



























**1. Emergency Medical Evacuation:** We will provide emergency evacuation (under medical supervision if necessary) to the nearest facility capable of providing adequate care by whatever means is necessary if You, or a Traveling Companion, suffer a Sickness or Injury and adequate medical facilities, in the opinion of Our medical director, the medical director of Our affiliate or authorized vendor under Our direction, are not available locally. Covered Expenses include arranging and providing for transportation and related medical services (including medical escort if necessary) and medical supplies necessarily incurred in connection with the emergency evacuation.

**Baggage and Personal Effects Return:** We will reimburse You or Your Travel Supplier, for any cost associated with transporting You, or a Traveling Companion's, Baggage and Personal Effects if You, or a Traveling Companion, are evacuated, as covered under this Policy, and Your, or a Traveling Companion's, Baggage and Personal Effects do not accompany You, or a Traveling Companion, during Your, or a Traveling Companion's, evacuation. Your, or a Traveling Companion's, Baggage and Personal Effects will be returned to:

- (a) the location You, or a Traveling Companion, were evacuated to; or
- (b) Your, or Your Traveling Companion's, return Destination or scheduled Destination in case of a one-way Trip.

This benefit is provided as a supplement to the Baggage Delay benefit and the total benefits paid may not exceed the Baggage Delay limits as per the Schedule of Benefits.

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

**2. Medical Repatriation:** After You, or Your Traveling Companion, receive initial treatment and stabilization for a Sickness or Injury, if the attending Physician and Our clinical team or the clinical team of Our affiliate or authorized vendor under Our direction determine that it is Medically Necessary, We will transport You, or Your Traveling Companion, back to Your, or Your Traveling Companion's, permanent place of residence for further Medical Treatment or to recover. Covered Expenses include arranging and providing for transportation and related medical services (including medical escort if necessary) and medical supplies necessarily incurred in connection with the repatriation.

Benefits are available for medical repatriation, provided both of the following apply:

- The treatment required is a Covered Expenses.
- The treatment is recommended by Your, or Your Traveling Companion's, Physician.

You must provide Us with any information or proof that We may reasonably request.

Physicians from Our appointed representatives will discuss all relevant factors with Your, or Your Traveling Companion's, own Physician before authorizing payment for repatriation.

Includes:

- a. one-way Economy Transportation or class required for Your, or Your Traveling Companion's, condition recommended by the local attending Physician and verified in writing and considered necessary by Us; or
- b. other covered land or air transportation including, but not limited to, commercial stretcher, medical escort, or the Usual and Customary Charges for air ambulance. Transportation must be via the most direct and economical route.

Medical Repatriation expenses will only be payable at the Usual and Customary level or payment for necessary transportation, related medical services, and medical supplies.

**3. Emergency Reunion:** We will pay to transport one person, chosen by You, or a Traveling Companion, by Economy Transportation, for a single visit to and from Your, or a Traveling Companion's, bedside if You, or a Traveling Companion, are traveling alone and will be hospitalized for more than three consecutive days and Emergency Evacuation is not imminent.

**4. Return of Minor Children:** We will pay for the evacuation of children (under the age of 18) either to Your, or Your Traveling Companion's, location or to a location where the children can be placed under the care of another guardian or relative, provided they are left unattended as a result of Your, or Your Traveling Companion's, hospitalization or Medical Evacuation.

**5. Return of Remains:** In the event of Your, or Your Traveling Companion's, death, We or Our affiliate or authorized vendor will render assistance and provide for the return of mortal remains. Services include:

- location of a sending funeral home;
- transportation of the body from the site of death to the sending funeral home;
- preparation of the remains for either burial or cremation;
- transportation of the remains from the funeral home to the airport;

- minimally necessary casket or air tray for transport;
- coordination of consular services (in the case of death overseas);
- procuring death certificates required to release the remains and gain entry back to the Home Country or permanent place of residence;
- transport of the remains from the airport to the receiving funeral home.

Other services that may be performed in conjunction with those listed above include making Travel Arrangements for any Traveling Companions and identification and/or notification of next-of-kin.

**All repatriation expenses must be authorized and arranged in advance by Us. Once Your remains are claimed by the receiving funeral home or morgue, or in the event of local cremation, coverage under this benefit ends.**

### SECTION III. DEFINITIONS

**“Accident”, “Accidental”** means a sudden, unexpected, unusual, and specific event that occurs at an identifiable time and place and shall also include exposure resulting from a mishap to a conveyance in which You are traveling.

**“Actual Cash Value”** means current replacement cost for items of like kind and quality.

**“Alert/Warning”** means any government, *Center for Disease Control and Prevention (CDC)* or *World Health Organization (WHO)* alert or warning which may include notice of disease, Epidemic or Pandemic.

**“Baggage and Personal Effects”** means luggage, personal possessions and travel documents taken by You, or Your Traveling Companion, on Your Trip.

**“Bankruptcy or Default”** means the total cessation of operations due to insolvency, with or without the filing of a Bankruptcy petition by an airline, or Cruise line, tour operator or other travel provider provided the Bankruptcy or Default occurs more than 14 days following Your Effective Date for the Trip benefits. There is no coverage for the Bankruptcy or Default of any person, organization, agency, or firm from whom You purchased Travel Arrangements supplied by others.

**“Common Carrier”** means any land, sea, or air conveyance operating under a valid license for the transportation of passengers for hire, not including taxicabs or rented, leased, or privately owned motor vehicles.

**“Company”** means H&W Indemnity SPC for and on behalf of Global Solutions SP.

**“Complications of Pregnancy”** means conditions (when the pregnancy is not terminated) whose diagnoses are distinct from pregnancy but are adversely affected by pregnancy or are caused by pregnancy. These conditions include acute nephritis, nephrosis, cardiac decompensation, missed abortion and similar medical and surgical conditions of comparable severity. Complications of Pregnancy also include non-elective cesarean section, ectopic pregnancy, which is terminated and spontaneous termination of pregnancy, which occurs during a period of gestation in which a viable birth is not possible.

Complications of Pregnancy does not include false labor, occasional spotting, Physician-prescribed rest during the period of pregnancy, morning sickness, hyperemesis gravidarum, preeclampsia and similar conditions associated with the management of a difficult pregnancy not constituting a nosologically distinct Complication of Pregnancy.

**“Covered Accident”** means an Accident that occurs while coverage is in force and results in a loss for which benefits are payable.

**“Covered Expense(s)”** means expenses that would be reimbursed according to the terms of the Insurance Policy.

**“Covered Person”** means a person(s) who is booked to travel on a Trip, and for whom the required premium is paid, also referred to as You, Your, and Traveling Companion(s). The limit is nine Traveling Companions accompanying the purchaser.

**“Cruise”** means a voyage on a Common Carrier ship or boat taken for pleasure or as a vacation, usually including several ports of call.

**“Deductible”** means the dollar amount of expenses which must be incurred and paid by You, or Your Traveling Companion, before benefits are payable under this Policy. It applies separately to each Covered Person.

**“Destination”** means the place where You, and Your Traveling Companion(s), are going.

**“Domestic Partner”** means an opposite or same sex partner who, for at least 12 consecutive months, has resided with You, or a Traveling Companion, and shared financial assets/obligations with You, or a Traveling Companion. Both You, or a Traveling Companion, and the Domestic Partner must: (1) intend to be life partners; (2) be at least the age of consent in the state in which You, or Your Traveling Companion, both reside; and (3) be mentally competent to contract. Neither You, or Your Traveling Companion, nor the Domestic Partner can be related by blood to a degree of closeness that would prohibit a legal marriage, be married to anyone else, or have any other Domestic Partner. The Company may require proof of the Domestic Partner relationship in the form of a signed and completed affidavit of Domestic Partnership.

**“Economy Transportation”** means the lowest published available transportation rate for a ticket on a Common Carrier matching the original class of transportation that You, or a Traveling Companion, purchased for Your Trip.

**“Effective Date”** means the day the contract begins.

**“Elective Treatment and Procedures”** means any Medical Treatment or surgical procedure that is not Medically Necessary, including any service, treatment, or supplies that are deemed by the federal, state, or local government authority, or by Us to be research or experimental or that is not recognized as a generally accepted medical practice.

**“Epidemic”** means an outbreak of an illness or disease that spreads rapidly, widely, and affects a large number of people. Epidemics are identified by *Center for Disease Control and Prevention (CDC)* or *World Health Organization (WHO)*.

**“Extreme Sports Activities”** means B.A.S.E. jumping, bull riding, running of the bulls, free diving, bungee jumping, hot air ballooning, parachuting, skydiving, cliff diving, fly-by-wire, paragliding, hang gliding, heli-skiing, heli-snowboarding, wingsuit flying, rock climbing without equipment, bodily contact sports excluding limited contact sports, mountain climbing over 9,000 feet (2,700 meters), motor sport or motor racing, multi-sport endurance competitions, parkour, scuba diving if the depth exceeds 131 feet (40 meters) and any activity materially similar to the above.

**“Family Member”** means You, or Your Traveling Companion’s:

- brother (including stepbrother and in-law)
- sister (including stepsister and in-law)
- child (including stepchild, foster child, and in-law, adopted children, and children currently in the adoption process)
- grandchild, great grandchild (including step-grandchild)
- parent (including stepparent, adoptive parent or legal guardian)
- spouse (by marriage, common law, domestic partnership, or civil union)
- grandparent (including step-grandparent, in-law)
- aunts, uncles, nieces, and nephews;
- legal guardians and wards;
- paid, live-in caregivers; and
- service animals (as defined by the Americans with Disabilities Act)

**“Home”** means Your, or Your Traveling Companion’s, primary place of residence.

**“Home Country”** means the country or territory as shown on Your, or Your Traveling Companion’s, passport.

**“Host Country”** means a country or territory You, or Your Traveling Companion(s), are visiting or in which You, or Your Traveling Companion(s), are living which is not Your, or Your Traveling Companion(s), Home Country.

**“Hospital”** means (a) a place which is licensed or recognized as a general Hospital by the proper authority of the state in which it is located; (b) a place operated for the care and treatment of resident inpatients with a registered graduate nurse (RN) always on duty and with a laboratory and x-ray facility; (c) a place recognized as a general Hospital by the *Joint Commission on the Accreditation of Hospitals*. Not included is a Hospital or institution licensed or used principally: as a clinic continued or extended care facility, skilled nursing facility, convalescent home, rest home, nursing home or home for the aged.

**“Injury”, “Injuries”** means bodily harm caused by an Accident which: 1) occurs while Your, and Your Traveling Companion’s, coverage is in effect under the Policy; and 2) requires examination and treatment by a Physician. The Injury must be the direct cause of loss and must be independent of all other causes and must not be caused by, or result from, Sickness.

**“Insurance”** means a guarantee of compensation for specified loss, damage, illness, or death in return for payment of a premium.

**“Intoxicated”** means a blood alcohol level that equals or exceeds the legal limit for operating a motor vehicle in the state or jurisdiction where You are located at the time of an incident.

**“Maximum Benefit Amount”** means the maximum amount payable for coverage provided to You as shown in the Schedule of Benefits.

**“Medically Fit to Travel”** means based on assessment by a treating Physician, following Your Injury or Sickness that occurs while on Your Trip, You, or Your Traveling Companion, are medically able to travel.

**“Medically Necessary”** means a service which is appropriate and consistent with the treatment of the condition in accordance with accepted standards of community practice.

**“Medical Treatment”** means examination and treatment by a Physician for a condition which first manifested itself, worsened or became acute or had symptoms which would have prompted reasonable person to seek diagnosis, care, or treatment.

**“Natural Disaster(s)”** means a tsunami, earthquake, mudslide, avalanche, volcanic eruption, windborne dust or sand, fire, wildfire, blizzard, precipitation, or wind that results in widespread and severe damage, while You, and Your Traveling Companion(s), are on your Trip.

**“Palliative Dental Treatment”** means dental emergency treatment to temporarily relieve pain, swelling or bleeding.

**“Pandemic”** means an Epidemic spread across several countries and affecting a large number of people. Pandemics are identified by *Center for Disease Control and Prevention (CDC)* or *World Health Organization (WHO)*.

**“Payments or Deposits”** means the cash, check, or credit card amounts actually paid for Your Trip. Certificates, vouchers, discounts, credits, frequent traveler or frequent flyer rewards, miles or points applied (in part or in full) towards the cost of Your Travel Arrangements are not Payments or Deposits as defined herein.

**“Physician(s)”** means a Physician: (a) other than You, a Traveling Companion, or a Family Member; (b) practicing within the scope of his or her license; and (c) recognized as a Physician in the place where the services are rendered.

**“Policy”, “Policies”, “Policy of Insurance”** means a document detailing the terms and conditions of a contract of Insurance.

**“Pre-Existing Condition”** means an illness, disease, or other condition during the 180-day period immediately prior to the date Your coverage is effective for which You, Your Traveling Companion, or Family Member: 1) received or received a recommendation for a test, examination, or Medical Treatment for a condition which first manifested itself, worsened or became acute or had symptoms which would have prompted a reasonable person to seek diagnosis, care or treatment; or 2) took or received a prescription for drugs or medicine. Item (2) of this definition does not apply to a condition which is treated or controlled solely through the taking of prescription drugs or medicine and remains treated or controlled without any adjustment or change in the required prescription throughout the 180-day period before coverage is effective under this Policy.

**“Prepaid”** means Payments or Deposits paid by You, or Your Traveling Companion(s), to a Travel Supplier for Travel Arrangements for Your Trip prior to Your, or Your Traveling Companion’s, actual or Scheduled Departure Date.

**“Principal Sum”** means the Maximum Benefit Amount shown in the Schedule of Benefits.

**“Quarantine(d)”** means the enforced isolation of You or Your Traveling Companion(s), for the purpose of preventing the spread of illness, disease, or pests.

**“Schedule of Benefits”** means a table or chart that specifies the amount of coverage provided for each benefit.

**“Scheduled Departure Date”** means the date on which You, and Your Traveling Companion(s), are originally scheduled to leave on Your Trip.

**“Scheduled Return Date”** means the date on which You, and Your Traveling Companion(s), are originally scheduled to return to the point of origin or the original, final Destination of Your Trip.

**“Secondary”** means We will reimburse up to the lesser of any remaining balance, or the amount in the Schedule of Benefits, after any other Insurance or Common Carrier reimbursements are considered.

**“Sickness”** means an illness or disease of the body which: 1) requires examination and treatment by a Physician, and 2) commences while Your, and Your Traveling Companion’s, coverage is in effect.

**“Terrorist Incident”** means an act of violence, that is deemed terrorism by the local government other than civil disorder or riot (that is not an act of war, declared or undeclared) that results in loss of life or major damage to property, by any person acting alone or in association with other persons on behalf of or in connection with any organization of foreign government which is generally recognized as having the intent to overthrow or influence the control of any other foreign government.

**“Third Party”** means a person or entity other than You, Your Traveling Companion’s, or the Company.

**“Transportation Expense(s)”** means the cost of Medically Necessary conveyance, personnel, and services or supplies.

**“Travel Arrangement(s)”** means: (a) transportation; (b) accommodations; and (c) other specified services arranged by the Travel Supplier for Your Trip. Air arrangements covered by this definition also include any direct round Trip air flights booked by others, to and from Your Scheduled Trip Departure and return cities, provided the dates of travel for the air flights are within 7 total days of Your, and Your Traveling Companion’s, scheduled Trip dates.

**“Travel Assistance Services Provider”** means UnitedHealthcare Global Assistance.

**“Traveling Companion(s)”** means a person or persons who, during Your Trip, will accompany You at the final Destination. A group or tour organizer, sponsor or leader is not a Traveling Companion as defined, unless sharing accommodations in the same room, cabin, condominium unit, apartment unit or other lodging with You.

**“Travel Supplier”** means any entity or organization that coordinates or supplies travel services for You.

**“Trip”** means a scheduled Trip of 90 days or less for which coverage is requested and the premium is paid.

**“Unforeseen”** means not anticipated or predicted.

**“Usual and Customary Charge(s)”** means those comparable charges for similar treatment, services and supplies in the geographic area where treatment is performed.

**“Virtual Visit”** means a phone or video consultation with a Physician to discuss symptoms, recommend treatment options, diagnose, and prescribe medication when appropriate.

**“We”, “Us”, “Our”** means H&W Indemnity SPC for and on behalf of Global Solutions SP.

**“You”, “Your”, “Yours”, “Yourself”** means the Covered Person who purchased and is named on the Policy.



## SECTION IV. GENERAL EXCLUSIONS AND LIMITATIONS

### Benefits are not payable for any loss due to, arising or resulting from:

1. an act of declared or undeclared war;
2. participating in maneuvers or training exercises of an armed service.
3. participating as a professional in a stunt, athletic or sporting event or competition;
4. piloting or learning to pilot or acting as a member of the crew of any aircraft;
5. being Intoxicated as defined herein, or under the influence of any controlled substance unless as administered or prescribed by a Physician;
6. the commission of or attempt to commit a felony or being engaged in an illegal occupation or act;
7. normal childbirth or pregnancy (except Complications of Pregnancy) or voluntarily induced abortion;
8. dental treatment (except as coverage is otherwise specifically provided herein);
9. amounts which exceed the Maximum Benefit Amount for each coverage as shown in the Schedule of Benefits;
10. a Pre-Existing Condition, as defined in the Policy. The Pre-Existing Condition limitation does not apply to the Emergency Medical Evacuation, Medical Repatriation or Return of Remains coverage;
11. preventive and Elective Treatment and Procedures;
12. traveling for the purpose or intent of securing Medical Treatment or advice;
13. failure of any tour operator, Common Carrier, or other Travel Supplier, person, or agency to provide the bargained-for Travel Arrangements for reasons other than Bankruptcy or Default or to refund money due You;
14. any Trip taken, or continued, against the advice of a Physician and any losses incurred during such Trip, or continuation of such Trip
15. regularly scheduled treatment, rehabilitation, or therapy sessions;
16. suicide, attempted suicide, or any intentionally self-inflicted Injury while sane or insane. This exclusion does not apply to the Emergency Medical Evacuation or Repatriation of Remains coverage;
17. expenses incurred by any child born or adopted during Your Trip;
18. participation in a civil disorder or riot;
19. the actual or threatened use, or exposure, to any hazardous biological, chemical, nuclear radioactive matter or contamination;
20. trips paid for with the use of loyalty reward points, frequent travel miles, or other non-monetary redeemable points or rewards through similar programs, including credits issued for future travel by a Travel Supplier or tour operator;
21. Accident & medical expense when Your, and Your Traveling Companion's, Trip destination is to a country that has issued a country-specific entry ban, when this policy was effective after the ban was issued and Your, and Your Traveling Companion's, Trip departure timing occurred after the ban was issued. This includes bans related to named Epidemics or Pandemics;
22. damages resulting from tropical storms, hurricanes or typhoons that are named on or before the date You purchased Your Policy;
23. Your participation in Extreme Sports Activities, riding or driving in any races, or participation in speed or endurance competition or events, except as a spectator.
24. sports equipment if loss is due to use, or misuse, of the equipment.

## SECTION V. PAYMENT OF CLAIMS

**Governing Jurisdiction:** All claims arising under this insurance shall be governed by the Laws of Cayman Islands whose courts alone shall have jurisdiction in any dispute arising hereunder.

**Claim Procedures: Notice of Claim:** Notice of claim must be reported within 90 days after a loss occurs or as soon as is reasonably possible. You or someone on Your behalf may give the notice. The notice should be given to Us or Our designated representative and should include sufficient information to identify You.

**Claim Procedures: Claim Forms:** When notice of claim is received by Us or Our designated representative, forms for filing proof of loss will be furnished. If these forms are not sent within 15 days, the proof of loss requirements can be met by You sending Us a written statement of what happened. This statement must be received within the time given for filing proof of loss.

**Claim Procedures: Proof of Loss:** Proof of loss must be provided within 90 days after the date of the loss or as soon as is reasonably possible. Proof must, however, be furnished no later than 12 months from the time it is otherwise required, except in the absence of legal capacity.

**Payment of Claims: When Paid:** We, or Our designated representative, will pay the claim after receipt of acceptable proof of loss.

**Payment of Claims: To Whom Paid:** Benefits for loss of life and any accrued benefits unpaid at Your, or Your Traveling Companion(s) death will be paid to Your, or Your Traveling Companion(s) designated beneficiary. If a beneficiary is not otherwise designated by You, or Your Traveling Companion(s) benefits for loss of life will be paid to the first of the following surviving preference beneficiaries:

- a) Your spouse or Domestic Partner;
- b) Your child or children jointly;
- c) Your parents jointly if both are living or the surviving parent if only one survives;
- d) Your brothers and sisters jointly; or
- e) Your estate.

All other benefits will be paid directly to You, or Your Traveling Companion(s) unless otherwise directed. If You, or Your Traveling Companion have assigned Your benefits, We will honor the assignment if a signed copy has been filed with Us. We are not responsible for the validity of any assignment.

All or a portion of all benefits provided by the Policy may, at Our option, be paid directly to the provider of the service(s). All benefits not paid to the provider will be paid to You, or Your Traveling Companion.

If any benefit is payable to: (a) a Covered Person who is a minor or otherwise not able to give a valid release; or (b) Your, or Your Traveling Companion's estate, We may pay up to \$1,000 to Your, or Your Traveling Companion's beneficiary or any relative whom We find entitled to the payment. Any payment made in good faith shall fully discharge Us to any party to the extent of such payment.

**Subrogation:** If the Company has made a payment for a loss under this Policy, and the person to or for whom payment was made has a right to recover damages from the Third Party responsible for the loss, the Company will be subrogated to that right. You, or Your Traveling Companion(s) shall help the Company exercise the Company's rights in any reasonable way that the Company may request: nor do anything after the loss to prejudice the Company's rights: and in the event You recover damages from the Third Party responsible for the loss, You, or Your Traveling Companion(s) will hold the proceeds of the recovery for the Company in trust and reimburse the Company to the extent of the Company's previous payment for the loss.

## SECTION VI. GENERAL PROVISIONS

**Eligibility: Who Is Eligible For Coverage:** A person who is booked to travel on a Trip and pays the required premium is covered under this policy. Eligibility for purchase of this policy will be determined at the time of claim. If it is determined that a person or Trip is not eligible for coverage, any claim for benefits will be denied and Your premium for this policy will be refunded. Coverage is only available for persons under age 86. Coverage is only available for persons who are non-U.S. residents traveling outside of the United States of America.

**Entire Contract: Changes:** This Policy, Schedule of Benefits, and any attachments are the entire contract of Insurance. No agent may change it in any way. Only an officer of the Company can approve a change. Any such change must be shown in this Policy or its attachments.

**Physician Examination and Autopsy:** The Company, at the expense of the Company, may have You, or Your Traveling Companion(s), examined when and as often as is reasonable while the claim is pending. The Company may have an autopsy done, at the expense of the Company, where it is not forbidden by law.

**Legal Actions:** All Policy terms will be interpreted under the laws of the Cayman Islands. No legal action may be brought to recover on the Policy within 60 days after written proof of loss has been furnished. No legal action for a claim may be brought against Us after three years from the time written proof of loss is required to be furnished.

**Concealment and Misrepresentation:** The entire coverage will be void, if before, during, or after a loss, any material fact or circumstance relating to this Policy or claim has been concealed or misrepresented.

**Excess Insurance:** Insurance provided by this Policy shall be in excess of all other valid and collectible insurance or indemnity, or as required by applicable law. If at the time of the occurrence of any loss payable under this Policy there is other valid and collectible insurance or indemnity in place, We shall be liable only for the excess of the amount of loss, over the amount of such other insurance or indemnity, and applicable deductible.

Recovery of losses from other parties does not result in a refund of premium paid.

**Other Insurance with the Company:** You may be covered under only one travel Policy with the Company for each Trip. If You are covered under more than one such Policy, You may select the coverage that is to remain in effect. In the event of death, the selection will be made by the beneficiary or estate. Premiums paid (less claims paid) will be refunded for the duplicate coverage that does not remain in effect.

**Reductions in the Amount of Insurance:** The applicable benefit amount will be reduced by the amount of benefits, if any, previously paid for any loss or damage under this Policy for Your Trip.

**Payment of Premium:** Coverage is not effective unless all premium has been paid to the Company/administrator prior to a date of loss or Covered Person occurrence.

**Termination of This Policy:** Termination of this Policy will not affect a claim for loss which occurs while the Policy is in force.

**Transfer of Coverage:** Coverage under this Policy cannot be transferred to anyone else.

**Controlling Law:** Any part of this Policy that conflicts with applicable law, where this Policy is issued, is changed to meet the requirements of that law.

**OFAC Compliance:** 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").

**Complaints:** In the event that you remain dissatisfied and wish to make a complaint you can do so to the Complaints team at UnitedHealthcare Global, 10175 Little Patuxent Parkway, 5<sup>th</sup> Floor, Columbia, MD 21044, or call 1-410-453-6380.

**Data Protection:** Please note that sensitive health and other information that you provide may be used by us, our representatives, the insurers and industry governing bodies and regulators to process your insurance, handle claims and prevent fraud. This may involve transferring information to other countries (some of which may have limited, or no data protection laws). We have taken steps to ensure your information is held securely. Where sensitive personal information relates to anyone other than you, you must obtain the explicit consent of the person to whom the information relates both to the disclosure of such information to us and its use as set out above. Information we hold will not be shared with third parties for marketing purposes. You have the right to access your personal records.

**Note:** This insurance is not subject to and does not provide certain insurance benefits required by the United States' Patient Protection and Affordable Care Act ("PPACA"). PPACA requires certain US citizens or US residents to obtain PPACA compliant health insurance, or "minimum essential coverage." PPACA also requires certain employers to offer PPACA compliant insurance coverage to their employees. Tax penalties may be imposed on U.S. residents or citizens who do not maintain minimum essential coverage, and on certain employers who do not offer PPACA compliant insurance coverage to their employees. In some cases, certain individuals may be deemed to have minimum essential coverage under PPACA even if their insurance coverage does not provide all of the benefits required by PPACA. You should consult your attorney or tax professional to determine whether the policy meets any obligations you may have under PPACA.