

FOR INFORMATIONAL PURPOSES ONLY: For complete details on the terms, conditions and exclusions of this coverage please refer to the plan documents you receive upon enrollment.

Applicable to residents of New York.

Global Travel Shield Deluxe Plan Summary

Underwritten by AMEX Assurance Company
Administrative Office Green Bay, WI
Herein called the Company

SCHEDULE OF BENEFITS

Coverage	Maximum Benefit Amount Per Covered Person, per Covered Trip
Emergency Medical Evacuation/Repatriation	\$100,000
Emergency Medical and Dental Expense	\$100,000
Trip Cancellation/Interruption	125% of Trip Cost (\$50,000 max. Trip Cost)
Trip Delay	\$300/day (\$600 max.)
Baggage Delay	\$500
Baggage Loss	\$2,000
Airflight Insurance	\$500,000
24-Hour Travel Assistance Hotline	Included

COVERAGE EFFECTIVE DATE

Trip Cancellation coverage is effective the earlier of 12:01 a.m. on the date:

1. You applied for Your coverage and that of Your Covered Persons as evidenced by phone, fax or electronic transmission; or
2. After Your enrollment is postmarked.

Coverage for Trip Interruption, Trip Delay, Baggage Protection, Airflight Insurance, Emergency Medical and Dental Expense and Emergency Medical Evacuation/Repatriation is effective at 12:01 a.m. on the Covered Trip Departure Date, provided:

1. Your enrollment is received and validated by Us; or
2. Your enrollment is postmarked prior to or on the Covered Trip Departure Date.

For all benefits, coverage is not effective unless the correct premium has been paid

GENERAL PROVISIONS

Changes

If You would like to make a change to the benefits provided, please contact Us. The Coverage Effective Date for the revised coverage will be the next business day following Our acceptance of the change and receipt of any additional required premium. Changes to the Designated Trip Payment Plan will not be honored unless placed prior to the Covered Trip Departure Date and approved by Us. For the Designated Trip Payment Plan, the premium is non-refundable after the Covered Trip Departure Date.

Change in Permanent Residence

You must notify Us within 30 days of a change in Your Permanent Residence. If the change is to a different state, Your Policy provisions and rates may be adjusted to conform to the requirements of that state. Notification of any such Policy adjustment will be included in a new Certificate of Insurance issued to You.

Excess Coverage

With the exception of the Global Medical Plan (comprised of the Emergency Medical Evacuation/Repatriation and Emergency Medical and Dental Expense benefits) and Airflight Insurance, all other benefits under the Policy are excess over certain sources of insurance or indemnity available to a Covered Person.

Extension of Coverage

If the duration of a Covered Person's Covered Trip is prolonged and not completed during the Period of Coverage because of a delay in the means of transportation, or due to a travel related situation beyond the control of any Covered Person and provided the Covered Trip is completed without undue delay, this insurance is extended automatically beyond the Covered Trip Conclusion Date without additional premium for a period of 72 hours. If the Covered Person becomes hospitalized, coverage for that Covered Person and one additional Covered Person will be extended automatically for the period of Hospital confinement and an additional 5 days after release.

Fraud and Material Misrepresentation

Coverage provided under the Policy shall be void if, whether before or after a loss, the Covered Person has concealed, omitted or misrepresented any material fact or circumstance concerning the application for this insurance, the subject of this insurance, or the interest of the Covered Person therein, and/or in case of any fraudulent or false swearing by the Covered Person relating thereto.

If any claim made under the Policy is determined to be false or fraudulent, or if any false or fraudulent means or devices are used by You, any other Covered Person or by anyone acting on behalf of a Covered Person, all benefits otherwise payable will be voided. Any claim intentionally submitted for an amount in excess of the true value of lost or damaged property or actual expenses incurred shall be deemed false or fraudulent within the meaning of this provision.

All statements in the applications are representations and not warranties. Only statements contained in a written instrument will be used to void insurance, reduce benefits or defend a claim.

Legal Actions

No legal action may be brought to recover against the Policy within 60 days after initial written proof of loss has been given. No such action may be brought after two years from the time written proof of loss is required to be given.

Limited Benefits Health Insurance

The insurance evidenced by this Certificate provides limited benefits health insurance only. It does NOT provide basic hospital, basic medical, major medical, Medicare supplement, long term care insurance, nursing home insurance only, home care insurance only, or nursing home and home care insurance as defined by the New York State Insurance Department.

Liberalization Clause

If We make a change which broadens coverage under this edition of the Policy without additional premium charge, that change will automatically apply to the Covered Person's coverage as of the date We implement the change in Your state, provided that this implementation date falls within 60 days prior to or during the Period of Coverage described in the Schedule of Benefits.

This clause does not apply to changes implemented through introduction of a subsequent edition of the Policy.

Maximum Accidental Death or Dismemberment Benefit Payment per Occurrence

If the Covered Person is enrolled in the Global Travel Shield Policy issued to the AMEX Assurance Travel Group Trust, other AMEX Assurance Company underwritten policies that provide a benefit for accidental death or dismemberment, or receives the accidental death or dismemberment benefit under an AMEX Assurance Company underwritten policy that is offered as a benefit of Cardmembership, the maximum sum payable under all applicable policies for accidental death or dismemberment is \$3,500,000. This maximum limit applies whether or not the Covered Person is required to enroll under the Policy or is eligible as a benefit of Cardmembership. This does not preclude the Covered Person from receiving all benefits other than accidental death or dismemberment benefits up to the maximum limit disclosed within the pertinent Certificate of Insurance.

Multiple Certificates of Insurance or Enrolled Accounts for each Covered Trip

This Certificate of Insurance supersedes any Certificate of Insurance previously issued to You under the Policy. You may qualify under only one Certificate of Insurance for each Covered Trip. If any Covered Person is insured under more than one Certificate of Insurance, We will consider that person to be insured under the Certificate of Insurance that provides the greatest amount of coverage as shown on the Schedule of Benefits. Upon discovery of the duplication, We will refund any duplicated premium payments that may have been made on behalf of that person. The records maintained by the Policyholder shall determine the insurance provided under the Policy for any Covered Person.

Misstatement of Age

If the age of the Covered Person has been inadvertently misstated during enrollment or on the enrollment form for insurance under the Policy, the benefits payable will be those which the premiums paid would have purchased based upon the correct age.

Premium

Premiums will be determined for each Covered Person listed on the Schedule of Benefits. We will provide insurance coverage in return for premium payment. Premiums are payable by You in a manner acceptable to Us.

Physical Examination and Autopsy

We may require that the Covered Person be examined by a Physician of Our choice. This may be done as often as reasonably necessary while a claim is pending or while We are paying benefits. We may require an autopsy where lawful. We will pay the cost of both the exam and autopsy.

Transfer of Rights and Duties Under The Policy

The Covered Person's rights and duties under the Policy may not be transferred or assigned without Our written consent except in the case of death of a Covered Person. If a Covered Person dies, these duties and rights will be transferred to a legal representative acting within the scope of duties of a designated or appointed legal representative.

GENERAL DEFINITIONS

Accident means a sudden, unexpected, unintended event which occurs at a single, identifiable time and place and causes an Accidental Injury or Accidental Death.

Accidental Death means the termination of a Covered Person's life as a direct result of an Accident.

Accidental Injury means bodily injury to a Covered Person as a direct result of an Accident.

Account(s) throughout the Policy means the credit, charge or debit card account(s) issued to the Enrollee in his/her name to which premiums will be billed on a Designated Trip, Per-Trip or Annual Payment Plan basis. The Account(s) must be listed on the enrollment form to be considered an eligible enrolled Account to which premium can be billed.

Common Carrier Conveyance means any land, water or air conveyance (other than a rental/personal vehicle) operated by a common carrier licensed to carry passengers for hire on a regularly scheduled basis and available to the public.

Complications of Pregnancy means:

1. Conditions requiring Hospital stays (when the pregnancy is not terminated) whose diagnoses are distinct from pregnancy but are adversely affected by pregnancy or are caused by pregnancy, such as acute nephritis, nephrosis, cardiac decompensation, missed abortion and similar medical and surgical conditions of comparable severity, but shall not include false labor, occasional spotting, Physician-prescribed rest during the period of pregnancy, morning sickness and similar conditions associated with the management of a difficult pregnancy not constituting a nosologically distinct complication of pregnancy; and
2. Non-elective Cesarean section, ectopic pregnancy which is terminated, spontaneous termination of pregnancy which occurs during a period of gestation in which a viable birth is not possible, hyperemesis gravidarum and pre-eclampsia.

Covered Person means You or Your Dependents who You have listed on Your accepted enrollment form, who have met the enrollment and eligibility requirements of the Policy and for whom all due premiums have been paid.

Covered Trip means a Covered Trip as defined in Section VI.

Covered Trip Conclusion Date means the date on which the Covered Person is originally scheduled to return to the point where the Covered Trip started or to the Covered Person's final destination. This may be specified on the Covered Person's ticket, Schedule of Benefits, enrollment form and/or other verification.

Covered Trip Departure Date means the date on which the Covered Person is originally scheduled to leave on the Covered Trip. This may be specified on the Covered Person's ticket, Schedule of Benefits, enrollment form and/or other verification.

Creditable Coverage means, with respect to an individual, coverage of the individual under any of the following:

1. A group health plan;
2. Health insurance coverage;
3. Part A or B of title XVIII of the Social Security Act;
4. Title XIX of the Social Security Act, other than coverage consisting solely of benefits under section 1928;
5. Chapter 55 of title 10, United States Code;
6. A medical care program of the Indian Health Service or of a tribal organization;
7. A state health benefits risk pool;
8. A health plan offered under chapter 89 of title 5, United States Code;
9. A public health plan (as defined in regulations);
10. A health benefit plan under section 5(e) of the Peace Corps Act (22 U.S.C. 2504(e)).

Dependent(s) means:

1. The Covered Person's Spouse or Domestic Partner;
2. The Covered Person's unmarried children under age 19 who rely on the Covered Person for more than 50% support and maintenance;
3. The Covered Person's unmarried children 19 years or older:

- a. Who are registered students in regular full-time attendance at an accredited secondary school, college or university and under age 24; or
- b. Who are incapable of self-sustaining employment by reason of mental illness, developmental disability, mental retardation, as defined in the mental hygiene law, or physical handicap and who became so incapable prior to attainment of the age at which dependent coverage would otherwise terminate and who are chiefly dependent upon such Covered Person for support and maintenance.

Dependent children, unless otherwise specified, include:

1. Natural, adopted and stepchildren of the Covered Person who are chiefly financially dependent on the Covered Person for support and maintenance, and
2. An adopted child or a child in the custody of the Covered Person pursuant to an interim court order of adoption vesting temporary care of the child in the Covered Person, regardless of whether a final order granting adoption is ultimately issued.

Designated Trip Payment Plan means a selected option of premium payment whereby You enroll for coverage and pay a premium for benefits selected under the Policy for each Covered Person and Covered Trip. Re-enrollment is required for each Covered Trip.

Domestic Partner means persons of the same or opposite gender who can provide,

1. Documentation of registration of the Domestic Partner relationship pursuant to a state, county or municipal provision; and
2. Proof of cohabitation (e.g. a driver's license, tax return, or other sufficient proof); and
3. Proof sufficient to establish economic interdependency (e.g., as can be documented by at least two of the following: proof of joint home ownership, lease, or residence; proof of common bank accounts, credit cards, investments, joint household or child expenses; proof of joint ownership of major items of personal property).

Enrollee means the person who authorizes completion of the enrollment form, who pays the required premium and, if applicable, enrolls eligible Dependents.

Family Member means the Covered Person's Dependent, son or daughter (including adopted and those who are in the process of becoming adopted, foster, step or in-law), Domestic Partner's son or daughter (including adopted and those who are in the process of becoming adopted, foster, step or in-law), brother or sister (including step or in-law), parent (including step or in-law), grandparent (including step or in-law), grandchild (including adopted and those who are in the process of becoming adopted, foster or step), aunt, uncle, niece, nephew, guardian, or ward.

Hospital means a short-term, acute, general hospital, which:

1. is primarily engaged in providing, by or under the continuous supervision of Physicians, to inpatients, diagnostic services and therapeutic services for diagnosis, treatment and care of injured or sick persons;
2. has organized departments of medicine and major surgery;
3. has a requirement that every patient must be under the care of a Physician;
4. provides 24-hour nursing service by or under the supervision of a registered professional nurse (R.N.);
5. if located in New York State, has in effect a hospitalization review plan applicable to all patients which meets at least the standards set forth in section 1861(k) of United States Public Law 89-97, (42 USCA 1395xk); and
6. Is duly licensed by the agency responsible for licensing such hospitals.

Hospital is not, other than incidentally, a place of rest, a place primarily for the treatment of tuberculosis, a place for the aged, a place for drug addicts, alcoholics, or a place for convalescent, custodial, educational, or rehabilitative care.

Occurrence means a single instance or a continuous or repeated exposure to conditions during the Period of Coverage which result in eligibility for payment of a Policy benefit. The loss shall be deemed one Occurrence if it is attributable directly or indirectly to one cause or to one series of similar causes.

Participating Organization means an organization engaged in travel or travel related operations that completes a Participating Organization Application.

Period of Coverage means that period of time during which a Covered Person is covered under the Policy. This period begins on the Coverage Effective Date, which is variable by coverage, and ends at 12:01 a.m. on the date immediately following the Covered Trip Conclusion Date.

Permanent Residence means the Covered Person's one primary dwelling place where he/she permanently resides and intends to return.

Physician or Dentist means a licensed practitioner of the healing arts, acting within the scope of his or her license for the service or treatment given. The treating Physician or Dentist may not be a Covered Person or anyone related to the Covered Person by blood, marriage or Domestic Partner relationship.

Policy as used throughout means the contract issued to the Policyholder providing the benefits described herein.

Policyholder means AMEX Assurance Travel Group Trust.

Reasonable and Customary means the usual fee charged by a Physician or Dentist of the same type of training and experience when furnishing treatment for a similar condition, or by a provider of medical transportation services, or by a mortician, within a certain geographic area. The locality where the charge is made also will be considered. Locality means a county or such greater area as is needed to represent a cross section of providers giving the type of service or supplies for which the charge was made. If the fees charged are higher than the average amounts, the individual receiving the service is responsible for paying the difference.

Scheduled Airline means a commercial airline that publishes schedules and fares for regular passenger service between cities and which is:

1. Of United States registry and certified for civil scheduled air transport by the United States government to carry passengers on a regularly scheduled basis; or
2. Of foreign registry and approved by the United States government or the appropriate foreign authority where the aircraft is registered; or
3. A Scheduled Charter, defined as an airline charter service that meets all of the following qualifications:
 - a. It is operated by a Scheduled Airline;
 - b. It is licensed to carry passengers for hire;
 - c. It is available to the public; and
 - d. It is not hired, owned or leased by a Covered Person's employer.

Sickness means an illness or disease of the body, or any complication due to or as a result of an illness or disease, which originates while on a Covered Trip and requires medical treatment by a Physician or Dentist.

Spouse means a person to whom the Covered Person is married.

Temporary Residence means a dwelling place where the Covered Person intends to reside for a limited time, and which is occupied or intended to be occupied by the Covered Person for 45 days or more during a Covered Trip.

Traveling Companion means a person who accompanies You on the entire Covered Trip and who is a Covered Person under a separate Global Travel Shield enrollment for the Trip Cancellation/Interruption benefit and covering that same Covered Trip.

We, Us and Our means AMEX Assurance Company and its duly authorized agents.

You or Your means, or refers to, the Enrollee.

TERMINATION AND CANCELLATION OF INSURANCE

Except as otherwise stated, coverage under the Policy will terminate or cancel at 12:01 a.m. on the date immediately following the earliest of these events:

1. The Covered Trip Conclusion Date;
2. The Covered Person completes the Covered Trip;
3. The Covered Person reaches the final destination point on a one-way trip or arrival at the return destination on a round-trip;
4. The Covered Trip is cancelled;
5. You request termination of insurance;
6. When We determine that misrepresentation or fraud in enrollment or claims presentation has occurred. We will provide You 30 days advance notice of cancellation;
7. The end of the period for which required premiums are due but not paid, subject to the Grace Period Provision. We will provide You 30 days advance notice of cancellation;
8. The Policy or any benefit under the Policy is cancelled. We will provide You 60 days advance notice of cancellation;
9. The Participating Organization ceases to participate in the Policy. We will provide You 60 days advance notice of cancellation.

The Company can non-renew the Policy. All insurance will cease on the date of non-renewal. If the Company non-renews, advance written notice will be provided to You at least 60 days prior to the effective date of the non-renewal.

The Participating Organization or member may terminate one or more benefits under the Policy that are offered as an option or all insurance benefits. Termination is not effective until We are notified in writing by the organization. The Participating Organization must provide Us with a minimum of 60 days advance written notice before the requested termination date.

We may cancel the Participating Organization by providing 60 days advance written notice before the cancellation date. Our cancellation of a Participating Organization will not prejudice a valid claim that exists on the cancellation date.

Extension Of Benefits After Cancellation

The coverage provided under the Policy ceases on the date the Policy or any benefit under the Policy is cancelled. However, if a Covered Person is Hospital confined on that date of cancellation from a covered Accidental Injury or Sickness for which eligible benefits under this Policy were paid before the cancellation, covered medical expenses under this Policy for such Accidental Injury or Sickness will continue to be paid as long as the Accidental Injury or Sickness continues to require medical treatment but not to exceed 31 days after the date the Policy or any benefit under the Policy is cancelled.

The total payments made in respect of the Covered Person for such Accidental Injury or Sickness both before and after this cancellation will never exceed the Maximum Benefit Amount Per Covered Person, per Covered Trip as listed in the Schedule of Benefits. After this Extension of Benefits After Cancellation provision has been exhausted, all benefits cease to exist, and under no circumstances will further payments be made.

PRE-EXISTING CONDITIONS EXCLUSION

This exclusion is applicable to all Covered Persons, Traveling Companions and Family Members, whether they are or are not traveling.

There is no coverage for any condition of a Covered Person, Traveling Companion or a Family Member if, during the 60 days preceding the Coverage Effective Date, medical advice was given or treatment was received from or recommended by a Physician or Dentist for the condition.

As of the Coverage Effective Date, if the Covered Person, Traveling Companion or Family Member has had a continuous period of Creditable Coverage of at least 63 days, We will not exclude benefits based on a pre-existing condition. If the Covered Person, Traveling Companion or Family Member has had a continuous period of Creditable Coverage for less than 63 days, We will credit the time period of Creditable Coverage towards the fulfillment of this pre-existing condition. A period of Creditable Coverage shall not be counted, if after the period and before the Coverage Effective Date, there was a 63 day period during which the Covered Person, Traveling Companion or Family Member were not covered under any Creditable Coverage.

We will waive this Pre-Existing Conditions Exclusion if the Covered Person meets all of the following requirements:

1. The scheduling and booking of the Covered Trip must be the first and only booking for this Period of Coverage and resulting destination;
2. The Covered Person must be medically able to travel at the time the Policy premium is paid;
3. The premium under the Policy is paid within 14 days of making the first Covered Trip deposit; and
4. The amount of Trip Cancellation coverage purchased is equal to the entire cost of the Covered Trip. The entire cost of any subsequent arrangements added to the Covered Trip (or any other arrangements not made through a travel agent) must be insured within 14 days of payment for those arrangements.

GENERAL EXCLUSIONS

The benefits under this Policy will not be paid if the loss for which coverage is sought was directly or indirectly, wholly or partially, contributed to or caused by any of the following:

1. Participation in a riot, or insurrection;
2. War or any act of war, whether declared or undeclared;
3. Commission of a felony or being engaged in an illegal occupation.

GLOBAL MEDICAL PLAN

Definitions

Attending Physician means the Physician or Dentist from whom treatment is sought for an Emergency Condition.

Covered Trip means a trip that does not exceed 31 consecutive days and is of a distance greater than a 150-mile radius from the Covered Person's Permanent Residence. If a trip exceeds 31 consecutive days, only the first 31 days of the trip, including any extension permitted under the Extension of Coverage provision, will be covered under the Policy.

Emergency Condition means an Accidental Injury or Sickness, the onset of which is sudden, that manifests itself by symptoms of sufficient severity, including severe pain, that a prudent layperson, possessing an average knowledge of medicine and health, could reasonably expect the absence of immediate medical attention to result in:

1. Placing the health of the Covered Person afflicted with such condition in serious jeopardy, or in the case of a behavioral condition placing the health of the Covered Person or others in serious jeopardy, or
2. Serious impairment to such Covered Person's bodily functions;
3. Serious dysfunction of any bodily organ or part of the Covered Person; or
4. Serious disfigurement of such Covered Person.

Home Care means care provided by a certified home health care agency possessing a valid certificate of approval issued pursuant to article thirty-six of the public health law which follows a home health care plan approved in writing by the Physician. Eligible benefits may include, but are not limited to, the following:

1. Part-time or intermittent home nursing care by or under the supervision of a registered professional nurse (R.N.);
2. Part-time or intermittent home health aide services which consist primarily of caring for the patient;
3. Physical, occupational or speech therapy if provided by the home health care service or agency; or
4. Medical supplies, drugs and medications prescribed by the Physician.

Each visit by a member of a home health care agency is considered one Home Care visit, and up to 4 hours of Home Care service is considered one Home Care visit.

Emergency Medical Evacuation/Repatriation Benefit

Description of Benefits

An amount of insurance up to the amount shown in the Schedule of Benefits will be known as Emergency Medical Evacuation/Repatriation coverage. If the Covered Person requires any of the following services, the Covered Person must make an effort to notify Us as soon as reasonably possible.

Evacuation

If the Covered Person suffers from an Emergency Condition that occurs, while on a Covered Trip and requires medical treatment, We will arrange and pay Reasonable and Customary services required for evacuation to the nearest adequate medical facility. This service will be arranged only if the Covered Person's Attending Physician determines that adequate medical treatment is not locally available. Medical evacuation services will be provided through a medical transportation specialist or, if appropriate, by Common Carrier Conveyance. Transportation will be arranged after determination by the Covered Person's Attending Physician that the Covered Person is experiencing an Emergency Condition, and is in need of evacuation. We must be notified by the Covered Person or Attending Physician that evacuation is required.

When the Covered Person is confined in a medical facility and the Attending Physician determines it is feasible to transfer the Covered Person to a medical facility nearer the Covered Person's Permanent Residence to recuperate in familiar surroundings, medical evacuation for the Covered Person will be provided.

If We have previously evacuated the Covered Person to a medical facility and the Attending Physician determines that it is feasible for the Covered Person to be returned to the point of departure, We will pay the Covered Person's medical evacuation airfare or Common Carrier Conveyance costs from that facility to the Covered Person's return destination within one year from the Covered Person's original Covered Trip Conclusion Date, less refunds from the Covered Person's unused transportation tickets. This benefit will be provided only if the Attending Physician determines that the Covered Person's medical condition will not substantially change within seven days following Hospital discharge or completion of treatment, thereby allowing the Covered Person to complete the Covered Trip as originally planned. Airfare costs will be of the same class as the Covered Person's original tickets. Evacuation services arranged without Our

prior consent or approval may be subject to a 50% penalty unless it is shown not to have been reasonably possible to seek prior consent or approval and that consent or approval was sought as soon as was reasonably possible. Evacuation expenses will be paid only for the Covered Person suffering an Emergency Condition.

Repatriation of Mortal Remains

When death occurs while on a Covered Trip We will pay the Reasonable and Customary expenses for the transportation of the Covered Person's remains or ashes to the commercial airport nearest the Covered Person's Permanent Residence. In no event will We pay more than the enrolled benefit amount. The person arranging these services must obtain prior approval from the Company in order for this expenses to be eligible for full coverage. Services arranged without Our prior approval may be subject to a 50% penalty unless it is shown not to have been reasonably possible to seek such prior approval and that approval was sought as soon as was reasonably possible.

Change of Flight

Should the Covered Person suffer an Emergency Condition while on a Covered Trip which leaves him/her confined to a Hospital, and if due to this he/she is unable to return to his/her point of origin on the date originally scheduled, We will pay up to \$100 for domestic flights and up to \$200 for international flights associated with a ticket change for the Covered Person's flight. This coverage will be payable on tickets which have a scheduled return date. This benefit does not cover conditions or events that, on the date the Covered Person left, are either known or known to be likely to occur.

Emergency Medical and Dental Expense Benefit

Description of Benefits

If the Covered Person suffers from an Emergency Condition that occurs while on a Covered Trip and medical treatment is required, the Emergency Medical and Dental Expense benefit is provided under the Policy up to the amount shown in the Schedule of Benefits. Initial treatment for the Emergency Condition must take place during the Covered Trip and outside of the 150-mile radius from the Covered Person's Permanent Residence. We will pay the Reasonable and Customary fee for medical, surgical and dental treatment, ground, air or water ambulance services and additional benefits as outlined below that directly result from the Emergency Condition. Care must be received from a medical provider authorized by Us unless it not reasonably possible to do so and then the Covered Person must make an effort to notify Us as soon as reasonably possible after receiving treatment.

If the Covered Person is admitted to a Hospital or clinic as an inpatient, the Covered Person or treating Physician must make an effort to notify Us as soon as reasonably possible.

Medical Benefit

If the Covered Person's Emergency Condition directly results in such medical expenses as shown below, We will pay for the Reasonable and Customary medical expense incurred within 90 days from the date of the Emergency Condition subject to the limits provided for in the Policy and shown in the Schedule of Benefits. Benefits payable will not exceed the Reasonable and Customary amounts.

Medical expenses directly resulting from the Emergency Condition must be for:

1. Treatment by a Physician;
2. Medical services provided in a Hospital. The additional cost of a single or private room at a Hospital will not be a covered medical service except when the Physician treating the Covered Person considers it necessary;
3. The use of an ambulance.

In addition to the above medical expenses, We will also pay for economy class round trip transportation to the Covered Person's bedside for one person if the Physician determines that Hospital care of five days or more is warranted for the Covered Person during a Covered Trip and because of the nature of the Covered Person's diagnosis, the Physician determines the presence of another person is necessary to provide support to the Covered Person and provide assistance to the Covered Person with medical decisions. We must approve this service in advance in order for this expense to be eligible for full coverage. Services arranged without Our prior approval may be subject to a 50% penalty unless it is shown not to have been reasonably possible to seek such prior approval and that approval was sought as soon as was reasonably possible.

Dental Benefit

If the Covered Person's Emergency Condition directly results in dental care, including any dental surgery, benefits are limited to Reasonable and Customary expenses incurred for the treatment of sound natural teeth only. All benefits for dental care, including dental surgery, cease within 12 months of the Emergency Condition.

Additional Benefits

In conjunction with the Emergency Medical and Dental Expense Benefit, coverage will be provided for the following benefits where applicable. However, coverage for these benefits will only be provided when a Covered Person has suffered an Emergency Condition that occurs while on a Covered Trip. We will pay for the Reasonable and Customary expenses for these benefits which are incurred within 90 days from the date of the Emergency Condition subject to the limits provided for in the Plan and shown in the Schedule of Benefits. Benefits payable will not exceed the Reasonable and Customary amounts.

Chemical Abuse and Dependence (Outpatient)

We will provide coverage for up to 60 outpatient visits in any calendar year for the diagnosis and treatment of a chemical dependence. Up to 20 visits may be for Family Members.

Home Care

We will cover Home Care expenses incurred due to a Covered Person's Emergency Condition. Benefits for Home Care are payable only if Hospital confinement or confinement to a facility providing nursing care would otherwise have been required.

Preadmission Tests

We will provide coverage for tests ordered by a Physician which are performed in the out-patient facilities of a Hospital as a planned preliminary to admission of the Covered Person as an in-patient for surgery in the same Hospital provided that:

1. Tests are necessary and consistent with the diagnosis and treatment of the condition for which surgery is to be performed;
2. Reservations for a Hospital bed and for an operating room were made prior to the performance of the tests;
3. The surgery actually takes place within seven days of such presurgical tests; and
4. The Covered Person is physically present at the Hospital for the tests.

Second Surgical Opinion

We will provide coverage for a second surgical opinion by a qualified Physician on the need for surgery.

Equipment and Supplies for the Treatment of Diabetes

We will cover equipment and supplies for the treatment of diabetes and diabetes self-management education including information on proper diets if recommended or prescribed by a Physician. Such coverage for self-management education and education relating to diet shall be limited to visits upon the diagnosis of diabetes, where a Physician diagnoses a significant change in the Covered Person's symptoms or conditions which necessitate changes in a the Covered

Person's self-management, or where reeducation or refresher education is necessary. Coverage for self-management education and education for relating to diet shall also include home visits.

Second Medical Opinion

We will provide coverage for a second medical opinion by an appropriate specialist, including but not limited to a specialist affiliated with a specialty care center for the treatment of cancer in the event of a positive or negative diagnosis of cancer or a recurrence of cancer or a recommendation of a course of treatment for cancer.

Chiropractic Care

We will provide coverage for chiropractic care provided by a Physician of chiropractic in connection with the detection and correction, by manual or mechanical means, of structural imbalance, distortion or subluxation in the human body for purposes of removing nerve interference and the effects thereof, where such interference is the result of or related to distortion, misalignment or subluxation of or in the vertebral column.

Mammography Screening

Coverage for mammograms will be provided as follows:

1. A single baseline mammogram for a Covered Person age 35 but under 40;
2. A mammogram every year for Covered Person's age 40 and over; and
3. Based upon a Physician's recommendation, a mammogram at any age for Covered Persons having a prior history of breast cancer or have a first degree relative with a prior history of breast cancer.

Lymph Node Dissection, Lumpectomy or Mastectomy

We will cover inpatient Hospital care for such period of time as is determined by the Attending Physician in consultation with the Covered Person to be medically appropriate for such Covered Person undergoing a lymph node dissection or a lumpectomy for the treatment of breast cancer or a mastectomy covered by this Policy.

Post-Mastectomy Reconstruction

The following coverage will be provided for breast reconstruction surgery after a mastectomy:

1. All stages of reconstruction on the breast on which the mastectomy has been performed; and
2. Surgery and reconstruction on the other breast to produce a symmetrical appearance.

Cervical Cytology Screening

Coverage for an annual cervical cytology screening for cervical cancer for women 18 years of age and older will be provided as follows:

1. An annual pelvic examination;
2. Collection and preparation of a Pap smear; and
3. Laboratory and diagnostic services provided in connection with examining and evaluating the Pap smear.

Prostate Cancer Screening

Coverage for prostate cancer screening will be provided as follows:

1. Standard diagnostic testing including, but not limited to, a digital rectal examination and a prostate-specific antigen test at any age for Covered Person's having a prior history of prostate cancer; and
2. An annual standard diagnostic examination including, but not limited to, a digital rectal examination and a prostate-specific antigen test for a Covered Person age 50 and over who are asymptomatic and for Covered Person's age 40 and over with a family history of prostate cancer or other prostate cancer risk factors.

Maternity Care

Coverage for maternity care will be covered to the same extent that coverage is provided for Sickness or Accidental Injury under the Policy. Such maternity care coverage, other than

coverage for Complications of Pregnancy, will be provided for inpatient Hospital coverage of the mother and newborn as follows:

1. 48 hours after childbirth for any delivery other than a caesarean section; and
2. 96 hours after a caesarean section.

Coverage shall also include the services of a licensed nurse midwife practicing consistent with a written agreement and affiliated or practicing in conjunction with a licensed facility. Coverage will not be provided for duplicative routine services actually provided by both a licensed nurse midwife and a Physician. Coverage shall also include parent education, assistance and training in breast or bottle-feeding and the performance of any necessary maternal and newborn clinical assessments. The mother has the option to be discharged earlier than the time periods established above. In such case, the Hospital coverage will include at least one Home Care visit which will be in addition to, rather than in lieu of, any Home Care coverage available under the Policy. The Home Care visit may be requested at any time within 48 hours of the time of delivery (96 hours in the case of caesarean section), and will be delivered within 24 hours after discharge, or of the time of the mother's request, whichever is later.

End of Life Care

Coverage will be provided for acute care services at a licensed acute care facility specializing in the treatment of terminally ill patients for a Covered Person diagnosed with advanced cancer with no hope of reversal of primary disease and fewer than 60 days to live as certified by the Covered Person's Attending Physician. This coverage will only be provided if the Covered Person's Attending Physician in consultation with the medical director of the acute care facility determines that the Covered Person's care would appropriately be provided by such a facility.

Emergency Medical Services

We will provide coverage for services to treat an Emergency Condition provided in a Hospital.

Bone Density Measurements, Testing, Drugs and Devices

This benefit only applies to Covered Persons insured at coverage levels of \$100,000 or greater.

We will provide coverage for bone mineral density measurements or test, drugs and devices approved by the federal food and drug administration or generic equivalent as approved substitutes.

Preventive and Primary Care

This benefit only applies to Covered Persons insured at coverage levels of \$100,000 or greater.

We will provide coverage for initial Hospital check-up and well-child visits scheduled in accordance with The Recommendations for Preventative Pediatric Health Care as adopted by the American Academy of Pediatrics or as recommended by the Advisory Committee on Immunization Practices for the Dependent child from the date of birth through the attainment of 19 years of age. The Dependent child must be a Covered Person. These services must be provided by or under the supervision of a Physician. Such services must be rendered in a Hospital or an office of a Physician. At each visit, services in accordance with the prevailing clinical standards include:

1. A medical history;
2. Complete physical examination;
3. Developmental assessment;
4. Anticipatory guidance;
5. Appropriate immunizations and laboratory tests which are ordered at the time of the visit and performed in the practitioner's office, as authorized by law or in a clinical laboratory. These will consist of at least adequate dosages of vaccine against diphtheria, pertussis, tetanus, polio, measles, rubella, mumps, haemophilus influenza type b, and hepatitis b which meet the standard approved by the United States public health service for such biological products.

Applicable to Emergency Medical Evacuation/Repatriation and Emergency Medical and Dental Expense

We will not pay evacuation, repatriation or medical and dental expenses for:

1. Benefits received by the Covered Person under any state or Federal workers' compensation, employers' liability or occupational disease law;
2. Any surgical or medical treatment which can reasonably be delayed until the Covered Person returns to or arrives at either a Temporary or Permanent Residence;
3. Any treatment or medication which at the time of departure is required to be continued during the Covered Trip;
4. Any dental appliance or any dental or medical prosthesis;
5. Hearing aids, contact or corneal lenses, or prescription glasses or spectacles to include any examination for these purposes;
6. Cosmetic surgery, except surgery that is reconstructive, incidental and related to an Emergency Condition and reconstructive surgery because of congenital disease or anomaly of a Dependent child who is a Covered Person which has resulted in a functional defect;
7. Foot care, in connection with corns, calluses, flat feet, fallen arches, weak feet, chronic foot strain or symptomatic complaints of the feet;
8. Treatment provided in a government Hospital;
9. Rest cures or custodial care;
10. Any surgical or medical treatment planned or scheduled prior to the Covered Trip Departure Date and received on the Covered Trip.

Additional Exclusions Applicable to Emergency Medical Evacuation/Repatriation and Emergency Medical and Dental Expense

Benefits will not be paid if the loss for which coverage is sought was directly or indirectly, wholly or partially, contributed to or caused by any of the following:

1. Any exclusion identified in Section V of the Policy;
2. As applicable to the Emergency Medical and Dental Expense Benefit only, pre-existing conditions as defined in Section IV, Pre-Existing Conditions Exclusion with the exception of those pre-existing conditions waived in Section IV, when 12 months (6 months for those aged 65 or older) following the Coverage Effective Date have passed, and congenital anomalies of a Dependent child who is a Covered Person;
3. Any mental or emotional disorder;
4. Alcoholism or drug addiction, except to the extent coverage is provided under the Chemical Abuse and Dependence (Outpatient) provision;
5. Pregnancy except to the extent coverage is provided under the Maternity Care provision and except for Complications of Pregnancy;
6. Suicide, attempted suicide or intentionally self-inflicted injury;
7. The Covered Person being intoxicated or under the influence of any narcotic unless administered on the advice of a Physician or Dentist;
8. Operating or learning to operate any aircraft as pilot or serving as a crew member;
9. Service in the Armed Forces or units auxiliary thereto.

Premiums

Designated Trip Payment Plan

The applicable single-trip premium will be due prior to the Covered Trip Departure Date.

Coordination of Benefits

Applicability

This Coordination of Benefits (COB) provision applies to This Plan when a Covered Person has health care coverage under more than one Plan and only with respect to the Emergency Medical and Dental Expense benefit. Plan and This Plan are defined below.

If this COB provision applies, the Order of Benefit Determination Rules below will be looked at first. Those rules determine whether the benefits of This Plan are determined before or after those of another Plan. The benefits of This Plan:

1. Shall not be reduced when This Plan determines its benefits before another Plan; but
2. May be reduced when another Plan determines its benefits first.

Definitions

Plan is any of these which provide benefits or services for, or because of, medical or dental care or treatment:

1. Group insurance or group-type coverage, whether insured or uninsured. This includes prepayment, group practice or individual practice coverage. It shall not include blanket school accident coverage.
2. Coverage under a governmental plan or coverage required or provided by law. This does not include a state plan under Medicaid (Title XIX, Grants to States for Medical Assistance Programs, of the United States Social Security Act, as amended), Medicare or similar medical assistance programs.

Each contract or other arrangement for coverage under 1. or 2. is a separate Plan. Also, if an arrangement has two parts and COB rules apply only to one of the two, each of the parts is a separate Plan.

This Plan is the Emergency Medical and Dental Expense benefit.

Primary Plan/Secondary Plan: The Order of Benefit Determination Rules state whether This Plan is a Primary Plan or Secondary Plan covering the Covered Person.

- When This Plan is a Primary Plan, its benefits are determined before those of the other Plan and without consideration of the other Plan's benefits.
- When This Plan is a Secondary Plan, its benefits are determined after those of the other Plan and may be reduced because of the other Plan's benefits.
- When there are more than two Plans covering the Covered Person, This Plan may be a Primary Plan as to one or more other Plans, and may be a Secondary Plan as to a different Plan or Plans.

Allowable Expense means a Reasonable and Customary expense under the Emergency Medical and Dental Expense benefit, when the item of expense is covered at least in part by one or more Plans covering the Covered Person for whom claim is made.

- The difference between the cost of a private Hospital room and the cost of a semi-private Hospital room is not considered an Allowable Expense under the above definition unless the Covered Person's stay in a private room is determined necessary either in terms of generally accepted medical practice, or as specifically defined in the Plan.
- When a Plan provides benefits in the form of services, the reasonable cash value of each service rendered will be considered both an Allowable Expense and a benefit paid.
- When benefits are reduced under a Primary Plan because a Covered Person does not comply with the Plan provisions, the amount of such reduction will not be considered an Allowable Expense. Examples of such provisions are those related to second surgical opinions or precertification of admission or services.

Claim Determination Period means a calendar year or a portion thereof. However, it does not include any part of a year during which a Covered Person has no coverage under This Plan, or any part of a year before the date this COB provision takes effect.

Order of Benefit Determination Rules

General Rule

When there is a basis for a claim under This Plan and another Plan, This Plan is a Secondary Plan and has its benefits determined after those of the other Plan, unless:

1. The other Plan has rules coordinating its benefits with those of This Plan; and
2. Both those rules and This Plan's rules require that This Plan's benefits be determined before those of the other Plan.

Coordination Rules

This Plan determines its order of benefits using the first of the following rules which applies:

1. Other Than A Dependent/Dependent – The benefits of the Plan which covers the Covered Person as other than a Dependent (e.g. employee, member or subscriber) are determined before those of the Plan which covers the Covered Person as a Dependent; except that: if the Covered Person is also a Medicare beneficiary, and as a result of the rule established by Title XVIII of the Social Security Act and implementing regulations, Medicare is:
 - a. Secondary to the Plan covering the Covered Person as a Dependent; and
 - b. Primary to the Plan covering the Covered Person as other than a Dependent (e.g., a retired employee), then the benefits of the Plan covering the Covered Person as a Dependent are determined before those of the Plan covering the Covered Person as other than a Dependent.
2. Dependent Child/Parents Not Separated or Divorced – Except as stated in Rule 3 below, when This Plan and another Plan cover the same child as a Dependent of different persons, called Parents:
 - a. The benefits of the Plan of the Parent whose birthday falls earlier in a year are determined before those of the Plan of the Parent whose birthday falls later in the year; but
 - b. If both Parents have the same birthday, the benefits of the Plan which covered one Parent longer are determined before those of the Plan which covered the other Parent for a shorter period of time.

However, if the other Plan does not have the rule described in a. immediately above, but instead has a rule based on gender of the Parent, and if, as a result, the Plans do not agree on the order of benefits, the rule in the other Plan will determine the order of benefits.

3. Dependent Child/Parents Separated or Divorced – If two or more Plans cover Covered Person as a Dependent child of divorced or separated Parents, benefits for the child are determined in this order:
 - a. First, the Plan of the Parent with custody of the child;
 - b. Then, the Plan of the spouse of the Parent with custody of the child;
 - c. Finally, the Plan of the Parent not having custody of the child.

However, if the specific terms of a court decree state that one of the Parents is responsible for the health care expense of the child, and the entity obligated to pay or provide the benefits of the Plan of that Parent has actual knowledge of those terms, the benefits of that Plan are determined first. The Plan of the other Parent shall be the Secondary Plan. This paragraph does not apply with respect to any Claim Determination Period or Plan year during which any benefits are actually paid or provided before the entity has that actual knowledge.

4. Joint Custody – If the specific terms of a court decree stat that the Parents shall share joint custody, without stating that one of the Parents is responsible for the health care expenses of

the child, the Plans covering the child shall follow the order of the benefit determination rules outlined in Rule 2.

5. Active/Inactive Employee – The benefits of a Plan which covers a Covered Person as an employee who is neither laid off nor retired are determined before those of a Plan which covers that Covered Person as a laid off or retired employee. The same would hold true if a Covered Person is a Dependent of a person covered as a retiree and an employee. If the other Plan does not have this rule, and if, as a result, the Plans do not agree on the order of benefits, Rule 5 is ignored.
6. Continuation of Coverage – If a Covered Person whose coverage is provided under a right of continuation pursuant to federal or state law also is covered under another Plan, the following shall be the order of benefit determination:
 - a. First, the benefits of a Plan covering the Covered Person as an employee, member or subscriber (or as that Covered Person's Dependent);
 - b. Second, the benefits under the continuation of coverage.

If the other Plan does not have the rule described above, and if, as a result, the Plans do not agree on the order of benefits, Rule 6 is ignored.

7. Longer/Shorter Length of Coverage – If none of the above rules determine the order of benefits, the benefits of the Plan which covered a Covered Person longer are determined before those of the Plan which covered that Covered Person for the shorter term.

Reduction in This Plan's Benefits

This section applies when This Plan is the Secondary Plan in accordance with the Order of Benefits Determination outlined above. In that event, the benefits of This Plan may be reduced under this section.

The benefits of This Plan will be reduced when the sum of the benefits that would be payable for the Allowable Expense under This Plan in the absence of this COB provision and the benefits that would be payable for the Allowable Expense under the other Plans, in the absence of provisions with a purpose like that of this COB provision, whether or not claim is made, exceeds those Allowable Expenses in a Claim Determination Period. In that case, the benefits of This Plan will be reduced so that they and the benefits payable under the other Plans do not total more than those Allowable Expenses.

When the benefits of This Plan are reduced as described above, each benefit is reduced in proportion. It is then charged against any applicable benefit limit of This Plan.

Right to Receive and Release Needed Information

Certain facts are needed to apply these COB rules. We have the right to decide which facts We need. We may get needed facts from or give them to any other organization or person after We have obtained the Covered Person's consent and permission to do so. Each Covered Person claiming benefits under This Plan must give Us any facts needed to pay the claim.

Facility of Payment

A payment made under another Plan may include an amount which should have been paid under This Plan. If it does, We may pay that amount to the organization which made that payment. That amount will then be treated as though it were a benefit paid under This Plan. We will not have to pay that amount again. The term "payment made" includes providing benefits in the form of services, in which case "payment made" means reasonable cash value of the benefits provided in the form of services.

Right of Recovery

If the amount of the payments made by Us is more than We should have paid under this COB provision, We may recover the excess from one or more of:

1. The persons We have paid or for whom We have paid;
2. Insurance companies; or
3. Other organizations.

The "amount of the payments made" includes the reasonable cash value of any benefits provided in the form of services.

Claims

Notice of Claim

Within 30 days after a covered loss occurs, notice of claim must be given to Us. Failure to give notice within such time shall not invalidate or reduce any claim if it shall be shown not to have been reasonably possible to give such notice and that notice was given as soon as was reasonably possible. The notice must contain the Covered Person's name, Certificate of Insurance identification number and a brief description of the loss and associated expenses. Notice of all claims must be given to Global Travel Shield, P.O. Box 792, Golden, CO 80402-0792 or by calling 1-800-332-4899 within the United States or collect to 1-(303)-273-6497 from anywhere else.

Claim Forms

Upon notice of claim, the Covered Person will be sent forms to file proof of loss. All information and evidence required by Us shall be furnished at the Covered Person's or personal representative's expense and shall provide such forms and of such nature as We may prescribe. If the forms are not sent within 15 days after We receive notice, then the Covered Person must meet the proof of loss requirements by giving Us a written statement of the nature and extent of the loss. This must be sent to Us within 90 days after the date the loss occurs. If it is not reasonably possible to give Us written proof within 90 days, We will not reduce or deny a claim for this reason, if proof is filed as soon as reasonably possible.

Proof of Loss

Proof of loss must describe the incident, extent and the type of loss. Other documents may be requested by Us. A police motor vehicle accident report or a police incident report, if applicable, may be used to support proof of loss reports. We reserve the right to request additional information.

Written proof of loss must be sent to: Global Travel Shield, P.O. Box 792, Golden, CO 80402-0792. If the claim is for a continuing loss for which We make periodic payments, the claimant must give Us written proof of loss within 90 days after the end of each period for which benefits are payable.

For any other loss, written proof must be given to Us within 90 days after the loss. Failure to furnish such proof within such time shall not invalidate or reduce any claim if it shall be shown not to have been reasonably possible to furnish such proof within such time, provided such proof was furnished as soon as reasonably possible.

Payment of Claims

Claims for benefits will be paid within 45 days of receipt of a claim or bill for services is rendered provided written proof of loss is received. Benefits that provide for periodic payment will be paid monthly.

All benefits are paid directly to the Covered Person, except for medical benefits which may be paid directly to the provider of medical services.

Any payment that We make in good faith will fully discharge Us to the extent of that payment.

TRIP CANCELLATION/INTERRUPTION

Definitions

Covered Trip means a period of one-way or round-trip travel by Common Carrier Conveyance whose purpose is business or pleasure, which has defined departure and return dates and which does not exceed 365 consecutive days from the date of departure. If the Covered Trip exceeds 365 consecutive days, only the first 365 days will be covered.

Financial Default means the complete suspension of operations due to financial situations, whether or not a bankruptcy petition is filed, or partial suspension of operations after the filing of a bankruptcy petition.

Terrorist Incident means an act, outside the context of declared or undeclared war or of any form of unrest or civil disturbance, committed by one or more persons, neither enlisted nor commissioned in the armed forces of any nation state, for the express or implied purpose of achieving a political, ethnic, or religious goal which causes physical damage to humans, property or infrastructure.

Description of Benefits

Trip Cancellation provides benefits for expenses the Covered Person incurs for Covered Trips cancelled up to the time and date of the Covered Trip Departure Date. Trip Interruption coverage provides benefits for expenses the Covered Persons incur for Covered Trips that are interrupted on or after the time and date of the Covered Trip Departure Date.

We will pay this benefit if the Covered Person's Covered Trip is cancelled or interrupted as a result of any of the following reasons:

1. Unexpected or unintended injury, illness or disease:
 - a. Which is so disabling, in the written opinion of a Physician or Dentist, as to reasonably cause the Covered Person to interrupt or cancel his/her Covered Trip;
 - b. Occurring to a Family Member or Traveling Companion that is considered life threatening; or
 - c. Occurring to a Family Member or Traveling Companion who requires the Covered Person's care.

The injury, illness or disease must require examination or treatment by a Physician or Dentist prior to the cancellation or interruption of the Covered Trip. The Covered Person must notify the appropriate travel supplier(s) of the Covered Person's cancellation or interruption within 48 hours of a medical exam or treatment, unless the condition prevents it, and then as soon as possible. Failure to do so will result in a claim payment which is less than the penalty imposed for cancellation if the amount of the penalty was increased by the Covered Person's failure to notify the appropriate travel supplier within the required time frame;
2. Death of a Covered Person, Family Member or Traveling Companion if the death occurs within 30 days of the Covered Persons' scheduled Covered Trip Departure Date (but after the Covered Trip is purchased) or during the Covered Trip;
3. Unexpected or unintended circumstances, which are those events or consequences that could not have been reasonably foreseen or expected by the Covered Person, are outside the Covered Person's control and reasonably and substantially impair the Covered Person's ability to travel. These circumstances must be other than injury, illness, disease, death, Financial Default or any coverage exclusion. For active duty members of the United States Armed Forces, unexpected or unintended circumstances will include official (written) revocation by a Unit Commanding Officer of previously approved (written) leave which is not due to war-related situations, full or partial mobilization or mass reassignment of Armed Forces personnel or invocation of the War Powers Act;
4. Unforeseeable, unexpected or unintended Financial Default or bankruptcy of any tour operator, hotel, resort, rental car company, other travel supplier or Common Carrier

- Conveyance, whose services or products constitute all or part of the Covered Person's Covered Trip. Financial Default occurring on, before or less than seven days after the Coverage Effective Date of Trip Cancellation is not covered;
5. Supplier default; however, full coverage will be available only to those Covered Persons who do not travel on excluded suppliers and who purchase Trip Cancellation/Interruption coverage within 14 days of his/her initial trip payment;
 6. Adverse weather or natural disasters resulting in the complete cessation of travel services for at least 24 hours;
 7. Unexpected or unintended labor disputes resulting in the complete cessation of travel services for at least 24 hours;
 8. The Covered Person's Permanent or Temporary Residence becoming uninhabitable due to fire, flood, vandalism, burglary or natural disaster;
 9. The Covered Person, Family Member or Traveling Companion being subpoenaed, required to serve on a jury or served with a court order, hijacked or quarantined prior to the Covered Trip Departure Date;
 10. The Covered Person, Family Member or Traveling Companion being the victim of a felonious assault within 10 days prior to the Covered Trip Departure Date. Felonious assault is defined as an act of violence against a Covered Person, Family Member or Traveling Companion requiring medical treatment in a Hospital. A cancellation or interruption due to a felonious assault inflicted by a Covered Person or a Family Member is not covered;
 11. Unforeseeable, unintended or unexpected termination or layoff of employment by a Covered Person's employer provided the Covered Person was continuously employed by the employer as a full or part-time permanent employee for two years prior to the termination or layoff;
 12. A Covered Trip delay that results in the loss of more than 50% of the Covered Person's scheduled Covered Trip length. Covered Trip delay as it applies to this 50% loss of Covered Trip length includes: missed connections, delayed flight departure, flight cancellation, denied boarding, traffic accident while commuting to a departure, Common Carrier Conveyance caused delays, lost or stolen passports, quarantine, hijacking, unannounced strike, natural disaster, or a civil disorder. Coverage will include transportation to a Permanent or Temporary Residence;
 13. Common Carrier Conveyance caused delays due to adverse weather or as the result of labor disputes that affect public transportation;
 14. Travel arrangements cancelled by a tour operator or Common Carrier Conveyance due to adverse weather or as a result of labor disputes that affect public transportation;
 15. Required and mandatory evacuation ordered by local authorities at the Covered Person's final destination due to hurricane or other natural disaster. The Covered Person must have at least 50% of the total Covered Trip length remaining on such Covered Trip at the time the mandatory evacuation ends in order to cancel or interrupt such Covered Trip;
 16. A Terrorist Incident in the Covered Person's city of destination occurring after the Coverage Effective Date. The Covered Person must be scheduled to arrive in that city within 30 days following the Terrorist Incident.

What Are Covered Expenses under Trip Cancellation/Interruption Coverage

A maximum benefit of up to the amount shown in the Schedule of Benefits is provided to cover certain expenses listed below which are related to Trip Cancellation/Interruption. Covered expenses mean:

1. Forfeited, published, nonrefundable payments or deposits incurred as a result of cancellation penalties imposed by tour operators and Common Carrier Conveyances, or change fees incurred in lieu of full penalties not including travel agency penalties. If the Covered Person's claim is covered due to the Pre-Existing Conditions Exclusion being waived, We will not pay any cancellation penalties to which the Covered Person was subject prior to the purchase of this coverage. If the Covered Person fails to notify the appropriate travel supplier(s) of the cancellation within 48 hours of becoming aware of the need to cancel, We will pay only the cancellation penalties the Covered Person was subject to at that time. If the Covered Person

- is unable to notify the appropriate travel supplier within 48 hours due to a medical condition, the Covered Person must notify them as soon as possible;
2. The charge incurred for an individual supplement if the Covered Person's Traveling Companion or Family Member's Covered Trip is cancelled, but the Covered Person's is not;
 3. Unused, nonrefundable arrangements, made by the Covered Person;
 4. The greater of:
 - a. Additional transportation expenses to the Covered Person's Permanent or Temporary Residence, less any refunds paid or payable, for one member of the Covered Person's traveling party, not to exceed the cost of economy airfare or first class airfare if the Covered Person's original tickets were first class; or
 - b. The value of the Covered Person's unused airfare if the Covered Person must return to a Permanent or Temporary Residence due to a covered loss;
 5. Reasonable additional accommodation and economy class transportation expenses combined (up to \$150 per day) if the Covered Person, the Covered Person's traveling Family Member or a Traveling Companion must remain in the Hospital or has been certified as medically unable to travel. This benefit is provided for a maximum of five days;
 6. The charge to return the Covered Person's vehicle to a Permanent or Temporary Residence if it is necessary for the Covered Person to interrupt the Covered Trip and return to a Permanent or Temporary Residence via alternate transportation as a result of a covered loss;
 7. Reasonable, additional economy class transportation expenses needed to reach the Covered Person's return destination or to travel from the place the Covered Trip was interrupted to the place where the Covered Person can rejoin the Covered Trip and the unused portion of any nonrefundable land, sea and air arrangements that were paid as part of the Covered Trip.

If interrupted in the course of a Covered Trip, the Covered Person must call Us at 1-800-332-4899 within the United States or collect at 1-(303)-273-6497 from anywhere else prior to making any additional accommodation or transportation arrangements. Failure to do so may affect coverage.

Additional Exclusions Under Trip Cancellation/Interruption Coverage

Benefits will not be paid if the loss for which coverage is sought was directly or indirectly, wholly or partially, contributed to or caused by any of the following:

1. Any General Exclusion;
2. Common Carrier Conveyance-caused delays except as provided elsewhere in this coverage;
3. Travel preparations cancelled by a tour operator or Common Carrier Conveyance except as provided elsewhere in this coverage;
4. Changes in plans for reasons other than those specifically listed in this coverage;
5. Inability to obtain necessary travel documents (passports, visas, etc.), or being detained or having property confiscated by any customs authority;
6. Financial circumstances, for example personal bankruptcy, of the Covered Person, a Family Member, or Traveling Companion;
7. Business or contractual obligations of the Covered Person, a Family Member, or Traveling Companion;
8. Financial Default of the entity from whom the Covered Person purchased this insurance or of the travel agent through which the Covered Person made travel preparations, if the travel agent distributes this product for Us;
9. Any prohibition by or regulation of the government;
10. An event which happens prior to the Coverage Effective Date;
11. Pre-existing conditions as defined in the Pre-Existing Conditions Exclusion with the exception of those pre-existing conditions waived;
12. Suicide, attempted suicide or intentionally self-inflicted injury while sane;
13. Pregnancy, resulting childbirth or abortion except to the extent coverage is required for Complications of Pregnancy;
14. Detention or arrest by any branch of any government of any nation state recognized by the United Nations.

Premiums

Designated Trip Payment Plan

The applicable single-trip premium will be due on the Coverage Effective Date.

Duties of the Covered Person In The Event Of A Loss

The Covered Person must provide Us with documentation of the cancellation, interruption or delay and proof of the expenses incurred within 90 days or as soon as reasonably possible. Additionally, the Covered Person must provide proof of payment for the Covered Trip (cancelled checks, credit card statements, receipts, proofs of any refunds granted, copies of applicable tour operator or Common Carrier Conveyance cancellation policies/guidelines, proof of age for each party claiming benefits and any other information reasonably required to prove the loss occurred). Claims that involve health care or death require a patient or representative of the patient to sign an authorization to release medical or other information and an attending Dentist or Physician's statement. The Covered Person will be required to supply Us with all unused air, rail, cruise or other tickets, if they are claiming the value of those unused tickets.

TRIP DELAY

Definitions

Business Effects means property that is used for and during the course of the Covered Person's employment and which is tangible and has measurable cash value.

Covered Trip means:

1. A trip taken by the Covered Person between the point of departure and the final destination as shown on the Covered Person's ticket; and
2. It is on a Scheduled Airline.

Covered Expenses mean:

1. Hotel accommodations;
 2. Transportation;
 3. Food; and
 4. Necessities, which include, on an emergency basis, personal articles and Business Effects.
- Total Covered Expenses may not exceed the benefit's per day limit and must be reasonable and necessary.

Description of Benefits

We will reimburse the Covered Person for Covered Expenses incurred when no alternative onward transportation is made available to the Covered Person within 6 hours or by 11:00 p.m. of the same day (in the time zone of the missed connections, delayed flight, flight cancellation or denied boarding), whichever occurs first, as a result of:

1. The Covered Person's confirmed onward connecting Scheduled Airline flight for a Covered Trip being missed at the transfer point due to the late arrival of the Covered Person's incoming confirmed connecting Scheduled Airline flight;
2. The departure of a Covered Person's confirmed Scheduled Airline flight for a Covered Trip from any airport being delayed or cancelled; or
3. The Covered Person being denied boarding of the aircraft due to overbooking.

Coverage will not be provided for the denied boarding of the aircraft due to overbooking when the Covered Person voluntarily denies boarding the flight in exchange for an offer/coupon by the Scheduled Airline.

Payment will not exceed the daily amount shown in the Schedule or Benefits for a maximum of two days. Coverage will be paid under only one benefit for any one Occurrence.

Additional Exclusions Applicable to Trip Delay

Benefits will not be paid if the loss for which coverage is sought was directly or indirectly, wholly or partially, contributed to or caused by any of the following:

1. Any General Exclusion;
2. Any act by customs or other governmental authority whether by voluntary consent, confiscation or requisition;
3. Riding in any capacity in a flying device other than as a passenger on a Scheduled Airline;
4. Detention or arrest by any branch of any government of any nation state recognized by the United Nations.

Premiums

Designated Trip Payment Plan

The applicable single-trip premium will be due prior to the Covered Trip Departure Date.

Claims

The Covered Person upon knowledge of any Occurrence likely to give rise to a claim shall immediately notify Us. All information and evidence required by Us shall be furnished at the expense of the Covered Person or his or her personal representative and shall be in such form and of such nature as We may prescribe. Notice of all claims must be given as soon as possible to Global Travel Shield, P.O. Box 792, Golden, CO 80402-0792, or call 1-800-332-4899 within the United States or collect to 1-(303)-273-6497 from anywhere else. The Covered Person must then complete documentation and sign the required claim form and return it to the address given above along with the requested documentation of loss. The claim form must be filed as soon as possible, but no later than six months following the date of loss. Requested documentation may include, but not be limited to:

1. Detailed hotel accommodation receipt(s);
2. Proof of Permanent Residence;
3. A copy of the airline ticket that includes the original booked ticket and the changed scheduled ticket;
4. Proof of the trip delay (such as a letter from the Scheduled Airline, newspaper clipping, weather report, police report or other evidence and proof of the expenses claimed as a result of the trip delay); or
5. Any other necessary expense receipts.

Note: This benefit is an EXCESS coverage. Claims for Trip Delay can be determined and paid only after the claim has been settled with and paid or denied by the Scheduled Airline responsible for the loss. If the airline pays the claim in full, such claim will not be subject to reimbursement under this benefit.

BAGGAGE PROTECTION

Definitions

Alighting means when a Covered Person is in the direct and immediate act of moving down, out, or off of the Scheduled Airline plane while on a Covered Trip. Once the Covered Person's body has completely exited the Scheduled Airline plane, he or she is no longer alighting.

Baggage means each Covered Person's suitcases or traveling bags, the contents of each, and the Covered Person's personal effects that the Covered Person brings on a Covered Trip.

Boarding means when a Covered Person is in the direct and immediate act of getting on and entering into the Scheduled Airline plane while on a Covered Trip.

Business Effects means property that is used for and during the course of the Covered Person's employment and which is tangible and has measurable cash value.

Covered Trip means:

1. A trip taken by the Covered Person between the point of departure and the final destination as shown on the Covered Person's ticket; and
2. It is on a Scheduled Airline.

Replacement Cost means the lesser of the cost to repair or replace Baggage with new material or property of like kind and quality as a result of physical loss, theft, pilferage, and significant damage or destruction to the Baggage. Deduction for depreciation of the item will also be taken into consideration.

Description of Benefits

We will pay this benefit if the Covered Person's Baggage is unexpectedly and unintentionally lost, damaged or stolen while on the Covered Trip, provided the Covered Person has taken all necessary precautions to preserve, protect and recover the property insured.

Checked Baggage Benefit

This benefit amount is paid for the Replacement Cost up to the amount shown in the Schedule of Benefits for checked Baggage while the Covered Person is riding solely as a passenger in, Boarding or Alighting from a Scheduled Airline plane. Bicycles are covered when checked as Baggage with a Scheduled Airline.

Carry-On Baggage Benefit

This benefit is paid for the Replacement Cost up to the amount shown in the Schedule of Benefits for carry-on Baggage while the Covered Person is riding as a passenger in, Boarding or Alighting from a Scheduled Airline plane or while upon any airport premises designated for passenger use, but only when the Covered Person is upon such premises immediately before Boarding or immediately after Alighting from a Scheduled Airline plane.

Delayed Checked Baggage Benefit

This benefit reimburses up to the amount shown in the Schedule of Benefits for the cost of replacing or renting, on an emergency basis, necessary personal articles and Business Effects contained in a Covered Person's accompanying checked Baggage when the checked Baggage is not delivered, due to fault by the Scheduled Airline, within three hours of the Covered Person's arrival at the Scheduled Airline destination. The Scheduled Airline destination must be other than an airport that services the Covered Person's Permanent Residence. Such emergency purchases or rentals must be made prior to arrival of the delayed checked Baggage at the Scheduled Airline destination and within the region serviced by that airport. Bicycles are covered when checked as Baggage with a Scheduled Airline.

Hotel/Motel Personal Property Benefit

Benefits will be paid for the Replacement Cost to personal property and Business Effects if a loss occurs anywhere on the premises of a hotel or motel where the Covered Person is staying as a paying registered guest. Coverage is available when the Covered Person is staying at any hotel or motel immediately before leaving on, during, or immediately after arriving from a Covered Trip. This benefit is paid up to the Replacement Cost at the time of the loss of the covered property or the amount shown in the Schedule of Benefits, whichever is less.

Common Carrier Conveyance Benefit

This benefit is paid for the Replacement Cost up to the amount shown in the Schedule of Benefits for checked and carry-on Baggage while the Covered Person is riding as a passenger in a land Common Carrier Conveyance or a scheduled helicopter operated as a Common Carrier Conveyance, but only when going directly to an airport for the purpose of Boarding a Scheduled Airline plane or when leaving from an airport directly after Alighting from a Scheduled Airline plane.

Additional Exclusions Applicable to Baggage Protection

Benefits will not be paid if the loss for which coverage is sought was directly or indirectly, wholly or partially, contributed to or caused by any of the following:

1. Any General Exclusion;
2. Any act by customs or other governmental authority whether by voluntary consent or by confiscation or requisition (except the Transportation Security Administration);
3. Mysterious disappearance (where there is an unknown time, place and manner of loss);
4. Defective workmanship, normal wear and tear and gradual deterioration;
5. Detention or arrest by any branch of any government of any nation state recognized by the United Nations.

Checked Baggage; Carry-On Baggage; Hotel/Motel Personal Property; Common Carrier Conveyance: The Policy does not pay for umbrellas; hats; personal effects worn on the Covered Person at the time of loss; keys; cash or its equivalent; notes, accounts, bills, currency, deeds, food stamps or other evidences of debt or intangible property; credit cards and other travel documents (including passports and visas); securities; tickets and documents; eyeglasses, sunglasses, contact lenses; hearing aids, artificial teeth and limbs; prescription or non-prescription drugs; food; plants and animals; automobiles and equipment; motorcycles and motors; aircraft, boats or other conveyances; property shipped as freight or shipped prior to the Covered Trip Departure Date or check-in date.

Delayed Checked Baggage: The Policy does not pay benefits for articles not contained in delayed checked Baggage; cash or its equivalent, notes, accounts, bills, currency, deeds, food stamps or other evidences of debt or other intangible property; credit cards and other travel documents (including passports and visas); securities; tickets and documents; food; prescription or non-prescription drugs; plants and animals; automobiles and equipment; motorcycles and motors; aircraft, boats or other conveyances; property shipped as freight or shipped prior to the Covered Trip Departure Date or check-in date.

Premiums

Designated Trip Payment Plan

The applicable single-trip premium will be due prior to the Covered Trip Departure Date.

Claims

Checked Baggage Benefit*

1. The Covered Person must promptly file a written report of the loss or damage with the airline, prior to leaving the terminal premises, and obtain a copy of the airline loss report.
2. The Covered Person must then call 1-800-332-4899 within the United States or collect to 1-(303)-273-6497 from anywhere else or write to Global Travel Shield, P.O. Box 792, Golden, CO 80402-0792 to obtain a claim form and instructions.
3. The Covered Person must then complete and sign the baggage claim form and return it with the form's requested documentation of loss. The claim form must be filed as soon as possible, but no later than 60 days following the date of loss.

Carry-On Baggage Benefit*/Common Carrier Conveyance Benefit*

1. The Covered Person must promptly file a written report of the loss or damage with a local law enforcement agency, Common Carrier Conveyance or the Scheduled Airline, and obtain a copy of the report.
2. The Covered Person must then proceed as instructed under Checked Baggage above at 2 and 3.

In the event of a covered claim for Checked Baggage, Carry-on Baggage or Common Carrier Conveyance benefits, We will pay the lesser of:

1. The actual purchase price of the item;

2. The Replacement Cost of the item at the time of loss; or
3. For non-receipted items We will pay 75% of the Replacement Cost of the item at the time of loss.

*These are excess coverage. The Policy is secondary to any coverage provided by a Common Carrier Conveyance, Scheduled Airline, or the Transportation Security Administration. Claims can be determined and paid only after the claim has been settled with and paid or denied by the Scheduled Airline, Common Carrier Conveyance or Transportation Security Administration. If a claim for Checked Baggage is completely denied under any primary coverage, such claim shall only be eligible for reimbursement under the Policy if the sole reason for complete denial is the specific exclusion of a particular item under the contract of coverage.

Delayed Checked Baggage Benefit

1. The Covered Person must promptly file a delayed checked Baggage report or Property Irregularity Report with the airline prior to leaving the terminal premises and obtain a copy of the report.
2. The Covered Person must allow three hours from the time of arrival at the Scheduled Airline destination for delivery of the delayed checked Baggage. If the delayed checked Baggage is not received within three hours, the Covered Person may purchase or rent clothing, toiletries or other necessary replacement articles on an emergency basis. Receipts for such purchases and rentals must be furnished when presenting the claim.
3. The Covered Person must, as soon as reasonably possible but not later than 30 days from the date of travel, call the toll-free number or write Us as provided in Checked Baggage.
4. The Covered Person must then proceed as instructed under Checked Baggage above at 2 and 3.

If a claim is made and a settlement received under Delayed Checked Baggage, the Covered Person cannot also make a claim, for the same or similar items not recovered, under the Checked Baggage benefit.

Hotel/Motel Personal Property Benefit

1. The Covered Person must promptly file a written report of the loss or damage with the hotel/motel or with a local law enforcement agency, and obtain copies of the report.
2. The Covered Person must then proceed as instructed under Checked Baggage above at 2 and 3.

The Hotel/Motel Personal Property benefit is excess to innkeeper's liability insurance. Claims can be determined and paid only after the claim has been presented to the hotel/motel where the loss occurred, and a determination of the liability has been given in writing to the Covered Person by that hotel/motel or the insurance company providing innkeeper's liability insurance to that hotel/motel.

AIRFLIGHT INSURANCE

Definitions

Alighting means when a Covered Person is in the direct and immediate act of moving down, out, or off of the Scheduled Airline plane while on a Covered Trip. Once the Covered Person's body has completely exited the Scheduled Airline plane, he or she is no longer alighting.

Beneficiary means the person or entity designated on forms and in a manner approved by Us to receive benefits in the event of death. If no person or entity is designated, the Beneficiary will be determined by the terms of the Certificate of Insurance.

Boarding means when a Covered Person is in the direct and immediate act of getting on and entering into the Scheduled Airline plane while on a Covered Trip.

Covered Trip means:

1. A trip taken by the Covered Person between the point of departure and the final destination as shown on the Covered Person's ticket; and
2. It is a trip on a Scheduled Airline.

Dismemberment means, with reference to hand or foot, complete and permanent severance through or above the wrist or ankle joint as a result of an Accident, and as used with reference to eye, means the irrecoverable loss of the entire sight thereof as a result of an Accident.

Home Care means care provided by a certified home health care agency possessing a valid certificate of approval issued pursuant to article thirty-six of the public health law which follows a home health care plan approved in writing by the Physician. Eligible benefits may include, but are not limited to, the following:

5. Part-time or intermittent home nursing care by or under the supervision of a registered professional nurse (R.N.);
6. Part-time or intermittent home health aide services which consist primarily of caring for the patient;
7. Physical, occupational or speech therapy if provided by the home health care service or agency; or
8. Medical supplies, drugs and medications prescribed by the Physician.

Each visit by a member of a home health care agency is considered one Home Care visit, and up to 4 hours of Home Care service is considered one Home Care visit.

Reasonable Medical Expenses means the charges made for the following medical services and supplies as the direct result of an Accidental Injury:

1. Hospital room and board, supplies and services;
2. Surgical procedures or medical treatment by a Physician or Dentist; and
3. Private duty services of a licensed practical or registered nurse while Hospital confined.

Such expenses may not exceed the Reasonable and Customary charges in the geographic area involved.

Residence means either the Covered Person's Permanent Residence or Temporary Residence.

Description of Benefits

BENEFIT AMOUNT (% of amount shown in Schedule of Benefits)	
ACCIDENTAL DEATH	100%
DISMEMBERMENT	
Loss of both hands or both feet.....	100%
Loss of one hand and one foot.....	100%
Loss of entire sight of both eyes.....	100%
Loss of the entire sight of one eye and one hand or one foot...	100%
Loss of one hand or one foot.....	50%
Loss of the entire sight of one eye.....	50%
REASONABLE MEDICAL EXPENSES	10%
HOME CARE	40 visits

Accidental Death or Dismemberment Benefit

If a Benefit Amount is payable under the When Benefits Are Payable provision, We will pay the applicable Benefit Amount if a Covered Person suffers an Accidental Death or Dismemberment. The Accidental Death or Dismemberment must occur within 100 days of the date of the Accident

that caused the Accidental Death or Dismemberment. We will pay benefits for the greatest loss, either Accidental Death or one category of Dismemberment, sustained by the Covered Person as the result of any one Occurrence.

Medical Expense For Accidental Injury Benefit

If a Benefit Amount is payable under the When Benefits Are Payable provision, We will pay up to the maximum of the applicable Benefit Amount for Reasonable Medical Expenses incurred due to, and within 365 days of, any Covered Person's Accidental Injury. Reasonable Medical Expenses are covered up to 10% of the enrolled benefit level.

Home Care Benefit

If a Benefit Amount is payable under the When Benefits Are Payable provision, We will pay up to the applicable Benefit Amount for Home Care expenses incurred due to, and within 365 days of, a Covered Person's Accidental Injury. Benefits for Home Care are payable only if Hospital confinement or confinement to a facility providing nursing care would otherwise have been required.

When Benefits Are Payable

Scheduled Airline Benefit

This benefit is payable if the Covered Person suffers an Accidental Death, Accidental Injury or Dismemberment while riding solely as a passenger in, or while Boarding or Alighting from a Scheduled Airline flight on a Covered Trip.

Common Carrier Conveyance Benefit

During the Period of Coverage, this benefit is payable if the Covered Person suffers an Accidental Death, Accidental Injury or Dismemberment while riding solely as a passenger in a land Common Carrier Conveyance or a scheduled helicopter operated as a Common Carrier Conveyance, but only when going directly to an airport for the purpose of immediately Boarding a Scheduled Airline plane on a Covered Trip, or when leaving directly from an airport immediately after Alighting from a Scheduled Airline plane on a Covered Trip.

Airport Premises Benefit

During the Period of Coverage, this benefit is payable if the Covered Person suffers an Accidental Death, Accidental Injury or Dismemberment while upon any airport premises designated for passenger use, but only when the Covered Person is upon such premises immediately before Boarding or immediately after Alighting from a Scheduled Airline plane on a Covered Trip.

Exposure and Disappearance Benefit

Coverage will be provided for an Accidental Death, Accidental Injury, or Dismemberment as a result of the Covered Person being unavoidably exposed to the elements because of the disappearance, sinking, or wrecking of a Scheduled Airline plane while on a Covered Trip. If the Covered Person's remains cannot be found within 52 weeks after the date of an Accident involving the disappearance, sinking or wrecking of the Scheduled Airline plane on which the Covered Person was a passenger while on a Covered Trip, it will be presumed, subject to the absence of evidence to the contrary, that the Covered Person suffered Accidental Death covered by the Policy.

Additional Exclusions Applicable to Airflight Insurance

Benefits will not be paid if the loss for which coverage is sought was directly or indirectly, wholly or partially, contributed to or caused by any of the following:

1. Any exclusion identified in Section V of the Policy;
2. Suicide, attempted suicide or intentionally self-inflicted injury;
3. Pregnancy except to the extent coverage is required for Complications of Pregnancy;
4. Cosmetic surgery, except cosmetic surgery that is reconstructive, incidental and related to an Accidental Injury or Dismemberment and reconstructive surgery because of congenital

- disease or anomaly of a Dependent child who is a Covered Person which has resulted in a functional defect;
5. The Covered Person being intoxicated or under the influence of any narcotic unless administered on the advice of a Physician or Dentist;
 6. Operating or learning to operate any aircraft as pilot or serving as a crew member;
 7. Any disease, illness or infirmity;
 8. Pre-existing conditions as defined in Section IV, Pre-Existing Conditions Exclusion with the exception of those pre-existing conditions waived in Section IV, when 12 months (6 months for those aged 65 or older) following the Coverage Effective Date have passed, and congenital anomalies of a Dependent child who is a Covered Person;
 9. Service in the Armed Forces or units auxiliary thereto.

Premiums

Designated Trip Payment Plan

The applicable single-trip premium will be due prior to the Covered Trip Departure Date.

Beneficiary

You may name any person(s) to be Your Beneficiary or change Your Beneficiary at any time. For a Beneficiary designation to become effective, a written request on Our Beneficiary Designation form or on the enrollment request must be completed and filed with Us. To receive a Beneficiary Designation form, please contact Us at 1-800-332-4899. Any Beneficiary designations or changes made will take effect as of the date of the signed request. If death occurs prior to the date We receive and record the change, payment will be made to the new Beneficiary. The prior Beneficiary's interest ends the date the new designation takes effect. If more than one Beneficiary is named without stating their respective interest, they will share equally.

Claims

Notice of Claim

The Covered Person or someone on his or her behalf must send Us written notice of claim within 30 days after the Occurrence which results in eligibility for payment of a Policy benefit. Failure to give notice within such time shall not invalidate or reduce any claim if it shall be shown not to have been reasonably possible to give such notice and that notice was given as soon as was reasonably possible. Notice must be sent to Global Travel Shield, PO Box 792, Golden, CO 80402-0792 or call at 1-800-332-4899. The notice should include the Covered Person's name, Certificate Identification Number and an address to which the claim form should be sent.

Claim Forms

When We receive notice of claim, We will furnish the claimant with forms for filing proof of loss. If the claimant does not get the forms within 15 days, proof of loss can be filed without them. The claimant must send Us a letter which describes the Occurrence, the character and the extent of the loss for which the claim is made. This letter must be sent to Us within the time period stated in the next paragraph.

Proof of Loss

We must receive written proof of loss within 90 days after the date of the loss or as soon as is reasonably possible. Failure to furnish such proof within such time shall not invalidate or reduce any claim if it shall be shown not to have been reasonably possible to furnish such proof within such time, provided such proof was furnished as soon as reasonably possible.

Claims for Reasonable Medical Expenses or Home Care will be paid within 45 days of receipt of a claim or bill for services is rendered provided that written proof of loss is received. Benefits that provide for periodic payment will be paid monthly. Claims for Accidental Death or Dismemberment will be paid within 60 days after We receive proper proof of a covered loss.

Payment of Claims

Accidental Death benefits will be paid to the designated Beneficiary. Benefits for all other losses sustained will be paid to the Covered Person, if living, otherwise to the designated Beneficiary. If more than one Beneficiary is designated and You have failed to specify the Beneficiaries' respective interests, the designated Beneficiaries will share equally. If no Beneficiary has been designated, or if the designated Beneficiary does not survive the Covered Person, the benefits will be paid to the surviving person or equally to the surviving persons in the first of the following classes of successive preference beneficiaries in which there is a living member:

1. Spouse or Domestic Partner;
2. Children, equally per stirpes; or
3. The estate.

In determining such person or persons, We may rely upon an affidavit by a member of any of the classes of preference beneficiaries. Payment based upon any such affidavit will fully discharge Us from all obligations under the Policy unless, before such payment is made, We have received written notice of a valid claim by some other person. Any amount payable to a minor may be paid to the guardian of the estate of the minor.

If a benefit not exceeding \$1,000 is payable to an estate or a minor, We may pay such benefit to any relative by blood or with a connection by marriage to the Covered Person who is deemed by Us to be entitled. Any payment We make in good faith shall fully discharge Us to the extent of such payment.

Settlement Method

Accidental Death and Dismemberment benefits will be paid in a single, lump sum.

24-Hour Accidental Death Insurance

Definitions

Covered Trip, under this 24-Hour Accidental Death Insurance benefit only, means a Covered Person's travel during the Period of Coverage, which includes Scheduled Airline travel. The Covered Trip begins at 12:01 a.m. on the Covered Trip Departure Date and ends at 12:01 a.m. on the date immediately following the Covered Trip Conclusion Date, provided the Covered Person actually uses the Scheduled Airline ticket, unless an Accidental Death occurs prior to the travel.

If a Covered Person travels on a Covered Trip to a Temporary Residence, the Covered Person will not be covered beginning at 12:01 a.m. on the 46th day of the Covered Trip and ending at 12:01 a.m. on the date the Covered Person departs from the Temporary Residence to conclude the Covered Trip.

Coverage Requirements

We will provide the following Accidental Death Insurance coverage to any Covered Person named on the enrollment form for which premium has been paid, the Airflight Insurance benefit is selected and We have received and validated an enrollment for this benefit. This coverage is not offered as a stand-alone benefit under the Policy and is hereby included in the Airflight Insurance benefit only.

Description of Benefits

The Company will pay, subject to all the terms and limitations herein, an Accidental Death benefit equal to \$150,000 if a Covered Person's Accidental Death occurs within 100 days from the date of the Accident which caused the Accidental Death and the Accident occurs during a Covered Trip; provided this benefit will not be payable if an Accidental Death benefit is payable with respect to the Covered Person under the Scheduled Airline Benefit, Common Carrier Conveyance Benefit, Airport Premises Benefit or Exposure and Disappearance Benefit.

The Company will pay, subject to the further terms and limitations of the Policy and not in addition to any other Accidental Death benefit payable under Airflight Insurance, the applicable Accidental Death Insurance benefit amount of \$150,000 if:

1. The Covered Person is unavoidably exposed to the elements during a Covered Trip, and if as a result of such exposure the Covered Person's death occurs, that death will be deemed an Accidental Death which occurred during the Covered Trip; or
2. If the Covered Person's remains cannot be found within 52 weeks after the date of an Accident while on a Covered Trip, it will be presumed, subject to the absence of evidence to the contrary, that the Covered Person suffered Accidental Death covered by the Policy.

All other provisions of the Airflight Insurance coverage apply that are not inconsistent with this 24-Hr Accidental Death Insurance benefit.

24-HOUR TRAVEL ASSISTANCE HOTLINE

All Covered Persons under the Policy are eligible to use the 24-Hour Travel Assistance Hotline benefit.

Support Services Provided

Emergency Assistance- If a Covered Person needs emergency assistance for a covered Occurrence under the Policy, the Covered Person can call 1-800-332-4899 within the United States or collect to 1-(303)-273-6497 from anywhere else 24 hours a day, 7 days a week within the United States. Please have the Identification Number, local telephone number, location and details of the situation readily available. We will confirm the Covered Person's eligibility and assist the Covered Person with the situation.

If the Covered Person's emergency needs call for immediate attention, he/she should acquire local assistance and then contact the Travel Assistance Hotline as soon as the Covered Person is reasonably able to do so. The Travel Assistance Hotline provider will do everything possible to assist the Covered Person immediately upon calling. Unfortunately, there are occasional situations beyond Our control that make providing support difficult. Our assistance providers will make every possible attempt to service the Covered Person during his/her emergency. Our assistance provider's staff will do its very best to refer the Covered Person to appropriate and reputable providers located nearest him/her. However, Our assistance provider and We cannot be held liable for the outcome or quality of the care the Covered Person receives from these independent practitioners.

Support Service Availability

The assistance provider will have 24-hour availability, 7 days a week, and becomes available when the Covered Person actually initiates his/her Covered Trip. Hotline services expire the earliest of: midnight on the day the plan expires, when the Covered Person reaches his/her return destination or when the Covered Person completes his/her Covered Trip.

Basic Inquiries

Basic Inquiry- We will field calls from the Covered Person about contact numbers, general questions and any other non-emergency questions.

Benefits Inquiry- If the Covered Person should have questions about the specific benefits of this service, We will provide the information requested.

Service Only- If the Covered Person is in need of a general service that is not specifically listed, but is still attainable, We will do our best to provide this service.

Financial Assistance

Alternate Cash Source-We are capable of locating ATM's around the United States and in many foreign cities.

Pre-trip Planning

Pre-trip Assistance – Before leaving on a Covered Trip, We can provide the Covered Person with information on the particular country they will be traveling to, such as passport/visa requirements, inoculations, and travel warnings.

Consulate/Embassy Referral– We will provide the Covered Person the address and/or phone number of the local embassy or consulate.

Weather Inquiry–This benefit provides the Covered Person with weather forecasts for destinations around the world. We can provide month-to-month averages as well as a short-term detailed forecast.

Foreign Exchange Rates – We are able to provide timely foreign exchange rates throughout the world.

Visa/Passport Requirements–We can provide the Covered Person with the entry requirements for destinations around the world.

Inoculation Information–We will provide the Covered Person with inoculation recommendations that may be needed prior to traveling to his/her destination.

Medical Assistance Level I (Medical Referral)

Medical Referral - If an emergency occurs during a Covered Trip that requires the Covered Person to seek urgent and immediate medical advice, the Covered Person should contact the 24-hour hotline to obtain the names and telephone numbers of local qualified Physicians and Dentists that speak his/her language in the area. We are not providing medical advice but rather information; the ultimate choice to seek and accept medical care is the Covered Person's responsibility.

Medical Assistance Level II

Medical Monitoring – If the Covered Person is hospitalized when traveling away from his/her Permanent Residence, Our medical advisors monitor the case from initial admission until discharge by maintaining close contact with the Covered Person's attending Physician, family Physician and family. Our medical advisors also help determine if adequate care is available locally, and if necessary, facilitate the evacuation of the Covered Person to the nearest appropriate medical facility.

Other Assistance Services

Lost Luggage/Document Assistance – We assist with the return of lost luggage by coordinating with the commercial carrier.

Legal Referral – We will provide the Covered Person with convenient legal referrals in his/her general area. The ultimate choice to seek and accept legal advice is the Covered Person's responsibility.

Urgent Message Relay – We will provide for the contact of family and/or friends in the event of an emergency situation while the Covered Person is traveling.

Telephone Interpretation/Translation–We provide emergency telephone translation services in major languages and also makes referrals to interpreter services.

**Global Travel Shield is underwritten by AMEX Assurance Company,
Administrative Office, Green Bay, WI. Coverage is determined by the**

terms, conditions or exclusions of Policy AX0126 and is subject to change with notice. This document does not supplement or replace the Policy.