ACE USA Travel Assistance Services

ACE American Insurance Company offers worldwide travel assistance services to employees, students and their eligible dependents or other individuals covered under its global accident and sickness insurance plans. These services are provided by Europ Assistance USA and are not insured benefits. Europ Assistance USA is under contract with ACE American Insurance Company to provide certain international services in conjunction with insurance benefits. Security assistance and consultation services are provided by iJet Intelligent Systems, Inc. through a strategic alliance with Europ Assistance.

Your ACE insurance plan may provide for reimbursement of some or all service expenses based on the terms and conditions of the policy of insurance you have purchased.

Company: American University

In order to ensure the best possible service from Europ Assistance, We will require the following information:

Company's Emergency Contact Name:
Phone:
E-mail:

Policy #: GLM N00173587R

Policy Term: March 7, 2014 to February 7, 2015

Eligibility for Services

Employees, students and their eligible dependents, if covered under the ACE policy issued to you, are eligible for services during the Policy Term subject to the limitations listed below. Emergency Medical Services and Emergency Travel Services are available only if a covered person is on a trip covered by the Policy. Pre-Trip Information Services are available at any time. Security Assistance Services are available if a covered person is traveling outside of their home country or country of permanent assignment or residence.

24-Hour Access

Insured employees, students and their eligible dependents will be able to reach the multilingual Europ Assistance coordination center, by calling toll-free (if inside the U.S.) or calling collect (if outside the U.S.), by telex, or by facsimile 24 hours a day, 365 days a year, to confirm coverage and obtain access to available services.

Toll Free from within the USA and Canada: 1-800-243-6124
Outside the USA or Canada call direct or collect: 202-659-7803

The following is a brief summary of services available:

EMERGENCY MEDICAL SERVICES

- Medical Monitoring

When notified of a Medical Emergency resulting from a covered accident or emergency sickness, Europ Assistance’s multilingual staff will, if in their judgment it is appropriate, attempt to contact local attending medical personnel to get a better understanding of the covered person’s condition. If appropriate, Europ Assistance will monitor the covered person’s condition and will remain in communication with his or her family, subject to applicable privacy laws, until the medical problem is resolved.

- Medical Referrals

Upon request, Europ Assistance will use its best efforts to provide the names, addresses and telephone numbers of doctors, hospitals, dentists, and dental clinics in the area where the covered person is traveling. Europ Assistance will also attempt to confirm the availability of the provider, ascertain required payments that
a covered person will be required to pay and make an appointment for a covered person with the medical provider of their choice.

In a serious Medical Emergency, it is advisable that a covered person first try to arrange for immediate emergency help through local sources and then call Europ Assistance. Europ Assistance shall not be responsible for determining the appropriate medical specialty for handling the covered person's condition, nor for providing medical diagnosis or treatment. We cannot guarantee the quality of the medical services provider or the medical facility. The final selection of a local doctor or medical facility is the right and responsibility of the covered person.

- **Emergency Medical Payments, Medical Expense Guarantee, Hospital Admission Guarantee**

  When necessary to obtain Emergency medical services for a covered person, Europ Assistance will, arrange a payment guarantee to cover on-site medical and hospital expenses. Should it be necessary to provide a guarantee of payment to a medical provider, or to make arrangements to pay in local currency, Europ Assistance will provide funds for emergency payments to cover on-site medical and hospital expenses. This payment is limited to the maximum benefit allowable under the Policy. Europ Assistance will work with you or the covered person’s family to guarantee any amount required in excess of policy limits.

- **Emergency Medical Transport, Medical Evacuation or Repatriation**

  If, in the event of a Medical Emergency and upon request of a Doctor designated by Europ Assistance in consultation with a local attending Doctor, Europ Assistance will arrange and pay for transportation under medical supervision to a different hospital or treatment facility or repatriation to the covered person's place of residence for treatment if it is determined to be Medically Necessary. As part of a medical evacuation, Europ Assistance will also make all necessary arrangements for ground transportation to and from the hospital, as well as pre-admission arrangements, where possible, at the receiving hospital. Payment for these services is limited to the maximum benefit allowable under the Policy.

  All medical decisions (such as the medical need for evacuation, medical equipment and the medical personnel to be used) and the final destination will be made by Europ Assistance's designated doctors in consultation with a local attending doctor based on medical factors. Their decisions shall be conclusive in determining the need for such services. Should you decide to make these arrangements without the assistance of Europ Assistance, we cannot be held liable for the services rendered or the cost. Any bills received for services arranged without Europ Assistance will be reviewed and processed in accordance to the lesser of the actual cost or the cost for the services had Europ Assistance made all of the arrangements.

- **Dispatch of a Doctor or Specialist**

  If, based on the information available, a covered person's condition cannot be adequately assessed to evaluate the need for transport or evacuation, Europ Assistance will dispatch a doctor or specialist to the covered person's location to make an assessment. Europ Assistance will pay the cost of the doctor's or specialist's travel and services provided on location up to the maximum benefit allowable under the Policy.

- **Repatriation of Remains**

  In the event of a covered person's death while on a covered trip, Europ Assistance will arrange for and pay all necessary expenses (including government authorization and a container appropriate for transportation) for the repatriation of the remains to the covered person's place of residence for burial. Payment for these services is limited to the maximum benefit allowable under the Policy. Should you decide to make these arrangements without the assistance of Europ Assistance, we cannot be held liable for the services rendered or the cost. Any bills received for services arranged without Europ Assistance will be reviewed and processed in accordance to the lesser of the actual cost or the cost for the services had Europ Assistance made all of the arrangements.

- **Family Reunion Travel Arrangements**

  Europ Assistance will coordinate emergency travel arrangements for family members to join a hospitalized covered person or to accompany the covered person's mortal remains to the covered person's place of residence. Payment for these services is the responsibility of the traveling family member unless paid for by you or covered under the Policy.
• Escort Transportation

If it is reasonably possible for a family member or traveling companion traveling with the covered person to accompany the covered person during a medical evacuation, repatriation or repatriation of remains, Europ Assistance will make the necessary arrangements for the trip. Payment for these services is the responsibility of the traveling family member or traveling companion unless paid for by you or covered under the Policy.

• Return of Dependent Children

If a covered person is traveling alone with dependent children under age 18 and is hospitalized, and therefore, the dependent children are left unattended, Europ Assistance will arrange for the children's return home with an appropriate escort, if necessary. Any return tickets for the children must be exchanged for the new travel arrangements. Payment for these services is the responsibility of the covered person's family unless paid for by you or covered under the Policy.

• Return of a Traveling Companion

If a covered person's traveling companion's trip is delayed and previously made travel arrangements are lost because of the covered person's Medical Emergency, Europ Assistance will arrange for the traveling companion's new travel arrangements to his or her return destination or the next destination on the trip itinerary at the option of the traveling companion. Payment for these services is the responsibility of the traveling companion unless covered under the Policy.

• Visit of a Family Member or Friend

If a covered person is traveling alone and must be hospitalized for more than seven (7) consecutive days in a hospital, Europ Assistance will make travel arrangement for one family member or one friend designated by the covered person from his or her home to the place where the covered person is hospitalized. Payment for these services is the responsibility of the traveling family member or friend unless covered under the Policy.

• Replacement of Medication or Eyeglasses

If a covered person has an unexpected need for prescription medication while traveling; loses, forgets, or runs out of prescription medication; breaks, looses, or has eyeglasses stolen while traveling, Europ Assistance will attempt to locate the medication, eyeglasses or their equivalent and attempt to arrange for the covered person to obtain it locally, where it is available or to have it shipped to him or her, subject to local laws, if it is not available locally. Payment for the prescription medication, eyeglasses or any shipping expense is the covered person's responsibility.

SECURITY EVACUATION SERVICES

• Political and Natural Disaster

In the event of a covered evacuation event and upon the request of the covered person, Europ Assistance, in consultation with their designated security consultant will arrange and pay for the transportation of a covered person to the nearest place of safety.

Insurance benefits, if applicable, will not be payable unless Europ Assistance authorizes all expenses in advance and these services are provided by our designated security consultant. Neither Europ Assistance nor the security consultant is responsible for the availability of transportation services. Where an evacuation is impractical due to hostile or dangerous conditions the designated security consultant will make every effort to maintain contact until evacuation is possible.

Payment for these services is limited to the maximum benefit, if any, shown in the insurance policy.

• Consultation Services

Europ Assistance will provide access to crisis hotline and security assistance center to discuss any safety concerns about travel locations or to secure immediate assistance while traveling.
Payment for consultation services is the responsibility of the group sponsor or the covered person.

EMERGENCY TRAVEL SERVICES

- Emergency Message Relay

A covered person may send and receive emergency messages toll-free 24 hours a day through the Europ Assistance Customer Service Center. This service is staffed by multilingual professionals and is available to a covered person for contact with relatives, friends and business associates. This service offers unlimited usage as long as messages are related directly to an emergency situation.

- Emergency Travel Arrangements

Europ Assistance will make new reservations for airlines, hotels, and other travel related services in the event of an emergency or the unexpected need for a covered person to return home prior to the scheduled return date.

- Emergency Cash

Europ Assistance will deliver emergency funds to a covered person provided there is satisfactory guarantee of reimbursement. The method of delivery of emergency funds will vary according to the need in a given situation. A satisfactory guarantee of reimbursement is the ability to debit a company credit card or a covered person’s debit card and then arrange for the delivery of the advance.

- Legal Assistance/Bail

Europ Assistance will assist a covered person in the location of local attorneys and will advance bail funds, where permitted by law and with satisfactory guarantee of reimbursement. A satisfactory guarantee of reimbursement is the ability to debit a company credit card or a covered person’s debit card in the amount required and then arrange for the delivery of the advance.

- Location of Lost Items

Europ Assistance will assist a covered person in the location of lost luggage, documents and personal items. Airlines, government authorities and card issuers are among those who will be contacted, if necessary.

- Interpretation/Translation

The multilingual staff at the Europ Assistance Customer Service Center in Washington, D.C., will assist a covered person with foreign language and interpretation problems over the telephone.

INFORMATION SERVICES

ACE clients and travelers will have access to a secure, web-based system for tracking global threats and receiving location based risk intelligence including:

- Up to the minute travel alerts covering political instability, civil unrest, disease outbreaks, crime patterns and terrorism news from around the world.
- Real-time country specific trip briefs for intended travel destinations, including any safety and security issues for that city region or country, helpful security tips, plus any security precautions that should be adopted to avoid those risks.
- Country specific health information including trip preparation advice and recommended medical facilities around the world.
- U.S. State Department Travel Warnings

The following pre-trip information will be available to a covered person before they depart and while traveling on a covered trip:
• Visa, Passport, and Inoculation Requirements

Europ Assistance will provide information concerning visa, inoculation, passport or immunization requirements of the foreign countries in which a covered person will be traveling.

• Cultural Information

Europ Assistance will provide information concerning cultural and other events, if available, in the area in which a covered person travel.

• Temperature and Weather Conditions

Europ Assistance will provide a covered person with weather forecasts and temperatures for major cities around the world as well as domestic and international ski condition reports for major ski areas, if available.

• Embassy and Consular Referrals

Europ Assistance will provide a covered person with the address and telephone number of the nearest American Consulate or Embassy, as appropriate.

• Foreign Exchange Rates

Europ Assistance will provide information about foreign exchange rates between the U.S. dollar and most major currencies. The rates are updated Monday through Friday and may vary slightly from rates posted by local financial institutions. The rates provided by Europ Assistance are meant as general guidelines.

• Travel Advisories

When requested, Europ Assistance will provide travel advisories to a covered person as they are updated by the U.S. State Department, if available.

Limitations

Payment for services rendered or the costs incurred by Europ Assistance on behalf of a covered person will be reimbursed by ACE American Insurance Company to the extent covered under the Policy. To the extent these services or any advanced payments are not covered under the Policy, you or the covered person will be responsible for payment. ACE American Insurance Company reserves the right to recover any amounts paid outside of the Policy limits from any third party who would otherwise be responsible for payment in the absence of the policy benefits.

All services must be arranged by, and approved by, Europ Assistance to be covered under the Policy.

All travel arrangements will be economy fare for the most direct route available based on the traveler’s designation. No personal deviations are allowed.

Service in some countries may present political or other obstacles that may render the assistance services difficult or impossible to guarantee. Europ Assistance is not responsible for informing a covered person whether a country is “open” for assistance services prior to his or her departure or during his or her stay.

Europ Assistance reserves the right to suspend, curtail or limit its services in any areas in the event of rebellion, riot, insurrection, military uprising, war, terrorism, labor disputes, strikes, nuclear accidents, acts of God or refusal of the authorities to allow full access to provide services. Should a covered person travel in any area in which any of these events have occurred, Europ Assistance will endeavor to provide services to the best of its ability.

IMPORTANT NOTICE

In all cases, the medical provider, facility, legal counsel or other professional service provider suggested by Europ Assistance are not employees or agents of Europ Assistance and the choice of provider is a covered person’s alone. Europ Assistance assumes no liability for the services provided to a covered person under this arrangement, nor is it liable for any negligence or other wrongful acts or omissions of any of the legal or health care professionals providing services to a covered person.
Participating Organization Endorsement

Policy Number: GLM N00173587R  Effective Date: March 7, 2014
Policyholder: Trustee of ACE USA Accident & Health Insurance Trust on behalf of American University  Participating Organization: American University

This Endorsement form is made a part of the Policy to which it is attached as of the Effective Date shown above. If no Effective Date is shown, this form takes effect as of the Policy Effective Date shown in the Policy’s Master Application. This form is subject to all of the terms, limitations and exclusions of the Policy except as they are changed by it.

I. This definition is added to the Definitions section of the Policy:

Participating Organization – means any individual, firm, corporation or other organization which meets these tests:

1. it elects coverage or elects to offer coverage under the Policy by completing a Participating Organization Application; and
2. its Application has been accepted by Us; and
3. it pays any required premium when due;

while coverage through the Participating Organization is available under the Policy.

II. This section is added to the Policy:

PARTICIPATING ORGANIZATION EFFECTIVE AND TERMINATION DATES

A. EFFECTIVE DATE. A Participating Organization’s coverage under the Policy begins on the later of:

1. the Participating Organization Effective Date shown in the Participating Organization Application at 12:01 a.m. at the address of the Participating Organization shown in the Participating Organization Application; or
2. the Policy Effective Date shown in the Master Application.

B. TERMINATION DATE. We may terminate the Participating Organization’s coverage under the Policy by giving 31 days advance notice in writing to the Participating Organization. Either We or the Participating Organization may terminate the Participating Organization’s coverage under the Policy on any premium due date by giving 31 days advance written notice to the other party. The Participating Organization’s coverage under the Policy may also, at any time, be terminated by the mutual written consent of Us and the Participating Organization.
A Participating Organization's coverage terminates automatically on the first of these dates:

1. the Participating Organization Termination Date shown on the Participating Organization Application; or

2. the premium due date if any required premiums are not paid when due; or

3. the date the Policy terminates.

Termination of the Participating Organization's coverage takes effect at 11:59 p.m. at the Participating Organization's address on the date of termination.

III. This language applies to each Amendment form attached to the Policy:

Any Amendment form applies only to accidents that occur on or after the later of:

1. the effective date of each such form; or

2. the effective date of the Participating Organization's coverage under the Policy.

Each such form applies to a Participating Organization's coverage only if the Participating Organization has elected the coverage described in the form as shown in the Participating Organization Application.


[Signature]

JOHN J. LURICA, President

[Signature]

CARMINE A. GIGANTI, Secretary
Policyholder: Trustee of the ACE USA Accident & Health Insurance Trust on behalf of the Participating Organization

Participating Organization: American University

Policy Number: GLM N00173587R

Policy Effective Date: March 7, 2014

Policy Term: March 7, 2014 to February 7, 2015

State of Delivery: District of Columbia

This Policy takes effect at 12:01 a.m. at the Participating Organization's address on the Policy Effective Date shown above. It will remain in effect for the duration of the Policy Term shown above if the premium is paid according to the agreed terms. This Policy terminates at 11:59 p.m. at the Participating Organization's address, on the last day of the Policy Term.

This Policy is governed by the laws of the state in which it is delivered.

Signed for ACE AMERICAN INSURANCE COMPANY at Philadelphia, Pennsylvania

John J. Lupica, President

Carmine A. Giganti, Secretary

This is a Blanket Accident and Sickness Insurance Policy. It pays out-of-country Medical Expense Benefits only. Please read the Policy carefully.
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SCHEDULE OF BENEFITS

PREMIUM DUE DATE: On or before the Policy Effective Date.

CLASSES OF ELIGIBLE PERSONS:

A person may be insured only under one Class of Eligible Persons even though he or she may be eligible under more than one class.

Class 1 All students of the Participating Organization who are traveling outside of the United States.
Class 2 All staff, faculty and Board Members of the Participating Organization who are traveling outside of the United States.

COVERED ACTIVITIES:

Class 1 Educational Travel
Personal Deviation Limited

Class 2 Business Travel
Educational Travel
Personal Deviation Limited

BENEFITS:

Medical Expense Benefits
Total Maximum for all Accident or Sickness Expense Benefits:
Class 1: $100,000
Class 2 $100,000

Maximum for Preexisting Conditions: treated as any other medical condition

Maximum for Dental Treatment (Injury Only): $1,000

Maximum for Emergency Medical Treatment of Pregnancy: treated as any other medical condition

Maximum for Room & Board Charges: the average semi-private room rate

Maximum for ICU Room & Board Charges: two times the average semi-private room rate

Maximum for Mental and Nervous Disorders:

AH-15090 ACE American Insurance Company
Inpatient: 50% of the Usual and Customary Charges up to a Maximum of 30 days $2,500

Outpatient: 

Deductible: $50 per Covered Accident or Sickness

Co-insurance Rate: 100% of the Usual and Customary Charges

Incurral Period: 30 days after the date of Covered Accident or Sickness

Maximum Benefit Period: The earlier of the date the Covered Person’s Trip ends, or 364 days from the date of a Covered Accident or Sickness

Maximum Period of Coverage: 364 days

**Emergency Medical Benefits**
Benefit Maximum: up to $10,000

**Emergency Medical Evacuation Benefit**
Benefit Maximum: 100% of the Covered Expenses

**Repatriation of Remains Benefit**
Benefit Maximum: 100% of the Covered Expenses

**Emergency Reunion Benefit**
Benefit Maximum: $5,000

Daily Benefit Maximum: $300

Maximum Number of Days: 10

Benefit Maximum for Repatriation of Remains: $1,000

**Security Evacuation Expense Benefit**
Benefit Maximum: $25,000

Aggregate Limit per Occurrence: $250,000

**AGGREGATE LIMIT:**
Benefit Maximum: $250,000

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

Please note, certain words used in this document have specific meanings. These terms will be capitalized throughout the document. The definition of any word, if not defined in the text where it is used, may be found either in this Definitions section or in the Schedule of Benefits.

“Active Service” means a Covered Person is either 1) actively at work performing all regular duties at his or her employer's place of business or someplace the employer requires him or her to be; 2) employed, but on a scheduled holiday, vacation day, or period of approved paid leave of absence; or 3) if not employed, able to engage in substantially all of the usual activities of a person in good health of like age and sex and not confined in a Hospital or rehabilitation or rest facility.

“Country of Permanent Assignment” means a country, other than a Covered Person’s Home Country, in which the Participating Organization requires a Covered Person to work for a period of time that exceeds 364 continuous days.

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

“Covered Accident” means an accident that occurs while coverage is in force for a Covered Person and results directly and independently of all other causes in a loss or injury covered by the Policy for which benefits are payable.

“Covered Activity” means any activity in which a Covered Person must be engaged when a Covered Accident occurs in order to be eligible for benefits under the Policy. These Covered Activities are listed in the Schedule of Benefits and described in the Hazards section of the Policy.

“Covered Expenses” means expenses actually incurred by or on behalf of a Covered Person for treatment, services and supplies covered by the Policy. Coverage under the Participating Organization’s Policy must remain continuously in force from the date of the Covered 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, that 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 Policy.

“Covered Person” means any eligible person, including Dependents if eligible for coverage under the Policy, for whom the required premium is paid. If the cost for this insurance is paid for by the Participating Organization, individual applications are not required for an eligible person to be a Covered Person.

“Deductible” means the dollar amount of Covered Expenses that must be incurred as an out-of-pocket expense by each Covered Person per Covered Accident or Sickness basis before Medical Expense Benefits and/or other Additional Benefits paid on an expense incurred basis are payable under the Policy.

“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.

“Home Country” means a country from which the Covered Person holds a passport. If the Covered Person holds passports from more than one Country, his or her Home Country will be the country that he or she has declared to Us in writing as his or her Home Country. Home Country also includes the Covered Person’s Country of Permanent Assignment or Country of Permanent Residence.

“Hospital” means an institution that: 1) operates as a Hospital pursuant to law for the care, treatment, and providing of inpatient 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 Doctors 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 prearranged 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 for drug addicts, alcoholics, or the aged.

“Injury” means accidental bodily harm sustained by a Covered Person that results directly and independently from all other causes from a Covered Accident. The Injury must be caused solely through external, violent, and accidental means. All injuries sustained by one person in any one Covered Accident, including all related conditions and recurrent symptoms of those injuries, are considered a single Injury.

“Insured” means a person in a Class of Eligible Persons for whom the required premium is paid making insurance in effect for that person.

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

“Medically Necessary” means a treatment, service, or supply that is: 1) required to treat an Injury or Sickness; 2) prescribed or ordered by a Doctor or furnished by a Hospital; 3) performed in the least costly setting required by the Covered Person’s condition; and 4) consistent with the medical and surgical practices prevailing in the area for treatment of the condition at the time rendered. Purchasing or renting 1) air conditioners; 2) air purifiers; 3) motorized transportation equipment; 4) escalators or elevators in private homes; 5) eyeglass frames or lenses; 6) hearing aids; 7) swimming pools or supplies for them; and 8) general exercise equipment are not Medically Necessary. A service or supply may not be Medically Necessary if a less intensive or more appropriate diagnostic or treatment alternative could have been used. We may consider the cost of the alternative to be the Covered Expense.

“Preexisting Condition” means an illness, disease, or other condition of the Covered Person that in the 3 month period before the Covered Person’s coverage became effective under the Policy:
1. first manifested itself, worsened, became acute, or exhibited symptoms that would have caused a person to seek diagnosis, care or treatment; or
2. required taking prescribed drugs or medicines, unless the condition for which the prescribed drug or medicine is taken remains controlled without any change in the required prescription; or
3. was treated by a Doctor or treatment had been recommended by a Doctor.

"Sickness" means an illness, disease, or condition of the Covered Person that causes a loss for which a Covered Person incurs medical expenses while covered under this Policy. All related conditions and recurrent symptoms of the same or similar condition will be considered one Sickness.

"Trip" means Participating Organization sponsored travel by air, land, or sea from the Covered Person's Home Country. It includes the period of time from the start of the trip until its end provided the Covered Person is engaged in a Covered Activity or Personal Deviation if covered under the Policy.

"Usual and Customary Charge" means the average amount charged by most providers for treatment, service or supplies in the geographic area where the treatment, service or supply is provided.

"We," "Our," "Us" means the insurance company underwriting this insurance or its authorized agent.
ELIGIBILITY FOR INSURANCE

Each person in one of the Classes of Eligible Persons shown in the Schedule of Benefits is eligible to be insured on the Policy Effective Date, or the day he or she becomes eligible, if later. We maintain the right to investigate eligibility status and attendance records to verify eligibility requirements are met. If we discover the eligibility requirements are not met, our only obligation is to refund any premium paid for that person.

EFFECTIVE DATE OF INSURANCE

An Eligible Person will be insured on the later of Policy Effective Date or the date he or she is eligible, if not required to contribute to the cost of this insurance.

If an Eligible Person is not in Active Service on the date insurance would otherwise be effective, it will be effective on the date he or she returns to Active Service.

TERM OF COVERAGE

This coverage will start on the actual start of the Trip. It does not matter whether the Trip starts at the Covered Person's home, place of work, or other place. It will end on the first of the following dates to occur:
1. the date the Covered Person returns to his or her Home Country;
2. the scheduled Trip return date; or
3. the date the Covered Person makes a Personal Deviation (unless otherwise provided by the Policy).

"Personal Deviation" means:
1. An activity that is not reasonably related to the Covered Activity; and
2. Not incidental to the purpose of the Trip.

TERMINATION DATE OF INSURANCE

An insured's coverage will end on the earliest of the date:
1. the Policy terminates;
2. the Insured is no longer eligible; or
3. the period ends for which premium is paid.

DESCRIPTION OF BENEFITS

The following Provisions explain the benefits available under the Policy. Please see the Schedule of Benefits for the applicability of these benefits on a class level.

Medical Expense Benefits
We will pay Medical Expense Benefits for Covered Expenses that result directly, and from no other cause, from a Covered Accident or Sickness. These benefits are subject to the Deductible, Co-insurance Rate, Maximum Benefit Period, Benefit Maximum, and other terms or limits shown in the Schedule of Benefits.

Medical Expense Benefits are only payable:
1. for Usual and Customary Charges incurred after the Deductible, if any, has been met;
2. for those Medically Necessary Covered Expenses that the Covered Person incurs;
3. for charges incurred for services rendered to the Covered Person while on a covered Trip; and
4. provided the first charge is incurred within the Incurral Period shown in the Schedule of Benefits.

Covered Medical Expenses

- Hospital semi-private room and board (or room and board in an intensive care unit);
- Hospital ancillary services (including, but not limited to, use of the operating room or emergency room)
- Services of a Doctor or a registered nurse (R.N.)
- Ambulance service to or from a Hospital
- Laboratory tests
- Radiological procedures
- Anesthetics and their administration
- Blood, blood products, artificial blood products, and the transfusion thereof
- Physiotherapy
- Chiropractic expenses on an inpatient or outpatient basis
- Medicines or drugs administered by a Doctor or that can be obtained only with a Doctor’s written prescription
- Dental charges for Injury to sound, natural teeth
- Emergency medical treatment of pregnancy
- Therapeutic termination of pregnancy
- Artificial limbs or eyes (not including replacement of these items)
- Casts, splints, trusses, crutches, and braces (not including replacement of these items or dental braces)
- Oxygen or rental equipment for administration of oxygen
- Rental of a wheelchair or hospital-type bed
- Rental of mechanical equipment for treatment of respiratory paralysis
- Mental and Nervous Disorders: limited to one treatment per day. "Mental and Nervous Disorders" means neurosis, psychoneurosis, psychopathy, psychosis, or mental or emotional disease or disorder of any kind

Emergency Medical Benefits

We will pay Emergency Medical Benefits as shown in the Schedule of Benefits for Covered Expenses incurred for emergency medical services to treat a Covered Person. Benefits are payable up to the Benefit Maximum shown in the Schedule of Benefits if the Covered Person:
1. suffers a Medical Emergency during the course of the Trip; and
2. is traveling on a covered Trip.
Covered Expenses:

1. Medical Expense Guarantee: expenses for guarantee of payment to a medical provider.
2. Hospital Admission Guarantee: expenses for guarantee of payment to a Hospital or treatment facility.

Benefits for these Covered Expenses will not be payable unless:

1. the charges incurred are Medically Necessary and do not exceed the charges for similar treatment, services or supplies in the locality where the expense is incurred; and
2. do not include charges that would not have been made if there were no insurance.

Benefits will not be payable unless We (or Our authorized assistance provider) authorize in writing, or by an authorized electronic or telephonic means, all expenses in advance, and services are rendered by Our assistance provider.

Emergency Medical Evacuation Benefit

We will pay Emergency Medical Evacuation Benefits as shown in the Schedule of Benefits for Covered Expenses incurred for the medical evacuation of a Covered Person. Benefits are payable up to the Benefit Maximum shown in the Schedule of Benefits, if the Covered Person:

1. suffers a Medical Emergency during the course of the Trip;
2. requires Emergency Medical Evacuation; and
3. is traveling on a covered Trip.

Covered Expenses:

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

"Immediate Family Member" means a Covered Person's spouse, child, brother, sister, parent, grandparent, or in-law.

Benefits for these Covered Expenses will not be payable unless:

1. the Doctor ordering the Emergency Medical Evacuation certifies the severity of the Covered Person's Medical Emergency requires an Emergency Medical Evacuation;
2. all transportation arrangements made for the Emergency Medical Evacuation are by the most direct and economical conveyance and route possible; 
3. the charges incurred are Medically Necessary and do not exceed the charges for similar transportation, treatment, services or supplies in the locality where the expense is incurred; and 
4. do not include charges that would not have been made if there were no insurance.

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

Repatriation of Remains Benefit

We will pay Repatriation Benefits as shown in the Schedule of Benefits for preparation and return of a Covered Person’s body to his or her home if he or she dies as a result of a Medical Emergency while traveling on a covered Trip. Covered expenses include:
1. expenses for embalming or cremation;  
2. the least costly coffin or receptacle adequate for transporting the remains;  
3. transporting the remains;  
4. Escort Services: expenses for an Immediate Family Member or companion who is traveling with the Covered Person to join the Covered Person’s body during the repatriation to the Covered Person’s place of residence.

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

Emergency Reunion Benefit

In the event that a Covered Person is: 1) confined in a Hospital as a result of a covered Injury or Sickness and requires an Emergency Medical Evacuation; and 2) the Doctor feels it would be beneficial for the Covered Person to have a Family Member at his or her side during transport. We will pay the expenses incurred for emergency travel arrangements, up to the Benefit Maximum shown in the Schedule of Benefits, for a Family Member to accompany the Covered Person.

Covered expenses include an economy airline ticket and other travel related expenses not to exceed the Daily Benefit Maximum and the Maximum Number of Days shown in the Schedule of Benefits.

All transportation and lodging 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 or lodging in the locality where the expense is incurred. Benefits will not be payable unless We (or Our authorized assistance provider) authorize in writing, or by an authorized electronic or telephonic means, all expenses in advance, and services are rendered by Our assistance provider.
"Family Member" means a Covered Person's parent, sister, brother, husband, wife, child, grandparent, or immediate in-law.

Security Evacuation Expense Benefit

We will pay Security Evacuation Expense Benefits to the Covered Person, if:
1. an Occurrence takes place during the Covered Activity described in the Policy and his or her Term of Coverage; and
2. while he or she is traveling outside of his or her Home Country.

Benefits will be subject to the Benefit Maximum shown in the Schedule of Benefits.

Benefits will be paid for:
1. the Covered Person's Transportation and Related Costs to the Nearest Place of Safety necessary to ensure his or her safety and well-being as determined by the Designated Security Consultant.
2. the Covered Person's Transportation within 14 days of the Security Evacuation to either of the following locations as chosen by the Covered Person:
   a. back to the country in which the Covered Person is traveling during the Covered Activity but only if 1) coverage remains in force under the Policy; and 2) there is no U.S. State Department Travel Warning in place on the date the Covered Person is scheduled to return; or
   b. the Covered Person's Home Country; or
   c. where the Policyholder that sponsored the Covered Person's Trip is located.
3. consulting services by a Designated Security Consultant for seeking information on a Missing Person or kidnapping case, if the Covered Person is considered kidnapped or a Missing Person by local or international authorities.

Security Evacuation Expense Benefits are payable only once for a Covered Person for any one Occurrence.

Benefits will not be payable unless We (or Our authorized assistance provider) authorize in writing, or by an authorized electronic or telephonic means, all expenses in advance, and services are rendered by Our assistance provider. Our assistance provider is not responsible for the availability of Transport services. Where a Security Evacuation becomes impractical due to hostile or dangerous conditions, a Designated Security Consultant will endeavor to maintain contact with the Covered Person until a Security Evacuation occurs.

Right of Recovery - If, after a Security 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.

Changes in Terms and Conditions - The terms and conditions of this benefit may be changed at any time to reflect conditions that, in Our opinion, constitute a change in the Policyholder's Security Evacuation exposure. We will give at least 31 days advance written notice (or authorized electronic or telephonic means) to the Policyholder of any change in the terms and condition of this benefit.
“Appropriate Authority(ies)” means the U.S. State Department, the government authority(ies) in the Covered Person’s Home Country or Country of Residence or the government authority(ies) of the Host Country.

“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.

“Evacuation Advisory” means a formal recommendation issued by the Appropriate Authority(ies) 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.

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

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

“Natural Disaster” means storm (wind, rain, snow, sleet, hail, lightning, dust or sand), earthquake, flood, volcanic eruption, wildfire or other similar event that:
1. is due to natural causes; and
2. results in such severe and widespread damage that the area of damage is officially declared a disaster area by the government in which the Covered Person’s Trip occurs and the area is deemed to be uninhabitable or dangerous.

Natural disaster does not mean nuclear reactions, uninhabitable property, transportation strikes, lost or stolen passport or travel documents, radiation or radioactive contamination, civil disorder and other similar events.

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

“Occurrence” means any of the following situations involving a Covered Person that trigger the need for a Security Evacuation:
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 Authority(ies) issue an advisory stating that citizens of the Covered Person’s Home Country or Country of Residence or citizens of the Host Country should leave the Host Country;
3. Natural Disaster within seven (7) days of an event;
4. 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;
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.
“Related Costs” means lodging and, if necessary, physical protection for the Covered Person during or while waiting for Transport to the Nearest Place of Safety. Related Costs will include temporary lodging, if necessary, while a Covered Person is waiting to be transported back to the Host Country, Home Country or other country where the Policyholder that sponsored the Covered Person’s Trip is located. Benefits will not be payable for Related Costs unless We (or Our authorized assistance provider) authorize in writing, or by an authorized electronic or telephonic means, all expenses in advance, and services are rendered by Our assistance provider.

“Security 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.

“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.

Additional Exclusions - We will not pay Security Evacuation Expense Benefits for expenses and fees:
1. payable under any other provision of the Policy.
2. that are recoverable through the Covered Person’s employer or other entity sponsoring the Covered Person’s Trip.
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 the country in which the Covered Person is traveling while covered under the Policy; or
   b. violation of the laws of the Covered Person’s Home Country or Country of Residence.
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 disease 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 Security Evacuation request is made more than 30 days after the Appropriate Authority(ies) Advisory was issued.
12. failure of a Covered Person to cooperate with Us or Our assistance provider with regard to a Security Evacuation. Such cooperation includes, but is not limited to, failure to provide any documents needed to extricate the Covered Person, failure to follow the directions given by Our designated security consultants during a Security Evacuation.

If a Covered Person refuses to participate in a Security Evacuation, or any part of a Security Evacuation, no further benefits will be payable under the Security Evacuation Expense Benefit for that Occurrence.
Accidental Death and Dismemberment Benefits

If Injury to the Covered Person results, within the Time Period for Loss shown in the Schedule of Benefits, in any one of the losses shown below, We will pay the Benefit Amount shown below for that loss. The Principal Sum is shown in the Schedule of Benefits. If multiple losses occur, only one Benefit Amount, the largest, will be paid for all losses due to the same Covered Accident.

Schedule of Covered Losses

<table>
<thead>
<tr>
<th>Covered Loss</th>
<th>Benefit Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Life ...................................................................</td>
<td>100% of the Principal Sum</td>
</tr>
<tr>
<td>Two or more Members .........................................</td>
<td>100% of the Principal Sum</td>
</tr>
<tr>
<td>One Member ................................................................</td>
<td>50% of the Principal Sum</td>
</tr>
<tr>
<td>Thumb and Index Finger of the Same Hand ..................</td>
<td>25% of the Principal Sum</td>
</tr>
</tbody>
</table>

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

HAZARDS INSURED AGAINST

We will pay benefits described in this Policy when a Covered Person suffers a loss or Injury as a result of a Covered Accident or Sickness during one of the Covered Activities listed in the Schedule of Benefits. We will only pay benefits if the Insured is engaged in one of the hazards described below when the Covered Accident occurs. Unless otherwise specified, We pay benefits only once for any one Covered Accident or Sickness, even if it is covered by more than one hazard.

Business Travel

We will pay the benefits described in this Policy only if a Covered Person suffers a loss or incurs a Covered Expense as the direct result of a Covered Accident or Sickness while traveling:

1. outside of his or her Home Country;
2. up to the Maximum Period of Coverage shown in the Schedule of Benefits under the Medical Expense Benefit;
3. on business for the Policyholder; and
4. in the course of the Policyholder's business.
Educational Travel

We will pay the benefits described in this Policy only if a Covered Person suffers a loss or incurs a Covered Expense as the direct result of a Covered Accident or Sickness while traveling:
1. outside of his or her Home Country;
2. up to the Maximum Period of Coverage shown in the Schedule of Benefits under the Medical Expense Benefit; and
3. engaging in educational activities sponsored by the Policyholder.

Personal Deviation (Limited)

The Covered Accident or Sickness must take place during a Personal Deviation not to exceed 7 days while on a Trip covered by the Policy.

“Personal Deviation” means:
1. An activity that is not reasonably related to the Covered Activity; and
2. Not incidental to the purpose of the Trip.

EXCLUSIONS AND LIMITATIONS

We will not pay benefits for any loss or injury that is caused by or results from:
• intentionally self-inflicted injury; suicide or attempted suicide.
• war or any act of war, whether declared or not.
• a Covered Accident that occurs while a Covered Person is on active duty service in the military, naval or air force of any country or international organization. Upon receipt of proof of service, we will refund any premium paid for this time. Reserve or National Guard active duty training is not excluded unless it extends beyond 31 days.
• piloting or serving as a crewmember in any aircraft (unless otherwise provided in the Policy).
• commission of, or attempt to commit, a felony.
• sickness, disease, bodily or mental infirmity, bacterial or viral infection, or medical or surgical treatment thereof, except for any bacterial infection resulting from an accidental external cut or wound or accidental ingestion of contaminated food (Applicable to accident benefits only).
• riding in any aircraft except as a fare-paying passenger on a regularly scheduled or charter airline.
• travel in any Aircraft owned, leased or controlled by the Policyholder, or any of its subsidiaries or affiliates. An Aircraft will be deemed to be “controlled” by the Policyholder, if the Aircraft may be used as the Policyholder wishes for more than 10 straight days, or more than 15 days in any year.

In addition, We will not pay Medical Expense Benefits for any loss, treatment, or services resulting from:
• routine physicals and care of any kind.
• routine dental care and treatment.
• routine nursery care.
• cosmetic surgery, except for reconstructive surgery needed as the result of an injury.
• eye refractions or eye examinations for the purpose of prescribing corrective lenses or for the fitting thereof; eyeglasses, contact lenses, and hearing aids.
• services, supplies, or treatment including any period of hospital confinement which is not recommended, approved, and certified as medically necessary and reasonable by a doctor, or expenses which are non-medical in nature.
• treatment or service provided by a private duty nurse.
• treatment by any immediate family member or member of the insured's household.
  "Immediate Family Member" means a covered person's spouse, child, brother, sister, parent, grandparent, or in-laws.
• expenses incurred during travel for purposes of seeking medical care or treatment, or for any other travel that is not in the course of the participating organization's activity (unless personal deviations are specifically covered).
• medical expenses for which the covered person would not be responsible to pay for in the absence of the policy. Expenses incurred for services provided by any government hospital or agency, or government sponsored-plan for which, and to the extent that, the covered person is eligible for reimbursement.
• any treatment provided under any mandatory government program or facility set up for treatment without cost to any individual.
• custodial care.
• services or expenses incurred in the covered person's home country.
• preexisting conditions, unless otherwise provided in the policy.
• injury or sickness for which benefits are paid or payable under any workers' compensation or occupational disease law or act, or similar legislation, whether united states federal or foreign law.

If we determine the benefits paid under this policy are eligible benefits under any other benefit plan, we may seek to recover any expenses covered by another plan to the extent that the insured is eligible for reimbursement.

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

CLAIM PROVISIONS

Notice of Claim: A claimant must give us or our authorized representative written (or authorized electronic or telephonic) notice of claim within 90 days after any loss covered by the policy occurs. If notice cannot be given within that time, it must be given as soon as reasonably possible. This notice should identify the covered person and the policy number.

Claim Forms: Upon receiving written notice of claim, we will send 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 loss 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.
Proof Of Loss: Written (or authorized electronic or telephonic) proof of loss must be sent to the agent authorized to receive it. Written (or authorized electronic or telephonic) proof must be given within 90 days after the date of loss. If it cannot be provided within that time, it should be sent as soon as reasonably possible. In no event, except in the absence of legal capacity, should proof of loss be sent later than one year from the time proof is otherwise required.

Claimant Cooperation Provision: Failure of a claimant to cooperate with Us in the administration of a claim may result in the termination of a claim. Such cooperation includes, but is not limited to, providing any information or documents needed to determine whether benefits are payable or the actual benefit amount due.

Time Payment Of Claims: Any benefits due will be paid when We receive written (or authorized electronic or telephonic) proof of loss.

Payment Of Claims: If the Insured dies, any death benefits or other benefits unpaid at the time of the Insured’s death will be paid to the beneficiary our records indicate the Insured designated for these plan benefits.

If there is no named beneficiary or surviving beneficiary on record with us or Our authorized agent, We pay benefits in equal shares to the first surviving class of the following: 1) Spouse; 2) Children; 3) Parents; 4) Brothers and sisters. If there are no survivors in any of these classes, We will pay the Insured’s estate.

The Policyholder shall be the beneficiary for any Insured whose place of employment is other than: 1) the United States of America; 2) Puerto Rico; or 3) the Dominion of Canada. The Policyholder shall hold these proceeds in a fiduciary capacity and pay them to the Insured’s beneficiary of record. All other benefits will be paid to the Insured. If the Insured or beneficiary is 1) a minor; or 2) in Our opinion unable to give a valid release because of incompetence, We may pay any amount due to a parent, guardian, or other person actually supporting him or her. Any payment made in good faith will end Our liability to the extent of the payment.

Beneficiary: The Insured may designate a beneficiary for Accidental Death Benefits, if any. 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.

Assignment: We may pay benefits directly to any Hospital or person rendering covered services, unless the Covered Person requests otherwise in writing no later than the time he or she submits written proof of loss. Any payment made in good faith will end our liability to the extent of the payment.

Physical Examinations And Autopsy: We have the right to have a Doctor 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.
Legal Actions: No lawsuit or action in equity can be brought to recover on this Policy: (1) before 60 days following the date proof of loss was given to Us; or (2) after 3 years following the date proof of loss is required.

ADMINISTRATIVE PROVISIONS

Premiums: The premiums for this Policy will be based on the rates currently in force, the plan and amount of insurance in effect.

Changes In Premium Rates: We may change the premium rates from time to time with at least 31 days advanced written, or authorized electronic or telephonic notice. We reserve the right to change rates at any time if any of the following events take place.
1. The terms of the Policy change.
2. A division, subsidiary, affiliated organization, or eligible class is added or deleted from the Policy.
3. Any federal or state law or regulation is amended to the extent it affects Our benefit obligation.
4. There is a change in the market factors or factors bearing on the risk assumed.

If an increase or decrease in rates takes place on a date that is not a Premium Due Date, a pro rata adjustment will apply from the date of the change to the next Premium Due Date.

Payment of Premium: The first Premium is due on the Policy Effective Date. If any premium is not paid when due, the Policy will be canceled as of the Premium Due Date, except as provided in the Policy Grace Period section.

Policy Grace Period: A Policy Grace Period of 31 days will be granted for the payment of the required premiums. The Policy will remain in force during the Grace Period. If the required premiums are not paid during the Policy Grace Period, insurance will end on the last Premium Due Date on which required premiums were paid. The Participating Organization will be liable to Us for any unpaid premium for the time the Policy was in force.

GENERAL PROVISIONS

Entire Contract; Changes: The Policy (including any endorsements or amendments), the signed application of the Participating Organization, and any individual applications of Covered Persons, are the entire contract. Any statements made by the Participating Organization or Covered Persons will be treated as representations and not warranties. No such statement shall void the insurance, reduce the benefits, or be used in defense of a claim for loss incurred unless it is contained in a written application.

To be valid, any change or waiver must be in writing (or authorized electronic or telephonic communications). It must be signed by our president or secretary and be attached to the Policy. No agent has authority to change or waive any part of the Policy.

Policy Effective Date And Termination Date: The Policy begins on the Policy Effective Date shown on page 1 of the Policy. We may terminate this Policy by giving 31 days advance notice in writing (or authorized electronic or telephonic means) to the Participating Organization. The Participating Organization may terminate this Policy on any Premium Due Date by giving 31
days advance written (or authorized electronic or telephonic) notice to Us. This Policy terminates automatically on the earlier of: 1) the last day of the Policy Term; or 2) the Premium Due Date if Premiums are not paid when due. Termination takes effect at 11:59 p.m. at the Participating Organization’s address on the last day of the Policy Term.

Clerical Error: If a clerical error is made, it will not affect the insurance of any Covered Person. No error will continue the insurance of a Covered Person beyond the date it should end under the Policy terms.

Examination Of Records And Audit: We shall be permitted to examine and audit the Participating Organization’s books and records at any time during the term of the Policy and within 2 years after the final termination of the Policy as they relate to the premiums or subject matter of this insurance.

Certificates Of Insurance: Where it is required by law, or upon the request of the Participating Organization, We will make available certificates outlining the insurance coverage and to whom benefits are payable under the Policy.

Conformity With State Laws: On the effective date of this Policy, any provision that is in conflict with the laws in the state where it is issued is amended to conform to the minimum requirements of such laws.

Not In Lieu Of Workers’ Compensation: This Policy is not a workers’ compensation policy. It does not provide workers’ compensation benefits.
Insurance policies providing certain health insurance coverage issued or renewed on or after September 23, 2010 are required to comply with all applicable requirements of the Patient Protection and Affordable Care Act ("PPACA"). However, there are a number of insurance coverages that are specifically exempt from the requirements of PPACA (See §2791 of the Public Health Services Act). ACE maintains this insurance is short-term, limited duration insurance and is not subject to PPACA.

ACE continues to monitor federal and state laws and regulations to determine any impact on its products. In the event these laws and regulations change, your plan and rates will be modified accordingly.

Please understand that this is not intended as legal advice. For legal advice on PPACA, please consult with your own legal counsel or tax advisor directly.
War Risk Benefit Rider

Policy Number: GLM N00173587R  Effective Date: March 7, 2014
For: American University  Rider #: 1

This Rider form is made a part of the Policy to which it is attached as of the Effective Date shown above. If no Effective Date is shown, this Rider takes effect as of the Policy Effective Date. It applies only to Covered Accidents that occur on or after that date. This form is subject to all of the terms, limitations, and exclusions of the Policy, except as they are changed by it.

In return for payment of the required premium, the Policy is changed as follows.

The war exclusion is deleted to the extent coverage is provided by the terms and conditions described in this Rider. We will pay benefits as described in the Policy for Losses resulting from a Covered Accident caused by war or acts of war.

The Covered Accident may occur anywhere in the world, except the following countries:
- The United States
- The Covered Person’s Home Country
- The Covered Person’s Country of Permanent Assignment

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

“Country of Permanent Assignment” means a country, other than a Covered Person’s Home Country, in which the Policyholder requires a Covered Person to work for a period of time that exceeds 365 continuous days.

Total Limit of Liability: We will not pay more than $250,000 per occurrence for the war risk benefits provided by this Rider. This limit shall apply to Injuries sustained in a Covered Accident from all acts of war in any consecutive 72-hour period. If, but for this provision, we would pay more than $250,000, then the benefits We will pay under this Rider to each Covered Person will be reduced in the same proportion, so that the total amount we will pay for war risk coverage is $250,000.

Premiums and Coverage Subject to Change: The premiums, benefits, and areas in which coverage is provided may be changed at any time, by sending written notice to the Policyholder at its most recent address in Our records at least 10 days prior to the date of change. These changes may be done as needed to reflect conditions that, in Our opinion, change the war risk exposure.
**Termination:** The Policyholder may cancel war risk coverage at any time by sending written notice to Us. The coverage will be cancelled on the later of: (1) the date We receive the notice; or (2) the termination date specified in the notice.

We may cancel coverage at any time by sending written notice to the Policyholder at its most recent address in Our records at least 10 days prior to the termination date. We will return any unearned premium that has been paid for this coverage. However, the return of premium is not a condition of termination.

Change or termination of this coverage will not affect a claim that begins while this coverage is in force.

The Policyholder agrees to report in writing on an annual basis Covered Persons traveling in the following countries: Afghanistan, Burkina Faso, Democratic Republic of Congo, Ethiopia, Iraq, Israel - West Bank and Gaza Strip, Ivory Coast, Kenya, Lebanon, Libya, Nigeria, Pakistan, Somalia, Sudan, Syria and Yemen

This form ends at the same time as the Policy to which it is attached.

Signed for ACE AMERICAN INSURANCE COMPANY at Philadelphia, Pennsylvania

[Signature]

JOHN J. LUPICA, President

[Signature]

CARMINE A. GIGANTI, Secretary