

GLOBAL ACCIDENT & SICKNESS DESCRIPTION OF COVERAGE
The Insurance Company of the State of Pennsylvania, A member company of CHARTIS
(Herein called the "Company")

AGENT:

InsureMyTrip.com/IMT Services Corporation
100 Commerce Drive, Warwick, RI 02886
401-773-9300 800-487-4722

PERIOD OF COVERAGE

Coverage will begin at 12:01 A.M. Eastern Standard Time on the later of the following:

- a) The day after your complete application and correct premium are received; or b) the effective date requested on the application.

Coverage will terminate on the later of the following:

- a) Twelve months after your coverage's effective date or b) The termination date shown above, for which premium has been paid.

Refund of Premium – Only when written request is received by the Administrator prior to the Effective Date of coverage. After the Effective Date, premium is considered fully earned and non-refundable. Partial refunds are not available.

DEFINITIONS

The term "**Principle Residence**" shall mean, the place where an eligible person(s) has his/her fixed and permanent home establishment and to which he/she has the intention of returning.

The term "**Hospital**" shall mean, a facility that: (1) is operated according to law for the care and treatment of Injured people; (2) has organized facilities for diagnosis and surgery on its premises or in facilities available to it on a prearranged basis; (3) has 24 hour nursing service by registered nurses (R.N.'s); and (4) is supervised by one or more Physicians. A Hospital does not include: (1) a nursing, convalescent or geriatric unit of a Hospital when a patient is confined mainly to receive nursing care; (2) a facility that is, other than incidentally, a rest home, nursing home, convalescent home or home for the aged; nor does it include any ward, room, wing, or other section of the Hospital that is used for such purposes; or (3) any military or veterans Hospital or soldiers home or any Hospital contracted for or operated by any national government or government agency for the treatment of members or ex-members of the armed forces.

The term "**Injury**" shall mean, bodily Injury caused solely and directly by violent, accidental, external, and visible means occurring while the Policy is in force; and resulting directly and independently of all other causes of loss covered by this Plan. The term

"**Physician**" shall mean, a licensed practitioner of the healing arts acting within the scope of his/her license who is not: (1) the Insured; (2) an Immediate Family Member; or (3) retained by the Policyholder. Such definition will exclude chiropractors and physiotherapists. In the event services are provided by chiropractors or physiotherapists these healthcare professionals must be licensed and acting within the scope of their license and may not be (1) the Insured; (2) an Immediate Family Member; or (3) retained by the Policyholder.

The term "**Immediate Family Member**" means a person who is related to the Insured in any of the following ways: spouse, brother-in-law, sister-in-law, daughter-in-law, son-in-law, mother-in-law, father-in-law, parent (includes stepparent), brother or sister (includes stepbrother or stepsister), or child (includes legally adopted or stepchild).

"**Domestic Partner**" means a same or an opposite sex partner who has met all of the following requirements for at least 12 consecutive months immediately preceding the Effective Date of Coverage: (1) resides with the Insured; (2) shares financial assets and obligations with the Insured; (3) is not related by blood to the Insured.

"**Common Carrier**" means any land, water or air conveyance operated under a license for the transportation of passengers for hire.

"**Automobile**" means a self propelled private passenger motor vehicle with four or more wheels which is a type both designed and required to be licensed for use on the highways of any state or country. Automobile includes but is not limited to a sedan, station

wagon, or jeep type vehicle and a motor vehicle of the pickup, panel, van camper or motor home type. Automobile does not include a mobile home or any motor vehicle used in mass or public transit.

“Supplemental Restraint System” means an air bag which inflates for added protection to the chest and head areas.

“Felonious Assault” means any willful or unlawful use of force upon the Insured 1) with the intent to cause bodily injury to the Insured and 2) that results in bodily harm to the Insured and 3) that is a felony or a misdemeanor in the jurisdiction in which it occurs.

“Coma/Comatose” means a profound state of unconsciousness from which the Insured cannot be aroused to consciousness, even by powerful stimulation, as determined by a Physician.

“Covered Home Alteration and Vehicle Modification Expenses” - means one-time expenses that: 1. are charged for: (a)alterations to the Insured Person’s residence that are necessary to make the residence accessible and habitable for a wheelchair-confined person; or (b)modifications to a motor vehicle owned or leased by the Insured Person or modifications to a motor vehicle newly purchased for the Insured Person that are necessary to make the vehicle accessible to and/or drivable by the Insured Person; and 2. do not include charges that would not have been made if no insurance existed; and 3.do not exceed the usual level of charges for similar alterations and modifications in the locality where the expense is incurred; but only if the alterations to the Insured Person’s residence and the modifications to his or her motor vehicle are: 1. made on behalf of the Insured Person; 2. recommended by a nationally-recognized organization providing support and assistance to wheelchair users; 3. carried out by individuals experienced in such alterations and modifications; and 4. in compliance with any applicable laws or requirements for approval by the appropriate government authorities.

BENEFITS

Accidental Death and Dismemberment If within 365 days after the date of a covered accident, the Insured Person’s Injury results in death or dismemberment, this Plan provides the following benefits for loss of:

The amount of the Principal Sum is listed above.

<u>Description of Loss</u>	<u>Indemnity</u>
Life	Principal Sum
Both Hands or Both Feet or Sight of Both Eyes or One Hand and One Foot or Either Hand or Foot and Sight of One Eye	Principal Sum
Either Hand or Foot or Sight of One Eye	One-Half the Principal Sum
Thumb and index finger of same hand	One-Quarter of the Principal Sum

The term “loss” as used herein shall mean, with regard to hands and feet, actual severance through or above wrist or ankle joint, and with regard to eyes, entire irrecoverable loss of sight.

Paralysis

If Injury to the Insured, within 365 days of the date of the accident that caused the Injury, results in any one of the types of paralysis specified below, The Company will pay the percentage of the Maximum Amount shown below for that type of paralysis:

<u>Type of Paralysis</u>	<u>Sum</u>	<u>Based on the Percentage of the Principal</u>
Quadriplegia.....		100%
Paraplegia		75%
Hemiplegia.....		50%
Uniplegia.....		25%

“Quadriplegia” means the complete and irreversible paralysis of both upper and both lower limbs. “Paraplegia” means the complete and irreversible paralysis of both lower limbs. “Hemiplegia” means the complete and irreversible paralysis of the upper and lower limbs of the same side of the body. “Uniplegia” means the complete and irreversible paralysis of one limb. “Limb” means entire arm or entire leg. If the Insured suffers more than one type of paralysis as a result of the same accident, only one amount, the largest, will be paid.

Disappearance – If the body of an Insured Person has not been found within one year of the disappearance, forced landing, stranding, sinking or wrecking of a conveyance in which such person was an occupant, then it shall be deemed, subject to all other terms and provisions of the plan, that such Person shall have suffered loss of life within the meaning of the plan.

Coma Benefit – Maximum Benefit \$10,000 - If a covered Injury renders an Insured Person Comatose within 90 days of the date of the accident that caused the Injury, and if the Coma continues for a period of 30 consecutive days, The Company will pay a monthly

benefit equal to 1% of the maximum amount. No benefit is provided for the first 30 days of the Coma. The benefit is payable monthly as long as the Insured remains Comatose due to that Injury, but ceases on the earliest of

1) the date the insured ceases to be Comatose due to the Injury; 2) the date the Insured dies; 3) the date the total amount of monthly Coma benefit paid for all Injuries caused by the same accident equals \$10,000. The Company will pay benefits calculated at a rate of 1/30th of the monthly benefit for each day for which The Company is liable when the Insured is Comatose for less than a full month. Only one benefit is provided for any one month of Coma, regardless of the number of Injuries causing the Coma. The Company reserves the right, at the end of the first 30 consecutive days of Coma and as often as it may reasonably require thereafter, to determine on the basis of all the facts and circumstances, that the Insured is Comatose, including but not limited to, requiring an independent medical examination provided at the expense of The Company. (this benefit is in addition to any other expenses of the program).

Seat Belt Benefit – The Company will pay a benefit when the Insured Person suffers accidental death such that an Accidental Death benefit is payable under the plan and the accident causing death occurs while the Insured Person is operating, or riding as a passenger in an Automobile and wearing a properly fastened seat belt, properly installed by a factory authorized dealer. The amount payable is 10% of the Principal Sum up to \$50,000. (this benefit is in addition to any other expenses of the program).

Air Bag Benefit-The Company will pay a benefit if the Insured Person is positioned in a seat protected by a properly functioning Supplemental Restraint System, properly installed by a factory authorized dealer that inflates on impact. The additional amount payable under this benefit is the lesser of \$50,000 or 10% of the Insured Person's Principal Sum. Verification of the actual use of the seat belt at the time of the accident, and that the Supplemental Restraint System inflated properly upon impact must be part of an official report of the accident or be certified, in writing by the investigating officer(s).

Felonious Assault Benefit – The Company will pay 100% of the Principal Sum up to a Maximum benefit of \$50,000 when an Insured Person suffers one or more losses for which benefits are payable under the Accidental Death & Dismemberment Benefit or Coma Benefit provided by the plan as a result of a Felonious Assault. (this benefit is in addition to any other expenses of the program).

Home Alteration and Vehicle Modification –if an Insured Person:

1. suffers an accidental dismemberment or paralysis¹ for which an Accidental Dismemberment and Paralysis benefit is payable under the Policy;
2. did not, prior to the date of the Accident causing such loss(es), require the use of a wheelchair to be ambulatory; and
3. as a direct result of such loss(es) is now required to use a wheelchair to be ambulatory;

The Company will pay Covered Home Alteration and Vehicle Modification Expenses that are incurred within one year after the date of the accident causing such loss(es), up to a maximum of \$2,500 for all such losses caused by the same accident.

Covered Home Alteration and Vehicle Modification Expenses - as used in this Rider, means one-time expenses that:

1. are charged for:
 - (a)alterations to the Insured Person's residence that are necessary to make the residence accessible and habitable for a wheelchair-confined person; or (b)modifications to a motor vehicle owned or leased by the Insured Person or modifications to a motor vehicle newly purchased for the Insured Person that are necessary to make the vehicle accessible to and/or drivable by the Insured Person; and
2. do not include charges that would not have been made if no insurance existed; and
3. do not exceed the usual level of charges for similar alterations and modifications in the locality where the expense is incurred;³
 - but only if the alterations to the Insured Person's residence and the modifications to his or her motor vehicle are:
 - 1 .made on behalf of the Insured Person;
 2. recommended by a nationally-recognized organization providing support and assistance to wheelchair users;
 3. carried out by individuals experienced in such alterations and modifications; and
 4. in compliance with any applicable laws or requirements for approval by the appropriate government authorities.

Emergency Medical Evacuation - The Company will pay benefits for Covered Expenses incurred for the necessary Emergency Medical Evacuation of an Insured Person up to a \$300,000 maximum. Emergency Medical Evacuation means: a) the Insured Person's medical condition warrants immediate transportation from the place where the Insured Person is Injured or Ill, to the nearest Hospital where appropriate medical treatment can be obtained; or b) after being treated at a local Hospital, the Insured Person's medical condition warrants transportation to their Home Country to obtain further medical treatment or to recover. Covered Expenses are expenses for the transportation, medical services and supplies recommended by the attending Physician and necessarily incurred, in connection with an Insured Person's Emergency Medical Evacuation. All transportation for an Insured Person's Emergency Medical Evacuation must be arranged by AIG Assist utilizing the most direct and economical conveyance. Covered Expenses for transportation which include but are not limited to air, water or land ambulance, and private motor vehicle, must be: a) recommended by the attending Physician; or b) required by the standard regulations of the conveyance transporting the Insured Person.

Personal Security Evacuation - up to a maximum of \$10,000 for expenses incurred for transportation to the nearest place of safety is provided AIG Assist makes all arrangements and must authorize all expenses in advance for any benefits to be payable.

Repatriation of Remains - If Injury or Illness commencing during the period of coverage results in death, all reasonable expenses incurred for preparation and return of the remains to your Home Country, are covered up to a maximum of \$20,000, must be arranged by AIG Assist utilizing the most direct and economical conveyance.

Emergency Reunion - In the event of an Emergency Medical Evacuation due to a covered Injury or Illness, where the Physician feels that it would be beneficial for the Insured to have a Family Member at his/her side during transport, the Company will reimburse the Insured for travel and lodging expenses, up to a maximum of \$10,000.00. AIG Assist must make all arrangements and must authorize all expenses in advance for any benefits to be payable. The Company reserves the right to determine the benefit payable, including reductions, if it is not reasonably possible to contact AIG Assist in advance.

Beneficiary Designation and Change

The beneficiary or beneficiaries of an Insured Person shall be that person or those persons designated by the Insured Person and filed with the Plan Administrator. Any Insured Person who has not made an irrevocable designation of beneficiary may designate a new beneficiary at any time, without the consent of the beneficiary, by filing with the Plan Administrator a written request for such change but such change shall become effective only upon receipt of such request by Plan Administrator. When such request is received by the Plan Administrator, whether the Insured Person be then living or not, the change of beneficiary shall relate back to and take effect as of the date of execution of the written request, but without prejudice to the Company on account of any payment theretofore made by it.

EXCLUSIONS AND LIMITATIONS

For the Accidental Death and Dismemberment Benefit, Paralysis, Disappearance, or Coma this Plan does not cover any loss, fatal or non-fatal; caused by or resulting from:

1) Suicide or any attempt thereat by the Insured Person while sane or self destruction or any attempt threat by the Insured Person while insane; 2) disease of any kind; 3) bacterial infections except pyogenic infection which shall occur through an accidental cut or wound; 4) hernia of any kind; 5) flying in any aircraft being used for or in connection with acrobatic or stunt flying, racing or endurance tests; flying in any rocket propelled aircraft; flying in any aircraft being used for or in connection with crop dusting, or seeding or spraying, firefighting, exploration, pipe or power line inspection, any form of hunting bird or fowl herding, aerial photography, banner towing or any test or experimental purpose; flying any aircraft which is engaged in flight which requires a special permit or waiver from the authority having jurisdiction over civil aviation, even if granted; 6) declared or undeclared war or any act thereof; 7) service in the military, naval or air service of any country.

With respect to Emergency Medical Evacuation Expense, no benefit shall be payable with respect to expenses incurred:

1) For Pre-Existing Conditions, defined as that within a 60 day period immediately preceding the Insured Person's effective date there was a change in prescribed medication; 2) For suicide or any attempt thereat while sane or self-destruction or any attempt thereat while insane; 3) declared or undeclared war or any act thereof; 4) For expenses as a result of or in connection intentionally self-inflicted Injury; 5) For expenses as a result of or in connection with the commission of a felony offense; 6) within 100 miles of your Principle Residence.

With respect to Home Alteration and Vehicle Modification, no benefit shall be payable with respect to expenses incurred for or resulting from any condition for which the Insured Person is entitled to benefits under any Workers' Compensation Act or similar law.

Excess Benefits - All coverage, except Accidental Death and Dismemberment, shall be in excess of all other valid and collectible insurance indemnity and shall apply only when such benefits are exhausted. The policy is not in lieu of and does not affect any requirement for coverage by Worker's Compensation insurance.

CLAIM PAYMENT

CLAIMS ADMINISTRATOR

Mail claims with original receipts and completed claim form to:

Global Claims Administration

3195 Linwood Rd Suite 201 Cincinnati OH 45208

8:30 - 4:30 Eastern Standard Time Monday through Friday

Claim Forms - The Company, upon receipt of a written notice of claim, will furnish to the claimant such forms as are usually furnished by it for filing proofs of loss. If such forms are not furnished within 15 days after the giving of such notice, the claimant shall be deemed to

have complied with the requirements of this Plan by submitting, within the time fixed in this Plan for filing proofs of loss, written proof showing the occurrence, nature and extent of the loss for which claim is made. One claim form is needed for each Injury or Illness for which a claim is being made.

Proofs of Loss - Written proof of loss must be furnished to The Company at its said office in case of claim for loss for which this plan provides any periodic payment contingent upon continuing loss within 90 days after termination of each period for which The Company is liable and in case of claim for any other loss within 90 days after the date of such loss. Failure to furnish proof within the time required shall not invalidate nor reduce any claim if it is not reasonably possible to give proof within such time, provided proof is furnished as soon as reasonably possible.

Time of Payment of Claims - Indemnities payable under the plan for any loss other than loss for which the plan provides any periodic will be paid immediately upon receipt of due written proof of such loss. Subject to due written proof of loss, all accrued indemnities for loss for which the plan provides periodic payment will be paid at the expiration of each four weeks during the continuance of the period for which The Company is liable, and any balance remaining unpaid upon the termination of liability will be paid immediately upon receipt of due written proof.

Payment of Claims - Indemnity for loss of life will be payable in accordance without the beneficiary designation and the provisions respecting such payment which may be prescribed herein and effective at the time of payment. If no such designation or provision is then effective, such indemnity shall be payable to the *estate of the Insured Person*. Any other accrued indemnities unpaid at the Insured Person's death may, at the option of The Company, be paid either to such beneficiary or to such estate. All other indemnities will be payable to the Insured Person. If any indemnity of the policy shall be payable to the estate of an Insured Person, or to an Insured Person who is a minor or otherwise not competent to give a valid release, The Company may pay such indemnity, up to an amount not exceeding \$1000 to any relative by blood or connection by marriage of the Insured Person who is deemed by The Company to be equitably entitled thereto. Any payment made by The Company in good faith pursuant to this provision shall fully discharge The Company to the extent of such payment. Subject to any written direction of the Insured Person all or a portion of any indemnities provided by this plan on account of Hospital, nursing, medical or surgical service may, at The Company's option and unless the Insured Person requests otherwise in writing not later than at the time for filing proof of such loss, be paid directly to the Hospital or person rendering such services, but it is not required that the service be rendered by a particular Hospital or person.

Policy terms and conditions are briefly outlined in this Description of Coverage. Complete provisions pertaining to this insurance plan are contained in the Master Policy, which is on file with the Policyholder. In the event of a conflict between this Description of Coverage and the Master Policy, the Master Policy will govern.

WORLDWIDE ASSISTANCE SERVICES

Inside US and Canada 800-626-2427 Outside US and Canada 713-267-2525 (collect)

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POLICY AMENDMENT WAR RISK RIDER

In consideration of the payment of premium calculated in the manner stated in the policy to which the rider is attached, it is hereby agreed that the policy is amended as follows:

Any Exclusion under this Plan for "declared or undeclared war or any act thereof" is waived for an Insured Person's loss caused in whole or in part by, or resulting in whole or in part from, declared or undeclared war or any act thereof, subject to the following restriction:

The waiver only applies with respect to accidents that occur within the geographic limits or territorial waters of, or airspace above the geographic limits or territorial waters of a Designated War Risk Territory (as defined herein). War Risk Coverage in a high risk country listed in the Definition of "Designated War Risk Territory" requires payment of an additional premium and advance notice of travel.

Termination Date: War Risk Coverage ends on the earliest of: (1) the date the Policy terminates; (2) the date specified in the Company's written notice to the Policyholder or Participating Organization of the Company's intent to terminate War Risk Coverage (or 10 days after the date the written notice is received by the Policyholder or Participating Organization, if later).

Termination of War Risk Coverage will not affect a claim for a covered loss that occurred while War Risk Coverage was in effect.

Changes in Terms and Conditions: The terms and conditions of War Risk Coverage, including but not limited to the definition of the Designated War Risk Territory(ies), may be changed at any time to reflect conditions that, in the opinion of the Company, constitute a change in the war risk exposure of the Participating Organization or the Insured Person.