SAFE TRAVELS USA
CERTIFICATE OF COVERAGE

The Company has issued, via its Plan Administrator; Trawick International GmbH, the Master Policy to the Trustee. Coverage is subject to the Terms described in the Master Policy and in this Certificate of Coverage. The Company and the Trustee have agreed to all the Terms herein. The Covered Person participates in the Trust and is not a party to the Master Policy. This Certificate of Coverage evidences the coverage extended to the Covered Person under the Master Policy.

All persons whose application has been accepted by the Trust are subject to all the exclusions, limitations and provisions set forth in this Certificate of Coverage. Coverage is afforded only with respect to the Covered Person, the coverage, the amounts, and the limits specified in the Certificate of Coverage issued to the Covered Person, for which correct Premium has been paid. All benefit amounts, coverage, monetary limits and sub-limits, and other amounts stated herein including Premium, are in USD (United States Dollars).

This insurance is not designed to comply with, and does not provide, the benefits required by the United States Patient Protection and Affordable Care Act. It is not general health insurance and does not satisfy any requirement under United States federal or state law to hold minimum essential coverage.

SCHEDULE OF BENEFITS

BENEFIT SUMMARY

MEDICAL MAXIMUM PER PERIOD OF INSURANCE	$50,000, $100,000, $250,000, $500,000, $1,000,000
DEDUCTIBLE PER PERIOD OF INSURANCE	$0, $50, $100, $250, $500, $1,000, $2,500, $5,000
CO-INSURANCE PER PERIOD OF INSURANCE	90% of the first $2,500 then 100% up to the Medical Maximum
URGENT CARE CLINIC EXPENSES	Not Subject to Deductible. $30 Copayment. Copayment not applicable if the Deductible is $0
WALK IN CLINIC EXPENSES	Not Subject to Deductible. $15 Copayment. Copayment not applicable if the Deductible is $0

PRE-CERTIFICATION	Pre-certification is a general determination of Medical Necessity only. • Inpatient Hospitalization, Surgery or Surgical procedure: 50% reduction of Eligible Medical Expenses if Pre-certification requirements are not met. • Deductible is taken after reduction. • Coinsurance and Out of Pocket Maximum are applied to remainder of the reduced amount. • Interfacility Ambulance Transfer: No coverage if Pre-certification requirements are not met. • Emergency Medical Evacuation or Medically Necessary Repatriation: No coverage if not approved by the Company. Refer to the EMERGENCY MEDICAL EVACUATION or MEDICALLY NECESSARY REPATRIATION provisions for complete requirements and coverage. • Refer to the PRE-CERTIFICATION REQUIREMENTS provision for a complete list of services that require Pre-certification.

MEDICAL EXPENSE BENEFIT

HOSPITAL ROOM AND BOARD EXPENSES	The average semi-private room rate
EMERGENCY ROOM SICKNESS WITH NO DIRECT HOSPITAL ADMISSION EXPENSES	$200 Additional deductible per visit – Only applies when receiving care in an Emergency Room for a Sickness that does not result in a Hospital admittance
EMERGENCY ROOM INJURY/ACCIDENT OR SICKNESS WITH DIRECT HOSPITAL ADMISSION EXPENSES	Covered
INPATIENT ANCILLARY HOSPITAL SERVICES EXPENSES	Covered
HOSPITAL INTENSIVE CARE UNIT EXPENSES	3 times the average semi-private room rate
PHYSICIAN'S SURGICAL TREATMENT EXPENSES	Covered
ANESTHESIOLOGIST EXPENSES	Covered
ASSISTANT PHYSICIAN'S SURGICAL EXPENSES	Covered at 20% of the primary surgeon's eligible fee
PHYSICIAN'S NON-SURGICAL VISIT EXPENSES	Covered
CONSULTING PHYSICIAN EXPENSES	Covered
PRE-ADMISSION TEST EXPENSES	Covered WITHIN 7 DAYS OF ADMISSION
DIAGNOSTIC X-RAYS AND LAB SERVICES EXPENSES	Covered
OUTPATIENT SURGICAL FACILITY EXPENSES	Covered
PHYSICIAN'S VISIT EXPENSES	Covered
PRESCRIPTION DRUGS AND MEDICATIONS EXPENSES	If your Maximum Limit is $10,000, $20,000, $50,000, $100,000, or $250,000 the limit is up to the plan Maximum per Period of Insurance. If your Maximum Limit is $500,000 or $1,000,000, the Limit is up to $250,000 per Period of Insurance, for Treatment of a Covered Sickness or Injury
PHYSIOTHERAPY, PHYSICAL MEDICINE, CHIROPRACTIC EXPENSES	Limited to $50 per visit, one visit per day and 10 visits per Period of Insurance (must be prescribed by a Physician)

DENTAL TREATMENT FOR INJURY OF SOUND NATURAL TEETH DUE TO ACCIDENT EXPENSES	$250 per Period of Insurance
CARDIAC CONDITIONS AND STROKE EXPENSES	Up to $25,000 per Period of Insurance for ages up to 69 or $15,000 per Period of Insurance for ages 70 and over
COVID-19, SARS-CoV-2 MEDICAL EXPENSES	Medically Necessary Treatment for COVID-19, SARS-CoV-2, and any mutation or variation of SARS-CoV-2 up to the maximum as stated in the Schedule of Benefits
EMERGENCY MEDICAL TREATMENT OF PREGNANCY EXPENSES	$1,000 per Period of Insurance
MENTAL OR NERVOUS DISORDER TREATMENT EXPENSES	$2,500 per Period of Insurance
UNEXPECTED RECURRENCE OF A PRE-EXISTING CONDITION EXPENSES	$1,000 per Period of Insurance. Upon attaining age 70 Unexpected Recurrence of Pre-existing Condition benefits are not available.
WELL DOCTOR VISIT EXPENSES	Up to $125 - One Visit per Period of Insurance

TRANSPORTATION EXPENSES

AMBULANCE SERVICE EXPENSES	Covered
EMERGENCY MEDICAL EVACUATION*	100% up to $1,000,000 per Period of Insurance Limit of $25,000 Maximum per Policy Period for any condition covered under Unexpected Recurrence of a Pre-existing Condition Benefit
MEDICALLY NECESSARY REPATRIATION*	100% up to $15,000 per Period of Insurance
POLITICAL EVACUATION*	$25,000 per Period of Insurance
NATURAL DISASTERS EVACUATION*	$10,000 per Period of Insurance Up to $250 per day to a max of 5 days for Reasonable Expenses
EMERGENCY REUNION*	$15,000 per Period of Insurance
RETURN OF MINOR CHILDREN OR GRAND-CHILDREN OR TRAVELING COMPANION*	$5,000 per Period of Insurance
REPATRIATION OF MORTAL REMAINS*	100% up $50,000 per Period of Insurance
LOCAL BURIAL / CREMATION*	$5,000 per Period of Insurance

ADDITIONAL BENEFITS

HOSPITAL CONFINEMENT*	$50 per night up to a maximum of 10 nights per Period of Insurance to a maximum of $500 per Period of Insurance
ACCIDENTAL DEATH & DISMEMBERMENT - 24 Hour * Seatbelt and Airbag Benefit	$25,000 Principal Sum $5,000 Principal Sum
ACCIDENTAL DEATH & DISMEMBERMENT - FELONIOUS ASSAULT & VIOLENT CRIME*	$50,000 Principal Sum
COMA BENEFIT*	$10,000
ADAPTIVE HOME AND VEHICLE*	$5,000
LOST CHECKED BAGGAGE*	$1,000 per Period of Insurance
TRIP INTERRUPTION*	$5,000 per Period of Insurance

ADDITIONAL SERVICES

**Travel Assistance	Included

OPTIONAL BENEFITS

OPTIONAL RETURN TO HOME COUNTRY COVERAGE	$25,000 per Period of Insurance
OPTIONAL SPORT ACTIVITY COVERAGE	$50,000 per Period of Insurance
OPTIONAL ACCIDENTAL DEATH AND DISMEMBERMENT – 24 HOURS	Option #1: $50,000 Principal Sum Option #2: $100,000 Principal Sum Option #3: $250,000 Principal Sum Option #4: $500,000 Principal Sum

*Not subject to Deductible

** This is a non-insurance service and is not a part of the insurance underwritten by Inter Partner Assistance SA acting directly or through its Belgian Branch

GENERAL TERMS OF COVERAGE

ELIGIBILITY

This Certificate of Coverage provides coverage to non-US citizens who reside outside the USA and are traveling outside of Their Home Country to visit solely the United States, or to visit a combination of the United States and other countries Worldwide (certain countries may be restricted at different times). The Insured must arrive in the USA before traveling to other countries. Coverage in countries outside the USA and your Home Country is available for up to 30 days during your Period of Insurance. This coverage is not available to any age 90 or above.

This Certificate of Coverage is not available to any individual who has been residing within the United States for more than 365 days prior to their Effective Date or who is considered a Habitual Resident of the country or jurisdiction in which care is received.

It is the Covered Person's obligation to ensure eligibility and to provide all information relating to their eligibility. The failure to promptly disclose or to otherwise withhold information pertaining to eligibility renders this coverage void and may be reported as fraud to the relevant authorities. If and whenever We discover that the eligibility requirements have not been met, Our only obligation is refund of Premium.

On the Effective Date and on subsequent extension dates, must have legally departed the Country of Residence, legally entered the Destination Country, and not have established a Habitual Residency in the Destination Country.

EFFECTIVE DATE

An eligible person will be insured on the latest of the following dates: 1. the Covered Person's departure from Their Home Country; 2. the date and time the Covered Person completed an enrollment form and Their correct Premium is received; or 3. the Effective Date requested and shown on the Certificate of Coverage. However, this coverage shall never be effective and will be void if a person completes an enrollment form but does not depart their Home Country before receiving care for which a benefit is claimed.

TERMINATION DATE

Coverage will end on the earliest of the: 1. date the Covered Person's return to Their Home Country, except as provided under Return to Home Country Benefit, if eligible; or 2. the day after the Termination Date shown on the Certificate of Coverage for which correct Premium has been paid; or 3. Three hundred and

sixty-four (364) days after the Covered Person's original Effective Date; or 4. the date the Covered Person becomes a United States citizen or Habitual Resident in the US; or 5. the date the Covered Person is no longer eligible for this plan; or 6. the first date for which no corresponding correct Premium is timely received; or 7. the date specified by the Company in any notice of cancellation, forfeiture or rescission issued pursuant to or as a result of the circumstances described in the MISREPRESENTATION, FRAUDULENT CLAIMS and RIGHT OF RECOVERY.

BENEFIT PERIOD

- While the coverage is in effect, we will pay eligible Medical Expenses for up to 180 days beginning on the first day of Diagnosis or Treatment of a covered Sickness or Injury and
- Upon termination of the coverage the Benefit Period shall discontinue on the date of termination and the plan will no longer pay any medical expenses.

OPTIONAL EXTENSION PROCEDURES

An extension notice will be sent to the Covered Person before the Period of Insurance ends and includes links to extend prior to the Termination Date. The Covered Person is subject to the following rules at extension: In order to extend, the Period of Insurance must be initially purchased for a minimum of 5 days. If available, an extension period can be purchased 1. at the Premium rate in force at the time of the extension; 2. for a minimum of 5 days; 3. for up to a maximum of 364 days, provided the Covered Person's Period of Insurance does not exceed 364 days in total. There are no grace periods for extension. Once the coverage has lapsed, reapplication may be allowed provided you meet the ELIGIBILITY requirements. Please note, upon application for a new coverage, the Pre-Existing Condition exclusion, deductible and coinsurance start over.

CANCELLATION AND REFUND PROCEDURE PROVISIONS

Full cancellation and refund will only be considered if We receive written request prior to or on the Effective Date of the Coverage. If We receive a written request for cancellation and refund after the Effective Date of Coverage, a partial cancellation and refund may be allowed. The following conditions apply: a) If any claims have been filed with Us, the Premium is fully earned and is non-refundable. If no claims have been filed with the Company, then (i) a cancellation fee of US $50 will be charged; and (ii) only unused days of Premiums will be considered as refundable; and b) If after a refund is made, it is determined that a claim was presented to Us on a Covered Person's behalf, the Covered Person will be fully responsible for that claim in its entirety. Upon effectuation of such cancellation and refund, neither the Company nor the Covered Person shall have any further rights, liabilities, or obligations under this insurance.

EXCESS INSURANCE

The coverage provided in this plan shall be in excess of all other valid and collectable insurance or indemnity and shall apply only when such other benefits are exhausted. In the event no other insurance exists this coverage becomes primary. The Insurance Company reserves the right to review and potentially subrogate with any undeclared coverage whether known or unknown to the Covered Person. The Covered Person agrees to cooperate with all efforts to coordinate benefits and the failure to cooperate is a basis to limit or deny benefits that may be covered by other insurance.

DISCLOSURES

The Covered Person must notify the Plan Administrator in writing within 30 days of a change of address or domicile.

BENEFIT PROVISIONS

All benefits payable are subject to the Maximum Benefit Limits, and any applicable sub-limits listed in the Schedule of Benefits.

MEDICAL EXPENSE BENEFITS

If a covered Sickness or Injury occurs during the Period of Insurance, and the Covered Person requires medical or surgical Treatment, benefits are payable for the following Covered Expenses that are incurred during the Period of Insurance. The first Covered Expenses must be incurred within 90 days after the date of the covered Sickness or Injury. No benefits will be paid for any expenses incurred which are in excess of the Usual and Customary Charge.

1. HOSPITAL ROOM AND BOARD EXPENSES: the Usual and Customary Charge for a semi-private room when a Covered Person is Hospital Confined (In computing the number of days payable under this benefit, the date of admission will be counted but not the date of discharge), and general nursing care and the following additional facilities; services and supplies as Medically Necessary and approved and covered by the Certificate of Coverage, meals and special diets (only for the patient). Use of operating room and related facilities, use of intensive care and related services. All Charges in excess of the allowable semiprivate rate are the responsibility of the Covered Person.
2. HOSPITAL INTENSIVE CARE UNIT EXPENSES will be provided based on the Allowable Charge for Medically Necessary Intensive Care Services.
3. INPATIENT ANCILLARY HOSPITAL SERVICES: If Medically Necessary for the Diagnosis and Treatment of the Sickness or Injury for which a Covered Person is hospitalized, the following services are also covered: use of operation room and recovery room all approved medicines in the jurisdiction where treatment is being rendered; Blood transfusions, blood plasma, blood plasma expanders, and all related testing, components, equipment and services; Surgical dressings; Laboratory testing; Durable Medical Equipment; Diagnostic x-ray examinations; Radiation therapy rendered by a radiologist for proven malignancy or neoplastic diseases; Respiratory therapy rendered by a Physician or registered respiratory therapist; chemotherapy rendered by a Physician or Nurse under the direction of a Physician; Physical and Occupational therapy (if covered) must be rendered by a Physician or registered physical or occupational therapist and relate specifically to the physician's written Treatment plan. Therapy must: Produce significant improvement in the Insured's condition in a reasonable and predictable period of time and be of such a level of complexity and sophistication, and/or the condition of the patient must be such that the required therapy can safely and effectively be performed only by a registered physical or occupational therapist or be necessary to the establishment of an effective maintenance program. Maintenance itself is not covered. All Inpatient Ancillary benefits are paid in accordance with the current Schedule of Benefits.
4. PHYSICIAN'S SURGICAL TREATMENT EXPENSES.
5. ANESTHESIOLOGIST EXPENSES: for pre-operative screening and administration of anesthesia during a Surgical Procedure on an inpatient basis.
6. ASSISTANT PHYSICIAN'S SURGICAL EXPENSES: if Medically Necessary, for professional services rendered, including Surgery provided, however, Charges by or for an assistant surgeon will be limited and covered at the rate of up to twenty percent (20%) of the Usual and Customary Charge of the primary surgeon; and provided further, that the standby availability of a Physician or surgeon will not be deemed to be a professional service and is not eligible for coverage.

7. PHYSICIAN'S NON-SURGICAL VISIT EXPENSES: Physician non-surgical Treatment and examination expenses including the Physician's initial visit, each Medically Necessary follow-up visit and consultation visits when referred by the attending Physician.
8. CONSULTING PHYSICIAN EXPENSES: when requested by attending Physician.
9. PRE-ADMISSION TEST EXPENSES: within 7 days of Admission.
10. DIAGNOSTIC X-RAYS AND LAB SERVICES EXPENSES: to include X-ray, laboratory and other diagnostic tests, biological anesthesia and oxygen services, inhalation therapy, and administration of blood products.
11. OUTPATIENT SURGICAL FACILITY EXPENSES.
12. PHYSICIAN'S AND URGENT CARE VISIT EXPENSES.
13. HOSPITAL EMERGENCY ROOM VISIT EXPENSES.
14. PRESCRIPTION DRUGS AND MEDICATIONS EXPENSES: for Treatment of a Covered Sickness or Injury, but not for the replacement of lost, stolen, damaged, expired or otherwise compromised drugs. Limited to a maximum ninety (90) days' supply of any one (1) prescription.
15. PHYSIOTHERAPY, PHYSICAL MEDICINE, CHIROPRACTIC EXPENSES: benefits provided on an Inpatient or Outpatient basis including Treatment and office visits connected with such Treatment when prescribed by a Physician, including diathermy, ultrasonic, whirlpool, heat treatments, adjustments, manipulation, or any form of physical therapy.
16. DENTAL TREATMENT FOR INJURY OF SOUND NATURAL TEETH DUE TO ACCIDENT EXPENSES: Emergency dental Treatment, including x-rays, and restoration of Sound Natural Teeth when required and as a result of an Injury or to relieve pain due to an Accident. Routine dental Treatment is not covered.
17. CARDIAC CONDITIONS AND STROKE EXPENSES: up to the maximum as stated in the Schedule of Benefits.
18. COVID-19, SARS-CoV-2 MEDICAL EXPENSES: Medically Necessary treatment for COVID-19, SARS-CoV-2, and any mutation or variation of SARS-CoV-2 up to the maximum as stated in the Schedule of Benefits.
19. EMERGENCY MEDICAL TREATMENT OF PREGNANCY EXPENSES.
20. MENTAL OR NERVOUS DISORDERS EXPENSES: Benefits are provided for psychotherapeutic Treatment and psychiatric counseling and Treatment for an approved psychiatric diagnosis. Benefits are for both inpatient mental health Treatment in Hospital, or approved Facility and for Outpatient mental health Treatment will be applied toward the Period of Insurance per person Maximum. A Physician or a licensed clinical psychologist must provide all mental health care services. Services of a clinical psychologist must be rendered in the provider's office or in the Outpatient department of a Hospital.
21. UNEXPECTED RECURRENCE OF A PRE-EXISTING CONDITION EXPENSES: Benefits are payable for an Unexpected Recurrence of a Pre-Existing Condition up to the maximum as stated in the Schedule of Benefits provided the condition or event: 1. occurs spontaneously and without advance warning either in the form of Physician recommendations or symptoms, is of short duration, is rapidly progressive, and requires urgent and immediate medical care; 2. occurs a minimum of 48 hours after the Effective Date of the Coverage; and 3. Treatment is obtained within 24 hours of the sudden and Unexpected outbreak or recurrence. Any repeat/reoccurrence within the same Period of Insurance will no longer be considered Unexpected Recurrence of a Pre-Existing Condition and will not be eligible for additional coverage. This benefit covers only one (1) Unexpected Recurrence of a Pre-Existing Condition per Period of Insurance. Sudden and Unexpected Recurrence of a Pre-Existing Condition Coverage expires

upon medical advice that the condition and onset is no longer acute, or the Covered Person is discharged from a medical Facility.

To be eligible for the foregoing limited coverage and benefits for an Unexpected Recurrence of a Pre-Existing Condition, the Covered Person must be in compliance with all Terms of this insurance.

The Company will provide such coverage and benefits only when all of the following conditions and restrictions have been met. At the time of the Unexpected Recurrence of the Pre-existing Condition: (a) Treatment must be obtained within twenty-four (24) hours of the sudden and Unexpected outbreak or reoccurrence;

(b) the Covered Person must be under seventy (70) years of age;

(c) the Covered Person must not be traveling against or in disregard of the recommendations, established Treatment programs, or medical advice of a Physician or other healthcare provider;

(d) the Covered Person must not be traveling with the intent or purpose to seek or obtain Treatment for the Pre-existing Condition;

(e) the Covered Person must not be traveling during a period of time when the Covered Person is preparing or waiting for, involved in, or undertaking a new, changed or modified Treatment program with respect to the Pre-existing Condition, and is not traveling subsequent to any such new, changed or modified Treatment program having been advised or recommended;

(f) the Pre-existing Condition must have been stabilized for at least thirty (30) days prior to the Effective Date without change in Treatment;

(g) the Covered Person must be traveling outside their Home Country.

WELL DOCTOR VISIT

Benefits will be payable for a Well Doctor Visit per person during the Period of Insurance. The Covered Person may use any Physician. Telemedicine is not eligible. To be covered:

1. the visit must occur within the first 21 days from the Effective Date of Coverage: and
2. the Covered Person must purchase at least 30 days of coverage initially; and
3. the Physician must use specific ICD10 codes for the Well Visit which are the following three Diagnosis Codes only a) V70.0-Routine medical exam; b) Z00.00-Encounter for general adult medical examination without abnormal findings; or c) Z00.129-Encounter for routine child health examination without abnormal findings. Visits with ICD10 Codes not listed here are not considered Well Doctor Visits and are not covered as such but may be covered under another benefit. Please register for this benefit with the Plan Administrator:
4. Visits with ICD10 Codes not listed here are not considered Well Doctor Visits and are not covered as such but may be covered under another benefit. Please register for this benefit at: https://trawickinternational.com/wellness/register

PRE-CERTIFICATION REQUIREMENTS

Pre-certification is a general determination of Medical Necessity only, and all such determinations are made by the Company (acting through its authorized agents and representatives) in reliance and based upon the completeness and accuracy of the information provided by the Covered Person and/or their Relatives, guardians and/or healthcare providers at the time of Pre-certification. The Company reserves the right to challenge, dispute and/or revoke a prior determination of Medical Necessity based upon subsequent information obtained. Pre-certification is not an assurance, authorization, preauthorization, or verification of Treatment or coverage, a verification of benefits, or a guarantee of payment. The fact that Treatment or supplies are Pre-certified by the Company does not guarantee the payment of benefits, the availability of coverage, or the amount of or eligibility for benefits. The Company's consideration and determination of a

Pre-certification request, as well as any subsequent review or adjudication of all medical claims submitted in connection therewith, shall remain subject to all of the Terms of this insurance, including exclusions for Pre-existing Conditions and other designated exclusions, benefit limitations and sub-limitations, and the requirement that claims be Usual and Customary Charge. Any consideration or determination of a Pre-certification request shall not be deemed or considered as the Company's approval, authorization, or ratification of, recommendation for, or consent to any diagnosis or proposed course of Treatment. Neither the Company nor the Plan Administrator (nor anyone acting on their respective behalf) has any authority or obligation to select Physicians, Hospitals, or other healthcare providers for the Covered Person, or to make any diagnosis or medical Treatment decisions on behalf of the Covered Person, and all such decisions must be made solely and exclusively by the Covered Person and/or their family members or guardians, Treating Physicians and other healthcare providers. If the Covered Person and their healthcare providers comply with the Precertification requirements of this coverage, and the Treatment or supplies are Pre-certified as Medically Necessary, the Company will reimburse the Covered Person for Eligible Medical Expenses up to the amount shown in the SCHEDULE OF BENEFITS incurred in relation thereto, subject to all Terms of this insurance. Eligibility for and payment of benefits are subject to all of the Terms of this insurance.

1. SPECIFIC REQUIREMENTS: The following must always be Pre-certified for Medical Necessity by the Company through the Plan Administrator before admission or receiving the Treatments and/or supplies: (a) Inpatient Hospitalization; or (b) Surgery or Surgical procedure.
2. GENERAL REQUIREMENTS: To comply with the Pre-certification requirements of this insurance for the Treatments and/or supplies or services listed in the SPECIFIC REQUIREMENTS provision above, the Covered Person or their Physician or healthcare provider must perform all of the following: (a) contact the Company through the Plan Administrator at the contact information below and on the Covered Person's ID card as soon as possible and before the Treatment or supply is to be obtained (b) comply with the instructions of the Company and submit any information or documents required by the Company; and (c) notify all Physicians, Hospitals, and other healthcare providers that this insurance contains Pre-certification requirements and ask them to fully cooperate with the Company.
3. LOSS OF COVERAGE/ BENEFITS FOR NON-COMPLIANCE OF PRE-CERTIFICATION REQUIREMENTS: If the Covered Person or their healthcare providers do not comply with the Pre-certification requirements for the Treatment or supplies identified in the SPECIFIC REQUIREMENTS subparagraphs above, or if such Treatment or supplies are not Pre-certified then (a) Eligible Medical Expenses incurred with respect to said Treatment and/or supplies will be reduced by the amount shown in the BENEFIT SUMMARY; (b) any Deductible will be subtracted from the remaining amount; and (c) Coinsurance will be applied.
4. EMERGENCY PRE-CERTIFICATION: In the event of an Emergency Hospital admission, Pre-certification must be completed within forty-eight (48) hours after the admission, or as soon as is reasonably possible.
5. CONCURRENT REVIEW: For Inpatient Treatment of any kind, the Company will Pre-certify a limited number of days of confinement based upon the disclosed medical condition. Thereafter, Pre-certification must again be requested and approved if additional days of Inpatient Treatment are necessary.

TRANSPORTATION BENEFITS

AMBULANCE SERVICE BENEFITS

Ambulance Service Benefits are provided for Medically Necessary emergency ground or air ambulance transportation as required from the emergency site to the nearest Hospital able to provide the required level of care.

EMERGENCY MEDICAL EVACUATION

Subject to the applicable Maximum Limit set forth in the BENEFIT SUMMARY, and the other Terms of this insurance, including the EXCLUSIONS provision and the CONDITIONS AND RESTRICTIONS subparagraph below, the Company will reimburse the Covered Person for the following transportation costs, when the Company or Plan Administrator arranges such transportation, and expenses incurred by the Covered Person arising out of or in connection with an Emergency Medical Evacuation occurring while this coverage is in effect and during the Period of Insurance: (a) Emergency air transportation to a suitable airport nearest to the Hospital where the Covered Person will receive Treatment; (b) Emergency ground transportation necessarily preceding Emergency air transportation and from the destination airport to the Hospital where the Covered Person will receive Treatment; and (c) Return ground and air transportation, upon medical release by the attending Physician, to the country where the evacuation initially occurred or to the Covered Person's Country of Residence, at the Covered Person's option.

CONDITIONS and RESTRICTIONS: To be eligible for coverage for Emergency Medical Evacuation benefits, the Covered Person must be in compliance with all Terms of this insurance. The Company will provide Emergency Medical Evacuation benefits only when the condition, Sickness, Injury, or occurrence giving rise to the Emergency Medical Evacuation is covered under the Terms of this insurance.

The Company will provide Emergency Medical Evacuation benefits only when all of the following conditions and restrictions are met:

(a) Medically Necessary Treatment cannot be provided locally;

(b) transportation by any other means or methods would result in loss of the Covered Person's life or limb within twenty-four (24) hours, based upon a reasonable medical certainty;

(c) Emergency Medical Evacuation is recommended by the attending Physician who certifies to the matters in subparagraphs (a) and (b), above;

(d) Emergency Medical Evacuation is agreed to by the Covered Person or a Relative of the Covered Person;

(e) Emergency Medical Evacuation is provided by designated, licensed, qualified, professional emergency personnel acting within the scope of such license and approved in advance and all arrangements are coordinated by the Company;

(f) the condition, Illness, Injury or occurrence giving rise to the need for the Emergency Medical Evacuation: (i) occurred outside the Covered Person's Country of Residence suddenly, Unexpectedly, and spontaneously, and without: (1) advance warning; or (2) advance Treatment, diagnosis or recommendation for Treatment by a Physician; or (3) prior manifestation of symptoms or conditions that would have caused a reasonably prudent person to seek medical attention prior to the onset of the Emergency (ii) was not a Pre-existing Condition unless otherwise expressly provided for under the UNEXPECTED RECURRENCE OF PREEXISTING CONDITIONS provision; and

(g) The Company will cover reimbursement for the above-described costs and expenses and will arrange Emergency Medical Evacuation only to the nearest Hospital that is qualified to provide the Medically Necessary Treatment to prevent the Covered Person's loss of life or limb.

The Covered Person may select a different Hospital in their Country of Residence at their option, but in such event the Covered Person shall be solely responsible for all costs and expenses in excess of the amounts that would have been incurred had the Covered Person used the nearest qualified Hospital. If a Hospital other than the nearest qualified Hospital is selected by the Covered Person, then the attending Physician, Covered Person or a Relative of the Covered Person shall certify to the Company the Covered Person's understanding and acknowledgement of such responsibility for excess costs and expenses in addition to the matters set forth in the CONDITIONS AND RESTRICTIONS subparagraph, above. In all cases the Company will make the necessary arrangements for the Emergency Medical Evacuation and will use its best efforts to arrange with independent, third-party contractors any Emergency Medical Evacuation within the least amount of time reasonably possible.

By acceptance of this Certificate of Coverage and request for Emergency Medical Evacuation benefits hereunder, the Covered Person understands, acknowledges and agrees that the timeliness, duration, occurrences during and outcome of an Emergency Medical Evacuation can be directly and indirectly affected by events and/or circumstances that are not within the supervision or control of the Company, including but not limited to: the availability, limitations, physical condition, reliability, maintenance and training schedules and procedures and performance or non-performance of competent transportation equipment, supplies and/or staff of such third-party contractors; delays or restrictions on flights or other modes or means of transportation caused by mechanical problems, government officials, telecommunications problems, non-availability of routes, Destination and/or other travel, geographical or weather conditions; and other acts of God and unforeseeable and/or uncontrollable occurrences.

The Covered Person agrees to release and to hold the Company, the Plan Administrator and their agents and representatives harmless from, and agrees that the Company, the Plan Administrator and their agents and representatives shall not be held liable or responsible for, any delays, losses, damages, further Injuries or Illnesses, or any other claims that arise from or are caused in whole or in part by the acts or omissions of such independent third-party contractors or their agents, employees or representatives, or that arise from or are caused in whole or in part by any acts, omissions, events or circumstances that are not within the direct and immediate supervision and control of the Company, the Plan Administrator and/or their authorized agents and representatives, including without limitation the events and circumstances set forth above.

The Covered Person further agrees that upon seeking an Emergency Medical Evacuation, he or she will cooperate fully as required by the CONDITIONS AND GENERAL PROVISIONS, COOPERATION provision. Failure to so cooperate and/or failure to use or accept Emergency Medical Evacuation once it has been arranged by the Company or Plan Administrator will require the Covered Person to reimburse the Company for costs incurred for any Emergency Medical Evacuation that was arranged, but not used, by the Covered Person. Furthermore, the Covered Person may be required to arrange for payment of any subsequent Emergency Medical Evacuation and seek reimbursement thereafter for eligible costs associated with that subsequent Emergency Medical Evacuation.

MEDICALLY NECESSARY REPATRIATION

Subject to the applicable Maximum Limit set forth in the BENEFIT SUMMARY, and the other Terms of this insurance, including the EXCLUSIONS provision and the CONDITIONS AND RESTRICTIONS subparagraph below, the Company will reimburse the Covered Person for the following transportation costs, when the Company or Plan Administrator arranges such transportation, and expenses incurred by the Covered Person arising out of or in connection with a Medically Necessary Repatriation occurring while this Certificate of Coverage is in effect and during the Period of Insurance.

If You have been evacuated under the Emergency Medical Evacuation, or You are Hospitalized due to an Injury or a sudden and Unexpected Sickness and it is determined that You need to be medically repatriated back to a Hospital or medical Facility in your Home Country to recover, the Plan Administrator will coordinate a medical transfer, by any means necessary, to a Hospital or medical Facility near Your home once your condition has reached maximum medical improvement. The Covered Person agrees to release and to hold the Company, the Plan Administrator and their agents and representatives harmless from, and agrees that the Company, the Plan Administrator and their agents and representatives shall not be held liable or responsible for, any delays, losses, damages, further Injuries or Illnesses, or any other claims that arise from or are caused in whole or in part by the acts or omissions of such independent third-party contractors or their agents, employees or representatives, or that arise from or are caused in whole or in part by any acts, omissions, events or circumstances that are not within the direct and immediate supervision and control of the Company, the Plan Administrator and/or their authorized agents and representatives, including without limitation the events and circumstances set forth above.
CONDITIONS and RESTRICTIONS: To be eligible for coverage for Medically Necessary Repatriation benefits, the Covered Person must be in compliance with all Terms of this insurance. The Company will provide Medically Necessary Repatriation benefits only when the condition, Sickness, Injury, or occurrence giving rise to the Medically Necessary Repatriation is covered under the Terms of this insurance.

The Company will provide Medically Necessary Repatriation benefits only when all of the following conditions and restrictions are met 1. the Physician ordering the Medically Necessary Repatriation certifies Your Sickness or Injury has reached maximum medical improvement; 2. all transportation arrangements made for the Medically Necessary Repatriation are by the most direct an economical conveyance and route possible; 3. the charges incurred are Medically Necessary and do not exceed the usual level of charges for similar transportation, Treatment, services or supplies in the locality where the expense is incurred; 4. do not include charges that would not have been made if there were no insurance; and 5. the Medically Necessary Repatriation must be Pre-certified in advance.
The Covered Person further agrees that upon seeking a Medically Necessary Repatriation, he or she will cooperate fully as required by the CONDITIONS AND GENERAL PROVISIONS, COOPERATION provision. Failure to so cooperate and/or failure to use or accept Medically Necessary Repatriation once it has been arranged by the Company or Plan Administrator will require the Covered Person to reimburse the Company for costs incurred for any Medically Necessary Repatriation that was arranged, but not used, by the Covered Person. Furthermore, the Covered Person may be required to arrange for payment of any subsequent Medically Necessary Repatriation and seek reimbursement thereafter for eligible costs associated with that subsequent Medically Necessary Repatriation.

POLITICAL EVACUATION

Benefits are payable for the Covered Person's extrication from the Host Country due to an Occurrence that results in You being placed in Imminent Bodily Harm. The Occurrence must take place while coverage is in effect, and while the Covered Person is traveling outside of Their Home Country. The Covered Person must contact the Company within ten (10) days of the United States Department of State, Bureau of Consular Affairs or similar government organization of the Covered Person's Country of Residence issuing the evacuation order. Benefits will be paid for Transportation and Related Costs to the Nearest Place of Safety, necessary to ensure the Covered Person's safety and well-being as determined by the Designated Security Consultant. Benefits will not be payable unless We (or Our authorized Assistance Provider) authorize in writing, or by an authorized electronic or telephonic means, all expenses in advance, and services are rendered by the Assistance Provider. The Assistance Provider is not responsible for the availability of Transport services. Where a Political Evacuation becomes impractical due to hostile or dangerous conditions, a Designated Security Consultant will endeavor to maintain contact with the Covered Person until a Political Evacuation occurs. Political Evacuation Benefits are payable only once for any one Occurrence. If, after a Political Evacuation is completed, it becomes evident that the Covered Person was an active participant in the events that led to the Occurrence, We have the right to recover all Transportation and Related costs from the Covered Person. Benefits will be payable for evacuation during a period of civil unrest, insurrection or natural disasters that could not have been foreseen prior to the Covered Person's departure from Their Home Country of origin. In no event will the Company pay for a Political Evacuation if there is a Travel Warning or Emergency Travel Advisory in effect on or within six (6) months prior to the Covered Person's date of arrival in the Destination Country. This coverage will provide the most appropriate and economical means of travel consistent under the circumstances of the Covered Person's health and safety.

NATURAL DISASTER EVACUATION

Benefits are payable for the Covered Person's extrication due to a Natural Disaster Evacuation that results in You being placed in Imminent Bodily Harm. Natural Disaster Event results in such severe and widespread damage that the area of damage is officially declared a disaster area by the appropriate local government authorities of the Host Country, and the area is deemed to be Uninhabitable or dangerous.

We will pay, up to the Maximum Benefit Amount shown in the Schedule of Benefits, to transport You to the Nearest Place of Safety necessary to ensure Your safety and well-being as determined by Us or Our designated Assistance Provider. We will also pay reasonable expenses incurred at the place of safety for lodging and meals, up to the Amount shown in the Schedule of Benefits, if you have been evacuated by the Assistance Provider. The Natural Disaster Evacuation must occur within 2 days of the Natural Disaster Event, and the arrangements will be by the most appropriate and by most efficient, practical, and economical means available and consistent with Your health and safety.

The Covered Person agrees to release and to hold the Company, the Plan Administrator and their agents and representatives harmless from, and agrees that the Company, the Plan Administrator and their agents and representatives shall not be held liable or responsible for, any delays, losses, damages, further Injuries or Sicknesses, or any other claims that arise from or are caused in whole or in part by the acts or omissions of such independent third party contractors or their agents, employees or representatives, or that arise from or are caused in whole or in part by any acts, omissions, events or circumstances that are not within the direct and immediate supervision and control of the Company, the Plan Administrator and/or their

authorized agents and representatives, including without limitation the events and circumstances set forth above. The Covered Person further agrees that upon seeking a Natural Disaster Evacuation, he or she will cooperate fully. Failure to cooperate and/or failure to use or accept Natural Disaster Evacuation once it has been arranged by the Company or Plan Administrator will require the Covered Person to reimburse the Company for costs incurred for any Natural Disaster Evacuation that was arranged, but not used, by the Covered Person. Furthermore, the Covered Person may be required to arrange for payment of any subsequent Natural Disaster Evacuation and seek reimbursement thereafter for eligible costs associated with that subsequent Natural Disaster Evacuation.

EMERGENCY REUNION

The following costs and expenses incurred in respect of travel by a Relative or friend of the Covered Person will be reimbursable to the Covered Person upon the recommendation and prior approval of the Company: a) the cost of a round-trip economy commercial airline ticket for one (1) Relative or friend from the airport nearest to the location of the Relative or friend at the time of the Emergency to the airport serving the area where the Covered Person is Hospitalized as a result of the Emergency or is to be Hospitalized as a result of the Emergency Medical Evacuation and return from whichever of such locations is actually selected to the point of the original departure (b) Related Costs for meals (up to the amount shown in the Summary of Benefits), transportation and accommodation expenses incurred in relation to the Emergency Reunion (but excluding entertainment). The allowable maximum coverage for the Emergency Reunion shall not exceed ten (10) days, including travel days, (b) the Emergency Reunion must be due to an Emergency Medical Evacuation covered under the Terms of this insurance (c) the Covered Person must be so seriously ill that the attending Physician deems it necessary and recommends the presence of a Relative at either the location where the Covered Person is being evacuated from or the destination of the Emergency Medical Evacuation, whichever is considered by the attending Physician and the Company to be the more reasonable (d) all Emergency Reunion travel, transportation and accommodation arrangements and benefits must be approved in advance by the Company in order to be eligible for coverage under this insurance (e) the Covered Person, Relative friend must submit to the Company upon completion of the Emergency Reunion travel legible and verifiable copies of all paid receipts for the travel and transportation costs and expenses so incurred for which reimbursement is sought.

RETURN OF MINOR CHILDREN OR TRAVELING COMPANION

If the Covered Person is the only person traveling with minor Dependent children who are under the age of 21, or with a Travel Companion, and the Covered Person who is outside their Country of Residence, suffers a Sickness or Injury and must be Hospital Confined for at least 48 consecutive hours, or are medically evacuated to another location, benefits are payable for the cost of the Dependent or Travel Companion's one way economy airfare ticket and/or ground transportation ticket to Their Home Country. All transportation arrangements must be made by the most direct and economical route and conveyance possible and may not exceed the usual level of charges for similar transportation in the locality where the expense is incurred. The return must occur during the Covered Person's Hospitalization. The Company will deduct from the return transportation benefits payable hereunder the value, if any, of the unused commercial airline return ticket(s) possessed by or for the benefit of the Child or Traveling Companion at the time of the Covered Person's Hospitalization. The Covered Person and/or the Child/Traveling Companion must first attempt to receive credit for or deduct toward the costs of the return trip. Benefits will not be paid unless all expenses are approved in advance by Us. The Company will not provide any benefits, reimbursements or coverages for any costs or expenses incurred by the Covered Person and/or by

the Child/Traveling Companion for a return trip, if any, to the original location of the Child/Traveling Companion at the time of the Hospitalization.

REPATRIATION OF MORTAL REMAINS

In the event of the death of the Covered Person during the Period of Insurance as a result of a Sickness or Injury covered under this insurance while the Covered Person is outside of their Country of Residence, the Company will reimburse the authorized personal representative or the estate of the Covered Person up to the amount shown in the Schedule of Benefits for the costs and expenses incurred to return the Covered Person's Mortal Remains to their Country of Residence and thereafter to the place of burial or other final disposition (but not including any costs of burial or other disposition); provided, however, that the Company must approve all costs and expenses related to the return of the Covered Person's Mortal Remains in advance as a condition to the availability of this benefit. Covered Expenses include Expenses for embalming or cremation; The least costly coffin or receptacle adequate for transporting the remains; Transporting the remains by the most direct and least costly conveyance and route possible and pre-approved by the Assistance Provider. Benefits will not be payable unless We authorize in writing or by an authorized electronic or telephonic means all expenses in advance. This benefit excludes fees for return of personal effects, religious or secular memorial services, clergymen, flowers, music, announcements, guest expenses and similar personal burial preferences.

LOCAL BURIAL / CREMATION

Benefits are payable for preparation, local burial or cremation of the Covered Person's mortal remains at the country of death in accordance with the commonly accepted cultural and religious beliefs practiced by the Covered Person. Coverage is not provided for burial and cremation costs incurred for: visitation services, funeral clothing, religious practitioner, flowers, music, food, or beverages. If the Local Cremation or Burial is chosen, the Return of Mortal Remains benefit will not apply. Expenses must be approved in advance by the Assistance Provider. Failure to utilize the Assistance Provider to approve these services will result in the denial of benefits.

ADDITIONAL BENEFITS

HOSPITAL CONFINEMENT

Subject to the Terms of this insurance and in the event the Covered Person has been Hospitalized in a Facility outside the Country of Residence and the United States, during the Period of Insurance, the Company will pay the Covered Person for each overnight Hospitalization as an Inpatient, so long as the Treatment received during the overnight Hospitalization is considered to be an Eligible Medical Expense provided; 1. The Hospital stay is the direct result, from no other causes, of Injuries sustained in a Covered Accident or Sickness that occurs while the coverage is in effect; and 2. The Hospital stay begins within 3 days of a Covered Accident or Sickness and lasts for at least 3 days. The benefit will be paid retroactive to the first day of the Hospital stay. Benefit payments will end on the first of the following: 1. The date the Hospital Stay ends; 2. The date the Covered Person dies; 3. The 10th day of hospitalization; or 4. The date the coverage terminates.

ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) – 24 Hour

Accidental Death and Dismemberment will apply to Covered Accidents incurred by a Covered Person. If Injury to the Covered Person results in any one of the losses shown below within 90 days from date of the Covered Accident, We will pay the Benefit Amount shown below for that loss. If multiple losses occur, only one Benefit Amount, the largest, will be paid for all losses due to the same Covered Accident.

COVERED LOSS	BENEFIT AMOUNT
Loss of Life	100% of Principal Sum
Loss of Hands (Both), Loss of Feet (Both), or Loss of Sight of Both Eyes	100% of Principal Sum
Quadriplegia	100% of Principal Sum
Paraplegia	75% of Principal Sum
Hemiplegia	75% of Principal Sum
Loss of Hand, Loss of Foot, or Loss of Sight of One Eye (any one of each)	50% of Principal Sum
Uniplegia	25% of Principal Sum
Loss of Thumb and Index Finger of the same hand	25% of Principal Sum

Exposure and Disappearance Benefit – Benefits are payable if a Covered Person is exposed to the elements after the forced landing, stranding, sinking, or wrecking of a vehicle in which They were traveling. The Covered Person is presumed dead if They are in a vehicle that disappears, sinks, or is stranded or wrecked and Their body is not found within six (6) months of the Covered Accident.

If a Covered Person is Injured while wearing a seatbelt and operating or riding as a passenger in an Automobile resulting in any one of the losses shown above within 90 days from the date of the Covered Accident, we will pay benefits as outlined in the Schedule of Benefits.

FELONIOUS ASSAULT ACCIDENTAL DEATH & DISMEMBERMENT (AD&D)

We will pay the Benefit Amount for felonious assault, if Accidental Bodily Injury that results from felonious assault causes a Covered Person to suffer one of the losses shown below within 90 days from the felonious assault. The Benefit Amount for felonious assault is payable in addition to any other applicable Benefit Amounts under this Coverage. Any assault by a Relative is not covered under this benefit.

COVERED LOSS	BENEFIT AMOUNT
Loss of Life	100% of Principal Sum
Loss of Hands (Both), Loss of Feet (Both), or Loss of Sight of Both Eyes	100% of Principal Sum
Quadriplegia	100% of Principal Sum
Paraplegia	75% of Principal Sum
Hemiplegia	75% of Principal Sum
Loss of Hand, Loss of Foot, or Loss of Sight of One Eye (any one of each)	50% of Principal Sum
Uniplegia	25% of Principal Sum
Loss of Thumb and Index Finger of the same hand	25% of Principal Sum

COMA BENEFIT

Benefits are payable if the Covered Person becomes comatose within 31 days of a Sickness or Injury and remain in a coma for at least 31 days.

ADAPTIVE HOME AND VEHICLE

Benefits are payable if the Covered Person has an Injury which results in a Covered Loss under the Accidental Death and Dismemberment Benefit, We will pay an additional benefit equal to the least of the actual cost of the alterations for the one-time cost of alterations to the Covered Person's principal residence and/or private Automobile to make the residence accessible and/or the private Automobile drivable or rideable.

LOST CHECKED BAGGAGE

Up to $1,000 maximum to reimburse the Covered Person for the replace cost of Necessities when such Luggage was permanently lost in transit by a Common Carrier during the Period of Insurance, subject to the following conditions: (1) the Covered Person must submit to the Company a copy of the Common Carrier's claim form and such other documentation as the Company may reasonably require proof that the Covered Person's Luggage was permanently lost (2) the Common Carrier must first reimburse the Covered Person the full amount that it is legally required to pay for lost Checked Luggage, and proof of such reimbursement shall be provided to the Company by the Covered Person. Lost Luggage benefits under this plan will be provided only if and to the extent the amount of the Covered Person's loss suffered as a result of Lost Luggage exceeds any such reimbursement by the Common Carrier.

TRIP INTERRUPTION

Subject to the Terms of this insurance and in the event of the Unexpected death of a Relative of the Covered Person, or in the event the Covered Person's Trip or travel plans must be cancelled or interrupted as a result of a break-in or substantial destruction due to a fire or Natural Disaster of the Covered Person's principal residence in their Country of Residence, the Company will reimburse the Covered Person's actual expense up to the amount shown in the BENEFIT SUMMARY for the costs of a one-way commercial airline or ground transportation ticket of the same class as the unused travel ticket to transport the Covered Person from the International airport nearest to where the Covered Person was located at the time of learning of such death or destruction to the International airport nearest to (1) the location of the Relative's funeral or place of burial, or (2) the Covered Person's destroyed principal residence. Subject to the following conditions and limitations: (1) the Covered Person must be outside of their Country of Residence at the time of the Unexpected death of the Relative or the substantial destruction of the principal residence (2) the Unexpected death of the Relative or the substantial destruction of the residence must have occurred during the Period of Insurance and was not caused by, due to, or a result of negligence or willful misconduct by the Covered Person (3) the Company will deduct from any Trip Interruption benefits payable hereunder the value of any unused, return tickets held by the Covered Person at the time of the event. The Covered Person must promptly undertake all necessary actions to apply for and receive credit for any unused tickets. The Company will not provide any benefits, reimbursements or coverages for any of the costs or expenses incurred by the Covered Person for a return trip, if any, to the location of the Covered Person at the time of learning of such death or destruction. EXCLUSIONS: Except as expressly provided for in the BENEFIT SUMMARY, all Charges, costs, expenses and/or claims incurred by the Covered Person, and any claim for death or dismemberment benefits, and directly or indirectly relating to or arising or resulting from or in connection with any of the following acts, omissions, events, conditions, Charges, consequences, claims, Treatment (including diagnoses, consultations, tests, examinations and evaluations related thereto),

services and/or supplies are expressly excluded from coverage under this insurance, and the Company shall provide no benefits or reimbursements and shall have no liability or obligation for any coverage thereof or therefor.

PUBLIC HEALTH EMERGENCY

Subject to all other Terms of this insurance, in the event of a Public Health Emergency of International Concern, Epidemic, Pandemic, other disease outbreak, or Natural Disaster, that may affect an Insured Person's health, the Company will cover an Illness or Injury incurred during the Period of Insurance and caused by the Public Health Emergency of International Concern, Epidemic, Pandemic, other disease outbreak, or Natural Disaster when, prior to the issuance of a Travel Warning for the Destination Country or a Global Travel Warning: (1) the Effective Date of Coverage has occurred; and (2) the Insured Person has arrived in the Destination Country or Affected Area.

In the event that the applicable Travel Warning is removed for the Destination Country or Affected Area, coverage for an Illness or Injury incurred during the Period of Insurance after the Travel Warning is removed, which was caused by the Public Health Emergency of International Concern, Epidemic, Pandemic, other disease outbreak, or Natural Disaster will be considered by the Company the same as any other Illness or Injury, subject to all other Terms and conditions of this insurance.

OPTIONAL BENEFITS

OPTIONAL RETURN TO HOME COUNTRY

If Coverage is purchased, the Covered Person may return to their Home Country for up to 60 days per 12 months of Coverage Purchased during the Period of Insurance for an Incidental Trip. If a Covered Injury or Sickness occurs while on their Incidental Trip, this benefit will pay to the maximum as outlined in the Schedule of Benefits for covered medical expenses incurred during the Incidental Trip. To be eligible for an Incidental Trip the Covered Person's Period of Insurance must be greater than 30 days in length. If the Covered Person does not return from their Incidental Trip on their scheduled return date, the Coverage will be Terminated on the date of their scheduled return from their Home Country. If the Covered Person's scheduled return date cannot be verified, the Coverage will terminate on the date the Covered Person departed for their Home Country. Any Injury or Sickness that occurred during the Incidental Trip will be considered a Pre-Existing Condition once the Incidental Trip has concluded and no further expenses for that Injury or Sickness will be covered.

OPTIONAL SPORTS ACTIVITY COVERAGE- IF PURCHASED

If coverage is purchased this benefit provides coverage to the Covered Person while performing, practicing, or participating in archery, tennis, swimming, cross country, track, volleyball, golf, ballet, baseball, basketball, cheerleading, equestrian, fencing, gymnastics, polo, rowing, soccer, and softball.

Any Collision Sport, Extreme Sport or Sport Activity not expressly covered hereunder is excluded from this coverage. Professional and Semi-Professional sports are never covered.

OPTIONAL 24-HOUR Accidental Death and Dismemberment Upgrade - IF PURCHASED
Option 1 - Increase to $50,000 maximum AD&D benefit - All Ages

Option 2 - Increase to $100,000 maximum AD&D benefit Ages 19 to 79 only
Option 3 - Increase to $250,000 maximum AD&D benefit Ages 19 to 69 only
Option 4 - Increase to $500,000 maximum AD&D benefit Ages 19 to 69 only

EXCLUSIONS

We will not pay benefits or expenses for any loss, treatment or services that is caused by, contributed by or that results from:

1. Pre-Existing Conditions: Charges resulting directly or indirectly from or relating to any Pre-existing Condition are excluded from coverage under this insurance except and unless the Charges resulted directly from an UNEXPECTED RECURRENCE OF A PRE-EXISTING CONDITION, in which case the Charges will be covered only according to the Terms of UNEXPECTED RECURRENCE OF A PRE-EXISTING CONDITION provision.
2. Charges for Chronic, Congenital, or recurrent Sicknesses.
3. Charges incurred at a Hospital or Facility when the Covered Person checks themself out Against Medical Advice of their Physician and leaves before reaching a Medically Necessary specified endpoint of Treatment.
4. Charges incurred for the Worsening of a Sickness or Injury after the Covered Person left a Hospital or Facility Against Medical Advice or was a Discharge Against Medical Advice.
5. Charges related to medical examination, treatment and surgical intervention which are not administered in a licensed healthcare institution.
6. Charges related to medical examination where no Sickness has been diagnosed or Accident has been ascertained; for non-specified pain; or preventative or routine exams, except as specifically provided for in this Certificate of Coverage.
7. Charges for childbirth, miscarriage, pre-natal care, delivery, post-natal care, and care of Newborns, including complications of delivery and/or of Newborns, birth control, artificial insemination, treatment for fertility or impotency, sterilization, or reversal thereof or abortion.
8. Charges for immunizations, Routine Physical or other examinations where there are no objective indications or impairment in normal health, or laboratory diagnostic or x-ray examinations except in the course of a disability established by the prior call or attendance of a Physician, except as specifically provided for by the Well Visit.
9. Charges for Any visit to a medical provider that does not result in a covered Diagnosis code after medical review or testing.
10. Charges or Treatment for cosmetic or aesthetic reasons, except for reconstructive Surgery when such Surgery is Medically Necessary and is directly related to and follows a Surgery which was covered under this insurance. Charges for modification of the physical body in order to change or improve or attempt to change or improve the physical appearance or psychological, mental or emotional well-being of the Covered Person (such as but not limited to sex-change Surgery or Surgery relating to sexual performance or enhancement thereof).
11. Charges for Elective Surgery or Treatment of any kind Charges incurred for Surgeries, Treatment or supplies which are Investigational, Experimental and for research purposes.
12. Charges for weight modification or any Inpatient, Outpatient, Surgical or other Treatment of obesity (including without limitation morbid obesity), including without limitation wiring of the teeth and all forms or procedures of bariatric Surgery by whatever name called, or reversal thereof,

including without limitation intestinal bypass, gastric bypass, gastric banding, vertical banded gastroplasty, biliopancreatic diversion, duodenal switch, or stomach reduction or stapling.

13. Charges for any mental or nervous disorders or rest cures relating to treatment for Bulimia; Anorexia; Non-medical causes of insomnia; testing that attempts to measure aspects of a Covered Person's mental ability, intelligence, aptitude, personality, and stress management. Such testing may include but is not limited to psychometric, behavioral, and educational testing.; Psychiatric services extending beyond the period necessary for evaluation and Diagnosis of mental deficiency; Services for mental disorders or Sickness which are not amenable to favorable modification; Bereavement; Family counseling of any kind; Marriage counseling of any kind.
14. Charges for Treatment or supplies that are not incurred, obtained, or received by a Covered Person during the Period of Insurance.
15. Charges not presented to the Company for payment by way of a completed Proof of Claim within ninety (90) days from the date such Charges are incurred.
16. Charges for Treatment not administered or ordered by a Physician.
17. Charges for Treatment not Medically Necessary for the Diagnosis, care or Treatment of the physical condition involved. This also applies when and if they are prescribed, recommended, or approved by the attending Physician.
18. Charges for Treatment provided at no cost to the Covered Person or for which the Covered Person is not otherwise liable.
19. Charges in excess of Usual and Customary Charges.
20. Charges related to Hospice Care.
21. Charges related to eye refractions or eye examinations for the purpose of prescribing corrective lenses for eyeglasses or for the fitting thereof, unless caused by accidental bodily Injury incurred while covered under the Certificate of Coverage.
22. Charges for eye Surgery, such as but not limited to radial keratotomy, when the primary purpose is to correct or attempt to correct nearsightedness, farsightedness, or astigmatism.
23. Charges for Congenital anomalies and conditions arising out of or resulting therefrom.
24. Charges for services, supplies, or treatment expenses which are non-medical in nature.
25. Charges for the ordinary cost of a one-way airplane ticket used in the transportation back to the Covered Person's country where an air ambulance benefit is provided.
26. Suicide or attempted suicide, intentional self-injury, the effect of intoxicating liquors or drugs.
27. Charges for Treatment paid for or furnished under any other individual or group policy, or other service or medical pre-payment plan arranged through an employer to the extent so furnished or paid, or under any mandatory government program or Facility set up for treatment without cost to any individual.
28. Charges for Organ or tissue transplants or marrow procedures.
29. Charges for any sexually transmitted or venereal disease; and/or any testing for the following: HIV, Vaccine induced seropositivity to the AIDS virus, AIDS related Sicknesses, ARC Syndrome, AIDS. This exclusion includes Charges for any Treatment or supplies for a Covered Person who was HIV + on or before the Initial Effective Date of this insurance, whether or not the Covered Person had knowledge of their HIV status prior to the Effective Date, and whether or not the Charges are incurred in relation to or as a result of said status. As well as conditions arising or resulting directly or indirectly from HIV, AIDS virus, AIDS related Sickness, ARC Syndrome, AIDS and/or any other Sickness arising or resulting from any complications or consequences of any of the foregoing conditions.

30. Charges for any Treatment, service or supply not specifically covered by the Certificate of Coverage.
31. Charges for Treatment performed or provided by a Relative of the Covered Person or provided by a person who resides or has resided with the Covered Person or in the Covered Person's home.
32. Charges for Treatment of hernia; Dengue Fever; Osgood-Schlatter's Disease; osteochondritis; osteomyelitis; Congenital weakness whether or not caused by a Covered Accident.
33. Charges for any non-surgical Sickness or Treatment of the feet, including without limitation: orthopedic shoes; orthopedic prescription devices to be attached to or placed in shoes; Treatment of weak, strained, flat, unstable, or unbalanced feet; metatarsalgia, bone spurs, hammer toes or bunions; and any Treatment or supplies for corns, calluses, or toenails; except as otherwise expressly set forth.
34. Charges for Treatment or supplies for temporomandibular joint (TMJ) including but not limited to TMJ syndrome, craniomandibular syndrome, chronic TMJ pain, orthognathic Surgery, Le-Fort Surgery, or splints.
35. Charges related to Genetic Medicine, genetic testing, surveillance testing and/or wellness screening procedures for genetically predisposed conditions indicated by Genetic Medicine or genetic testing, including, but not limited to amniocentesis, drugs, recombinant adeno-associated virus vector-based gene therapy, and other Medication Treatments associated with diagnoses related to genetic testing and discovery, genetic screening, risk assessment, preventive and prophylactic surgeries recommended by genetic testing, and/or any procedures used to determine genetic pre-disposition, provide genetic counseling, or administration of gene therapy.
36. Charges for any Substance Abuse Disorder.
37. Charges for any Injury or Sickness sustained as a result of being under the influence of or due wholly or partly to the effects of alcohol, liquor, intoxicating substance, narcotics or drugs other than drugs taken in accordance with Treatment prescribed and directed by a Physician.
38. Charges for any Sickness or Injury resulting from or occurring during the commission of a violation of law by the Covered Person, including, without limitation, the engaging in an illegal occupation or act, but excluding minor traffic violations.
39. Charges for contact lenses, hearing aids, wheelchairs, braces, appliances, examinations or prescriptions for them, or repair or replacement of existing artificial limbs, orthopedic braces, orthotic devices, orthoptics, visual therapy or visual eye training, artificial eyes, or larynx.
40. Charges for treatment or service provided by a private duty nurse or while confined primarily to receive custodial care, Educational or Rehabilitative Care or nursing care.
41. Charges for covered medical expenses for which the Covered Person would not be responsible for in the absence of the Certificate of Coverage.
42. Charges or fees incurred for the completion of Medical Claim Forms.
43. Charges for biofeedback, acupuncture, music, occupational, recreational, sleep, speech, or vocational therapy.
44. Charges for any sleep disorder, including without limitation sleep apnea.
45. Charges for hair loss, including without limitation wigs, hair transplants or any drug that promises to promote hair growth, whether or not prescribed by a Physician**.**
46. any exercise and/or fitness program or equipment, whether or not prescribed or recommended by a Physician.
47. traveling against the advice of a Physician, traveling while on a waiting list for Inpatient Hospital or clinic treatment, or traveling for the purpose of obtaining medical treatment abroad.

48. Charges for Treatment provided by or at the direction or recommendation of a chiropractor, unless ordered in advance by a Physician.
49. Charges for any Sickness or Injury sustained while participating in any activity where such activity is undertaken in disregard of or against the recommendations, Treatment programs, or medical advice of a Physician or other healthcare provider.
50. Charges for any potentially fatal condition which was diagnosed before the date your coverage became effective or any condition for which You are traveling to seek treatment.
51. Charges for care or treatment in the Covered Person's Country of Residence, except as otherwise expressly provided for in this insurance.
52. Charges for any infection of the urinary tract (including, without limitation, infection of the kidney, ureter, bladder, prostate, or urethra) and any complication, medical condition or other Sickness directly or indirectly arising therefrom, that occurs within ninety (90) days of the Effective Date of this Insurance and that requires Treatment of the Covered Person in a Hospital as an Inpatient.
53. Complications arising from or treatment of an Injury or Sickness that is not covered under this Certificate of Coverage.
54. Charges for a) any Sickness or Injury sustained while taking part in, practicing or training for, participating in, a Professional or Semi-Professional Sport; or b) any Sickness or Injury sustained while taking part in, practicing or training for, participating in, an amateur, club, intramural, interscholastic or intercollegiate sport or athletic activities that are sponsored by any Governing Body or Authority.
55. Charges for any Sickness or Injury sustained while taking part in activities designated as Adventure Sports, which include, but are not limited to the following: abseiling; BMX; bobsledding; bungee jumping; canyoning; caving; hot air ballooning; jungle zip lining; parachuting; paragliding; parascending; rappelling; skydiving; spelunking; and windsurfing.
56. Charges for any Sickness or Injury sustained while taking part in activities designated as Extreme Sports, which include but are in no way limited to the following (and include any combination or derivative of the following): BASE jumping; big game hunting; cave diving; cliff diving; downhill mountain biking and racing; extreme skiing; freediving; free flying; free running; free skiing; freestyle scootering; gliding; heli-skiing; ice canoeing; ice climbing; kitesurfing; mixed martial arts; motocross; motorcycle racing; motor rally; mountaineering or trekking above elevation of 3500 meters; parkour; piloting a commercial or non-commercial aircraft; powerbocking; scuba diving; sub aqua pursuits; snowmobile racing; truck racing; whitewater kayaking or whitewater rafting Class VI and higher difficulty; and wingsuit flying.
57. Charges for any Sickness or Injury sustained while taking part in snow skiing, snowboarding, or snowmobiling where the Covered Person is in violation of applicable laws, rules, or regulations of a ski resort, out of bounds or in unmarked or unpatrolled areas; backcountry skiing, skiing off-piste.
58. Charges for any Sickness or Injury sustained while taking part in Collision Sports.
59. Charges for any Sickness or Injury sustained while taking part in athletic or recreational activities where the Covered Person is not physically or medically fit or does not hold the necessary qualifications to engage in said activities.
60. Charges for any Sickness or Injury sustained while participating in any sporting, recreational or adventure activity where such activity is undertaken against the advice or direction of any local authority or any qualified instructor or contrary to the rules, recommendations, and procedures of a recognized Governing Body for the sport or activity.

61. Charges for Dental Treatment, except as specifically provided for hereunder.
62. Charges for Wear and tear of teeth due to cavities and chewing or biting down on hard objects, such as but not limited to pencils, ice cubes, nuts, popcorn, and hard candies.
63. Charges for Dental Injury without associated face, skull, neck and/or jaws Injury or that can be evaluated and Treated in a dental office.
64. Charges for Dental Treatment for services which provide oral care maintenance including tooth repair by fillings, root canals, tooth removal and x-rays.
65. Charges for Treatment of a Sickness or Injury for which payment is made or available through a workers' compensation law or a similar law.
66. Charges for massage therapy.
67. Charges for treatment required or recommended as a result of complications or consequences arising from or related to any Treatment, Sickness, Injury, or supply received prior to coverage under this insurance or that is excluded from coverage, or which is otherwise not covered under this insurance.
68. Charges for any travel, meals, transportation and/or accommodations, except as otherwise expressly provided for in this insurance.
69. Charges for any artificial or mechanical devices designed to replace human organs temporarily or permanently after termination of Inpatient status.
70. Charges for any efforts to keep a donor alive for a transplant procedure.
71. Charges for Sickness or Injury incurred in the Destination Country, Affected Area, or Country of Residence as a result of a Public Health Emergency of International Concern, Epidemic, Pandemic, other disease outbreak, or Natural Disaster, which may affect a Covered Person's health, unless coverage is expressly provided under the PUBLIC HEALTH EMERGENCY provision of this insurance.
72. Charges for a Sickness or Injury requiring any medical product, services, Surgery, Surgical Procedure, prescription medication, drug, biological product, Durable Medical Equipment (DME) or device which is not approved by the U.S. Food and Drug Administration (FDA).
73. Charges or expenses incurred for nonprescription drugs, medicines, vitamins, food extracts, or nutritional supplements; IV vitamin or herbal therapy; drugs or medicines not approved by the United States Food and Drug Administration (FDA), or which are considered "off-label" drug use; and for drugs or medicines not prescribed by a Physician.
74. The Company will not cover any person as under this insurance, if such cover would result in the Company being exposed to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws, or regulations of the European Union, United Kingdom, or the United States of America.
75. The Company shall not be liable for and will not provide coverage or benefits for any claim or Charges incurred with respect to any Sickness, Injury, death and dismemberment, or other consequence, whether directly or indirectly, proximately or remotely occasioned by, contributed to by, or traceable to or arising or incurred in connection with or as a result of any of the following acts or occurrences: (a) war, invasion, act of foreign enemy hostilities, warlike operations (whether war be declared or not), or civil war (b) mutiny, riot, strike, military or popular uprising, insurrection, insurgency, rebellion, revolution, military or usurped power (c) any act of any person acting on behalf of or in connection with any organization with activities directed towards the overthrow by force of the Government de jure or de facto or to the influencing of it by violence of any type (d) martial law or state of siege or any events or causes which determine the proclamation or maintenance of martial law or state of siege (e) any use of radiological, chemical, nuclear or

biological weapons or any other radiological, chemical, nuclear or biological events of any type (including in connection with an act of Terrorism). Any claim, Charges, Sickness, Injury or other consequence happening or arising during the existence of abnormal conditions (whether physical or otherwise), whether or not directly or indirectly, proximately or remotely occasioned by, or contributed to by, traceable to, or arising in connection with, any of the said occurrences shall be deemed and considered to be consequences for which the Company shall not be liable under this Certificate of Coverage, except to the extent that the Covered Person shall prove that such claim, Charges, Sickness, Injury or other consequence happened independently of the existence of such abnormal conditions and/or occurrences.

76. The Company shall not be liable for any claim or Charges, Sickness, Injury, or other consequence, whether directly or indirectly, proximately, or remotely occasioned by, contributed to by, or traceable to or arising in connection with any act of Terrorism. Further, the Company shall not be liable for and will not provide any coverage or benefits for any claim, Charges, Sickness, Injury or other consequence, whether directly or indirectly, proximately or remotely occasioned by, contributed to by, or traceable to or arising in connection with the following: (a) the Covered Person's active and voluntary planning or coordination of or participation in any act of Terrorism (b) any act of Terrorism that takes place in a location, post, area, territory or country for which a Travel Warning or Emergency Travel Advisory was issued or in effect on or within six (6) months prior to the Covered Person's date of arrival in said location, post, area, territory or country (c) any act of Terrorism that takes place in a location, post, area, territory or country for which a Travel Warning or Emergency Travel Advisory becomes effective or is in effect on or after the Covered Person's date of arrival in said location, post, area, territory or country, and the Covered Person unreasonably fails or refuses to heed such warning and thereafter remains in said location, post, area, territory or country.
77. Charges incurred due to fluctuations in exchange rates or for any bank charges the Covered Person incurs when a check, bank transfer, or payment is received from the Company.
78. Charges for failure to keep a scheduled appointment.
79. Charges for Custodial Care.
80. Any exposure to any non-medical nuclear or atomic radiation, and/or radioactive material(s).

We will not pay Political Evacuation benefits for expenses and fees:

1. payable under any other provision of the Certificate of Coverage.
2. that are recoverable through the Covered Person's employer.
3. arising from or attributable to an actual fraudulent, dishonest, or criminal act committed or attempted by the Covered Person, acting alone or in collusion with other persons.
4. arising from or attributable to an alleged: a) violation of the laws of country in which the Covered Person is traveling while covered under the Certificate of Coverage; or b) violation of the laws of the Covered Person's Home Country.
5. due to the Covered Person's failure to maintain and possess duly authorized and issued required travel documents and visas.
6. for repatriation of remains expenses.
7. for common or endemic or epidemic diseases or global pandemic diseases as defined by the World Health Organization.
8. for medical services.
9. for monies payable in the form of a ransom, if a Missing Person case evolves into a kidnapping.

10. arising from or attributable, in whole or in part to a) a debt, insolvency, commercial failure, the repossession of any property by any title holder or lien holder or any other financial cause; b) non-compliance by the Covered Person with regard to any obligation specified in a contract or license.
11. due to military or political issues if the Covered Person's Political Evacuation request is made more than 30 days after the Appropriate Authority(ies) Advisory was issued.
12. if there is a Travel Warning or Emergency Travel Advisory in effect on or within six (6) months prior to the Covered Person's date of arrival in the Destination Country.

We will not pay Natural Disaster benefits for expenses and fees:

1. If You do not evacuate an area due to a potential Natural Disaster, when evacuation notice (mandatory or voluntary) has been issued or posted by the local, state or country government of Your Home Country or the Host Country for a period of more than three (3) days prior to the Natural Disaster Event.
2. The benefits and services described herein are provided to You only if authorized, arranged, and coordinated by Us or Our designated Assistance Provider.
3. We will not pay for any loss or expense recoverable under any other valid and collectible insurance or through an employer.
4. We or Our designated Assistance Provider has sole discretion regarding the means, methods, and timing of a Natural Disaster Evacuation. However, the decision to travel is Your sole responsibility.
5. We are not responsible for the availability, timing, quality, results of, or failure to provide any service caused by conditions beyond Our control. This includes Our inability to provide You an evacuation or any additional services when United States of America law, local laws or regulatory agencies prohibit the rendering of such evacuation or service. We will not cover a Natural Disaster Evacuation from OFAC designated countries.
6. From the actual or threatened use or release of any nuclear, chemical, or biological weapon or device, or exposure to nuclear reaction or radiation, regardless of contributory cause.
7. We will not pay for more than one (1) Natural Disaster Evacuation from a country or territory per Period of Insurance.
8. We will not pay for any loss or expense arising from or attributable to a) fraudulent or criminal acts committed or attempted by You; b) alleged violation of the laws of the country You are visiting unless We determine such allegations to be fraudulent; or c) failure to maintain required documents or visas.
9. We will not pay any costs or expenses arising from: a) Natural Disaster Evacuation from Your Home Country; b) Natural Disaster Evacuation when the Natural Disaster Event precedes Your arrival in the Host Country.

DEFINITIONS

Please note, certain words used in this document have specific meanings. These terms will be capitalized throughout the document.

"Accident" means a sudden, Unexpected, and unintended event directly caused by external, visible means and resulting in physical Injury to the Covered Person.

"Adventure Sports" means Activities undertaken for the purposes of recreation, an unusual experience or excitement. These activities are typically undertaken outdoors and involve a medium degree of risk including, but not limited to abseiling; BMX; bobsledding; bungee jumping; canyoning; caving; hot air

ballooning; jungle zip lining; parachuting; paragliding; parascending; rappelling; skydiving; spelunking; and windsurfing.

"Affected Area(s)" Any and all countries, states, provinces, territories, cities, or other areas experiencing ongoing transmission of an Epidemic, Pandemic or other disease outbreak, or Natural Disaster.

"Against Medical Advice, Discharge Against Medical Advice" means against Medical Advice, or AMA, sometimes known as DAMA, Discharge Against Medical Advice, is a term used with a patient who checks themself out of a Hospital against the advice of their Treating Physician.

"AIDS" means Acquired Immune Deficiency Syndrome.

"Amateur Athletics" means an amateur or other non-professional sporting, recreational, or athletic activity that is organized, sponsored and/or sanctioned, and/or involves regular or scheduled practices, games and/or competitions. Amateur Athletics does not include athletic activities that are non-organized, non-Collision, and engaged in by the Covered Person solely for recreational, entertainment or fitness purposes.

"Ancillary Services" means All Hospital services for a patient other than room and board and professional services. Laboratory tests and Radiology are examples of Ancillary Services.

"Application" means the fully answered and electronically signed individual enrollment form submitted by or on behalf of the Covered Person for acceptance into, coverage under this insurance plan, and which information shall become part of this Certificate of Coverage.
"Appropriate Authority(ies)" means the government authority(ies) in the Covered Person's Home Country or the government authority(ies) of the Host Country.

"ARC" AIDS-related complex.

"Assistance Provider" means Inter Partner Assistance C/Tarragona N°161 - 0814 Barcelona, Espana

"Authorization for Release of Medical Information" means a written authorization by the Covered Person for health providers to release medical records and information regarding their past and current Treatment.

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

"Cardiac Conditions" means medical conditions related to coronary disease, hypertension, high cholesterol/hyperlipidemia, congestive heart failure, arrhythmias, cardiomyopathy, valvular heart disease, Congenital heart disease, and rheumatic heart disease. For the purpose of this definition a heart attack and myocardial infarction fall under the definition of Cardiac Conditions.
"Certificate of Coverage" means the applicable certificate issued on behalf of AMD Trust, through its Master Policy and permissions granted by the Plan Administrator to the Covered Person, and under which insurance coverage and benefits are provided by the Company to the Covered Person, subject to the Terms

thereof, and as outlined and evidenced by this certificate and subject to the Terms hereof. The Company, as insurance carrier and underwriter of the Master Policy, is solely liable and responsible for the coverage and benefits provided thereunder.

"Charges" means any cost, fee or tax incurred for Medical Expenses incurred in the Treatment of an Injury or Sickness.

"Checked Baggage" means the Covered Person's Luggage placed in possession of the Common Carrier during travel in exchange for a receipt for the Luggage.

"Claimant" means the Covered Person or Provider.

"Class VI" means a section of a river, stream or other waterway or watercourse where the current moves with enough speed or force to meet, but not to exceed, the qualifications of Class VI as determined by the International Scale of River Difficulty or as commonly published by a local authority or government agency.

"Coinsurance" means Our share of payment of Medical Expenses at the percentage specified in the Schedule of Benefits contained herein and not including any applicable Deductible or Out-of-Pocket Maximum.

"Copayment" means the amount the Covered Person is responsible to pay for each Urgent Care or Walk-in Clinic visit.

"Collision Sports" means a sport in which the participants purposely hit or collide with each other or inanimate objects, including the ground, with great force and including, but not limited to the following (or other similar style) sports: American football, boxing, hockey, lacrosse, full contact martial arts, rodeo, rugby, and wrestling.

"Common Carrier" means a company or organization that holds itself out to the public as engaging in the business of transporting persons from place to place by air, rail, bus and/or water for compensation, offering its scheduled services to the public generally, and is licensed by a recognized and approved government authority to transport fare-paying passengers. The term Common Carrier does not include private car, taxi, rideshare, motorcar, motorcycle, or limousine services, or transportation by animal or human means (for example, by horse, camel, elephant, or rickshaw).

"Company" means Inter Partner Assistance SA located at 8-10 Rue Paul Vaillant Couturier, 92240 Malakoff and registered with the Trade and Register of Nanterre under the number 316 139 500, acting directly or through its Belgium Branch located at 7 Boulevard du Régent, 1000 Bruxelles. This insurance and its risks are underwritten by the Company as the insurer and carrier, and the Company is solely obligated and liable for the coverage and benefits provided by this insurance. "Congenital" means any abnormality, deformity, disease, Sickness, Injury, or medical condition present at birth, whether diagnosed or not.

"Congenital Disorder" means any abnormality, deformity, disease, Illness, Injury, or medical condition present at birth, whether diagnosed or not.

"Covered Accident" means an Accident that occurs while coverage is in force for a Covered Person and results in a loss or Injury covered by the Certificate of Coverage for which benefits are payable.

“Covered Expenses” means expenses actually incurred by or on behalf of a Covered Person for treatment, services and supplies covered by the Certificate of Coverage. Coverage must remain continuously in force from the date of the Accident or Sickness until the date treatment, services or supplies are received for them to be a Covered Expense. A Covered Expense is deemed to be incurred on the date such treatment, service, or supply, which gave rise to the expense or the charge, was rendered or obtained.

“Covered Loss” or “Covered Losses” means an accidental death, dismemberment or other Injury covered under the Certificate of Coverage.

“Covered Person” means any Insured and Dependent for whom the required Premium is paid (herein also referred to as “You” or “Your” or “They” or “Their”).

“Declaration” means the Declaration of Insurance issued by the Plan Administrator for and on behalf of the Trustee to the Covered Person contemporaneously with this Certificate of Coverage (and/or upon renewal hereof) evidencing the Covered Person’s insurance coverage.

"Deductible" means the dollar amount, as selected on the Application, and specified in the Declaration, that the Covered Person must pay of ELIGIBLE MEDICAL EXPENSES per Period of Insurance prior to receiving benefits or coverage under this insurance, and not including any applicable Coinsurance. The Deductible is applied to the first eligible claim processed.

“Designated Security Consultant” means an employee of a security firm under contract with Us or our Assistance Provider who is experienced in security and measures necessary to ensure the safety of the Covered Person(s) in his or her care.

“Destination Country” means all the geographical areas that the Covered Person is traveling to or within, other than the primary place of residence declared on the Application as the Country of Residence.

"Diagnosis" means the result of examination or test by a licensed physician providing a specific international CPT or ICD10 code. Failure to obtain a covered Diagnosis will result in the denial of the claim.

“Durable Medical Equipment (DME)” means exclusively the following items: a standard basic hospital bed and/or a standard basic wheelchair.

“Economy Fare” means the lowest published rate for a one-way economy ticket.

“Educational or Rehabilitative Care” means care for restoration (by education or training) of a person’s ability to function in a normal or near normal manner following an Illness or Injury. This type of care includes, but is not limited to job training, counseling, vocational or occupational therapy, and speech therapy.

“Effective Date or Effective Date of Coverage” the date the coverage begins. See EFFECTIVE DATE.

“Elective Surgery or Treatment” means any Treatment or Surgery that is elected by the Covered Person, a Physician, or a medical provider, which is scheduled in advance, is not urgent, and does not involve a Medical Emergency or can be postponed until the Covered Person returns to their Habitual Residence.
“Emergency” means a medical condition manifesting itself by acute signs or symptoms which could reasonably result in placing the Covered Person's life or limb in danger if medical attention is not provided

within twenty-four (24) hours, based upon a reasonable medical certainty. Immediate medical intervention and attention is required as a result of a severe, life threatening or potentially disabling condition.

"Emergency Medical Evacuation" means Emergency transportation from the Hospital or medical Facility where the Covered Person is located to a non-local Hospital or medical Facility following the recommendation by the attending Physician who certifies, to a reasonable medical certainty, that the Covered Person has experienced: (a) a medical condition manifesting itself by acute signs or symptoms which could reasonably result in placing the Covered Person's life or limb in danger if medical attention is not provided within twenty-four (24) hours; and (b) where Medically Necessary Treatment cannot be provided locally, either in the Facility of the attending Physician or another local Facility.

"Emergency Use Authorization (EUA)" means a temporary authorization issued by the U.S. Food and Drug Administration (FDA) to allow the use of unapproved medical product, service, a Surgery or Surgical Procedure, prescription medication, drug, biological product, Durable Medical Equipment (DME) or device; or by allowing an otherwise unapproved use or application of an approved medical product, service, Surgery or Surgical Procedure, prescription medication, drug, biological product, Durable Medical Equipment (DME) or device.

"Epidemic" means the occurrence of more cases of disease than expected in a given area or among a specific group of people over a particular period of time.

"Evacuation Advisory" means a formal recommendation issued by the Appropriate Authorities that the Covered Person or citizens of his or her Home Country or Country of Residence or citizens of the Host Country leave the Host Country.

"Experimental" or "Investigational" means a service for which one or more of the following is true:

1. The prevailing opinion within the appropriate specialty of the United States medical profession is that the service or supply needs further evaluation for the particular diagnosis or set of indications before it is used outside clinical trials or other research settings. We will determine if this item 1. is true based on:
    a. Published reports in authoritative medical literature; and
    b. Regulations, reports, publications, and evaluations issued by government agencies.
2. In the case of a drug, a device or other supply that is subject to FDA approval:
    a. It does not have FDA approval; or
    b. It has FDA approval, but it is being used for an indication or at a dosage that is not an accepted off label use. Unlabeled uses of FDA-approved drugs are not considered Experimental or Investigational if they are determined to be:
        i. Included in substantially accepted peer-reviewed medical literature;
        ii. Included in a Prescription Drug reference compendium; or
        iii. In addition, the medical appropriateness of unlabeled uses not included in the compendia can be established based on supportive clinical evidence in peer-reviewed medical publications.
3. The Provider's institutional review board acknowledges that the use of the service or supply is Experimental or Investigational and subject to the board's approval.
4. Research protocols indicate that the service or supply is Experimental or Investigational. This item applies for protocols used by the Covered Person's Provider as well as for protocols used by other Providers studying substantially the same service or supply.

"Extreme Sports" means any high-risk non-team sport or recreation activity that is dangerous and if performed optimally, even by the highly skilled, risks loss of life or limb. Extreme Sports often involve speed, height, a high level of physical exertion and/or highly specialized gear.

"Facility" means a licensed health care entity such as a Hospital or clinic.

"Family" means a Covered Person, their Spouse, any Child or Children, and any Grandchild or Grandchildren or those who are listed as a Covered Person under this insurance plan.

"Genetic Medicine" means the study of the etiology, pathogenesis, and natural history of diseases and disorders that are fully or partially genetic in origin and the application of genetics to medicine or to medical practice, including the prevention, screening, diagnosis, surveillance, and Treatment of these diseases.

"Global Travel Warning" means a published statement, warning or advisory, including any website document, issued by the United States Centers for Disease Control & Prevention (CDC), United States Department of State, United States Bureau of Consular Affairs, or similar government or non-governmental agency of the Covered Person's Country of Residence or Destination Country, warning that any global travel (travel anywhere) poses serious risks to health, safety and security or exposes the Covered Person to a greater likelihood of life-threatening risks, including all United States Department of State global advisories or global warnings Levels "3 - reconsider travel" and "4 -do not travel" and CDC global advisories or global warnings Level "3 – avoid nonessential travel" or any higher level. When multiple government or non-governmental agencies have issued different levels of warnings or advisories, the highest warning or advisory applicable to the Covered Person's Country of Residence or Destination Country will be considered for coverage under this insurance. For the avoidance of doubt, a Global Travel Warning covers all Affected Areas, including the United States of America and all of its territories.

"Governing Body or Authority" means a nationally recognized controlling organization for a sport or activity, or an organization that provides guidelines and recommendations in safety practices for a sport or activity.

"Grandchild; Grandchildren" means a family member who is at least fourteen (14) days old but less than nineteen (19) years of age.

"Habitual Residence; Habitual Residency" means the country in which the Covered Person resides or is their usual place of abode, or any country to which the Covered Person pays income taxes based upon employment in that country, at time of purchase. In the event there is more than one Country of Residence under the above-listed criteria, the Country of Residence is the country meeting the above-listed criteria and listed by the Covered Person as their Country of Residence on the Application.

"Health Care Plan" means a policy or other benefit or service arrangement for medical or dental care or treatment under: 1. group or blanket coverage, whether on an insured or self-funded basis; 2. Hospital or medical service organizations on a group basis; 3. Health Maintenance Organizations on a group basis; 4. group labor-management plans; 5. employee benefit organization plans; 6. association plans on a group or franchise basis; or 7. any other group employee welfare benefit plan.

"HIV" means Human Immunodeficiency Virus.

“HIV +” means Laboratory evidence of being positive for Human Immunodeficiency Virus infection.

"Home Country or Country of Residence " means the country in which the Covered Person maintains their current primary residence or usual place of abode and any country to which the Covered Person pays income taxes based upon employment in that country. In the event there is more than one Country of Residence under the above-listed criteria, the Country of Residence is the country meeting the above-listed criteria and listed by the Covered Person as their Country of Residence on the Application.

“Hospice; Hospice Care” means care provided in an Inpatient Facility or at a patient’s home. Hospice Care must be certified by a Physician and life expectancy is six (6) months or less.

“Hospital” means an institution that: 1. operates as a Hospital pursuant to law for the care, treatment, and providing of in-patient services for sick or injured persons; 2. provides 24-hour nursing service by Registered Nurses on duty or call; 3. has a staff of one or more licensed physicians available at all times; 4. provides organized facilities for diagnosis, treatment and surgery, either: (i) on its premises; or (ii) in facilities available to it, on a pre-arranged basis; 5. is not primarily a nursing care facility, rest home, convalescent home, or similar establishment, or any separate ward, wing or section of a Hospital used as such; and 6. is not a place solely for drug addicts, alcoholics, or the aged or any separate ward of the Hospital.

“Hospital Confined” means an overnight stay as a registered resident bed-patient in a Hospital.

“Host Country” means any country, other than an OFAC excluded country, in which the Covered Person is traveling while covered under the Certificate of Coverage.

"Illness” means Sickness.

“Immediate Family Member” means the Spouse, parent, parent-in-law, grandparent, child, Grandchild, brother, sister, fiancé, such person being related to the Covered Person.

“Imminent Bodily Harm” means the existence of any condition or circumstance that cannot be avoided through reasonable precautionary measures and could be expected to cause death or serious physical harm to the Covered Person if the Covered Person were to remain in the Affected Area where the Natural Disaster event has occurred.

"Incident" means any
situation in which the Terms of the Certificate of Coverage are activated for either a Sickness, Accident, or Injury, whether or not coverage or benefits are ultimately provided.

"Injury" means accidental bodily harm sustained by a Covered Person that results, directly and independently from all other causes, from a Covered Accident. All injuries sustained by one person in any one Accident, including all related conditions and recurrent symptoms of these injuries, are considered a single Injury.

"Inpatient” means a person who has been admitted to and charged by a Hospital for bed occupancy for purposes of receiving Inpatient Hospital services. Generally, a patient is considered an Inpatient if billed by

the Hospital for Charges as an Inpatient, and formally admitted as an Inpatient with the expectation that person will occupy a bed and (a) remain at least overnight or (b) is expected to need Hospital care for twenty-four (24) hours or more.

"Intensive Care Unit" means an area or unit of a Hospital that meets the required standards of the Joint Commission on Accreditation of Healthcare Organizations for Special Care Units.

"Interfacility Ambulance Transfer" means movement of the patient locally within the United States from one licensed health care Facility to another licensed health care Facility via air or land ambulance (examples: Hospital to Hospital, clinic to Hospital). The Interfacility Ambulance Transfer must be Medically Necessary and Pre-certified in advance to be an Eligible Medical Expense.

"Investigational" means any Treatment that includes drugs, procedures, or services that are still in the clinical stages of evaluation and not yet approved for use by the U.S. Food and Drug Administration (FDA) including an Emergency Use Authorization by the FDA.

"Local Ambulance Transport; Local Ambulance Expense" means transportation and accompanying Treatment provided by designated, licensed, qualified, professional emergency personnel from the location of an Accident, Injury or acute Illness to a Hospital or other appropriate health care Facility.

"Master Policy" means the policy of insurance issued by the Company to AMD Trust, under which insurance coverage and benefits are extended to Covered Persons as participants in the Trust.

"Maximum Limit" means the cumulative total dollar amount of benefit payments and/or reimbursements available to a Covered Person under this insurance. When the Maximum is reached, no further benefits, reimbursements or payments will be available under this insurance.

"Medical Emergency" means a condition caused by an Injury or Sickness that manifests itself by symptoms of sufficient severity that a prudent layperson possessing an average knowledge of health and medicine would reasonably expect that failure to receive immediate medical attention would place the health of the person in serious jeopardy.

"Medically Necessary; Medical Necessity" means a Treatment, service, medicine, or supply which is necessary and appropriate for the Diagnosis or Treatment of an Illness or Injury based on generally accepted standards of current medical practice as determined by the Company. By way of example but not limitation, a service, Treatment, medicine or supply will not be considered Medically Necessary or a Medical Necessity if it is provided or obtained only as a convenience to the Covered Person or their provider; and/or if it is not necessary or appropriate for the Covered Person's Treatment, Diagnosis or symptoms; and/or if it exceeds (in scope, duration or intensity) that level of care which is needed to provide safe, adequate, and appropriate Diagnosis or Treatment.

"Mental or Nervous Disorders" means any mental, nervous, or emotional Sickness which generally denotes a Sickness of the brain with predominant behavioral symptoms; a Sickness of the mind or personality, evidenced by abnormal behavior; or a Sickness or disorder of conduct evidenced by socially deviant behavior. Mental or Nervous Disorders include without limitation: psychosis; depression; schizophrenia; bipolar affective disorder; learning disabilities and attitudinal or disciplinary problems; any disease or condition, regardless of whether the cause is organic, that is classified as a Mental Disorder in the current

edition of the International Classification of Diseases; and those psychiatric and other mental Sicknesses listed in the current edition of the Diagnostic and Statistical Manual for Mental. For purposes of this insurance, Mental or Nervous Disorders does not include Substance Abuse Disorder.

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

"Mortal Remains" means the bodily remains or ashes of a Covered Person.

"Natural Disaster" Widespread disruption of human lives by disasters such as flood, drought, tidal wave, fire, hurricane, earthquake, windstorm, or other storm, landslide, or other natural catastrophe or event resulting in migration of the human population for its safety. The occurrence must be a disaster that is due entirely to the forces of nature and could not reasonably have been prevented.

"Nearest Place of Safety" means a location determined by the Designated Security Consultant where: 1. the Covered Person can be presumed safe from the Occurrence that precipitated the Covered Person's Political Evacuation; and the Covered Person has access to Transportation; and 2. the Covered Person has the availability of temporary lodging, if needed.

"Necessities" means personal hygiene items and clothing.

"Occurrence" means any of the following situations involving a Covered Person: 1. expulsion from a Host Country or being declared persona non-grata on the written authority of the recognized government of a Host Country; 2. political or military events involving a Host Country, if the Appropriate Authorities issue an Advisory stating that citizens of the Covered Person's Home Country or citizens of the Host Country should leave the Host Country; 3. deliberate physical harm of the Covered Person confirmed by documentation or physical evidence or a threat against the Covered Person's health and safety as confirmed by documentation and/or physical evidence; 4. Natural Disaster in the area the Covered Person is traveling to and occurring after Their Effective Date; 5. the Covered Person had been deemed kidnapped or a Missing Person by local or international authorities and, when found, his or her safety and/or well-being are in question within seven days of his or her being found.

"Outpatient" means a person who receives Medically Necessary Treatment by a Physician or other healthcare provider and is not an Inpatient, regardless of the hour that the person arrived at the Hospital, whether a bed was used, or whether the person remained in the Hospital past midnight.

"Pandemic" means a global outbreak of a disease.

"Physician/Doctor" means a licensed health care provider acting within the scope of his or her license and rendering care or treatment to a Covered Person that is appropriate for the conditions and locality. It will not include a Covered Person or a member of the Covered Person's Immediate Family or household.

"Period of Insurance" means the period beginning on the Effective Date of this Certificate of Coverage and ending on the earliest of the following dates: (a) the termination date specified in the Declaration; or (b) the termination date as determined in accordance with the termination provision. The Period of Insurance can be no less than five (5) days and no more than twelve (12) consecutive months.

"Plan Administrator", also referred to as Our administrator, means Trawick International GmbH, appointed as the sole agent of the Company for this program.

"Political Evacuation" means the extrication of a Covered Person from the Host Country due to an Occurrence which could result in grave physical harm or death to the Covered Person and is certified by a governing authority via declaration or warning.

"Pre-certification; Pre-certify" means a general determination of Medical Necessity only, made by the Company in reliance and based upon the completeness and accuracy of the information provided by the Covered Person and/or the Covered Person's healthcare or medical service providers, guardians, Relatives and/or proxies at the time thereof. Pre-certification is not an assurance, authorization, pre-authorization or verification of coverage, a verification of benefits, or a guarantee of payment.

"Pre-Existing Condition" means any Injury, Illness, sickness, disease, or other physical, medical, Mental or Nervous Disorder, condition or ailment that, with reasonable medical certainty, existed at the time of Application or at any time during the three (3) years prior to the Effective Date of this insurance, whether or not previously manifested, symptomatic or known, diagnosed, Treated, or disclosed to the Company prior to the Effective Date, and including any and all subsequent, Chronic or recurring complications or consequences related thereto or resulting or arising therefrom.

"Pregnancy; Pregnant" means the process of growth and development within a woman's reproductive organs of a new individual from the time of conception through the phases where the embryo grows and fetus develops to birth.

"Premium" means the payments required to effectuate and maintain both the Covered Person's insurance coverage and other non-insurance benefits under this plan, in the amounts and at the times established by the Company in its sole discretion from time to time.

"Professional Sports" means a sport activity, including practice, preparation, and actual sporting events, for any individual or organized team that is a member of a recognized professional or semi-professional sports organization; is directly supported or sponsored by a professional or semi-professional team or professional or semi-professional sports organization; is a member of a playing league that is directly supported or sponsored by a professional or semi-professional team or professional or semi-professional sports organization; or has any athlete receiving for their participation any kind of payment or compensation, directly or indirectly, from a professional or semi-professional team or professional or semi-professional sports organization.

"Proof of Claim" means a duly completed and signed claim form, authorization to release medical information, Physician, Hospital, and other healthcare or medical service provider's or supplier's statement detailing the cost and services rendered and proof of payment for services rendered. Refer to the PROOF OF CLAIM provision for further details.

"Provider" means any individual, organization, facility, company, or other entity that is duly licensed, certified, accredited, or otherwise authorized, where required by applicable law, to provide, arrange, coordinate, or facilitate medical care, treatment, emergency assistance, travel assistance, or other services covered under this Certificate, acting within the scope of its applicable authority.

"Public Health Emergency of International Concern" means a formal declaration by the World Health Organization (WHO) of an extraordinary event which is determined to constitute a public health risk through the international spread of disease, Epidemic, Pandemic and potentially requires a coordinated international response.
"Quarantine" means Your strict isolation imposed by a Government authority or Physician to prevent the spread of disease. An embargo preventing You from entering a country is not a Quarantine.

"Radiology" means specialty services that use medical imaging to diagnose and Treat an Illness or Injury seen within the body. Imaging techniques used in Radiology include x-ray, radiography, ultrasound, computed tomography (CT), nuclear medicine, including positron emission tomography (PET), and magnetic resonance imaging (MRI).

"Registered Nurse" means a graduate nurse who has been registered or licensed to practice by a State Board of Nurse Examiners or other state authority, and who is legally entitled to place the letters "R.N." after their name.

"Related Costs" means food, lodging and, if necessary, physical protection for the Covered Person during the Transport to the Nearest Place of Safety.

"Relative" means a parent, legal guardian, Spouse, son, daughter, Grandchild, or Immediate Family Member of the Covered Person.

"Rider" means any exhibit, schedule, attachment, amendment, endorsement, Rider, or other document attached to, issued in connection with, or otherwise expressly made a part of or applicable to this Certificate of Coverage or the Application, as the case may be.

"Routine Physical Examination" means an examination of the physical body by a Physician for preventative or informative purposes only, and not for the Treatment of any previously manifested, symptomatic, diagnosed or known Sickness or Injury.

"Self-inflicted" means an action or inaction by the Covered Person that the Covered Person consciously understands will or may cause or contribute, directly or indirectly, to their personal Injury or Sickness. Self-inflicted specifically includes failure of a Covered Person to follow their Doctor's orders, complete prescriptions as directed, or follow any health care protocol or procedures designed to return or maintain their health.

"Sickness" means a disorder, Sickness, pathology, abnormality, malady, morbidity, affliction, disability, defect, handicap, deformity, birth defect, congenital defect, symptomatology, syndrome, malaise, infection, infirmity, ailment, disease of any kind, or any other medical, physical or health condition. Provided, however, that Sickness does not include learning disabilities, or attitudinal disorders or disciplinary problems. All Sicknesses that exist simultaneously or which arise subsequent to a prior Sickness and which directly or indirectly relate to or result or arise from the same or related causes or as a consequence thereof or from one another are considered to be a single Sickness. Further, if a subsequent Sickness results or arises from causes or consequences that are the same as or related to the causes or consequences of a prior Sickness, the subsequent Sickness will be deemed to be a continuation of the prior Sickness and not a separate Sickness,

“Sound Natural Teeth” means natural teeth which are the following: Free of active or chronic clinical decay; have at least 75% bony support; functional in the arch; not excessively weakened by multiple dental procedures; whole; not restored with amalgams, resin, or composite; without impairment, periodontal, or other conditions; not in need of services other than for accidental dental Injury; intact with a root, pulp, no decay, with no missing tooth structure due to fracture.

“Spouse” Means a Covered Person’s legal Spouse or domestic partner. Such relationship must have met all requirements of a valid marriage contract, domestic partnership, or civil union in the state or Country of Residence where the parties’ ceremony was performed.

“Stacked Insurance” means purchasing the same or like insurance product through the Company, for the same area of coverage, for the same or similar coverage period, and for the same coverage intent to increase a claims payment.

"Stroke” means a loss of blood flow to part of the brain, which causes damages to brain tissue. Types of strokes include but are not limited to Ischemic stroke, Hemorrhagic stroke, and transient ischemic attack (TIA).

“Substance Abuse Disorder” means alcohol, drug or chemical abuse, misuse, illegal use, overuse, or dependency.

“Supplemental Restraint System" means an airbag that inflates upon impact for added protection to the head and chest areas.

“Superbill” means an itemized list of all services provided to the Covered Person by a Physician or medical provider.

“SureGo Claim Form” means a form which allows the Covered Person to request reimbursement or direct payment for medical services obtained.

“Surgery; Surgical Procedure” means an invasive diagnostic or surgical procedure, or the Treatment of Sickness or Injury by manual or instrumental operations performed by a Physician while the patient is under general or local anesthesia.

"Termination Date" means the date coverage ends. See TERMINATION DATE.

“Terms” means all terms, provisions, conditions, definitions, Deductibles, Coinsurance, limits, sub-limits, limitations, wordings, restrictions, requirements, qualifications and/or exclusions that bind the Covered Person as set forth in the Certificate of Coverage, Application, and any Riders.

“Terrorism” means criminal acts, including against civilians, committed with the intent to cause death or serious bodily injury, or taking of hostages, with the purpose to provide a state of terror in the general public or in a group of persons or particular persons, intimidate a population, or compel a government or international organization to do or to abstain from doing an act.

"Transport" or "Transportation" means the most efficient and available method of conveyance. Where practical, Economy Fare will be utilized. If possible, the Covered Person's common carrier tickets will be used.

"Traveling Companion" means a person or persons with whom the Covered Person has coordinated travel arrangements, shares the same accommodations as the Covered Person, and intends to travel with the Covered Person during the Trip.

"Travel Warning Emergency Travel Advisory" means a published statement, warning or advisory, including any website document, issued by the United States Centers for Disease Control & Prevention (CDC), United States Department of State, United States Bureau of Consular Affairs, or similar government or non-governmental agency of the Covered Person's Country of Residence or Destination Country, warning that travel to Affected Areas poses serious risks to health, safety and security or exposes the Covered Person to a greater likelihood of life-threatening risks, including all United States Department of State Travel Advisories or Warnings Levels "3 - reconsider travel" and "4 -do not travel" and CDC Travel Advisories or Warnings Level "3 – avoid nonessential travel" or any higher level. When multiple government or non-governmental agencies have issued different levels of warnings or advisories, the highest warning or advisory applicable to the Covered Person's Country of Residence or Destination Country will be considered for coverage under this insurance. For the avoidance of doubt, a Travel Warning covers all specified Affected Areas, including the United States of America as applicable.

"Treated; Treating; Treatment" means any and all services and procedures rendered in the management and/or care of a patient for the purpose of identifying, diagnosing, treating, curing, preventing, controlling and/or combating any Sickness or Injury, including without limitation: verbal or written advice, consultation, examination, discussion, diagnostic testing or evaluation of any kind, pharmacotherapy or other medication, and/or Surgery.

"Treating Physician" means a Physician providing Treatment to a Covered Person.

"Trust" means the AMD Trust, a trust established in the Cayman Islands, to which the Master Policy is issued.

"Trustee" means the trustee of the Trust from time to time, being the Master Policyholder under the Master Policy.

"Unexpected" means sudden, unintentional, not expected, and unforeseen.

"Unexpected Recurrence Event" means any one incident in which the Covered Person requires care for acute, sudden, and unforeseen Medical and Accidental Emergencies and the direct consequence of the event. Maximum coverage is limited to amounts specified in the Schedule of Benefits.

"Unexpected Recurrence of a Pre-existing Conditions" means a sudden and Unexpected outbreak or reoccurrence that is of short duration, is rapidly progressive, and requires urgent medical care. A Pre-existing Condition that is chronic or Congenital, or that gradually becomes worse over time is not an Unexpected Recurrence of a Pre-existing Condition and does not include any condition for which, as of the Effective Date, the Covered Person (i) knew or reasonably foresaw he/she would receive, (ii) knew

he/she should receive, (iii) had scheduled, or (iv) were told that he/she must or should receive, any medical care, drugs, or Treatment.
"Trip" means travel by air, land, or sea from the Covered Person's Home Country.

"Uninhabitable" means the Covered Person's location within the Destination Country is deemed unfit for residence, as determined by the Company and local authorities within the Destination Country, due to lack of habitable shelter, food, heat and/or potable water available within one hundred (100) miles of the disaster site.

"Universal Billing Form" means UB 04 and CMS 1500 forms, which are standard and uniform forms in the healthcare industry to submit insurance claims to health insurance companies for reimbursement.

"Urgent Care Clinic" means a standalone Facility or a Facility located inside a Hospital that staffs Physicians, nurse practitioners (NP) or physician assistants (PA). Urgent Care Clinics provide medical services that are not life-threatening Injuries or Sicknesses. Urgent Care Facilities have onsite x-ray equipment and provide Treatment for more severe urgent care services such as broken bones, burns and other non-emergent conditions that Walk-in Clinics are unable to treat.
"Usual and Customary Charge" means a typical and reasonable amount of reimbursement for similar services, medicines, or supplies within the area in which the Charge is incurred. In determining the typical and reasonable amount of reimbursement, the Company may, in its reasonable discretion, consider one or more of the following factors, without limitation: the amount charged by the provider; the amount charged by similar providers or providers in the same or similar locality; the amount reimbursed by other payors for the same or comparable services, medicines or supplies in the same or similar locality; whether the services or supplies were unbundled or should have been included in the allowance of another service; the amount reimbursed by other payors for the same or comparable services, medicines or supplies in other parts of the country; the cost to the provider of providing the service, medicine or supply; the level of skill, extent of training, and experience required to perform the procedure or service; the length of time required to perform the procedure or service as compared to the length of time required to perform other similar services; the length of time required to perform the procedure or service as compared to national standards and/or benchmarks; the severity or nature of the Illness or Injury being Treated; and such other factors as the Company, in the reasonable exercise of its discretion, determines are appropriate.

"We," "Our," "Us" means Inter Partner Assistance SA.

"Worsening" means deterioration of a Covered Person's medical condition, symptoms or diagnosis that may lead to further complications following a Discharge Against Medical Advice or an increased likelihood or need for readmission.

FAIR PROCESSING AND PRIVACY NOTICE

This notice applies to You because You have been accepted as a Covered Person of the AMD Trust (the "Trust") and have been issued with this Certificate of Coverage by the Trustee. For the purposes of Your Certificate of Coverage, Trawick International GmbH is an appointed agent who acts on Our behalf . Your Coverage is extended under the Master Policy issued to the Trustee and is underwritten by the Company.

What type of information do We obtain about you?

The personal information We obtain about You may include:

- Name, address, phone number, email.
- Gender
- Marital status
- Date and place of birth
- Government identification numbers - National Insurance, Social Security, passport, tax, driver's license
- Banking information – account and credit card details
- Coverage benefits (medical, travel, disability)
- Visa information
- Family information – Spouse/co-habiting partner, dependent(s)/child(ren)
- Health information/medical history
- Travel history/information.
- Claims/Coverage numbers

  Please note that, in the context of claims, We may ask for further or different types of personal information depending on the claim. For example, Your travel arrangements and Your location at the time Your claim arose.

How do We obtain information about you?

We obtain personal information about You from the Trustee and the Plan Administrator in the following instances:

- When You take out Your Coverage: We underwrite Your Coverage in conjunction with Our appointed agent, Trawick International GmbH.
- When You bring a claim pursuant to the terms of Your Coverage: We manage any claims that You bring under Your Certificate of Coverage. To manage Your claims, We engage with Our claim's handler, Surego Administrative Services LLC, who oversees the claims handling process on Our behalf.

  We may also collect or obtain information about You from Your family members, credit reference agencies, anti-fraud databases, sanctions lists, relevant government agencies, and those who may be involved in a claim – Claimants, witnesses, experts, adjusters, and others.

  Where You provide personal information to Us other than Your own (via Our agent of the Company, Trawick International GmbH), You confirm that You will explain to the person(s) in question that You have provided his/her personal information to Us (via Our appointed agent, Trawick International GmbH) and that he/she understands that his/her personal information will be processed in line with this notice.

Why do We obtain Your personal information?

We may collect Your personal information for the following purposes:

- Account setup, including background checks
- Evaluating risks to be covered
- Customer service communications
- Payments to/from individuals
- Managing insurance or reinsurance claims
- Defending or prosecuting legal claims
- Investigating or prosecuting fraud

- Complying with legal or regulatory obligations

What is the legal basis for Us obtaining Your personal information?

When We process Your personal information, We do so on the following grounds:

- To perform the terms of Your Certificate of Coverage
- To pursue Our legitimate interests: to train Our staff in how to perform their duties/our services, to improve Our service, to conduct statistical analysis, to enhance Our product offerings and to assist in regulatory inquiries. Before processing Your personal information to pursue Our legitimate interests, We carefully assess the impact of Our processing activities on Your rights and freedoms. On balance, We consider that Our legitimate interests do not override Your rights and freedoms which require the protection of Your personal information
- To comply with laws or regulations to which We are subject
- To exercise, establish or defend legal claims or proceedings to which You may be a party
- When We process special categories of Your personal information (e.g., health information), We do so on the following grounds:
- For the purposes of Your Certificate of Coverage, where it is necessary and proportionate, subject to suitable and specific measures being taken to protect Your personal information
- To exercise, establish or defend legal claims or proceedings to which You are or may be a party.

Who receives Your personal information?

We will share Your personal information with Our various representatives along with Our appointed agent (Trawick International GmbH) and the claims handler expressly nominated by them (Surego Administrative Services LLC), affiliates, reinsurers, agents, and/or contractors.

Where does Your information go?

If You are ordinarily resident in the European Economic Area (EEA), You should be aware that We may need to transfer Your personal information to some of Our recipients (e.g., Our appointed agent (Trawick International GmbH), claims handler (Surego Administrative Services LLC) and affiliates). Some of these recipients are located outside the EEA in countries which may not have laws that protect Your personal information in the same way as the data protection laws in the EEA. Where these transfers occur, We ensure that: (a) they do not occur without Our prior written authority (where applicable); and (b) an appropriate transfer mechanism or agreement is in place to protect Your personal information (e.g. the European Commission's Standard Contractual Clauses, the EU-US Privacy Shield or the Swiss-EU Privacy Shield). For more information on these transfers, please contact the Data Protection Officer.

How long do We keep Your information?

We will keep Your personal information only so long as is necessary to provide service to You under Your Coverage. Specifically, We will keep Your information for so long as a claim may be brought under Your Coverage, or where We are required to keep Your personal information to satisfy legal or regulatory obligations.

Your Rights

Under certain circumstances, You have the right:

- To receive a copy of the personal information We have collected from You
- To receive further details of the use We make of Your personal information
- To update or correct the personal information We hold about You
- To require Us to delete any personal information We no longer have a lawful purpose to use

- To restrict Our use of Your personal information
- To object to Our processing of Your personal information
- To transfer Your personal information from Us to another provider
- If You are not satisfied with Our processing of Your personal information, file a complaint with the appropriate supervisory authority.

There are specific circumstances where We may need to restrict the rights described above, in order to safeguard the rights of others (e.g., individuals), the public interest (e.g., the prevention or detection of crime) or Our interests (e.g., to maintain legal privilege).

How to Contact Us:
Address any questions regarding Our privacy practices or this Notice to:
Trawick International Inc.
Post Office Box 2284
Fairhope Alabama USA 36533
Privacy@TrawickInternational.com

CLAIM PROCEDURES

Notice of Claim must be given in accordance with the NOTICE OF CLAIM provision, and Proof of Claim must be submitted in accordance with the TIMELY FILING REQUIREMENTS provision. All claims MUST BE ON A FULLY COMPLETED claim form including medical history sections. A claim form must be completed and provided for each new Sickness or Injury diagnosis. Providers should submit claims using the Universal Billing Form.

EXPLANATION OR VERIFICATION OF BENEFITS: In the event of any verbal or telephone inquiry, every attempt will be made to help the Covered Person and their healthcare providers and suppliers understand the status, scope and extent of available benefits and coverage under this insurance, provided, however, that no statement made by any agent, employee or representative of the Company or the Plan Administrator will be deemed or construed as an actionable representation, promise or estoppel or will create any liability against the Company or the Plan Administrator or be deemed or construed to bind the Company or to modify, replace, waive, extend or amend any of the Terms of this Certificate of Coverage, unless expressly set forth in writing and signed by an authorized agent or representative of the Company. Actual eligibility determinations, benefit verifications, final coverage decisions, claim adjudications, final payments, reimbursements of benefits, or claims shall be determined and adjudicated only after or at the time a timely, proper and complete Proof of Claim is submitted (as the case may be), an opportunity for reasonable investigation and/or review is provided, cooperation required hereunder received, and all facts and supporting information, including relevant data, information and medical records when deemed necessary or appropriate by the Company, are presented in writing. Appealed claims may be further investigated and/or reviewed. The Terms govern all available coverage and payments made or to be made. If a definite answer to a specific benefits or coverage question is required for any reason, the Covered Person or their healthcare providers may submit a written request to the Company, including all pertinent medical information and a statement from the attending Physician (if applicable), and a written reply will be sent by the Company and kept

on file. If the Company elects to verify generally and/or preliminarily to a provider or the Covered Person that an Injury, Sickness, diagnosis or proposed Treatment is or may be covered under this insurance, or that benefits for same are or may be available as outlined in this Certificate of Coverage, any such verification of benefits does not guaranty either payment of benefits or the amount or eligibility of benefits. Final eligibility determinations, coverage decisions, claim appeals and actual reimbursement or payment of claims or benefits are subject to all Terms of this insurance, including without limitation filing a timely, proper and complete Proof of Claim and complying with the COOPERATION provision.

GOVERNING LAW: All claims and/or disputes arising under or relating to this insurance and/or the Terms of this Certificate of Coverage (including any amendment thereto) shall be governed by and construed in accordance with the laws of the Cayman Islands without regard to any conflict of laws principles that would result in the application of the laws of any other jurisdiction.

NOTICE OF CLAIM: A Claimant must give Us or Our authorized representative written (or authorized electronic or telephonic) notice of claim ("Notice of Claim") within 90 days after the date of any Incident for which benefits are or may be claimed under the Certificate of Coverage, or the claim will be denied. This notice must identify the Covered Person and the Certificate Number. Notwithstanding the foregoing, circumstances may exist where the Claimant is physically or medically unable to act and, as a result, giving such 90-day Notice of Claim is not possible. In such event, Notice of Claim must be given as soon as reasonably possible. Any such Notice of Claim submitted after 90 days from the Incident will be reviewed by Us to determine if the delay is reasonable and if determined by Us to be unreasonable then the claim will be denied. The burden of establishing that any delay was reasonable rests with the Claimant. Proof of Claim must be submitted in accordance with the TIMELY FILING REQUIREMENTS provision.

CLAIM FORMS: Upon receiving written Notice of Claim, We will provide claim forms to the Claimant within 15 days. If We do not furnish such claim forms, the Claimant will satisfy the requirements of written Proof of Claim by sending the written (or authorized electronic or telephonic) proof as shown below. The proof must describe the occurrence, extent and nature of the loss and give authorization to release medical records.

PROOF OF CLAIM: (a) A Proof of Claim shall not be effective and will not satisfy the Terms of this insurance unless it includes all the following: (i) a duly completed, timely submitted and signed SureGo Claim Form for each new Sickness or Injury diagnosis unless the Company waives such requirement in writing (ii) an Authorization for Release of Medical Information when specifically requested by SureGo (iii) all original Universal Billing Forms, Superbill and statements of service rendered from Physicians, Hospitals, and other healthcare or medical service providers involved with respect to the claim (iv) all original receipts for any costs, prescription medications, fees or expenses that have been incurred or paid by, or on behalf of, the Covered Person with respect to the claims, including without limitation all original receipts for any cash and/or credit card payments. The provider of service's full name, address, telephone number (including area/country code), date of service, description of service (applicable procedure codes), and diagnosis codes must be included on the receipts. (v) If the claims are submitted electronically, copies of the above items are acceptable; however, the Company reserves the right to request the original documents. Other documents that may be requested are proof of travel, copy of passport, and other documents to support the claim.

TIMELY FILING REQUIREMENTS: The Covered Person and/or Physician, Hospital and other healthcare and medical service providers and suppliers shall have ninety (90) days from the date the Charges are incurred (or for Accidental Death & Dismemberment benefits, the date of the Covered Loss) to submit a complete Proof of Claim. The Company at its option may pend resolution and adjudication of submitted claims and/or may deny coverage due to any of the following: (i) SureGo's receipt of an incomplete Proof of Claim (ii) failure to submit any Proof of Claim (iii) Covered Person's, Physician's or Hospital's failure to submit a timely Proof of Claim. The Company may require the Covered Person to sign an Authorization for Release of Medical Information to request medical records on their behalf or supply us with additional documentation as deemed necessary to make a benefit determination based on the submitted Proof of Claim. The Covered Person and/or Physician, Hospital and other healthcare and medical service providers and suppliers shall have ninety (90) days or the time allowed by the PPO Network, from the date of the request to submit the requested information. If the information is not received within the designated time period, previously submitted and subsequent claims will be denied.

PROOF OF ELIGIBILITY: A Claimant must provide Us or Our authorized representative with written proof of ELIGIBILITY as outlined in this Certificate of Coverage, at time of Claim. Proof of Eligibility is required prior to any processing of a Claim.

COOPERATION: The Covered Person and their Physicians, Hospitals and other healthcare and medical service providers and suppliers shall undertake to cooperate fully with the Company and the Plan Administrator in reviewing, investigating, adjudicating, considering an appeal of, and/or administering any claim for benefits under this insurance, including granting full right of access to all relevant, pertinent or related records, medical documentation, medical histories, reports, laboratory or test results, x-rays, and all other available evidence relating to or affecting the review, investigation, adjudication or administration of the claim. The Company at its own expense shall have the right and opportunity to examine all evidence related to a claim when and as often as it may reasonably require during the pendency of a claim hereunder. The Company at its option may suspend or pend adjudication of a claim and/or may deny benefits and/or coverage for a claim when any of the following has occurred: (a) a refusal to so cooperate (b) an unreasonable delay in such cooperation (c) any other act or omission on the part of the Covered Person and/or their healthcare providers which hinders, delays, impairs or otherwise prejudices the performance of the Company's obligations under this insurance. Time Payment of Claims: Benefits for loss covered by the Certificate of Coverage, other than benefits that require periodic payment, will be paid not more than 60 days after We receive proper written proof of such loss.

PAYMENT OF CLAIMS: If the Covered Person dies, any death benefits or other benefits unpaid at the time of the Covered Person's death will be paid to the beneficiary. If no beneficiary is on record with Us or Our authorized agent, payment will be made to the first surviving class of the following to the Covered Person's: 1. Spouse; 2. children, in equal shares (If a child is a minor, benefits will be paid to the legal guardian); 3. mother or father; 4. estate. All other benefits due and not assigned will be paid to the Covered Person if living. Otherwise, the benefits may, at our option, be paid: 1. according to the beneficiary designation; or 2. to the Covered Person's estate. If a benefit due is payable to: 1.the Covered Person's estate; or 2. the Covered Person or a beneficiary who is either a minor or is not competent to give a valid release for the payment, We may pay any amount due to some other person. The other person will be one who we believe is entitled to the payment and who is related to the Covered Person or the beneficiary by blood or marriage. We will be relieved of further responsibility to the extent of any

payment made in good faith. We may pay benefits directly to any Hospital or person rendering covered services unless the Covered Person requests otherwise in writing. The Covered Person must make the request no later than the time he or she files a written Proof of Claim.

RIGHT OF RECOVERY: In the event of overpayment by the Company of any claim for benefits under this insurance, for any reason, including without limitation because of any of the following: (a) all or part of the claim was not incurred by or paid by or on behalf of the Covered Person (b) the Covered Person or any of the Covered Person's Relatives, whether or not the Relative is or was a Covered Person under this insurance plan, is repaid or is entitled to be repaid for all or part of the claim in accordance with the conditions and other insurance provision, for defective equipment or medical devices covered under a warranty, or by or from a source other than the Company (c) all or part of the claim was not eligible for payment or coverage under the Terms of this insurance (d) all or part of the claim was paid or reimbursed based on an incorrect or mistaken application of benefits under this insurance (e) all or part of the claim has been excused, waived, abandoned, forfeited, discounted or released by the provider (f) the Covered Person is not liable or responsible as a matter of law for all or part of a claim. The Company shall have the right to receive a refund and to recover the amount of overpayment from the Covered Person and/or the Hospital, Physician and/or other provider of services or supplies (as the case may be). The amount of the refund and recovery for overpayment of claims shall be the difference between the amount actually paid by the Company and the amount, if any, that should have been paid by the Company under the Terms of this insurance. For all other overpayments, the amount of the refund and recovery shall be the amount overpaid. If the Covered Person, Hospital, Physician, or other provider of services or supplies does not promptly make any such refund to the Company, the Company may, in addition to any other rights or remedies available to it (all of which are reserved): (i) reduce or deduct from the amount of any future claim that is otherwise eligible for coverage or payment under this insurance, to the full extent of the refund due to the Company; and/or (ii) cancel this Certificate of Coverage and all further coverage of the Covered Person by giving thirty (30) days advance written notice by mail to the Covered Person at their last known residence or mailing address and offset against the amount of any refund of Premium due the Covered Person to the full extent of the refund due to the Company.

ASSIGNMENT, CHANGE OR WAIVER: Notwithstanding any law, statute, judicial decision or rule to the contrary that may be or may purport to be otherwise applicable within the jurisdiction, locale or forum state of any healthcare or medical service provider, no transfer or assignment of any of the Covered Person's rights, benefits or interests under this insurance shall be valid, binding on or enforceable against the Company or Plan Administrator unless first expressly agreed and consented to in writing by the Company. Any such purported transfer or assignment not in compliance with the foregoing Terms shall be void ab initio and without effect as against the Company or Plan Administrator, and the Company shall have no liability of any kind under this insurance to any such purported transferee or assignee with respect thereto. The Terms of this Certificate of Coverage shall not be waived or modified except by the express written agreement of the Company.

BENEFICIARY: The Insured may designate a beneficiary. The Insured has the right to change the beneficiary at any time by written (or electronic and telephonic) notice. If the Insured is a minor, his or her parent or guardian may exercise this right for him or her. The change will be effective when We or Our authorized agent receive it. When received, the effective date is the date the notice was signed. We

are not liable for any payments made before the change was received. We cannot attest to the validity of a change. The Insured is the beneficiary for any covered Dependent.

INSOLVENCY: The insolvency, bankruptcy, financial impairment, receivership, voluntary plan of arrangement with creditors or dissolution of the Trust, the Trustee or any Covered Person shall not impose upon the Company any liability or obligation other than that specifically included in this insurance.

SUBROGATION CLAUSE: The Covered Person shall undertake to pursue in their own name and stead, and to fully cooperate with the Company in the pursuit and prosecution of, any and all valid claims that the Covered Person may have against any third-party who may be liable or responsible for any loss or damage arising out of any act, omission or occurrence that results or may result in a loss payment, provision of benefits or coverage of claim by the Company under this insurance and to fully account to the Company for any amounts recovered or recoverable in connection therewith, on the basis that the Company shall be reimbursed and entitled to recover first in full for any sums paid or to be paid by it before the Covered Person shares in any amount so recovered, regardless of whether or not the Covered Person has been made whole or has been fully compensated for their injuries. The Covered Person further agrees and understands that the Company requires the Covered Person to complete a subrogation questionnaire, sign an acknowledgment of the Company's subrogation rights and sign an agreement before the Company considers paying, or continues to pay, any claims. Should the Covered Person fail to so cooperate, account or prosecute any valid claims against any such third-party or parties, and the Company thereupon or otherwise becomes liable or otherwise obligated to make payment under the Terms of this insurance, then the Company shall be fully subrogated to all rights and interests of the Covered Person with respect thereto and may prosecute such claims in its own name as subrogee. The Covered Person's submission of Proof of Claim or acceptance of coverage or benefits under this insurance shall be deemed to constitute an authorization, consent, and assignment of such subrogation rights by the Covered Person to the Company. The Covered Person agrees that the Company has a secured proprietary interest in any settlement proceeds the Covered Person receives or may be entitled to receive. The Covered Person understands and agrees that the Company is entitled to a constructive trust interest in the proceeds of any settlement or recovery. The Covered Person agrees to include the Company as a co-payee on any settlement check or check from any third party or insurer. The Covered Person agrees he/she will not release any party or their insured without prior written approval from the Company and will take no action that prejudices the Company's rights. The Covered Person is obligated to inform their legal representative of the Company's rights and lien and to make no distributions from any settlement or judgment that will in any way result in the Company receiving less than the full amount of its lien without the written approval of the Company. Any amount recovered by the Company in accordance with the foregoing shall first be used to pay in full the costs and expenses of collection incurred by the Company, including reasonable attorneys' fees, and for reimbursement to the Company for any amount that it may have paid or become liable to pay under this insurance. Any remaining amounts recovered shall be paid to the Covered Person or other persons lawfully entitled thereto, as applicable. In the event that the Covered Person receives any form or type of settlement and either fails or refuses to abide by the Terms of this insurance contract, in addition to any other remedies the Company may have, the Company retains a right of equitable offset against future claims.

OTHER INSURANCE: The Company shall not be liable or obligated to provide any coverage or benefits or to pay or reimburse any claim under this insurance if there is any other insurance, membership benefit, workers' or workplace compensation coverage program or other government programs, reimbursement or indemnification coverage, right of contribution, recoupment or recovery, contract, or any other third-party obligation or liability for provision of benefits ("Other Coverage") that would, or would but for the existence of this insurance, be available or obligated to provide such benefit or to pay or reimburse or provide indemnity for such claim, except in respect of any excess beyond the amount payable or provided under such Other Coverage had this insurance not been effected. Notwithstanding the foregoing, the Company shall not be liable or obligated to provide any benefit or to pay or reimburse any claim for any Covered Person in respect to Treatment or supplies furnished by any program or agency funded by any government or governmental authority.

The Company reserves the right to cancel any and all coverage if it is determined a Covered Person has Stacked Insurance.

PHYSICAL EXAMINATIONS AND AUTOPSY: We have the right to have a Physician of Our choice examine the Covered Person as often as is reasonably necessary. This section applies when a claim is pending or while benefits are being paid. We also have the right to request an autopsy in the case of death unless the law forbids it. We will pay the cost of the examination or autopsy.

APPEALING A CLAIM: In the event the Company denies all or part of a timely filed claim, the Claiming Party shall have ninety (90) days from the date that the notice of denial was mailed to the Claiming Party last known residence or mailing address within which to appeal the determination in writing. The Claiming Party must file an appeal prior to bringing any legal action under the contract of insurance. The Claiming Party should submit a written request for an appeal along with comments, all relevant, pertinent, or related documents, medical records and other information relating to the claim. The appeal must be sent to: Surego Administrative Services LLC PO Box 2069 Fairhope AL 36533 The Company's review will take into account all comments, documents, records and other information timely submitted by the Claiming Party relating to the claim without regard to whether such information was submitted or considered in the initial claim determination. Upon receipt of a timely written appeal, the Company shall have an opportunity for further reasonable investigation and/or review as set forth in the CONDITIONS AND GENERAL PROVISIONS, EXPLANATION OR VERIFICATION OF BENEFITS provision and will respond in writing as soon as reasonably practicable, and in any event within ninety (90) days from receipt thereof.

SERVICE OF SUIT; JURISDICTION; VENUE: No action or proceeding of any kind can be brought by a Covered Person or any person or entity claiming by, through, or on behalf of a Covered Person (including any beneficiary, estate, trust, personal representative, trustee, or permitted assignee) (each, a "Claiming Party") to recover on the contract of insurance prior to the later of (a) expiration of sixty (60) days after written Proof of Claim has been furnished in accordance with the contract of insurance or (b) exhaustion of one (1) appeal under the CONDITIONS AND GENERAL PROVISIONS, APPEALING A CLAIM provision above. No action or proceeding can be brought after the expiration of three (3) years after the time written Proof of Claim is required to be furnished under the contract of insurance. The Master Policy, under which the coverage evidenced by this Certificate of Coverage is extended, shall be deemed issued, finalized, and made in the Cayman Islands. Sole and exclusive jurisdiction and venue for any action or proceeding of any kind relating to or arising from this insurance and/or the Terms of this Certificate of Coverage (including any amendment thereto) shall be in Grand Cayman, Cayman Islands for which the

Company and each Claiming Party expressly consent. The subjects, risks and benefits of insurance evidenced by this Certificate of Coverage are not intended or considered by the Covered Person or the Company (or the Plan Administrator) to be resident, located, or performed in any particular State of the United States.

In the event of the failure of the Company to provide benefits or pay or reimburse any amount claimed to be due under this insurance, the Company, at the request of the Claiming Party and upon receipt of lawful process or summons, will submit to the jurisdiction of a court of competent subject matter jurisdiction located in Cayman Islands. The Company and each Claiming Party consent to exclusive personal jurisdiction and venue in the Grand Cayman, Cayman Islands. The Company reserves the right, acting by and through the Plan Administrator or otherwise, to initiate and pursue actions for declaratory judgment and/or other appropriate relief with respect to the validity, binding effect, administration of and/or any dispute, claim, or controversy relating to or arising from this insurance and/or the Terms of this Certificate of Coverage (including any amendment thereto). In any suit instituted by or against the Company or any Claiming Party pursuant to the Terms of this provision, the Company and each Claiming Party will abide by the final decision of such Cayman Islands court or of any Cayman Islands appellate court in the event of an appeal. Nothing in this provision constitutes or should be deemed, considered, or understood to constitute a waiver of the Company's or any Claiming Party's rights to oppose venue or jurisdiction in any forum other than the Grand Cayman, Cayman Islands, all of which rights are expressly reserved and retained.

In the event that the Company is the prevailing party in any litigation or other proceeding of any kind relating to or arising from this insurance and/or the Terms of this Certificate of Coverage (including any amendment thereto), regardless of the nature of the claim, the Company shall be awarded its reasonable attorney's fees, and costs and expenses incurred in addition to any compensatory damages or other remedies in law or equity.

WAIVER OF ANY RIGHT TO JURY TRIAL: THE COMPANY AND EACH CLAIMING PARTY KNOWINGLY, VOLUNTARILY, AND IRREVOCABLY WAIVE ANY RIGHT TO A TRIAL BY JURY FOR ANY CLAIM, DEMAND, ACTION, OR PROCEEDING OF ANY KIND, WHETHER SOUNDING IN CONTRACT, TORT, OR OTHERWISE, RELATING TO OR ARISING FROM: (I) THIS INSURANCE; AND/OR (II) THIS CERTIFICATE OF COVERAGE, INCLUDING ANY AMENDMENT THERETO. THE COMPANY AND EACH CLAIMING PARTY KNOWINGLY, VOLUNTARILY, AND IRREVOCABLY AGREE THAT ANY SUCH CLAIM, DEMAND, ACTION, OR PROCEEDING SHALL BE EXCLUSIVELY PRESENTED TO AND DETERMINED SOLELY BY THE COURT AS THE TRIER OF FACT, AND NOT BEFORE A JURY. NO ATTEMPT SHALL BE MADE TO CONSOLIDATE, BY COUNTERCLAIM OR OTHERWISE, ANY ACTION OR PROCEEDING WITH ANY OTHER ACTION OR PROCEEDING IN WHICH THERE IS A TRIAL BY JURY OR IN WHICH A JURY TRIAL CANNOT OR HAS NOT BEEN WAIVED. THE COMPANY AND EACH CLAIMING PARTY AGREE THAT A COPY OF THIS PROVISION MAY BE FILED WITH ANY COURT AS WRITTEN EVIDENCE OF THE AGREEMENT OF THE WAIVER OF ANY RIGHT TO TRIAL BY JURY.

CLAIM SETTLEMENT: Eligible and covered claims for Eligible Medical Expenses or other benefits under this insurance that have previously been paid by or on behalf of the Covered Person at the time of the Company's favorable adjudication thereof will be reimbursed by the Company directly to the Covered Person, by check, at their last known residence or mailing address. While this insurance is in effect, in order

to effectuate proper administration, the Covered Person shall promptly notify the Company of any change in such addresses. Eligible and covered claims for Eligible Medical Expenses or other benefits under this insurance that have not been paid by or on behalf of the Covered Person at the time of adjudication will be paid by the Company by check or electronic funds transfer to the Covered Person at their last known residence or mailing address, or, at the sole option and discretion of the Company (but without obligation to do so), and as an accommodation to the Covered Person, directly to the provider(s), as applicable. All claim settlements, payments and reimbursements are subject to the insurance plan shown in the Declaration and all other Terms of this insurance. No healthcare or medical service provider or supplier, or any other third-party, shall have any direct or indirect interest, claim or right of action against the Company under this Certificate of Coverage, the Declaration or the Master Policy, whether by purported assignment of benefits, subrogation of interests or otherwise, unless first expressly agreed and consented to in writing by the Company, and notwithstanding the Company's exercise or failure to exercise any option or discretion under this provision regarding the method of claim payment. No such provider, supplier or other third-party is intended to have or shall have any rights as a third-party beneficiary under this Certificate of Coverage, or the Declaration.

LEGAL ACTIONS: No lawsuit or action in equity can be brought to recover on the Certificate of Coverage: 1. before 60 days following the date Proof of Claim was given to Us; or 2. After 3 years following the date Proof of Claim is required.

ARBITRATION: No claim for benefits for which liability, eligibility, or coverage under this insurance has been denied in whole or in part by the Company nor any other dispute or controversy arising under or related to this insurance shall be arbitrable or subject to arbitration under any circumstances or for any reason.

NOT IN LIEU OF WORKERS' COMPENSATION: The Certificate of Coverage is not Workers' Compensation coverage. It does not provide Workers' Compensation benefits.

ECONOMIC OR TRADE SANCTIONS: Any payments under this Certificate of Coverage will only be made in full compliance with all United States of America economic or trade sanction laws or regulations, , or activity of the insured would violate any applicable trade or economic sanctions law or regulation, including, but not limited to, sanctions, laws, and regulations administered and enforced by the U.S. Treasury Department's Office of Foreign Assets Control ("OFAC"). Therefore, any expenses incurred, or claims made involving travel that is in violation of such sanctions, laws and regulations will not be covered under this Certificate of Coverage. For more information, You may consult the OFAC internet website at

https://www.treasury.gov/about/organizational-structure/offices/Pages/Office-of-Foreign-Assets-Control.aspx

ELECTRONIC COMMUNICATION: 1. Consent to receive insurance related documents and communications, including but not limited to, your Certificate of Coverage documents, disclosures, notices, explanation of benefits (EOB), claims documentation, as well as termination and cancellation or non-renewal notices, electronically to the email address you provide to us through the online application process instead of receiving these records in a paper format from us. 2. Agree and acknowledge that your consent is provided

and/or obtained in connection with a transaction affecting interstate/international commerce subject to the Electronic Signatures in Global and National Commerce Act and the Uniform Electronic Transactions Act, or a similar electronic transactions law, as adopted by state law. 3. Agree that the document(s) delivered to you electronically shall have the same meaning and effect as if you were provided a paper document, whether or not you choose to view the document(s), unless you previously withdrew your consent, by written notice, to receive documents via electronic means. Electronic document(s) are considered received by you at the date and time you complete your purchase, and unless we receive notice that the email notification was not delivered to you at the email address you provided.

MISREPRESENTATION: Any false representation, incomplete information, misleading statement, misstatement, omission, concealment or fraud, whether or not innocently made, either in the Covered Person's Application or in relation to any claim form, statement, certification or warranty made by the Covered Person or their representatives, agents or proxies, whether in writing or otherwise, to the Company or the Plan Administrator or their respective agents, employees or representatives, or in connection with the making of any claim under this insurance, shall render the Declaration and this Certificate of Coverage null and void and all claims and benefits under this insurance shall be forfeited and waived.

FRAUDULENT CLAIMS: A person who knowingly and with intent to defraud the Company files a statement of claim containing any false, incomplete, or misleading information may be prosecuted for a felony or similar charge
under the applicable laws. If any claim or request for benefits under this insurance shall knowingly be in any respect false, incomplete, misleading, concealing, fraudulent or deceitful or if the Covered Person or anyone acting for or on their behalf under this insurance knowingly uses any false, incomplete, misleading, concealing, fraudulent or deceitful statements regarding the Covered Person, the insurance contract and all coverage thereunder may be cancelled, voided, rescinded and terminated by the Company in its sole and absolute discretion, and the Company shall have no obligation or liability for any such benefits, coverage or claims.

CONTACT INFORMATION

CLAIMS ADMINISTRATOR
Surego Administrative Services LLC

PO Box 2069

Fairhope AL 36533

Click here to Submit Your Claim Online
For claim status or questions Toll Free: 833-313-5651 Direct: 251-322-7443

Claim submission claims@mysurego.com Claim Status
info@mysurego.com

SUREGO PRE-CERTIFICATION

Toll Free: 844-723-0324 or email precert@mysurego.com

PLAN ADMINISTRATOR

Trawick International

PO Box 2284 Fairhope AL 36533

Toll Free: 888-301-9289 Direct: 251-661-0924

Email: info@trawickinternational.com

24/7 TRAVEL ASSISTANCE SERVICES

The Travel Assistance program features a variety of emergency travel-related services that include Medical Monitoring Medical and Hospital Admission Guarantee. Travel assistance services are provided by an independent organization and not by the Company. There may be times when circumstances beyond The Assistance Provider's control hinder their endeavors to provide travel assistance services. They will, however, make all reasonable efforts to provide travel assistance services and help you resolve your emergency situation.

TOLL FREE: 1-877-591-2339 (within the United States and Canada)

COLLECT: +44 20 3409 1333 (from all other locations)

SUBSCRIPTION AGREEMENT

I hereby apply to be a covered person (a "Covered Person") of the AMD Trust established in the Cayman Islands (the "Trust"), whose trustee is Conyers Trust Company (Cayman) Limited (the "Trustee"), and to participate in the insurance coverage extended by Inter Partner Assistance SA acting directly or through its Belgian branch (the "Insurer") to Covered Persons under the Trust (the "Coverage"). This document is my application for the Coverage (the "Application"). I understand that the Coverage is not a general health insurance product but is intended for use in the event of a sudden and Unexpected event while traveling outside my Home Country. For the purposes of this Subscription Agreement, "Home Country" means the country in which I maintain my current primary residence and/or usual place of abode, and/or any country to which I pay income taxes based upon employment in that country. In the event that more than one country meets the above-listed criteria, I understand that my Home Country is the country I have named as my Country of Residence in the Application. I understand that the Coverage extended to me will terminate upon my return to my Home Country. I understand that the liability of the Insurer as underwriter of the Coverage is as provided in the certificate of coverage issued to me (the "Certificate of Coverage").

By acceptance of the Coverage and/or submission of any Premium payment and/or submission of any claim for benefits, the Covered Person ratifies the authority of the undersigned to so act and bind the Covered Person.

The Covered Person undertakes to make all Premium payments as they fall due in respect of the Coverage extended. The Trustee shall not be responsible for the administration of such payments. If the Covered Person fails to make any Premium payment due in respect of the Coverage extended, subject to the discretion of the Insurer, such Coverage will terminate.

The Covered Person hereby confirms the accuracy of all information and validity of all representations and warranties provided to the Trustee in connection with their participation in the Trust and/or the subscription for the Coverage, howsoever provided, including the terms of this Subscription Agreement (together the "Representations & Warranties"). The Covered Person acknowledges that certain of such information will be relied upon by the Insurer and that any inaccuracy therein may result in the invalidity

of the Coverage as it relates to the Covered Person, the loss of the Coverage and all monies paid in relation thereto. The Covered Person hereby undertakes to promptly inform the Trustee in writing of any change to any matter that forms the subject of any of the Representations & Warranties. The Covered Person hereby undertakes to defend, indemnify and hold harmless the Trustee against any loss or damage (including attorney's fees) occasioned by any inaccuracy in any Representations & Warranties or failure to promptly advise the Trustee in writing of any change in any matter that forms the subject of any of the Representations & Warranties. The Covered Person agrees that the Trustee shall be entitled to rely on and to act in accordance with any written instruction purported to be provided by the Covered Person, and the Covered Person hereby undertakes to defend, indemnify and hold harmless the Trustee against any loss or damage (including attorney's fees) occasioned by the Trustee acting in accordance with any such instruction.

Payments for eligible claims under the terms of the Coverage shall be paid to the designated third party administrator appointed by Trawick International GmbH, being Surego Administrative Services LLC (the "Administrator"). The Trustee shall not be responsible for the administration of such payments.
I confirm that I have satisfied myself that the Coverage is appropriate for me and that I meet the eligibility criteria.