Global TravelCare 360

TABLE OF CONTENTS

SCHEDULE OF BENEFITS **4**
GENERAL TERMS OF COVER **5**
DESCRIPTION OF BENEFITS **6**
Emergency Assistance / Member Services 6
Cancellation and Curtailment 7
Emergency Medical Evacuation 8
Accompaniment 8
Continuation 8
Repatriation for Medical Treatment 8
Compassionate Repatriation 8
Emergency and Accidental Medical Treatment 8
Sports Coverage 9
Repatriation of Mortal Remains 11
ATMSafe 11
Baggage Delay 11
Accidental Death, Dismemberment and Permanent Total Disability 11
Additional Hospital Benefit 12
Money and Documents 12
Loss of Passport 12
Travel Delay 12
Missed Departure: (flight, bus, train, sea vessel) 13
Emergency evacuation for non-medical reasons, including war, civil unrest, Natural Disasters, or other causes 13
GENERAL EXCLUSIONS **13**
CLAIMS PROCEDURES **15**
ACCESSING AND ADMINISTERING YOUR BENEFITS VIA NETWORK PROVIDERS **17**
REFUND PROCEDURE AND POLICY **17**
CANCELLATION **17**
DEFINITIONS **17**
SUBSCRIPTION AGREEMENT **21**

SCHEDULE OF BENEFITS

All Coverages and Plan Costs listed in this **Schedule of Benefits** are in U.S. Dollar amounts per person and per **Trip**. Plan benefits are paid at UCR –Usual, Customary and Reasonable.

PRIMARY PLAN	
CANCELLATION AND CURTAILMENT	
Cancellation and Curtailment	Up to USD 25,000 per Trip; subject to USD 100 deductible per **Event**
EMERGENCY MEDICAL EVACUATION	USD 250,000 per Trip
Air Ambulance	100% **UCR** per Trip
Accompaniment	USD 300 per day up to USD 3,000 per Trip
Continuation	USD 5,000 per Trip
Repatriation for Medical Treatment	100% **UCR** per Trip
Compassionate Repatriation (Family Return)	USD 6,000 per Trip
EMERGENCY AND ACCIDENTAL MEDICAL TREATMENT	USD 25,000 per Trip
Emergency and Accidental Medical Treatment coverage reduces to **Accidental** Injuries only upon attainment of age 72 up to age 80	100% **UCR** per Trip
Acute/emergency **Sickness** and **Injury**	100% **UCR** per Trip
Treatment by authorized physicians, nurses and specialists	100% **UCR** per Trip
Hospitalization (semi-private rooms)	100% **UCR** per Trip
Surgery, anesthesiologist	100% **UCR** per Trip
Prescribed medicines, dressings	100% **UCR** per Trip
Local transport to and from the place of treatment	100% **UCR** per Trip
Treatment by physiotherapists and chiropractors	USD 2,500 per Trip
Medically Necessary required durable medical equipment	100% **UCR** per Trip
Emergency dental treatment for immediate relief of pain	USD 500 per Trip
Non-**Hazardous Sports** Coverage	100% **UCR** per Trip
Limited motorcycle and sports vehicle coverage for injuries only	USD 10,000 per Trip
OTHER BENEFITS	
Repatriation of Mortal Remains	USD 25,000 **UCR** per Trip
ATMSafe	USD 500 per Trip
Baggage Delay	USD 100 per day up to USD 700 per Trip
Accidental Death & Disability (Common Carrier) / Permanent Total Disability	USD 100,000 per Trip
Additional **Hospital** Benefit (per day / total benefit)	USD 75 per day up to USD 600 per Trip
Money and Documents (tickets, cash, banknotes)	USD 500 per Trip
Loss of Passport	USD 250 per Trip
Travel Delay after the first 24-hours	USD 100 per day up to USD 1,000 per Trip
Missed Departure	USD 1,000 per Trip
Emergency evacuations for Non-Medical reasons, including War, Civil Unrest, or **Natural Disasters**	USD 1,500 per Trip

GENERAL TERMS OF COVER

1. The Policyholder is the International Benefit Trust.
2. **Insurer**, the Second party, GBG Insurance Limited, hereinafter shall be referred to, sometimes collectively, as "We" "Us", or "Company".
3. The declarations of the **Plan Participant** and eligible **Dependents** in the application serve as the basis for the plan. If any information is incorrect or incomplete, or if any information has been omitted, the plan may be rescinded, cancelled or modified. Any references to the **Plan Participant** and his Dependents that are expressed in the masculine gender shall be interpreted as including the feminine gender whenever appropriate.
4. This plan, Face Page, **Schedule of Benefits**, the **Plan Participant** application, and any amendments or endorsements (if any) comprise the entire Contract between the parties.
5. No change may be made to this Certificate unless it is approved by an Officer of the **Insurer**. A change will be valid only if made by a plan Endorsement signed by an Officer of the **Insurer**, or an amendment of the Certificate in its entirety issued by the **Insurer**. No agent or other person may change this Certificate or waiver any of its provisions.

   Administrative Agent

   Global Benefits Group

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   Foothill Ranch, CA 92610 USA
6. This Policy is eligible for coverage outside of the **Plan Participant's Country of Residence** and must be purchased prior to departure.
7. Client must notify the **Insurer** within 30 days of a change of address or domicile. Please note a change of address will affect **YOUR** eligibility under this policy. Example: Any **Plan Participant** who moves to a new country will no longer be covered in the new country of declared residence.
8. **Trips** to USA only: There are limitations of coverage in the USA. This insurance is not subject to and does not provide certain benefits required by the United States Patient Protection and Affordable Care Act (PPACA).
9. The Primary Cover is mandatory and needs to be purchased before the supplemental packages can be added.
10. Cancellation and Curtailment:
    a. Coverage must be purchased at least 48 hours prior to the start date of **Your trip** for eligibility of this benefit.
    b. Cancellation coverage is not available for US citizens and residents living in the United States.
11. **Family Members** travelling together must purchase the same coverage levels and benefits in order to be eligible for coverage.
12. Children/**Dependent** Coverage:
    a. Infants aged 14 days up to age 2 are included in the coverage of a **Plan Participant**/guardian for no additional premium.
    b. Children's rates apply to **Dependent** children from ages 2-16 as long as they are travelling with their parent/legal guardian.
    c. Parents/legal guardians can purchase policies for unaccompanied travel for their children from age 5 onward at the applicable age banded rate.
    d. Parents/legal guardians shall inform the **Insurer** the full name and date of birth of the children/dependent in order to be eligible for coverage.
13. Maximum Age: A Policy can be purchased before the **Plan Participant** attains age 80. This Policy will not be renewable at the anniversary date immediately following the **Plan Participant's** 80th birthday.
14. Benefit Reduction Schedule: The **Emergency and Accidental Medical Treatment** coverage reduces to

Accidental Injuries only up to a maximum of USD 50,000 per **Person** and per **Policy Period** upon attainment of age 72 up to age 80. The reduction in benefit occurs at the start of the **Policy Period** following attainment of the specified age.

15. This Policy contains specific exclusions for **Pre-Existing Conditions** and limitations of coverage. Please check Description of Coverage and Policy Wording to fully determine benefits covered by **Your** Policy. By accepting this coverage **You** are agreeing to the terms and conditions contained herein.
16. **Trip** Maximum Issuance: Maximum duration not to exceed 90 days and may not be combined with any other Policy to exceed this limit.
17. Extensions: Travel can be extended as long as the extension is processed prior to the expiration of **Your** insurance policy. No extensions beyond a cumulative 90-day period.
18. Excess Insurance Provision: This is travel insurance and not health insurance. The benefits provided under both Medical and Evacuation shall be in excess of all other valid and collectable insurance or indemnity. It shall apply only when such other benefits are exhausted. In the event the **Plan Participant** has no other insurance this coverage becomes primary.
19. The **Insurer** shall have the full right of subrogation for any claims submitted.
20. All claims must be submitted within 90 days from date of incident or they will be denied.
21. The **Plan Participant** must exercise reasonable care to prevent **Accident**, **Injury**, loss or damage.
22. There will be no coverage for any **accident** / **injury** that occurs while the **Plan Participant** was breaking the jurisdictional law where the **accident**/**injury** took place, regardless if the **Plan Participant** was considered at fault or not.
23. If the **Plan Participant** or any person acting on his/her behalf shall make any claim or statement knowing the same to be false or fraudulent as regards amount or otherwise, then this Insurance shall become void and all claims hereunder shall be forfeited without refund of premium.
24. The **Insurer** may at their own expense take proceedings in the name of the **Plan Participant** to recover compensation or secure an indemnity from any third party in respect of any loss, damage or expense covered by this Insurance and any amounts, recovered or secured shall belong to the **Insurer**.
25. The **Insurer** shall not be deemed to provide cover and the **Insurer** shall not be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose the **Insurer** to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, United Kingdom, United States of America or Latin America.
26. Unless specified this insurance does not cover anything caused directly or indirectly through bankruptcy / liquidation of any tour operator, travel agent, and transportation company or accommodation supplier.
27. All claims arising under this insurance shall be governed by the Laws of the Bailiwick of Guernsey, Channel Islands, whose courts alone shall have jurisdiction in any dispute arising hereunder.

DESCRIPTION OF BENEFITS

Benefits are applicable when the **Plan Participant** is traveling for leisure and business outside his or her **Country of Residence**; coverage also is in effect when traveling to and from the **Plan Participant's Country of Residence** as part of an international **Trip**.

Emergency Assistance / Member Services: GBG Assist—24 hours a day, 7 days per week

- For **Medical Emergencies** and assistance with **Your** medical care, contact GBG Assist at U.S./Canada toll-free: +1.866.914.5333 or Worldwide collect: +1.905.669.4920.
- These services include pre-authorization of treatment, **Hospital** admission, and provider referrals.

Cancellation and Curtailment: All claims are limited to the maximum stated in the **Schedule of Benefits** regardless of the amount of **Trips** taken during the period of insurance. The **Insurer** will provide cover for each **Plan Participant** for loss of travel and accommodation for any unused expenses paid or contracted to be paid as a result of the journey/holiday being necessarily and unavoidably cancelled. The reasons accepted for cancellation or curtailment are listed below. The **Insurer** shall only provide cover for cancellations commencing and occurring during the period of Insurance provided such expenses are not recoverable from any other source. Future travel credits issued by providers for future use are considered compensation and are not reimbursable under this Policy except for reimbursement of fees at the time of rebooking from original cancellation.

Sickness, serious Injury or death of:

1. The **Plan Participant** or person with whom he/she is travelling or had arranged to travel;
2. The spouse, domestic partner, parent, parent-in-law, child, grandchild, brother, sister, or fiancé such person being resident in the **Country of Residence**, of the **Plan Participant**, or of the person with whom the **Plan Participant** is travelling or had arranged to travel;
3. Any person with whom the **Plan Participant** had arranged to temporarily reside during the Period of Insurance. If the **Plan Participant** elects to continue with their pre-arranged travel, this Policy will pay for accommodation class change from double occupancy to single".

Other Events:

1. Financial Default of an airline, cruise line, or tour operator provided the Financial Default occurs more than 14 days following a **Plan Participant's** effective date. There is no coverage for the Financial Default of any person, organization, agency, tour operator or firm from whom the **Plan Participant** purchased travel arrangements. This coverage applies only if insurance was purchased within 15 calendar days of Initial **Trip** Payment;
2. **Strike or Industrial Action** resulting in complete cessation of travel services at the point of departure or Destination;
3. **You** or **Your Traveling Companion's** principal place of residence or destination being rendered uninhabitable by fire, flood, burglary or other **Natural Disaster** within 10 days of departure; The **Insurer** will only pay benefits for losses occurring within 30 calendar days after a named storm makes the **Plan Participant's** destination uninhabitable. "UNINHABITABLE" is defined as the dwelling is not suitable for human occupancy in accordance with local public safety guidelines.
4. The **Plan Participant** being subpoenaed, required to serve on a jury, hijacked, or quarantined;
5. The **Plan Participant** is called to active military service or military leave is revoked or reassigned;
6. Terrorist Incident in a City listed on the **Plan Participant's** itinerary within 30 days of the **Plan Participant's** schedule of arrival;
7. The **Plan Participant** or **Traveling Companion** is involuntarily terminated or laid off through no fault of his or her own, provided that he or she has been an active employee for the same employer for at least two years. Termination must occur following the effective date of coverage. This provision is not applicable to temporary employment, independent contractor or self-employed persons.

Conditions:

1. **Injury** or **Sickness** of a **Plan Participant**, **Traveling Companion** or **Family Member** traveling with the **Plan Participant** must be so disabling as to reasonably cause a **Trip** to be cancelled or interrupted, or which results in medically imposed restrictions as certified by a Physician at the time of Loss preventing **Your** continued participation in the **Trip**.
2. If the **Plan Participant** must cancel or interrupt his/her **Trip** due to **Injury** or **Sickness** of a **Family Member** not traveling with the **Plan Participant**, it must be because their condition is life-threatening, as certified by a Physician, or they are the sole caretaker.
3. In the event of a failure by the **Plan Participant** to notify the Travel Agent, Tour Operator or provider of transport/accommodation immediately it is found necessary to cancel the journey/holiday, the **Insurer's** liability shall be restricted to the cancellation charges that would have applied at that time.

Exclusions: **The Insurer shall not be liable for:**

1. **Claims where at the time of taking out this insurance and/or prior to booking each separate Trip:**
   a. A **Plan Participant** is aware of any medical condition or set of circumstances, which could reasonably be expected to give rise to a claim;
   b. Any person, including those who are not travelling, has an existing condition which may give rise to a

claim;

c. A **Plan Participant** is suffering or has suffered from any previously diagnosed psychiatric disorder, anxiety or depression;
d. A **Plan Participant** is receiving, is on a waiting list, or has the knowledge of the need for inpatient treatment at a **Hospital** or nursing home;
e. A **Plan Participant** is expected to give birth before or within eight weeks of the date of arrival home;
f. A **Plan Participant** is travelling against the advice of a Medical Practitioner or for the purpose of obtaining medical treatment abroad;
g. A **Plan Participant** has been given a terminal prognosis;
h. A **Natural Disaster** occurs before the effective date of the **Plan Participant's Trip** Cancellation coverage.

2. **Claims involving:**
   a. Suicide or attempted suicide, intentional **Self-Injury**, the effect of intoxicating liquors or drugs;
   b. Motorcycling, of any kind, as either driver or passenger;
   c. Any circumstance manifesting itself before the date of issue of this Policy, if Annual Multi-**Trip** chosen, before each **Trip** abroad;
   d. Disinclination to travel.

Claims:

1. **Plan Participant** must declare total **Trip** cost at time of claim and provide proof of purchase.
2. Cost of **Trip** may include airfare, accommodations and any other pre-paid or booked expense related to the journey.
3. The vendor policies relating to the Cancellation may be required at time of claim to ascertain if there are any travel credits or compensation offered by the vendor. These will be deducted from the final settlement hereunder.

Emergency Medical Evacuation: The plan covers **UCR (usual, customary and reasonable)** charges for emergency evacuation when appropriate medical treatment is not available locally and deemed medically necessary and is pre-approved by GBG Assist, their medical advisors and the attending Physician, to a suitable location that will render immediate and appropriate care which may or may not be the **Country of Residence**. If the **Plan Participant** does not obtain pre-approval from GBG Assist, the **Insurer** reserves the right to deny coverage.

Accompaniment: The insurance allows for the travel and accommodation expenses of one person (i.e., a relative or friend) who is a resident of **Plan Participant's Country of Residence**, whom, upon medical advice is advised to join, accompany, remain with or escort the **Plan Participant**.

Continuation: Upon pre-approval of GBG Assist and if medically able, Insurer will provide coverage to the point of initial destination by the most economical means, to continue with the originally booked itinerary.

Repatriation for Medical Treatment: The **Insurer** reserves the right to review and repatriate any **Plan Participant** who is medically stable and upon advice of the Attending Medical **Doctors**, can be evacuated, at the **Insurer's** discretion, to the **Country of Residence.** The **Insurer** shall not be liable for any form of treatment or surgery which in the same medical opinion can be delayed until the **Plan Participant** returns to their **Country of Residence.** If the **Plan Participant** refuses to accept repatriation once medically stable, the **Insurer** reserves the right to deny further medical coverage and benefits.

Compassionate Repatriation: The **Insurer** will repatriate the **Plan Participant** to their **Country of Residence** in the event there is a **Sickness**, serious **Injury** or death of a spouse, domestic partner, parent, parent-in-law, child, grandchild, brother, sister, or fiancé. The **Family Member** must have the same country of residence as the **Plan Participant**. Transportation costs will be by the most economical means and determined by the **Insurer.** All Repatriation benefits must be coordinated and pre-approved by GBG Assist or claims will not be paid or authorized

Emergency and Accidental Medical Treatment: We will protect a **Plan Participant** from acute, sudden and unforeseen Medical and **Accidental** Emergencies **(see Definitions for applicability).** This Policy will not provide

care for general medical conditions or **Pre-Existing Conditions** and is subject to the limits specified in the **Schedule of Benefits**.

- Per the limits specified in the **Schedule of Benefits**: This may include **UCR** expenses incurred by the **Plan Participant** in case of acute/emergency **Sickness** and **Injury**. This Policy covers required treatment by authorized physicians, nurses and specialists, hospitalization (semi-private rooms) including surgery, anesthesiologist, prescribed medicines, dressings and local transport to and from the place of treatment and shall be compensated at 100% of the expenses minus any applicable copayment/deductibles specified by **Your** plan.
- **Pre-Existing Conditions which are** not covered means existing and known diseases, illness, chronic or a recurrent medical condition including care for previous **accident**s that have shown symptoms and/or for which the **Plan Participant** has been hospitalized, treated by a physician or has received any medical treatment within 6 months (12 months for cardiac conditions) prior to the commencement date of the insurance. Any treatment prior to each departure from the **Country of Residence** will be considered a **Pre-Existing Condition.** See General Exclusions section of this Policy.
- Childbirth whether normal or complicated as result of an **Accident** or as result of acute, sudden and unforeseen Medical Emergencies not considered pre-existing. This includes including the transfer of a pregnant woman to **Hospital** when the **Plan Participant** is less than 26 weeks pregnant if natural pregnancy, and less than 16 weeks pregnant in case of fertility treatment or in the case of multiple births.
- Treatment by physiotherapists and chiropractors prescribed by an authorized physician shall be compensated as specified in the **Schedule of Benefits.**
- Dental treatment is limited to emergency dental treatment for the immediate relief of pain.
- Outpatient services are covered per the **Schedule of Benefits** and may be utilized via Urgent Care Centers and only via licensed medical **Doctors**. Use of Emergency room for outpatient services may be subject to copayments as outlined in the **Schedule of Benefits**. For **Plan Participants** traveling in North America please contact GBG Assist for the location of networked preferred providers.
- If the **Plan Participant** is unable to continue their **trip** due to a sudden and acute **Sickness** or **Injury** covered by the policy, and such **Sickness** or **Injury** occurs prior to expiration of the policy but continues beyond the policy expiration date, then upon approval by the Insurer, Coverage will continue until such time that the Insurer's medical advisers, whose opinion shall prevail, declare the **Plan Participant** is fit to travel. Notwithstanding the foregoing, extended Coverage shall not exceed 60 days.

Sports Coverage: This Policy includes sports activities as specified in the LEISURE chart below and is subject to the limits specified in the **Schedule of Benefits**. All other terms and conditions of **Emergency and Accidental Medical Treatment** are applicable as contained herein.

Covered Leisure Sports

Athletics/calisthenics/basic gym work	Golf	Safari (organized - no guns)
Badminton	Handball	Sailboarding (Leisure - No racing)
Ballooning (Not as pilot, tour, passenger only)	Horse riding (no Polo, Hunting, Jumping)	Sailing (**Territorial Waters** only)
Baseball	Jogging	Sand Yachting
Basketball	Marathon Running (non-paid, amateur)	Scuba **Diving** (max depth 25 meters)
Blade Skating	Netball	Snorkeling
Bowls	Orienteering	Squash
Camel/Elephant Riding / Trekking	Paddle boarding	Tennis
Canoeing/Kayaking (inland/coastal/flat water)	Paintballing	Trekking/Hiking (under 3,500 meters altitude)
Catamaran Sailing (only in **Territorial Waters**)	Pickle Ball	Volleyball
Craigcat riding (only in **Territorial Waters**	Pony Trekking (no jumping, racing, dressage)	Water Polo
Cricket	Racket Ball	White/Black Water Rafting (Grade 1 to 3)
Cross country running	Rambling	Yachting (**Territorial Waters**)

Curling
Cycling (other than BMX and mountain biking)
Dinghy/ Small craft sailing (Territorial water only)
Fishing (Fresh water and deep sea)
Flying as a passenger (private/small aircraft)
Rock Scrambling Class 1 only
Roller Blading (Line Skating / Skate boarding)
Rounder's
Rowing (inland/coastal)
Running, Sprint / Long Distance
Zip Lining

The following Activities are NOT covered:

1. The hazardous sports activities specified in the chart below.
2. Engaging in professional, semi-professional or competitive sporting events of any kind.
3. Group, club, interscholastic, intercollegiate, organized team play (exception: informal sports play among friends and relatives in a team game).
4. Use of any type of firearms (any device that discharges a projectile of any type.
5. Any activity relating to flying either as a Pilot in Command, student pilot, sport flying or the business or trade of flying except while travelling as a passenger in a fully-licensed passenger carrying aircraft.
6. **Diving** in Cyprus and or any decompression care in Cyprus whether the injury occurred in the territory or not.
7. Any Activity in which the **Plan Participant** is acting irresponsibly or while performing stunts of any kind including but not limited to jumping, railing with bikes, scooters, skateboards, aerial acrobatics, flips, half-piping etc.
8. Any injuries associated with any sport while under the influence of drugs or alcohol.

Non-Covered Hazardous Sports

Abseiling
American Football
Animal Conservation/Game Reserve work
Archery
Base Jumping
Bobsleigh/luge/Skelton/Tobogganing
BMX cycling (noncompetitive)
Boxing
Bungee Jump
Canoeing/Kayaking (white water max class 3)
Canyoning
Caving / Cave Diving
Clay pigeon shooting
Cross channel swimming
Dry/desert/dune skiing
Fell / terrain/ mountain running
Fencing
Field Hockey
Football Soccer
Free Diving/No Limits Diving
Flying as a pilot
Gaelic Football (non-competitive)
Gliding
Go Karting (recreational use less than 120cc, 10K limit)
Gymnastics (competition)
Hang Gliding
Heli-skiing
Heptathlon
High Diving
Hockey (ice and street)
Horse Jumping and Dressage
Horse Racing
Hunting-on-horseback
Hunting / Shooting
Hurling
Jet Boating (non-extreme)
Jet Boating (White water/extreme sport)
Jet Skiing
Judo / Karate (Martial Arts)
Kite-skiing
Kite surfing/Land boarding/Buggying
Lacrosse
Luge/tobogganing
Martial Arts (Competition or Training)
Micro lighting
Moped/Scooter Rentals
Motor Racing (all types)
Motorcycling (any)
Mountain Biking
Mountain Boarding
Mountaineering
Orienteering (not involving climbing)
Parachuting
Parasailing
Parascending (over water or over land)
Parkour/Parkour
Point-to-point
Polo
Potholing
Professional Sports of any kind
Quad Biking /All-Terrain Vehicles
Rock Climbing
Rock Scrambling Class 2 or 3
Rifle Range shooting
Roller Hockey/Street Hockey
Rugby
Sailboarding (racing/high speed/extreme)
Sand boarding
Scuba **Diving** (26 and above)
Shark feeding/Cage Diving
Sky Diving
Snow Boarding
Snow mobile
Steeple chasing
Street Hockey
Surfing
Team sports played in competitive contests
Tombstoning/cliff diving/quarry diving
Trekking/Hiking (over 3,500 meters altitude)
Triathlon
Wake boarding
War Games (non-armed forces)
Water Skiing
Wave runner
Wave Surfing
Weight-lifting (max lift 150 lbs./70kgs)
White/Black Water Rafting (Grade 4 to 6)
Wrestling
Yachting (crewing) - outside **Territorial Waters**
Yachting (racing)
Zorbing/Hydrozorbing

Repatriation of Mortal Remains: Reimbursement for either repatriation of mortal remains or local burial is included in this Policy. This benefit excludes fees for return of personal effects, religious or secular memorial services, clergymen, flowers, music, announcements, guest expenses and similar personal burial preferences. All Repatriation benefits must be coordinated and pre-approved by GBG Assist or claims will not be paid or authorized.

ATMSafe: This is an exclusive program that provides the **Plan Participant** with protection against theft when withdrawing cash from an ATM/Bank Machine anywhere in the world. In the event of loss, the **Plan Participant** will be reimbursed up to the daily withdrawal limit specified in the **Schedule of Benefits**. All claims require a police report to be filed.

Baggage Delay: Reimbursement per the benefits specified in the **Schedule of Benefits** in respect of the replacement of **Necessities** in the event of baggage being temporarily lost in transit during the outward journey from the **Country of Residence** for longer than 12 hours. Benefit does not apply to the return or homeward journey. The following conditions must be met prior to filing a claim:

1. Proof of a **Missing Bag Report** must be filed with the **Common Carrier**.
2. Any items purchased after the return of the baggage will not be covered
3. Any claim must be accompanied by proper receipts with date and time affixed.

Accidental Death, Dismemberment and Permanent Total Disability: The Policy will pay according to the following scale if a **Plan Participant** sustains **Accidental** bodily **Injury** which, solely and independently of any other cause results in Death or Disability within 12 calendar months from the date of the **Accident**. This benefit is paid only when the Death or Disability is directly related to an incident which occurred while traveling on a **Common Carrier**.

- Children under 16 years of age the death benefit is limited to USD 5,000.
- Age grouping 65 to 80 is excluded from all disability coverage under this Policy. Coverage for **Accidental** Death is confined to **Common Carrier** and is limited to the amount specified in the schedule.

Loss Description	Percentage of Principal Sum
Loss of Life	100%
Loss of Speech and Loss of Hearing	100%
Loss of Speech and one Loss of Hand, Loss of Foot or Loss of Sight of One Eye	100%
Loss of Hearing and one Loss of Hand, Loss of Foot or Loss of Sight of One Eye	100%
Loss of Hands (both), Loss of Feet (both), Loss of Sight or a combination of any two of Loss of Hand, Loss of Foot or Loss of Sight of One Eye	100%
Quadriplegia	100%
Paraplegia	75%
Hemiplegia	50%
Loss of Hand, Loss of Foot or Loss of Sight of One Eye (any one of each)	50%
Uniplegia	25%
Loss of Thumb and Index Finger of the same hand	25%

Conditions:

1. In the event of a claim, a medical adviser or advisers appointed by the **Insurer** shall be allowed as often as the **Insurer** shall deem it necessary to examine the **Plan Participant**;
2. Payment of the Permanent Total Disability benefit shall be made only on certification by a medical board that the **Plan Participant** has been totally disabled from engaging in any gainful occupation for 12 consecutive months and at the end of that time is beyond the ability to make future improvement in order to return to work.
3. **Beneficiary and Death Notification:** If an **Plan Participant** dies due to a covered **Event**, the surviving

beneficiary, immediate parent or legal guardian must provide:

- Verification of eligibility and legal status of the beneficiary;
- Copy of the death certificate;
- Proof of travel.

4. **Disappearance:** If an **Plan Participant** has not been found within one (1) year of the disappearance, stranding, sinking or wrecking of any conveyance in which the **Plan Participant** was an occupant at the time of the **Accident**, then it will be assumed, subject to all other terms and conditions of the Policy, that an **Plan Participant** has suffered a loss of life under the Policy.
5. **Exposure:** If as the result of an **Accident** a **Plan Participant** is unavoidably exposed to extreme weather conditions and as a result of the exposure there is a loss, then such loss will be covered under the Policy.

***Exclusions*: The Insurer shall not be liable for:**

1. Any claim not related to **Accidental** bodily **Injury**;
2. Conditions arising from motorcycling as either a driver or passenger.
3. Injuries or death associated with working in a professional capacity or while on duty unless specifically agreed by the insurer.

Additional Hospital Benefit: A cash benefit per the **Schedule of Benefits** per day for each completed 24 hours as an in-patient; payable after the first 24 hours. This benefit is used to defray incidental expenses such as taxi fares, phone calls or other miscellaneous expense while hospitalized.

Money and Documents (tickets, cash, banknotes): Reimbursement to each **Plan Participant** in respect of accidental loss or theft of cash, banknotes (carried on the **Plan Participant**), postal or money orders, travel tickets, etc. Proper documentation and police reports are required on day of **Event** or discovery of loss.

***Exclusions*: The Insurer shall not be liable for:**

1. Loss or theft not reported to the Police within 24 hours of discovery and a written report obtained;
2. Depreciation in value or shortages due to error or omission;
3. Loss or theft of unattended money except when left in hotel security, safety deposit or safe;
4. Money packed in suitcases or other like receptacles whilst travelling;
5. Money held in trust;
6. Loss or theft of traveler's checks.

Loss of Passport: To pay up to a maximum of USD 250 in respect of reasonable expenses necessarily incurred abroad in obtaining the replacement of a **Plan Participant's** lost or stolen passport. Additional expenses for missing flight and extending accommodations are not covered by this benefit.

Travel Delay: Coverage to the **Plan Participant** if the departure of the coach, aircraft, train or sea vessel in which he/she had arranged to travel on the first outward or first return leg of the journey is delayed for at least 24 hours from the time specified in the travel itinerary due to **Strike**, **Industrial Action**, bankruptcy, or mechanical breakdown. Compensation shall be documented and provided for all necessary and reasonable expenses subject to accommodations, food and local transportation minus any compensation paid by the **Common Carrier**.

An amount up to USD 100 for the first complete 24 hour period of delay in departure commencing from the original booked departure time as specified in the travel itinerary and up to USD 100 after each subsequent 24 hour period of delay up to a maximum specified in the **Schedule of Benefits**. It is a condition for cover that the travel Policy is purchased before the delay is known or announced by the **Common Carrier**.

Conditions: Coverage is limited to expenses incurred not to exceed the specified daily limit and must be accompanied by receipts and documentation validating the Travel Delay.

1. For multiple **Plan Participants** travelling together claims may be combined to cover the full out of pocket

cost but may not be claimed separately and at no time will compensation exceed the specified daily limit;

2. **Plan Participants** travelling together may not claim additional hotel expenses unless they are staying in separate accommodations and in no case shall exceed the specified daily limits.

Exclusions: **The Insurer shall not be liable for claims:**

1. If **You** are departing from **Your** point of origin and **You** live within 100 miles of **Your** address of record this benefit will not apply for delays at the initial point of departure;
2. Arising from **Strike** or **Industrial Action** existing or publicly declared at the time of affecting this Insurance.
3. Arising from technical reasons such as aircraft availability due to aircraft/sea vessel being removed from service;
4. Where an **Plan Participant** has not checked in according to the itinerary supplied and has failed to obtain written confirmation from the **Common Carrier** (or their handling agents) of the period of or reason for the delay;
5. Arising directly or indirectly from withdrawal from service (temporary or otherwise) of a coach, aircraft, train or sea vessel on the recommendation of a Port Authority or the Civil Aviation Authority or of any similar body.

Missed Departure: (flight, bus, train, sea vessel) To pay up to specified limit on the outward journey to each **Plan Participant** in respect of reasonable additional accommodation (room only) and travel expenses necessarily incurred to reach the overseas final destination as a consequence of: **Strike**, **Industrial Action**, riot, mechanical breakdown, or inclement weather, which resulted in an interruption of scheduled public transport services.

Emergency evacuation for non-medical reasons, including war, civil unrest, Natural Disasters, or other causes: Most economical payment by land, sea or air in economy class to offset the cost of obtaining or paying for an evacuation during a period of civil unrest, insurrection, **Pandemic, Epidemic**, or **Natural Disasters** that could not have been foreseen prior to departure from **Your Country of Residence** that is posted to or declared by the United States Department of State, UK Foreign Office or validated by the NOAA (National Oceanic Atmospheric Association in the cases of weather) or **Natural Disaster**. In all cases, the Insurer reserves the right to assess the validity of the claim and its decisions are final.

GENERAL EXCLUSIONS

Unless specified in the **Schedule of Benefits**, in any written endorsement, or agreed by the **Insurer** in writing, no claim can be made for compensation or payment for damage or expenses caused by or as a result of the following:

1. **Pre-Existing Conditions**: The **Insurer** shall not be liable for:
   a. Any medical expense ***in excess*** of the coverage stated in the scheduled of benefits for Pre-existing, Chronic, or Recurrent Medical Conditions that have shown symptoms and/or for which a **Plan Participant** has been hospitalized, treated by a physician or has received any medical treatment within 6 months prior to the commencement date of the insurance;
   b. Any condition that has been monitored by a **Doctor** due to possible deterioration of the **Plan Participant** or a **Diagnosis** being changed as a result of testing for a known situation;
   c. Any changes in medication, therapies or diet that are a result of a previously known condition that can affect, degrade, and/or alter an **Plan Participant's** currently stable condition and;
   d. Any treatment in which an **Plan Participant** is taking medications for known conditions whose side effects bring on or contribute to a sudden and unexpected **Sickness**, including but not limited to sudden changes in blood pressure, fatigue, fainting (syncope), loss of balance, internal bleeding and strokes;
   e. Any person with a terminal condition who either with or without medical approval chooses to travel and becomes ill as a direct consequence of that Sickness or the onset of a complication due to that Sickness;
   f. Any treatment of heart disease or cardiac conditions that have shown symptoms within the last 12 months

prior to the commencement date of the insurance whether immediately diagnosed or not.

2. Any treatment associated with oncology whether known or unknown prior to the purchase of the policy.
3. Any continued treatment, recurrence or complication of a medical condition or related condition, following emergency treatment of that condition during your **trip**, if the medical advisors of the **Insurer** determine that you were medically able to return to your home country and you chose not to return;
4. Any treatment of any heart or lung condition, following emergency treatment for a related or unrelated heart or lung condition during your **trip**, if the medical advisors of the **Insurer** determine that you were medically able to return to your home country and you chose not to return;
5. Costs related to medical examination, treatment, procedures, and surgical intervention which are not administered in a licensed healthcare institution;
6. No coverage for any **accident/injury** that happens while the **Plan Participant** was breaking the jurisdictional law where the **accident/injury** occurred, regardless if the **Plan Participant** was considered at fault or not;
7. Any medical services or procedures at a health hydro-spa or cosmetic treatment facility;
8. Costs related to medical examination, where no **Sickness** has been diagnosed or **Accident** has occurred (i.e. non specified pain);
9. Any visit to a medical provider that does not result in a covered event or **Diagnosis** code after medical review or testing;
10. Any treatment by a **Family Member**/family associate or any relation of the **Plan Participant;**
11. In respect of **Accidental** Damage to Natural Teeth, no benefit is payable for **Injury** due to normal wear and tear, tooth brushing or any other oral hygiene procedure or any means other than extra-oral impact, any form of restorative or remedial work, the use of precious metals, orthodontic treatment of any kind or dental treatment performed in a **Hospital** unless dental surgery is the only treatment available to alleviate pain;
12. Suicide or attempted suicide, or intentional Self-**Injury**;
13. Treatment of, atherosclerosis, hernia, osteochondritis, osteomyelitis, pathological fractures, peripheral artery disease congenital weakness whether or not caused by a **Covered Accident**.
14. Evacuation costs where the **Plan Participant** is not being admitted to a **Hospital** for Treatment or where costs have not been approved by the **Insurer** prior to travel commencing;
15. Any extension of a Policy that crosses over an expiry to extend medical coverage;
16. Any costs arising after expiry of the current Period of Insurance;
17. Any Policy extensions or renewals to pay for a known or existing condition (See **Pre-Existing Condition** of this Policy);
18. Extensions - For both Single and Multi-**trip** policies: Any illness, diseases, injuries, **accidents** which existed, showed symptoms or were diagnosed in the previous period(s) of Insurance during this **trip** shall not be covered in the extended period of Insurance;
19. Any expenses incurred due to a failure to obtain proper travel documents such as passports, visas, invitation letters, or any other document required for entry into a foreign country or port;
20. Any form of treatment or surgery which in the opinion of the **Doctor(s)** in attendance and GBG Assist can be delayed until **Your** return to **Your Country of Residence;**
21. Any treatment for Sexually Transmitted Diseases (STD) or HIV / AIDS related conditions or **Sickness** whether pre-existing or diagnosed during or immediately after a covered period under this insurance;
22. **Pandemic**: If there is an active pandemic/epidemic prior to departure, this policy does not cover any liability, loss, cost or expense arising out of, resulting from, caused or contributed to by a virus or bacteria that is declared to be an outbreak, **Epidemic**, or public emergency by the World Health Organization (WHO), Center for Disease Control and Prevention (CDC), or any other Government, Governmental Agency or ruling body of the country that the outbreak or **Epidemic** has occurred in;

23. Medical Expenses in excess of a limit stated in the **Schedule of Benefits;**
24. Services, supplies, or treatment that are provided by or payment is available from:
    a. Workers' Compensation law, Occupational Disease law or similar law concerning job related conditions of any country; or;
    b. Another insurance company or government; or
    c. A government entity due to an epidemic or public emergency.
25. The amount of the Policy Excess, **Deductible** or Co-Payment, as stated on the Policy;
26. Any cost resulting in a **Sickness**, **Injury** or death from the misuse of drugs or being under the influence or effect of alcohol or any other intoxicating substance (other than a legally prescribed medication by a licensed medical professional);
27. Treatment for alcohol dependency or any other intoxicating substance, narcotics, drug and substance abuse, or any addictive condition of any kind;
28. Needless self-exposure to peril except in an attempt to save human life;
29. Intentional or fraudulent acts on the **Plan Participant's** part or their consequences;
30. **Trips** specifically made for the purpose of obtaining medical treatment;
31. Cosmetic surgery or remedial surgery, removal of fat or other surplus body tissue and any consequences of such Treatment, weight loss or weight problems/eating disorders, whether or not for psychological purposes, unless required as a direct result of an **Accident** which occurs during the Period of Insurance;
32. Treatment for mental or nervous disorders, including transitional life **Events**, homesickness, fatigue, jet-lag or work related stress; the costs of psychotherapists, psychologists, family therapists or bereavement counselors.
33. Use of any type of firearm(s) defined as any device that discharges a projectile of any type);
34. Any expenses relating to *search and rescue* operations to find a **Plan Participant;**
35. Charges or fees incurred for the completion of Medical Claim Forms;
36. Expeditions, and mountaineering and or trekking above 3,500M or 11,500 feet (This is considered **Extreme Sport** and not covered), including but not limited to Mt Everest, K2, Kilimanjaro, Antarctica, the Arctic, North Pole and Greenland;
37. Radioactive, toxic, explosive or other hazardous or contaminating properties of any nuclear installation, reactor or other nuclear assembly or nuclear component thereof;
38. Travel to/from locations known to be under duress, alert, or war prior to departing for a **Trip**;
39. War Insurrection and Terrorism: The **Insurer** shall not be liable for **Sickness** or **Accident** treatments directly or indirectly caused while ACTIVELY engaging in:
    a. War, invasion acts of a foreign enemy, hostilities (Whether declared or not), civil war, acts of terrorism/terrorist, insurrection, civil disobedience, military coup or usurped power, martial law, riots or actions by an army, navy or air services (whether a declared action is present or not).
    b. Nuclear reactions or fallout of any type or kind.

CLAIMS PROCEDURES

In the event of a claim please go to the **Insurer's** website at **www.gbg.com** to access the TRAVEL CLAIM FORM. **You** may file **Your** claims electronically to the **Insurer** by following the instructions on the form.

Required Documentation for all claims:

1. A signed and fully completed claim form must be submitted with each claim.
2. All claims must be submitted with proof of travel including flight records.
3. Medical Records: **Doctors'** Notes Reports, Bills, Receipts including names and addresses.
4. Proof of loss and detailed description of loss.

5. Police Reports (if applicable).
6. Baggage Loss/Theft (if applicable) – Airline records MUST INCLUDE confirmation of claim including phone numbers and any applicable reports from the **Common Carrier.**
7. Any additional documentation requested by the **Insurer** to support **Your** claim.

Status of Claims:
If **You** wish to request the status of a claim or have a question about a reimbursement received, please submit the status request form via **Insurer's** website at www.gbg.com or e-mail customer service at eclaims360@gbg.com. Inquiries regarding the status of past claims must be received within 12 months of the date of service to be considered for review. Claim Payment Information including status and payment (EOB)'s will be available electronically for **Your** review.

Claims Appeal:

Global Benefits Group, Inc.
Attention: Appeals Committee
27422 Portola Parkway, Suite 110
Foothill Ranch, California 92610 USA

Appeals should be submitted within 60 days of receiving a **Plan Participant's** processed claim. Upon appeal, the **Plan Participant** will pay any fees associated with the request of medical records. The Appeals Committee will review the **Plan Participant's** information and provide a response within 30 business days or will request additional time, if additional information is needed.

Secondary Point of Contact:
If you should not reach a satisfactory conclusion following notification to the above, please then forward all information to:

The Managing Director
GBG Insurance Limited
Level 5, Mill Court
La Charroterie
St Peter Port
Guernsey
GY1 1EJ

Final Point of Contact:
GBG Insurance Limited is incorporated in Guernsey and is licensed in Guernsey by the Guernsey Financial Services Commission. The Company subscribes to a formal complaints procedure and if you have followed this procedure and still remain dissatisfied with the Company's response then **you** may address your concerns to the Chanel Islands Ombudsman.

Please note if you are not satisfied with our final response to **your** complaint, **you** can refer your complaint to the Channel Islands Financial Ombudsman (CIFO). **You** must contact CIFO about your complaint within six (6) months of the date of our response to your complaint or CIFO may not be able to review **your** complaint. **You** must also contact CIFO within 6 years of the event complained about or (if later) 2 years of when **you** could reasonably have been expected to become aware that **you** had a reason to complain.

You can contact CIFO at:

Channel Islands Financial Ombudsman (CIFO)

P O Box 114
Jersey, Channel Islands
JE4 9QG

Email: enquiries@ci-fo.org
Website: www.ci-fo.org
Jersey local phone: 01534 748610
Guernsey local phone: 01481 722218
International phone: +44 1534 748610

ACCESSING AND ADMINISTERING YOUR BENEFITS VIA NETWORK PROVIDERS

The **Insurer** maintains a Preferred Provider Network both within and outside the United States. Within the United States, the use of the Preferred Provider Network is recommended for maximum benefit payment. Please visit **www.gbg.com** for a complete list of providers.

REFUND PROCEDURE AND POLICY

Provided **You** have not filed a claim under the Policy, **You** may cancel this insurance policy by giving Your agency written notice within ten (10) days of the initial Purchase Date. Any Policy purchased within thirty (30) days of the Effective Date is not refundable.

CANCELLATION

The **Insurer** reserves the right to cancel any Policy as described below:

1. This Policy will be canceled automatically upon nonpayment of the Premium, although the **Insurer** may at their discretion reinstate the coverage if the Premium is subsequently paid.
2. If any Premium due from the **Plan Participant** remains unpaid, the **Insurer** may in addition defer or cancel payment of all or any claims for expenditures incurred during the period it remains unpaid.
3. While the **Insurer** shall not cancel this Policy because of eligible claims made by any **Plan Participant**, it may at any time terminate the policy if the **Plan Participant**:
4. Misled the **Insurer** by misstatement or concealment;
5. Knowingly claimed benefits for any purpose other than the ones which are provided for under this Policy;
6. Agreed to any attempt by a third party to obtain an unreasonable pecuniary advantage to the **Insurer's** detriment;
7. Failed to observe the terms and conditions of this Policy, or failed to act with utmost good faith.
8. If the **Insurer** decides to cancel this Policy, they shall give 30 days' notice.
9. When a claim has been filed, the insurance can be terminated with one month's notice by the **Plan Participant** or by the **Insurer** within 14 days after the reimbursement has been effected or rejected by the **Insurer**.

DEFINITIONS

Please note certain words used in this document have specific meanings.

1. **"Accident/Accidental"** is defined by an **Event** occurring without the **Plan Participant**'s intention which has a sudden, external and violent impact on the body, resulting in demonstrable bodily injury.
2. **"Administrative Agent"** means Global Benefits Group (GBG).
3. **"Common Carrier"** means an individual, a company, or public utility which is in the regular business of transporting people and/or freight, and for which a fare has been paid.

4. **"Country of Residence"** means a place of legal residence at time of application to this Policy.
5. **"Covered Accident"** means an **Accident** that occurs while coverage is in force for a **Plan Participant** and results in a loss or **Injury** covered by the Policy for which benefits are payable.
6. **"Covered Expenses"** means expenses actually incurred by or on behalf of a **Plan Participant** 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.
7. **"Deductible"** means the dollar amount of **Covered Expenses** that must be incurred as an out of-pocket expense by each **Plan Participant** on a per Policy Term basis before Medical Expense Benefits and/or other Additional Benefits paid on an expense incurred basis are payable under the Policy.
8. **"Dependent"** means an **Plan Participant**, **Plan Participant**'s lawful spouse or Domestic Partner; or a **Plan Participant**'s unmarried child, from the moment of birth (14 days for this Policy) to age 21, who is chiefly dependent on the **Plan Participant** for support. A child, for eligibility purposes, includes a **Plan Participant**'s natural child; adopted child, beginning with any waiting period pending finalization of the child's adoption; or a stepchild who resides with the **Plan Participant** or depends chiefly on the **Plan Participant** for financial support. A **Dependent** may also include any person related to the **Plan Participant** by blood or marriage and or appointed by the court. Insurance will continue for any **Dependent** child who reaches the age limit and continues to meet the following conditions: 1. the child is handicapped, 2. is not capable of self-support and 3. Depends chiefly on the **Plan Participant** for support and maintenance. The **Plan Participant** must send **Us** satisfactory proof that the child meets these conditions, when requested.
9. **"Diagnosis"** means the result of examination or test by a medical **Doctor** or licensed physician providing a specific international CPT or ICD9 code. Failure to obtain a covered **Diagnosis** will result in the denial of the claim.
10. **"Diving"** means leisure diving only. All participants, unless they are in a supervised resort course, must possess a valid dive certification such as but not limited to Professional Association of Diving Instructors or its equivalent. No coverage under this Policy for **Diving** to depths in excess of those stated under the Sports benefit in the Policy Terms and Conditions section.
11. **"Duress**" a country with threats, violence, constraints, or other action brought to bear on someone to do something against their will or better judgment.
12. **"Doctor"** means a licensed health care provider acting within the scope of his or her license and rendering care or treatment to a **Plan Participant** that is appropriate for the conditions and locality. It will not include a **Plan Participant** or a member of the **Plan Participant's** Immediate Family or household.
13. **"Emergency and Accidental Medical Treatment"** means medical care given to a patient for a condition caused by an **Injury** or **Sickness** that manifests itself by symptoms of sufficient severity that a prudent layperson 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. In order for a **Sickness** to be covered it must be unexpected and acute if left untreated could cause deterioration in a **Plan Participant's** condition.
14. **"Event"** means an incident, following which the **Plan Participant** requires care for acute, sudden and unforeseen Medical and **Accidental** Emergencies including the direct consequences of the incident. Maximum coverage is limited to amounts specified in the **Schedule of Benefits**. Multiple **Events** independent of each other are covered to the **Event** maximum.
15. **"Expedition"** means a **trip** undertaken by a person or a group of people with a particular purpose, especially that of mountaineering, exploration or research and or associated with grants, research or volunteering for programs of the same. This is not to be confused with recreational holidays.
16. **"Family Member"** means the spouse, parent, parent-in-law, grandparent, child, grandchild, brother, sister, fiancée, such person being resident in the **Country of Residence** (as declared on the application), of the **Plan Participant**, or of the person with whom the **Plan Participant** is travelling or had arranged to travel.

17. **"Golf Equipment"** means golf clubs, golf balls, golf bag, golf shoes and non-motorized golf trolley.

18. "**Hazardous/Extreme Sports**" means any sport(s) requiring an increased skill set and a higher level of training to safely participate in or that may increase the risk of inherent danger. These activities may include but are not limited to activities involving: speed, height, elevation, a high level of physical exertion, and/or highly specialized gear in which to compete or participate that if not properly executed could result in substantial **Injury** or death.

19. **"Host Country"** means the country or countries other than the **Country of Residence** that the **Plan Participant** is traveling to/in.

20. **"Hospital"** means an institution that: 1. operates pursuant to law for the care, treatment, and providing of in-patient 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 medical facility used as such; and 6. Is not a place solely for drug addicts, alcoholics, or the aged or any separate ward.

21. **"Incident"** means an untoward event which (depending on the circumstances) may lead to a damage, disaster, or loss.

22. **"Injury"** means **Accidental** bodily harm sustained by a **Plan Participant** 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**/**Event**.

23. **"Insurer"** means GBG Insurance Limited.

24. **"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 **Plan Participant's** condition (**UCR**); and 3. Consistent with the medical and surgical practices prevailing in the area for treatment of the condition at the time rendered.

25. **"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 **Common Carrier**.

26. **"Missing Person"** means a **Plan Participant** who disappeared for an unknown reason and whose disappearance was reported to the Appropriate Authorities.

27. **"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 **Plan Participant's Trip** occurs and the area is deemed to be uninhabitable or dangerous**.**

28. **"Nearest Place of Safety"** means a location determined by the Designated Security Consultant where: 1. the **Plan Participant** can be presumed safe from the **Occurrence** that precipitated the **Plan Participant's Political Evacuation**; and the **Plan Participant** has access to Transportation; and 2. the **Plan Participant** has the availability of temporary lodging, if needed.

29. **"Necessities"** means personal hygiene items and clothing.

30. **"Occurrence"** means any of the following situations involving a **Plan Participant**: 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 **Plan Participant's Country of Residence** or citizens of the **Host Country** should leave the **Host Country**; 3. deliberate physical harm of the **Plan Participant** confirmed by documentation or physical evidence or a threat against the **Plan Participant's** health and safety as confirmed by documentation and/or physical evidence; 4. **Natural Disaster** in the area **You** are traveling to and occurring after **the** effective date of **Your** policy; 5. the **Plan Participant** 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.

31. **"Pandemic/Epidemic** means a sudden outbreak that becomes widespread and affects a whole region, continent, or the world. Such disease will be deemed a "public emergency" either by the Center for Disease Control and Prevention (CDC), World Health Organization (WHO), or appropriate governmental body (see General Exclusions).
32. **"Permanent Total Disability"** is defined by a disability that makes it impossible for the **Plan Participant** to work or to carry out any aspect of a normal life for a period of 12 calendar months.
33. **"Plan Participant"** means any Insured and Dependent for whom the required premium is paid and 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 is not a **Plan Participant**, but rather a Dependent.
34. **"Policy Period"** means the dates as shown on **Your** Policy for which premium has been paid;
35. "**Political Evacuation"** means the extrication of a **Plan Participant** from the **Host Country** due to an **Occurrence** which could result in grave physical harm or death to the **Plan Participant** and is certified by a governing authority via declaration or warning.
36. "**Pre-Existing Condition"** means existing and known diseases, illness, chronic or a recurrent medical condition including care for previous **accidents** that have shown symptoms and/or for which the **Plan Participant** has been hospitalized, treated by a physician or has received any medical treatment for before the commencement date of the insurance. Any treatment prior to each departure from the **Country of Residence** will be considered a **Pre-Existing Condition** for Annual Multi-**Trip** and Single **Trip** policies. (See General Exclusion 1 for details.)
37. **"Schedule of Benefits"** means the summary description of the available benefits, payment levels and Maximum Benefits, provided under this Policy. The **Schedule of Benefits** is included with and is part of this Policy.
38. **"Sickness"** means an illness, disease or condition of the **Plan Participant** that causes a loss for which a **Plan Participant** 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**.
39. **"Ski Equipment"** means skis (including bindings), ski boots, ski poles, snowboards (including bindings) and snowboard boots.
40. **"Strike or Industrial Action"** means any form of work stoppage taken by employees, which are carried on with the intention of preventing, restricting or otherwise interfering with the production of goods or the provision of services.
41. "**Territorial Waters**" means a body of water as defined by the 1982 United Nations convention being no more than 12 nautical miles (14 statute miles) from a high water mark of a coastal state or border.
42. "**Traveling Companion"** means a person or persons with whom **You** have coordinated travel arrangements, shares the same accommodations, and **You** intend to travel with during the **Trip**.
43. **"Trip"** means round **trip** travel by air, land, or sea from the **Plan Participant's Country of Residence**.
44. **"Unexpected Outbreak or Recurrence of a Pre-Existing Condition"** means a sudden and unforeseen occurrence of a known/prior **Sickness** while outside the **Plan Participant's Country of Residence** 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.
45. **"Usual, Customary and Reasonable (UCR)"** 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.
46. **"Valuables/Electronics"** means cellular phones, satellite phones, photographic equipment, tablet personal computers, computers, iPods, CD players and personal music and 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 animal skins or hides. Any item of value to be evaluated on a case by case basis.
47. **"We", "Our", or "Us"** means GBG Insurance Limited.
48. **"You" or "Your"** means the **Plan Participant** covered under the Policy**.**

SUBSCRIPTION AGREEMENT

I hereby apply to be a Plan Participant of the International Benefit Trust established in the Cayman Islands (the "trust") and to participate in the insurance coverage extended by GBG Insurance Limited (the Insurer) to Plan Participants under the trust (the "coverage"). I understand that the coverage is not a general health insurance product, but is intended for use in the event of a sudden and unexpected event while traveling outside my Home Country. I understand that the coverage extended to me will terminate upon my return to my Home Country unless I qualify for a benefit period or Home Country coverage. I understand that I may obtain full details of the coverage by requesting a copy of the master policy from the plan manager. I understand that the liability of the Insurer as underwriters of the coverage is as provided in the master policy.

By acceptance of coverage and/or submission of any claim for benefits, the Plan Participant ratifies the authority of the signer to so act and bind the Plan Participant.

The Plan Participant undertakes to make all premium payments as they fall due in respect of the coverage extended to them. The trustee shall not be responsible for the administration of such payments.

If the Plan Participant fails to make any premium payment due in respect of the coverage extended to them, subject to the discretion of the insurance company, such coverage will lapse.

The Plan Participant hereby confirms the accuracy of all information validity of all representations and warranties provided to the trustee in connection with its participation in the plan and/or the subscription for the insurance coverage, howsoever provided, including the terms of this subscription agreement,(together "representations & warranties"). The Plan Participant acknowledges that certain of such information will be relied upon by the Insurer as providers of the coverage and that any inaccuracy therein may result in the invalidity of such coverage as it relates to the Plan Participant, the loss of coverage and all monies paid in relation thereto. The Plan Participant hereby undertakes to inform the trustee of any change to any of matter that forms the subject of any of the representation & warranties. The Plan Participant hereby undertakes to indemnify and hold harmless the trustee against any loss or damage (including attorney's fees) occasioned by any inaccuracy in any representation & warranty or failure to advise the trustee of any change in any matter that forms the subject of any of the representation & warranties. The Plan Participant agrees that the trustee shall be entitled to rely on and to act in accordance with any written instruction purported to be provided by the Plan Participant and the Plan Participant hereby undertakes to indemnify and hold harmless the trustee against any loss or damage (including attorney's fees} occasioned by the trustee acting in accordance with any such instruction.

Payments under the terms of the coverage shall be paid by the Insurer to the Plan Participant or directly to a provider if assignment of benefits has been authorized. The trustee shall not be responsible for the administration of such payments.

I confirm that I have satisfied myself that the coverage is appropriate for me and that I meet the eligibility criteria.

For More Information Contact:
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