacuation Expense Benefit

Benefit Maximum:	$200,000
Aggregate Limit per Occurrence:	$1,000,000

Trip Delay Benefit

Benefit Maximum:	$500
Time Period:	12 hours
Daily Benefit Limit:	$100
Maximum Benefit Period:	5 days

Accidental Death and Dismemberment Benefit

Class 1 Principal Sum:	$10,000

Aggregate Limit:

Benefit Maximum:	$100,000

We will not pay more than the Benefit Maximum for all Accidental Death & Dismemberment losses per Covered Accident. If, in the absence of this provision, We would pay more than the Benefit Maximum for all losses from one Covered Accident, then the benefits payable to each person with a valid claim will be reduced proportionately, so the total amount We will pay is the Benefit Maximum.

INITIAL PREMIUM RATES:

$43.46 per Insured Person, per person

DEFINITIONS

Please note, certain words used in this document have specific meanings. These terms will be capitalized throughout the document. The definition of any word, if not defined in the text where it is used, may be found either in this Definitions section or in the *Schedule of Benefits*.

"Coinsurance" means the percentage amount of eligible Covered Expenses, after the Deductible, which are the responsibilities of the Insured Person and must be paid by the Insured Person. The Coinsurance amount is stated in the *Schedule of Benefits*, under each stated benefit.

"Covered Accident" means an event, independent of Sickness or self-inflicted means, which is the direct cause of bodily Injury to an Insured Person.

"Covered Expenses" means expenses which are for Medically Necessary services, supplies, care, or treatment due to Sickness or Injury, prescribed, performed or ordered by a Doctor, and Reasonable and Customary charges incurred while insured under this Policy, and that do not exceed the maximum limits shown in the *Schedule of Benefits*, under each stated benefit.

"Deductible" means the amount of eligible Covered Expenses which are the responsibility of each Insured Person and must be paid by each Insured Person before benefits under the Policy are payable by Us. The Deductible amount is stated in the *Schedule of Benefits*, under each stated benefit.

"Doctor" as used in this Policy means a doctor of medicine or a doctor of osteopathy licensed to render medical services or perform surgery in accordance with the laws of the jurisdiction where such professional services are performed.

"Elective Surgery" or "Elective Treatment" means surgery or medical treatment which is not necessitated by a pathological or traumatic change in the function or structure in any part of the body first occurring after the Insured Person's effective date of coverage. Elective Surgery includes, but is not limited to, circumcision, tubal ligation, vasectomy, breast reduction, sexual reassignment surgery, and sub-mucous resection and/or other surgical correction for deviated nasal septum, other than for necessary treatment of covered purulent sinusitis. Elective Surgery does not apply to cosmetic surgery required to correct Injuries suffered in a Covered Accident. Elective Treatment includes, but is not limited to, treatment for acne, nonmalignant warts and moles, weight reduction, infertility, and learning disabilities.

"Eligible Benefits" means benefits payable by Us to reimburse expenses that are for Medically Necessary services, supplies, care, or treatment due to Sickness or Injury, prescribed, performed or ordered by a Doctor, and Reasonable and Customary charges incurred while insured under this Policy; and which do not exceed the maximum limits shown in the *Schedule of Benefits* under each stated benefit.

"Emergency" means a medical condition manifesting itself by acute signs or symptoms which could reasonably result in placing the Insured Person's life or limb in danger if medical attention is not provided within 24 hours.

"Family Member" means a spouse, Domestic Partner, parent, sibling or child of the Insured Person.

"Home Country" means the country where an Insured Person has his or her true, fixed and permanent home and principal establishment or the United States.

"Hospital" as used in this Policy means, except as may otherwise be provided, a Hospital (other than an institution for the aged, chronically ill or convalescent, resting or nursing homes) operated pursuant to law for the care and treatment of sick or Injured persons with organized facilities for diagnosis and surgery and having 24-hour nursing service and medical supervision.

"Injury" wherever used in this Policy means bodily Injury caused solely and directly by violent, accidental, external, and visible means occurring while this Policy is in force and resulting directly and independently of all other causes in a loss covered by this Policy.

"Insured Person(s)" means a person eligible for coverage under the Policy as defined in "Eligible Persons" who has applied for coverage and is named on the application if any and for whom We have accepted premium. This may be the Primary Insured Person or Dependent(s).

"Medically Necessary" or **"Medical Necessity"** means services and supplies received while insured that are determined by Us to be: 1) appropriate and necessary for the symptoms, diagnosis, or direct care and treatment of the Insured Person's medical conditions; 2) within the standards the organized medical community deems good medical practice for the Insured Person's condition; 3) not primarily for the convenience of the Insured Person, the Insured Person's Doctor or another service provider or person; 4) not experimental/investigational or unproven, as recognized by the organized medical community, or which are used for any type of research program or protocol; and 5) not excessive in scope, duration, or intensity to provide safe, adequate, and appropriate treatment.

"Mental and Nervous Disorder" means a Sickness that is a mental, emotional or behavioral disorder.

"Permanent Residence" means the country where an Insured Person has his or her true, fixed and permanent home and principal establishment, and to which he or she has the intention of returning.

"Preexisting Condition" means an illness, disease, or other condition of the Insured Person that in the period shown in the *Schedule of Benefits* before the Insured Person's coverage became effective under the Policy:

1. first manifested itself, worsened, became acute, or exhibited symptoms that would have caused a person to seek diagnosis, care, or treatment; or
2. required taking prescribed drugs or medicines, unless the condition for which the prescribed drug or medicine is taken remains controlled without any change in the required prescription; or
3. was treated by a Doctor or treatment had been recommended by a Doctor.

"Reasonable and Customary" means the maximum amount that We determine is Reasonable and Customary for Covered Expenses the Insured Person receives, up to but not to exceed charges actually billed. Our determination considers: 1) amounts charged by other service providers for the same or similar service in the locality where received, considering the nature and severity of the bodily Injury or Sickness 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 We determine are relevant, including but not limited to, a resource based relative value scale.

"Relative" means spouse, Domestic Partner, parent, sibling, child, grandparent, grandchild, step-parent, step-child, step-sibling, in-laws (parent, son, daughter, brother and sister), aunt, uncle, niece, nephew, legal guardian, ward, or cousin of the Insured Person.

“Sickness” wherever used in this Policy means illness or disease of any kind contracted and commencing after the Effective Date of this Policy and covered by this Policy.

“We”, “Our”, “Us” means the insurance company underwriting this insurance.

ELIGIBILITY FOR INSURANCE

Each person in the Class of Eligible Persons shown in the *Schedule of Benefits* is eligible to be insured on the Policy Effective Date, or the day he or she becomes eligible, if later. We maintain the right to investigate eligibility status and attendance records to verify eligibility requirements are met. If We discover the eligibility requirements are not met, Our only obligation is to refund any premium paid for that person.

EFFECTIVE DATE OF INSURANCE

An Eligible Person will be insured on the latest of:

1. the Policy Effective Date;
2. the date he or she is eligible; or
3. the date requested by the Participating Organization provided the required premium is paid.

TERM OF COVERAGE

This coverage will begin on the actual start of the trip. It will end on the date the Insured Person returns to his or her Home Country or Permanent Residence (except as provided in the Home Country Benefit and the Home Country Extension Benefit, if included).

TERMINATION DATE OF INSURANCE

An Insured Person's coverage will end on the earliest of the date:

1. the Policy terminates;
2. the Insured Person is no longer eligible;
3. of the last day of the Term of Coverage, requested by the Participating Organization, applicable to the Insured Person; or
4. the period ends for which premium is paid.

Termination of the Policy will not affect Trip coverage, if premium for the Trip is paid prior to the actual start of the Trip.

DESCRIPTION OF BENEFITS

The following Provisions explain the Eligible Benefits available under the Policy. Please see the *Schedule of Benefits* for the applicability of these Eligible Benefits on a class level.

Medical Expense Benefits

We will pay Medical Expense Benefits for Covered Expenses that result directly, and from no other cause, from a covered Injury or Sickness. These benefits are subject to the Deductible, Co-insurance Rate, Maximum Benefit Period, Benefit Maximum, and other terms or limits shown in the *Schedule of Benefits*.

Medical Expense Benefits are only payable:

1. for Reasonable and Customary charges incurred after the Deductible, if any, has been met;
2. for those Medically Necessary Covered Expenses that the Insured Person incurs;
3. for charges incurred for services rendered to the Insured Person while traveling outside of his or her Home Country or Permanent Residence; and
4. provided the first charge is incurred within the Incurral Period shown in the Schedule of Benefits.

No benefits will be paid for any expenses incurred that are in excess of Reasonable and Customary charges.

<u>Covered Medical Expenses</u>

1. Charges made by a Hospital for room and board, floor nursing and other services inclusive of charges for professional services 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 Doctor.
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, Doctors' 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. Dressings, drugs, and medicines that can only be obtained upon a written prescription of a Doctor or surgeon.
9. Charges made for artificial limbs, eyes, larynx, and orthotic appliances, but not for replacement of such items.
10. Local transportation to or from the nearest Hospital or to and from the nearest Hospital with facilities for required treatment. Such transportation shall be by licensed ground ambulance only.
11. Charges for physiotherapy, if recommended by a Doctor for the treatment of a specific Injury or Sickness and administered by a licensed physiotherapist.
12. Mental and Nervous Disorders. We will not be liable for more than one inpatient or outpatient occurrence per Policy Term under the Policy with respect to any one Insured Person.

13. Chiropractic Services and Therapeutic Services: up to the maximum per visit, excluding x-ray and evaluation charges, and the aggregate maximum per Injury or Sickness including x-ray and evaluation charges.
14. Accidental dental charges for Emergency dental repair or replacement to natural teeth damaged as a result of a covered Injury including expenses incurred for services or medications prescribed, performed or ordered by a dentist.
15. Palliative dental charges for Emergency pain relief treatment to natural teeth including expenses incurred for services or medications prescribed, performed or ordered by a dentist.
16. Pregnancy, childbirth or miscarriage.

Emergency Medical Evacuation Benefit

We will pay Emergency Medical Evacuation Benefits as shown in the *Schedule of Benefits* for Covered Expenses incurred for the medical evacuation of an Insured Person. Benefits are payable up to the Benefit Maximum shown in the *Schedule of Benefits* if the Insured Person:
1. suffers a Medical Emergency during the course of the Trip;
2. requires Emergency Medical Evacuation; and
3. is traveling outside of his or her Home Country or country of Permanent Residence.

Covered Expenses:
1. Medical Transport: expenses for transportation under medical supervision to a different hospital, treatment facility or to the Insured Person's Home Country or Permanent Residence for Medically Necessary treatment in the event of the Insured Person's Medical Emergency and upon the request of the Doctor designated by Our assistance provider in consultation with the local attending Doctor.
2. Dispatch of a Doctor or Specialist: the Doctor's or specialist's travel expenses and the medical services provided on location, if, based on the information available, an Insured Person's condition cannot be adequately assessed to evaluate the need for transport or evacuation and a doctor or specialist is dispatched by Our service provider to the Insured Person's location to make the assessment.
3. Return of Dependent Child(ren): expenses to return each Dependent child who is under age 18 to his or her principal residence if a) the Insured Person is age 18 or older; and b) the Insured Person is the only person traveling with the minor Dependent child(ren); and c) the Insured Person suffers a Medical Emergency and must be confined in a Hospital.
4. Escort Services: expenses for an Immediate Family Member or companion who is traveling with the Insured Person to join the Insured Person during the Insured Person's emergency medical evacuation to a different hospital, treatment facility or the Insured Person's Home Country or Permanent Residence.

Benefits for these Covered Expenses will not be payable unless:
1. the Doctor ordering the Emergency Medical Evacuation certifies the severity of the Insured Person's Medical Emergency 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 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.

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 Our assistance provider.

Repatriation of Remains Benefit

We will pay Repatriation of Remains Benefits as shown in the *Schedule of Benefits* for preparation and return of an Insured Person's body to his or her home if he or she dies a while traveling outside of his or her Home Country or Permanent Residence. Covered expenses include:

1. expenses for embalming or cremation;
2. the least costly coffin or receptacle adequate for transporting the remains;
3. transporting the remains, including necessary costs for government authorizations.;
4. Escort Services: expenses for an Immediate Family Member or companion who is traveling with the Insured Person to join the Insured Person's body during the repatriation to the Insured Person's place of residence.

All transportation arrangements must be made by the most direct and economical route and conveyance possible and may not exceed the Usual and Customary Charges for similar transportation in the locality where the expense is incurred. 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 Our assistance provider.

Emergency Medical Reunion Benefit

In the event an Insured Person has been confined in a Hospital for more than six consecutive days due to a covered Injury or Sickness, We will reimburse the expenses incurred for travel and lodging for one individual selected by the Insured Person, from the Insured Person's Home Country to the location where the Insured Person is hospitalized.

This benefit is limited to the Benefit Maximum shown in the *Schedule of Benefits*. Covered Expenses include an economy round-trip airline ticket and other travel related expenses not to exceed the Aggregate Benefit Maximum and the Daily Benefit Maximum shown in the *Schedule of Benefits*.

Quarantine Benefit

We will pay expenses incurred for up to the Benefit Maximum shown in the *Schedule of Benefits* if the Insured Person is subject to Quarantine for H1N1 Influenza/any contagious disease that prevents traveling. Symptoms of the disease causing the Quarantine must first be manifested after the start of the Trip and the Quarantine must cause an interruption or delay in the Insured Person's Trip for which suitable accommodations are not otherwise available. Benefits will end on the earlier of: 1) 7 days after the Quarantine is issued; or 2) the date the Quarantine expires.

Covered Expenses:

1. the reasonable expenses incurred for lodging and meals;
2. the cost of a one-way economy airfare ticket to either the Insured Person's Home Country or to re-join the Trip; and
3. non-refundable travel arrangements.

"Quarantine" means a period of time during which a person is detained or enforced isolation to prevent disease from entering a country as required by the appropriate authorities as the result of the Host Country's health policy.

Security Evacuation Expense Benefit

We will pay Security Evacuation Expense Benefits to the Insured Person, if:
1. an Occurrence takes place during the Covered Activity described in the Policy and his or her Term of Coverage; and
2. while he or she is traveling outside of his or her Home Country or country of Permanent Residence.

Benefits will be subject to the Benefit Maximum shown in the *Schedule of Benefits*.

Benefits will be paid for:
1. the Insured Person's Transportation and Related Costs to the Nearest Place of Safety, necessary to ensure his or her safety and well-being as determined by the Designated Security Consultant. Security Evacuation Benefits are payable only once for any one Occurrence.
2. the Insured Person's Transportation and Related Costs within 14 days of the Security Evacuation to either of the following locations as chosen by the Insured Person :
   a. back to the country in which the Insured Person is traveling during the Covered Activity while covered by the Policy; or
   b. the Insured Person's Home Country or country of Permanent Residence; or
   c. where the educational institution that sponsored the Insured Person's Trip is located.
3. consulting services by a Designated Security Consultant for seeking information on a Missing Person or kidnapping cases, if the Insured Person is considered kidnapped or a Missing Person by local or international authorities.

   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 Our assistance provider. Our assistance provider is not responsible for the availability of Transport services. Where a Security Evacuation becomes impractical due to hostile or dangerous conditions, a Designated Security Consultant will endeavor to maintain contact with the Insured Person until a Security Evacuation occurs.

Right of Recovery - If, after a Security Evacuation is completed, it becomes evident that the Insured 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 Insured Person.

Changes in Terms and Conditions - The terms and conditions may be changed at any time to reflect conditions that, in Our opinion, constitute a change in the Policyholder's Security Evacuation exposure. We will give at least 31 days advance written notice (or authorized electronic or telephonic means) to the Policyholder of any change in the terms and conditions.

"Appropriate Authority(ies)" means the government authority(ies) in the Insured Person's Home Country or Permanent Residence or the government authority(ies) of the Host Country.

"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 Insured Person(s) in his or her care.

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

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

"Missing Person" means an Insured 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 Insured 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 Insured Person can be assumed safe from the Occurrence that precipitated the Insured Person's Security Evacuation; and
2. the Insured Person has access to Transportation; and
3. the Insured Person has the availability of temporary lodging, if needed.

"Occurrence" means any of the following situations involving an Insured 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 Insured Person's Home Country or Permanent Residence or citizens of the Host Country should leave the Host Country;
3. Natural Disaster within seven days of an event;
4. deliberate physical harm of the Insured Person confirmed by documentation or physical evidence or a threat against the Insured Person's health and safety as confirmed by documentation and/or physical evidence;
5. the Insured 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.

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

"Security Evacuation" means the extrication of an Insured Person from the Host Country due to an Occurrence which could result in grave physical harm or death to the Insured Person.

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

Additional Exclusions - We will not pay Security Evacuation Expense Benefits for expenses and fees:

1. payable under any other provision of the Policy.
2. that are recoverable through the Insured Person's employer.
3. arising from or attributable to an actual fraudulent, dishonest or criminal act committed or attempted by the Insured 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 Insured Person is traveling while covered under the Policy; or
   b. violation of the laws of the Insured Person's Home Country or Permanent Residence.
5. due to the Insured 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 disease 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 Insured Person with regard to any obligation specified in a contract or license.
11. due to military or political issues if the Insured Person's Security Evacuation request is made more than 30 days after the Appropriate Authority(ies) Advisory was issued.

Trip Delay Benefit

We will reimburse Covered Expenses up to the Daily Benefit per person per day subject to the Maximum Benefit Period and the Benefit Maximum shown in the *Schedule of Benefits*, if an Insured's trip is delayed for more than the Time Period shown in the *Schedule of Benefits*.

Covered Expenses include charges incurred for reasonable, additional accommodations and traveling expenses until travel becomes possible. Incurred expenses must be accompanied by receipts. This benefit is payable only for one delay of the Insured's Trip. Travel Delay must be caused by one of the following reasons:

(a) Injury, Sickness or death of the Insured Person;
(b) carrier delay;
(c) lost or stolen passport, travel documents or money;
(d) Quarantine;
(e) Natural Disaster;
(f) the Insured being delayed by a traffic accident while en route to a departure;
(g) hijacking;
(h) unpublished or unannounced strike;
(i) civil disorder or commotion;
(j) riot;
(k) inclement weather which prohibits Common Carrier departure;
(l) a Common Carrier strike or other job action;
(m) equipment failure of a Common Carrier; or

(n) the loss of the Insured's and/or traveling companion's travel documents, tickets or money due to theft.

“Quarantine” means the Insured is forced into medical isolation by a recognized government authority, their authorized deputies, or medical examiners due to the Insured either having, or being suspected of having, a contagious disease, infection or contamination while the Insured is traveling outside of their Home Country.

The Insured’s Duties in the Event of Loss: The Insured must provide Us with proof of the Travel Delay such as a letter from the airline, cruise line, or Tour operator/ newspaper clipping/ weather report/ police report or the like and proof of the expenses claimed as a result of Trip Delay.

Accidental Death and Dismemberment Benefits

If Injury to the Insured Person results, within 365 days of the date of a Covered Accident, in any one of the losses shown below, We will pay the Benefit Amount shown for that loss. The Principal Sum is shown in the *Schedule of Benefits*. If multiple losses occur, only one Benefit Amount, the largest, will be paid for all losses due to the same Covered Accident.

Schedule of Covered Losses

Covered Loss	**Benefit Amount**
Life	100% of the Principal Sum
Two or more Members	100% of the Principal Sum
Speech and Hearing in Both Ears	100% of the Principal Sum
One Member	50% of the Principal Sum
Speech or Hearing in Both Ears	50% of the Principal Sum
Hearing in One Ear	25% of the Principal Sum
Thumb and Index Finger of the Same Hand	25% of the Principal Sum

“Member” means Loss of Hand or Foot and Loss of Sight. “Loss of Hand or Foot” means complete Severance through or above the wrist or ankle joint. “Loss of Sight” means the total, permanent Loss of Sight of one eye. “Loss of Speech” means total and permanent loss of audible communication that is irrecoverable by natural, surgical or artificial means. “Loss of Hearing” means total and permanent Loss of Hearing in an ear that is irrecoverable and cannot be corrected by any means. “Loss of a Thumb and Index Finger of the Same Hand” means complete Severance through or above the metacarpophalangeal joints of the same hand (the joints between the fingers and the hand). “Severance” means the complete separation and dismemberment of the part from the body.

EXCLUSIONS AND LIMITATIONS

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

1. intentionally self-inflicted injury; suicide or attempted suicide. (Applicable to Accidental Death and Dismemberment benefits only)
2. Disease of any kind.
3. Bacterial infections except pyogenic infections which occur from an accidental cut or wound.
4. Neuroses, psychoneuroses, psychopathies, psychoses or mental or emotional diseases or disorders of any type.
5. Injury sustained while the Insured Person is riding as a pilot, student pilot, operator or crew member, in or on, boarding or alighting from, any type of aircraft.
6. War or any act of war, whether declared or not
7. Injury occasioned or occurring while the Insured Person is committing or attempting to commit a felony or to which a contributing cause was the Insured Person being engaged in an illegal occupation.
8. Injury arising out of a Pre-Existing Condition. However, an Injury for which treatment has not been rendered or treatment medically recommended for the past twelve consecutive months shall not be considered a Pre-Existing Condition unless otherwise specifically excluded.

In addition, We will not pay Medical Expense Benefits for any loss, treatment, or services resulting from, or contributed to by:

1. Pre-Existing Conditions, except as specified below:
   a. If the Insured Person does not receive medical care or services, including prescription drugs or other medical supplies, and is not under the care of a Doctor with respect to the Pre-Existing Condition or related condition(s), during the period shown in the *Schedule of Benefits* beginning on or after the first day of coverage, the Pre-Existing Condition exclusion will no longer apply and any eligible charges incurred after the treatment-free period will be considered for reimbursement; or
   b. If the Insured Person is covered under the Policy for the period shown in the *Schedule of Benefits*, the Pre-Existing Condition exclusion will no longer apply and any eligible expenses incurred thereafter will be considered for reimbursement; or
   c. For Emergency Medical Evacuation/Repatriation of Remains.

   However, Pre-Existing Conditions will be covered up to the Maximum shown in the *Schedule of Benefits*.
2. Charges for treatment which is not Medically Necessary.
3. Charges for treatment which exceed Reasonable and Customary charges.
4. Charges incurred for surgery or treatments which are experimental/investigational, or for research purposes.
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 Doctor.
6. War or any act of war, whether declared or not
7. Injury sustained while participating in professional athletics.
8. 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 an Injury or Sickness established by a prior call or attendance of a Doctor.
9. Treatment of the temporomandibular joint.
10. Vocational, speech, recreational or music therapy.

11. Services or supplies performed or provided by a Relative of the Insured Person, or anyone who lives with the Insured Person.
12. The refusal of a Doctor or Hospital to make all medical reports and records available to Us which will cause an otherwise valid claim to be denied.
13. Cosmetic or plastic surgery, except as the result of a covered Injury; for the purposes of this Policy, treatment of a deviated nasal septum shall be considered a cosmetic condition.
14. Elective Surgery or Elective Treatment which can be postponed until the Insured Person returns to his/her Home Country or Permanent Residence, where the objective of the trip is to seek medical advice, treatment or surgery.
15. Treatment and the provision of false teeth or dentures, normal hearing tests and the provision of hearing aids.
16. Eye refractions or eye examinations for the purpose of prescribing corrective lenses for eye glasses or for the fitting thereof, unless caused by an Injury incurred while insured hereunder.
17. Treatment while confined primarily to receive custodial care, educational or rehabilitative care, or nursing services.
18. Congenital abnormalities and conditions arising out of or resulting therefrom.
19. The cost of the Insured Person's unused airline ticket(s) for transportation back to the Insured Person's Home Country or Permanent Residence, where an Emergency Medical Evacuation or Repatriation of Remains benefit is provided.
20. Expenses as a result of 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; parasailing. (except as provided by the Policy)
22. Treatment paid for or furnished under any mandatory government program or facility set up for treatment without cost to any individual.
23. Injury or Sickness covered by Workers' Compensation, Employers' Liability laws, or similar occupational benefits
24. Injuries for which benefits are payable under any no-fault automobile insurance policy.
25. Routine dental treatment.
26. Drugs, treatments or procedures that either promote or prevent conception, or prevent childbirth, including but not limited to: artificial insemination, treatment for infertility or impotency, sterilization or reversal thereof, or abortion.
27. Treatment for human organ tissue transplants and related treatment.
28. Weak, strained or flat feet, corns, calluses, or toenails.
29. Diagnosis and treatment of acne.
30. Injury sustained while the Insured Person is riding as a pilot, student pilot, operator or crew member, in or on, boarding or alighting from, any type of aircraft.
31. Dental care, except as the result of Injury to natural teeth caused by a Covered Accident, unless otherwise covered under this Policy
32. Expenses incurred within the Insured Person's Home Country or country of Permanent Residence, unless otherwise covered under this Policy
33. Mental or Nervous Disorders or rest cures, unless otherwise covered under this Policy.

This insurance does not apply to the extent that trade or economic sanctions or other laws or regulations prohibit Us from providing insurance, including, but not limited to, the payment of claims.

CLAIM PROVISIONS

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 notice cannot be given within that time, it must be given as soon as reasonably possible. This notice should identify the Insured Person and the Policy Number.

Claim Forms: Upon receiving written notice of claim, We will send 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.

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, should proof of loss be sent later than one year from the time proof is otherwise required.

Claimant Cooperation Provision: Failure of a claimant to cooperate with Us in the administration of a claim may result in the 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: Any benefits due will be paid when We receive written (or authorized electronic or telephonic) proof of loss.

Payment Of Claims: If the Insured Person dies, any death benefits or other benefits unpaid at the time of the Insured Person's death will be paid to the beneficiary Our records indicate the Insured Person designated for these plan benefits.

If there is no named beneficiary or surviving beneficiary on record with Us or Our authorized agent, We pay benefits in equal shares to the first surviving class of the following: 1) spouse; 2) children; 3) parents; 4) brothers and sisters. If there are no survivors in any of these classes, We will pay the Insured Person's estate.

All other benefits will be paid to the Insured Person. If the Insured Person is: (1) a minor; or (2) in Our opinion unable to give a valid release because of incompetence, We may pay any amount due to a parent, guardian, or other person actually supporting him or her. Any payment made in good faith will end Our liability to the extent of the payment.

If a Covered Loss is suffered by an Insured who resides outside of the United States, its territories and possessions and in a Country where the Company is not permitted to provide insurance without a License, the Company will pay benefits under the Policy to the Policyholder, who:

1. will hold such payment in trust for the sole use and benefit of the insured person or his or her beneficiary or other person to whom such benefits are payable ("Payee"); and
2. will remit such payment to the Payee in accordance with applicable law.

Any such payment the Company makes to the Policyholder is a full discharge of the Company's liability for the claim for which payment is made.

"Country" includes any political jurisdiction that independently regulates the licensing of insurance companies.

"License" or "Licensed" means with respect to any Country, authorized or otherwise permitted in accordance with applicable law to conduct the business of accident and sickness insurance in such Country.

Beneficiary: The Insured Person may designate a beneficiary for Accidental Death Benefits, if any. The Insured Person has the right to change the beneficiary at any time by written (or electronic and telephonic) notice. If the Insured Person 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 receives 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.

Assignment: We may pay benefits directly to any Hospital or person rendering covered services, unless the Insured Person requests otherwise in writing no later than the time he or she submits written proof of loss. Any payment made in good faith will end Our liability to the extent of the payment.

Physical Examinations And Autopsy: We have the right to have a Doctor of Our choice examine the Insured 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 this 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.

Right of Subrogation: To the extent the Company pays for a loss suffered by an Insured Person, the Company will take over the rights and remedies the Insured Person had relating to the loss. This is known as subrogation. The Insured Person must help the Company to preserve its rights against those responsible for the loss. This may involve signing any papers and taking any other steps the Company may reasonably require. If the Company takes over an Insured Person's rights, the Insured Person must sign an appropriate subrogation form supplied by the Company.

ADMINISTRATIVE PROVISIONS

Premiums: The premiums for this Policy will be based on the rates currently in force, the plan and amount of insurance in effect.

Changes In Premium Rates: We may change the premium rates from time to time with at least 31 days advanced written, or authorized electronic or telephonic notice. We reserve the right to change rates at any time if any of the following events take place.

1. The terms of the Policy change.
2. A division, subsidiary, affiliated organization, or eligible class is added to or deleted from the Policy.
3. Any federal or state law or regulation is amended to the extent it affects Our benefit obligation.
4. There is a change in the market factors or factors bearing on the risk assumed.

If an increase or decrease in rates takes place on a date that is not a Premium Due Date, a pro rata adjustment will apply from the date of the change to the next Premium Due Date.

Payment of Premium: The first Premium is due on the Policy Effective Date. If any premium is not paid when due, the Policy will be canceled as of the Premium Due Date, except as provided in the Policy Grace Period section.

Policy Grace Period: A Policy Grace Period of 31 days will be granted for the payment of the required premiums. The Policy will remain in force during the Policy Grace Period. If the required premiums are not paid during the Policy Grace Period, insurance will end on the last Premium Due Date on which required premiums were paid. The Participating Organization will be liable to Us for any unpaid premium for the time the Policy was in force.

GENERAL PROVISIONS

Entire Contract; Changes: The Policy (including any endorsements or amendments), the signed application of the Participating Organization, and any individual applications of Insured Persons, are the entire contract. Any statements made by the Participating Organization or Insured Persons will be treated as representations and not warranties. No such statement shall void the insurance, reduce the benefits, or be used in defense of a claim for loss incurred unless it is contained in a written application.

To be valid, any change or waiver must be in writing (or authorized electronic or telephonic communication). It must be signed by Our president or secretary and be attached to the Policy. No agent has authority to change or waive any part of the Policy.

Policy Effective Date And Termination Date: The Policy begins on the Policy Effective Date shown on page 1 of the Policy. We may terminate this Policy by giving 31 days advance notice in writing (or authorized electronic or telephonic means) to the Participating Organization. The Participating Organization may terminate this Policy on any Premium Due Date by giving 31 days advance written (or authorized electronic or telephonic) notice to Us. This Policy terminates automatically on the earlier of: 1) the last day of the Policy Term; or 2) the Premium Due Date if Premiums are not paid when due. Termination takes effect at 11:59 p.m. at the Participating Organization's address on the last day of the Policy Term.

Clerical Error: If a clerical error is made, it will not affect the insurance of any Insured Person. No error will continue the insurance of an Insured Person beyond the date it should end under the Policy terms.

Examination Of Records And Audit: We shall be permitted to examine and audit the Participating Organization’s books and records at any time during the term of the Policy and within 2 years after the final termination date of the Policy as they relate to the premiums or subject matter of this insurance.

Certificates Of Insurance: Where it is required by law, or upon the request of the Participating Organization, We will make available certificates outlining the insurance coverage and to whom benefits are payable under the Policy.

Conformity With State Laws: On the effective date of this Policy, any provision that is in conflict with the laws in the state where it is issued is amended to conform to the minimum requirements of such laws.

Not In Lieu Of Workers’ Compensation: This Policy is not a workers’ compensation policy. It does not provide workers’ compensation benefits.

IMPORTANT NOTICE

This policy provides travel insurance benefits for individuals traveling outside of their home country. This policy does not constitute comprehensive health insurance coverage (often referred to as “major medical coverage”) and does not satisfy a person’s individual obligation to secure the requirement of minimum essential coverage under the Affordable Care Act (ACA).

For more information about the ACA, please refer to www.HealthCare.gov.

ACE American Insurance Company
(A Stock Company)
Philadelphia, PA 19106

Participating Organization Endorsement

This Endorsement form is made a part of the Policy to which it is attached as of the Effective Date shown shown in the Policy's Master Application. This form is subject to all of the terms, limitations and exclusions of the Policy except as they are changed by it.

I. This definition is added to the Definitions section of the Policy:

Participating Organization – means any individual, firm, corporation or other organization which meets these tests:
1. it elects coverage or elects to offer coverage under the Policy by completing a Participating Organization Application; and
2. its Application has been accepted by Us; and
3. it pays any required premium when due;

while coverage through the Participating Organization is available under the Policy.

II. This section is added to the Policy:

PARTICIPATING ORGANIZATION EFFECTIVE AND TERMINATION DATES

A. **EFFECTIVE DATE**. A Participating Organization's coverage under the Policy begins on the later of:
   1. the Participating Organization Effective Date shown in the Participating Organization Application on the first day of the Policy Term at the address of the Participating Organization shown in the Participating Organization Application; or
   2. the Policy Effective Date shown in the Master Application.

B. **TERMINATION DATE**. We may terminate the Participating Organization's coverage under the Policy by giving 31 days advance notice in writing to the Participating Organization. Either We or the Participating Organization may terminate the Participating Organization's coverage under the Policy on any premium due date by giving 31 days advance written notice to the other party. The Participating Organization's coverage under the Policy may also, at any time, be terminated by the mutual written consent of Us and the Participating Organization.

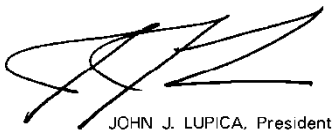
   A Participating Organization's coverage terminates automatically on the first of these dates:
   1. the Participating Organization Termination Date shown on the Participating Organization Application; or
   2. the premium due date if any required premiums are not paid when due; or
   3. the date the Policy terminates.

III. This language applies to each Amendment form attached to the Policy:

Any Amendment form applies only to accidents that occur on or after the later of:
1. the effective date of each such form; or
2. the effective date of the Participating Organization's coverage under the Policy.

Each such form applies to a Participating Organization's coverage only if the Participating Organization has elected the coverage described in the form as shown in the Participating Organization Application.

Signed for ACE American Insurance Company in Philadelphia, Pennsylvania.



JOHN J. LUPICA, President

REBECCA L. COLLINS, Secretary