



# Lloyd's Certificate

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**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:



303 Congressional Boulevard  
Carmel, IN 46032  
1-800-335-0611  
317-575-2652  
317-575-2659 FAX  
[www.sevencorners.com](http://www.sevencorners.com)

## CERTIFICATE PROVISIONS

**1. Signature Required.** This Certificate shall not be valid unless signed by the Correspondent on the attached Declaration Page.

**2. Correspondent Not Insurer.** The Correspondent is not an Insurer hereunder and neither is nor shall be liable for any loss or claim whatsoever. The Insurers hereunder are those Underwriters at Lloyd's, London whose syndicate numbers can be ascertained as hereinbefore set forth. As used in this Certificate "Underwriters" shall be deemed to include incorporated as well as unincorporated persons or entities that are Underwriters at Lloyd's, London.

**3. Cancellation.** If this Certificate provides for cancellation and this Certificate is cancelled after the inception date, earned premium must be paid for the time the insurance has been in force.

**4. Service of Suit.** It is agreed that in the event of the failure of Underwriters to pay any amount claimed to be due hereunder, 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, 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 and/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 which 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.

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

**6. 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.

**7. Short Rate Cancellation.** If the attached provisions provide for cancellation, the table below will be used to calculate the short rate proportion of the premium when applicable under the terms of cancellation.

**Short Rate Cancellation Table for Term of One Year.**

Days Insurance In Force	Per Cent of One Year Premium	Days Insurance In Force	Per Cent of One Year Premium	Days Insurance In Force	Per Cent of One Year Premium	Days Insurance In Force	Per Cent of One Year Premium
1	5 %	66 - 69	29 %	154-156	53%	256-260	77 %
2	6	70 - 73	30	157-160	54	261-264	78
3 - 4	7	74 - 76	31	161-164	55	265-269	79
5 - 6	8	77 - 80	32	165-167	56	270-273 (9 mos.)	80
7 - 8	9	81 - 83	33	168-171	57	274-278	81
9 - 10	10	84 - 87	34	172-175	58	279-282	82
11-12	11	88-91 (3 mos.)	35	176-178	59	283-287	83
13-14	12	92 - 94	36	179-182 (6 mos.)	60	288-291	84
15-16	13	95 - 98	37	183-187	61	292-296	85
17-18	14	99 -102	38	188-191	62	297-301	86
19-20	15	103-105	39	192-196	63	302-305 (10 mos.)	87
21-22	16	106-109	40	197-200	64	306-310	88
23-25	17	110-113	41	201-205	65	311-314	89
26-29	18	114-116	42	206-209	66	315-319	90
30-32 (1 mos.)	19	117-120	43	210-214 (7 mos.)	67	320-323	91
33-36	20	121-124 (4 mos.)	44	215-218	68	324-328	92
37-40	21	125-127	45	219-223	69	329-332	93
41-43	22	128-131	46	224-228	70	333-337 (11 mos.)	94
44-47	23	132-135	47	229-232	71	338-342	95
48-51	24	136-138	48	233-237	72	343-346	96
52-54	25	139-142	49	238-241	73	347-351	97
55-58	26	143-146	50	242-246 (8 mos.)	74	352-355	98
59-62 (2 mos.)	27	147-149	51	247-250	75	356-360	99
63-65	28	150-153 (5 mos.)	52	251-255	76	361-365 (12 mos.)	100

Rules applicable to insurance with terms less than or more than one year:

- A. If insurance has been in force for one year or less, apply the short rate table for annual insurance to the full annual premium determined as for insurance written for a term of one year.
- B. If insurance has been in force for more than one year:
  1. Determine full annual premium as for insurance written for a term on one year.
  2. Deduct such premium from the full insurance premium, and on the remainder calculate the pro rata earned premium on the basis of the ratio of the length of time beyond one year the insurance has been in force to the length of time beyond one year for which the policy was originally written.
  3. Add premium produced in accordance with items (1) and (2) to obtain earned premium during full period insurance has been in force.

CERTIFICATE OF INSURANCE DECLARATIONS

Liaison International  
LON12-120101-01TM

This Declaration is attached to and forms part of certificate provisions

ITEM 1. NAMED INSURED AND MAILING ADDRESS: AS STATED ON THE ID CARD

Liaison International  
Global International Trust  
Washington, DC, USA

ITEM 2. POLICY PERIOD: AS STATED ON THE ID CARD

TERM: AS STATED ON THE ID CARD

12:01 A.M., North American Eastern Time at your mailing address

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS CERTIFICATE, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS CERTIFICATE.

International Travel Medical Coverage:

Rates based on a \$250 Deductible Effective March 1, 2013

Deductible Option:	Factor
\$0	1.3
\$100	1.1
\$250	1
\$500	0.9
\$1,000	0.8
\$2,500	0.7

Traveling Outside the United States

Policy Maximum	\$50,000			\$100,000		
	Age Bands	Monthly Premium	Surplus Lines Tax	Monthly Charge	Monthly Premium	Surplus Lines Tax
19 - 29	\$23.00	2%	\$22.55	\$30.00	2%	\$29.41
30 - 39	\$36.00	2%	\$35.29	\$41.00	2%	\$40.20
40 - 49	\$46.00	2%	\$45.10	\$63.00	2%	\$61.76
50 - 59	\$79.00	2%	\$77.45	\$106.00	2%	\$103.92
60 - 64	\$106.00	2%	\$103.92	\$136.00	2%	\$133.33
65 - 69	\$129.00	2%	\$126.47	\$152.00	2%	\$149.02
70 - 79	\$190.00	2%	\$186.27	\$279.00	2%	\$273.53
80 plus*	\$336.00	2%	\$329.41	N/A	2%	N/A
Dep Child**	\$36.00	2%	\$35.29	\$49.00	2%	\$48.04
Child Alone	\$38.00	2%	\$37.25	\$51.00	2%	\$50.00

Age Bands	\$500,000			\$1,000,000		
	Monthly Premium	Surplus Lines Tax	Monthly Charge	Monthly Premium	Surplus Lines Tax	Monthly Charge
19 - 29	\$37.00	2%	\$36.27	\$51.00	2%	\$50.00
30 - 39	\$54.00	2%	\$52.94	\$79.00	2%	\$77.45
40 - 49	\$74.00	2%	\$72.55	\$94.00	2%	\$92.16
50 - 59	\$110.00	2%	\$107.84	\$121.00	2%	\$118.63
60 - 64	\$152.00	2%	\$149.02	\$184.00	2%	\$180.39
65 - 69	\$164.00	2%	\$160.78	\$258.00	2%	\$252.94
70 - 79	N/A	2%	N/A	N/A	2%	N/A
80 plus*	N/A	2%	N/A	N/A	2%	N/A
Dep Child**	\$62.00	2%	\$60.78	\$69.00	2%	\$67.65
Child Alone	\$65.00	2%	\$63.73	\$73.00	2%	\$71.57

Traveling to the United States

Option 1 – After your deductible, 80% Coinsurance to \$5,000, then 100% to Plan Maximum

Age Bands	\$50,000			\$100,000		
	Monthly Premium	Surplus Lines Tax	Monthly Charge	Monthly Premium	Surplus Lines Tax	Monthly Charge
19 - 29	\$37.00	2%	\$36.27	\$54.00	2%	\$52.94
30 - 39	\$51.00	2%	\$50.00	\$70.00	2%	\$68.63
40 - 49	\$77.00	2%	\$75.49	\$107.00	2%	\$104.90
50 - 59	\$112.00	2%	\$109.80	\$170.00	2%	\$166.67
60 - 64	\$146.00	2%	\$143.14	\$205.00	2%	\$200.98
65 - 69	\$165.00	2%	\$161.76	N/A	2%	N/A
70 - 79	\$225.00	2%	\$220.59	N/A	2%	N/A
80 plus*	\$413.00	2%	\$404.90	N/A	2%	N/A
Dep Child**	\$45.00	2%	\$44.12	\$58.00	2%	\$56.86
Child Alone	\$47.00	2%	\$46.08	\$61.00	2%	\$59.80

Age Bands	\$500,000			\$1,000,000		
	Monthly Premium	Surplus Lines Tax	Monthly Charge	Monthly Premium	Surplus Lines Tax	Monthly Charge
19 - 29	\$68.00	2%	\$66.67	\$78.00	2%	\$76.47
30 - 39	\$91.00	2%	\$89.22	\$99.00	2%	\$97.06
40 - 49	\$135.00	2%	\$132.35	\$143.00	2%	\$140.20
50 - 59	\$213.00	2%	\$208.82	\$231.00	2%	\$226.47
60 - 64	\$262.00	2%	\$256.86	\$284.00	2%	\$278.43
65 - 69	N/A	2%	N/A	N/A	2%	N/A
70 - 79	N/A	2%	N/A	N/A	2%	N/A
80 plus*	N/A	2%	N/A	N/A	2%	N/A
Dep Child**	\$94.00	2%	\$92.16	\$103.00	2%	\$100.98
Child Alone	\$99.00	2%	\$97.06	\$109.00	2%	\$106.86

Option 2-After your Deductible, 100% Coinsurance of the next \$2,500 of eligible expenses, then 80% to the selected Medical Maximum

Age Bands	\$50,000			\$100,000		
	Monthly Premium	Surplus Lines Tax	Monthly Charge	Monthly Premium	Surplus Lines Tax	Monthly Charge
19 - 29	\$63.00	2%	\$61.76	\$104.00	2%	\$101.96
30 - 39	\$98.00	2%	\$96.08	\$161.00	2%	\$157.84
40 - 49	\$155.00	2%	\$151.96	\$254.00	2%	\$249.02
50 - 59	\$211.00	2%	\$206.86	\$346.00	2%	\$339.22
60 - 64	\$317.00	2%	\$310.78	\$519.00	2%	\$508.82
65 - 69	\$324.00	2%	\$317.65	N/A	2%	N/A
70 - 79	\$440.00	2%	\$431.37	N/A	2%	N/A
80 plus*	\$770.00	2%	\$754.90	N/A	2%	N/A
Dep Child**	\$87.00	2%	\$85.29	\$142.00	2%	\$139.22
Child Alone	\$91.00	2%	\$89.22	\$150.00	2%	\$147.06


Age Bands	\$500,000			\$1,000,000		
	Monthly Premium	Surplus Lines Tax	Monthly Charge	Monthly Premium	Surplus Lines Tax	Monthly Charge
19 - 29	\$117.00	2%	\$114.71	\$131.00	2%	\$128.43
30 - 39	\$183.00	2%	\$179.41	\$203.00	2%	\$199.02
40 - 49	\$287.00	2%	\$281.37	\$319.00	2%	\$312.75
50 - 59	\$391.00	2%	\$383.33	\$435.00	2%	\$426.47
60 - 64	\$587.00	2%	\$575.49	\$652.00	2%	\$639.22
65 - 69	N/A	2%	N/A	N/A	2%	N/A
70 - 79	N/A	2%	N/A	N/A	2%	N/A
80 plus*	N/A	2%	N/A	N/A	2%	N/A
Dep Child**	\$161.00	2%	\$157.84	\$179.00	2%	\$175.49
Child Alone	\$170.00	2%	\$166.67	\$188.00	2%	\$184.31

\* Ages 80+ limited to \$15,000. Dep. Child rate is applicable when at least one parent will also be covered under Liaison® International.  
Child Alone rate is used when a child will be insured by themselves.

<b>Mode</b>	
Premium payable, In Advance:	
Surplus Lines Agent:	James J. Krampen, Jr.
Surplus Lines Agent License #:	2845819 (DC)
Surplus Lines Agent Address:	303 Congressional Blvd. Carmel, IN 46032

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 here to.

Dated: 03/01/2013

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

## Liaison<sup>®</sup> International Program Summary

Administered By:  
Seven Corners, Inc.  
303 Congressional Blvd.  
Carmel, IN 46032 USA

### Quick Contacts

**Hospital and Doctor Network in the U.S.** – To locate a network facility in the United States, search online at [www.sevencorners.com/findproviders](http://www.sevencorners.com/findproviders) or contact Seven Corners Assist at 800-690-6295. Advise Seven Corners Assist once you have established an appointment. Use of the network does not guarantee benefits. Please see Pre-Notification / Referral section for additional details and requirements.

**Claims** – It is important to submit your claims to Seven Corners quickly. To be considered, all claims should be submitted to the Seven Corners Claim Department within ninety (90) days after the date of service.

The Company hereby insures all persons whose Application has been accepted by the Administrator, Seven Corners, Inc., on behalf of the Company and whose name is identified on the ID Card, subject to all of 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 their specified plan costs has been paid to the Administrator. Note: All coverage and benefit amounts herein are in United States Dollars.

**Eligibility:** Liaison<sup>®</sup> International plan provides coverage for individuals and families (including unmarried dependent child(ren) over fourteen (14) days and under nineteen (19) years of age) while traveling outside of their Home Country.

**It is the Insured Person's responsibility to maintain all records regarding travel history, age and provide any documents to the Administrator, which would verify Eligibility Requirements.**

**Period of Coverage:** The minimum Period of Coverage under the Liaison<sup>®</sup> International plan is five (5) days, maximum Period of Coverage is one hundred and eighty-seven (187) days. Coverage can be purchased in a combination of monthly and/or daily periods by paying the appropriate premium.

Effective Date of Coverage begins at 12:01 AM North American Eastern Time on the latest of the following:

1. The date and time the Company receives a completed application and correct premium for the Period of Coverage; or
2. The Effective Date requested on the application; or
3. The moment You depart Your Home Country; or
4. The date the Company approves the application.

Expiration Date of Coverage terminates at 12:01 AM North American Eastern Time on the earlier of the following:

1. Your return to Your Home Country (except as provided under the Home Country Coverage); or
2. The expiration of one hundred and eighty-seven (187) days from the Effective Date of Coverage; or
3. The end of the period for which correct premium has been paid; or
4. The date You fail to be considered an Eligible Person; or
5. The maximum benefit amount has been paid.

**Additional Period of Coverage:** Participants whose initial Period of Coverage is less than one hundred and eighty-seven (187) days may apply for a new Period of Coverage if the participant must extend their trip beyond their initial Period of Coverage. Coverage cannot exceed one hundred and eighty-seven (187) days in total from their original effective date. The participant's original effective date will be used with regards to calculating their deductible, coinsurance, as well as determining any Pre-existing conditions. Please note that a new certificate or certificate number will not be issued. The original certificate's expiration date will be extended to the new expiration date you have requested, not to exceed one hundred and eighty-seven (187) days in total from your original effective date.

### SCHEDULE OF BENEFITS:

All coverages and plan costs listed in this Evidence of Benefits are in U.S. Dollar amounts.	
Medical Maximums	\$50,000; \$100,000; \$500,000; \$1,000,000 (age 80+, maximum limited to \$15,000) per Period of Coverage.
Deductible	\$0; \$100; \$250; \$500; \$1,000; \$2,500; Deductible is per person per Period of Coverage. The selected Deductible and Coinsurance amount must be met for each one hundred and eighty-seven (187) day period.
Coinsurance	<b>Traveling outside the United States:</b> After You pay the Deductible, the plan pays <b>100%</b> to the selected Medical Maximum.  <b>Traveling to the United States:</b> <b>Option 1:</b> After You pay the Deductible, the plan pays <b>80% of the next \$5,000</b> of eligible expenses, then <b>100%</b> to the selected Medical Maximum. <b>Option 2:</b> After You pay the Deductible, the plan pays <b>100% of the next \$2,500</b> of eligible expenses, then <b>80%</b> to the selected Medical Maximum.
Hospital Indemnity	\$150 per night, up to a maximum of 30 days (Applicable to Individuals traveling outside the U.S. and Canada only) per Occurrence.
Dental (Accident Coverage)	To a maximum of \$500 per Period of Coverage.
Dental (Sudden Relief of Pain)	To a maximum of \$100 per Period of Coverage.
Emergency Medical Evacuation/Repatriation	\$300,000 (in addition to the Medical Maximum) per Period of Coverage.
Return of Mortal Remains	\$50,000 per Period of Coverage.
Return of Minor Child(ren)	\$50,000 per Period of Coverage.
Emergency Reunion	\$50,000 per Period of Coverage.
Local Ambulance Benefit	\$5,000 per Period of Coverage.
Accidental Death & Dismemberment (AD&D)	\$25,000 principal sum for Insured or Insured Spouse / \$5,000 principal sum for Dependent Child Aggregate limit of \$250,000 per family

Common Carrier Accidental Death	\$50,000 Principal Sum for Insured or Insured Spouse/\$10,000 for Dependent Child \$250,000 Maximum per family
Loss of Baggage	\$250 per Occurrence.
Interruption of Trip	\$5,000 per Period of Coverage.
Home Country Coverage	<i>Incidental Trips to The Home Country:</i> Up to \$50,000 per Period of Coverage. <i>Extension of Benefits:</i> Up to \$5,000 per Period of Coverage.
Hospital Room & Board	Usual, reasonable and customary to the Medical Maximum per Period of Coverage.
Intensive Care	Usual, reasonable and customary to the Medical Maximum per Period of Coverage.
Outpatient Medical Expenses	Usual, reasonable and customary to the Medical Maximum per Period of Coverage.
Unexpected Recurrence of a Pre-existing Condition	Up to \$20,000 for U.S. citizens under age 70 traveling outside the United States and Canada ( <i>refer to exclusion #1 for details</i> ) (Age 70+, up to \$5,000) per Period of Coverage.
Acute Onset of a Pre-existing Condition(s)	Up to \$15,000 for non-U.S. citizens under age 70 traveling to the United States (Age 70+, no benefit per Period of Coverage.
Benefit Period	180 days

#### DESCRIPTION OF BENEFITS

**Medical Expenses:** Liaison® International plan shall pay Reasonable and Customary charges for Covered Expenses, excess of the chosen Deductible and Coinsurance up to the selected Medical Maximum, incurred by You due to an Accidental Injury or Illness which occurred during the Period of Coverage outside Your Home Country (except as provided under the Home Country Coverage). All bodily disorders existing simultaneously which are due to the same or related causes shall be considered one Disablement. If a Disablement is due to causes which are the same or related to the cause of a prior Disablement, the Disablement shall be considered a continuation of the prior Disablement and not a separate Disablement. The initial treatment of an Injury or Illness must occur within thirty (30) days of the date of Injury or onset of Illness.

**Only such expenses which are specifically enumerated in the following list of charges are incurred within one hundred eighty (180) days from the date of accident or onset of Illness and which are not excluded, shall be considered Covered Expenses:**

- 1) Charges made by a Hospital for semi-private room and board, floor nursing and other services inclusive of charges for professional service and with the exception of personal services of a non-medical nature; provided, however, that expenses do not exceed the Hospital's average charge for semi-private room and board accommodations.
- 2) Charges made for Intensive Care or Coronary Care charges and nursing services.
- 3) Charges made for diagnosis, Treatment and Surgery by a Physician.
- 4) Charges made for an operating room.
- 5) Charges made for Outpatient Treatment, same as any other Treatment covered on an Inpatient basis.  
This includes ambulatory Surgical centers, Physicians' Outpatient visits/examinations, clinic care, and Surgical opinion consultations.
- 6) Charges made for the cost and administration of anesthetics.
- 7) Charges for medication, x-ray services, laboratory tests and services, the use of radium and radioactive isotopes, oxygen, blood, transfusions, iron lungs, and medical Treatment.
- 8) Charges for physiotherapy, if recommended by a Physician for the Treatment of a specific Disablement and administered by a licensed physiotherapist.
- 9) Dressings, drugs, and Medicines that can only be obtained upon a written prescription of a Physician or Surgeon.
- 10) Local transportation to or from the nearest Hospital or to and from the nearest Hospital with facilities for required Treatment. Such transportation shall be by licensed ground ambulance only to a limit of \$5,000, within the metropolitan area in which You are located at that time the service is used. If You are in a rural area, and ground ambulance is not available then licensed air ambulance transportation to the nearest metropolitan area shall be considered a Covered Expense.

**Pre-Notification/Referral:** In order to ensure Your claims are addressed as efficiently as possible, You or the provider of service must contact the Seven Corners Assist for pre-notification prior to: any medical Treatment in the U.S. as well as hospital admissions and inpatient / outpatient surgeries incurred worldwide. Seven Corners Assist has trained personnel available twenty-four (24) hours a day, seven (7) days a week throughout the year to answer Your questions, provide assistance, and guide You to an appropriate facility if necessary. In the case of an Emergency Admission, Seven Corners Assist must be contacted within forty-eight (48) hours, or as soon as reasonably possible. Pre-notification does not guarantee that benefits will be paid.

**Please be aware that this is not a general health insurance policy, but an interim, limited benefit period, travel medical plan intended for use while away from Your Home Country.** The Liaison® International plan does not guarantee payment to an individual or a facility for medical expenses until it has been determined that it is an eligible expense and a signed agreement has been received from the appropriate medical facility.

**Unexpected Recurrence of a Pre-Existing Condition(s):** This plan shall pay, up to \$20,000 (Age 70+, up to \$5,000) subject to the chosen Deductible and Coinsurance, for Covered Expenses resulting from a sudden, unexpected recurrence of a Pre-existing Condition for U.S. citizens while traveling outside the United States and Canada. This benefit does not include coverage for known, scheduled, required, or expected medical care, drugs or treatments existent or necessary prior to the Effective Date of coverage.

**Hospital Indemnity:** (*Traveling outside the United States and Canada only*) – If You are confined to a Hospital as a registered Inpatient as the result of an Illness or Injury which occurs during Your Period of Coverage, this plan will pay Benefits up to \$150 per day of confinement, in addition to any other covered expense, up to a maximum of thirty (30) days. You may use these funds for incidentals or as you like.

**Acute Onset of a Pre-existing Condition(s):** If You are a non-U.S. citizen, under age 70, traveling in the United States, you are covered for an Acute Onset of a Pre-existing Condition(s). This benefit does not apply to insureds age 70 or older. Coverage is available up to \$15,000 for Eligible Medical Expenses and up to \$25,000 for Emergency Medical Evacuation. Please see Part IV – Medical Benefit Exclusions, exclusion #1 for details.

Acute Onset of a Pre-Existing Condition(s) shall mean a sudden and unexpected outbreak or recurrence of a Pre-existing Condition(s) which occurs spontaneously and without advance warning either in the form of Physician recommendations or symptoms, is of short duration, is rapidly progressive, and requires urgent care. The Acute Onset of a Pre-existing Condition(s) must occur after the effective date of the policy. **Treatment must be obtained within 24 hours of the sudden and unexpected outbreak or recurrence.** A Pre-existing Condition that is a chronic or congenital condition or that gradually becomes worse over time will not be considered Acute Onset. This benefit does not include coverage for known, scheduled, required, or expected medical care, drugs or Treatments existent or necessary prior to the Effective Date of coverage.

**Dental – Accident Coverage** – This plan shall pay in excess of the chosen Deductible and Coinsurance of up to a maximum of \$500, for emergency treatment to repair or replace sound natural teeth damaged as the result of a covered Accident.

**Dental – Emergency Relief of Pain** – This plan shall pay in excess of the chosen Deductible and Coinsurance up to a maximum of \$100, for emergency treatment for the relief of pain to sound natural teeth.

**Emergency Medical Evacuation/Repatriation** – The plan will pay Covered Expenses incurred if any covered Injury or Illness commences during the Period of Coverage that results in the Medically Necessary Emergency Medical Evacuation or Repatriation. This benefit must be approved and arranged by Seven Corners Assist in consultation with the local attending Physician. Emergency Medical Evacuation or Repatriation means: a) the Insured Person's medical condition warrants immediate transportation from the place where the Insured Person

is located (due to inadequate medical facilities) to the nearest adequate medical facility where medical Treatment can be obtained; or b) after being treated at a local medical facility as a result of a Medical Evacuation, the Insured Person's medical condition warrants transportation with a qualified medical attendant to his/her Home Country to obtain further medical Treatment or to recover; or c) both a) and b) above. All transportation arrangements must be by the most direct and economical route.

**Return of Mortal Remains** – The plan will pay the reasonable Covered Expenses incurred up to a maximum of \$50,000 to return Your remains to Your Home Country, if You should die. This benefit must be approved and arranged by Seven Corners Assist. Covered Expenses include, but are not limited to, expenses for embalming, a minimally necessary container appropriate for transportation, shipping costs, and the necessary government authorizations.

**Return of Minor Child(ren)** – Should You be traveling alone with a Minor Child(ren) and are hospitalized because of a covered Illness or Injury and the Minor Child(ren), under age nineteen (19), is left unattended, the plan will arrange and pay up to \$50,000 for a one way economy fare to their Home Country (including the cost of an attendant/escort, if necessary to insure the safety and welfare of a Minor Child(ren)). This benefit must be approved and arranged by the Assistance Company.

**Emergency Medical Reunion** – When Emergency Medical Evacuation or Repatriation is ordered and the attending Physician recommends that a family member travel with You, the plan will arrange and pay, up to \$50,000, for a round trip economy-class transportation for one individual of Your choice, from Your Home Country, to be at Your side while You are hospitalized. This benefit must be approved and arranged by the Assistance Company. The benefits payable will include: (1) The cost of a round trip economy air fare; (2) Reasonable travel and accommodation expenses (not to exceed \$200 per day) incurred in relation to the maximum of \$50,000. (3) The period of Emergency Medical Reunion is not to exceed ten (10) days, including travel.

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

The Common Carrier Accident benefit noted in the schedule will be paid to You if You sustain an Accidental Death. Death must occur during the Period of Coverage while You are riding as a passenger (but not a pilot, operator, or member of the crew) in or on a Common Carrier.

Description of Loss	Percent of Principal Sum
Life	100%
Both Hands or Both Feet or Sight of Both Eyes	100%
One Hand and One Foot	100%
Either Hand or Foot and Sight of One Eye	100%
Either Hand or Foot	50%
Common Carrier Accidental Death	200%

**Baggage Loss** – This plan will reimburse You for lost baggage and personal effects checked with a Common Carrier provided You have taken all reasonable measures to protect, save and/or recover his/her property at all times. The baggage and personal effects must be owned by and accompany You at all times. There will be a per article limit of \$50 to a maximum benefit limit of \$250 as per the Schedule of Benefits. The plan will pay the lesser of the following:

1. The actual cash value (cost less proper deduction for depreciation at the time of loss);
2. The cost to repair or replace the article with material of a like kind and quality; or
3. \$50 per article.

This coverage is secondary to any coverage provided by a Common Carrier. You must furnish proof to the Company that full reimbursement has been obtained from the airline.

**Interruption of Trip** – If You are unable to continue the trip due to the death of an Immediate Family member (parent, spouse, sibling or child) or due to serious damage to Your principal residence from fire, flood or similar natural disaster (tornado, earthquake, hurricane, etc.), the plan will reimburse (up to \$5,000) for the cost of economy travel, less the value of applied credit from an unused return travel ticket, to return You home to Your area of principal residence. This benefit must be approved by Seven Corners Assist.

**Home Country Coverage:**

**Incidental Trips to Your Home Country:** This Policy shall pay Eligible Benefits related to a new covered Injury or Illness that begins while You are on an incidental trip to Your Home Country. For this benefit, You receive a maximum of thirty (30) days per one hundred and eighty-seven (187) days of purchased coverage or pro rata thereof – example: approximately 5 days per month of purchased coverage. This benefit is not available for purchases of less than 30 days. You must first depart Your Home Country in order to utilize this benefit, and it does not apply to the final trip home. In the event of a claim, You may be required to provide proof of Your travel intentions. Earned Home Country Coverage days for the current Policy Period do not extend or carry over after a completed one hundred and eighty-seven (187) day Period of Coverage. If You choose to purchase a new one hundred and eighty-seven (187) day Period of Coverage, the earning of incidental days will start over again, i.e. 5 days for every month that You purchase, allowing up to a maximum amount of thirty (30) days per one hundred and eighty-seven (187) days of purchased coverage.

**Home Country Extension of Benefits** – The plan shall pay up to a maximum of \$5,000, minus Your Deductible and Coinsurance, for Covered Expenses incurred in Your Home Country related to an Injury or Illness which occurred, was diagnosed and treated outside Your Home Country during Your Period of Coverage (does not apply for Emergency Evacuation or Repatriation). Only those Covered Expenses that are incurred within 180 days from the date of accident or onset of Illness and which are not excluded shall be considered eligible.

**Assistance Services** – Upon enrollment into Liaison® International plan, You are eligible to use any of the assistance services provided by Seven Corners Assist. Additional information is contained in the plan summary. Open 24 hours/day, 365 days a year • Multi-lingual personnel • Physicians / Nurses on staff • Locate local facilities • Help with emergency situations.

**PLAN DEFINITIONS**

**Accident or Accidental** means an event, independent of Illness or self-inflicted means, which is the direct cause of bodily Injury to an Insured Person.

**Administrator** shall mean Seven Corners, Inc.

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

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

**Common Carrier** shall mean any motorized land, sea, and/or air conveyance operating under a valid license for the transportation of passengers for hire.

**Company** shall mean Certain Underwriters at Lloyd's of London.

**Covered Expenses** shall mean expenses which are for Medically Necessary services, supplies, care, or treatment; due to Illness or Injury; prescribed, performed or ordered by a Physician; Reasonable and Customary charges; incurred while insured under this Policy

**Deductible** shall mean the amount of eligible Covered Expenses which is Your responsibility to pay before benefits under the plan are payable.



**Disablement** (as used with respect to medical expenses) shall mean an Illness or an Accidental bodily Injury necessitating medical treatment by a Physician.

**Eligible Dependent Child** shall mean Your unmarried children over fourteen (14) days and under *nineteen (19)* years of age.

**Eligible Spouse** shall mean Your legal spouse.

**Hospital** shall mean except as may otherwise be provided, a Hospital (other than an institution for the aged, chronically ill or convalescent, resting or nursing homes) operated pursuant to law for the care and treatment of sick or Injured persons with organized facilities for diagnosis and Surgery and having 24-hour nursing service and medical supervision means a place that 1.) is legally operated for the purpose of providing medical care and treatment to sick or injured persons for which a charge is made that the Insured is legally obligated to pay in the absence of insurance 2.) provides such care and treatment in medical, diagnostic, or surgical facilities on its premises, or those prearranged for its use; 3.) provides 24-hour nursing service under the supervision of a Registered Nurse at all times; and 4.) operates under the supervision of a staff of one or more Doctors. Hospital also means a place that is accredited as a hospital by the Joint Commission on Accreditation of Hospitals, American Osteopathic Association, or the Joint Commission on Accreditation of Health Care Organizations (JCAHO).

Hospital does not mean:

- a convalescent, nursing, or rest home or facility, or a home for the aged;
- a place mainly providing custodial, educational, or rehabilitative care; or
- a facility mainly used for the treatment of drug addicts or alcoholics.

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

**Illness** shall mean sickness or disease of any kind contracted and commencing after the Effective Date of this Policy.

**Injury** shall mean accidental bodily injury or injuries caused by an accident which occurs after the Effective Date of this policy. The Injury must be the direct cause of the loss, independent of disease or bodily infirmity.

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

**Insured or Insured Person** shall mean a person eligible for benefits under the Policy who has applied for coverage and is named on the application and for whom the Company has accepted premium.

**Medically Necessary** shall mean services and supplies received while insured that are determined by the Company to be: (1) appropriate and necessary for the symptoms, diagnosis, or direct care and treatment of the Insured Person's medical conditions; (2) within the standards the organized medical community deems good medical practice for the Insured Person's condition; (3) not primarily for the convenience of the Insured Person, the Insured Person's Physician or another Service Provider or person; (4) not Experimental/Investigational or unproven, as recognized by the organized medical community, or which are used for any type of research program or protocol; and (5) not excessive in scope, duration, or intensity to provide safe and adequate, and appropriate treatment. For Hospital stays, this means that acute care as an Inpatient is necessary due to the kinds of services the Insured Person is receiving or the severity of the Insured Person's 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 Policy.

**Mountaineering** shall mean the sport, hobby or profession of walking, hiking, and climbing up mountains either: 1) utilizing harnesses, ropes, crampons or ice axes; or 2) ascending 4,500 meters or above.

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

**Parachuting** shall mean an activity involving the breaking of a free fall from an airplane using a parachute.

**Period of Coverage or Policy Period** shall mean the Period of Coverage issued by the Company to the Insured Person, typically beginning with the Effective Date and ending with the Expiration Date or the date coverage is renewed by the Company.

**Physician** shall mean a doctor of medicine or a doctor of osteopathy licensed to render medical services or perform Surgery in accordance with the laws of the jurisdiction where such professional services are performed, however, such definition will exclude chiropractors and physiotherapists.

**Pre-existing Condition** shall mean any Injury or Illness which meets the following criteria:

1) a condition that would have caused a person to seek medical advice, diagnosis, care, or treatment during the thirty-six (36)\* months prior to the Effective Date of coverage under this Policy; 2) a condition for which manifestation, medical advice, diagnosis, care, or treatment was recommended, received, or noticed during the thirty-six (36)\* months prior to the Effective Date of coverage under this Policy.

\*For Insured Persons traveling outside the United States and Canada, the period is 12 months instead of 36 months.

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

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

**Treatment** means a specific in-office or Hospital physical examination of or care rendered to You, consultation, diagnostic procedures and services, Surgery, medical services and supplies including medication prescribed or provided by a Service Provider.

**You or Your** shall mean the Primary Insured Person and the Primary Insured's Spouse or Dependent.

## EXCLUSIONS AND LIMITATIONS

No Benefit shall be payable for Accident Medical, Sickness Medical, In-Hospital Indemnity, Unexpected Recurrence, Dental, Emergency Medical Evacuation/Repatriation, Return of Mortal Remains, Return of Minor Child, Emergency Medical Reunion as the result of:

1. Pre-existing Condition(s) as defined under this policy. **This exclusion does not apply to Emergency Evacuation/Repatriation.**

- a) If You are a United States citizen this exclusion is waived for the first \$20,000 in eligible medical expenses incurred outside the United States and Canada (*for persons age 70 and over, the amount is \$5,000*), minus Your Deductible and selected Coinsurance option.

This waiver does not include coverage for known, scheduled, required, or expected medical care, drugs, or treatments existent or necessary prior to the effective date of this program. Any exclusion specifically listed below in 2 through 41, will not receive benefits from this waiver.

- b) If you are a non-U.S. citizen under age 70, this exclusion is waived for an Acute Onset of a Pre-existing Condition(s) (as defined herein) up to the first \$15,000 in eligible medical expenses incurred in the United States, minus Your Deductible and selected Coinsurance option. For persons age 70 and over, there is no benefit.

This benefit does not include coverage for known, scheduled, required, or expected medical care, drugs, or treatments existent or necessary prior to the effective date of this program. Any exclusion specifically listed below in 2 through 41, will not receive benefits from this waiver.

2. Injury or Illness which is not presented to the Company for payment within ninety (90) days of receiving Treatment;
3. Charges for Treatment which is not Medically Necessary;
4. Charges provided at no cost to You;
5. Charges for Treatment which exceeds Reasonable and Customary charges;
6. Charges incurred for Surgery or treatments which are, Experimental/Investigational, or for research purposes;
7. Services, supplies or treatment, including any period of Hospital confinement, which were not recommended, approved and certified as Medically Necessary and reasonable by a Physician;
8. Suicide or any attempt thereof, self destruction or attempt thereof while sane or insane;
9. War, hostilities or warlike 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 subsequently proved beyond reasonable doubt to have been the act of agents of a state foreign to the nationality of the Insured Person whether war be declared with that state or not, Terrorist activity. For the purpose of this Exclusion: i) Terrorist activity means an act, or acts, of any person, or group(s) of persons, committed for political, religious, ideological or similar purposes with the intention to influence any government and/or to put the public, or any section of the public, in fear. Terrorist activity can include, but not be limited to, the actual use of force or violence and/or the threat of such use. Furthermore, the perpetrators of terrorist activity can either be acting alone, or on behalf of, or in connection with any organization(s) or governments(s). ii) 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. iii) Utilization of Chemical weapons of mass destruction means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing incapacitating disablement or death amongst people or animals. iv) 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) which are capable of causing incapacitating disablement or death amongst people or animals. Also excluded hereon is any Loss or expense of whatsoever nature directly or indirectly arising out of, contributed to, caused by, resulting from, or in connection with any action taken in controlling, preventing, or suppressing;
10. Injury sustained while participating in professional athletics;
11. Injury sustained while participating in amateur or interscholastic athletics; this exclusion does not apply to non-competitive, recreational or intramural activities. *Note: A sponsored and/or organized Amateur or Interscholastic Athletic event includes training camps, team sports, or any formal grouping of people participating in one or multiple events that may/may not require a fee for participation.*
12. Routine physicals, immunizations or other examinations where there are no objective indications or impairment in normal health, and laboratory diagnostic or x-ray examinations, except in the course of a disablement established by a prior call or attendance of a Physician;
13. Treatment of the temporomandibular joint;
14. Vocational, speech, recreational or music therapy;
15. Services or supplies performed or provided by a relative of Yours, or anyone who lives with You;
16. Cosmetic or plastic Surgery, except as the result of a covered Accident; for the purposes of this plan, treatment of a deviated nasal septum will be considered a cosmetic condition;
17. Elective Surgery which can be postponed until You return to Your Home Country, where the objective of the trip is to seek medical advice, treatment or Surgery;
18. Treatment and the provision of false teeth or dentures, normal ear tests and the provision of hearing aids;
19. Eye refractions or eye examinations for the purpose of prescribing corrective lenses for eyeglasses or for the fitting thereof, unless caused by Accidental bodily Injury incurred while covered hereunder;
20. Treatment in connection with alcoholism and drug addiction, or use of any drug or narcotic agent;
21. Injury sustained or Disablement due wholly or partly to the effects of being intoxicated or drug use, other than drugs taken in accordance with treatment prescribed and directed by a Physician;
22. Any Mental and Nervous disorders or rest cures;
23. Congenital abnormalities and conditions arising out of or resulting there from;
24. Expenses which are non-medical in nature;
25. Expenses as a result of or in connection with intentionally self-inflicted Injury or Illness;
26. Expenses as a result of or in connection with the commission of a felony offense;
27. Injury sustained while taking part in mountaineering; hang gliding; parachuting; bungee jumping; racing by horse, motor vehicle or motorcycle; snowmobiling; motorcycle/motor scooter riding (*whether as a driver or passenger*); scuba diving, involving underwater breathing apparatus (unless PADI or NAUI certified); snorkeling; water skiing; snow skiing; spelunking; parasailing and snowboarding. *Hazardous Sport Coverage: the following are covered if the required premium has been paid: motorcycle/motor scooter riding (whether as a driver or passenger), hang gliding, parachuting, bungee jumping, water skiing, snow skiing, snowmobiling, snowboarding, snorkeling and spelunking.*
28. Treatment paid for or furnished under any other individual or group policy or other service or medical pre-payment plan arranged through the employer to the extent so furnished or paid, or under any mandatory government plan or facility set up for treatment without any cost to You;
29. Dental care, except as the result of Injury to natural teeth caused by Accident, unless otherwise covered under this plan;
30. Routine Dental Treatment;
31. Pregnancy or Illness resulting from Pregnancy, childbirth, or miscarriage;
32. Miscarriage resulting from Accident.
33. Drug, treatment or procedure that either promotes or prevents conception, or prevents childbirth, including but not limited to: artificial insemination, treatment for infertility or impotency, sterilization or reversal thereof;
34. Treatment for human organ tissue transplants and their related treatment;
35. Expenses incurred while in Your Home Country, except as provided under the Home Country Coverage;
36. Expenses incurred during a Hospital emergency visit which is not of an emergency nature;
37. Covered Expenses incurred for which the Trip to the Host Country was undertaken to seek medical treatment for a condition;
38. Covered Expenses incurred during a Trip after Your Physician has limited or restricted travel;
39. This Policy does not insure against loss or damage (including death or injury) and any associated cost or expense resulting directly from the discharge, explosion or use of any device, weapon or material employing or involving nuclear fission, nuclear fusion or radioactive force, or chemical, biological, radiological or similar agents, whether in time of peace or war, and regardless of who commits the act.
40. Sex change operations, or for treatment of sexual dysfunction or sexual inadequacy;
41. Weight reduction programs or the surgical treatment of obesity;

**No Benefit shall be payable for Accidental Death and Dismemberment as the result of:**

1. Suicide or any attempt thereof, self destruction or attempt thereof while sane or insane;
2. Disease of any kind; Bacterial infections except pyogenic infection which shall occur through an accidental cut or wound;
3. Hernia of any kind;
4. Injury sustained while You are riding as a pilot, student pilot, operator or crew member, in or on, boarding or alighting from, any type of aircraft;
5. Injury sustained while You are riding as a passenger in any aircraft (a) not having a current and valid Airworthy Certificate and (b) not piloted by a person who holds a valid and current certificate of competency for piloting such aircraft;
6. Any consequence, whether directly or indirectly, proximately or remotely occasioned by, contributed to by, or traceable to, or arising in connection with:

(a) war, invasion, act of foreign enemy hostilities, warlike operations (whether war be declared or not), or civil war; (b) mutiny, riot, strike, military or popular uprising insurrection, rebellion, revolution, military or usurped power. (c) any act of any person acting on behalf of or in connection with any organization with activities directed towards the overthrow by force of the Government de jure or de facto or to the influencing of it by terrorism or violence; (d) martial law or state of siege or any events or causes which determine the proclamation or maintenance of martial law or state of siege (hereinafter for the purposes of this Exclusion called the "Occurrences"). Any consequence happening or arising during the existence of abnormal conditions (whether physical or otherwise), whether directly or indirectly, proximately or remotely occasioned by, or contributed to by, traceable to, or arising in connection with, any of the said Occurrences shall be deemed to be consequences for which the Company shall not be liable under this Policy except to the extent that the Insured Person shall prove that such consequence happened independently of the existence of such abnormal conditions;

7. Service in the military, naval or air service of any country;
8. Flying in any aircraft being used for or in connection with acrobatic or stunt flying, racing or endurance tests;
9. Flying in any rocket-propelled aircraft;
10. Flying in any aircraft being used for or in connection with crop dusting or seeding or spraying, fire fighting, exploration, pipe or power line inspection, any form of hunting or herding, aerial photography, banner towing or any experimental purpose;
11. Flying in any aircraft which is engaged in any flight which requires a special permit or waiver from the authority having jurisdiction over civil aviation, even though granted;
12. Sickness of any kind;
13. Being under the influence of alcohol or having taken drugs or narcotics unless prescribed by a legally qualified Physician or surgeon;
14. Injury occasioned or occurring while You are committing or attempting to commit a felony or to which a contributing cause was You being engaged in an illegal occupation;
15. While riding or driving in any kind of competition;
16. Pregnancy, childbirth, miscarriage or abortion;
17. This plan does not insure against loss or damage (including death or injury) and any associated cost or expense resulting directly from the discharge, explosion or use of any device, weapon or material employing or involving nuclear fission, nuclear fusion or radioactive force, or chemical, biological, radiological or similar agents, whether in time of peace or war, and regardless of who commits the act.

No Benefit shall be payable for the following items under the Loss of Checked Baggage Benefit:

1. Aircraft, automobiles, automobile equipment, motors, motorcycles, bicycles (except bicycles when checked as baggage with a common carrier), boats or other conveyances or their accessories;
2. Animals;
3. Artificial teeth or limbs, hearing aids;
4. Sunglasses, contact lenses or eyeglasses;
5. Documents of any kind, including but not limited to documents, bills, currency, deeds, evidences of debt, letters of credit, stamps, credit cards, money, notes, securities, transportation or other tickets;
6. Household furniture or furnishings.

## POLICY PROVISIONS

**Refund of Premium:** Certain Underwriters at Lloyds, London realizes that there is uncertainty in international travel. Refund of total plan cost 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.

**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 Policy, or as soon thereafter as is reasonably possible. Notice given by or on behalf of the claimant to the Administrative Offices of the Company, or to any authorized agent of the Company, with information sufficient to identify the Insured Person shall be deemed notice to the Company.

**Claim Forms:** The Company, upon receipt of a notice of claim, will furnish to the claimant such forms as are usually furnished by it for filing Proofs of Loss. If such forms are not furnished within fifteen (15) days after the giving of such notice the claimant shall be deemed to have complied with the requirements of the Policy as to Proof of Loss upon submitting, within the time fixed in the Policy for filing Proofs of Loss, written proof covering the occurrence, the character and the extent of the Disablement for which claim is made.

**Proof of Loss:** Written Proof of Loss must be furnished to the Company at its said office in case of claim for loss for which this Policy provides any periodic payment contingent upon continuing loss within 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 within the time required shall not invalidate nor reduce any claim if it was not reasonably possible to give proof within such time, provided such proof is furnished as soon as reasonably possible.

**Time of Payment of Claims:** Indemnities payable under the Policy for any loss other than loss for which the Policy provides any periodic payment will be paid immediately upon receipt of due written proof of such loss. Subject to due written Proof of Loss, all accrued indemnities for loss for which the Policy provides periodic payment will be paid at the expiration 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.

**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 the estate of the Insured Person. Any other accrued indemnities unpaid at the Insured Person's 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 the Insured Person.

If any indemnity of the Policy shall be payable to the estate of an Insured Person, or to an Insured Person who is a minor 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 the Insured Person all or a portion of any indemnities provided by this Policy on account of Hospital, nursing, medical or Surgical service may, at the Company's option and unless the Insured Person requests otherwise in writing not later than the time for filing proof of such loss, be paid directly to the Hospital or person rendering such services, but it is not required that the service be rendered by a particular Hospital or person.

**Physical Examination and Autopsy:** The Company at its own expenses shall have the right and opportunity to examine the person of any individual whose Injury or Illness is the basis of claim when and as often as it 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.

**Legal Actions:** No actions at law or in equity shall be brought to recover on the Policy prior to the expiration of sixty (60) days after written proof of loss has been furnished in accordance with requirements of this Policy. No such action shall be brought after expiration of three (3) years after that time written Proof of Loss is required to be furnished.

**Excess Benefits:** All coverages, except Accidental Death and Dismemberment, shall be in excess of all other valid and collectible Insurance Indemnity and shall apply only when such benefits are exhausted. Other valid and collectible Insurance Indemnity for which benefits may be payable are Insurance programs provided by:

- (a) Individual, group or blanket Insurance or coverage;
- (b) Other prepayment coverage provided on a group or individual basis;
- (c) Any coverage under labor management trusted plans, union welfare plans, employer organizational plans, employee benefit organization plans, or other arrangement of benefits for individuals of a group;
- (d) Any coverage required or provided by any statute, socialized Insurance program;
- (e) Any no-fault automobile Insurance;
- (f) Any third party liability Insurance.

**Monetary Limits:** The monetary limits stated in this Plan and the premium shall be in U.S. dollars. For service outside of the territorial limits of the United States, the exchange rate date used to determine the amount of U.S. dollars to be paid is the exchange rate effective for the date the claims expense was incurred.

**Patient Protection and Affordable Care Act:** This insurance is not subject to, and does not provide certain insurance benefits required by the United States Patient Protection and Affordable Care Act ("PPACA"). The insurance benefits provided by this policy are stated in your policy documents and do not include additional benefits required by PPACA. The PPACA requires certain U.S. residents and citizens to obtain PPACA compliant insurance coverage. In certain circumstances penalties may be imposed on U.S. residents and citizens who do not maintain PPACA compliant insurance coverage. You should consult your attorney, insurance agent or tax professional to determine if the PPACA's requirements are applicable to you.

**About the Administrator:** Certain Underwriter at Lloyd's of London has selected Seven Corners, Inc. as the Administrator of the Liaison<sup>®</sup> International Plan. Since 1993, Seven Corners has provided medical insurance to corporations, international travelers, expatriates, students, overseas visitors, immigrants and global citizens. With expertise and efficiency they have served clients in more than a hundred countries.

#### Coverage Intent

Please be aware that this is not a general health insurance policy but an interim travel medical program intended for use while away from your Home Country or Country of Residence.

#### Pre-Notification and Network Procedures

1. *Pre-Notification* - You or someone on Your behalf are required to contact Seven Corners Assist in the following situations:
  - a) Within 48 hours of an emergency hospital admission anywhere in the world.
  - b) Before a scheduled, non-emergency hospital admission anywhere in the world.
  - c) Before receiving any medical treatment inside the United States.
  - d) Before inpatient or outpatient surgery worldwide.

*Pre-Notification does not guarantee that benefits will be paid.*

2. *Network*
  - a) Inside of the United States: Seven Corners' provider network is not required. By utilizing the network, You may receive potential discounts and out-of-pocket savings for any incurred eligible expenses.
  - b) Outside of the United States: Seven Corners has an extensive network of international providers, many of which have direct pay agreements. We recommend You contact Seven Corners Assist for a provider referral, however, You may seek treatment at any facility.

*Utilizing the network does not guarantee benefits or that the treating facility will bill Seven Corners direct.*

Contact information for Seven Corners Assist is provided below and on the back of Your virtual ID Card. Our multilingual representatives are available 24/7 to help you. Contact us immediately for Emergency Medical Evacuation, Return of Remains, Emergency Reunion, and Return of Minor Child(ren).

A listing of network providers can be found at [www.sevencorners.com/networkproviders](http://www.sevencorners.com/networkproviders) or by contacting Seven Corners Assist. In addition, WellAbroad.com provides a complete listing of providers as well as other important and varied up-to-date travel information.

Seven Corners Assist  
Inside the United States: 1-800-690-6295  
Outside the United States: 0-317-818-2808 (Collect)  
Fax: 1-317-815-5984  
E-mail: [assist@sevencorners.com](mailto:assist@sevencorners.com)

#### Wellabroad.com

In our ever changing world, Seven Corners' WellAbroad<sup>®</sup> seeks to prepare individuals and groups with the advanced tools for successful travel. WellAbroad<sup>®</sup> offers medical, political and cultural information and includes many benefits and educational resources, such as:

- Text messaging alerts - Registered users receive updates regarding weather emergencies, security issues, custom alerts, and health care or pandemic warnings.
- Provider network directory - Clients and travelers can create customized country profiles which allow instant access to providers in the specified regions to which they are traveling.
- Online forums - Fellow travelers and Seven Corners' staff post experiences and travel tips which can be accessed at any time.

#### Claims Services

Important Note: Claim forms and receipts for medical expenses must be sent to Seven Corners quickly. Claim submissions must be made within ninety (90) after the Date of Service. Should they be received after ninety (90) days, they may be considered ineligible.

To report claims or verify eligibility, send the original bills and claim forms to Seven Corners, Inc., or call or fax to the numbers below.

Be certain to include Your ID# shown on the ID Card with all correspondences:

Seven Corners, Inc.  
303 Congressional Blvd; Carmel, IN 46032  
800-335-0477 or 317-575-2256 FAX 317-575-2659 email: [info@sevencorners.com](mailto:info@sevencorners.com) [www.SevenCorners.com](http://www.SevenCorners.com)

#### Insurance Company

This Insurance, under Policy LON12-120101-01TM, is underwritten by Certain Underwriters at Lloyds, London, rated A "Excellent" by AM Best.

**SEVERABILITY OF INTEREST CLAUSE**

This Policy shall operate in all respects as if a separate Policy had been issued to each party insured hereunder, except that in no event shall the total liability of the Insurers in respect of all parties insured hereunder exceed the Limit of Indemnity stated in this Policy. - LSW1001

**LLOYD'S PRIVACY POLICY STATEMENT**

**UNDERWRITERS AT LLOYD'S, LONDON**

The Certain Underwriters at Lloyd's, London want you to know how we protect the confidentiality of your non-public personal information. We want you to know how and why we use and disclose the information that we have about you. The following describes our policies and practices for securing the privacy of our current and former customers.

**INFORMATION WE COLLECT**

The non-public personal information that we collect about you includes, but is not limited to:  
Information contained in applications or other forms that you submit to us, such as name, address, and social security number  
Information about your transactions with our affiliates or other third-parties, such as balances and payment history  
c) Information we receive from a consumer-reporting agency, such as credit-worthiness or credit history

**INFORMATION WE DISCLOSE**

We disclose the information that we have when it is necessary to provide our products and services. We may also disclose information when the law requires or permits us to do so,

**CONFIDENTIALITY AND SECURITY**

Only our employees and others who need the information to service your account have access to your personal information. We have measures in place to secure our paper files and computer systems.

**RIGHT TO ACCESS OR CORRECT YOUR PERSONAL INFORMATION**

You have a right to request access to or correction of your personal information that is in our possession.

**CONTACTING US**

If you have any questions about this privacy notice or would like to learn more about how we protect your privacy, please contact the agent or broker who handled this insurance. We can provide a more detailed statement of our privacy practices upon request. - LSW1135b

**LLOYD'S**

One Lime Street London EC3M &HA