Seven Corners is happy to offer special discounts and services to you through WellCard™!

Use WellCard to lower your cost for these products and services and receive cash rewards:

- Prescription drugs - save up to 50%
- Dental services - save up to 45%
- Vision services - save up to 50%
- Diabetic care & supplies – save up to 75%
- Hearing aids
- Mail order vitamins
- Daily living products – receive discounts for medical supplies and equipment



Sample Savings

Prescription	Average Retail Rate	Savings % off Retail	Member Rate with WellCardRX
Ciprofloxacin 500 MG	$39.00	90%	$4.00
Zolpidem 10MG	$70.00	89%	$7.28
Metformin 1000MG	$27.65	86%	$4.00
ProAir HFA	$81.00	22%	$63.15

Q. What is WellCard Health?
A. WellCard Health is a health and wellness program offered by WellDyne. With your WellCard Health prescription and health care discount card, you'll gain access to discounts on a wide variety of health and wellness products and services.

Q. How do I get a WellCard Health card?
A. Your free card is attached along with instructions for registering your card.

Q. How soon can I use my card to start saving money?
A. Your card is available for use immediately. There's no waiting period. Your card can be used immediately to reduce the cost of health care for you and your family.

Q. Do I have to file a claim form?
A. No, you receive a discount from the provider at the time of purchase.

Q. How much will my prescription savings be?
A. Once registered with WellCard Health navigate to Pharmacy>Discount Pricing to receive a quote on your prescription medication.

WellCard is free – share your card with friends and family and continue to use it after your coverage with Seven Corners ends!

WellCard is not insurance and does not replace our existing networks. Your information is kept private with the WellCard discount program, which is HIPAA compliant

SEVEN CORNERS

"When I show my



my pharmacist shows me the savings!"



Just show your WellCard and Save...

- Prescriptions
- Hearing Care
- Dental Care
- Vision Care
- Diabetic Care Services, Vitamins & Daily Living Products
- WellCard Rewards



Keep more money in your pocket!

Start saving today...

1. Find a pharmacy or provider by visiting www.WellCardHealth.com

2. Keep this card in your wallet and present it at your pharmacy or provider's office to save.

Show the pharmacy your WellCard, and they'll show you the savings on your prescriptions.

A PRESCRIPTION SAVINGS PROGRAM

Present this card to your pharmacy and provider.

WellCard™ Health

Group ID: SC001200
Member ID: Enter member's10-digit phone #, then add 2-digit person code. 01=Member, 02=Spouse, 03=Dependent, etc.
Processor: NetCard Systems
Bin #: 008878

Smart. Simple. Savings.

OUTLOOK VISION SERVICES

DENTEMAX

MEMBER:
To find a provider:
visit www.WellCardHealth.com

PHARMACY:
Add 2-digit person code to Member ID
01 = Member
02 = Spouse
03 = Dependent, etc.

Pharmacist Help Desk:
888-886-5822

PROVIDER:
Dental Provider:
To verify eligibility & for patient responsibility call 888-203-6711.
The patient is responsible for the entire discounted cost at the time of service.
Vision Provider:
To verify eligibility call 888-203-6662.

This is Not Insurance. It is a discount medical program. It does not replace COBRA or any other medical insurance program nor is it a Medicare Part D prescription drug plan. Cardholders are responsible for paying the discounted cost at the time of service from participating providers. The DMPO does make available a list of all program providers which includes their name, city and state, and medical specialty prior to purchase, upon request. WellCard Health is FREE. WellCard Health will not share or sell your personal information. The discount plan organization is AccessOne Consumer Health, Inc., 84 Villa Road, Greenville, SC, 29615, www.accessonedmpo.com. This program is not available to residents of Montana, but may be used at participating Montana providers. Other state residents: visit www.WellCardHealth.com for full disclosure.

This is Not Insurance. It is a discount medical program. It does not replace COBRA or any other medical insurance program nor is it a Medicare Part D prescription drug plan. Cardholders are responsible for paying the discounted cost at the time of service from participating providers. The DMPO does make available a list of all program providers which includes their name, city and state, and medical specialty prior to purchase, upon request. WellCard Health is FREE. WellCard Health will not share or sell your personal information. The discount plan organization is Access One Consumer Health, Inc., 84 Villa Road, Greenville, SC, 29615, www.accessonedmpo.com. This program is not available to residents of Montana, but may be used at participating Montana providers. Other state residents: visit www.WellCardHealth.com for full disclosure.

SEVEN CORNERS
Travel Insurance

Liaison® Travel Plus

COVID-19 COVERAGE OUTSIDE YOUR HOME COUNTRY
From 5 days to 364 days



Table of Contents

SECTION	TITLE	PAGE
1	**Certificate Provisions**	**4**
2	**Schedule of Benefits**	**5-7**
3	**Medical**	**8-11**
3.1	Deductible, Copay and Coinsurance	8
3.2	Medical Covered Expenses	8
3.3	Local Ambulance	9
3.4	Hospital Daily Indemnity	9
3.5	Coma	9
3.6	Network Procedures	9
3.7	Pre-Certification Requirements	9-10
3.8	Extension of Benefits in Home Country	10
3.9	Incidental Trips to Home Country	10
3.10	Acute Onset of Pre-Existing Condition(s)	11
3.11	COVID-19 Treatment	11
4	**Dental and Vision**	**11**
4.1	Dental Emergency – Sudden Relief of Pain	11
4.2	Dental Emergency – Accident	11
4.3	Emergency Eye Exam	11
5	**Emergency Services and Assistance**	**12-14**
5.1	Emergency Medical Evacuation and Repatriation	12
5.2	Emergency Medical Reunion	12
5.3	Return of Child(ren)	12
5.4	Return of Mortal Remains	12
5.5	Local Burial or Cremation	13
5.6	Natural Disaster Evacuation and Repatriation	13
5.7	Natural Disaster Daily Benefit	14
5.8	Political Evacuation and Repatriation	14
5.9	Felonious Assault	14
5.10	Terrorist Activity	14
6	**Other Coverages and Services**	**15-21**
6.1	Travel Assistance Services	15
6.2	Accidental Death and Dismemberment	15
6.3	Common Carrier Accidental Death and Dismemberment	16
6.4	Loss of Checked Baggage	16
6.5	Trip Interruption	16
6.6	Travel Delay	16
6.7	Lost or Stolen Travel Documents	17
6.8	Border Entry Protection	17
6.9	Personal Liability	18-21
7	**Optional Coverages**	**21**
8	**Exclusions**	**22-23**
9	**Definitions**	**24-32**
10	**Claims**	**33-34**
11	**Additional Plan Provisions**	**34-36**
12	**Lloyd's Privacy Policy Statement**	**37**
	Lloyd's Certificate	**38-39**
	Certificate of Insurance Declarations	**40**

Capitalized terms have specific meanings for purposes of this Certificate and are defined in Section 9.

Liaison® Travel Plus
CERTIFICATE OF INSURANCE

Seven Corners Assist	Contact Seven Corners Assist 24 hours per day, 7 days per week for multilingual assistance: Toll-free: 800-690-6295 Worldwide: 317-818-2808 Email: customerservice@sevencorners.com Please have Your Certificate Number as shown on Your ID card.
Hospital & Doctor Networks	See Section 3.6 for Network Procedures. To locate a network facility, visit sevencorners.com/help/find-a-doctor.
Pre-Certification Requirements	Pre-certification applies while inside the United States. See Section 3.7 for details and requirements. ***Pre-certification does not guarantee benefits,*** but the failure to Pre-certify may result in the reduction of benefits that are available.
Benefits for which the Insured Person *MUST* use Seven Corners Assist	Emergency Medical Evacuation and Repatriation Emergency Medical Reunion Return of Child(ren) Return of Mortal Remains Local Burial or Cremation Natural Disaster Evacuation and Repatriation Political Evacuation and Repatriation Trip Interruption
Claims	Claims must be submitted within 90 days of the date of service. See Section 10 for claims procedures or visit sevencorners.com/claims for claim forms and more information. Claims may be submitted as follows: Email: claims@sevencorners.com Online: sevencorners.com/myaccount Fax: 317-575-2256 For additional assistance with claims, contact Seven Corners: Toll-free: 800-335-0477 Worldwide: 317-575-2652 Email: customerservice@sevencorners.com
Insurance Underwriter	Certain Underwriters at Lloyd's, London, rated "A" (Excellent) by AM Best.
Certificate Number	LON20-200611-02TMP

Section 1. Certificate Provisions

1.1 **Agreement.** The Company hereby insures all persons whose Application has been accepted by the Administrator on behalf of the Company and whose name is identified on the ID card subject to the exclusions, limitations, and provisions as set forth herein and in the Master Policy of Insurance issued by the Company. Coverage is afforded only with respect to the person, coverage, amounts, and limits specified herein and as identified on the ID card for the Insurance requested on such Application and for which the specified Plan costs have been paid to the Administrator.

1.2 **Eligibility.** Insured Person is defined in Section 9. Liaison® Travel Plus provides coverage as outlined in this Certificate of Insurance for You while traveling outside of Your Home Country. For United States Citizens, Home Country is always the United States. Eligible Insured Persons may also purchase coverage for their Spouse, Traveling Companions, and Child(ren). It is Your responsibility to maintain all records regarding travel history and age and to provide any documents to the Administrator necessary to verify eligibility requirements.

1.3 **Period of Coverage.** Period of Coverage and the Maximum Period of Coverage are defined in Section 9. The minimum Period of Coverage under the Liaison® Travel Plus Plan is five (5) days. Subject to those minimums and maximums, coverage can be purchased in daily periods by paying the appropriate Plan premium.

1.4 **Effective Date of Coverage:** The date coverage for You begins under the terms of the Certificate, which begins at the latest of the following times:

(i) 12:00 a.m. United States Eastern Time on the date after the Company receives Your Application and correct premium payment if Application and payment are made online;

(ii) The moment You depart Your Home Country; or

(iii) 12:00 a.m. United States Eastern Time on the date You request on Your Application.

1.5 **Expiration Date of Coverage:** The date coverage for You terminates, which is the earliest of the following:

(i) The moment You return to Your Home Country except as provided under Sections 3.8 and 3.9;

(ii) 11:59 p.m. United States Eastern Time on the date of attainment of the Maximum Period of Coverage;

(iii) 11:59 p.m. United States Eastern Time on the date shown on Your ID card;

(iv) 11:59 p.m. United States Eastern Time on the date that is the end of the period for which the Plan premium has been paid; or

(v) The moment You fail to be eligible.

1.6 **Extension of Coverage.** Coverage may be continued if the initial Period of Coverage is less than the Maximum Period of Coverage. If You elect to extend Your Trip beyond the initial Period of Coverage, You may extend the applicable Period of Coverage by a minimum of five (5) days and up to three hundred sixty-four (364) days at a time, provided that the total Period of Coverage may not exceed the Maximum Period of Coverage. Upon such extension and receipt of the appropriate Plan premium and applicable fee charged for each extension, the original Certificate's Expiration Date of Coverage will be extended to the new Expiration Date of Coverage. The original Effective Date of Coverage will be used to calculate Your Deductible and Coinsurance; to determine whether maximum coverage amounts as set forth in the Schedule of Benefits have been obtained; and to determine any Pre-Existing Conditions. Extensions, if offered by the Company, will be subject to the definitions, benefits, and conditions in force at the time of each extension.

Section 2. Schedule of Benefits

This Plan only pays benefits for eligible occurrences that originate during the Period of Coverage. All benefits listed in this Schedule of Benefits are in United States Dollar amounts. All medical and dental benefits are subject to Deductible and/or Copay and Coinsurance. Unless otherwise indicated, all benefits are per Insured Person, per Period of Coverage, and provided up to the amount shown. In no event will the Company's maximum liability exceed the amount set forth in the Schedule of Benefits. Additionally, Usual, Reasonable and Customary (URC) is defined in Section 9.

BENEFIT OR SERVICE	
Period of Coverage	5 days to 364 days
Extension of Coverage	Extendable for a total of up to 364 days
Coverage Area	Worldwide including the United States Worldwide excluding the United States
Medical Maximum Options	Worldwide including the United States: **Ages Available** — **Benefit Maximums** 14 days to 64 years: $50,000; $100,000; $500,000; $1,000,000 65 to 69 years: $50,000; $100,000 70 to 74 years: $50,000 Worldwide excluding the United States: **Ages Available** — **Benefit Maximums** 14 days to 64 years: $50,000; $100,000; $500,000; $1,000,000; $2,000,000; $5,000,000 65 to 74 years: $50,000; $100,000
Deductible Options (You pay)	14 days to 64 years: $0; $100; $250; $500; $1,000; $2,500; $5,000 65 to 74 years: $250; $500; $1,000; $2,500; $5,000
Coinsurance (The Plan pays)	Inside the United States: In PPO Network: 90% of the first $5,000, then 100% to the Medical Maximum Out of PPO Network: 80% of the first $5,000, then 100% to the Medical Maximum Outside the United States: 100%
Hospital Room and Board	URC up to Medical Maximum
Inpatient Hospital Services	URC up to Medical Maximum
Outpatient Hospital / Clinical Services	URC up to Medical Maximum
Emergency Room Services	URC up to Medical Maximum $100 Copay
Doctor's Office Visits	URC up to Medical Maximum
Urgent Care Visits	URC up to Medical Maximum $20 Copay
Physiotherapy	$50 per visit, 10 visits maximum
Chiropractic Care	$50 per visit, 10 visits maximum
Prescription Drugs	URC up to Medical Maximum

Home Health Care	URC up to Medical Maximum
Extended Care Facility	URC up to Medical Maximum
Local Ambulance	Inside the United States: $10,000 Outside the United States: Up to Medical Maximum
Hospital Daily Indemnity (outside the United States)	$150 per day, 30-day limit
Coma	$25,000 (separate from Medical Maximum)
Pre-certification – 25% penalty	Required inside the United States Penalty does not apply to an emergency
Extension of Benefits to Home Country	$10,000
Incidental Trips to Home Country	$10,000
Acute Onset of Pre-Existing Conditions	Worldwide including the United States: **Ages Available** — **Benefit Maximum** 14 days to 64 years: $10,000 65 years to 74 years: $5,000 Worldwide excluding the United States: **Ages Available** — **Benefit Maximum** 14 days to 64 years: $50,000 65 years to 74 years: $10,000
COVID-19 Treatment	URC up to Medical Maximum or $100,000; whichever is less.
Dental – Sudden Relief of Pain	$200
Dental – Accident	$500
Emergency Eye Exam	$100 per occurrence $50 Copay
Emergency Medical Evacuation and Repatriation	$500,000 (separate from Medical Maximum)
Emergency Medical Reunion	$200 per day, 10-day limit $50,000 maximum
Return of Child(ren)	$50,000
Return of Mortal Remains	$50,000
Local Burial or Cremation	$5,000
Natural Disaster Evacuation	$50,000
Natural Disaster Daily Benefit	$100 per day, 5-day limit
Political Evacuation and Repatriation	$10,000
Felonious Assault	$10,000 (separate from Medical Maximum)
Terrorist Activity	$25,000
24/7 Travel Assistance Services	Included
Accidental Death and Dismemberment (AD&D)	$25,000 Principal Sum Primary Insured or Travel Companion $5,000 Principal Sum Child(ren) $250,000 Aggregate Limit total number of Insured Persons on Plan
Common Carrier Accidental Death and Dismemberment	$50,000 Principal Sum Primary Insured or Travel Companion $10,000 Principal Sum Child(ren) $250,000 Aggregate Limit total number of Insured Persons on Plan
Loss of Checked Baggage	$50 per article $500 per occurrence

Trip Interruption	$5,000
Travel Delay	$100 per day, 2-day limit per occurrence
Lost or Stolen Travel Documents	$100
Border Entry Protection: Non-United States Residents traveling to the United States	$500
Personal Liability	$50,000
Hazardous Activities (optional)	Up to Medical Maximum
Benefit Period	180 days

Section 3. Medical

3.1 Deductible, Copay and Coinsurance. Subject to Section 1.6, the Deductible and Coinsurance are per Insured Person and per Period of Coverage. They are applied to Covered Expenses and must be paid by You prior to receiving payment or reimbursement of benefits under this Certificate. Copays are per Insured Person, per service or supply, and are not subject to a limit. In no event will the Company's maximum liability exceed the amount set forth in the Schedule of Benefits.

Deductible:
The Deductible is set forth in the Schedule of Benefits. It is separate from and does not include Copay or Coinsurance.

Copay:
The Copay is set forth in the Schedule of Benefits. It is separate from and does not include Deductible or Coinsurance.

Coinsurance Inside the United States:
See the Schedule of Benefits.

Coinsurance Outside the United States:
See the Schedule of Benefits.

3.2 Medical Covered Expenses. Subject to the terms of the Certificate, the Company will reimburse You for Covered Expenses up to the Medical Maximum set forth in the Schedule of Benefits for the following medical Expenses that are incurred as the result of and within the Benefit Period:

(a) Hospital Expenses for room and board that do not exceed the Hospital's average charge for semi-private accommodations, Inpatient Treatment, Surgery, operating room, Intensive Care, nursing services, and services and supplies routinely provided by the Hospital to Inpatients;
(b) Outpatient Treatment or Surgery;
(c) Administration of anesthetics;
(d) Medication, x-ray services, laboratory tests and services, use of radium and radioactive isotopes, oxygen, blood transfusions, and iron lungs;
(e) Dressings, drugs, and medicines that can only be obtained upon a written prescription of a Physician or Surgeon;
(f) Physiotherapy and chiropractic care if recommended by a Physician for the Treatment of a specific Disablement and if administered by a licensed physical therapist;
(g) Hotel room when the Insured Person, otherwise necessarily confined in a Hospital, is under the care of a duly qualified Physician in a hotel room due to unavailability of a Hospital room due to capacity or distance or to any other circumstances beyond the reasonable control of the Insured Person;
(h) Artificial limbs, eyes, larynx, and orthotic appliances other than for replacement of such items;
(i) Home Health Care in bed if recommended by the attending Physician, provided by a Home Health Care agency upon direct transfer from an acute care Hospital and only in lieu of Medically Necessary Inpatient hospitalization; and
(j) Care in a licensed Extended Care Facility upon direct transfer from an acute care Hospital.

The initial Treatment of an Injury or Illness must occur within thirty (30) days of the date of Injury or onset of Illness.

The exclusions set forth in Section 8 apply to the coverage provided by the Certificate under this Section 3.2.

3.3 **Local Ambulance.** The Company will reimburse You up to the amount set forth in the Schedule of Benefits for the Period of Coverage for local ambulance service from within the metropolitan area to the nearest Hospital having facilities required for Medically Necessary Treatment. Other than in an emergency, licensed air ambulance transportation may be substituted for a ground ambulance if You are in a rural area and unreachable by ground ambulance. The exclusions set forth in Section 8 apply to the coverage provided by the Certificate under this Section 3.3.

3.4 **Hospital Daily Indemnity.** The Company will pay You the amount set forth in the Schedule of Benefits for the Period of Coverage if You are an Inpatient in a Hospital while traveling outside the United States. Payment will be for each day for which You were an Inpatient up to a maximum of thirty (30) days. This payment is not related to the actual Hospital charges and is paid directly to You. You may use these funds for incidentals or as You like. The exclusions set forth in Section 8 apply to the coverage provided by the Certificate under this Section 3.4.

3.5 **Coma.** If Injury renders You Comatose within ninety (90) days of the date of the Accident that caused the Injury and if the Coma continues for a period of thirty (30) consecutive days, the Company will pay a monthly benefit equal to 1% of the amount set forth in the Schedule of Benefits as long as You remain Comatose due to that Injury. This benefit will cease on the earliest of (i) the date You cease to be Comatose due to that Injury; (ii) the date You die; or (iii) the date the total amount of monthly benefits paid for all Injuries caused by the same Accident equals the amount set forth in the Schedule of Benefits. The Company will pay this benefit calculated at a rate of 1/30th of the monthly benefit for each day for which the Company is liable when You are Comatose for less than a full month. No Coma benefit is provided for the first thirty (30) days of the Coma. Only one (1) benefit is provided for any one (1) month of Coma, regardless of the number of Injuries causing the Coma.

The Company reserves the right at the end of the first thirty (30) consecutive days of Coma and as often as it may reasonably require thereafter to determine, based on all the facts and circumstances, that You are Comatose including, but not limited to, requiring an independent medical examination provided at the expense of the Company.

The exclusions set forth in Section 8 apply to the coverage provided by the Certificate under this Section 3.5.

3.6 **Network Procedures.** Inside the United States, You may receive discounts and out-of-pocket savings for Covered Expenses by utilizing in-network Service Providers. ***Utilizing the network does not guarantee benefits and does not ensure that the providers will bill the Administrator directly.***

Outside the United States, the Administrator maintains a directory of international Service Providers, but You may seek Treatment from any Service Provider of Your choosing. ***Utilizing the directory does not guarantee benefits and does not ensure that the provider will bill the Administrator directly.***

3.7 **Pre-Certification Requirements.** Pre-certification is required in the United States only and for the following:

(a) Outpatient Surgeries or procedures;
(b) Inpatient Surgeries, procedures, or stays including those for rehabilitation;
(c) Diagnostic procedures including MRI, MRA, CT, and PET scans;
(d) Chemotherapy;
(e) Radiation therapy;
(f) Physiotherapy;
(g) Home infusion therapy; or
(h) Home Health Care.

To obtain Pre-certification, You must:

(a) Contact Seven Corners Assist as soon as possible before the Expense is incurred;

(b) Comply with Seven Corners Assist's instructions and submit any information or documents required; and

(c) Notify all Physicians, Surgeons, Hospitals, and other providers that this Insurance contains Pre-certification requirements and request that they fully cooperate with Seven Corners Assist**.**

If You do not comply with the Pre-certification requirements:

(a) Covered Expenses will be reduced by 25%;

(b) The Deductible will be subtracted from the remaining 75%; and

(c) The Coinsurance will be applied.

Pre-certification does not guarantee coverage, payment, or reimbursement. Eligibility, coverage, and payment or reimbursement remains subject to all the terms, conditions, provisions, and exclusions herein. For Inpatient stays of any kind in the United States, the Administrator initially will Pre-certify a limited number of days of confinement. Notify all Physicians, Surgeons, Hospitals, and other providers that this Insurance requires them to receive prior approval for additional days of confinement following the Pre-certification requirements.

3.8 Extension of Benefits in Home Country. The Company will reimburse You for Covered Expenses incurred in Your Home Country, including those incurred in Your Home Country following an Emergency Medical Evacuation or an Emergency Medical Repatriation, up to the amount set forth in the Schedule of Benefits for one hundred eighty days (180) from the onset of a new, covered Injury or Illness that begins while You are traveling and is first diagnosed and treated outside Your Home Country. The Deductible, Copay and Coinsurance options set forth in Section 3.1 apply to this coverage and will be Your responsibility. This coverage does not apply for Pre-Existing Conditions. The exclusions set forth in Section 8 apply to the coverage provided by the Certificate under this Section 3.8.

The limit for this coverage is the amount shown on the Schedule of Benefits under "Extension of Benefits in Home Country," not the amount shown for "Medical Maximum Options."

3.9 Incidental Trips to Home Country. If the Period of Coverage is greater than thirty (30) days, the Company will reimburse You for Covered Expenses up to the amount set forth in the Schedule of Benefits for a new covered Injury or Illness that begins while You are on an incidental trip to Your Home Country. You must first depart Your Home Country before utilizing this benefit, and it does not apply to the final trip to Your Home Country. You may be required to provide proof of Your travel intentions. Additionally, this coverage will not apply (i) if the Illness began or Injury occurred while You were outside Your Home Country or (ii) for Pre-Existing Conditions.

Under this Section 3.9, You will receive five (5) days of coverage per month of coverage purchased up to a maximum of sixty (60) days per three hundred sixty-four (364) days of purchased coverage. The Deductible, Copay and Coinsurance options set forth in Section 3.1 apply to this coverage and will be Your responsibility. The exclusions set forth in Section 8 apply to the coverage provided by the Certificate under this Section 3.9.

The limit for this coverage is that amount shown on the Schedule of Benefits under "Incidental Trips to Home Country," not the amount shown for "Medical Maximum Options."

3.10 **Acute Onset of Pre-Existing Condition(s).** If You are under the age of sixty-five (65) years, the exclusion set forth in Section 8(a) does not apply to the eligible medical Expenses for the first Acute Onset of a Pre-Existing Condition(s) during the Period of Coverage, up to the amount set forth in the Schedule of Benefits for eligible medical Expenses incurred outside of Your Home Country. This benefit also applies to Insured Persons from age sixty-five (65) years to seventy-four (74) years for the amount set forth for them in the Schedule of Benefits. The Deductible, Copay and Coinsurance options set forth in Section 3.1 apply to this coverage and will be Your responsibility.

This benefit does not include coverage for known, scheduled, required, or expected medical care, drugs, or Treatments existent or necessary prior to departure from Your Home Country and prior to the Effective Date of Coverage; coverage for Treatment for which You have traveled; or coverage for conditions for which travel was undertaken after Your Physician has limited or restricted travel.

Coverage begins 72 hours (3 days) after the Effective Date of Coverage and ceases on the earliest of:
(i) The condition no longer being considered acute; or
(ii) Your discharge from the Hospital.

As set forth in the Schedule of Benefits, there is no coverage under this benefit for Insured Persons age seventy-five (75) years and over.

3.11 **COVID-19 Treatment.** Subject to the terms of the Certificate, the Company will reimburse You for Expenses listed under Section 3.2, up to the amount set forth in the Schedule of Benefits, for Medically Necessary Treatment only for the following:
(i) COVID-19;
(ii) SARS-Cov-2; and
(iii) Any mutation or variation of SARS-CoV-2.

The exclusions set forth in Section 8 apply to the coverage provided by the Certificate under this Section 3.11.

Section 4. Dental and Vision

4.1 **Dental Emergency — Sudden Relief of Pain.** If the Period of Coverage is greater than thirty (30) days, the Company will reimburse You up to the amount set forth in the Schedule of Benefits for Covered Expenses exceeding the Deductible and Coinsurance for emergency Treatment for the relief of pain to Sound Natural Teeth. The exclusions set forth in Section 8 apply to the coverage provided by this Certificate under this Section 4.1.

4.2 **Dental Emergency — Accident.** The Company will reimburse You up to the amount set forth in the Schedule of Benefits for Covered Expenses exceeding the Deductible and Coinsurance for emergency Treatment to repair or replace Sound Natural Teeth damaged as the result of an Accidental Injury caused by external contact with a foreign object. Coverage does not apply if You break a Sound Natural Tooth while eating or biting into a foreign object. Additionally, the exclusions set forth in Section 8 apply to the coverage provided by the Certificate under this Section 4.2.

4.3 **Emergency Eye Exam.** If the Period of Coverage is greater than thirty (30) days, the Company will reimburse You up to the amount set forth in the Schedule of Benefits for Covered Expenses exceeding the Copay, Deductible and Coinsurance if Your Medically Necessary prescription corrective lenses are lost or damaged due to a covered Accident and the replacement will require an Emergency Eye Exam to establish the proper prescription. This benefit is for the Emergency Eye Exam only and does not provide reimbursement for the replacement cost of prescription corrective lenses or contact lenses**.** Additionally, the exclusions set forth in Section 8 apply to the coverage provided by the Certificate under this Section 4.3.

Section 5. Emergency Services and Assistance

The Administrator will make good faith efforts to provide the services and assistance set forth in this Section 5. However, if the Administrator is unable to do so due to circumstances beyond its control or due to circumstances that make it unsafe for persons to provide such services and assistance, then the Administrator will provide the services and assistance to the extent reasonable and possible. If the Administrator is unable to directly arrange services, Expenses incurred by You for services that would otherwise be covered under this Plan and that would typically be arranged by the Administrator may be eligible for reimbursement and should be submitted for consideration. It is Your responsibility to preserve all documentation of related financial transactions You wish to be considered for reimbursement.

5.1 **Emergency Medical Evacuation and Repatriation.** The Company will pay transportation and related medical Expenses incurred during such transportation up to the amount set forth in the Schedule of Benefits if any covered Injury or Illness commences while You are outside Your Home Country during the Period of Coverage and results in Your Medically Necessary (i) Emergency Medical Evacuation or (ii) Emergency Medical Repatriation. All transportation arrangements must be by the most direct and economical route. This benefit applies regardless of whether Your transportation is related to a Pre-Existing Condition. ***The Emergency Medical Evacuation or Emergency Medical Repatriation must be arranged by Seven Corners Assist in consultation with Your local attending Physician. Failure to utilize Seven Corners Assist may result in the denial of benefits.*** Additionally, the exclusions set forth in Section 8 apply to the coverage provided by the Certificate under this Section 5.1.

5.2 **Emergency Medical Reunion.** When an Emergency Medical Evacuation is occurring or has occurred or when an Emergency Medical Repatriation is to occur and provided, in each such case, that an Emergency Medical Reunion is recommended by Your attending Physician, the Company will arrange and pay up to the amount set forth in the Schedule of Benefits for (i) a round-trip economy class airfare for one (1) individual from Your Home Country selected by You to travel to and from the location where You are hospitalized and (ii) reasonable travel and accommodation Expenses up to the amount set forth in the Schedule of Benefits. The period of Emergency Medical Reunion cannot exceed ten (10) days including travel days. This benefit applies regardless of whether Your hospitalization is related to a Pre-Existing Condition. ***The Emergency Medical Reunion must be arranged by Seven Corners Assist. Failure to utilize Seven Corners Assist may result in the denial of benefits.*** Additionally, the exclusions set forth in Section 8 apply to the coverage provided by the Certificate under this Section 5.2.

5.3 **Return of Child(ren).** If You are traveling alone with a Child(ren) who is left unattended because You became hospitalized as a result of a covered Illness or Injury, the Company will arrange and pay up to the amount set forth in the Schedule of Benefits for (i) one-way economy class airfare(s) for the Child(ren) to his or her Home Country and (ii) services of an attendant or escort if necessary to ensure the safety and welfare of the Child(ren). Meals and lodging are not included in this benefit. This benefit applies regardless of whether Your hospitalization is related to a Pre-Existing Condition. ***The return of the Child(ren) must be arranged by Seven Corners Assist. Failure to utilize Seven Corners Assist may result in the denial of benefits.*** Additionally, the exclusions set forth in Section 8 apply to the coverage provided by the Certificate under this Section 5.3.

5.4 **Return of Mortal Remains.** Provided that You have not elected the benefit provided under Section 5.5, the Company will pay up to the amount set forth in the Schedule of Benefits for the reasonable Expenses incurred for embalming, a minimally-necessary container appropriate for transportation, shipping costs, and the necessary government authorizations to return Your remains to Your Home Country if You die while outside Your Home Country during the Period of Coverage from an Illness or Injury covered under this Insurance. This benefit applies regardless of whether the death is related to a Pre-Existing Condition. ***The return of mortal remains must be arranged by Seven Corners Assist. Failure to utilize Seven Corners Assist may result in the denial of benefits.*** Additionally, the exclusions set forth in Section 8 apply to the coverage provided by the Certificate under this Section 5.4.

5.5 **Local Burial or Cremation.** Provided that You have not elected the benefit provided under Section 5.4, the Company will pay up to the amount set forth in the Schedule of Benefits for the reasonable Expenses incurred for preparation and either Your local burial or Your cremation if You die while outside Your Home Country during the Period of Coverage from an Illness or Injury covered under this Insurance. This benefit applies regardless of whether the death is related to a Pre-Existing Condition. This Insurance does not include the costs for the religious practitioners performing the service, flowers, music, food, or beverages. ***The local burial and cremation must be arranged by Seven Corners Assist. Failure to utilize Seven Corners Assist may result in the denial of benefits.*** Additionally, the exclusions set forth in Section 8 apply to the coverage provided by the Certificate under this Section 5.5.

5.6 **Natural Disaster Evacuation and Repatriation.** If You require an emergency evacuation due to a Natural Disaster, the Company will arrange and pay up to the amount set forth in the Schedule of Benefits for reasonable and necessary Expenses incurred for (i) Your Natural Disaster Evacuation; (ii) reasonable lodging up to the maximum number of days set forth in the Schedule of Benefits for the Natural Disaster Daily Benefit if You are delayed at the safe location; and (iii) Your Natural Disaster Repatriation by means of one-way economy class airfare. ***The Natural Disaster Evacuation or Natural Disaster Repatriation must be arranged by Seven Corners Assist. Failure to utilize Seven Corners Assist may result in the denial of benefits.***

The Company's security personnel will determine the need for the Natural Disaster Evacuation in consultation with local governments and security analysts. It may use any appropriate resources to evacuate You including, but not limited to, charter aircraft, ground, transportation, and sea transportation in such circumstances where the point of departure may not be an international airport. You may be required to release the Company or any provider from liability during this Natural Disaster Evacuation. If a Natural Disaster Evacuation is impossible due to hostile conditions, the Company will use security resources to maintain contact with You to the greatest extent allowed by circumstance until a Natural Disaster Evacuation becomes possible or the emergency is resolved.

The Company will not be responsible for failure to provide services or for delays caused by conditions beyond its control including, but not limited to, weather conditions, flight availability, strikes, unforeseen changes to airport regulations or restrictions, Your failure to comply with the Company's recommendations, or where rendering of service is prohibited by local laws or regulatory agencies. Further, if You can leave the Host Country location by normal means, such as changing a commercial airline ticket, no coverage applies, but the Company will assist in rebooking flights or other transportation.

The coverage provided by the Certificate under this Section 5.6. excludes Expenses that are for, resulting from, related to, or incurred for the following:

(a) Your Natural Disaster Evacuation or Your Natural Disaster Repatriation (i) while in the United States; (ii) while You are traveling within fifty (50) miles of Your primary residence; (iii) when the Natural Disaster situation directly giving rise to these benefits precedes Your arrival in the effected location; (iv) when the evacuation notice issued by the United States or Host Country Government has been posted for a period of more than sixty (60) days; or (v) when You elect not to depart in a timely manner or with evacuation arrangements coordinated by Seven Corners Assist, in which case the coverage under this Section 5.6 is immediately terminated;
(b) Medical Expenses incurred by You;
(c) Expenses not related to the Natural Disaster Evacuation or Natural Disaster Repatriation including Expenses for transportation from the Host Country by normal commercial means;
(d) Kidnap or ransom of You; and
(e) any services or other arrangements not arranged by Seven Corners Assist.

Additionally, the exclusions set forth in Section 8 apply to the coverage provided by the Certificate under this Section 5.6.

5.7 **Natural Disaster Daily Benefit.** The Company will reimburse You for replacement accommodations up to the amount set forth in the Schedule of Benefits if You are Displaced from planned, paid accommodations due to an evacuation from a forecasted Natural Disaster or following a Natural Disaster. To receive reimbursement, You must provide proof of payment for the original planned, paid accommodations.

5.8 **Political Evacuation and Repatriation.** The Company will arrange and pay up to the amount set forth in the Schedule of Benefits for reasonable and necessary Expenses incurred for (i) Your Political Evacuation and/or (ii) Your Political Repatriation by means of a one-way economy class airfare. Political Evacuation and/or Political Repatriation must occur within ten (10) days of the events causing the necessity for such action. The means of transportation will be the most appropriate and economical under the circumstances for Your health and safety. Such Expenses will be paid once for You per occurrence. ***If You fail to heed a Level 3 Terrorism, Level 3 Civil Unrest, or any Level 4 Travel Advisory issued by the United States Department of State or similar warnings issued by other appropriate authorities of either Your Host Country or Your Home Country recommending that travelers avoid a certain country, region, or specific areas or locations within a country, benefits are not covered and will be denied. Additionally, the Political Evacuation or Political Repatriation must be arranged by Seven Corners Assist. Failure to utilize Seven Corners Assist may result in the denial of benefits.***

The coverage provided by the Certificate under this Section 5.8 excludes Expenses:

(a) Recoverable under any other insurance or through an employer;

(b) Arising from or attributable to:

  (i) Dishonest or criminal acts committed or attempted by You;

  (ii) Alleged violation of the laws of the Host Country by You unless the Company, in its sole discretion, determines such allegations to be fraudulent;

  (iii) Your failure to maintain required documents or visas;

  (iv) Debt, insolvency, commercial failure, or the repossession of any property;

  (v) Your non-compliance with a contract or license; and

  (vi) Implementation of illegally contributed exchange rates.

(c) Due to liability assured or assumed by You under any contract; or

(d) For arrangements not made by Seven Corners Assist.

Additionally, the exclusions set forth in Section 8 apply to the coverage provided by the Certificate under this Section 5.8.

5.9 **Felonious Assault.** The Company will reimburse You up to the amount set forth in the Schedule of Benefits when You suffer losses for which benefits are payable under the Accidental Death and Dismemberment benefit or Coma benefit resulting from a Felonious Assault (i) that is not a moving violation as defined under the applicable government's motor vehicle laws and (ii) that is not an act of an Immediate Family Member or another Insured Person. Only one (1) benefit is payable for all losses resulting from the same Felonious Assault.

5.10 **Terrorist Activity.** The Company will reimburse You up to the amount set forth in the Schedule of Benefits for Your Covered Expenses incurred resulting from Terrorist Activity provided (i) You have no direct or indirect involvement in the Terrorist Activity; (ii) the Terrorist Activity is not in a country or location where the United States government has issued a Level 3 Terrorism, Level 3 Civil Unrest, or any Level 4 Travel Advisory or the appropriate authorities of either Your Host Country or Your Home Country have issued similar warnings, any of which have been in effect within the six (6) months prior to Your date of arrival; and (iii) You departed the country or location following the date a warning to leave that country or location is issued by the United States government or the appropriate authorities of either Your Host Country or Your Home Country.

Section 6. Other Coverage and Services

6.1 Travel Assistance Services. Upon enrollment, You are eligible to use any of the assistance services provided by Seven Corners Assist. These services are available twenty-four (24) hours per day, three hundred sixty-five (365) days per year. Multilingual personnel, physicians, and nurses are on staff and can assist with, among other things, emergency situations and locating medical facilities.

6.2 Accidental Death and Dismemberment (AD&D). The Company will pay indemnity determined from the table below if You sustain a Loss stated therein resulting from Injury suffered from an Accident during the Period of Coverage and subject to the exclusions set forth in Section 8, provided that (i) such Loss occurs within three hundred sixty-five (365) days after the date of Accident causing such Loss; (ii) the indemnity payable for any such Loss shall be the Principal Sum stated on the Schedule of Benefits as applicable to You and this Insurance; and (iii) if more than one (1) Loss stated in the table of Losses is sustained as the result of one (1) Accident, only one (1) of the amounts, the largest, will be paid.

FOR	INSURED OR TRAVEL COMPANION	CHILD(REN)
Loss of life	Principal Sum	Principal Sum
Loss of two members	Principal Sum	Principal Sum
Loss of one member	50% of Principal Sum	50% of Principal Sum
Quadriplegia (total paralysis of both upper and lower limbs)	Principal Sum	Principal Sum
Paraplegia (total paralysis of both lower limbs)	75% of Principal Sum	75% of Principal Sum
Hemiplegia (total paralysis of both upper and lower limbs of one side of the body)	50% of Principal Sum	50% of Principal Sum
Uniplegia (total paralysis of one limb)	25% of Principal Sum	25% of Principal Sum

The total amount payable under this Section 6.2 when there are multiple Insured Persons covered by the Certificate is the Aggregate Limit as set forth in the Schedule of Benefits. If the total of such indemnity exceeds the Aggregate Limit, the Company will not be liable to any Insured Person for a greater proportion of such Insured Person's indemnity afforded by the Accidental Death and Dismemberment benefit than their proportionate share.

For loss of life, the benefit will be paid to the beneficiary designated in writing by You. If no beneficiary is designated or if the beneficiary is no longer living, the benefit will be paid to Your closest living Relative in the following order: (i) Spouse; (ii) Child(ren); (iii) issued of deceased Child(ren); (iv) parent(s); (v) siblings; (vi) issue of deceased siblings; (vii) grandparents; (viii) siblings of parents; or (ix) Your estate.

If benefits are paid for You under Section 6.3, Common Carrier Accidental Death and Dismemberment, no benefits will be paid under this Section 6.2. The coverage under this Section 6.2 excludes and does not cover Expenses that are for, resulting from, related to, or incurred in connection with the following:

(a) Disease or sickness of any kind;
(b) Bacterial infections except pyogenic infection that occurs through an Accidental cut or wound; or
(c) Hernia of any kind.

Additionally, the exclusions set forth in Section 8 apply to the coverage provided by the Certificate under this Section 6.2.

6.3 **Common Carrier Accidental Death and Dismemberment.** The Company will pay an indemnity up to the amount set forth in the Schedule of Benefits if You die as the result of an Injury suffered from an Accident while You were traveling on a Common Carrier. Death must occur during the Period of Coverage and while You are riding as a passenger on a Common Carrier and not as a pilot, operator, or member of the crew. The benefit will be paid to the person determined by application of the relevant provisions of Section 6.2.

The total amount payable under this Section 6.3 when there are multiple Insured Persons covered by the Certificate is the Aggregate Limit as set forth in the Schedule of Benefits. If the total of such indemnity exceeds the Aggregate Limit, the Company will not be liable to any Insured Person for a greater proportion of such Insured Person's indemnity afforded by the Common Carrier Accidental Death and Dismemberment benefit than their proportionate share. Additionally, the exclusions set forth in Section 8 apply to the coverage provided by the Certificate under this Section 6.3.

6.4 **Loss of Checked Baggage.** The Company will reimburse You up to the amount set forth in the Schedule of Benefits for lost baggage and personal effects owned by You and checked with a Common Carrier provided You have taken all reasonable measures to protect, save, and recover the property at all times. Also, You must submit a copy of the Common Carrier's claim form and such other documentation as the Company may reasonably require. Reimbursement will be for the least of (i) the actual cash value (cost less proper deduction for depreciation at the time of loss); (ii) the cost to repair or replace the article with material of a like kind and quality; or (iii) per article limited set forth in the Schedule of Benefits. This coverage is secondary to any coverage provided by the Common Carrier, and You will be required to furnish proof to the Company that the Common Carrier has paid the full amount that it is legally required to pay.

The coverage provided by the Certificate under this Section 6.4 does not cover animals, automobiles or automobile equipment, boats, motors, motorcycles, other conveyances or their appurtenances except bicycles while checked as baggage with a Common Carrier, household furniture, eyeglasses or contact lenses, artificial teeth or dental bridges, hearing aids, prosthetic limbs, musical instruments, money or securities, tickets or documents, or sporting equipment if loss or damage results from the use thereof. These benefits will not duplicate any other benefits payable under the Plan or any coverage(s) attached to the Plan.

6.5 **Trip Interruption.** The Company will reimburse You up to the amount set forth in the Schedule of Benefits for the cost of economy travel less the value of applied credit from an unused return travel ticket to return home to Your area of principal residence if You are unable to continue the Trip due to the death of a parent, Spouse, sibling, or Your Child(ren) or due to serious damage to Your principal residence from fire or Natural Disaster. ***The Trip Interruption benefits must be arranged by Seven Corners Assist. Failure to utilize Seven Corners Assist may result in the denial of benefits.*** Additionally, the exclusions set forth in Section 8 apply to the coverage provided by the Certificate under this Section 6.5.

6.6 **Travel Delay.** The Company will reimburse You up to the amount set forth in the Schedule of Benefits for reasonable accommodations, meals and local transportation if You are delayed by the Common Carrier for more than twelve (12) hours while outside of Your Home Country, which results in an unplanned overnight stay due to a delay or cancellation of the Common Carrier. The Company will provide reimbursement for Covered Expenses provided:

(a) You check in according to the itinerary provided by the Common Carrier and obtain written confirmation of the delay or cancellation from them; and
(b) You provide receipts for Your accommodations and meals; and
(c) You did not voluntarily forfeit Your seat.

Additionally, the exclusions set forth in Section 8 apply to the coverage provided by the Certificate under this Section 6.6.

6.7 Lost or Stolen Travel Documents. The Company will reimburse You up to the amount set forth in the Schedule of Benefits for fees associated with the replacement of Your passport, visas and other travel documents, if they are lost, stolen, damaged or destroyed during Your Covered Trip provided:

(a) You exercise reasonable care for the safety and supervision of Your passport or travel visa; and

(b) Loss or theft is reported to the police within twenty-four (24) hours and a written police report is obtained; and

(c) You provide receipts for the costs associated with the passport or travel visa replacement.

These benefits will not duplicate any other benefits payable under the Plan or any coverage(s) attached to the Plan.

6.8 Border Entry Protection. In the event the Insured Person is traveling on a Visitor Visa B-2 for tourism for the purpose of visiting family and friends or on holiday and is denied entry to the United States at the border by customs officials, the Company will reimburse You up to the amount set forth in the Schedule of Benefits for the cost of either (i) an economy class one-way transportation ticket (air, land, or sea) to the original Country of Origin or (ii) Common Carrier change fee to the original Country of Origin, less the amount credited for any unused portion of the return travel arrangements, subject to the following:

(i) The Insured Person MUST return to the Country of Origin; and

(ii) The Insured Person is not a United States Citizen and does not have permanent residency in the United States.

No benefit will be paid for or as a result of the following:

(a) Expenses for Insured Persons traveling to the United States without a Visitor Visa B-2;

(b) Expenses for Insured Persons traveling to the United States illegally;

(c) The Insured Person is from a country named on any active Executive Order at the time of purchase;

(d) The Insured Person is on the United States terror watch list;

(e) The Insured Person was denied entry to the United States upon arrival or while en route to the United States because they have violated any rule, law, condition of or guideline regarding the visa upon which they are traveling;

(f) The Insured Person is visiting the United States for medical Treatment, participation by amateurs in musical, sports, or similar events or contests, if compensation is received;

(g) The Insured Person is visiting the United States for studies that receive credits towards a degree;

(h) The Insured Person committed a crime en route or upon entry to the United States which caused or would have caused them to be returned to their Country of Origin;

(i) The United States government has paid, offered to pay, or will pay for repatriation of the Insured back to the Country of Origin;

(j) The Common Carrier paid, offered to pay, or will pay for the repatriation of the Insured back to the Country of Origin; and/or

(k) The Insured Person has an unused return ticket or credit issued by the Common Carrier. If credit is not used, the amount reimbursed will be reduced by the amount of the credit.

These benefits will not duplicate any other benefits payable under the Plan or any coverage(s) attached to the Plan.

6.9 Personal Liability. The Company will pay or reimburse You up to the amount set forth in the Schedule of Benefits and subject to the condition, restrictions, and exclusions and contained in this Section 6.9 for eligible court-entered judgments or Company-approved settlements arising as a result of or in connection with the personal liability You incurred for acts, omissions, and other occurrences covered under this Certificate for losses or damages solely, directly, and proximately caused by Your negligent acts or omissions during the Period of Coverage that result in the following:

(a) Injury to a third person occurring during the Period of Coverage;
(b) Damage or loss to a third person's personal property during the Period of Coverage; and
(c) Damage or loss to a Relative's personal property during the Period of Coverage.

The maximum payable under this Section 6.9 is up to the maximum stated in the Schedule of Benefits. With respect to covered and eligible personal liability claims, the Company will pay You for associated reasonable legal fees and out-of-pocket costs incurred by You with respect to the determination and settlement of such legal liability.

Conditions and Restrictions.

(a) You must notify the Company within thirty (30) days of any act, omission, or occurrence that may create or impose any personal liability upon You and, also, within thirty (30) days of the initiation or receipt of service of any actual or threatened lawsuit, notice of claim, or proceeding filed or threatened to be filed against You with respect to same. Such notification(s) to the Company shall include a recitation of all circumstances, facts, and known or presumed causes of any loss or damage and a description of the nature and approximate amount of any damages suffered by any third person or Relative. In addition, immediately upon receipt thereof, You shall provide to the Company copies of any pleadings, complaints, lawsuits, petitions, demand letters, notices, orders, summonses, subpoenas, opinions, briefs, motions, letters from opposing counsel, and any other documents or papers with respect to any such lawsuit or proceeding that are received or issued by, addressed to or from, remitted to or by, or served by or upon You or Your counsel. Any failure to so notify or provide papers or documents to the Company in strict accordance with the foregoing shall be deemed to be and will result in a forfeiture and waiver of any and all benefits, claims, or coverages otherwise provided by this Insurance under this Section 6.9.

(b) The Company shall have the absolute right and authority without Your further consent or approval to intervene in its own name and on its own behalf as a party in interest with respect to any lawsuit, civil action, or other proceeding in which You are involved and for which the Company may have exposure for coverage or benefits under this Section 6.9 and shall be entitled to fully participate, receive due and proper notice of all matters, and have an opportunity to be heard with respect to all issues, controversies, and other proceedings or hearings of any kind.

(c) With respect to any personal liability for which You are or may be jointly or jointly and severally liable with other third persons or Relatives, the Company shall be fully subrogated to all rights of contribution, indemnity, recoupment, and recovery of proportional shares from other joint tort-feasors whose negligence contributed in whole or in part to the subject injury or loss and who are or may also be liable to You or the injured/damaged person.

(d) As a condition precedent to any liability or obligation of the Company to provide coverages or benefits for personal liability under this Insurance, no settlement, compromise, accord, admission of fault or liability, default, default judgment, waiver, release, indemnity, hold harmless, or other concession of any kind shall be given, made, committed, allowed, granted, or agreed to by or on behalf of You to any third person or Relative without the prior express written approval and consent of the Company, and any failure to comply with this condition precedent shall void, waive, and forfeit all benefits and coverages for legal assistance, advancement of bail, or coverage for personal liability under this Section 6.9.

(e) The Company shall not be liable or obligated to provide any coverage or benefits or to pay or reimburse any claim, damage, or loss under this Section 6.9 for and no coverage or benefits shall be eligible or available under this Section 6.9 with respect to, any legal fees, legal costs or expenses, advancements of bail, or for any personal injury or property damage claims, liability awards or

judgments in the event there exists any other insurance, insurance fund, membership benefits, workers' or workplace compensation coverage program or other similar governmental program, reimbursement or indemnification coverage, right of contribution, recoupment or recovery, contract, or any other third-party obligation or liability for provision of benefits ("Primary Coverage") which would or would, but for the existence of this Insurance, be available or obligated to provide such benefit or to pay or reimburse or provide indemnity for such claim, damage, or loss except in respect of any excess beyond the amount payable or provided under such Primary Coverage had this Insurance not been effected. Further, the Company shall not be liable or obligated to provide any benefit or to pay or reimburse any claim for injury, loss, or damage to the extent coverage for same is furnished or provided by any program or agency funded or controlled by any government or government authority.

(f) No third Person or Relative is intended to have, shall be deemed or construed to have, or shall have any rights or interest as a "third-party beneficiary" under the Master Policy of Insurance, and any allegation or assertion of any such status or any direct claim or other attempt to legally enforce alleged rights by such third person or Relative against the Company, the Administrator, or the Participating Organization based on any allegation or assertion of any such status, shall be subject to summary dismissal. Notwithstanding any law, statute, judicial decision, or rule to the contrary which may be or may purport to be otherwise applicable within the jurisdiction, locale or forum state of You, third person, or Relative or the situs of any alleged personal injury, property damage or other loss, no transfer or assignment of any of the Participating Organization's rights, benefits or interests under this Certificate, and no transfer or assignment of any of Your rights, benefits, or interests under this Section 6.9 as a beneficiary thereof, shall be valid, binding on, or enforceable against the Company or the Administrator unless first expressly agreed and consented to in writing by the Company, which agreement and/or consent may be reused and/or withheld for any or no reason at the sole discretion of the Company. Any such purported transfer or assignment not in strict compliance with the foregoing provisions of this Section 6.9 shall be void ab initio and without effect as against the Company and the Administrator and any assertion or claim of same shall be subject to summary dismissal, and the Company and the Administrator shall have no liability of any kind under this Section 6.9 to any such purported transferee or assignee with respect thereto.

(g) The Company will consider paying or advancing, but without any obligation or contractual duty to do so, up to $2,500 to You or for Your benefit to settle and compromise an asserted claim against You arising from personal injury or property damage so long as (i) the asserted claim is one that may be eligible for coverage under this Insurance and is not expressly excluded; (ii) a lawsuit has not yet been filed, or, if already filed, an answer or other response has not yet been filed thereto; (iii) You obtain a full written release and/or covenant-not-to-sue upon such terms and conditions as are satisfactory to the Company in its sole discretion; (iv) a full proof of claim, medical bills, accident form, and such other documentation and/or Proof of Loss is provided to the Company in form and substance satisfactory to it; and (v) You first pay the deductible as stated in the Schedule of Benefits and limits for such injury or loss.

Personal Liability Exclusions. You shall have no benefits or coverages for and the Company shall have no liability or obligation of any kind to pay or reimburse You or any third person or Relative for, any changes, fees (including attorneys' fees), costs, expenses, damages, losses, judgments, claims or other liabilities incurred or sustained by or assessed against You or any third person or Relative, if directly or indirectly relating to, arising from or in connection with any of the following acts, omissions, events, conditions, charges, consequences, occurrences or circumstances, all of which are expressly excluded from coverage under this Insurance and all of which the Company will provide no benefits or coverages for and shall have no liability or obligation for same, and the Company will not pay or reimburse You or any third person or Relative for any claims of any kind arising directly or indirectly from, happening through or as a consequence of:

(a) Any damages, losses or claims caused in whole or in part by You during any hunt or as a result of hunting;

(b) Any criminal, fraudulent, deceptive, willful, reckless, malicious, or other unlawful acts or omissions committed by You or any acts or omissions committed by You in connection with the violation or breach of any laws, statutes, ordinances, legal orders, rules or regulations to which You are subject or by which You are bound;

(c) Any loss, damage, or claim arising or resulting from the use of any firearms, fireworks, explosives, welding equipment, propane tanks, or other flammables, deadly weapons, or hazardous implements;

(d) The pursuit of any trade, business, profession, or employment activity;

(e) Ownership, possession, control, or occupation of any land or building;

(f) Ownership, possession, control, or use of any automobile, motorcycle, ATV, off-road vehicle, watercraft, aircraft, parachute, parasail, glider, or any other motorized, gravity-induced, or self-propelled vehicle or craft of any kind;

(g) Resulting from any fire, flood, wind, hail, water leak, gas leak, explosion, or other catastrophe or loss occurring in or about the residence or premises of any Relative, or in or about the residence or any other premises of which You are the owner, lessee, invitee, licensee, occupant, or Resident, or in or about any residence or premises which are contiguous or adjacent to any of the foregoing residences or premises;

(h) The consequences of any breach, violation, or failure to perform any contractual undertakings or obligations of You, whether verbal or in writing;

(i) Criminal or disciplinary proceedings, charges, arrests, indictments, or arraignments of any kind;

(j) Shoplifting, vandalism, theft, conversion, misappropriation, public drunkenness, fighting or brawling, arson, or any malicious or intentional activity resulting in personal injury or destruction of property;

(k) Gross negligence, fraud, bad faith, assault and battery, domestic disputes, and all other intentional torts or actions based or sounding in tort without regard to how named or presented;

(l) Any collusion, conspiracy, deceit, or other fraudulent scheme or artifice to defraud or other fraudulent means or methods;

(m) Fines, penalties, assessments, or claims by any governmental authorities or regulatory bodies including traffic fines or traffic violations or parking tickets, and the costs, fees, or expenses incurred by You as a witness, custodian, or in any other non-party status in connection with responding to any order to appear in court, subpoena, subpoena duces tecum, notice of deposition, or any other nonparty legal or administrative proceeding or activity;

(n) All non-compensatory damages including, without limitation, damages imposed as a punishment, punitive or exemplary damages, consequential damages, lost profits, criminal damages, excessive damages, expectancy damages, incidental damages, liquidated damages, presumptive damages, prospective damages, special damages, speculative damages, statutory damages, double, treble or other multiples of damages, and/or unliquidated damages, and all claims and damages for pain and suffering, loss of consortium, physical discomfort, mental or emotional distress, trauma, disfigurement, dismemberment, loss of use, or scarring;

(o) Contractual or employer's liability or workman's compensation claims;

(p) Animals or pets belonging to You or any Relative, or in the care, custody, or control of You or any Relative;

(q) Intentionally committed acts caused or brought about by You;

(r) Arising or occurring while You are, to any extent, under the influence of alcohol or drugs or due to Your use of drugs, prescription medicines, narcotics, or tranquilizers not medically prescribed for You by a licensed Physician;

(s) Caused by Your suicide or attempted suicide;

(t) Your participation in gambling, gaming, or betting of any kind;

(u) Your participation in any fights, brawls, criminal activity, or other unlawful activity;

(v) During the practice or participation of sports, recreational endeavors, or Athletics either as a professional, amateur or novice, unless performed solely for recreational purposes or during high school activities;

(w) Hazardous Activities;

(x) Occurring when You are a passenger in an aircraft other than a commercial aircraft;

(y) War, Hostilities, and War-like Operations;

(z) Thermal, mechanic, radioactive, and other effects due to any modification of the atomic structure of matter or the artificial acceleration of atomic particles or due to radiation from radioisotopes or the use of nuclear or chemical materials;

(aa) Judgments or damage awards that have not been ordered, declared, or entered within twelve (12) months from the date of the act, omission, occurrence, or event causing personal injury or property damage or within twelve (12) months from the date of termination of group coverage under the Certificate, whichever is earlier;

(bb) Any lawsuit, claim for benefits, enforcement action, complaint, or other civil or administrative proceeding of any kind brought by or on behalf of You or any third person or Relative against the Company, the Administrator, or the Participating Organization including, without limitation, any lawsuit or proceeding alleging breach of contract, bad faith, or any tortuous conduct of any kind, seeking equitable or declaratory relief, or otherwise seeking the recovery, enforcement or effectuation of any benefits or coverages under this Insurance;

(cc) Any loss, personal injury, property damage, or other claim arising or resulting from any act, omission, failure to act, event or other occurrence committed or occurring at any time prior to or subsequent to the Period of Coverage; or

(dd) Any personal injury, medical expense, damage or other loss suffered by a Relative except for damage to a Relative's personal property, which shall be limited to a maximum of $2,500 and subject to the per Injury/Illness Deductible set forth in the Schedule of Benefits.

Section 7. Optional Coverages

7.1 **Hazardous Activities.** *The definition of "Hazardous Activities" set forth in Section 9 does not apply to this Section 7.1.* If You elect and pay the required premium for this optional Insurance, the Company will reimburse You for Covered Expenses up to the amount set forth in the Schedule of Benefits resulting from an Injury sustained while participating in bungee jumping; caving; hang gliding; jet skiing; motorcycle or motor scooter riding whether as a passenger or a driver; Parachuting; parasailing; scuba diving only to a depth of ten (10) meters with a breathing apparatus provided that You are SSI, PADI or NAUI certified; snowmobiling; spelunking; wakeboard riding; water skiing; windsurfing; or zip lining. ***You must purchase this optional coverage if You wish to be covered while riding a motorcycle, motor scooter, or similar transportation when such transportation is an established and accepted routine means of public transportation for hire in the specific geographic area where You are located in the Host Country.***

Except as otherwise specifically set forth and enumerated in this Section 7.1, the exclusions set forth in Section 8 apply to coverage provided by the Certificate under this Section 7.1.

Section 8. Exclusions

Unless otherwise specifically provided for therein, the coverage provided by the Certificate under Sections 3.2 through 3.5, 3.8, 3.9, 3.11, 4.1 through 4.3, 5.1 through 5.6, 5.8, 6.2, 6.3, 6.5, 6.6 and 7.1 excludes Expenses that are for, resulting from, related to, or incurred for the following:

(a) Pre-Existing Condition(s) except as waived under Sections 3.10 and 5.1 through 5.5 above;

(b) Claims not received by the Company or Administrator within ninety (90) days of the date of service;

(c) Treatment that (i) exceeds Usual, Reasonable, and Customary Expenses; (ii) is Investigational, Experimental, or for research purposes; or (iii) received in a Hospital emergency room visit that is not a Medical Emergency;

(d) Treatment, services, or supplies that are not administered by or under the supervision of a Physician or Surgeon and products that can be purchased without a Physician's or Surgeon's prescription;

(e) Routine physicals, inoculations, or other examinations or tests conducted when there is no objective indications or impairments in normal health;

(f) Acupuncture;

(g) Services, supplies, medications, testing, or Treatment prescribed, performed, or provided by a Relative or Immediate Family Member;

(h) Durable medical equipment;

(i) False teeth, dentures, dental appliances, dental Expenses, normal ear or hearing tests, hearing aids, hearing implants, eye refractions, eye examinations for prescribing corrective lenses or eyeglasses unless caused by Accidental Injury, eyeglasses, contact lenses, or eye surgery when the primary purpose is to correct nearsightedness, farsightedness, or astigmatism;

(j) Replacement of artificial limbs, eyes, larynx, and orthotic appliances;

(k) Custodial Care, Educational or Rehabilitative Care, or any Treatment in any establishment for the care of the aged;

(l) Vocational, occupational, sleep, speech, recreational, or music therapy;

(m) Pregnancy, Illness or complications from Pregnancy, childbirth, abortion, miscarriage including that resulting from an Accident, postpartum care, preventing conception or childbirth, artificial insemination, infertility, impotency, sexual dysfunction, or sterilization or reversal thereof;

(n) Sleep apnea or other sleep disorders;

(o) Mental Illness and Mental and Nervous Disorders, Rest Cures, learning disabilities, attitudinal disorders, or disciplinary problems;

(p) Congenital abnormalities and conditions arising out of or resulting therefrom;

(q) Temporomandibular joint;

(r) Occupational Diseases;

(s) Exposure to non-medical nuclear radiation or radioactive materials;

(t) Sexually transmitted diseases, venereal diseases, and conditions and any consequences thereof;

(u) Acquired Immune Deficiency Syndrome (AIDS), AIDS-Related Complex (ARC), or the Human Immunodeficiency Virus (HIV);

(v) Human organ or tissue transplants;

(w) Exercise programs whether prescribed or recommended by a Physician or therapist;

(x) Weight reduction programs or the surgical Treatment of obesity including, but not limited to, wiring of the teeth and all forms of intestinal bypass Surgery;

(y) Cosmetic or plastic Surgery including deviated nasal septum; modifications of Your physical body intended to improve Your psychological, mental, or emotional well-being including, but not limited to, sexual reassignment Surgery;

(z) Acne, moles, skin tags, disease of sebaceous glands, seborrhea, sebaceous cyst, unspecified disease of the sebaceous glands, hypertrophic and atrophic conditions of skin, nevus;

(aa) Hazardous Activities unless You purchase optional Hazardous Activities coverage and then only for the activities covered under that option under Section 7.1;

(bb) Injuries sustain while participating in professional Athletics, amateur Athletics, or interscholastic Athletics including, but not limited to, events, games, matches, practice, training camps, sport camps, conditioning, and any other activity related thereto but excluding non-competitive, recreational, or intramural activities;

(cc) Abuse, misuse, illegal use, overuse, dependency upon, or being under the influence of alcohol, drugs, chemicals, or narcotic agents unless administered under the advice of a Physician and taken in accordance with the proper dosing as directed by the Physician;

(dd) Suicide or any attempt thereof; self-destruction or any attempt thereof; or any intentionally self-inflicted Injury or Illness;

(ee) Terrorist Activity except as provided under Section 5.10; War, Hostilities, or War-like Operations;

(ff) Commission of a criminal offense or any other criminal or illegal activity as defined by the local governing body;

(gg) You unreasonably fail or refuse to depart a country or location following the date a warning to leave that country or location is issued by the United States government or similar warnings issued by other appropriate authorities of either Your Host Country or Your Home Country;

(hh) Service in the military, naval, coast guard, or air service of any country or while on duty as a member of a police force or unit;

(ii) Treatment paid for or furnished under any other individual, government, or group policy or Expenses incurred at no cost to You;

(jj) You while in Your Home Country unless covered under Section 3.8 or 3.9;

(kk) Conditions for which travel was undertaken to seek Treatment after Your Physician has limited or restricted travel;

(ll) Travel accommodations;

(mm) 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;

(nn) Injury sustained while You are riding as a passenger in any aircraft (i) not having a current and valid Airworthy Certificate and (i) not piloted by a person who holds a valid and current certificate of competency for piloting such aircraft;

(oo) Flying in any aircraft being used for acrobatic or stunt flying, racing, endurance tests, rocket-propelled aircraft, crop dusting or seeding or spraying, firefighting, exploration, pipe or power line inspection, any form of hunting or herding, aerial photography, banner towing, or any experimental purpose;

(pp) Participating in contests of speed or riding or driving in any type of competition;

(qq) Loss of life;

(rr) Long-term disability; or

(ss) Financial guarantee, financial default, bankruptcy, or insolvency risks.

Section 9. Definitions

Accident or **Accidental:** Unexpected, unintended, and unforeseen event or occurrence that is the direct cause of physical Injury to You and which is independent of Illness and not self-inflicted.

Acute Onset of a Pre-Existing Condition(s): Sudden and unexpected outbreak or recurrence of a Pre-Existing Condition(s) is one:

(a) That occurs spontaneously and without advanced warning either in the form of Physician recommendations or symptoms and requires urgent care;

(b) That occurs during the Period of Coverage, after the 72-hour (3-day) waiting period, and prior to the age shown in the Schedule of Benefits, as indicated in Section 3.10; and

(c) For which Treatment is obtained within twenty-four (24) hours of the sudden and unexpected outbreak or recurrence.

A Pre-Existing Condition will not be considered an Acute Onset of a Pre-Existing Condition(s):

(i) If the condition is chronic, Congenital or gradually becomes worse over time; or

(ii) If, during the thirty (30) days prior to the acute event, You had a change in prescription or Treatment for a diagnosis related to the underlying Pre-Existing Condition.

Administrator: Seven Corners, Inc.

Aggregate Limit: The total limit of the Company's liability for all indemnities payable under the Accidental Death and Dismemberment Benefit and Common Carrier Accidental Death Benefit arising out of Injury(ies) sustained by two (2) or more Insured Person(s) as the result of any one (1) Accident.

Airworthiness Certificate or **Airworthy Certificate:** Standard Airworthiness Certificate issued by the Federal Aviation Agency of the United States or the governmental authority having jurisdiction over civil aviation in the country of its registry.

Application: The fully answered and signed enrollment form submitted by You for coverage under the Plan. The Application is hereby incorporated into and becomes part of the Master Policy of Insurance, the Plan, and the Certificate.

Athletics: Sports, games, or exercises of any kind engaged in by athletes. It includes numerous types of professional, amateur, and interscholastic sports, games, or exercises including, for example, track and field, soccer, American football, baseball, basketball, softball, lacrosse, weight lifting, skiing, bowling, tennis, wrestling, and rugby. Further, it includes all activities sanctioned or sponsored by the International Olympic Committee, the National Collegiate Athletic Association or similar organization, or professional sports organizations.

Benefit Period: The amount of time You have as set forth in the Schedule of Benefits from the date of Your Injury or Illness to receive Treatment. If Your Period of Coverage ends during Your Benefit Period, You can still receive Treatment if You are outside Your Home Country. If You have returned to Your Home Country, there is limited coverage under Extension of Benefits in Home Country.

Certificate: This document and any applicable Riders issued to You for Insurance under the Master Policy of Insurance describing the coverage and benefits to be paid to or for the benefit of the Insured Person(s). The Certificate also includes the Application and the Declaration, which are incorporated herein by this reference.

Child(ren): Insured Person(s) at least fourteen (14) days old and under the age of nineteen (19) years traveling with You on Your Trip and who is not legally married.

Citizen(s): Person who is a legally recognized subject or member of a particular country. Generally, the person obtains these rights because he or she was either born in that country or was granted rights of citizenship by the country.

Coinsurance: Percentage of Covered Expenses after the Deductible as set forth in the Schedule of Benefits that is Your responsibility and must be paid by You before the remainder of Covered Expenses will be paid by the Company.

Coma or **Comatose:** Profound state of unconsciousness from which You cannot be aroused to consciousness, even by powerful stimulation, as determined by a Physician.

Common Carrier: Any public air conveyance operating under a valid license providing the transportation of passengers for hire.

Company: Certain Underwriters at Lloyd's, London.

Congenital: Physical abnormality or condition that is present at birth.

Copay: The fixed amount of Covered Expenses for specific services or supplies as set forth in the Schedule of Benefits that is Your responsibility and must be paid by You before the remainder of Covered Expenses will be paid by the Company. The Copay is separate from the Deductible and Coinsurance.

Country of Origin: The country the Insured Person was in when they first departed for the United States.

Covered Expense(s): Amounts payable by the Company to reimburse You for Your Expenses that are (i) for Medically Necessary services, supplies, care, or Treatment; (ii) due to Illness or Injury; (iii) prescribed, performed, or ordered by a Physician; (iv) Usual, Reasonable, and Customary Expenses; (v) incurred during the Period of Coverage; and (vi) which do not exceed the applicable amount shown in the Schedule of Benefits.

Custodial Care: That type of care or service, wherever furnished and by whatever name called, that is designed primarily to assist You in performing the activities of daily living. Custodial Care includes non-acute care for the Comatose, semi-Comatose, paralyzed, or Mentally Incompetent patients.

Declaration: The document issued by the Administrator for and on behalf of the Company to You contemporaneously with the Certificate evidencing Your insurance.

Deductible: The amount of Covered Expenses as set forth in the Schedule of Benefits that is Your responsibility and must be paid by You before the remainder of Covered Expenses will be paid by the Company. The Deductible is separate from the Copay and Coinsurance.

Disablement: Illness or an Accidental bodily Injury necessitating Treatment by a Physician as defined in this Certificate. All bodily disorders existing simultaneously that are due to the same or related causes shall be considered one (1) Disablement. If a Disablement is due to causes that are the same or related to the cause of a prior Disablement, the Disablement shall be considered a continuation of the prior Disablement and not a separate Disablement. The initial Treatment of an Injury of Illness must occur within thirty (30) days of the date of Injury or onset of Illness.

Displaced: Your status when You are required to depart a destination due to an evacuation ordered by prevailing authorities.

Educational or Rehabilitative Care: Care for or restoration by education or training of Your ability to function in a normal or near normal manner following an Illness or Injury. This type of care includes, but is not limited to, vocational or occupational therapy and speech therapy.

Effective Date of Coverage: The date coverage for You begins under the terms of the Certificate, which begins at the latest of the following times:

(i) 12:00 a.m. United States Eastern Time on the date after the Company receives Your Application and correct premium payment if Application and payment are made online;
(ii) The moment You depart Your Home Country; or
(iii) 12:00 a.m. United States Eastern Time on the date You request on Your Application.

Emergency Eye Exam: An eye exam performed by a licensed Physician to establish proper corrective lens prescription for Medically Necessary corrective lenses that were lost or damaged as the result of a covered Accident when the prescription is unable to be determined by the existing corrective lenses due to their damage or loss.

Emergency Medical Evacuation: Your evacuation because Your medical condition warrants immediate transportation from the medical facility where You are located to the nearest adequate medical facility where Medically Necessary Treatment can be obtained.

Emergency Medical Repatriation: Your transportation to Your Home Country, with a qualified medical attendant if necessary, to obtain further Treatment or to recover after You were Treated for an Injury or Illness at a local medical facility following a covered Emergency Medical Evacuation.

Emergency Medical Reunion: Your reunion with an individual from Your Home Country, as recommended by Your attending Physician, selected by You to travel to and from the location where You are hospitalized when an Emergency Medical Evacuation is occurring or has occurred or when an Emergency Medical Repatriation is to occur.

Executive Order: A rule or order issued by the United States President on how federal agencies are to use their resources and having the force of law.

Expenses: Your expenses, costs, charges, and losses.

Expiration Date of Coverage: The date coverage for You terminates, which is the earliest of the following:

(i) The moment You return to Your Home Country except as provided under Sections 3.8 and 3.9;
(ii) 11:59 p.m. United States Easter Time on the date of attainment of the Maximum Period of Coverage;
(iii) 11:59 p.m. United States Eastern Time on the date shown on Your ID card;
(iv) 11:59 p.m. United States Eastern Time on the date that is the end of the period for which the Plan premium has been paid; or
(v) The moment You fail to be eligible.

Experimental/Investigational: All services or supplies associated with (i) Treatment or diagnostic evaluation that is not generally and widely accepted in the practice of medicine in the United States of America or that does not have evidence of effectiveness documented in peer reviewed articles in medical journals published in the United States; (ii) a drug that does not have United States Food and Drug Administration ("FDA") marketing approval; or (iii) a medical device that does not have FDA marketing approval or has FDA approval under 21 CFR 807.81 but does not have evidence of effectiveness for the proposed use documented in peer reviewed articles in medical journals published in the United States. The Company will make the final determination as to whether a service or supply is Experimental/Investigational.

Extended Care Facility: Institution or a distinct part of an institution that is licensed as a Hospital, Extended Care Facility, or rehabilitation facility by the state in which it operates; is regularly engaged in providing 24-hour skilled nursing care under the regular supervision of a Physician and the direct supervision of a Registered Nurse; maintains a daily record on each patient; provides each patient with a planned program of observation prescribed by a Physician; and provides each patient with active Treatment of an Illness or Injury. Extended Care Facility does not include a facility primarily for rest, the aged, Substance Abuse Treatment, Custodial Care, nursing care, or for care of Mental Illness or the Mentally Incompetent.

Felonious Assault: Any willful or unlawful use of force upon You with the intent to cause bodily injury to You, that results in bodily harm to You, and that is a felony or a misdemeanor in the jurisdiction in which it occurs.

Hazardous Activities: Abseiling; American football; aviation except when travelling solely as a passenger in a commercial aircraft; BMX; BASE jumping; bobsledding; boxing; bungee jumping; canyoning; caving; fighting sports; free diving; hang gliding; heli-skiing; high diving; hot air ballooning; hunting; inline skating; jet skiing; kayaking; kiteboarding; luge; martial arts; motocross (MOTO-X); motorcycle or motor scooter riding whether as a passenger or a driver; mountain biking; Mountaineering; offshore boating; Parachuting; paragliding; parasailing; parascending; polo; racing of any kind whether by any animal, motor vehicle, motorcycle, or otherwise; rappelling; rock climbing; rodeo activity; scuba diving; ski jumping; sky diving; snow skiing and snowboarding except for recreational downhill and/or cross country snow skiing or snowboarding provided that such is not in any violation of applicable laws, rules, or regulations or away from prepared and marked in-bound territories or against the advice of the local ski school or local authoritative body; snowmobiling; spelunking; surfing; trekking; wakeboard riding; water skiing; whitewater rafting; wildlife safaris; windsurfing; zip lining; any attempt to make or set sporting records; other adventures sports or activities; and any other sport or athletic activity that exposes You to abnormal or extreme risk of Injury. This includes practice or training in preparation for any excluded activity; participating in any sporting, recreational, or adventure activity where such activity is undertaken against the advice or direction of any local authority or any qualified instructor or contrary to the rules, recommendations, and procedures of a recognized governing body for the sport or activity; or participating in any activity where such activity is undertaken in disregard of or against the recommendations, Treatment programs, or medical advice of a Physician or other health care provider.

Home Country: For Non-United States Citizens, it is the country where You have Your permanent residence. For United States Citizens, including those with dual citizenship, it is always the United States.

Home Health Care: Services or supplies needed as the result of a medical condition that is eligible under the Certificate. You must be physically unable to obtain needed medical services on an Outpatient basis, and it must be in lieu of hospitalization or confinement in an Extended Care Facility. The Treatment plan must be prescribed by a licensed Physician who is required to provide updates to the Administrator at the appropriate intervals. Home Health Care is Medically Necessary health care provided in the patient's home by health care professionals at the direction of a licensed Physician. Health care professionals may include part-time or intermittent nursing care provided under the supervision of a Registered Nurse, physical therapy, occupational therapy, medications, and laboratory services, as well as a home health aide. Expenses for Home Health Care do not include food, housing, homemaker services, or Physician charges covered elsewhere in the Certificate; therapy services covered elsewhere in the Certificate; and environmental supplies such as hand rails, ramps, special telephones, air conditioners, home delivered meals, etc. The caregiver cannot be Your Relative, and the care must be provided primarily for therapeutic value and not to assist in activities of daily living or Custodial Care.

Hospital: Institution 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, excluding resting or nursing homes and institutions for the aged, chronically ill, or convalescent.

Host Country: Any country to which or in which You are traveling other than Your Home Country.

Illness(es): Sickness, disorder, Illness, pathology, abnormality, malady, morbidity, affliction, disability, defect, handicap, deformity, birth defect, Congenital defect, symptomatology, syndrome, malaise, infection, infirmity, ailment, disease of any kind, or any other medical, physical, or health condition provided, however, that Illness does not include learning disabilities or attitudinal or disciplinary problems. All Illnesses that exist simultaneously or which arise subsequent to a prior Illness and which directly or indirectly relate to or result or arise from the same or related causes or as a consequence thereof or from one another are considered to be one (1) Illness. Further, if a subsequent Illness results or arises from causes or consequences that are the same as or related to the causes or consequences of a prior Illness, the subsequent Illness will be deemed to be a continuation of the prior Illness and not a separate Illness.

Immediate Family Member: Your Spouse, parent, stepparent, child(ren), brother, sister, grandchild(ren), or in-laws and includes an individual who lives in Your household.

Injury: Bodily Injury caused solely and directly by violent, Accidental, external, and visible means occurring while this Certificate is in force and resulting directly and independently of all other causes in Disablement covered by this Certificate.

Inpatient: You confined in an institution and charged for room and board.

Insurance: Coverage under the Certificate.

Insured Person(s): Individual person eligible for benefits under the Certificate who has applied for coverage, is named on the Application, and for whom the Company has accepted premium. To be eligible for benefits under the Certificate, the person must be at least fourteen (14) days old and under the age of seventy-five (75) years.

Intensive Care: Cardiac care unit or other unit or area of a Hospital that meets the required standards of the Joint Commission on Accreditation of Hospitals for Special Care Units.

Loss: For quadriplegia, paraplegia, hemiplegia, and uniplegia, the complete and irreversible paralysis of such limbs; with regard to hands and feet, actual severance through and above the wrist or ankle joints; and for eyes, entire irrecoverable loss of sight.

Master Policy of Insurance: That certain group insurance policy No. RCB07420 issued to World Commercial Trust by Certain Underwriters at Lloyd's, London, which is available upon request from the Administrator.

Maximum Period of Coverage: For Liaison® Travel Plus, three hundred sixty-four (364) days in total from the original Effective Date of Coverage.

Medical Emergency: Occurrence of a Sickness, Illness, Injury, or behavioral condition, the onset of which is sudden, that manifests itself by symptoms of sufficient severity, including severe pain that an individual could reasonably expect the absence of immediate medical attention to result in (i) placing the health of the person afflicted with such condition in serious jeopardy or, in the case of a behavioral condition, placing the health of such person or others in serious jeopardy; (ii) serious impairment to such person's bodily functions; (iii) serious dysfunction of any bodily organ or part of such person; or (iv) serious disfigurement of such person. Additionally, a Medical Emergency will include visits where the only option for necessary immediate care is an emergency room.

Medical Maximum: The total maximum of Covered Expenses payable as set forth the Schedule of Benefits for the total Period of Coverage.

Medically Necessary or **Medical Necessity:** Services and supplies received while insured that are determined by the Company to be (i) appropriate and necessary for the symptoms, diagnosis, or direct care and Treatment of Your medical conditions; (ii) within the standards the organized medical community deems good medical practice for Your condition; (iii) not primarily for the convenience of You, Your Physician, or another Service Provider or person; (iv) 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 (v) not excessive in scope, duration, or intensity to provide safe, adequate, and appropriate Treatment. For Hospital stays, this means that acute care as an Inpatient is necessary due to the kinds of services You are receiving or the severity of Your condition in that safe and adequate care cannot be received as an Outpatient or in a less intensified medical setting. The fact that any particular Physician may prescribe, order, recommend, or approve a service, supply, or level of care does not, of itself, make such Treatment Medically Necessary or make the charge of a Covered Expense under this Certificate.

Mental Illness and **Mental and Nervous Disorder:** Any mental, nervous, or emotional Illness that generally denotes an illness of the brain with predominant behavioral symptoms; an Illness of the mind or personality, evidenced by abnormal behavior; or an Illness or disorder of conduct evidenced by socially deviant behavior. Mental and Nervous Disorders include, without limitation, psychosis; depression; schizophrenia; bipolar affective disorder; any disease or condition, regardless of whether the cause is organic, that is classified as a Mental Disorder in the current edition of the International Classification of Diseases as published by the United States Department of Health and Human Services; and those psychiatric and other Mental Illnesses listed in the current edition of the Diagnostic and Statistical Manual for Mental Disorders published by the American Psychiatric Association. Mental Illness and Mental and Nervous Disorder does not mean or include learning disabilities, attitudinal disorders or disciplinary problems. For the purpose of this definition, Mental Illness and Mental and Nervous Disorder do not include Substance Abuse.

Mentally Incompetent: The inability of a person to make or carry out important decisions regarding his or her affairs.

Mountaineering: Sport, hobby or profession of walking, hiking, and climbing up mountains either (i) utilizing harnesses, ropes, crampons, or ice axes; or (ii) ascending 4,500 meters or above.

Natural Disaster: Event or force of natural cause that is (i) due entirely to the forces of nature, (ii) could not have been reasonably prevented, and (iii) results in the migration of the human population for its safety. This includes avalanche, wildfire, earthquake, hurricane, tornado, typhoon, tsunami, cyclone, flood, landslide, mudslide, drought windborne dust or sand, volcanic eruption, tsunami, snow, rain, or wind.

Natural Disaster Evacuation: Your transportation from Your Host Country location from a safe departure point to the nearest place of safety that occurs as soon as reasonably possible following a Natural Disaster.

Natural Disaster Repatriation: Your transportation to Your Home Country following a Natural Disaster Evacuation.

Occupational Disease: Illness or Injury resulting from or in the course of any employment for wage or profit by You including, but not limited to, those related to asbestos exposure and the complications thereof including asbestosis and mesothelioma. Occupational Disease is not a contagious disease resulting from exposure to fellow employees or from a hazard to which the workman would have been equally exposed outside of his employment. An Occupational Disease is also not an ordinary disease of life to which the general public is equally exposed unless such disease follows as a complication and a natural incident of an Occupational Disease or unless there is a constant exposure peculiar to the occupation itself that makes such disease a hazard inherent in such occupation.

Outpatient: You receiving 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 not as an Inpatient.

Parachuting: Activity involving the breaking of a free fall from an airplane using a parachute.

Participating Organization: An entity or organization that provides applications for individuals to obtain Insurance under the Plan.

Period of Coverage: The Period of Coverage issued by the Company to You beginning with the Effective Date of Coverage and ending on the Expiration Date of Coverage.

Physician(s): Doctor of Medicine or a Doctor of Osteopathy licensed to render medical services or perform Surgery(ies) in accordance with the laws of the jurisdiction where such professional services are performed.

Physiotherapy: Physical therapy, recommended by a Physician as Medically Necessary for the Treatment of a specific Injury or Illness. It must be administered by a licensed physical therapist and be intended to improve, adapt or restore functions which have been impaired or permanently lost as a result of a covered Illness or Injury and involve goals an individual can reach in a Reasonable Period of Time.

Plan: Your Liaison® Travel Plus Plan as set forth and determined by this document, the Application, the Certificate, the Declaration, the Master Policy of Insurance, and any Riders that attach during the Period of Coverage.

Political Evacuation: Your evacuation to the nearest place of safety due to (i) a formal recommendation from the appropriate authorities issued for You to leave the Host Country or (ii) Your being expelled or declared persona non grata by the Host Country.

Political Repatriation: Your transportation to Your Home Country due to (i) a formal recommendation from the appropriate authorities issued for You to leave the Host Country or (ii) Your being expelled or declared persona non grata by the Host Country.

Pre-certification or **Pre-certify:** A general determination of Medical Necessity only, made by the Company in reliance and based upon the completeness and accuracy of the information provided by the Insured Person's health care or medical Service Providers. ***Pre-certification is not an assurance, authorization, pre-authorization or verification of coverage, a verification of benefits, or a guarantee of payment.***

Pre-Existing Condition(s): Any medical condition, sickness, Injury, Illness, disease, Mental Illness or Mental or Nervous Disorder, regardless of the cause, including any Congenital, chronic, subsequent, or recurring complications or consequences related thereto or resulting therefrom, that with reasonable medical certainty existed at the time of Application or any time during the thirty-six (36) months prior to the Effective Date of Coverage under this Certificate, whether or not previously manifested, symptomatic, known, diagnosed, treated, or disclosed. This specifically includes, but is not limited to, any medical condition, sickness, Injury, Illness, disease, Mental Illness, or Mental or Nervous Disorder for which medical advice, diagnosis, care, or Treatment was recommended or received or for which a reasonably prudent person would have sought Treatment during the 36-month period immediately preceding the Effective Date of Coverage under this Certificate. ***For Insured Persons traveling outside the United States, the period is twelve (12) months instead of thirty-six (36) months.***

Pregnancy: Physical condition of being pregnant including complications of Pregnancy.

Primary Health Plan: A group health benefit plan, an individual health benefit plan, or a governmental health plan (not including Medicaid, Medicare, and V.A. health plans) designed to be the first payor of claims for an Insured Person in effect prior to the effective date of this Certificate and continuing as long as this Certificate is in effect. Such plans must have coverage limits in excess of $50,000 per incident or per year in order to be considered a Primary Health Plan.

Principal Sum: The amount stated as such for the Insured Person on the Schedule of Benefits.

Proof of Loss: The written documentation required by the Company that You must furnish to the Company in case of claim for loss for which this Certificate provides any periodic payment contingent upon continuing loss within ninety (90) days after the termination of the period for which the Company is liable and in case of claim for any other loss within ninety (90) days after the date of such loss.

Reasonable Period of Time: Treatment that shows no documented improvement after two (2) weeks of Treatment, an alternative Treatment plan should be attempted. If no significant improvement is documented after a total of four (4) weeks, reevaluation by the referring Physician may be indicated. Treatment is necessary when the individual stops progressing toward established goals.

Registered Nurse: Graduate nurse who has been registered or licensed to practice by a State Board of Nurse Examiners or other state authority and who is legally entitled to place the letters "RN" after his or her name.

Relative: Your Spouse, parent, sibling, child(ren), grandparent, grandchild, stepparent, stepsibling, in-laws (parent, son, daughter, brother and sister), aunt, uncle, niece, nephew, legal guardian, ward, or cousin.

Resident: A person who lives somewhere permanently or on a long-term basis.

Rest Cures: Treatment, as for Nervous Disorders, consisting of complete rest and often with special diet, massage, etc., especially at a spa or sanitorium.

Rider: Any attachment, endorsement, schedule, or similar document attached to, issued in connection with, or otherwise expressly made a part of the Master Policy, the Certificate, the Declaration of Insurance, or the Application.

Schedule of Benefits: The summarized Schedule of Benefits, coverages, limits and sub-limits as set forth for ease of reference in Section 2 of this Certificate, all of which are subject to the full terms of this Insurance.

Service Provider: Hospital, convalescent or skilled nursing facility, ambulatory surgical center, psychiatric Hospital, community mental health center, residential treatment facility, psychiatric treatment facility, alcohol or drug dependency treatment center, birthing center, Physician, dentist, licensed medical practitioner, nurse, medical laboratory, assistance service company, air or ground ambulance firm, or any other such facility that the Company approves.

Sickness: Illness, malady or disease that requires Treatment by a Physician while covered by this Certificate. All related conditions and recurrent symptoms of the same or a similar condition will be considered the same Sickness.

Sound Natural Tooth or **Sound Natural Teeth:** Tooth that is whole or properly restored; is without impairment, periodontal, or other conditions; and is not more susceptible to Injury than a virgin tooth. A tooth previously restored with a crown, inlay, or porcelain restoration or treated by endodontics is not a Sound Natural Tooth.

Spouse: If not legally separated or divorced, Your legal Spouse, legal domestic partner or legal civil partner as determined by the State or other applicable governmental jurisdiction in which the legal union is sanctioned.

Substance Abuse: Condition brought about when an individual uses alcohol, chemicals, or any other drug(s) in such a manner that his or her health or judgement is impaired or ability to control actions is lost.

Surgeon(s): Doctor of Medicine or a Doctor of Osteopathy licensed to render medical services or perform Surgery(ies) in accordance with the laws of the jurisdiction where such professional services are performed.

Surgery(ies): Invasive diagnostic procedure or the Treatment of Illness or Injury by manual or instrumental operations performed by a Physician while the patient is under general or local anesthesia.

Terrorist Activity: Act or acts including, but not limited to, the use of force or violence or the threat thereof of any person or group(s) of person, whether acting alone or on behalf of or in connection with any organization(s) or government(s), committed for political, religious, ideological, or ethnic purposes or reasons, including the intention to influence any government or to put the public or any section of the public in fear.

Traveling Companion: Insured Person(s) traveling with You on Your Trip other than Your Spouse and any Child(ren).

Treatment: Specific in-office or Hospital physical examination, diagnostic procedures and services, consultation, Surgery, care, and medical services and supplies including medication prescribed or provided by a Service Provider for You, each of which is related to condition(s) that first manifested itself, worsened, or became acute or that had symptoms which would have prompted a reasonable person to seek such Treatment.

Trip: Scheduled Trip for which coverage for travel arrangements is requested and the premium is paid prior to Your actual or originally scheduled departure date.

Urgent Care Visit: A visit to a facility to receive medical care for Illness(es) or Injury(ies) which require prompt attention but are typically not of such seriousness as to require the services of an emergency room. The nature of this care would not allow for a scheduled Outpatient office visit.

Usual, Reasonable, and Customary (URC): Maximum amount that the Company determines is Usual, Reasonable and Customary for Covered Expenses You receive up to, but not to exceed, charges actually billed. The Company's determination considers (i) 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 Illness in connection with which such services and supplies are received; (ii) any usual medical circumstances requiring additional time, skill, or experience; and (iii) other factors the Company determines are relevant including, but not limited to, a resource-based relative value scale. For a Service Provider who has a reimbursement agreement, the Usual, Reasonable, and Customary charge is equal to the amount that constitutes payment in full under any reimbursement agreement with the Company.

War, Hostilities, and War-like Operations: War, Hostilities, or War-like Operations whether war be declared or not; invasion; act of an enemy foreign to the nationality of the Insured Person or the country in or over which the act occurs; civil war; riot; rebellion; insurrection; revolution; overthrow of the legally constituted government; civil commotion assuming the proportions of or amounting to an uprising; military or usurped power; explosions of war weapons; utilization of nuclear, chemical, or biological weapons of mass destruction howsoever these may be distributed or combined; murder or assault that was the act of agents of a state foreign to the nationality of the Insured Person whether war be declared with that state or not; or any action taken in controlling, preventing, or suppressing any or all of the situations described above. For the purpose of this definition (i) "utilization of nuclear weapons of mass destruction" means the use of any explosive nuclear weapon or device or the emission, discharge, dispersal, release or escape of fissile material emitting a level of radioactivity capable of causing incapacitating disablement or death amongst people or animals (including in connection with Terrorist Activity); (ii) "utilization of chemical weapons of mass destruction" means the emission, discharge, dispersal, release or escape of any solid, liquid, or gaseous chemical compound that, when suitably distributed, is capable of causing incapacitating disablement or death amongst people or animals (including in connection with Terrorist Activity); (iii) "utilization of biological weapons of mass destruction" means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) micro-organism(s) and/or biologically produced toxin(s) (including genetically modified organisms and chemically synthesized toxins) that are capable of causing incapacitating disablement or death amongst people or animals (including in connection with Terrorist Activity).

You or **Your:** An Insured Person.

Section 10. Claims

10.1 **Notice of Claim.** Written notice of claim must be given to the Company within ninety (90) days after the occurrence or commencement of any Disablement covered by the Plan. 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 You shall be deemed notice to the Company.

10.2 **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 (15) days after the giving of such notice, the claimant shall be deemed to have complied with the requirements of the Plan as to Proof of Loss upon submitting, within the time fixed in the Certificate for filing Proofs of Loss, written proof covering the occurrence, the character, and the extent of the Disablement for which claim is made.

10.3 **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 Certificate provides any periodic payment contingent upon continuing loss within ninety (90) days after the termination of the period for which the Company is liable and in case of claim for any other loss within ninety (90) days after the date of such loss. Failure to furnish such Proof of Loss within the time required shall not invalidate nor reduce any claim if it was not reasonably possible to give Proof of Loss within such time, provided such Proof of Loss is furnished as soon as reasonably possible. The Company at its option may pend resolution and adjudication of submitted claims and/or deny coverage for Proof of Loss submitted thereafter, or for incomplete Proof of Loss and/or failure to submit Proof of Loss.

10.4 **Time of Payment of Claims.** Indemnities payable under the Certificate for any loss other than loss for which the Certificate provides any periodic payment will be paid immediately upon receipt of due written Proof of Loss. Subject to due written Proof of Loss, all accrued indemnities for loss for which the Certificate provides periodic payment will be paid at the expiration of each four (4) 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.

10.5 **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 shall be payable to Your estate. Any other accrued indemnities unpaid at Your death may, at the option of the Company, be paid either to such beneficiary or to such estate. All other indemnities will be payable to You. If any indemnity of the Certificate shall be payable to Your estate or to an Insured Person who is a under the age of eighteen (18) years or otherwise not competent to give a valid release, the Company may pay such indemnity, up to an amount not exceeding $1,000, to any Relative by blood or connection by marriage of the Insured Person who is deemed by the Company to be equitably entitled thereto. Any payment made by the Company in good faith pursuant to this provision shall fully discharge the Company to the extent of such payment. Subject to any written direction of You, all or a portion of any indemnities provided by this Certificate on account of Hospital, nursing, medical or Surgical service may, at the Company's option and unless You request otherwise in writing not later than the time for filing Proof of Loss, be paid directly to the Hospital or person rendering such services, but it is not required that the service be rendered by a particular Hospital or person.

10.6 **Appeal of Claims.** If the Company denies all or any part of a claim, You will have a maximum of two (2) appeals for review of the claim and determination, and You must file two (2) appeals before bringing any legal action hereunder. You will have sixty (60) days from the date of the notice of denial within which to file an appeal. You may submit written comments, documents, records, or other information with the notice of appeal. The Company will respond in writing to an appeal as soon as reasonably possible but, in any event, within ninety (90) days from receipt of the notice of appeal.

10.7 **Subrogation.** To the extent the Company pays for a loss suffered by You, the Company will take over the rights and remedies You had relating to the loss. This is known as subrogation. You 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 require. If the Company takes over Your rights, You must sign an appropriate subrogation form supplied by the Company.

Section 11. Additional Plan Provisions

11.1 **Severability of Interest.** This Certificate shall operate in all respects as if a separate Certificate had been issued to each Insured Person hereunder except that in no event shall the total liability of the Company or in respect of all Insured Persons hereunder exceed the limit of indemnity stated in this Certificate.

11.2 **Selection of Providers.** You and/or Your family members, guardians, Physicians, and other health care providers are solely responsible for making decisions regarding the selections of Physicians, Hospitals, or other health care or health Service Providers and regarding any medical Treatment decisions for or on Your behalf. Neither the Company nor the Administrator has the right, obligation, or authority to make such decisions.

11.3 **Physical Examination and Autopsy.** The Company at its own expense will have the right and opportunity to examine the person of any Insured Person whose Injury or Illness is the basis of a claim when and as often as the Company may reasonably require during the pendency of a claim hereunder and to make an autopsy in case of death where it is not forbidden by law.

11.4 **Cooperation.** You and Your health care and medical Services Providers and suppliers, Physicians, and Hospitals must cooperate fully with the Company and the Administrator in reviewing, investigating, adjudicating, and administering any claims under this Certificate. This includes, but is not limited to, access to all relevant, pertinent, or related records, medical documentation, medical histories, reports, lab or test results, x-rays, and other available evidence. The Company may suspend or pend adjudication of a claim or deny benefits or coverage for refusal to cooperate or delay in cooperation or for any act or omission by the above-referenced persons or entities that hinders, delays, impairs, or otherwise prejudices the performance of the Company's obligations hereunder.

11.5 **Refund of Premium.** Refund of the premium will only be considered if written request is received by the Administrator prior to the Effective Date of Coverage. If written request is received after the Effective Date of Coverage, the unused portion of the Plan cost may be refunded minus a cancellation fee, provided no claim has been submitted to the Administrator for reimbursement. Additionally, no refund will be made after a claim has been denied or not paid. Upon refund, neither the Company nor You shall have any further rights, liabilities, or obligations under this Certificate.

11.6 **Other Insurance.** All coverages except Accidental Death and Dismemberment are in excess of all other insurance or similar benefit programs and shall apply only when such benefits thereunder are exhausted. This Plan is secondary coverage to any other insurance. Such other insurance or similar benefit programs may include, but are not limited to, membership benefit; workers' compensation benefits or programs; government programs; group or blanket coverage; prepayment coverage; union, labor, or employee plans; socialized insurance program or program otherwise required by law or statute; automobile insurance; or third-party liability insurance.

11.7 **Misrepresentation and Fraud.** The Company explicitly relies on Your Application and the information contained in it in order to determine whether such individual meets the eligibility requirements for the issuance of a Certificate. Any misstatement, misrepresentation, concealment, omission, or fraud in Your Application will render Insurance for each Insured Person null and void from issuance, and no coverage will be afforded to such Insured Person under any circumstances.

The Company explicitly relies on statements made You in connection with all claims under this Certificate in order to determine whether or not and to what extent benefits under this Insurance are payable. Any misstatement, misrepresentation, concealment, omission, or fraud by You relating to any claim hereunder shall render the Insurance for each Insured Person null and void from issuance, and no coverage will be afforded to such Insured Person under any circumstances.

Nothing in this Section 11.7 shall in any way effect any other remedies available to the Company with respect to any misstatement, misrepresentation, concealment, omission, or fraud by an Insured Person.

11.8 **Legal Actions.** No actions at law or in equity shall be brought to recover on the Certificate prior to the expiration of sixty (60) days after written Proof of Loss has been furnished in accordance with requirements of this Certificate. All legal actions, whether in law or equity, arising under this Certificate shall be barred unless written notice thereof is received by the Company or the Administrator within one (1) year from the date of the event giving rise to such legal action. No such action shall be brought after expiration of three (3) years after that time written Proof of Loss is required to be furnished. You further agree that no such actions will be taken to recover under the Certificate until after You have complied with Section 10.6.

You and the Company irrevocably agree and submit to the exclusive jurisdiction and venue of the state and federal courts located in the State of Indiana for any action brought under the Certificate. The Court will be the trier of fact for any dispute under this Certificate, and the parties expressly waive their rights to a jury trial.

11.9 **Coverage Intent.** This is not a general health insurance policy, but an interim travel medical program intended for use while You are away from Your Home Country or country of residence.

11.10 **Complaints.** Initial inquiries or complaints are to be addressed to the Administrator. If You are not satisfied with the way an inquiry or complaint has been managed by the Administrator, You may request in writing to the Complaints and Advisory Department of the Company a review of the case without prejudice to the Insured Person's rights.

Complaints
Fidentia House
Walter Burke Way
Chatham Maritime
Chatham
Kent
ME4 4RN
Email: complaints@lloyds.com
Tel: +44 (0)20 7327 5693

11.11 **Modification and Waiver.** No modification to or waiver of the terms of the Master Policy of Insurance, this Certificate, the Declaration, or the Plan is binding unless expressly set forth in writing and signed by an authorized agent or representative of the Company. Failure of the Company or the Administrator to enforce Your obligation hereunder is not a waiver. No statement made by an agent, employee, or representative of the Company or the Administrator will be deemed or construed as a modification, waiver, actionable representation, promise, or an estoppel or will create any liability against the Company or Administrator.

11.12 **Assignment.** No transfer or assignment of any of Your rights, benefits, or interests under this Certificate will be valid, binding upon, or enforceable against the Company unless agreed to in writing by the Company.

11.13 **Termination.** The Plan may be terminated at any time by either the Company or the Administrator by giving at least thirty (30) days written notice to the group and to the Insured Person(s). Such termination will have no effect on this Plan, or the benefits provided hereunder prior to the date of the termination. No Applications will be accepted, and no additional Certificates will be issued following termination.

11.14 **Entire Agreement.** The Master Policy of Insurance, the Application, the Certificate, the Declaration, and any Riders constitute the entire Agreement between the Company and You. The coverage evidenced by this Certificate is subject to all the terms and conditions of the Master Policy of Insurance, the Application, the Declaration, and any Riders.

11.15 **Office of Foreign Assets Control and Other Denied Party Lists.** Coverage will be immediately null and void if any Insured Person (i) appears on the like of Specially Designated Nationals and Blocked Persons administered by the UNITED STATES Treasury Department's Office of Foreign Assets Control ("OFAC") or other denied party lists maintained by the UNITED STATES Government, the European Union ("EU"), United Nations ("UN"), or the United Kingdom ("UK"); (ii) is resident or physically present in a country or territory subject to sanctions, prohibitions, or restrictions administered by OFAC, the EU, the UN, or the UK; or (iii) is a person who is otherwise the target of UNITED STATES, EU, UN, or UK sanctions, laws, or regulations such that the Company cannot deal or otherwise engage in business transactions with such person. Whenever any coverage provided hereunder would be in violation of any UNITED STATES, EU, UN, or UK sanctions, prohibitions, or restrictions, such coverage shall be immediately null and void. The Company may be compelled by law to seize premiums, deny services, or withhold claims payments if an Insured Person becomes subject to UNITED STATES, EU, UN, or UK sanctions while this Certificate is in effect. Any payment for services will only be made in full compliance with all United States' economic or trade sanction laws or regulations including, but not limited to, sanctions, laws, and regulations administered and enforced by the OFAC. For more information, consult the OFAC website at www.treas.gov/offices/enforcement/ofac/.

11.16 **Patient Protection and Affordable Care Act ("PPACA").** THE INSURANCE PROVIDED HEREUNDER IS NOT SUBJECT TO, IS NOT INTENDED TO COMPLY WITH, AND DOES NOT PROVIDE ALL BENEFITS REQUIRED BY PPACA. THIS INSURANCE IS NOT QUALIFYING HEALTH COVERAGE ("MINIMUM ESSENTIAL COVERAGE") THAT SATISFIES THE HEALTH CARE COVERAGE REQUIREMENT OF PPACA. IF AN INSURED PERSON DOES NOT HAVE MINIMUM ESSENTIAL COVERAGE, HE OR SHE MAY OWE AN ADDITIONAL PAYMENT WITH HIS OR HER TAXES. INSURED PERSONS ARE RESPONSIBLE FOR DETERMINING IF AND HOW PPACA IS APPLICABLE TO HIM OR HER AND SHOULD CONSULT HIS OR HER OWN TAX ADVISORS. NEITHER THE COMPANY NOR THE ADMINISTRATOR SHALL HAVE LIABILITY WHATSOVER FOR AN INSURED PERSON'S FAILURE TO OBTAIN PPACA-COMPLIANT COVERAGE.

11.17 THIS INSURANCE IS ISSUED PURSUANT TO APPLICABLE SURPLUS LINES LAW. PERSONS INSURED BY SURPLUS LINES CARRIERS DO NOT HAVE THE PROTECTION OF STATE INSURANCE GUARANTY LAWS TO THE EXTENT OF ANY RIGHT OF RECOVERY FOR THE OBLIGATION OF AN INSOLVENT UNLICENSED INSURER.

Section 12. Lloyd's Privacy Policy Statement

12.1 **Underwriters at Lloyd's, London.** The Company wants Insured Persons to know how it protects the confidentiality of their non-public personal information. The Company wants Insured Persons to know how and why it uses and discloses the information that it has about them. The following describes the Company's policies and practices for securing the privacy of Insured Persons.

12.2 **Information Underwriter Collects.** The non-public personal information that Company collects about Insured Persons includes, but is not limited to:

(a) Information contained in Applications or other forms that Insured Persons submit to the Company such as name, address, and social security number;

(b) Information about Insured Persons' transactions with the Company's affiliates or other third parties such as balances and payment history; and

(c) Information the Company receives from a consumer-reporting agency such as credit worthiness or credit history.

12.3 **Information the Underwriter Discloses.** The Company discloses the information that it has when it is necessary to provide its products and services. It may also disclose information when the law requires or permits it to do so.

12.4 **Confidentiality and Security.** Only the Company's employees and others who need the information to service an Insured Person's account have access to his or her personal information. The Company has measures in place to secure their paper files and computer systems.

12.5 **Right to Access or Correct Personal Information.** Insured Persons have a right to request access to or correction of their personal information that is in the Company's possession.

12.6 **Contacting the Underwriter.** If an Insured Person has any questions about this privacy notice or would like to learn more about how the Company protects privacy, the Insured Person should contact the agent or broker who handled this Insurance. The Company can provide a more detailed statement of its privacy practices upon request.

Lloyd's Certificate

This Insurance is effected with certain Underwriters at Lloyd's, London.

This Certificate is issued in accordance with the limited authorization granted to the Correspondent by certain Underwriters at Lloyd's, London whose syndicate numbers and the proportions underwritten by them can be ascertained from the office of the said Correspondent (such Underwriters being hereinafter called "Underwriters") and in consideration of the premium specified herein, Underwriters hereby bind themselves severally and not jointly, each for his own part and not one for another, their Executors and Administrators.

The Assured is requested to read this Certificate, and if it is not correct, return it immediately to the Correspondent for appropriate alteration.

All inquiries regarding this Certificate should be addressed to the following Correspondent:

SEVENCORNERS

303 Congressional Boulevard
Carmel, IN 46032
1-800-335-0611
317-575-2652
317-575-2659 FAX
www.sevencorners.com

Signature Required. This Certificate is not valid unless signed by the Correspondent on the attached Declarations page.

Correspondent Not Insurer. The Correspondent is not an Insurer under this Certificate and is not liable for any loss or claim whatsoever. The Insurers are those Underwriters at Lloyd's, London whose syndicate numbers can be ascertained from the Correspondent. As used in this Certificate, "Underwriters" includes incorporated as well as unincorporated persons or entities that are Underwriters at Lloyd's, London.

Service of Suit. If the Underwriters fail to pay any amount claimed to be due hereunder, it is agreed that, Underwriters, at the request of the Assured, will submit to the jurisdiction of a court of competent jurisdiction within the United States. Nothing in this Clause constitutes or should be understood to constitute a waiver of Underwriters' rights to commence an action in any court of competent jurisdiction in the United States, to remove an action to a United States District Court, or to seek a transfer of a case to another court as permitted by the laws of the United States or of any state in the United States. It is further agreed that service of process in such suit may be made upon Mendes and Mount; 750 Seventh Avenue; New York, NY 10019-6829 USA (For California Residents, contact Eileen Ridley, FLWA Service Corp., c/o Foley & Lardner LLP, 555 California Street, Suite 1700, San Francisco, CA 94104-1520 USA.), and that, in any suit instituted against any one of them upon this contract, Underwriters will abide by the final decision of such court or of any appellate court in the event of an appeal.

The above-named are authorized and directed to accept service of process on behalf of Underwriters in any such suit, or, upon request of the Assured, to give a written undertaking to the Assured that they will enter a general appearance upon Underwriters' behalf in the event such a suit shall be instituted.

Further, pursuant to any statute of any state, territory, or district of the United States that makes provision therefor, Underwriters hereby designate the Superintendent, Commissioner, or Director of Insurance or other officer specified for that purpose in the statute or his successors in office as their true and lawful attorney upon whom may be served any lawful process in any action, suit, or proceeding instituted by or on behalf of the Assured or any beneficiary hereunder arising out of this contract of Insurance and hereby designate the above-mentioned as the person to whom the said officer is authorized to mail such process or a true copy thereof.

Assignment. This Certificate shall not be assigned either in whole or in part without the written consent of the Correspondent endorsed hereon.

Attached Conditions Incorporated. This Certificate is made and accepted subject to all the provisions, conditions, and warranties set forth herein, attached or endorsed, all of which are to be considered as incorporated herein.

CERTIFICATE OF INSURANCE
DECLARATIONS

Liaison® Travel Plus
LON20-200611-02TMP

This Declaration is attached to and forms part of certificate provisions

ITEM 1. NAMED INSURED AND MAILING ADDRESS

Liaison® Travel Plus
World Commercial Trust
Tortola, British Virgin Islands

ITEM 2. COVERAGE PERIOD: AS STATED ON THE ID CARD	TERM: AS STATED ON THE ID CARD
12:00 a.m., United States Eastern Time	11:59 p.m., United States Eastern Time

Insurance is effective with CERTAIN UNDERWRITERS AT LLOYD'S, LONDON. The Binding Authority Reference Number is B0775RCB07420.

This Certificate of Insurance is made and accepted subject to the foregoing stipulations and conditions together with such other provisions, agreement, or conditions as may be endorsed or added hereto.

Dated: 6/3/2020

By: _____
(Correspondent – James J. Krampen, Jr.)