

Coverage prepared for:

Your agent is:

Be Safe Group LLC.

Ph: 518-3BE-SAFE

**Thank you for choosing Trawick International for your insurance needs.
In this packet you will find information for:**

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Safe Travels USA Description of Coverage



Policy Number:

Member ID #:

Covered Persons:

DOB:

Home Country Address:

Home Country:

Destination:

Policy Period: through

Premium Paid:

If you have questions about your coverage or need to renew please contact your agent:

Be Safe Group LLC

Ph: 518-3BE-SAFE

MEDICAL EXPENSE BENEFITS

Maximum for all Medical Expense(s):	\$ 50,000
Deductible:	\$ 5,000
Maximum for Emergency Medical Treatment of Pregnancy:	\$ 1,000
Maximum for Mental or Nervous Disorders:	\$ 2,500
Maximum for Physiotherapy Physical Medicine/Chiropractic Care:	\$ 50 per visit per day; up to 10 visits per Policy Period
Maximum for Room and Board Charges:	the average semi private room rate
Maximum for ICU Room and Board Charges:	three times the average semi private room rate
Co-insurance Rate:	80% of the first \$5,000 of eligible Covered Expenses then 100% up to the Policy Maximum
Maximum for Dental Treatment (Injury and emergency alleviation of pain):	\$ 250
Unexpected recurrence of a Pre-existing Condition:	the Pre-existing Condition exclusion is waived for the first \$ 1,000 of Covered Expenses
Accidental Death & Dismemberment/Disappearance Principal Sum:	\$ 25,000
<i>Adaptive Home and Vehicle Benefit Maximum:</i>	\$ 5,000
<i>Coma Benefit:</i>	\$ 10,000
<i>Felonious Assault and Violent Crime or Coma Benefit:</i>	100% multiplied by the portion of the Principal Sum applicable to the Covered Loss, as shown, up to \$ 50,000
<i>Seatbelt and Airbag Benefit:</i>	
Seatbelt Benefit Maximum:	10% of Principal Sum up to a maximum benefit of \$ 50,000
Airbag Benefit:	10% of Principal Sum up to a maximum benefit of \$ 50,000
Default Benefit:	\$ 2,000
Emergency Medical Evacuation Benefit Maximum:	100% of Covered Expenses
Emergency Reunion Benefit Maximum:	\$ 15,000
Political Evacuation Benefit Maximum:	\$ 25,000
Repatriation of Remains Benefit Maximum:	100% of Covered Expenses
Hospital Confinement Benefit:	\$ 50 per Day
Time Period for Confinement:	3 days
Benefit Waiting Period:	0 days
Maximum Benefit Period:	10 days
Return of Minor Child(ren) or Travel Companion Benefit Maximum:	\$ 5,000
Trip Interruption Benefit Maximum:	\$ 5,000
Basic Lost Baggage Benefit Maximum:	\$ 300 (\$75 per article)
Maximum Benefit Period:	1 year from the date of the Covered Accident or Sickness

***PLEASE NOTE: (If you purchased any of these - Hazardous Activity/Extreme Sports; Home Country/Follow Me Home; War Risk; Athletic Sports; Trip Cancellation/Delay; or Enhanced Baggage Coverage, they will be attached as riders at the end of this document).**

DESCRIPTION OF BENEFITS

All benefits are in U.S. Dollar amounts.

Accidental Death & Dismemberment Benefit

Insured Principal Sum \$ 25,000 Spouse/Domestic Partner/Traveling Companion Principal Sum \$ 25,000 Dependent Child Principal Sum \$ 10,000

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

Covered Loss Benefit Amount

Life, Quadriplegia or Two or more Members..... 100% of the Principal Sum
Hemiplegia or Paraplegia..... 75% of the Principal Sum
One Member..... 50% of the Principal Sum
Uniplegia or Thumb and Index Finger of the Same Hand..... 25% of the Principal Sum

“**Quadriplegia**” means total Paralysis of both upper and lower limbs. “**Hemiplegia**” means total Paralysis of the upper and lower limbs on one side of the body. “**Uniplegia**” means total Paralysis of one lower limb or one upper limb. “**Paraplegia**” means total Paralysis of both lower limbs or both upper limbs. “**Paralysis**” means total loss of use. A Doctor must determine the loss of use to be complete and not reversible at the time the claim is submitted. “**Member**” means Loss of Hand or Foot, Loss of Sight, Loss of Speech, and Loss of Hearing. “**Loss of Hand or Foot**” means complete Severance through or above the wrist or ankle joint. “**Loss of Sight**” means the total, permanent Loss of Sight of one eye. “**Loss of Speech**” means total and permanent loss of audible communication that is irrecoverable by natural, surgical or artificial means. “**Loss of Hearing**” means total and permanent Loss of Hearing in both ears that is irrecoverable and cannot be corrected by any means. “**Loss of a Thumb and Index Finger of the Same Hand**” or “**Loss of Four Fingers of the Same Hand**” means complete Severance through or above the metacarpophalangeal joints of the same hand (the joints between the fingers and the hand). “**Severance**” means the complete separation and dismemberment of the part from the body.

Age Reduction Schedule. The amount payable for a Covered Loss will be reduced if a Covered Person is age 70 or older on the date of the Accident causing the loss. The amount payable for the Covered Person's loss is a percentage of the amount that would otherwise be payable, as shown below:

AGE ON DATE OF ACCIDENT PERCENTAGE OF BENEFIT AMOUNT OTHERWISE PAYABLE
70-74 65%; 75-79 45%; 80-84 30%; 85 and older 15%

Premium for a Covered Person age 70 or older is based on 100% of the coverage that would be in effect if the Covered Person were under age 70. “**Age**” as used above refers to the age of the Covered Person on his or her most recent birthday.

Exposure and Disappearance Benefit- 100% of the Principal Sum if you are exposed to the elements after the forced landing, stranding, sinking, or wrecking of a vehicle in which you were traveling. You are presumed dead if you are in a vehicle that disappears, sinks or is stranded or wrecked and your body is not found within six months of the Covered Accident.

Hijacking and Air or Water Piracy Benefit- Covers Injury during the: 1. hijacking of an Aircraft; 2. air or water piracy; or 3. unlawful seizure or attempted seizure of an aircraft or watercraft.

Coma Benefit- We will pay this benefit in a lump sum of \$10,000 if you become Comatose within 31 days of a Covered Accident or Sickness and remain in a Coma for at least 31 days. We reserve the right, at the end of the first 31 days of Coma, to require additional proof that the Covered Person remains Comatose. This proof may include, but is not limited to, requiring an independent medical examination at Our expense. A person is deemed “Comatose” or in a “Coma” if he or she is in a profound stupor, or state of complete and total unconsciousness, as the result of a Covered Accident or Sickness.

Seatbelt and Airbag Benefit- 10% of the Principal Sum up to a maximum benefit of \$50,000 if you die or are dismembered directly and independently from Injuries sustained while wearing a seatbelt and operating or riding as a passenger in an Automobile. An additional benefit is provided if you were also positioned in a seat protected by a properly-functioning and properly deployed Supplemental Restraint System (Airbag). Verification of proper use of the seatbelt at the time of the Covered Accident and that the Supplemental Restraint System properly inflated upon impact must be a part of an official police report of the Covered Accident or be certified, in writing, by the investigating officer(s) and submitted with your claim to Us. If such certification or police report is not available or it is unclear whether you were wearing a seatbelt or positioned in a seat protected by a properly functioning and properly deployed Supplemental Restraint System, We will pay a default benefit of \$2,000 to you if living, if not, then to your beneficiary. In the case of a child, “seatbelt” means a child restraint, as required by state law and being used as recommended by its manufacturer.

Felonious Assault and Violent Crime Benefit- 100% of the Principal Sum applicable to the Covered Loss to a maximum of \$50,000 and subject to the following conditions, when you suffer a Covered Loss resulting directly and independently of all other causes from a Covered Accident that occurs during a violent crime or felonious assault as described below. A police report detailing the felonious assault or violent crime must be provided before this benefit is payable. You must notify the police within 24 hours of the assault. The Covered Accident must occur during any of the following: 1. actual or attempted robbery or holdup; 2. actual or attempted kidnapping; 3. any other type of intentional assault that is a crime classified as a felony by the governing statute or common law in the location where the assault occurred. Benefits will not be paid for treatment of any Injury sustained or Covered Loss incurred during any: 1. violent crime or felonious assault committed by you; or 2. felonious assault or violent crime committed upon you by a Family Member, Fellow Employee, or Member of the Same Household.

Adaptive Home and Vehicle Benefit- up to a \$5,000 maximum If you have an Injury which results in a Loss payable under the Accidental Death and Dismemberment Benefit, We will pay an additional benefit equal to the least of the actual cost of the alterations or \$5,000 for the one-time cost of alterations to your principal residence; and/or private Automobile to make the residence accessible and/or the private Automobile drivable or rideable. The costs must be incurred within one year from the date of accident and alterations are made by a person or persons with experience in such alterations.

Covered Medical Expenses Benefit

If a covered Injury or Illness occurs during the Policy Period and you require medical or surgical treatment; this plan will pay, subject to the selected deductible, applicable co-insurance and benefit maximums, the following Covered Expenses, up to the selected policy maximum. The first charges must be incurred within 90 days after the date of the Covered Accident or Sickness. No benefits will be paid for any expenses incurred which are in excess of Usual and Customary Charges. 1. Hospital Room and Board Expenses: the average daily rate for a semi private room when a Covered Person is Hospital Confined and general nursing care is provided and charged for by the Hospital. In computing the number of days payable under this benefit, the date of admission will be counted but not the date of discharge.

2. Ancillary Hospital Expenses: services and supplies including operating room, laboratory tests, anesthesia and medicines when Hospital Confined. This does not include personal services of a non-medical nature. 3. Daily Intensive Care Unit Expenses: three times the average semi private room rate when a Covered Person is Hospital Confined in a bed in the Intensive Care Unit and nursing services other than private duty nursing services. 4. Medical Emergency Care (room and supplies) Expenses: incurred within 72 hours of an Accident or Sickness and including the attending Doctor's charges, X-rays, laboratory procedures, use of the emergency room and supplies. 5. Doctor Non-Surgical Treatment and Examination Expenses including the Doctor's initial visit, each Medically Necessary follow-up visit and consultation visits when referred by the attending Doctor. 6. Doctor's

Surgical Expenses. 7. Assistant Surgeon Expenses when Medically Necessary. 8. Anesthesiologist Expenses for pre-operative screening and administration of anesthesia during a surgical procedure whether on an inpatient or outpatient basis. 9. Physiotherapy Physical Medicine/Chiropractic Expenses on an inpatient or outpatient basis including treatment and office visits connected with such treatment when prescribed by a Doctor, including diathermy, ultrasonic, whirlpool, heat treatments, adjustments, manipulation, or any form of physical therapy and limited to \$50 per visit, one visit per day and 10 visits per policy period. 10. X-ray Expenses (including reading charges). 11. Dental Expenses up to \$250 due to Accidents or emergency alleviation of pain including dental x-rays for the repair or treatment of each tooth that is whole, sound and a natural tooth at the time of the Accident or emergency alleviation of dental pain. 12. Ambulance Expenses for transportation from the emergency site to the Hospital. 13. Prescription Drug Expenses including dressings, drugs and medicines prescribed by a Doctor. 14. Medical Services and Supplies: expenses for blood and blood transfusions; oxygen and its administration. 15. Emergency medical treatment of pregnancy up to \$1,000 per policy period. 16. Mental or nervous disorders or rest cures up to \$2,500 per policy period.

Emergency Medical Evacuation Benefit- We will pay 100% of Covered Expenses if you are traveling outside of your Home Country and suffer an Injury or Sickness during the course of the Trip which requires Emergency Medical Evacuation from the place where you suffer an Injury or Sickness to the nearest Hospital or other medical facility where appropriate medical treatment can be obtained; or transportation to your Home Country to obtain further medical treatment in a Hospital or other medical facility or to recover after suffering an Injury or Sickness. An Emergency Medical Evacuation includes Medically Necessary medical treatment, medical services and medical supplies necessarily received in connection with such transportation. If after hospitalization or treatment for a covered Injury or Sickness, you are unable to continue your journey, Our designated assistance provider, in conjunction with the local attending Doctor and/or your habitual Doctor, will organize your return to your Home Country. If the gravity of the situation so dictates, Our designated assistance provider will ensure that appropriate medical care is provided to you during the return journey. If Our designated assistance provider and the local attending medical practitioner consider you stable enough to be medically repatriated, without endangering your health, and you refuse repatriation, We will continue to pay medical expense benefits incurred after the date repatriation was recommended only up to the amount that would have been payable for the medical repatriation, subject to policy maximums and limitations. Benefits will not be payable unless We authorize in writing or by an authorized electronic or telephonic means all expenses in advance. Benefits will not be payable unless 1. the Doctor ordering the Emergency Medical Evacuation certifies the severity of your Injury or Sickness requires an Emergency Medical Evacuation; 2. all transportation arrangements made for the Emergency Medical Evacuation are by the most direct and economical conveyance and route possible; 3. the charges incurred are Medically Necessary and do not exceed the usual level of charges for similar transportation, treatment, services or supplies in the locality where the expense is incurred; and 4. do not include charges that would not have been made if there were no insurance.

Political Evacuation Benefit- up to \$25,000 maximum for extrication from the Host Country due to an Occurrence which could result in grave physical harm or death. You are covered if an Occurrence takes place while coverage is in effect; and while you are traveling outside of your Home Country or country of residence. Benefits will be paid for: 1. your Transportation and Related Costs to the Nearest Place of Safety, necessary to ensure your safety and well-being as determined by the Designated Security Consultant. 2. your Transportation and Related Costs within 14 days of the Political Evacuation to either to the country in which you are traveling while covered by the Policy; or your Home Country; or 3. consulting services by a Designated Security Consultant for seeking information on a Missing Person or kidnapping cases, if you are kidnapped or are reported as a Missing Person to local or international authorities. Benefits will not be payable unless We (or Our authorized assistance provider) authorize in writing, or by an authorized electronic or telephonic means, all expenses in advance, and services are rendered by Our assistance provider. Our assistance provider is not responsible for the availability of Transport services. Where a Political Evacuation becomes impractical due to hostile or dangerous conditions, a Designated Security Consultant will endeavor to maintain contact with you until a Political Evacuation occurs. Political Evacuation Benefits are payable only once for any one Occurrence. If, after a Political Evacuation is completed, it becomes evident that you were an active participant in the events that led to the Occurrence, We have the right to recover all Transportation and Related costs from you.

Repatriation of Remains Benefit- We will pay 100% of Covered Expenses Repatriation Benefits for preparation and return of your body to your Home Country if you die due to an Injury or Sickness. Benefits will not be payable unless We authorize in writing or by an authorized electronic or telephonic means all expenses in advance. Covered expenses include: 1. expenses for embalming or cremation; 2. the least costly coffin or receptacle adequate for transporting the remains; 3. transporting the remains by the most direct and least costly conveyance and route possible.

Emergency Reunion Benefit- up to \$15,000 maximum. Covers the cost of one economy airfare ticket and other local travel related expenses; or the reasonable expenses incurred for lodging and meals of your Immediate Family Member for a period of up to 10 days to accompany you to your Home Country or Hospital where you are confined if: 1. the Emergency Medical Evacuation Benefit is payable under the Policy; and 2. you are alone outside of your Home Country; and 3. the place of confinement is more than 100 miles from your Home Country; and 4. expenses were authorized in advance by the Company.

Unexpected Recurrence of a Pre-existing Condition Benefit- means this plan shall pay, up to \$1,000 subject to the chosen Deductible and Coinsurance, for Covered Expenses resulting from a sudden, unexpected recurrence of a Pre-existing Condition while traveling outside the Covered Person's Home Country. 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.

Basic Lost Baggage Benefit- up to \$300 maximum for the replacement costs of Necessities, up to \$75 per article, if your luggage is checked onto a Common Carrier, and is then lost, stolen or damaged beyond use. Replacement costs are calculated on the basis of the depreciated standard and its average usable period. You must file a formal claim with the transportation provider and provide Us with copies of all claim forms and proof that the transportation provider has paid you its normal reimbursement for the lost, stolen or damaged luggage.

Trip Interruption Benefit- up to \$5,000 maximum for reimbursement of the cost of one way economy air and/or ground transportation ticket if your Trip is interrupted as the result of: 1. the death of an Immediate Family Member; or 2. your unforeseen Injury or Sickness or, the Injury or Sickness of a Traveling Companion or Immediate Family Member. The Injury or Sickness must be so disabling as to reasonably cause a Trip to be interrupted; or 3. substantial destruction of your principal residence by fire or weather related activity; or 4. a Medically Necessary covered Emergency Medical Evacuation to return you to your Home Country or to the area from which you were initially evacuated for continued treatment, recuperation and recovery.

Hospital Confinement Benefit- \$50 per day per policy period, payable to you, when you are Hospital Confined, and all of the following conditions are met: 1. The Hospital stay is the direct result, from no other causes, of Injuries sustained in a Covered Accident, or Sickness that occurs while the Policy is in effect. 2. The Hospital stay begins within 3 days of a Covered Accident or Sickness and lasts for at least 3 days. We will pay this benefit retroactive to the first day of the Hospital stay. Benefit payments will end on the first of the following: 1. the date the Hospital stay ends; 2. the date you die; 3. 10th day of hospitalization; or 4. the date the coverage terminates.

Return of Minor Child(ren) or Travel Companion Benefit- If you are the only person traveling with minor Dependent children who are under the age of 21 or a Travel Companion, and you suffer an Injury or Sickness and must be confined in a Hospital for at least 48 consecutive hours or are medically evacuated to another location, We will reimburse the cost of the Dependent or Travel Companion's one way economy airfare ticket and/or ground transportation ticket to their Home Country, not to exceed \$5,000. All transportation arrangements must be made by the most direct and economical route and conveyance possible and may not exceed the usual level of charges for similar transportation in the locality where the expense is incurred. Benefits will not be paid unless all expenses are approved in advance by Us, and services are rendered by the Company's assistance provider.

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

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

"Accident" means a sudden, unexpected and unintended event.

"Appropriate Authority(ies)" means the government authority(ies) in the Covered Person's Home Country or country of residence or the government authority(ies) of the Host Country.

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

"Common Carrier" means any land, sea or Air carrier conveyance operated under a license for transportation of passengers for hire.

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

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

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

"Covered Person" means any Insured for whom the required premium is paid.

"Covered Trip" means a period of round-trip travel away from your Home Country; the trip has defined departure and return dates specified when the Insured enrolls.

"Deductible" means the dollar amount of Covered Expenses that must be incurred as an out-of-pocket expense by each Covered Person on a per Policy Period basis before Medical Expense Benefits and/or other Additional Benefits paid on an expense incurred basis are payable under the Policy.

"Dependent" means an Insured's lawful spouse or Domestic Partner; or an Insured's unmarried child, from the moment of birth to age 21, who is chiefly dependent on the Insured for support. A child, for eligibility purposes, includes an Insured's natural child; adopted child, beginning with any waiting period pending finalization of the child's adoption; or a stepchild who resides with the Insured or depends chiefly on the Insured for financial support. A Dependent may also include any person related to the Insured by blood or marriage and for whom the Insured is allowed a deduction under the Internal Revenue Code.

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

"Doctor" means a licensed health care provider acting within the scope of his or her license and rendering care or treatment to a Covered Person that is appropriate for the conditions and locality. It will not include a Covered Person or a member of the Covered Person's Family Member or household.

"Domestic Partner" means a person of the same or opposite sex of the Insured who: 1. shares the Insured's primary residence; 2. has resided with the Insured for at least 6 months prior to the date of enrollment and is expected to reside with the Insured indefinitely; 3. is financially interdependent with the Insured; 4. has signed a Domestic Partner declaration with the Insured, if recognized by the laws of the state in which he or she resides with the Insured; 5. does not have current Domestic Partner declaration with any other person; 6. is older than 18 years of age; 7. is not currently married to another person; and 8. is not in a position as a blood relative that would prohibit marriage.

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

"Fellow Employee" means a person employed by the same Participant as the Covered Person or by an affiliated or subsidiary corporation. It shall also include any person who was so employed, but whose employment was terminated not more than 90 days prior to the date on which the violent crime/felonious assault was committed.

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

"Home Country or Country of Residence" means a country from which the Covered Person holds a passport and/or the Country of Residence declared to us at the time of application. Proof of residence may be required at the time of claim.

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

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

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

"Family Member" means the spouse, parent, parent-in-law, grandparent, child, grandchild, brother, sister, fiancé, aunt, uncle, niece or nephew such person being resident in the Home Country (as declared on the application), of the Insured Person, or of the person with whom the Insured Person is travelling or had arranged to travel; Business Partner means a partner who is directly associated with the business and should they pass away or suffer from a critical illness, will result in financial losses for the company.

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

“Insured” means a person in a Class of Eligible Persons for whom the required premium is paid making insurance in effect for that person. A Dependent covered under the Policy is not an Insured, but rather a Covered Person.

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

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

“Member of the Same Household” means a person who maintains residence at the same address as the Covered Person.

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

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

“Nearest Place of Safety” means a location determined by the Designated Security Consultant where: 1. the Covered Person can be resumed safe from the Occurrence that precipitated the Covered Person’s Political Evacuation; and 2. the Covered Person has access to Transportation; and 3. the Covered Person has the availability of temporary lodging, if needed.

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

“Participant” means the organization that signed a Participation Agreement to participate in the Eglobal Tourist Trust Bermuda Company that has been accepted by the Trustee.

“Political Evacuation” means the extrication of a Covered Person from the Host Country due to an Occurrence which could result in grave physical harm or death to the Covered Person.

“Pre-Existing Condition” means 1) a condition, regardless of the cause of the condition, for which medical advice, diagnosis, care or treatment was recommended or received within the [24 month] period before the Covered Person’s coverage became effective under the Policy; 2) conditions for which the Insured Person is aware of any medical condition or set of circumstances, which could reasonably be expected to give rise to a claim; 3) or any person, including those who are not travelling, whose condition may give rise to a claim; 4) or is receiving or, is on a waiting list for or has the knowledge of the need for inpatient treatment at a hospital or nursing home; 5) or has been given a terminal prognosis. The term does not include genetic information in the absence of a diagnosis of the condition related to such information.

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

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

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

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

“Traveling Companion” means a person or persons with whom you have coordinated travel arrangements, shares the same accommodations as You and intend to travel with during the Covered Trip.

“Unexpected Recurrence of a Pre-Existing Condition” means Covered Expenses resulting from a sudden and unexpected recurrence of a Pre-existing Condition while traveling outside the Covered Person’s Home Country and 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.

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

“We”, “Our”, “Us” GBG Insurance Limited or its authorized agent.

Effective Date- An Eligible Person will be insured on the latest of the following dates: 1. your departure from your Home Country or Country of Residence; or 2. the date and time your completed enrollment form and correct premium are received; or 3. the effective date requested and shown on this certificate.

Termination Date- Coverage will end on the earliest of the date: 1. Your permanent return to your Home Country; or 2. the termination date shown on this certificate for which premium has been paid; or 3. the date the maximum benefit has been paid.

Renewal Procedures - A renewal notice will be emailed before the Policy Period ends or you can go online to www.trawickinternational.com and renew prior to your termination date.

You are subject to the following rules at renewal:

1. Coverage may be renewed if it is initially purchased for a minimum of three months;
2. if available, additional periods are charged at the premium rate in force at the time of renewal;
3. The total Policy Period cannot exceed 24 months. Five days premium is the minimum acceptable renewal premium and twelve month's premium is the maximum;
4. There are no grace periods for renewals. Once the policy has lapsed, you would need to reapply. Please note: once you reapply for a new policy, the Pre-Existing Condition exclusion, deductible and co-insurance start over. Please contact your agent with questions or to renew.

Refund of Premium - total plan cost minus the processing fee will only be considered if written request is received by Us prior to the Effective Date of Coverage as listed on this certificate. 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 of \$10, if no claim has been submitted to Us.

Primary Benefits- We will pay Accident and Sickness Medical Expenses up to the Maximum Benefit as outlined in the Schedule of Benefits and after each Insured satisfies any Deductible, without regard to any other Health Care Plan benefits payable for the Insured. We will pay these benefits without regard to any Coordination of Benefits provision in any other Health Care Plan.

EXCLUSIONS AND LIMITATIONS

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

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

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

1. Pre-Existing Conditions, as defined.
2. services, supplies or treatment, including any period of Hospital confinement, which were not recommended, approved and certified as necessary and reasonable by a Physician.
3. suicide or any attempt thereat while sane or self-destruction or any attempt thereat while insane.
4. declared or undeclared war or any act thereof.
5. Injury sustained while participating in a professional, semi-professional, amateur, club, intramural, interscholastic or intercollegiate sport (except as provided by the Policy).
6. Sickness resulting from pregnancy (except as provided by the Policy).
7. Miscarriage resulting from Accident (except as provided by the Policy).
8. Immunizations, routine physical or other examinations where there are no objective indications or impairment in normal health, or laboratory diagnostic or x-ray examinations except in the course of a disability established by the prior call or attendance of a Physician.
9. cosmetic or plastic surgery, except as the result of an accident.
10. elective surgery which can be postponed until the Covered Person returns to his or her Home Country.
11. any mental or nervous disorders or rest cures (except as provided by the Policy).
12. any dental treatment (except as provided by the Policy).
13. eye refractions or eye examinations for the purpose of prescribing corrective lenses for eye glasses or for the fitting thereof, unless caused by accidental bodily Injury incurred while covered under the Policy.
14. congenital anomalies and conditions arising out of or resulting therefrom.
15. services, supplies, or treatment including any period of Hospital confinement which were not recommended, approved and certified as necessary and reasonable by a Doctor; or expenses which are non-medical in nature.
16. the ordinary cost of a one-way airplane ticket used in the transportation back to the Covered Person's country where an air ambulance benefit is provided.
17. expenses as a result of or in connection with intentionally self-inflicted Injury.
18. specific named hazards: Abseiling, Aviation (except when traveling as a passenger in a commercial aircraft), BASE Jumping, Bobsleigh, BMX, Bungee Jumping, Canopying, Canyoning, Caving, Extreme sports, High Diving, Hang Gliding, Heli-skiing, Hot Air Ballooning, Inline Skating, Jet Skiing, Kayaking, Luge, Motocross, Motorcycling, Moto-X, Mountaineering, Mountain Biking, Mountain Climbing, Paragliding, Parasailing, Parascending, Piloting any Aircraft, Racing of any kind, Rock Climbing, Rodeo Activities, Rappelling, Scuba Diving, Ski Jumping, Skydiving, Snow Skiing, Snowboarding, Snowmobiling, Spelunking, Surfing, Trekking, Water Skiing, Wind Surfing, White Water Rafting, Zip Lining, Zorbing.
19. treatment paid for or furnished under any other individual or group policy, or other service or medical pre payment plan arranged through an employer to the extent so furnished or paid, or under any mandatory government program or facility set up for treatment without cost to any individual.
20. childbirth, miscarriage, birth control, artificial insemination, treatment for fertility or impotency, sterilization or reversal thereof or abortion.
21. organ transplants, marrow procedures and chemotherapy.
22. sexually transmitted diseases or immune deficiency disorders and related conditions.
23. any treatment, service or supply not specifically covered by the Policy.
24. treatment by any Family Member or member of the Covered Person's household.
25. treatment of hernia, Osgood-Schlatter's Disease, osteochondritis, appendicitis, osteomyelitis, cardiac disease or conditions, pathological fractures, congenital weakness whether or not caused by a Covered Accident.
26. expense incurred for treatment of temporomandibular or craniomandibular joint dysfunction and associated myofascial pain.

27. any elective treatment, surgery, health treatment, or examination including any service, treatment or supplies that: (a) are deemed by Us to be experimental; and (b) are not recognized and generally accepted medical practices in the United States.
28. contact lenses, hearing aids, wheelchairs, braces, appliances, examinations or prescriptions for them, or repair or replacement of existing artificial limbs, orthopedic braces, orthotic devices, artificial eyes and larynx.
29. treatment or service provided by a private duty nurse or while confined primarily to receive custodial care, educational or rehabilitative care or nursing care.
30. covered medical expenses for which the Covered Person would not be responsible for in the absence of the Policy.
31. conditions that are not caused by a Covered Accident.
32. vocational, recreational, speech or music therapy.
33. traveling against the advice of a Physician, traveling while on a waiting list for inpatient Hospital or clinic treatment, or traveling for the purpose of obtaining medical treatment abroad.
34. any potential fatal condition which was diagnosed before the date your coverage became effective or any condition for which You are traveling to seek treatment.
35. Expenses incurred in your Home Country.

We will not pay Political Evacuation Expense Benefits for expenses and fees:

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

CLAIMS STATUS, ELIGIBILITY VERIFICATION & COVERAGE QUESTIONS



GBG Administrative Services
26741 Portola Pkwy Ste. 1E #527
Foothill Ranch, CA 92610

For claim status or questions please call Toll Free: 877-916-7920 Local: 949-916-7941 or email info@gbgclaims.com

For a list of providers please visit: <https://www.gbg.com/Members/ProviderDirectory.aspx>

Provide the hospital or doctor with a copy of your ID card so they can bill us for the services provided to you. This shows your member ID and is how to find you in our system to verify benefits. Failure to give the correct information to the provider could result in bills getting sent to you, instead of the insurance company. In most cases, you are only required to pay your deductible and the cost for any services which may not be covered under your policy. However, if you are required to pay for services in full, then you will need to provide the necessary documentation for reimbursement: a. Signed medical statement which includes medical coding for service performed by the service provider; b. Proof of payment (receipts) and c. Copy of your ID card. If you get a bill from a provider call them to make sure they have your insurance information. Failure to contact them with your information will delay the processing of your claim and could result in you being solely responsible for the charges.

All claims, regardless of submission date, **must be received in our office within 90 days of treatment or they will be denied.** Initial treatment must occur within 90 days of the Accident or Sickness.

Notice of Claim: A claimant must give Us or Our authorized representative written (or authorized electronic or telephonic) notice of claim within 90 days after any loss covered by the Policy occurs. If notice cannot be given within that time, it must be given as soon as reasonably possible. This notice should identify the Covered Person and the Policy Number. **Claim Forms:** Upon receiving written notice of claim, We will send claim forms to the claimant within 15 days. If We do not furnish such claim forms, the claimant will satisfy the requirements of written proof of loss by sending the written (or authorized electronic or telephonic) proof as shown below. The proof must describe the occurrence, extent and nature of the loss and give authorization to release medical records. **Proof Of Loss:** Written (or authorized electronic or telephonic) proof of loss must be sent to the agent authorized to receive it. Written (or authorized electronic or telephonic) proof must be given within 90 days after the date of loss. If it cannot be provided within that time, it should be sent as soon as reasonably possible. In no event, except in the absence of legal capacity, will proof of loss be accepted if it is sent later than one year from the time proof is otherwise required. **Claimant Cooperation Provision:** Failure of a claimant to cooperate with Us in the administration of a claim may result in the delay or termination of a claim. Such cooperation includes, but is not limited to, providing any information or documents needed to determine whether benefits are payable or the actual benefit amount due. **Time Payment Of Claims:** Benefits for loss covered by the Policy, other than benefits that require periodic payment, will be paid not more than 60 days after We receive proper written proof of such loss. Benefits for loss covered by the Policy that require periodic payment shall be paid monthly provided that We receive proper written proof of such loss. **Payment Of Claims:** If the Covered Person dies, any death benefits or other benefits unpaid at the time of the Covered Person's death will be paid to the beneficiary. If no beneficiary is on record with Us or Our authorized agent, payment will be made to the first surviving class of the following to the Covered Person's: 1. spouse; 2. children, in equal shares (If a child is a minor, benefits will be paid to the legal guardian); 3. mother or father; 4. estate. All other benefits due and not assigned will be paid to the Covered Person, if living. Otherwise, the benefits may, at our option, be paid: 1. according to the beneficiary designation; or 2. to the Covered Person's estate. If a benefit due is payable to: 1. the Covered Person's estate; or 2. the Covered Person or a beneficiary who is either a minor or is not competent to give a valid release for the payment, We may pay any amount due to some other person. The other person will be one who we believe is entitled to the payment and who is related to the Covered Person or the beneficiary by blood or marriage. We will be relieved of further responsibility to the extent of any payment made in good faith. We may pay benefits directly to any Hospital or person rendering covered services, unless the Covered Person requests otherwise in writing. The Covered Person must make the request no later than the time he or she files a written proof of loss. Once a claim has been reviewed, additional documentation may be required for processing. This request will be made in writing to the address on file. Please make sure your address is current in our database.

After a claim has been processed you and the provider will receive an explanation of benefits (EOB). This explanation has a claim number, date of service, paid date, amount paid, amount applied to your deductible and an explanation as to why/how the claim was processed. The EOB will also state if you owe the provider anything for the service. If there is a reimbursement to you, a check will be attached. If you get a bill from a provider and do not get an EOB from us within 60 days please contact us at the number above for claim status. If a claim is denied you will receive a written explanation on the EOB. If you feel the decision is wrong, you have the right to appeal the decision which must be done in writing within 6 months of receiving the EOB. You can get an appeal form by calling the claim office.

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

Insured is the beneficiary for any covered Dependent. **Assignment:** At the request of the Covered Person or his or her parent or guardian, if the Covered Person is a minor, medical benefits may be paid to the provider of service. Any payment made in good faith will end our liability to the extent of the payment. **Physical Examinations and Autopsy:** We have the right to have a Doctor of Our choice examine the Covered Person as often as is reasonably necessary. This section applies when a claim is pending or while benefits are being paid. We also have the right to request an autopsy in the case of death, unless the law forbids it. We will pay the cost of the examination or autopsy. **Legal Actions:** No lawsuit or action in equity can be brought to recover on the Policy: 1. before 60 days following the date proof of loss was given to Us; or 2. after 3 years following the date proof of loss is required. **Recovery of Overpayment or Error:** If benefits are overpaid, or paid in error, We have the right to recover the amount overpaid, or paid in error, by any or all of the following methods: 1. A request for lump sum payment of the amount overpaid, or paid in error. 2. Reduction of any proceeds payable under the Policy by the amount overpaid, or paid in error. 3. Taking any other action available to Us. Policy terms and conditions are briefly outlined in this Description of Coverage. Complete provisions pertaining to this insurance plan are contained in the Master Policy, which is on file with the Policyholder. In the event of a conflict between this Description of Coverage and the Master Policy, the Master Policy will govern. **Conformity with State Laws:** On the effective date of the Policy, any provision that is in conflict with the laws in the state where it is issued is amended to conform to the minimum requirements of such laws. **Not In Lieu of Workers' Compensation:** The Policy is not a Workers' Compensation policy. It does not provide Workers' Compensation benefits. The Policy is governed by the Laws of the Bailiwick of Guernsey, Channel Islands.

WORLDWIDE TRAVEL ASSISTANCE SERVICES



GBG Assist

Available 24 hours a day, 365 days a year

Toll free within the United States and Canada: 877-916-7920

Outside the United States and Canada, call direct or collect: Worldwide Collect: 905-669-4920

ASSIST

The following assistance services are provided:

Medical Assistance – Our multi-lingual professionals are available 24 hours a day to provide help, advice and referrals for medical emergencies. We will help you locate local physicians, dentists, or medical facilities.

Medical Consultation and Monitoring – If you are hospitalized, we will contact you and your treating physician to monitor your condition to assure you are receiving appropriate care and assess the need for further assistance. We will also contact your personal physician and family at home when necessary or requested to keep them informed of your situation.

Medical Evacuation – When medically necessary, we will arrange and pay for appropriate transportation, including an escort, if required, to a suitable hospital, treatment facility or home. Payment for Medical Evacuation is available only for covered claims and up to the amount of coverage provided in the policy. All medical transportation services must be authorized and arranged by the assistance provider.

Emergency Medical Payments – We will assist you in the advancement of funds or guarantee payments (up to the policy limits) to a hospital or other medical provider, if required, to secure your admission, treatment or discharge. Subjected to the provisions of the policy.

Prescription Assistance – We will assist you with replacing medications that are lost, stolen or spoiled during your Trip, either locally or by special courier.

Repatriation of Remains – In the event of death while on a Trip, we will arrange for the preparation and transportation required to return your remains to your home.

24 Hour Legal Assistance – If while on your Trip you encounter legal problems, we will help you find a local legal advisor. If you are required to post bail or provide immediate payment of legal fees, we will assist you in arranging a funds transfer from family or friends.

Nurse Helpline – Registered nurses are available 24-Hours a day before and during your Trip to provide general health information, clinical assessment, and health counseling to give you assistance in making appropriate healthcare decisions. While we strive to provide help and advice for problems encountered by travelers wherever or whenever they occur, situations may arise beyond our control when immediate resolution is not possible. We will make every reasonable effort to refer you to appropriate medical and legal providers, but neither the Insurer nor the assistance provider may be held responsible for the availability, quality or results of any medical treatment or your failure to obtain medical treatment.

Emergency Translation/Interpretation - by phone.

PLAN ADMINISTRATOR



TRAWICK
INTERNATIONAL

Trawick International Inc.

1956-J University Blvd. S. #264 Mobile, Alabama 36609

Payment of loss under this policy shall only be made in full compliance with all United States of America economic or trade sanction laws or regulations, including, but not limited to sanctions, laws and regulations administered and enforced by the U.S. Treasury Department's Office of Foreign Assets Control ("OFAC").

SAFE TRAVELS POLICY MODIFICATION- Athletic Sport Coverage Rider

The following modifications have been made to your coverage:

For additional Premium paid, **the following exclusion is deleted:**

5. Injury sustained while participating in a professional, semi-professional, amateur, club, intramural, interscholastic or intercollegiate sport (except as provided by the Policy).

And replaced with:

5. Injury sustained while participating in a professional, semi-professional sports and those sports not listed here:

Class 1 includes Tennis, Swimming, Cross Country, Track, Volleyball and Golf

Class 2 includes Archery, Ballet, Cheerleading

Class 3 includes Basketball, Diving, Equestrian, Fencing, Field Hockey, Lacrosse, Karate, Polo

Class 4 includes Football (no division 1), Gymnastics, Hockey, Rowing, Rugby

Class 5 includes Running with the Bulls

Any Athletic Sport not expressly covered hereunder is excluded from this policy unless the activity is non-contact and engaged in by You solely for leisure, recreation, entertainment, or fitness purposes only.



SAFE TRAVELS POLICY MODIFICATION- Enhanced Baggage Benefit

In consideration of additional premium paid, under the Description of Benefits section on the certificate attached hereto, **the following benefit is deleted:**

Basic Lost Baggage Benefit- up to \$300 maximum for the replacement costs of Necessities, up to \$75 per article, if your luggage is checked onto a Common Carrier, and is then lost, stolen or damaged beyond use. Replacement costs are calculated on the basis of the depreciated standard and its average usable period. You must file a formal claim with the transportation provider and provide Us with copies of all claim forms and proof that the transportation provider has paid you its normal reimbursement for the lost, stolen or damaged luggage.

And replaced with:

Enhanced Baggage Benefit - In case of loss, theft, or damage to personal belongings, immediately contact the hotel manager, tour guide or representative, transportation official, or local police to report occurrence and obtain a written statement. Submit claim first to party responsible (i.e.: airline, hotel, etc.). Provide a copy of the outcome of your claim, along with the written loss statements, receipts, etc. Proof of a missing bag report must be filed with the Common Carrier

Baggage Loss and/or Theft - All claims are subject to a \$50.00 deductible. Reimbursement to a maximum of \$ _____ in respect of accidental loss or theft of or damage to luggage, clothing and personal effects owned by (not hired, loaned or entrusted to) the Insured Person, subject to a maximum payment of: 1) \$500 in respect of any one article, pair or set of articles; 2) \$300 overall in respect of valuables/electronics (see definition below). The Insured Person must observe ordinary and proper care in the supervision of the insured property and in all cases of loss. Claims will be dealt with on an "indemnity basis" only – NOT "new for old". This means the market value of the article less a deduction for age, wear, tear and depreciation, or the cost of repair whichever is the lesser. If an article is damaged beyond repair a claim will be dealt with as if the article had been lost.

Baggage Delay - Reimbursement in respect of the replacement of Necessities in the event of baggage being temporarily lost in transit during the Outward Journey for longer than 12 hours, up to a maximum of \$100 per day for a maximum of 7 days \$,700 maximum. Not subject to the deductible.

In consideration of additional premium paid, under the Description of Benefits section on the certificate attached hereto, **the following are added:**

DEFINITIONS

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

"Common Carrier" means any land, sea or Air carrier conveyance operated under a license for transportation of passengers for hire.

"Homeward Journey" means Return to the country of origin as stated on the application.

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

"Necessities" means personal hygiene items and clothing.

"Outward Journey" means the furthest point from point embarkation and must be outside of the Home Country or Country of Residence.

"Valuables/electronics" means photographic equipment, tablet pc's, ipods, cell phones, CD players and personal stereo equipment, CD's, computers, computer games and associated equipment, hearing aids, telescopes and binoculars, antiques, jewelry, watches, furs, and articles made of or containing gold, silver or other precious metals or animals skins or hides. Any item of value to be evaluated on a case by case basis.

EXCLUSIONS AND LIMITATIONS

We will not pay benefits for any Baggage Loss and/or Theft that is caused by, or results from:

1. Any loss or theft, or suspected theft not reported to the Police within 24 hours of discovery and a written report obtained;
2. Any damage or loss or theft of property in transit, which has not been reported to the Common Carrier and written report obtained. In the case of an airline, a Passenger Irregularity Report will be required;
3. Loss or theft of any property left unattended in a public place;
4. Any theft from an unattended motor vehicle unless the property is in a locked/covered luggage area, and there is evidence of forced entry which has been verified by a Police Report;
5. Any loss from motor vehicles left unattended at any time between the hours of 10:00pm and 08:00am;
6. Loss, damage or theft of valuables and money packed in suitcases or other receptacles whilst travelling;
7. Loss or damage caused by decay, wear and tear, moth, vermin, atmospheric or climatic change;
8. deterioration or mechanical derangement of any kind;
9. damage to suitcases (unless rendered unusable);
10. Loss due to confiscation or detention by Customs or other authority; k) Damage to sports equipment whilst in use or losses of jewelry whilst swimming (other than wedding rings);
11. Breakage of or damage to fragile articles and any consequence thereof.

Property not covered by this Insurance:

1. Unset precious stones, contact or corneal lenses, spectacles or accessories;
2. Stamps, documents, deeds, manuscripts or securities of any kind;

3. Items of a perishable nature;
4. Business goods, samples, tools of trade or motor accessories;
5. Property more specifically insured elsewhere;
6. Household goods and home contents;
7. Cash, travelers checks or money orders.

In the event of a claim in respect of a pair or set of articles the Insurer shall only be liable in respect of the value of that part of the pair or set which is lost, stolen or damaged;

1. Claims will not be considered unless proof of ownership and evidence of value is provided.
2. Any amount paid for temporary loss of baggage will be deducted from the final claim settlement if baggage proves to be permanently lost.
3. Proof of a missing bag report must be filed with the Common Carrier.
4. Any amount paid by a Common Carrier in settlement toward the loss will be deducted from the final claim.

We will not pay benefits for any Baggage Delay loss that is caused by, or results from:

1. Any items purchased after the return of the baggage will not be covered;
2. Any claim must be accompanied by proper receipts with date and time affixed;
3. Benefit does not apply to the return or Homeward Journey.

Excess Insurance Provision - The insurance provided under both Baggage Loss and Theft and Baggage Delay are in excess of all other coverages, refunds and/or reimbursements.

Refund of Premium –If you are not satisfied for any reason, you may return your certificate within 10 days after plan payment will be refunded, provided there has been no incurred covered expense and you have not left on your Covered Trip. If there is a claim in process or has been previously paid then policy will be deemed as 100% non-refundable . When so returned, the certificate is void from the beginning. Return the certificate to the Plan Administrator. If You do this, we will refund Your premium paid provided You have not filed a claim under the policy. After this 10-day period, the payment for this Additional Benefit plan is nonrefundable.



GBG INSURANCE LIMITED

*Insurance Without Borders*SM



SAFE TRAVELS POLICY MODIFICATION Home Country/Follow Me Home Coverage

In consideration of additional premium paid, under the Exclusions section **the following is deleted** in its entirety: 35. expenses incurred in your Home Country;

And replaced with the following:

35. expenses incurred in your Home Country except as provided under the Medical Expense Benefits;

The following is added under the Medical Expense Benefits:

Home Country Coverage - This benefit covers you for Injury or Sickness that occur during an Incidental Trip to your Home Country. Maximum benefit is reduced to \$50,000 for any illness or injury occurring while on an incidental trip to your Home Country. The chosen deductible applies and Coinsurance: 80% of the first \$5,000 of Covered Expenses, then 100% to the \$50,000 maximum.

Follow Me Home Coverage -This plan shall pay for Covered Expenses incurred in your Home Country up to \$5,000 for conditions first diagnosed outside Your Home Country. This Benefit does not apply when an Emergency Evacuation has occurred. The chosen deductible applies and Coinsurance: 80% of the first \$5,000 of Covered Expenses, then 100% to the \$5,000 maximum

This benefit is limited to 60 days per 12 months of purchased coverage or pro rata thereof. (Example: 5 days per month of purchased coverage).

SAFE TRAVELS POLICY MODIFICATION – Extreme Sports/Hazardous Activity

In consideration of additional premium paid, under the Exclusions section the certificate attached hereto, **the following are deleted:**

11. specific named hazards: Abseiling, Aviation (except when traveling as a passenger in a commercial aircraft), BASE Jumping, Bobsleigh, BMX, Bungee Jumping, Canopying, Canyoning, Caving, Extreme sports, High Diving, Hang Gliding, Heli-skiing, Hot Air Ballooning, Inline Skating, Jet Skiing, Kayaking, Luge, Motocross, Motorcycling, Moto-X, Mountaineering, Mountain biking, Mountain Climbing, Paragliding, Parasailing, Parascending, Piloting any Aircraft, Racing of any kind, Rock Climbing, Rodeo Activities, Rappelling, Scuba Diving, Ski Jumping, Skydiving Snow Skiing, Snowboarding, Snowmobiling, Spelunking, Surfing, Trekking, Water Skiing, Wind Surfing, White Water Rafting, Zip Lining, Zorbing.

18. specific named hazards: Abseiling, Aviation (except when traveling as a passenger in a commercial aircraft), BASE Jumping, Bobsleigh, BMX, Bungee Jumping, Canopying, Canyoning, Caving, Extreme sports, High Diving, Hang Gliding, Heli-skiing, Hot Air Ballooning, Inline Skating, Jet Skiing, Kayaking, Luge, Motocross, Motorcycling, Moto-X, Mountaineering, Mountain biking, Mountain Climbing, Paragliding, Parasailing, Parascending, Piloting any Aircraft, Racing of any kind, Rock Climbing, Rodeo Activities, Rappelling, Scuba Diving, , Ski Jumping, Skydiving Snow Skiing, Snowboarding, Snowmobiling, Spelunking, Surfing, Trekking, Water Skiing, Wind Surfing, White Water Rafting, Zip Lining, Zorbing.

And replaced with:

11. specific named hazards: Abseiling, BASE Jumping, Extreme sports, Luge, Motocross, Moto-X, Mountaineering, Mountain Climbing (exceeding 3500 meters or Class V difficulty on the Yosemite Decimal System), Piloting any Aircraft, Racing of any kind, Rock Climbing, Rodeo Activities, Rappelling, Ski Jumping, Sky-diving, and Whitewater Rafting (exceeding Class V).

18. specific named hazards: Abseiling, BASE Jumping, Extreme sports, Luge, Motocross, Moto-X, Mountaineering, Mountain Climbing (exceeding 3500 meters or Class V difficulty on the Yosemite Decimal System), Piloting any Aircraft, Racing of any kind, Rock Climbing, Rodeo Activities, Rappelling, Ski Jumping, Sky-diving, and Whitewater Rafting (exceeding Class V).