



Europ Assist Plan Number: 01AH585 ACE Policy Number: ADD N04860391

### Travel Accident and War Risk Benefits for (the Participating Organization)

#### Your Coverage:

You are an Insured Person and eligible for coverage under the plan, if: 1) you are an employee, volunteer, intern, contractor, subcontractor, consultant, board member or a member whose name is shown on the Participating Organization's Application; or 2) a guest of the Participating Organization; and 3) the required premium is paid; and 4) you are engaged in one of the Covered Activities described below. If you are not in Active Service on the date your insurance would otherwise be effective, it will go into effect on the date you return to Active Service.

#### Optional Dependent Coverage:

If the Participating Organization has elected to offer coverage for your Dependents, your Dependent Spouse or Domestic Partner, and Dependent Child(ren), are also covered if they are accompanying you on a covered Trip, provided the required Dependent premium is paid. A person may not be insured as a Dependent and an Insured Person at the same time. A Dependent's insurance will not be in effect prior to the date you are insured.

#### Coverage Term: to

**Period of Coverage:** You will be insured on the later of the Policy Effective Date or the date that you become eligible. Your coverage will end on the earliest of the date: 1) the Policy terminates; 2) the Coverage Term ends 3) you are no longer eligible; or 4) the period ends for which the required premium is paid. Dependents coverage will end on the earliest of the date: 1) he or she is no longer a Dependent; 2) your coverage ends; or 3) the period ends for which the required premium is paid.

#### Covered Activities

**Foreign Travel** - The Covered Accident must take place on a Trip while: 1) traveling or making a short stay away from your Country of Permanent Residence; 2) on business for or traveling on Trips sponsored by the Participating Organization; and 3) in the course of the Participating Organization's business or Trip purpose.

This coverage will start at the actual start of the Trip. It does not matter whether the Trip starts at your home, place of work, or other place. It will end on the first of the following dates to occur: 1) the date you return to your home; 2) the date you return to your place of work; or 3) the date you make a Personal Deviation. Coverage resumes when you end a Personal Deviation and re-engage in a Covered Activity. "Personal Deviation" means: 1) an activity that is not reasonably related to the Covered Activity; and 2) not incidental to the purpose of the Trip.

**Owned Aircraft Not Covered** - Benefits will not be paid if the aircraft is owned, leased, or controlled by the Participating Organization or any of the Participating Organization's affiliates. An aircraft will be deemed "controlled" by the Participating Organization if the Participating Organization may use it for more than 10 straight days or more than 15 days in any year.

**Exposure & Disappearance** - Coverage includes exposure to the elements after the forced landing, stranding, sinking, or wrecking of a vehicle in which you were traveling. You are presumed dead if you are in a vehicle that disappears, sinks, or is stranded or wrecked on a Trip covered by the Policy; and the body is not found within one year of the Covered Accident.

#### Description of Benefits

**Aggregate Limit** - We will not pay more than for all Accidental Death and Dismemberment Benefits per Covered Accident. If, in the absence of this provision, We would pay more than this amount for all losses from one Covered Accident, then the benefits payable to each person with a valid claim will be reduced proportionately, so the total amount We will pay is the Aggregate Limit.

**Accidental Death and Dismemberment Benefits** - If your Injury results, within 365 days from the date of a Covered Accident, in any one of the losses shown below, We will pay the Benefit Amount shown below for that loss. Your Principal Sum is . Your Spouse/Domestic Partner's Principal Sum is \$50,000. Your child's Principal Sum is \$10,000. If multiple losses occur, only one Benefit Amount, the largest, will be paid for all losses due to the same Covered Accident.

### Schedule of Covered Losses

<b>Covered Loss</b>	<b>Benefit Amount</b>
Life .....	100% of the Principal Sum
Two or more Members.....	100% of the Principal Sum
Quadriplegia.....	100% of the Principal Sum
One Member.....	50% of the Principal Sum
Hemiplegia .....	75% of the Principal Sum
Paraplegia.....	75% of the Principal Sum
Thumb and Index Finger of the Same Hand .....	25% of the Principal Sum
Uniplegia.....	25% of the Principal Sum

“Quadriplegia” means total Paralysis of both upper and lower limbs. “Hemiplegia” means total Paralysis of the upper and lower limbs on one side of the body. “Uniplegia” means total Paralysis of one lower limb or one upper limb. “Paraplegia” means total Paralysis of both lower limbs or both upper limbs. “Paralysis” means total loss of use. A Doctor must determine the loss of use to be complete and not reversible at the time the claim is submitted.

“Member” means Loss of Hand or Foot, Loss of Sight, Loss of Speech and Loss of Hearing. “Loss of Hand or Foot” means complete Severance through or above the wrist or ankle joint. “Loss of Sight” means the total, permanent Loss of Sight of one eye. “Loss of Speech” means total and permanent loss of audible communication that is irrecoverable by natural, surgical or artificial means. “Loss of Hearing” means total and permanent Loss of Hearing in both ears that is irrecoverable and cannot be corrected by any means. “Loss of a Thumb and Index Finger of the Same Hand” means complete Severance through or above the metacarpophalangeal joints of the same hand (the joints between the fingers and the hand). “Severance” means the complete separation and dismemberment of the part from the body.

**Bereavement and Trauma Counseling Benefit** - We will pay \$100 per session for up to 10 counseling sessions, up to \$1,000 per Covered Accident, subject to the following conditions, when you and/or an Immediate Family Member requires bereavement and trauma counseling because you suffered a Covered Loss. Such counseling must meet all of the following conditions: 1) covered bereavement and trauma counseling expenses must be incurred within one year from the date of the Covered Accident causing the Covered Loss; 2) the expense is charged for a bereavement or trauma counseling session for you and/or one or more of your Immediate Family Members; 3) counseling is provided under the care, supervision or order of a Doctor; and 4) a charge would have been made if no insurance existed.

Covered bereavement and trauma counseling benefits do not include any expense for which you are entitled to benefits under any Workers' Compensation Act or similar law.

**Coma Benefit** - We will pay 1% of the Principal Sum per month up to 11 months and thereafter in a lump sum of 100% of the Principal Sum if you become Comatose within 31 days of a Covered Accident and remain in a Coma for at least 31 days. We reserve the right, at the end of the first 31 days of Coma, to require proof that you remain Comatose. This proof may include, but is not limited to, requiring an independent medical examination at Our expense. Monthly payments will end on the first of the following dates: 1) the end of the month in which you die; 2) the end of the 11th month for which this benefit is payable; 3) the end of the month in which you recover from the Coma.

You are deemed “Comatose” or in a “Coma” if you are in a profound stupor or state of complete and total unconsciousness, as the result of a Covered Accident.

**Emergency Medical Benefits** - We will pay up to \$10,000 for Covered Expenses incurred for emergency medical services to treat you if you: 1) suffer a Medical Emergency during the course of a Trip; and 2) are traveling outside of your Country of Permanent Residence. Covered Expenses include expenses for guarantee of payment to a medical provider, Hospital or treatment facility. Benefits for these Covered Expenses will be payable only to the extent that the charges incurred are Medically Necessary and do not exceed the charges for similar treatment, services or supplies in the locality where the expense is incurred. Charges that would not have been made in the absence of insurance are not covered under the Policy. Benefits will not be payable unless We (or Our authorized assistance provider) authorize in writing, or by an authorized electronic or telephonic means, all expenses in advance, and services are rendered by Our assistance provider.

**Emergency Medical Evacuation Benefit** - We will pay 100% of Covered Expenses incurred for your medical evacuation if you: 1) suffer a Medical Emergency during the course of the Trip; 2) require Emergency Medical Evacuation; and 3) are

traveling outside of your Country of Permanent Residence. Covered Expenses: 1) Medical Transport: expenses for transportation under medical supervision to a different hospital, treatment facility or to your place of residence for Medically Necessary treatment in the event of your Medical Emergency and upon the request of the Doctor designated by Our assistance provider in consultation with the local attending Doctor. 2) Dispatch of a Doctor or Specialist: the Doctor's or specialist's travel expenses and the medical services provided on location, if, based on the information available, your condition cannot be adequately assessed to evaluate the need for transport or evacuation and a doctor or specialist is dispatched by Our service provider to your location to make the assessment. 3) Return of Dependent Child(ren): expenses to return each Dependent child who is under age 18 to his or her principal residence if a) you are age 18 or older; and b) you are the only person traveling with the minor Dependent child(ren); and c) you suffer a Medical Emergency and must be confined in a Hospital. 4) Escort Services: expenses for an Immediate Family Member or companion who is traveling with you to join you during your emergency medical evacuation to a different hospital, treatment facility or your place of residence.

Benefits for these Covered Expenses will not be payable unless: 1) the Doctor ordering the Emergency Medical Evacuation certifies the severity of your Medical Emergency requires an Emergency Medical Evacuation; and 2) all transportation arrangements made for the Emergency Medical Evacuation are by the most direct and economical conveyance and route possible.

In addition, benefits for these Covered Expenses will be payable only to the extent that the charges incurred are Medically Necessary and do not exceed the charges for similar treatment, services or supplies in the locality where the expense is incurred. Charges that would not have been made in the absence of insurance are not covered under the Policy.

Benefits will not be payable unless We (or Our authorized assistance provider) authorize in writing, or by an authorized electronic or telephonic means, all expenses in advance, and services are rendered by Our assistance provider. In the event you refuse to be medically evacuated, we will not be liable for any medical expenses incurred after the date medical evacuation is recommended.

**Home Alteration and Vehicle Modification Benefit** - We will pay benefits if you suffer a Covered Loss, other than a Loss of Life, as a direct result of the Covered Accident, and you now require adaptive devices or adaptation of residence and/or vehicle to maintain an independent lifestyle. Your Benefit Maximum is 10% of your Principal Sum up to \$25,000, your Dependent's Benefit Maximum is 10% of your Dependent's Principal Sum up to \$5,000 for Dependent Spouse or Domestic Partner and \$1,000 for Dependent Child.

This benefit is payable only if you require home alteration or vehicle modification within one year of the Covered Accident and prior to the Covered Accident you did not require the use of any adaptive devices of residence and/or vehicle.

**Repatriation of Remains Benefit** - We will pay 100% of Covered Expenses for preparation and return of your body to your home if you die while traveling outside of your Country of Permanent Residence. Covered expenses include: 1) expenses for embalming or cremation; 2) the least costly coffin or receptacle adequate for transporting the remains; 3) transporting the remains; and 4) Escort Services which include expenses for an Immediate Family Member or companion who is traveling with you to join your body during the repatriation to your place of residence.

All transportation arrangements must be made by the most direct and economical route and conveyance possible and may not exceed the Covered Expenses for similar transportation in the locality where the expense is incurred. Benefits will not be payable unless We (or Our authorized assistance provider) authorize in writing, or by an authorized electronic or telephonic means, all expenses in advance, and services are rendered by Our assistance provider.

**Seatbelt and Airbag Benefit** - We will pay a seatbelt benefit when you die or are dismembered directly and solely from Injuries sustained while wearing a seatbelt and operating or riding as a passenger in an Automobile. Your seatbelt Benefit Maximum is 10% of your Principal Sum up to \$25,000, your Dependent's seatbelt Benefit Maximum is 10% of your Dependent's Principal Sum up to \$5,000 for Dependent Spouse or Domestic Partner and \$1,000 for Dependent Child.

An additional airbag benefit is provided if you were also positioned in a seat protected by a properly-functioning and properly deployed Supplemental Restraint System (Airbag). Your airbag Benefit Maximum is 10% of your Principal Sum up to \$25,000, your Dependent's airbag Benefit Maximum is 10% of your Dependent's Principal Sum up to \$5,000 for Dependent Spouse or Domestic Partner and \$1,000 for Dependent Child. Verification of proper use of the seatbelt at the time of the Covered Accident and that the Supplemental Restraint System properly inflated upon impact must be a part of an official police report of the Covered Accident or be certified, in writing, by the investigating officer(s) and submitted with your claim to Us. If such certification or police report is not available or it is unclear whether you were wearing a seatbelt or positioned in a seat protected by a properly functioning and properly deployed Supplemental Restraint System, We will pay you or your beneficiary \$2,000 in lieu of the benefits stated.

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

**Exclusions:** We will not pay benefits for any loss or Injury that is caused by, or results from:

- intentionally self-inflicted Injury.
- suicide or attempted suicide.
- war or any act of war, whether declared or not (except as provided by the Policy).
- a Covered Accident that occurs while on active duty service in the military, naval or air force of any country or international organization. Upon Our receipt of proof of service, We will refund any premium paid for this time. Reserve or National Guard active duty training is not excluded unless it extends beyond 31 days.
- sickness, disease, bodily or mental infirmity, bacterial or viral infection, or medical or surgical treatment thereof, except for any bacterial infection resulting from an accidental external cut or wound or accidental ingestion of contaminated food.
- piloting or serving as a crewmember in any aircraft (except as provided by the Policy).
- commission of, or attempt to commit, a felony.

This insurance does not apply to the extent that trade or economic sanctions or regulations prohibit Us from providing insurance, including, but not limited to, the payment of claims.

**Out-of-Country Medical Expense Benefit** - In addition to the accident benefits provided by your business travel plan, we will pay the additional benefits listed below if you are injured as the result of a Covered Accident or become sick while traveling outside your Country of Permanent Residence on a Trip sponsored by the Participating Organization provided the Trip does not exceed 365 days.

This coverage will begin on the later of the scheduled departure date or the date you leave Country of Permanent Residence on a Trip authorized by the Participating Organization. Coverage will end on the earliest of your scheduled return date, the date you return to your Country of Permanent Residence, or the date you make a Personal Deviation.

**Medical Expense Benefits** - We will pay for Covered Expenses that result directly from a Covered Accident or Sickness. These benefits are payable 26 weeks from the date of a Covered Accident or Sickness provided the Covered Loss or first Covered Expense was incurred outside of your Country of Permanent Residence within 90 days after the date of Covered Accident or Sickness. The Maximum Benefit for all Covered Accident benefits for you is \$250,000; for your Spouse/Domestic Partner is \$25,000; and for your child is \$25,000. The Maximum Benefit for covered Sickness benefits for you is \$250,000; for your Spouse/Domestic Partner is \$25,000; and for your child is \$25,000. These benefits are subject to a Deductible of \$100 per Covered Accident or Sickness. The Maximum for Preexisting Conditions for you is \$2,500; for your Spouse/Domestic Partner and for your child is \$1,000. The Maximum for Dental Treatment (Injury Only) is \$1,000; and the Maximum for Emergency Medical Treatment of Pregnancy is \$2,000.

Medical Expense Benefits are only payable: 1) for Usual and Customary Charges incurred after the Deductible, if any, has been met; 2) for those Medically Necessary Covered Expenses that you incur; and 3) for charges incurred for services rendered to you while traveling outside of your Country of Permanent Residence.

#### Covered Medical Expenses

- Hospital semi-private room and board (or room and board in an intensive care unit); Hospital ancillary services (including, but not limited to, use of the operating room or emergency room);
- Services of a Doctor or a registered nurse (R.N.);
- Ambulance service to or from a Hospital;
- Laboratory tests;
- Radiological procedures;
- Anesthetics and their administration;
- Blood, blood products, artificial blood products, and the transfusion thereof;
- Physiotherapy;
- Medicines or drugs administered by a Doctor or that can be obtained only with a Doctor's written prescription;
- Dental charges for Injury to sound, natural teeth;
- Emergency medical treatment of pregnancy;
- Artificial limbs or eyes (not including replacement of these items);
- Casts, splints, trusses, crutches and braces (not including replacement of these items or dental braces);

- Oxygen or rental equipment for administration of oxygen;
- Rental of a wheelchair or hospital-type bed; and
- Rental of mechanical equipment for treatment of respiratory paralysis.

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

- Routine physicals and care of any kind.
- Routine dental care and treatment.
- Cosmetic surgery, except for reconstructive surgery needed as the result of an Injury.
- Mental and nervous disorders.
- Pregnancy or childbirth. This does not apply if treatment is required as a result of a Medical Emergency.
- Routine nursery care.
- Eye refractions or eye examinations for the purpose of prescribing corrective lenses or for the fitting thereof; eyeglasses, contact lenses, and hearing aids.
- Services, supplies, or treatment including any period of Hospital confinement which is not recommended, approved, and certified as medically necessary and reasonable by a Doctor, or expenses which are non-medical in nature.
- Treatment or service provided by a private duty nurse.
- Treatment by any Immediate Family Member or member of your household.
- Expenses incurred during holiday travel, or travel for purposes of seeking medical care or treatment, or for any other travel that is not in the course of the Participating Organization's business (unless Personal Deviations are specifically covered).
- Covered medical expenses for which the Insured Person would not be responsible for in the absence of the Policy.
- Preexisting Condition, except as provided by the Policy.
- Any expense paid or payable by any other valid and collectible group insurance plan.
- Injury or sickness for which benefits are paid or payable under any workers' compensation or occupational disease law or act, or similar legislation, whether United States federal or foreign law.

If we determine the benefits paid under the Out-of-Country Medical Plan are eligible benefits under any other benefit plan, We may seek to recover any expenses covered by such other plan to the extent that you are eligible for reimbursement.

**War Risk Coverage:** We will pay benefits for Covered Losses due to Covered Accidents resulting from war or acts of war anywhere in the world, except the following countries: the United States.

The war exclusion is deleted to the extent coverage is provided by the terms and conditions of War Risk Coverage.

We will not pay more than the Aggregate Limit shown above per occurrence for war risk benefits. This limit shall apply to Injuries sustained from all acts of war in a consecutive 72-hour period. If but for this limit We would pay more than the Aggregate Limit shown above, then the benefits We will pay to each Insured Person will be reduced in the same proportion, so that the total amount We will pay for war risk coverage is the Aggregate Limit shown above.

**Definitions: "Covered Accident"** means an accident that occurs while coverage is in force for you and results directly and independently of all other causes in a loss or Injury covered by the Policy for which benefits are payable. **"Country of Permanent Residence"** means the country in which you normally reside on a permanent basis. Being on a Trip shall not change the Country of Permanent Residence for the purpose of this definition. **"Dependent"** means an your lawful spouse or your unmarried child, from the moment of birth to age 19, 25 if a full-time student, who is chiefly dependent on you for support. A child, for eligibility purposes, includes your natural child; adopted child, beginning with any waiting period pending finalization of the child's adoption; or a stepchild who resides with you or depends on you for financial support. A Dependent may also include any person related to you by blood or marriage and for whom you are allowed a deduction under the Internal Revenue Code. **"Dependent"** also means your Domestic Partner. **"Domestic Partner"** means a person of the same or opposite sex as you who: 1) shares your primary residence; 2) has resided with you for at least 12 months prior to the date of enrollment and is expected to reside with you indefinitely; 3) is financially interdependent of you in each of the following ways: a) by holding one or more credit or bank accounts, including a checking account, as joint owners; b) by owning or leasing their permanent residence as joint tenants; c) by naming, or being named by the other as a beneficiary of life insurance or under a will; d) by each agreeing in writing to assume financial responsibility for the welfare of the other. 4) has signed a Domestic Partner declaration with you, if recognized by the laws of the state in which he or she resides with you; 5) has not signed a Domestic Partner declaration with any other person within the last 12 months. 6) is 18 years of age or older; 7) is not currently married to another person; 8) is not in a position as a blood relative that would prohibit marriage. **"Immediate Family Member"** means a person who is related to you in any of the following ways: spouse, brother-in-law, sister-in-law, son-in-law, daughter-in-law, mother-in-law, father-in-law, parent (includes stepparent), brother or sister (includes stepbrother or stepsister) or child (includes legally adopted child or stepchild), grandchild and grandparent. **"Injury"** means

accidental bodily harm sustained by you that results directly and independently from all other causes from a Covered Accident. All injuries sustained by one person in any one Covered Accident, including all related conditions and recurrent symptoms of these injuries, are considered a single Injury. **“Insured Person”** means a person in a Class of Eligible Persons for whom the required premium is paid making insurance in effect for that person. **“Medical Emergency”** means a condition caused by an Injury or Sickness that manifests itself by symptoms of sufficient severity that a prudent lay person possessing an average knowledge of health and medicine would reasonably expect that failure to receive immediate medical attention would place the health of the person in serious jeopardy. **“Sickness”** means an illness, disease or condition that causes a loss for which you incur medical expenses while covered under the Policy. All related conditions and recurrent symptoms of the same or similar condition will be considered one Sickness. **“Trip”** means a trip sponsored by the Participating Organization. Such trip shall be deemed to have commenced when you leave your Country of Permanent Residence for the purpose of going on such trip, and shall continue until such time as you return to your Country of Permanent Residence. **“We, Our, Us”** means the insurance company underwriting this insurance or its authorized agent.

You must notify ACE USA within 90 days of an Accident or Loss. If notice cannot be given within that time, it must be given as soon as reasonably possible. This notice should identify you, the Participating Organization, and the Policy Number. Policy Number: **ADD N04860391**, Underwritten by ACE American Insurance Company, 436 Walnut Street, Philadelphia, PA 19106

**Contact Information:** For customer service, eligibility verification, plan information, or to file a claim, contact: **ACE USA at 800-336-0627 (from inside the U.S.) or 302-476-6194 (from outside the U.S.); fax 302-467-6154 for claims or inquiries or e-mail diane.basa@acegroup.com. Mail claims to: ACE USA, PO Box 15417, Wilmington, DE 19850. For medical evacuation, repatriation, or other assistance services call: Europ Assistance at 800-243-6124 (inside the U.S.) or call collect 202-659-7803 (from outside the U.S.) or e-mail OPS@europassistance-usa.com.**

**To access ACE’s Travel Assistance Website go to [www.acetravelassistance.com](http://www.acetravelassistance.com) and enter your user ID and password (shown on your Travel Assistance ID card).**

**Travel Assistance Services:** In addition to the insurance protection provided by this plan, ACE USA has arranged with Europ Assistance USA to provide you with access to its travel assistance services around the world. These services include:

- Medical Assistance including referral to a doctor or medical specialist, medical monitoring when you are hospitalized, emergency medical evacuation to an adequate facility, medically necessary repatriation, and return of mortal remains.
- Personal Assistance including pre-trip medical referral information and while you are on a trip: emergency medication, embassy and consular information, lost document assistance, emergency referral to a lawyer, translator or interpreter access, medical benefits verification, and medical claims assistance.
- Travel Assistance including emergency travel arrangements, arrangements for the return of your traveling companion or dependents, and vehicle return.
- Access to a secure, web-based system for tracking global threats and health or location based risk intelligence.
- Crisis hotline and on the ground security assistance to help address safety concerns or to secure immediate assistance while traveling.

When you call, please be prepared with the following information: 1) name of caller, phone number, fax number, and relationship to the Insured Person; 2) Insured Person’s name, age, sex, and the policy number for your insurance plan, and your Europ Assistance Plan Number (01AH585); 3) a description of the insured’s condition; 4) name, location, and telephone number of the hospital or other service provider; and 5) other insurance information including health insurance, workers’ compensation, or auto insurance if the insured was involved in an accident.

This information provides you with a brief outline of the services available to you. These services are subject to the terms and conditions of the Policy under which you are insured. A third party vendor may provide services to you. Europ Assistance makes every effort to refer you to appropriate medical and other service providers. It is not responsible for the quality or results of service provided by independent providers. In all cases, the medical provider, facility, legal counsel, or other professional service provider suggested by Europ Assistance are not employees or agents of Europ Assistance and the choice of provider is yours alone. Europ Assistance assumes no liability for the services provided to you under this arrangement, nor is it liable for any negligence or other wrongful acts or omissions of any of the legal or health care professionals providing services to you. Travel assistance services are not available if your coverage under the Policy providing insurance benefits is not in effect.

This Description of Coverage is a brief description of the important features of the insurance plan. It is not a contract of insurance. The terms and conditions of coverage are set forth in the Policy issued to the Participating Organization. The Policy is subject to the laws of the state in which it was issued. Coverage may not be available in all states or certain terms or conditions may be different if required by state law. Please keep this information as a reference.