

CERTIFICATE OF INSURANCE

HARTFORD FIRE INSURANCE COMPANY

One Hartford Plaza
Hartford, Connecticut 06155
(A stock insurance company)

The Hartford® is The Hartford Financial Services Group, Inc. and its subsidiaries.



Policyholder: Oldways Preservation Trust
Policy Number: 12-BSR-103123
Policy Effective Date: May 1, 2025

Certificate Effective Date: May 1, 2025

We have issued a Policy to the Policyholder. The Policy is delivered in and governed by the state of Massachusetts, and to the extent applicable, by the Employee Retirement Income Security Act of 1974 (as amended). The provisions of the Policy which are important to the Insured Person are summarized in this Certificate. This Certificate replaces all Certificates which We may have been given to the Insured Person earlier for the Policy. The Policy alone is the only contract under which payment will be made. Any difference between the Policy and this Certificate will be settled according to the provisions of the Policy. The Policy may be inspected at the office of the Policyholder.



This health plan, alone, **does not meet Minimum Creditable Coverage standards** and **will not satisfy** the individual mandate that you have health insurance. Please see below for additional information.

MASSACHUSETTS REQUIREMENT TO PURCHASE HEALTH INSURANCE:

As of January 1, 2009, the Massachusetts Health Care Reform Law requires that Massachusetts residents, eighteen (18) years of age and older, must have health coverage that meets the Minimum Creditable Coverage standards set by the Commonwealth Health Insurance Connector, unless waived from the health insurance requirement based on affordability or individual hardship. For more information call the Connector at 1-877-MA-ENROLL or visit the Connector website (www.mahealthconnector.org).

This plan is not intended to provide comprehensive health care coverage and **does not meet Minimum Creditable Coverage standards**, even if it does include services that are not available in the Insured Person's other health plans.

Signed for Hartford Fire Insurance Company at Hartford, Connecticut.

Kevin Barnett, Secretary

**H. Clay Bassett, JR, P&C Chief Underwriting
Officer**

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SCHEDULE

DESCRIPTION OF ELIGIBLE CLASS(ES):

Class Description of Class Number of Eligible Persons

- 1) All registered participants of the Policyholder.

COVERED ACTIVITIES means:

While participating in the scheduled, sponsored and supervised culinary tours of the Policyholder. Coverage includes traveling directly to or from the culinary tour and his or her home or lodging place.

Principal Sum

Class 1
Principal Sum: \$50,000

AGGREGATE LIMIT: \$500,000

CLASS(ES)	BENEFIT	AMOUNT
1	Accidental Death and Dismemberment (AD&D)	See Benefit(s) page
CLASS(ES)	BENEFIT	AMOUNT
1	B-23 Evacuation	\$250,000
CLASS(ES)	BENEFIT	AMOUNT
1	B-42 Out of Country Medical Expense	See Benefit(s) page.
CLASS(ES)	BENEFIT	AMOUNT
1	B-51 Repatriation of Remains	Maximum Benefit Amount of \$250,000
CLASS(ES)	BENEFIT	AMOUNT
1	B-54 Security Evacuation	Maximum Benefit Amount of \$100,000

DEFINITIONS

Accident, Accidental means a sudden, abrupt, and unexpected event.

Alcohol and Substance Abuse means the overindulgence in or dependence on a stimulant, depressant or other chemical substance, leading to effects that are detrimental to the individual's physical or mental health or the welfare of others.

Ambulatory Surgical Center (ASC) or Ambulatory Medical Center means a licensed healthcare facility where surgical procedures or medical Treatment that does not require an overnight Hospital stay are performed by a Physician. The facility must:

- 1) be under the direct supervision of a Physician;
- 2) provide Treatment by Physicians and/or Medical Professionals; and
- 3) have written agreements in place with one or more Hospitals to immediately accept patients who develop complications.

An ASC is also known as an outpatient surgery center or a same day surgery center.

Benefit Plan means a policy or other benefit or service arrangement for medical or dental care, or providing accident or health coverage, under any of the following:

- 1) individual, group or blanket coverage, whether on an insured or self-funded basis;
- 2) Hospital or medical service organizations;
- 3) health maintenance organizations;
- 4) labor-management plans;
- 5) employee benefit organization plans;
- 6) association plans; or
- 7) any other "employee welfare benefit plan" as defined in the Employee Retirement Income Security Act of 1974, as amended.

Coinurance means the percentage of the Usual and Customary Charges incurred for Covered Medical Services payable by Us.

Common Carrier means any air, land or water motorized Conveyance operated under a license for the transportation of fare-paying Passengers, including ridesharing programs. Common Carrier does not include courtesy transportation for which a charge is not made or cruise ships at sea more than 24 consecutive hours or any Conveyance, regardless of whether the Conveyance is licensed that is hired or used for a sport, gamesmanship, contest, or recreational activity. These Conveyances can include, but are not limited to, race cars, bobsleds, hunting vehicles, sightseeing vehicles, helicopters, fishing boats, parasails, paragliders, and boat cruises operating beyond 12 hours.

Complications of Pregnancy means any condition, whether or not a pregnancy is terminated, that requires Hospital Confinement and whose diagnosis is distinct from pregnancy but is adversely affected or caused by pregnancy. Examples include: acute nephritis; cardiac decompensation; disease of the endocrine, hemopoietic, nervous or vascular systems; ectopic pregnancy that is terminated; hyperemesis gravidarum; missed abortion; nephrosis; non-elective caesarean section; spontaneous termination of pregnancy that occurs during a period of gestation when a viable birth is not possible; or any similar condition(s) of comparable severity.

This definition does not include: elective caesarean section unrelated to a diagnosed complication of pregnancy; false labor; morning sickness; multiple gestation pregnancy; occasional spotting; physician prescribed rest during pregnancy; pre-eclampsia; any similar condition(s) associated with a difficult pregnancy but not considered a classifiable, distinct complication of pregnancy; or any other condition associated with pregnancy but has not been diagnosed by a Physician as a complication of pregnancy as defined.

Confined, Confinement means the assignment to a bed in a medical facility for a period of at least 24 consecutive hours.

Conveyance means any motorized craft, vehicle, or mode of Transportation licensed or registered by a governmental authority with competent jurisdiction. Conveyances include, but are not limited to, air ambulances, land ambulances and private motor vehicles.

Covered Accident means an Accident that occurs directly and independently of all other causes while coverage is in effect for an Insured Person resulting in a Covered Loss under the Policy for which benefits are payable. The Insured Person must be participating in a Covered Activity, as identified in the Schedule, when the Accident occurs.

Covered Activity means those activities set out in the Covered Activities section of the Schedule of Benefits, in which Insured Persons are provided insurance under the Policy.

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

Deductible means the amount of Usual and Customary Charges for Covered Medical Services that must be incurred by the Insured Person before benefits become payable. The amount of the Deductible is shown in the Schedule. Benefits are not payable for charges applied to the Deductible.

Dependent Child(ren) means:

- 1) an Insured Person's natural child, legally adopted child or stepchild;
- 2) a child placed into the Insured Person's custody for adoption (regardless of whether the adoption has become final);
- 3) a child for whom the Insured Person is ordered by a court or administrative order to provide coverage regardless of whether he/she is the custodial or non-custodial parent; or
- 4) an Insured Person's foster child or any other child for whom the Insured Person or Spouse has been appointed legal guardian; or
- 5) any other child who lives with the Insured Person in a regular parent/child relationship and is dependent on the Insured Person for support and maintenance;

who is/are:

- 1) unmarried; and
- 2) under 18 years of age; or
- 3) a Student age 18 or older but under age 26.

If an unmarried child is age 18 or older and is:

- 1) incapable of self-sustaining employment because of a mental or physical disability;
- 2) chiefly dependent on the Insured Person for financial support and maintenance;

and proof has been provided of his/her disability upon Our request, that child will continue to be a dependent child until these conditions cease to exist.

Diagnostic Exams mean any of the following major/advanced tests: angiogram, arteriogram, bone scintigraphy, CT, EEG, EKG, EMG, MRI, PET, SPECT, or thallium stress test. This definition does not include any lab test or x-ray.

Durable Medical Equipment means equipment of a type that is designed primarily for use, and used primarily, by people who are sick (for example, a wheelchair or a hospital bed). It does not include items commonly used by people who are not sick, even if the items can be used in the Treatment of Emergency Sickness or can be used for rehabilitation or improvement of health (for example, a stationary bicycle or a spa).

Eligible Class means any group of people listed in the Description of Eligible Class(es) shown in the Schedule.

Emergency Room (ER) means a specified area within a Hospital that is designated for emergency healthcare. This area must:

- 1) be staffed and equipped to handle trauma;
- 2) be under the direct supervision of a Physician;
- 3) provide Treatment by Physicians and/or Medical Professionals; and
- 4) provide care 24 hours per day, 7 days per week.

This definition does not include an Urgent Care Facility.

Emergency Sickness means an illness or disease diagnosed by a Physician which causes a severe or acute symptom that, if not provided with immediate treatment, would reasonably be expected to result in serious deterioration of the person's health, or place his/her life in jeopardy. Emergency Sickness also includes Complications of Pregnancy.

Experimental or Investigative Treatment means a device or prescription medication which is recommended by a Physician, but is not considered by the medical community as a whole to be safe and effective for the condition for which the Treatment, device or prescription medication is being used, including any Treatment, procedure, facility, equipment, drugs, drug usage, devices, or supplies not recognized as accepted medical practice, and any of those items requiring federal or other government agency approval not received at the time the services are rendered.

Geographic Area means the city, providence or region in which the service, procedure, devices, drugs, treatment or supplies are provided or a greater area, if necessary, to obtain a representation cross-section of charges for a like treatment, service, procedure, device, drug, or supply. Inside the United States, this would be based on the first three digits of the zip code.

Home Country means a country from which the Insured Person holds a passport. If the Insured Person holds passports from more than one country, his or her Home Country will be the country that the Insured Person has declared to Us in writing as his or her Home Country.

Home Health Care means healthcare services provided by a Home Health Care Agency in the residence of an Insured Person, including, but not limited to, counseling services, home health aide services, Hospice Care, skilled nursing care, medical social services and Therapy Services. Services must be rendered under a plan of care that is established and reviewed regularly by a Physician.

Home Health Care Agency means an appropriately licensed home health care agency which:

- 1) is primarily engaged in providing home health services;
- 2) provides services under the supervision of a Physician or Medical Professional;
- 3) has a planned program of policies and procedures developed with and periodically reviewed by one or more Physicians; and
- 4) maintains clinical records on all patients.

Hospice Care means specialized care, medical services and emotional support for an Insured Person who is in the last stages of an advanced illness, focusing on comfort and quality of life rather than cure.

Hospice Facility means an appropriately licensed healthcare facility, or a distinct unit within a Hospital or other institution, which:

- 1) provides Hospice Care and related services 24 hours per day, 7 days per week;
- 2) is under the direct supervision of a Physician and has a Physician or Medical Professional available at all times; and
- 3) is not mainly a place for care of the aged/elderly, care of persons with Substance Abuse issues/disorders, care of persons with Mental and Nervous Disorders, or a hotel or similar establishment.

Confinement in a Hospice Facility must follow certification by a Physician or hospice medical director that an Insured Person is terminally ill with less than 6 months to live if the Covered Loss runs its normal course. This definition does not include a nursing home, Rehabilitation Facility, Skilled Nursing Facility or swing bed hospitals that are authorized to provide and be paid for extended care services.

Hospital means an institution which:

- 1) operates pursuant to law;
- 2) primarily and continuously provides Medical Care and treatment of sick and injured persons on an inpatient basis;
- 3) operates facilities for medical and surgical diagnosis and treatment by or under the supervision of a staff of legally qualified physicians; and
- 4) provides 24 hour a day nursing service by or under the supervision of registered graduate nurses (R.N.).

Hospital does not mean any institution or part thereof which is used primarily as:

- 1) a nursing home, convalescent home or Skilled Nursing Facility;
- 2) an alcohol or drug treatment facility; or
- 3) a place for rest, custodial care or for the aged.

Host Country means the country, other than an Excluded Country, in which the Insured Person is traveling while covered under the Benefit.

Immediate Family Member means a person who is related to the Insured Person in any of the following ways: Spouse, brother-in-law, sister-in-law, daughter-in-law, mother-in-law, father-in-law, parent (includes step-parent), grand-parent (includes step grand-parent), brother or sister (includes stepbrother or stepsister and half-brother or half-sister), or child (includes a child legally adopted or a child placed for adoption but not yet adopted), or stepchild.

Injury means bodily injury sustained by an Insured Person caused from a Covered Accident that:

- 1) occurs while this Policy is in force as to the Insured Person whose Injury is the basis of claim;
- 2) occurs while the Insured Person is participating in a Covered Activity.

See the Schedule for applicability of all benefits. All Injuries sustained by one Insured Person in any one Covered Accident, including all related conditions and recurrent symptoms of the Injuries are considered a single Injury.

Inpatient means an Insured Person who is Confined and charged by a medical facility for room and board or is being held in a Hospital for a period of 24 consecutive hours or more. The requirement that an Insured Person be charged by the medical facility does not apply to confinement in a Veteran's Administration Hospital or other Federal Government Hospital.

Insured Person means a person:

- 1) who is a member of an Eligible Class described in the Schedule;
- 2) for whom premium has been paid; and
- 3) while covered under this Policy.

Intensive Care Unit (ICU) means a specifically designated area of a Hospital that provides the highest level of Medical Care and:

- 1) is restricted to patients who are critically ill or injured and who require intensive comprehensive observation and care;
- 2) is separate and apart from the surgical recovery room and from rooms, beds and wards customarily used for patient Confinement;
- 3) is permanently equipped with special lifesaving equipment and medical apparatus for the care of the critically ill or injured;
- 4) is under constant and continuous observation by a specially trained nursing staff assigned exclusively to the unit on a 24 hour basis; and
- 5) has a Physician assigned to the unit on a full-time basis.

An intensive care unit may include Hospital units with the following (or similar) names: burn unit; critical care unit; neonatal intensive care unit; cardiac care unit; or transplant unit.

An intensive care unit is not any of the following step-down units: intermediate care unit; modified/moderate care unit; Observation Unit; progressive care unit; or sub-acute intensive care unit.

This definition does not include a private monitored room.

Kidnap, Kidnapped, or Kidnapping means the wrongful abduction and holding under duress or by fraudulent means of an Insured Person by any person or group making a ransom demand or series of ransom demands for the release of such Insured Person.

Medical Care means necessary:

- 1) medical or surgical treatment, services and supplies;
- 2) hospital, nursing and ambulance services.

Each item of Medical Care must be:

- 1) prescribed by a Physician;
- 2) for the sole purpose of treating the Injury.

Medical Emergency Evacuation means, if warranted by the severity of the Insured Person's Injury or Emergency Sickness:

- 1) the Insured Person's immediate Transportation from the place where he or she suffers an Injury or Emergency Sickness to the nearest hospital or other medical facility where appropriate medical treatment can be obtained;
- 2) the Insured Person's Transportation to his or her current place of primary residence to obtain further medical treatment in a hospital or other medical facility or to recover after suffering an Injury or Emergency Sickness and being treated at a local hospital or other medical facility; or
- 3) both 1) and 2) above.

A Medical Emergency Evacuation also includes medical treatment, medical services and medical supplies necessarily received in connection with such Transportation.

Medically Necessary or Medical Necessity means a determination by the Insured Person's Physician that Treatment, service or supply provided to treat an Injury or Emergency Sickness is:

- 1) appropriate and consistent with the diagnosis and does not exceed in scope, duration, or intensity the level of care needed to provide safe, adequate, and appropriate treatment of the Injury or Emergency Sickness;
- 2) is commonly accepted as proper care or treatment of the Injury or Emergency Sickness in accordance with the medical practices of the United States and federal guidelines;
- 3) can reasonably be expected to result in or contribute to the improvement of the Injury or Emergency Sickness; and
- 4) is provided in the most conservative manner or in the least intensive setting without adversely affecting the condition of the Injury or the quality of the Medical Care provided.

The fact that a Physician may prescribe, order, recommend, or approve a treatment, service or supply does not, of itself, make the treatment, service, or supply medically necessary for the purpose of determining eligibility for coverage.

The Medical Professional must be acting within the scope of his/her license. A Medical Professional does not include an Insured Person or any Immediate Family Member.

Medical Professional means a person who is appropriately licensed to provide Medical Care and Treatment, including a nurse practitioner (NP/APRN), physician's assistant (PA) or registered nurse (RN). The medical professional must be acting within the scope of his/her license. A medical professional does not include an Insured Person or any Immediate Family Member.

Member of the Household means a person who maintains residence at the same address as the Insured Person at the time of the Injury.

Mental and Nervous Disorders means any condition, disease or disorder listed as a mental or nervous disorder in the most recent edition of the International Classification of Diseases (ICD) and the Diagnostic and Statistical Manual of Mental Disorders (DSM), where improvement can be reasonably expected with therapy.

This definition does not include conditions, diseases or disorders related to Substance Abuse.

Natural Disaster means an event, including, but not limited to, wind storm, rain, snow, sleet, hail, lightning, dust or sand storm, earthquake, tornado, flood, volcanic eruption, wildfire, or other similar event that:

- 1) is due to natural causes; and
- 2) results in severe damage such that the area in which loss occurs is declared a disaster area by a competent governmental authority having jurisdiction.

Observation Unit means a specified unit within a Hospital, apart from an Emergency Room (ER), where a patient can be monitored by a Physician or Medical Professional following Treatment in an ER or as an Outpatient. This area must:

- 1) be under the direct supervision of a Physician;
- 2) provide Treatment by Physicians and/or Medical Professionals; and
- 3) provide care 24 hours per day, 7 days per week.

Outpatient means an Insured Person who receives Treatment or services at a Hospital, Ambulatory Surgery Center (ASC), lab, medical clinic, Physician or Medical Professional's office/clinic, radiologic center or other licensed medical facility and is neither Confined nor charged for room and board.

Passenger(s) means a person not performing as a pilot, operator, or crew member of a Conveyance.

Physician means a provider or practitioner who:

- 1) is properly licensed or certified to provide care or treatment under the laws of the state where he or she practices;
- 2) provides services that are within the scope of his or her license or certificate; and
- 3) is neither the Insured Person, a Member of the Household of the Insured Person or an Immediate Family Member.

Policy means this insurance policy, certificate, the Schedule and all attached riders, amendments, endorsements or other papers.

Policy Period means the period between the Policy Effective Date and Policy Termination Date. These dates are shown on the Schedule.

Pre-existing Condition means a health condition for which an Insured Person has sought or received medical advice or Treatment from a Physician or Medical Professional at any time during the 12 months immediately preceding the Insured Person's Effective Date of coverage under the Policy.

Rehabilitation Care Facility means an appropriately licensed healthcare facility, or a distinct unit within a Hospital or other institution, which:

- 1) provides Rehabilitation Care Services;
- 2) is under the direct supervision of a Physician;
- 3) has a planned program of policies and procedures developed with and periodically reviewed by one or more Physicians; and
- 4) is not mainly a place for rest, Custodial Care, care of the aged/elderly, care of persons with Substance Abuse issues/disorders, care of persons with Mental and Nervous Disorders, or a hotel or similar establishment.

Confinement in a rehabilitation care facility must be at the direction of a Physician. This definition does not include a Hospice Facility, nursing home, Skilled Nursing Facility or swing bed hospitals that are authorized to provide and be paid for extended care services.

Rehabilitation Care Services means coordinated multidisciplinary physical restorative services (the combined use of medical, social, educational and vocational services) to enable an Insured Person who has experienced a disabling Covered Loss to achieve the highest possible functional ability.

Schedule means the benefits, benefit amounts, terms, limitations, and provisions of coverage selected by the Policyholder which is attached to and made a part of this Policy.

Skilled Nursing Facility means an appropriately licensed healthcare facility, or a distinct unit within a Hospital or other institution, which:

- 1) provides skilled nursing care and related services 24 hours per day, 7 days per week;
- 2) is under the direct supervision of a Physician and has a Physician or Medical Professional available at all times;
- 3) has a planned program of policies and procedures developed with and periodically reviewed by one or more Physicians; and
- 4) is not mainly a place for rest, Custodial Care, care of the aged/elderly, care of persons with Substance Abuse issues/disorders, care of persons with Mental and Nervous Disorders, or a hotel or similar establishment.

Confinement in a Skilled Nursing Facility must be at the direction of a Physician. This definition does not include a Hospice Facility, nursing home, Rehabilitation Care Facility or swing bed hospitals that are authorized to provide and be paid for extended care services.

Spouse means any individual who is recognized as the spouse of the Insured Person, under applicable state law;

Spouse will also include a domestic partner or civil union partner as determined by any controlling legal authority or, in the absence of such authority, by agreement between Us and the Policyholder.

Therapy Services means acupuncture, respiratory therapy, occupational therapy, physical therapy or speech therapy.

Transportation means moving an individual by the most efficient and available land, water or air Conveyance.

Treatment means medical advice, diagnosis, care or services (including diagnostic measures) received by a person, or the use of drugs or medicines by a person.

Urgent Care Facility means a licensed, freestanding healthcare facility providing immediate, short-term Medical Care without an appointment, other than a Hospital (including any Outpatient department of a Hospital), Emergency Room, or Physician or Medical Professional's office/clinic. The facility must:

- 1) be under the direct supervision of a Physician; and
- 2) provide Treatment by Physicians and/or Medical Professionals.

Usual and Customary Charge(s) means the average amount charged by most providers for treatment, service or supplies in the Geographic Area where the treatment, service or supply is provided.

We, Us or Our means the Hartford Fire Insurance Company.

INSURED PERSON'S EFFECTIVE AND TERMINATION DATES

Insured Person's Effective Date. An Insured Person's coverage under the Policy begins on the latest of:

- 1) the Policy Effective Date;
- 2) the date for which the first premium for the Insured Person's coverage is paid; or
- 3) the date the person becomes a member of an Eligible Class as described in the Schedule.

A change in an Insured Person's coverage under the Policy due to a change in his or her Eligible Class, or Covered Activity becomes effective on the later of:

- 1) when the change in his or her Eligible Class, or Covered Activity occurs; or
- 2) if the change requires a change in premium, the date the changed premium is paid.

However, a change in coverage applies only with respect to a Covered Loss that occurs once the change becomes effective.

Insured Person's Termination Date. An Insured Person's coverage under the Policy ends on the earliest of:

- 1) the date the Policy is terminated (unless the Policyholder and Us agree, in writing, to permit coverage to continue to the end of the period for which premiums have been paid in lieu of a return of unearned premiums);
- 2) the end of the Grace Period if premiums are not paid when due; or
- 3) the date the Insured Person ceases to be a member of any Eligible Class described in the Schedule.

Termination of coverage will not affect a claim for a Covered Loss that occurs either before or after such termination if that loss results from a Covered Accident that occurred while the Insured Person's coverage was in force under the policy.

LIMITATIONS AND EXCLUSIONS

Economic Sanction

We will not provide coverage or pay benefits under the policy to the extent, and only to the extent, that We are prohibited from providing coverage or making payment by any type of travel restriction, trade restriction, economic sanction, or embargo imposed by the United States government.

Age Reduction Schedule

The Principal Sum used to determine the amount payable for a Covered Loss will be reduced if an Insured Person is age 70 or older on the date of the Covered Accident with respect to any of the following Benefits provided by the Policy:

Accidental Death & Dismemberment Benefit;

The reduced amount will be determined by multiplying the Principal Sum by the percentage shown below for the Insured Person's attained age:

AGE ON DATE OF ACCIDENT	PERCENTAGE OF PRINCIPAL SUM
70-74	65%
75-79	45%
80-84	30%
85 and older	15%

These reductions also apply if:

- 1) You become covered under the Policy; or
- 2) Your coverage increases;

on or after the date You attain age 70.

Premium for an Insured Person age 70 or older is based on 100% of the coverage that would be in effect if the Insured Person were under age 70.

Age refers to the age of the Insured Person's most recent birthday, regardless of the actual time of birth.

Limitation on Multiple Benefits

If an Insured Person suffers one or more Covered Losses from the same Covered Accident for which amounts are payable under all of the benefits provided by the Policy, the maximum amount payable under all of the benefits combined will not exceed the largest amount payable for one of those Covered Losses.

Limitation on Multiple Covered Activities

If an Insured Person's Injury is caused by a Covered Accident that occurs while the Insured Person is participating in more than one Covered Activity, and if the same benefit applies to that Insured Person with respect to more than one such Covered Activity, then the Accidental Death or Accidental Dismemberment Principal Sum for that Insured Person for that Covered Accident will be determined as though the Covered Accident occurred while the Insured Person was participating in only one such Covered Activity. We will pay the benefits for the Covered Activity with the largest Principal Sum for that Insured Person.

Aggregate Limit

The Accidental Death or Accidental Dismemberment Principal Sum otherwise payable shall be reduced if more than one Insured Person suffers a loss as a result of the same Covered Accident, and if amounts are payable for those losses under all of the benefits provided by the Policy:

Accidental Death & Dismemberment Benefit

The Accidental Death or Accidental Dismemberment Principal Sum payable for all such losses for all Insured Persons under all those benefits combined will not exceed the amount shown as the Aggregate Limit in the Schedule. If the combined Accidental Death or Accidental Dismemberment Principal Sum otherwise payable for all Insured Persons must be reduced to comply with this provision, the reduction will be taken by applying the same percentage of reduction to the individual Accidental Death or Accidental Dismemberment Principal Sum otherwise payable for each Insured Person for all such losses under all those benefits combined.

Exclusions

Unless otherwise specified in the Policy, including any attached Riders, the Policy does not cover loss resulting from or for:

- 1) suicide or attempted suicide, whether sane or insane, or intentionally self-inflicted injury;
- 2) war or act of war, whether declared or undeclared;
- 3) injury sustained 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 Service is not excluded, unless it extends beyond 31 days;
- 4) injury sustained while on any aircraft except a civil or public aircraft, or military transport aircraft;
- 5) injury sustained while on any aircraft:
 - a) as a pilot, crewmember or student pilot;
 - b) as a flight instructor or examiner;
 - c) if it is owned, operated or leased by or on behalf of the Policyholder, or any Employer or organization covering any Eligible Class under the Policy; or
 - d) being used for tests, experimental purposes, stunt flying, racing or endurance tests;
- 6) Injury for which the Insured Person is eligible to receive Workers' Compensation benefits or similar benefits, regardless of whether he or she has applied for the benefits;
- 7) injury sustained while under the influence of any narcotics, drug or controlled substance, unless administered by or taken according to the instruction of a licensed Physician;
- 8) injury sustained as a result of the Insured Person's voluntary intoxication through the use of poison, gas or fumes, whether by ingestion, injection, inhalation or absorption;
- 9) injury sustained by an Insured Person during or as a result of his or her commission of a felony or while incarcerated for a felony, except that this exclusion will not be applicable upon acquittal or dismissal of the felony charges;
- 10) injury sustained while the Insured Person is under the influence of intoxicants (as defined by the law of the jurisdiction in which the Injury occurred);
- 11) stroke or cerebrovascular accident or event; cardiovascular accident or event; myocardial infarction or heart attack; coronary thrombosis; aneurysm;
- 12) sickness, disease, or bacterial or viral infection, or medical or surgical treatment thereof unless and only to the extent covered by Rider, except for any bacterial infection resulting from an accidental external cut or wound or accidental ingestion of contaminated food;
- 13) Mental and Nervous Disorders, unless and only to the extent covered by a Rider;
- 14) services for which no charge is normally made; or
- 15) injury sustained while playing or practicing in:
 - a) all intercollegiate sports;
 - b) any inter-school club sports;
 - c) any intramural sports; or
 - d) any form of tackle football.

Any sports activity that is a Covered Activity is not included in this exclusion.

BENEFITS

Accidental Death and Dismemberment (AD&D) Benefit

If the Insured Person's Injury results in any of the losses listed in the table below within 365 days after the date of the Covered Accident, We will pay the sum shown opposite the loss. We will not pay more than the Accidental Death or Accidental Dismemberment Principal Sum shown for each Insured Person for all losses due to the same Covered Accident subject to the Age Reduction Schedule. The Accidental Death or Accidental Dismemberment Principal Sum amount is shown in the Schedule.

FOR LOSS OF:

Life.....
Both Hands or Both Feet or Sight of Both Eyes.....
One Hand and One Foot.....
One Hand and Sight of One Eye.....
One Foot and Sight of One Eye.....
Speech and Hearing in Both Ears.....
Speech and Hearing in One Ear.....
One Arm or One Leg.....
One Hand or One Foot.....
Sight of One Eye.....
Speech or Hearing in Both Ears.....
Thumb and Index Finger on the Same Hand.....
Hearing in One Ear.....
One Thumb.....

BENEFIT:

100% of the Accidental Death Principal Sum
100% of the Accidental Dismemberment Principal Sum
100% of the Accidental Dismemberment Principal Sum
100% of the Accidental Dismemberment Principal Sum
100% of the Accidental Dismemberment Principal Sum
100% of the Accidental Dismemberment Principal Sum
75% of the Accidental Dismemberment Principal Sum
75% of the Accidental Dismemberment Principal Sum
50% of the Accidental Dismemberment Principal Sum
50% of the Accidental Dismemberment Principal Sum
50% of the Accidental Dismemberment Principal Sum
25% of the Accidental Dismemberment Principal Sum
25% of the Accidental Dismemberment Principal Sum
10% of the Accidental Dismemberment Principal Sum

For purposes of this benefit:

- 1) **Loss of Arm** means Severance of an arm above the elbow joint, including the Severance of the entire arm.
- 2) **Loss of Both Feet, Loss of One Foot** means Severance of a foot or both feet above the ankle joint, including the Severance of an entire leg or any part of a leg that includes an entire foot.
- 3) **Loss of Both Hands, Loss of One Hand** means Severance of at least four whole fingers at or proximal to the metacarpophalangeal joints (the joints that connect the fingers and the hand) from one or both hands, including the Severance of an entire arm or any part of an arm that includes an entire hand.
- 4) **Loss of Fingers or Thumb** means Severance of more than one finger or the thumb at least at or proximal to the first interphalangeal joint of each finger.
- 5) **Loss of Hearing** means total and permanent loss of hearing in one or both ears which cannot be corrected by any means.
- 6) **Loss of Leg** means Severance of a leg above the knee joint, including the Severance of the entire leg.
- 7) **Loss of Sight of Both Eyes, Loss of Sight of One Eye** means total and permanent loss of sight or blindness which cannot be corrected by any means, or Severance of one or both eyes.
- 8) **Loss of Speech** means total and permanent loss of audible voice communication which cannot be corrected by any means.
- 9) **Severance** means the complete separation and dismemberment of the part from the body.

Exposure and Disappearance

We will presume an Insured Person has died due to Injuries if, while insurance is in effect, the Insured Person dies as a result of exposure to the elements as a result of an Injury.

We will presume the Insured Person has died if, while insurance is in effect and after the forced landing, stranding, sinking, or wrecking of a vehicle:

- 1) the Insured Person disappears; and
- 2) the Insured Person's body is not found within 1 year of disappearance; and
- 3) a valid death certificate is issued by a court of competent jurisdiction.

Benefit B-23: Evacuation Benefit

MEDICAL EMERGENCY EVACUATION BENEFIT

We will pay for Covered Medical Emergency Evacuation Expenses reasonably incurred if the Insured Person suffers an Injury or Emergency Sickness that warrants his or her Medical Emergency Evacuation while he or she is outside a 100 mile radius from his or her current place of primary residence, up to the Maximum Benefit Amount shown in the Schedule for all Medical Emergency Evacuations due to all Injuries from the same Covered Accident or all Emergency Sickness from the same or related causes.

Benefits will not be payable, unless:

- 1) the Physician ordering the Medical Emergency Evacuation certifies that the severity of the Insured Person's Injury or Emergency Sickness requires an Medical Emergency Evacuation;
- 2) all Transportation arrangements made for the Medical Emergency Evacuation are by the most direct and economical method and route possible;
- 3) the charges incurred are Medically Necessary, and do not exceed the usual level of charges for similar Transportation, Treatment, services, or supplies in the locality where the expense incurred; and
- 4) the charges incurred do not include charges that would not have been incurred if no insurance existed.

EMERGENCY REUNION BENEFIT

Following a Medical Emergency Evacuation for which a Medical Emergency Evacuation Benefit is payable under this Benefit, We will pay for the expenses reasonably incurred:

- 1) to bring one person chosen by the Insured Person to and from the Hospital or other medical facility where the Insured Person is Confined if:
 - a) the Insured Person is alone; and
 - b) the place of Confinement is outside a 100 mile radius from the Insured Person's place of primary residence; but not to exceed the cost of one round-trip economy airfare ticket; and
- 2) for lodging and meals for up to 10 days for such person in the area of such place of Confinement, but:
 - a) only while the Insured Person remains so Confined; and
 - b) not to exceed \$100 per day for lodging and \$50 per day for meals.

The total of all benefits outlined in the Benefit may not exceed the Maximum Benefit Amount shown in the Schedule.

LIMITATIONS AND EXCLUSIONS

Our designated travel assistance provider must make all arrangements and must authorize all expenses in advance of any benefits being payable. Benefits will not be payable unless We authorize in writing, or by authorized electronic or telephonic means, all expenses in advance, and services are rendered by Us or Our designated travel assistance provider. We reserve the right to determine the benefit payable, including reductions, if it is not reasonably possible to contact Us in advance. In the event the Insured Person refuses to be evacuated, We will not be liable for any expenses incurred after the date medical evacuation is recommended.

DEFINITIONS

Except as defined below, the definitions in the Policy apply to this Benefit.

Covered Medical Emergency Evacuation Expense(s) means an expense that:

- 1) is charged for a Medically Necessary Emergency Evacuation Service;
- 2) does not exceed the usual level of charges for similar Transportation, Treatment, services or supplies in the locality where the expense is incurred; and
- 3) does not include charges that would not have been made if no insurance existed.

Medically Necessary Emergency Evacuation Service means any Transportation, medical Treatment, medical service or medical supply that:

- 1) is an essential part of an Medical Emergency Evacuation due to the Injury or Emergency Sickness for which it is prescribed or performed;
 - 2) meets generally accepted standards of medical practice; and
- either is ordered by a Physician and performed under his or her care or supervision or order, or is required by the standard regulations of the Conveyance transporting the Insured Person.

Benefit B-42: Out of Country Medical Expense

If the Insured Person is participating in a Covered Activity outside of his or her Country of Permanent Residence for a period of less than 60 days, and the Insured Person suffers a Medical Emergency, We will pay the Out of Country Medical Expense Benefit.

The Out of Country Medical Expense Benefit Amount equals the Usual and Customary Charges incurred outside of the Insured Person's Country of Permanent Residence for Covered Medical Services that are Medically Necessary and received due to that Medical Emergency, up to the Maximum Amount per Insured Person. Benefits are then payable for charges incurred within the Maximum Benefit Period shown in the Schedule.

COVERED MEDICAL SERVICES

Covered Medical Services under the Benefit are as follows:

- 1) **Hospital:** the following services provided when the Insured Person is Confined in a Hospital:
 - a) the daily room rate for a semi-private room when an Insured Person is Confined in a Hospital and general nursing care is provided and charged for by the Hospital. In computing the number of days payable under this benefit, the date of admission will be counted but not the date of discharge.
 - b) ancillary Hospital services and supplies including operating room, laboratory tests, Diagnostic Exams, anesthesia and medicines (excluding take home drugs) when Confined in a Hospital.
 - c) the daily room rate when an Insured Person is Confined in a Hospital in a bed in the Intensive Care Unit; and
 - d) nursing services other than private duty nursing services.
- 2) **Private Duty Nurse:** private duty nursing services by a registered nurse (RN) or licensed practical nurse (LPN) while an Insured Person is Confined in a Hospital. These services must be ordered by a Physician.
- 3) **Emergency Room:** expenses incurred due to Treatment in an Emergency Room. Such expenses include the attending Emergency Room Physician's charges, x-rays, laboratory procedures, medications, use of the Emergency Room, and medical supplies. In the case of Injury, Emergency Room Treatment must begin within 72 hours of a Medical Emergency.
- 4) **Prosthesis:** artificial limbs, eyes, larynx, or other prosthesis for initial acquisition and fitting. We will not pay for repair or replacement of any prosthesis, unless due to a Covered Accident.
- 5) **Ambulatory Surgical Center or Ambulatory Medical Center:** Treatment including operating room, laboratory tests, anesthesia, medical supplies, and medicines (excluding take home drugs) provided in an Ambulatory Surgical Center or Ambulatory Medical Center.
- 6) **Physician:** expenses for Treatment provided by a Physician.
- 7) **Anesthesia:** expenses for pre-operative screening, anesthetics, and administration of anesthesia during a surgical procedure whether on an Inpatient or Outpatient basis.
- 8) **Durable Medical Equipment Rental:** expenses for rental of a wheelchair, orthopedic appliances, orthopedic braces, or other medical equipment that has therapeutic value for an Insured Person. We will not cover computers, motor vehicles, or modifications to a motor vehicle, ramps and installation costs, eyeglasses, and hearing aids. No benefits will be paid for rental charges in excess of the purchase price.
- 9) **Blood and Blood Products:** expenses for blood, blood products, artificial blood products, and transfusions of any blood or blood products.
- 10) **Ambulance:** expenses for transportation from the emergency site to the Hospital.

- 11) **Radiological Procedures:** Outpatient expenses for CAT Scan, MRI, X-ray, CT, PET, ultrasound, and other radiological procedures. Does not include dental x-rays.
- 12) **Outpatient Laboratory Tests:** expenses for laboratory tests provided when the Insured Person is not Confined in a Hospital and provided by a medical facility other than an Emergency Room or Ambulatory Surgical Center.
- 13) **Prescription Drug:** expenses for drugs prescribed by a Physician for the Treatment of an Injury and administered on an outpatient basis.
- 14) **Rehabilitation Care Facility:** expenses for physical and occupational rehabilitation. Treatment must be provided in a duly licensed Rehabilitation Care Facility and be under the direction of a Physician.
- 15) **Dental:** expenses including dental x-rays for the repair or Treatment of each Injured tooth that is whole, sound, and a natural tooth at the time of the Medical Emergency.
- 16) **Vision or Hearing Products:** eyeglasses, contact lenses, and hearing aids when damage occurs in a Medical Emergency that requires medical Treatment.
- 17) **Skilled Nursing Facility:** expenses for Confinement in a Skilled Nursing Facility if it begins within 5 consecutive days after an Insured Person is Confined in a Hospital as a result of a Medical Emergency. We will pay for Treatment if a Physician visits the Insured Person at least once every 30 days and certifies that the Confinement is Medically Necessary.
- 18) **Home Health Care:** expenses for Home Health Care beginning within 5 consecutive days after discharge from a Hospital, Skilled Nursing Facility, or Rehabilitation Care Facility.
- 19) **Chiropractic Care:** expenses for Treatment and services received by a chiropractor.
- 20) **Physical and Occupational Therapy:** expenses for physical or occupational therapy and an office visit connected with any such service.

SCHEDULE

OUT OF COUNTRY MEDICAL EXPENSE BENEFIT

Maximum Amount per Insured Person:	\$100,000
Deductible:	\$0
Coinsurance:	100% of Usual and Customary Charges
Maximum Benefit Period:	52 weeks from the date of the Medical Emergency

LIMITATIONS AND EXCLUSIONS

Exclusions

Unless otherwise specified in this Benefit, in addition to the exclusions in the Policy, We will not pay Out of Country Medical Benefits for any loss, Treatment, or services resulting from, or contributed to, by:

- 1) pregnancy, childbirth, elective abortion, an abortion for any reason other than to preserve the life of the female upon whom the abortion is performed;
- 2) Complications of Pregnancy or miscarriage, except as a result of a Covered Accident;
- 3) elective or cosmetic surgery, except for reconstructive surgery needed as the result of an Injury;
- 4) orthopedic appliances used mainly to protect an Injury, so the Insured Person can participate in a Covered Activity;
- 5) expenses paid or payable under any automobile insurance policy without regard to fault; (This exclusion does not apply in any state where prohibited.);
- 6) Treatment or service provided by a private duty nurse;
- 7) routine physical exams and medical services or wellness visits;

- 8) overuse symptoms including, but not limited to, bursitis, tendonitis, shin splints, stress fractures, heat exhaustion, heat stroke, heat prostration, malfunctions of the heart, embolism, reinjuries or the aggravation thereof, sprains, hernia, strains, muscle tears, or repetitive motion Injury, and/or Treatment of Injuries that result over a period of time (such as blisters, tennis elbow, etc.), and that are a normal result of participation in a Covered Activity,
- 9) expenses due to an aggravation or re-Injury of a Pre-existing Condition;
- 10) expenses incurred that are in excess of Usual and Customary Charges for Covered Medical Services, or expenses that are not covered;
- 11) Mental and Nervous Disorders;
- 12) Experimental or Investigative Treatment or procedures;
- 13) Treatment of any condition for which the Insured Person is entitled to benefits under any Workers' Compensation Act or similar law;
- 14) diagnosis or treatment of acne;
- 15) human organ or tissue transplants or Treatment thereof;
- 16) a motor vehicle accident if the Insured Person is not properly licensed to operate the motor vehicle in the jurisdiction in which the accident takes place (This exclusion will not apply to an Insured Person who is a Passenger).

DEFINITIONS

Except as defined below, the definitions in the Policy apply to this Benefit.

Covered Medical Services means the services covered by this Benefit. Covered Medical Services are shown in the Benefit Schedule and described in the Covered Medical Services provision.

Country of Permanent Residence means country or location in which the Insured Person maintains a primary permanent residence.

Hospital Admission Guarantee Charge means any charge or expense made by a Hospital prior to and as a condition of an Insured Person's admission to that Hospital.

Medical Emergency means a condition caused by an Injury or Emergency Sickness which meets all of the following criteria:

- 1) there is present a severe or acute symptom requiring immediate care and the failure to obtain such care could reasonably result in serious deterioration of the Insured Person's condition or place his or her life in jeopardy;
- 2) the severe or acute symptom occurs suddenly and unexpectedly; and
- 3) the severe or acute symptom occurs while the Policy is in force as to the person suffering the symptom and under the circumstances described in a Covered Activity:
 - a) applicable to that person; and
 - b) to which this Benefit applies.

Benefit B-51: Repatriation of Remains

If an Insured Person suffers an Injury or Emergency Sickness that results in loss of life payable under this Policy, We will pay for the following expenses, but are not limited to:

- 1) the expense incurred for the preparation of the deceased's body for burial or cremation;
- 2) the most economical coffin or receptacle adequate for transporting the remains; and
- 3) transportation of the deceased's body to the place of burial or cremation;

provided that the death of the Insured Person occurred outside a 100 mile radius from his or her current place of primary residence, up to the Maximum Benefit Amount shown in the Schedule below.

IDENTIFICATION AND ESCORT EXPENSE BENEFIT

If an Insured Person suffers an Injury or an Emergency Sickness that results in loss of life and the Repatriation of Remains Benefit is payable, We will pay for expenses reasonably incurred if an Immediate Family Member or authorized representative incurs Identification Expenses or Escort Expenses while;

- 1) en route and during the stay in the city or town where the Insured Person's body is located, including transportation by the most direct route by a licensed Common Carrier to and from such location, but not to exceed the cost of one round-trip economy airfare ticket; and
- 2) for lodging and meals for up to 10 days for such person in the area where the Insured Person's death occurred, and not to exceed \$100 per day for lodging and \$50 per day for meals.

The total of all benefits outlined in the Benefit may not exceed the Maximum Benefit Amount shown in the Schedule.

LIMITATIONS AND EXCLUSIONS

Our designated travel assistance provider must make all arrangements and must authorize all expenses in advance of any benefits being payable. Benefits will not be payable unless We authorize in writing, or by authorized electronic or telephonic means, all expenses in advance, and services are rendered by Us or Our designated travel assistance provider. We reserve the right to determine the benefit payable, including reductions, if it is not reasonably possible to contact Us in advance. In the event the Insured Person refuses to be evacuated, We will not be liable for any expenses incurred after the date medical evacuation is recommended.

DEFINITIONS

Except as defined below, the definitions in the Policy apply to this Benefit.

Escort Expenses mean expenses for an Immediate Family Member or authorized representative to join the Insured Person's body during the repatriation to the Insured Person's place of permanent residence.

Identification Expenses mean expenses incurred by an Immediate Family Member or authorized representative when identifying the remains of the Insured Person.

Benefit B-54: Security Evacuation

If, as a result of an Occurrence that takes place while the Insured Person is participating in a Covered Activity and while traveling outside his or her Home Country more than 100 miles from his or her primary residence, an Insured Person requires a Security Evacuation, We will pay benefits for the Transportation of the Insured Person to the Nearest Place of Safety. The determination that an Insured Person requires a Security Evacuation must be made by a Designated Security Consultant and all arrangements must be made by Our designated travel assistance provider.

Benefits will be payable for eligible expenses up to the Maximum Benefit Amount shown in the Schedule. Eligible expenses are for Transportation and Related Costs to the Nearest Place of Safety necessary to ensure the Insured Person's safety and well-being as determined by the Designated Security Consultant. Security Evacuation benefits are payable only once per Occurrence.

Benefits will also be payable for Transportation and Related Costs within 7 days of the Security Evacuation to the following location(s) as chosen by Us the Insured Person the Designated Security Consultant:

- 1) back to the Host Country if return is safe and permitted; or
- 2) the Insured Person's Home Country; or
- 3) where the Insured Person is currently permanently assigned by the Policyholder; or

- 4) where the Policyholder is located; or
- 5) where the entity that sponsored the Insured Person's trip is located.

Benefits will be payable for consulting services by Designated Security Consultant for seeking information on Missing Person or Kidnapping cases if the Insured Person is deemed Kidnapped or a Missing Person by local or international authorities. This benefit is subject to the Maximum Benefit Amount as shown in the Schedule.

Our designated travel assistance provider must make all arrangements and must authorize all expenses in advance of any benefits being payable. Our designated travel assistance provider is not responsible for the availability of Transportation services. If possible, the Insured Person's Common Carrier tickets will be used. Where a Security Evacuation becomes impractical because of hostile or dangerous conditions, a Designated Security Consultant will endeavor to maintain contact with the Insured Person until a Security Evacuation becomes viable.

Right of Recovery

For the purpose of this Benefit, if, after a Security Evacuation is completed, it becomes clear that the Insured Person was an active participant in the events that led to an Occurrence, We have the right to recover all Transportation and Related Costs from the Insured Person.

Changes in Terms and Conditions

The terms and conditions of this Benefit, including but not limited to the definition of Excluded Countries, may be changed at any time to reflect conditions that, in Our opinion, constitute a change in the Policyholder's Security Evacuation exposure. We will give the Policyholder written notice of any change in the terms and conditions of the Benefit at least 10 days in advance of the effective date of the change.

Exclusions

Unless otherwise specified in the Benefit, in addition to the exclusions in the Policy, no benefits are payable under this Benefit for charges, fees or expenses:

- 1) payable under any other provision of, or Rider to, the Policy;
- 2) that are recoverable through the Insured Person's employer;
- 3) arising from or attributable to an actual fraudulent, dishonest or criminal act committed or attempted by an Insured Person, acting alone or in collusion with others;
- 4) arising from or attributable to an alleged:
 - a) violation of the laws of the Host Country by an Insured Person; or
 - b) violation of the laws of the Insured Person's Home Country;unless the Designated Security Consultant determines that such allegations were intentionally false, fraudulent and malicious and made solely to achieve a political, propaganda and/or coercive effect upon or at the expense of the Insured Person;
- 5) due to the Insured Person's failure to maintain and possess duly authorized and issued required travel documents and visas;
- 6) arising from an Occurrence which took place in an Excluded Country;
- 7) for repatriation of remains expenses;
- 8) for common or endemic or epidemic diseases or global pandemic disease as defined by the World Health Organization;
- 9) for medical services;
- 10) for monies payable in the form of a ransom if a Missing Person case evolves into a Kidnapping;
- 11) arising from or attributable, in whole or in part, to a debt, insolvency, commercial failure, the repossession of any property by any title holder or lien holder or any other financial cause;
- 12) arising from or attributable, in whole or in part to non-compliance by the Insured Person with regard to any obligation specified in a contract or license;
- 13) due to military or political issues if the Insured Person's Security Evacuation request is made more than 7 days after the Appropriate Authority(ies) Advisory was issued.

DEFINITIONS

Except as defined below, the definitions in the Policy apply to this Benefit.

Advisory means a formal recommendation by the Appropriate Authorities that the Insured Person or citizens of his or her Home Country or citizens of the Host Country leave the Host Country.

Appropriate Authority(ies) means the government authority(ies) in the Insured Person's Home Country or the government authority(ies) of the Host Country.

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

Excluded Countries means the following countries from which Security Evacuations are not available under this Benefit: Iraq, Afghanistan, Pakistan, Israel (West Bank and Gaza Strip), Iran, Somalia and Chechnya or any country subject to the administration and enforcement of U. S. economic embargoes and trade sanctions by the Office of Foreign Assets Control (OFAC).

Imminent Physical Danger means the Insured Person is subject to possible physical injury or Emergency Sickness that could result in grave physical harm or death.

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

Nearest Place of Safety means a location determined by the Designated Security Consultant where:

- 1) the Insured Person can be presumed safe from the Occurrence that precipitated the Insured Person's Security Evacuation; and
- 2) the Insured Person has access to transportation; and
- 3) the Insured Person has the availability of temporary lodging, if needed.

Occurrence means any of the following situations in which an Insured Person finds himself or herself while covered by the Policy:

- 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 Insured Person's Home Country or citizens of the Host Country should leave the Host Country;
- 3) Verified Physical Attack or a Verified Threat of Physical Attack from a third party;
- 4) Natural Disaster within 7 days of an event;
- 5) the Insured Person had been deemed Kidnapped or a Missing Person by local or international authorities and, when found, his or her safety and/or well-being are in question within 3 days of his or her being found;
- 6) Our designated travel assistance provider/Designated Security Consultant recommends an evacuation.

Related Cost(s) means food, lodging and, if necessary, physical protection for the Insured Person during Transportation to the Nearest Place of Safety.

Security Evacuation means the extrication of an Insured Person from the Host Country due to an Occurrence which results in the Insured Person being placed in Imminent Physical Danger.

Verified Physical Attack means deliberate physical harm of the Insured Person confirmed by documentation or physical evidence.

Verified Threat of Physical Attack means a threat against the Insured Person's health and safety as confirmed by documentation and/or physical evidence.

CLAIMS PROVISIONS

Notice of Claim

The person who has the right to claim benefits (the claimant, beneficiary or his or her representative) must give Us written Notice of a Claim within 30 days after a Covered Loss begins. If notice cannot be given within that time, it must be given as soon as reasonably possible. The notice should include the Insured Person's name and the Policy Number. Notice should be given to Our agent or sent to Us.

Claim Forms

When We receive the notice of claim, We will send forms to the claimant for giving Us Proof of Loss. The forms will be sent within 10 days after We receive the notice of claim. If the forms are not received, the claimant will satisfy the Proof of Loss requirement if a written notice of the occurrence, character, and extent of the loss is sent to Us.

Proof of Loss

Written Proof of Loss must be furnished to Us within 90 days after the date of the loss. If the loss is one for which the Policy requires continuing eligibility for periodic benefit payments, subsequent written proofs of eligibility must be furnished at such intervals as We may reasonably require. Failure to furnish proof within the time required neither invalidates nor reduces any claim if it was not reasonably possible to give proof within such time, provided such proof is furnished as soon as reasonably possible and in no event, except in the absence of legal capacity of the claimant, later than one year from the time proof is otherwise required.

All Proof of Loss submitted must be satisfactory to Us and must include information which is required by Us to adjudicate the claim. In addition, the claimant must provide Us any Proof of Loss documentation specifically required in any relevant Benefit. We reserve the right to request additional information reasonably related to the claim.

Time of Payment of Claims

We will pay any benefit due immediately after We receive Proof of Loss. Except for claims for which We are investigating fraud, if We fail to pay a claim within 45 days after we receive Notice of Claim, or otherwise fail to notify the Insured Person in writing specifying the reasons for nonpayment or requesting further documentation, interest on such unpaid benefits will accrue beginning at the end of the 45th day at a rate of one and one-half percent per month, not to exceed eighteen percent per year.

Payment of Claims

We will pay any benefit due for loss of life:

- 1) according to the written beneficiary designation on file with the Policyholder; otherwise, if no beneficiary is named or no named beneficiary survives the Insured Person, We will pay
- 2) to the survivors in equal shares, in the first of the following classes to have a survivor at the Insured Person's death:
 - a) Spouse;
 - b) children;
 - c) parents;
 - d) brothers and sisters.

If there is no survivor in these classes or if there are legal impediments to determining who the survivors or beneficiaries are, payment will be made to the Insured Person's estate. All other benefits due and not assigned will be paid to the Insured Person, if living. Otherwise, the benefits will be paid according to the preceding language.

If a benefit due is payable to:

- 1) the Insured Person's estate; or
- 2) the Insured Person or a beneficiary who is either a minor or not competent to give a valid release for the payment,

We may pay up to \$1,000 of the benefit due to some other person whom We believe is entitled to the payment, and who is related to the Insured Person or the beneficiary by blood or marriage. We will be relieved of further responsibility to the extent of any payment made in good faith. We may pay benefits directly to any Hospital or

person rendering covered services, unless the Insured Person requests otherwise in writing. The Insured Person must make the request no later than the time he or she files Proof of Loss.

Upon receipt of due written Proof of Loss, benefit payments for charges incurred by the Insured Person for covered medical services will be made directly to the provider at Our option. If any such charges have been paid by the Insured Person, the benefit payment for those charges will be made to the Insured Person upon written proof of payment.

Appealing Denial of Claims

If a claim for benefits is wholly or partially denied, notice of the decision shall be furnished to the Insured Person. This written decision will:

- 1) give the specific reason or reasons for denial;
- 2) make specific reference to Policy provisions on which the denial is based;
- 3) provide a description of any additional information necessary to prepare the claim and an explanation of why it is necessary; and
- 4) provide an explanation of the review procedure.

On any denied claim, an Insured Person or his representative may appeal to Us for a full and fair review. The claimant may:

- 1) request a review upon written request within 60 days of receipt of claim denial;
- 2) review pertinent documents; and
- 3) submit issues and comments in writing.

We will make a decision no more than 60 days after receipt of the request for review, except in special circumstances (such as the need to hold a hearing), but in no case more than 120 days after We receive the request for review. The written decision will include specific reasons for the decision on which the decision is based.

Subrogation

In the event:

- 1) an Insured Person suffers a Covered Loss caused, in full or in part, by the act or omission of any person or legal entity;
- 2) the Insured Person or claimant becomes entitled to and are paid benefits under the Policy; and
- 3) the Insured Person or claimant does not initiate legal action for the recovery of such benefits from a Third Party in a reasonable period of time or notify Us that he or she does not intend to do so;

then We will be subrogated to any rights such person may have against a Third Party and may, at Our option, bring legal action against or otherwise pursue a Third Party to recover any payments made by Us in connection with the Covered Loss.

Third Party, as used in this provision, means:

- 1) any person or legal entity whose act or omission, in full or in part, causes the Covered Loss for which benefits are paid or payable under the Policy; or
- 2) any insurer, including the Insured Person's own, that provides benefits to the Insured Person or claimant as a result of the act or omission which caused the Covered Loss for which benefits are paid or payable under the Policy.

This provision does not apply to Accidental Death and Dismemberment benefits.

Physical Examinations and Autopsy

We, at our own expense, shall have the right and opportunity to have:

- 1) a claimant for whom a claim is made examined by a Physician or Medical Professional of Our choice during the pendency of a claim as often as reasonably required; and
- 2) an autopsy conducted for a claimant for whom a claim is made in case of death, where not prohibited by law.

Legal Actions

No legal action may start:

- 1) until 60 days after Proof of Loss has been given; or
- 2) more than 3 years after the time Proof of Loss is required to be given, unless otherwise required by law.

Assignment

This insurance may not be assigned. The Insured Person may not assign any of his or her rights, privileges or benefits under the Policy. Benefit payments may be assigned as allowed in the Payment of Claims provision.

Workers' Compensation Coverage

The Policy does not replace Workers' Compensation or affect any requirement for Workers' Compensation coverage.