

**State:** Arkansas **Filing Company:** Catlin Insurance Company, Inc.  
**TOI/Sub-TOI:** H04 Health - Blanket Accident/Sickness/H04.000 Health - Blanket Accident/Sickness  
**Product Name:** Catlin Blanket Accident  
**Project Name/Number:** Catlin Blanket Accident/AHBA 050 (AR) 0612

## Filing at a Glance

Company: Catlin Insurance Company, Inc.  
Product Name: Catlin Blanket Accident  
State: Arkansas  
TOI: H04 Health - Blanket Accident/Sickness  
Sub-TOI: H04.000 Health - Blanket Accident/Sickness  
Filing Type: Form  
Date Submitted: 09/28/2012  
SERFF Tr Num: CATL-128697499  
SERFF Status: Closed-Approved-Closed  
State Tr Num:  
State Status: Approved-Closed  
Co Tr Num: AHBA 050 (AR) 0612  
  
Implementation: On Approval  
Date Requested:  
Author(s): Carolyn Smart, Darcy LeBau  
Reviewer(s): Rosalind Minor (primary)  
Disposition Date: 10/01/2012  
Disposition Status: Approved-Closed  
Implementation Date:  
  
State Filing Description:

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## General Information

Project Name: Catlin Blanket Accident Status of Filing in Domicile: Not Filed  
Project Number: AHBA 050 (AR) 0612 Date Approved in Domicile:  
Requested Filing Mode: Review & Approval Domicile Status Comments:  
Explanation for Combination/Other: Market Type: Group  
Submission Type: New Submission Group Market Size: Small and Large  
Group Market Type: Blanket Overall Rate Impact:  
Filing Status Changed: 10/01/2012  
State Status Changed: 10/01/2012 Deemer Date:  
Created By: Carolyn Smart Submitted By: Carolyn Smart  
Corresponding Filing Tracking Number:

PPACA: Not PPACA-Related

PPACA Notes: null

### Filing Description:

The Honorable Jay Bradford  
Commissioner of Insurance  
Arkansas Insurance Department  
1200 West Third Street  
Little Rock, AR 72201  
Attention: Life & Health Division  
Re: Catlin Insurance Company, Inc.  
FEIN#: 204929941  
NAIC#: 4574 19518

Blanket Accident Policy – Form #AHBA 050 (AR) 0612  
Blanket Accident Certificate – Form # AHBA C050 (AR) 0612  
Blanket Accident Application – Form #AHBA A000 (AR) 0612  
Beneficiary Designation Form – Form #AHBA B000 (AR) 0612  
Blank Endorsement – Form #AHBA 400 (AR) 0612  
Honorable Commissioner Bradford:

I respectfully submit the form filing referenced above on behalf of Catlin Insurance Company, Inc. ("Catlin") for your review and approval prior to use in your state. Westmont Associates, Inc. has been requested to file these forms on behalf of Catlin. Please see the enclosed authorization letter.

Blanket Accident Insurance Policy, Form #AHBA 050 (AR) 0612, covers a broad class of persons for specific losses related to specific activities. The subject forms are new and are not intended to replace any other forms currently in use. The policy provides accident benefits on a blanket basis to groups recognized as eligible blanket groups under the laws of your state such as employer groups, institutions of learning, sports teams and volunteer groups. The form as filed is more inclusive than the forms as we will issue to any specific case or program. Variable data is bracketed and may vary on a case or program basis based upon the rules set forth under the Statement of Variability. The Out of Country Medical Expense benefit with Sickness, offered in the Catlin Blanket Accident policy, is intended to cover medical expenses incurred (i) during short term trips, (ii) outside of the insured person's country of citizenship or permanent residence. In instances where our insured person must travel overseas, which creates potential gaps in his or her Major Medical (or similar) plans, our coverage would offer supplemental insurance to fill that gap.

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Typical groups where this coverage will be offered include:

- Students traveling abroad
- Volunteer / Religious groups traveling abroad
- Corporate Travel abroad

Catlin is not providing Major Medical Insurance. Our product is not intended to cover employees while on permanent assignment overseas (expatriates). No sickness medical expenses incurred while the insured person is residing in their country of citizenship or permanent residence will be covered by the Catlin Blanket Accident policy.

Our product's main intent is to cover any unexpected event that puts our insured person in peril, while they are covered under our policy, during a short term trip out of their home country.

An exception to this rule is where Catlin is offering an Accident only version of the Medical Expense coverage. Additionally, we may allow incidental coverage under the Extended Benefit Option, Home Country Benefit, Home Country Emergency Benefit, Home Country Extension Benefit, for persons making short visits to their home country, during a covered short term overseas trip, where there is no Major Medical (or similar) coverage in place for that insured person in his or her home country (typical exposures lasting no more than one week).

Policyholders purchasing this coverage do so with the full understanding of what they are purchasing. They understand that value of the coverage and accept its limitations.

In accordance with your state's filing requirements, enclosed please find:

- Readability Certification
- Letter of Authorization
- Forms
- Statement of Variability

I thank you in advance for the time spent on this filing and trust that you will find everything in order. Please do not hesitate to contact me directly at 856-216-0220, x 211 or at Carolyn@Westmontlaw.com if you have any questions or require additional information.

Respectfully,  
 Carolyn Smart

## Company and Contact

### Filing Contact Information

Carolyn Smart, carolyn@westmontlaw.com  
 Westmont Associates, Inc. 856-216-0220 [Phone]  
 25 Chestnut Street, Suite 105  
 Haddonfield, NJ 08033

### Filing Company Information

Catlin Insurance Company, Inc.	CoCode: 19518	State of Domicile: Texas
1600 Market Street	Group Code: 4574	Company Type: Property and
Suite 1616	Group Name: Catlin US Insurance	Casualty
Philadelphia, PA 19103	Group	State ID Number: 19518
(215) 466-9132 ext. [Phone]	FEIN Number: 20-4929941	

## Filing Fees

Fee Required? Yes  
 Fee Amount: \$300.00

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Retaliatory? No  
Fee Explanation: (\$50 per form X 5 forms) + \$50 per rate filing = \$300  
Per Company: No

Company	Amount	Date Processed	Transaction #
Catlin Insurance Company, Inc.	\$300.00	09/28/2012	63199239

SERFF Tracking #:

CATL-128697499

State Tracking #:

Company Tracking #:

AHBA 050 (AR) 0612

State:

Arkansas

Filing Company:

Catlin Insurance Company, Inc.

TOI/Sub-TOI:

H04 Health - Blanket Accident/Sickness/H04.000 Health - Blanket Accident/Sickness

Product Name:

Catlin Blanket Accident

Project Name/Number:

Catlin Blanket Accident/AHBA 050 (AR) 0612

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	10/01/2012	10/01/2012

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## Disposition

Disposition Date: 10/01/2012

Implementation Date:

Status: Approved-Closed

HHS Status: HHS Approved

State Review: Reviewed-No Actuary

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	PPACA Uniform Compliance Summary	Approved-Closed	Yes
Supporting Document	Letter of Authorization	Approved-Closed	Yes
Supporting Document	Statement of Variability	Approved-Closed	Yes
Supporting Document	Cover Letter	Approved-Closed	Yes
Form	Blanket Accident Policy	Approved-Closed	Yes
Form	Blanket Accident Certificate	Approved-Closed	Yes
Form	Blanket Accident Application	Approved-Closed	Yes
Form	Beneficiary Designation Form	Approved-Closed	Yes
Form	Blank Endorsement	Approved-Closed	Yes

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## Form Schedule

### Lead Form Number: AHBA 050 (AR) 0612

Item No.	Schedule Item Status	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments
1	Approved-Closed 10/01/2012	AHBA 050 (AR) 0612	POL	Blanket Accident Policy	Initial:	51.000	AHBA 050 (AR) 0612 FINAL 092112.pdf
2	Approved-Closed 10/01/2012	AHBA C050 (AR) 0612	CER	Blanket Accident Certificate	Initial:	51.000	AHBA C050 (AR) 0612 FINAL 092112.pdf
3	Approved-Closed 10/01/2012	AHBA A000 (AR) 0612	AEF	Blanket Accident Application	Initial:	51.000	AHBA A000 (AR) 0612.pdf
4	Approved-Closed 10/01/2012	AHBA B000 (AR) 0612	OTH	Beneficiary Designation Form	Initial:	51.000	AHBA B000 (AR) 0612.pdf
5	Approved-Closed 10/01/2012	AHBA 400 (AR) 0612	POLA	Blank Endorsement	Initial:	51.000	AHBA 400 (AR) 612.pdf

### Form Type Legend:

<b>ADV</b>	Advertising	<b>AEF</b>	Application/Enrollment Form
<b>CER</b>	Certificate	<b>CERA</b>	Certificate Amendment, Insert Page, Endorsement or Rider
<b>DDP</b>	Data/Declaration Pages	<b>FND</b>	Funding Agreement (Annuity, Individual and Group)
<b>MTX</b>	Matrix	<b>NOC</b>	Notice of Coverage
<b>OTH</b>	Other	<b>OUT</b>	Outline of Coverage
<b>PJK</b>	Policy Jacket	<b>POL</b>	Policy/Contract/Fraternal Certificate
<b>POLA</b>	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	<b>SCH</b>	Schedule Pages

**CATLIN**

**Catlin Insurance Company Incorporated**  
**[1330 Post Oak Blvd., Suite 2325, Houston, TX 77056]**  
**A Stock Insurance Company**

**BLANKET ACCIDENT POLICY**

**POLICYHOLDER:** [ABC Employer];

**POLICY NUMBER:** [12345];

**POLICY EFFECTIVE DATE:** [September 1, 2012];

**[POLICY ANNIVERSARY DATE:** [September 1];]

**POLICY TERM:** [September 1, 2012 – September 1, 2012];

**STATE OF DELIVERY:** [Any State];

The Policy takes effect at 12:01 A.M. 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. The Policy terminates at 12:00 A.M., on the last day of the Policy Term unless the Policyholder and We agree to continue coverage under the Policy for an additional Policy Term. If coverage is continued for an additional Policy Term and the required premiums are paid on or before the Premium Due Date, We will issue a rider to identify the new Policy Term.

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

The President and Secretary of Catlin Insurance Company, Inc witness this Plan.

  
\_\_\_\_\_  
[ **President**

  
\_\_\_\_\_  
[ **Secretary**]

**LIMITED BENEFITS: THE POLICY PAYS BENEFITS FOR SPECIFIC LOSSES  
DURING THE HAZARDS SHOWN IN THE SCHEDULE OF BENEFITS ONLY.  
PLEASE READ THE POLICY CAREFULLY.**



# BLANKET ACCIDENT POLICY

## TABLE OF CONTENTS

SECTION 1:	SCHEDULE OF BENEFITS
SECTION 2:	DEFINITIONS
SECTION 3:	ELIGIBILITY FOR INSURANCE
SECTION 4:	EFFECTIVE DATE OF INSURANCE
SECTION 5:	TERMINATION DATE OF INSURANCE
SECTION 6:	GENERAL LIMITATION
SECTION 7:	DESCRIPTION OF BENEFITS
SECTION 8:	HAZARDS INSURED AGAINST
SECTION 9:	SCOPE OF COVERAGE
SECTION 10:	EXCLUSIONS
SECTION 11:	CLAIM PROVISIONS
SECTION 12:	PREMIUM PROVISIONS
SECTION 13:	GENERAL PROVISIONS

**SCHEDULE OF [SUBSCRIBERS / AFFILIATES / SUBSIDIARIES]**

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The following [subscriber/ affiliates/ subsidiaries] are covered under this Policy on the effective dates listed below. A newly-acquired subscriber may be covered under this Policy on the date it is acquired as long as the Policyholder notifies Us within [30 - 365] days of its acquisition and pays the required premium. If We are not notified within the required time period, the [subscriber/ affiliates/ subsidiaries] will be covered on the date We agree in writing to provide coverage and receive the required premium. [Individuals who are members of the [subscriber/ affiliates/ subsidiaries] on its effective date of coverage are eligible for coverage on that date.]

<u>NAME</u>	<u>LOCATION</u>	<u>EFFECTIVE DATE</u>
<u>[ABC Organization]</u>	<u>[ City, State]</u>	<u>[January 1, 2010]</u>
<u>_____</u>	<u>_____</u>	<u>_____</u>

CATALINA

## SECTION 1: SCHEDULE OF BENEFITS

**POLICYHOLDER:** [ABC Employer];

**ADDRESS:** [123 Main Street  
Cleveland, Ohio xxxxx];

**POLICY NUMBER:** [12345];

**POLICY EFFECTIVE DATE:** [September 1, 2012];

**[POLICY ANNIVERSARY DATE:** [September 1]]];

**POLICY TERM:** [September 1, 2012 – September 1, 2012];

**PREMIUM DUE DATE:** [Annually in advance on Anniversary Date];

**[AGGREGATE LIMIT:**

Benefit Maximum: \$[250,000 – \$100,000,000];

We will not pay more than the Benefit Maximum for all losses per Covered [Accident; Air Accident]. If, in the absence of this provision, We would pay more than Benefit Maximum for all losses from one Covered [Accident; Air 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.]

[The Aggregate limitation applies only to the following coverages: [Accidental Death; Dismemberment; Permanent Total Disability; Other.]]

**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.] [Also, a person may not be insured as a Dependent and an Insured at the same time.]

[Class 1: Employees of the Policyholder traveling outside of the United States.]

**HAZARDS INSURED AGAINST:**

[24 Hour World Wide Coverage;]  
[[Foreign] Business Travel Coverage (24 Hour Coverage);]  
[[Business] Travel Coverage (24 Hour Coverage);]  
[[Business] Common Carrier Coverage;]  
[[Business] Public Conveyance Coverage;]  
[Commuting Coverage;]  
[[Family Accompanying the Insured] [and] [Family Relocation] Coverage;]  
[Full Occupational Coverage [(including Business Travel)];]  
[Line of Duty Coverage;]  
[Hijacking, Air Piracy [or Carjacking] Coverage;]  
[Non-Employee Director Coverage;]  
[Owned Aircraft (Business [and Pleasure] Travel);]  
[Pilots' [and Crew Members'] Coverage (Business [and Pleasure] Travel);]

[Pilots' [and Crew Members'] Coverage Non-Policyholder Owned Aircraft;]  
[Private Passenger Automobile Coverage\_(Business [and Pleasure] Travel);]  
[Scheduled Airlines and Military Air Transport Coverage (Business [and Pleasure] Travel);]  
[Specified Trip Coverage (24 Hour Coverage);]  
[Sponsored Activities;]  
[War Risk Coverage;]  
[Non-Owned Auto Coverage;]  
[School Time Coverage;]  
[Sports Coverage;]

## **DESCRIPTION OF BENEFITS**

### **[ACCIDENTAL DEATH [& DISMEMBERMENT] BENEFITS**

Principal Sum: [\$1,000-\$10,000,000];  
Time Period for Loss from date of Accident: [90-365] days;  
Covered Losses: See Benefit;]

### **[ALTERNATIVE COMMUTING BENEFIT**

Maximum Benefit: [\$1,000-\$2,000,000] *{or}* [[10-100]% of Principal Sum];]

### **[ACCIDENTAL DENTAL BENEFIT**

Maximum Benefit: [\$50 - \$500];]

### **[BAGGAGE DELAY BENEFIT**

Maximum Benefit: [\$50-\$500];  
Deductible Time Period: [2 hours – 24 hours];]

### **[BOMB SCARE, BOMB SEARCH OR BOMB EXPLOSION BENEFIT**

Maximum Benefit: [5%- 100%] multiplied by the portion of the Principal Sum applicable to the Covered Loss;]

### **[BROKEN BONES BENEFIT**

Maximum Benefit: [\$1,000 - \$250,000];]

### **[BURN BENEFIT**

Maximum Benefit: [\$1,000 - \$250,000];]

### **[BURIAL AND CREMATION BENEFIT**

Maximum Benefit: [\$100 - \$10,000] per event;]

### **[CATASTROPHE CASH BENEFIT**

Maximum Lump Sum Benefit: [\$1,000 - \$5,000,000];  
Maximum Monthly Benefit: [\$500 - \$100,000];  
Maximum Number of Months: [3 – 60];]

### **[CHAPERONE REPLACEMENT BENEFIT**

Maximum Benefit: [\$1,000-\$10,000];]

### **[CHILD CARE CENTER BENEFIT**

Maximum Benefit: [\$50 - \$250,000] per year;  
Maximum Benefit Period: to age 13 for each surviving Dependent Child;]

**[CHILD(REN) EDUCATION BENEFIT**

Maximum Benefit: [2.5% - 100%] of the Principal Sum subject to a maximum of  
[\$1,000 - \$250,000] per year;  
Maximum number of payments: [2 – 6];  
Default Benefit: \$1,000;]

**[[COBRA] INSURANCE CONTINUATION BENEFIT**

Maximum Benefit: [\$500-\$15,000];]

**[COMA BENEFIT**

Maximum Benefit: [\$1,000-\$500,000] {or} [[1-100% of Principal Sum];]

**[COMMON ACCIDENT BENEFIT**

Maximum Benefit: [50-100%] of the Insured's Principal Sum [subject to a  
maximum of [\$50,000-\$500,000]];

**[COUNSELING BENEFIT**

Maximum Benefit: [\$25 - \$500] Per Session;  
Maximum number of sessions: [1-365];]

**[EMERGENCY MEDICAL EVACUATION [REPATRIATION] BENEFIT**

Maximum Benefit: [\$5,000-\$1,000,000] [Actual Cost];  
Deductible: [\$0-\$250];]

**[EMERGENCY REUNION BENEFIT**

Maximum Benefit: [\$1,000-\$10,000] [Actual Cost];]

**[EXTENDED BENEFIT OPTION**

Maximum Benefit: [\$1,000-\$100,000];  
Deductible: [\$0-\$5,000];  
Co-insurance Rate: [60,70,80,100]%;]

**[FAMILY REUNION BENEFIT**

Maximum Benefit: [\$1,000-\$10,000];]

**[FELONIOUS ASSAULT AND VIOLENT CRIME BENEFIT**

Maximum Benefit: [10-100]% multiplied by the portion of the Principal Sum  
applicable to the Covered Loss, as shown in the Schedule of  
Benefits;]

**[HEART OR CIRCULATORY MALFUNCTION BENEFIT**

Maximum Benefit: [[1 – 100% of the Principal Sum] [\$1,000 - \$250,000];]

**[HIV OCCUPATIONAL ACCIDENT BENEFIT**

Maximum Benefit: [5%- 100%] of the Principal Sum subject to a maximum of  
[\$2,500 - \$250,000];]

**[HOME ALTERATION AND VEHICLE MODIFICATION BENEFIT**

Maximum Benefit: [5%- 100%] of the Principal Sum subject to a maximum of  
[\$2,500 - \$250,000];]

**[HOME COUNTRY BENEFIT**

Maximum Benefit: [\$1,000-\$100,000];]

Deductible: [\$0-\$5,000];  
Co-insurance Rate: [60,70,80,100]%;

**[HOME COUNTRY EMERGENCY BENEFIT**

Maximum Benefit: [\$1,000-\$100,000];  
Deductible: [\$0-\$5,000];  
Co-insurance Rate: [60, 70, 80, 100]%;

**[HOME COUNTRY EXTENSION BENEFIT**

Maximum Benefit: [\$1,000-\$100,000];  
Deductible: [\$0-\$5,000];  
Co-insurance Rate: [60, 70, 80, 100]%;

**[HOSPITAL CONFINEMENT BENEFIT**

Maximum Benefit: [\$25-\$1,000] per day;  
Benefit Waiting Period: [0-14] days;  
Maximum Benefit Period: [7-365] days;

**[LOST BAGGAGE BENEFIT**

Maximum Benefit: [\$500-\$15,000];  
Deductible: [\$0-\$1,000];

**[[OUT OF COUNTRY] MEDICAL EXPENSE BENEFITS**

Maximum Benefit: [\$1,000-\$10,000,000];  
Deductible: [\$0-\$25,000];  
Deductible must be incurred within: [30 days -3 years];  
[Co-insurance Rate: [60, 70, 80, 100]% of all Covered Expenses];  
Maximum Benefit Period: [length of Trip, 6 months, 1- 10 year(s)] from the date  
of the Covered Accident [or Sickness];  
Maximum for Pre-existing Conditions: [\$0 - \$25,000];  
Maximum for Dental Treatment (injury only): [\$0 - \$25,000];  
Maximum for Emergency Medical Treatment of Pregnancy: [\$0 - \$25,000];  
Maximum for treatment in an Emergency Room: [\$0 - \$2,000,000];

**[PERMANENT TOTAL DISABILITY BENEFIT**

Maximum Benefit: [1-100]% of Principal Sum [Monthly up to the Principal  
Sum];

**[PERSONAL LIABILITY BENEFIT**

Property Damage Benefit Maximum: [\$5,000-\$250,000];  
Medical Payments to Others Benefit Maximum: [\$5,000-\$250,000];

**[PERSONAL PROPERTY AND FINANCIAL INSTRUMENT REIMBURSEMENT  
BENEFIT**

Personal Property Maximum Benefit: [\$500-\$15,000];  
Financial Instrument Maximum Benefit: [\$250-\$10,000];  
Deductible per Occurrence: [\$0-\$1,000];  
Maximum Benefit for Any One or Set of Articles: [\$250-\$15,000];  
Maximum Benefit for Cash: [\$100-\$1,000];

**[POLITICAL EVACUATION [NATURAL DISASTER] BENEFIT**

Maximum Benefit: [\$10,000-\$500,000];

**[REHABILITATION BENEFIT**

Maximum Benefit: [5%- 100%] of the Principal Sum subject to a maximum of  
[\$2,500 - \$250,000];]

**[REPATRIATION OF REMAINS BENEFIT**

Maximum Benefit: [\$5,000-\$100,000] [Actual Cost];  
Deductible: [\$0-\$250];]

**[RETURN MINOR CHILD(REN) BENEFIT**

Maximum Benefit: [\$1,000-\$10,000];]

**[SEATBELT [AND AIRBAG] BENEFIT**

[Full Seatbelt Benefit: [5-100]% of Principal Sum subject to a maximum of  
[\$2,500 - \$250,000];  
[Airbag Benefit: [5-100]% of Principal Sum subject to a maximum of [\$2,500 -  
\$250,000];]  
[Default Benefit: [\$1,000-\$10,000]]];]

**[SHORT TERM PARTIAL DISABILITY BENEFIT**

Maximum Benefit: [50-100]% of pre-disability Base Annual Earnings minus any  
Other Income Benefits received on account of disability  
including current earnings;  
Benefit Waiting Period: [3- 365] days;  
Maximum Benefit Period: [26 weeks-260 weeks];]

**[SHORT TERM TOTAL DISABILITY BENEFIT**

Maximum Benefit: [50-100]% of pre-disability Base Annual Earnings minus any  
Other Income Benefits received on account of disability  
including current earnings;  
Benefit Waiting Period: [3- 365] days;  
Maximum Benefit Period: [26 weeks-260 weeks];]

**[SPOUSE RETRAINING BENEFIT**

Maximum Benefit: [2.5% - 5%] of the Principal Sum subject to a maximum of  
[\$1,000 - \$5,000] per year;  
Maximum Number of Payments: [2 - 6];  
Default Benefit: \$1,000;]

**[TRIP CANCELLATION BENEFIT**

Maximum Benefit: [\$500-\$10,000];]

**[TRIP DELAY BENEFIT**

Maximum Benefit: [\$500-\$10,000];  
Deductible: [2 - 24 hours];]

**[TRIP INTERRUPTION BENEFIT**

Maximum Benefit: [\$500-\$10,000];]

**REPORTING AND NOTICE ADDRESSES:**

**Claim Reporting:** [123 Main Street  
Cleveland, Ohio xxxxx];

**[Phone:** [xxx xxx xxxx];]

**[INITIAL PREMIUM RATES:**

[\$XXX.XX per [Covered Person per] [year, month, day of exposure]];

**SECTION 2: 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.

**Accident** means a: sudden; unexpected; and unintended event.

**[Active Service** means a Covered Person is either 1) actively at work performing all the regular duties on a full-time [or part-time] basis either at his or her employer's place of business or someplace the employer requires him or her to be; or 2) 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.]

**[Base Annual Earnings** means [the Covered Person's regular annualized periodic pay [including:][excluding:] overtime; bonuses; tips; commission; and special compensation.] [as defined by the Policyholder.]]

**Beneficiary**, in the case of death of the Covered Person, means a person named by the Covered Person to receive benefits provided by this Policy.

**Benefit** means cash payable or services offered to the Covered Person or the Beneficiary as detailed in the Schedule of Benefits, limited by the terms and provisions of this Policy.

**Certificate** is the evidence of the Covered Person's coverage under this Policy. Coverage is subject to the Policy provisions. The Certificate is not the Policy.

**Coverage** means the specific types of losses covered by this Policy.

**Covered Accident** means an Accident that: occurs while coverage is in force for a Covered Person; and results in a Covered Loss or Injury covered by the Policy for which benefits are payable.

**[Covered Activity** means any activity: that the Policyholder requires the Covered Person to attend; or that is under its supervision and control listed in the Schedule of Benefits and insured under the Policy.]

**[Covered Air Accident** means an air Accident that: occurs while coverage is in force for a Covered Person; and results in a Covered Loss or Injury covered by the Policy for which benefits are payable.]

**[Covered Expenses; 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 Policyholder's Policy 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, that gave rise to the expense or the charge, was rendered or obtained.]

**Covered Injury** means any bodily harm that results directly and independently of all other causes from a Covered Accident.

**[Covered Loss(es)]** means an: accidental death; dismemberment; or other Injury covered under the Policy.]

**Covered Person** means any Insured [and Dependent] for whom the required premium is paid.

**[Deductible]** means the dollar amount of Covered Expenses that must be incurred as an out-of-pocket expense by each Covered Person on a per [Injury; Accident; Policy Term; or Sickness] basis before [Out of Country] Medical Expense Benefits and/or other Additional Benefits paid on an expense incurred basis are payable under the Policy.]

**[Dependent]** means an Insured's lawful spouse [under age 70][or Domestic Partner]; or a Dependent Child. [A Dependent may also include any person related to the Insured by blood or marriage and for whom the Insured is allowed a deduction under the Internal Revenue Code.]]

**[Dependent Child; Child]** means an Insured's unmarried child, from the moment of birth to age 25, who is chiefly dependent on the Insured for support. A child, for eligibility purposes, includes an Insured's natural child; adopted child, beginning on the date of the filing of a petition for adoption if the Insured applies for coverage within sixty (60) days after the filing of the petition for adoption; or a stepchild who resides with the Insured or depends chiefly on the Insured for financial support.]

Insurance will continue for any Dependent child who reaches the age limit and continues to meet the following conditions: 1) the child is mentally retarded or physically handicapped; 2) is not capable of self-support; and 3) depends chiefly on the Insured for support and maintenance. The Insured must send Us satisfactory proof that the child meets these conditions, when requested. We will not ask for proof more than once a year.]

**Disability** means the inability to do any work for which the Covered Person is or may be qualified by reason of education, experience or training.

**Dismemberment** means the loss by physical separation of a limb from the body.

**[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; the Covered Person's Immediate Family Member; or a member of the Covered Person's household.]

**[Domestic Partner]** means a person of the same or opposite sex of the Insured who:

1. shares the Insured's primary residence;
2. has resided with the Insured for at least 6 months prior to the date of enrollment and is expected to reside with the Insured indefinitely;
3. is financially interdependent with the Insured
4. has signed a Domestic Partner declaration with the Insured, if recognized by the laws of the state in which he or she resides with the Insured;
5. does not have current Domestic Partner declaration with any other person;
6. is older than 18 years of age;
7. is not currently married to another person; and

8. is not in a position as a blood relative that would prohibit marriage.]

**Hazard** means the circumstances necessary for an event to be considered a Covered Loss under this Policy.

**[Health Care Plan** means a: policy; other benefits; 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 plans as defined in the Employee Retirement Income Security Act of 1974, as amended.]

**[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 that country which the Covered Person has declared to Us in writing as his or her Home Country.]

**[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 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 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][a stay of 24 or more consecutive hours] as a registered resident bed-patient in a Hospital.]

**[Immediate Family Member** means a person who is related to the Covered Person in any of following ways: spouse; parent (includes stepparent); child [age 18 or older] (includes legally adopted and step child); brother or sister (includes stepbrother or stepsister); [parent-in-law;] [son or daughter-in-law;] [and] [brother- or sister-in-law].]

**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.

**Insurance** means providing protection against some of the economic consequences of a Covered Loss.

**Insured** means a person in a Class of Eligible Persons for whom the required premium is paid making insurance in effect for that person. [A Dependent covered under the Policy is not an Insured, but rather a Covered Person.]

**Maximum Benefit** means the most we will pay for each Benefit states in the Schedule of Benefits.

**[Medical Emergency** means a condition caused by an Injury [or Sickness] that manifests itself, while covered under this Policy, 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) eye glass frames or lenses; 6) hearing aids; 7) swimming pools or supplies for them; and 8) general exercise equipment are not considered 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, at Our discretion, consider the cost of the alternative to be the Covered Expense.]

**[Other Income Benefits** means any amounts that an [Insured] [Covered Person] receive[s] (or are assumed to receive) under:

1. any: Workers' Compensation; occupational disease; unemployment compensation law; or similar state or federal law; including all permanent as well as temporary disability benefits. This includes any: damages; compromises; or settlement paid in place of such benefits, whether or not liability is admitted. If paid as a lump sum, We will prorate these benefits over the period for which the sum is given. If no time is stated, the lump sum will be prorated over a five year period. If no specific allocation of a lump sum is made, then the total sum will be an Other Income Benefit.
2. any Social Security or retirement benefits the Covered Person receives or any third party receives (or is assumed to receive) on the Insured's behalf or for the Insured's dependents; or, if applicable, that the Insured Dependents receive (or are assumed to receive) because of the Covered Person's entitlement to such benefits.
3. Any proceeds payable under any group insurance or similar plan. If there is other insurance that applies to the same claim for disability, and contains the same or similar provision for reduction because of other insurance, We will pay our pro rata share of the total claim. "Pro rata share" means the proportion of the total benefit that the amount payable under one policy, without other insurance, bears to the total benefits under all such policies.]

**Policy** means a legal contract between the Policyholder and Us which describes the terms and conditions of insurance subject to its provisions, limitations and exclusions.

**Policyholder** means the company or organization that elects to provide this Policy to their employees, members or participants.

**[Pre-existing Condition** means a: Sickness; disease; or other condition of the Covered Person, that in the [6-12] 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.]

**Premium** means the amount of money: determined by Us; based on the Hazards and Benefits chosen by the Policyholder; and agreed by the Policyholder as the consideration of which we agree to guarantee payment.

**Schedule of Benefits** is an outline of the: Hazards; Coverages; and Benefits provided by this Policy.

[**Sickness** means a disease or condition of the Covered Person that causes a loss for which a Covered Person incurs medical expenses while covered under the Policy. All: related conditions; and recurrent symptoms of the same or similar condition; will be considered one Sickness.]

**Trip** [means travel by: air; land; or sea from the Covered Person's Home Country.] [means travel by: air; land; or sea away from the Covered Person's primary residence.]

[**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 Catlin Insurance Company Incorporated [or its authorized agent].

### **SECTION 3: 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. 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 Insured.

[An Insured's Dependent is eligible on the date:

1. the Insured is eligible, if the Insured has Dependents on that date; or
2. the date the person becomes a Dependent, if later.

In no event will a dependent be eligible if the Insured is not eligible. Also, Covered Person cannot be covered as an Insured and as a Dependent.]

### **SECTION 4: EFFECTIVE DATE OF INSURANCE**

An Insured coverage will begin on the latest of the following dates:

1. the Policy Effective Date, [provided that the policy premium has been paid];
2. the date he or she is eligible[;][.] [or
3. the date of the scheduled Trip departure date;] [or
4. the date of his or her departure from the United States.]

[If an Insured 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. A Dependent's insurance will not be in effect prior to the date an Insured returns to Active Service.]

### **SECTION 5: TERMINATION DATE OF INSURANCE**

An Insured's coverage will end on the earlier of the date:

1. the policy terminates;
2. the Insured is no longer eligible;
3. the period ends for which premium is paid;
4. the Insured fails to pay the required premium, if the Insured is so required;
- [5. the scheduled Trip return date;]
- [6. the Insured returns to his or her Home Country;]
- [7. the Insured returns to the United States;]

[8. the end of the School term;]

*{This text will be included if Dependents' coverage is included under the policy when issued.}*

[A Dependent's coverage will end on the earliest of the date:

1. he or she is no longer a Dependent;
2. the Insured's coverage ends;
3. the date the Policy ends;
4. the period ends for which premium is paid;
- [5. the scheduled Trip return date;]
- [6. the Dependent returns to his or her Home Country;]
- [7. the Dependent returns to the United States.]]

### **[EXTENSION OF BENEFITS**

We will extend benefits under the Policy for [3-12] months after a Covered Person's coverage would otherwise end if on that date he or she is:

1. Hospital Confined for an Injury [or Sickness] covered by the Policy; and
2. under a Doctor's care.

Any benefits payable under this provision will not exceed the benefit maximums shown in the Schedule of Benefits.]

### **SECTION 6: GENERAL LIMITATION**

[Limitation on Multiple Covered Losses: If a Covered Person suffers more than one Covered Loss as a result of the same Accident, We will pay only one benefit, the largest benefit.]

[Limitation on Multiple Covered Activities: If a Covered Person suffers a Covered Loss while participating in more than one Covered Activity, We will pay only one benefit, the largest benefit [unless there is a specific written exception in this Policy].]

[Limitation on Multiple Benefits: If a Covered Person can recover benefits under more than one of the Benefits stated in the Schedule of Benefits, as a result of the same Accident, We will pay only one benefit, the largest benefit.]

[Limitation on Multiple Covered Policies: If a Covered Person can recover benefits under more than one accident policy written by Us, We will pay under only one policy, the policy which offers the Covered Person the largest benefit.]

### **SECTION 7: 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.

#### **[ACCIDENTAL DEATH [AND DISMEMBERMENT] BENEFITS**

We will pay the Benefit Amount shown below, if Injury to the Covered Person results, within the Time Period for Loss from date of Accident shown in the Schedule of Benefits, in any one of the losses shown below. The Principal Sum is shown in the Schedule of Benefits.

**Covered Loss**

[Life

**Benefit Amount**

100% of the Principal Sum]

[Brain Death	[10-200]% of the Principal Sum]
[Heart Failure	[10-200]% of the Principal Sum]
[Quadriplegia	[10-200]% of the Principal Sum]
[Two or more Members	[10-200]% of the Principal Sum]
[One Member	[10-200]% of the Principal Sum]
[Hemiplegia	[10-200]% of the Principal Sum]
[Paraplegia	[10-200]% of the Principal Sum]
[Uniplegia	[10-200]% of the Principal Sum]
[Loss of One Hand or Foot	[10-200]% of the Principal Sum]
[Loss of Use of One Hand or Foot	[10-200]% of the Principal Sum]
[Loss of Sight in One Eye	[10-200]% of the Principal Sum]
[Loss of Speech	[10-200]% of the Principal Sum]
[Loss of Hearing (in both ears)	[10-200]% of the Principal Sum]
[Thumb and Index Finger of the Same Hand	[10-200]% of the Principal Sum]
[Four Fingers of the Same Hand	[10-200]% of the Principal Sum]
[Loss of Speech and Hearing	[10-200]% of the Principal Sum]
[Permanent Total Loss of Hearing of	
Both Ears	[10-200]% of the Principal Sum]
One Ear	[10-200]% of the Principal Sum]
[Loss of Speech	[10-200]% of the Principal Sum]
[Permanent Total Loss of the Lens of One Eye	[50-100]% of the Principal Sum]
[Loss of or Permanent Total Loss of Four	
Fingers and Thumb of	
Right Hand	[50-100]% of the Principal Sum]
Left Hand	[50-100]% of the Principal Sum]
[Loss of or Permanent Total Loss of Use of	
Four Fingers of	
Right Hand	[30-100]% of the Principal Sum]
Left Hand	[30-100]% of the Principal Sum]
[Loss of or Permanent Total Loss of Use of One	
Thumb	
Both Right Joints	[20-50]% of the Principal Sum]
One Right Joint	[15-50]% of the Principal Sum]
Both Left Joints	[20-50]% of the Principal Sum]
One Left Joint	[15-50]% of the Principal Sum]
[Loss of or Permanent Total Loss of Use of	
Fingers	
Three Right Joints	[7.5-20]% of the Principal Sum]
Two Right Joints	[5-20]% of the Principal Sum]
One Right Joint	[2.5-10]% of the Principal Sum]
Three Left Joints	[7.5-20]% of the Principal Sum]
Two Left Joints	[5-20]% of the Principal Sum]
One Left Joint	[2.5-10]% of the Principal Sum]
[Loss of or Permanent Total Loss of Use of Toes	[15-30]% of the Principal Sum]
All One Foot	[5-10]% of the Principal Sum]
Great Toe Both Joints	[3-10]% of the Principal Sum]
Great Toe One Joint	[2-10]% of the Principal Sum]
[Fractured Leg or Patella with Established	
Non-Union	[10-20]% of the Principal Sum]
[Shortening of Leg by at Least 5 cm.	[7.5-20]% of the Principal Sum]
[Loss of Tooth	[2.5-5]% of the Principal Sum]

[Any permanent dismemberment not mentioned above shall be compensated at the complete discretion of the Company taking into consideration the nature of the injury in conjunction with the stated compensation percentages for more specific injuries shown in the Table of Benefits.]

**[Age Reduction Schedule.** The amount payable for a Covered Injury will be reduced if a Covered Person is Age [65; 70; 75] or older on the date of the Accident causing the loss. The amount payable for the Covered Person's loss is a percentage of the amount that would otherwise be payable, as shown below:

<b>AGE ON DATE OF ACCIDENT</b>	<b>PERCENTAGE OF BENEFIT AMOUNT OTHERWISE PAYABLE</b>
[65-69]	[85-65%]
[70-74]	[65-45%]
[75-79]	[50-30%]
[80 and older]	[40-20%]

[Premium for a Covered Person Age [65; 70; 75] or older is based on 100% of the coverage that would be in effect if the Covered Person were under Age [65; 70; 75].]

**Definition:** For this benefit  
**[Brain Death** means irreversible unconsciousness with total loss of brain function; and complete absence of electrical activity of the brain, even though the heart is still beating.]

**[Heart Failure** means death because the heart ceases to beat due to failure of the heart to maintain adequate circulation of blood provoked by participation in a Covered Activity.]

**[Quadriplegia** means total Paralysis of both upper and lower limbs. ]

**[Hemiplegia** means total Paralysis of the upper and lower limbs on one side of the body.]

**[Uniplegia** means total Paralysis of one lower limb or one upper limb. ]

**[Paraplegia** means total Paralysis of both lower limbs or both upper limbs. ]

**[Paralysis** means total loss of use. A Doctor must determine the loss of use to be complete and not reversible at the time the claim is submitted.]

**[Member** means hand or foot, sight, speech, and hearing.]

**[Loss of One 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 or Loss of Four Fingers 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.]

**Age** means the age of the Covered Person on his or her most recent birthday.]

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**[ALTERNATIVE COMMUTING BENEFIT**

We will pay the Maximum Benefit shown in the Schedule of Benefits, subject to all applicable conditions and exclusions, when the Covered Person suffers a Covered Loss resulting from a Covered Accident that occurs:

1. while he is using an alternate means of transportation for commuting directly between his home and the Policyholder’s premises where he normally works; and
2. when such use is necessitated by: discontinuance of service; strike; or major breakdown of one or more public conveyance transportation systems which the Covered Person regularly uses in commuting.

**Exclusions** Benefits will not be payable for Covered Accidents that occur more than [1 - 3] hour(s) after the Covered Person leaves his home or place of employment, unless it can be conclusively established that:

1. the delay was caused by conditions beyond the Covered Person’s control; or
2. more time was needed for normal direct commuting.]

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**[ACCIDENT DENTAL BENEFIT**

We will pay the Emergency Dental Benefit Percentage of the Dental Category shown below up to the multiple of the Maximum Benefit shown in the Schedule of Benefits, if the Covered Person requires Emergency Dental Care as the direct and independent result of a Covered Accident and seeks Emergency Dental Care within [1 - 365] day(s) after the date of the Covered Accident.

<b>Dental Category</b>	<b>Emergency Dental Benefit Percentage</b>
[Completely avulsion of two or more permanent (adult) teeth	[50 - 200%]]
[Completely avulsion of one permanent (adult) tooth	[37.5 - 150%]]
[Completely avulsion of two or more primary (“baby”) teeth if Covered Person is less than five years old	[15 - 60%]]
[Completely avulsion of one primary (“baby”) tooth if Covered Person is less than five years old	[5 - 20%]]
[Completely avulsion of two or more primary (“baby”) teeth if Covered Person is at least five years old and less than six years old	[5 - 20%]]
[Broken bridge, denture or plate	[37.5 – 150%]]
[Broken Tooth below gum line	[25 - 100%]]
[Broken Tooth above the gum line	[12.5 - 50%]]
[lost filling	[12.5 - 50%]]

**Definition:** For this benefit

**Emergency Dental Care** means the: evaluation; diagnosis; and treatment of the loss related to the Covered Accident by a licensed dentist possessing a Doctor of Dental Surgery (DDS) or a Doctor of Dental Medicine (DMD) degree.

**Exclusions:** For this benefit  
In addition to other exclusions listed in the Common Exclusion's section, benefits will not be paid if there is evidence of contributing dental disorder such as an infection or complications of a recent oral surgery.]

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**[BAGGAGE DELAY BENEFIT**

We will reimburse up to the Maximum Benefit shown in the Schedule of Benefits, if, during the Period of Insurance, the baggage and/or personal effects owned by or in the custody of a Covered Person is delayed or misdirected for more than the Deductible Time Period shown in the Schedule of Benefits, the Company will reimburse for necessary personal effects.

To receive this Benefit;

- 1) The baggage and/or personal effects must have been checked in as registered baggage by the airline;
- 2) upon further investigation it is later determined that the baggage and/or personal effects has been lost, any amount claimed and paid to a Covered Person under the baggage delay section will be deducted from any payment under the baggage lost section.
- 3) the Covered Person shall exercise all reasonable measures and precautions for the: safety of; and recovery of; any property insured hereunder. Notification of any apparent delay to baggage must be made immediately to the airline concerned.

**Exclusions** For purposes of this benefit:  
The Company will not indemnify the Insured for delayed baggage as a result of the following:

- 1) Chartered flights, unless such flights are registered in the international data system;
- 2) Confiscation of baggage by customs or any government authority;
- 3) Purchases made after arriving in the final destination mentioned on the Insured's airline ticket;
- 4) Baggage and/or personal effects sent under an airway-bill or bill of lading;
- 5) Claims for delay due to a strike or industrial action existing or announced before the start of the covered Trip;
- 6) Claims for delay due to withdrawal of aircraft from service by any civil aviation authority of which notice had been given before the start of the covered Trip.
- 7) Any delays of the return covered Trip.]

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**[BOMB SCARE, BOMB SEARCH OR BOMB EXPLOSION BENEFIT**

We will pay the Maximum Benefit shown in the Schedule of Benefits if the Covered Person suffers a Covered Loss resulting from a Covered Accident and all of the following conditions are met:

1. the Covered Person is on the Policyholder's premises when the Covered Accident occurs;
2. the Covered Accident is caused by or results from a: Bomb Scare; Search; or Explosion; as defined below;
3. the Covered Person is an authorized participant of a team or squad engaged in a Bomb Search or related activity;
4. the Policyholder authorizes the Covered Person participation and sanctions the search.

**Definitions** For purposes of this benefit:

**Bomb** means any real or dummy explosive device placed with intent to: damage; scare; or cause injury.

**Scare** means any real or false report of a Bomb on the premises of the Policyholder.

**Search** means any organized search for a reported Bomb.

**Explosion** means any detonation of a Bomb on the Policyholder's premises which appears to have been intended to cause injury or unlawful property damage, whether or not the presence of the Bomb was reported before detonation. [It does not include: any act of declared or undeclared war in the United States of America or Canada; or acceptance of known explosives as cargo.]

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**[BROKEN BONES BENEFIT**

We will pay the Percentage of Maximum Benefit Amount of the Descriptions of Injury shown below up to the multiple of the Maximum Benefit shown in the Schedule of Benefits, if the Covered Person sustains Injuries, from a Covered Accident, which within 30 days of the event, results in a broken bone as specified in this section.

Description of Injury	Percentage of Maximum Benefit Amount
One Fracture Per Single Loss	100%
Two Fractures Per Single Loss (not of the same bone)	120%
Three Or More Fractures Per Single Loss (not of the same bone)	200%

- 1) No benefit will be paid before any fracture is recognized medically and the extent and nature have been established by a Doctor.
- 2) In the event that the Covered Person has received a benefit under this section, and the same bodily injury results in Death or Permanent Disablement, any benefits paid under this section will be deducted from the Death or Permanent Disablement benefit.
- 3) Fractures for: nose; teeth; wrists/hands/fingers; and ankles/feet/toes are excluded from coverage.]

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**[BURN BENEFIT**

We will pay the Percentage of Maximum Benefit Amount for the Severity of Burn shown below up to the Maximum Benefit shown in the Schedule of Benefit, if the Covered Person sustains Injuries from a Covered Accident, which within 30 days of the event results in a Second or Third degree burn as specified in this section.

Severity of Burn	Percentage of Maximum Benefit Amount
Second or Third Degree Burns of 27% or more of the body surface	100%
Second or Third Degree Burns of 18% or more, but less than 27%, of the body surface	60%
Second or Third Degree Burns of 9% or more, but less than 18%, of the body surface	30%

Second or Third Degree Burns of 4.50% or more, but less than 9%, of the body surface	16%
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**Definition:** For this benefit  
**Second Degree Burns** means superficial partial thickness burn of epidermis and dermis characterized by: pain; redness; swelling; and blistering.

**Third Degree Burns** means full thickness burn through the epidermis and dermis with burning of underlying structural tissue.]

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**[BURIAL AND CREMATION BENEFIT**

We will pay the Maximum Benefit shown in the Schedule of Benefits, for burial or cremation of the Covered Person who dies from an Injury resulting directly and independently of all other causes from a Covered Accident.]

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**[CATASTROPHE CASH BENEFIT**

[Lump Sum:

We will pay the Percentage of Maximum Benefit Amount for the Cause of Disability shown below up to the Maximum Lump Sum Amount shown in the Schedule of Benefit, if a Covered Person suffers a Covered Loss within [30 – 365] days of the Covered Accident that results in: Paralysis; Coma; or Brain Death, provided that the: Paralysis; Coma; or Brain Death:

1. satisfies the Benefit Waiting Period;
2. must be determined by a Doctor to be permanent and irreversible at the end of that Benefit Waiting Period; and
3. must result in Total Disability]

[Monthly:

We will pay the Percentage of Maximum Benefit Amount for the Cause of Disability shown below up to the Maximum Monthly Benefit shown in the Schedule of Benefit, if a Covered Person suffers a Covered Loss within [30 – 365] days of the Covered Accident that results in: Paralysis; Coma; or Brain Death, provided that the: Paralysis; Coma; or Brain Death:

1. satisfies the Benefit Waiting Period;
2. must be determined by a Doctor to be permanent and irreversible at the end of that Benefit Waiting Period; and
3. must result in Total Disability

The benefit is payable monthly as long as the Covered Person remains Totally Disabled due to the: Paralysis; Coma; or Brain Death, but ceases on the earliest of:

1. the date the Covered Person dies;
2. the date the Covered Person is no longer Totally Disabled due to the: Paralysis; Coma; or Brain Death; or
3. the date monthly benefits have been paid for the Maximum Number of Months shown in the Schedule of Benefits.]

[Initial Lump Sum Then Monthly:

We will pay the Percentage of Maximum Benefit Amount for the Cause of Disability shown below up to the Maximum Lump Sum Amount shown in the Schedule of Benefit, followed by the Maximum Monthly Benefit shown in the Schedule of Benefit, if a Covered Person suffers a Covered Loss within [30 – 365] days of the Covered Accident that results in: Paralysis; Coma; or Brain Death, provided that the: Paralysis; Coma; or Brain Death:

1. satisfies the Benefit Waiting Period;

2. must be determined by a Doctor to be permanent and irreversible at the end of that Benefit Waiting Period; and
3. must result in Total Disability

The benefit is payable monthly as long as the Covered Person remains Totally Disabled due to the: Paralysis; Coma; or Brain Death, but ceases on the earliest of:

1. the date the Covered Person dies;
2. the date the Covered Person is no longer Totally Disabled due to the: Paralysis; Coma; or Brain Death; or
3. the date monthly benefits have been paid for the Maximum Number of Months shown in the Schedule of Benefits.]

Cause of Disability	Percentage of Maximum Benefit Amount
Coma	100%
Paralysis of Two or More Limbs (Upper and/or Lower)	100%
Brain Death	100%
Paralysis of One Limb (Upper or Lower)	50%
Paralysis of One or More Other Parts of the Body	See Below

Note: If the Covered Person's Paralysis is a part of the body other than a Limb, the Percentage of the Maximum Benefit Amount used to determine the benefit payable will be adjusted in proportion to the comparable extent of Paralysis of the list parts of the Covered Person's body.

If a Covered Person suffers more than one Cause of Disability as a result of the same Covered Accident, only the largest amount will be used to determine the benefit payable.

If the Covered Person returns to any occupation for which he or she is qualified by reason of education, experience or training on a full or part-time basis; or engages in any of the usual activities of a person of like age and sex in comparable health; he or she may return to Totally Disability status if:

1. the Covered Person has not been engaging in such activities for longer than 30 days; and
2. the attending Doctor certifies a return to Totally Disability status due to the same: Paralysis; Coma; or Brain Death which caused the original Total Disability.

We reserve the right, at the end of the Benefit Waiting Person (and as often as it may reasonably require thereafter) to determine, on the basis of all the facts and circumstances, that the Covered Person is Totally Disabled due to the: Paralysis; Coma; or Brain Death, including, but not limited to, requiring an independent medical examination at Our expense.

**Definition:** For this benefit  
**Benefit Waiting Period** means [3 -12] consecutive months at the start of a period if Totally Disability for which We will not pay benefits.

**Brain Death** means irreversible unconsciousness with total loss of brain function; and complete absence of electrical activity of the brain, even though the heart is still beating.

**Coma** means a profound state of unconsciousness from which the Covered Person cannot be aroused to consciousness [, even by powerful stimulation], as determined by a Doctor.

**Total Disability or Totally Disabled** means, due to an Injury from a Covered Accident, a Covered Person:

1. if employed, cannot do any work for which he or she is, or may become, qualified by reason of: education; experience; or training; and
2. if not employed, cannot perform the normal and customary activities of a healthy person of like age and sex.]

**Paralysis** means total loss of use. A Doctor must determine the loss of use to be complete and not reversible at the time the claim is submitted.]

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**[CHAPERONE REPLACEMENT BENEFIT**

We will pay the Maximum Benefit shown in the Schedule of Benefit, in the event that the official chaperone of the Policyholder is prevented from continuing his to her Trip due to an: Injury; [Sickness;] or death of the chaperone or an Immediate Family Member which occurs after the Trip begins and before the Trip termination date.

We will reimburse for:

1. the replacement chaperone, up to the published rate of a round Trip economy class ticket from his or her place of permanent residence to the next scheduled destination where the replacement can join the insured group; and
2. returning the chaperone, up to the published rate of a round Trip economy class ticket from his or her assigned location back home.

We will only pay one Chaperone Replacement Benefit per Trip.]

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**[CHILD CARE CENTER BENEFIT**

We will pay the Maximum Benefit shown in the Schedule of Benefits for the care of each Dependent child(ren) in a Child Care Center if death of the Covered Person results from a Covered Accident and all of the following conditions are met:

1. one or more surviving Dependent child(ren) is under Age 13; and
  - [a. was enrolled in a Child Care Center on the date of the Covered Accident; or]
  - [b. enrolls in a Child Care Center within [90 – 365] days from the date of the Covered Accident].

This benefit will be payable to the spouse if the spouse has custody of the child. If the spouse does not have custody of the child, benefits will be paid to the child's legally appointed guardian. Payments will be made at the end of each [6 – 12] month period that begins after the date of the Covered Person's death. A claim must be submitted to Us at the end of each [6 -12] month period [with proof of enrollment and attendance]. A [6 – 12] month period begins:

- [1. when the Dependent child enters a Child Care Center for the first time, within the period specified in (2b) above, after the Covered Person's death; or]
2. on the first of the month following the Covered Person's death, if the Dependent child was enrolled in a Child Care Center before the Covered Person's death.

Each succeeding [6 – 12] month period begins on the day immediately following the last day of the preceding period. Pro rata payments will be made for periods of enrollment in a Child Care Center of less than 12 months.

**Definitions** For purposes of this benefit:  
**Child Care Center** is a facility which:

1. is licensed and run according to laws and regulations applicable to child care facilities; and
2. provides care and supervision for children in a group setting on a regular, daily basis.

A Child Care Center does not include any of the following:

1. a Hospital;
2. the child's home;
3. care provided during normal school hours while a child is attending grades one through twelve.]

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### **[CHILD(REN) EDUCATION BENEFIT**

We will pay the Maximum Benefit shown in the Schedule of Benefits, for each Dependent Child of the Covered Person whose: death[; dismemberment] [; or Total Disability] from a Covered Accident for which an: Accidental Death [; or Dismemberment] Benefit [; or Permanent Total Disability Benefit] is/are payable under this Policy. This benefit is subject to the conditions and exclusions described below.

[A Dependent child must:

1. be a full-time student in an accredited school of higher learning beyond the 12<sup>th</sup> grade level on the date of the Covered Person's Covered Accident; or be at the 12<sup>th</sup> grade level on the date of the Covered Person's Covered Accident and then become a full-time student at an accredited school of higher learning within 365 days from the date of the Covered Accident [and continue his or her education as a full-time student];
2. continues his or her education as a full-time student in such accredited school of higher learning; and
3. incur expenses for: tuition; fees; books; [and room and board] [; transportation] [; and any other costs: payable directly to [; or approved and certified by;] such school.]

[A Dependent child must:

1. begin studies as a full-time student at a: grammar; middle; high school; vocational school; or college or university before reaching the limiting age shown in the Dependent definition;
2. continue his or her education as a full-time student; and
3. incur expenses for: tuition; fees; books; and any other costs: payable directly to; or approved and certified by; such school.]

Payments will be made to each Dependent child [or to the child's legal guardian, if the child is a minor] at the end of each school year for the Maximum Number of Payments shown in the Schedule of Benefits. We must receive proof satisfactory to Us of the Dependent child's enrollment and attendance within [30 – 60] days of the end of each school year. The first year for which this benefit is payable will begin on the first of the month following the date the Covered Person: dies[; gets dismembered] [; or becomes Totally Disabled], if the Dependent child was enrolled on that date in an accredited school as stated above; otherwise on the date he enrolls in such school. Each succeeding year for which benefits are payable will begin on the date following the end of the preceding school year.

If no Dependent child qualifies for Special Education Benefits within [30 – 365] days of the Covered Person's: death[; dismemberment] [; or becoming Totally Disabled], We will pay the Default Benefit shown in the Schedule of Benefits to the Covered Person's beneficiary.

**[Definitions** For purposes of this benefit:

**Total Disability or Totally Disabled** means, due to an Injury from a Covered Accident, a Covered Person:

1. if employed, cannot do any work for which he or she is, or may become, qualified by reason of: education; experience; or training; and
2. if not employed, cannot perform the normal and customary activities of a healthy person of like age and sex.]]

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**[[COBRA] INSURANCE CONTINUATION BENEFIT**

We will pay the Maximum Benefit shown in the Schedule of Benefits, upon the death of a Covered Person subject to the following:

- 1) the Covered Person's death was a result of a Covered Accident;
- 2) the Covered Person is survived by a spouse or Domestic Partner [or Dependent child(ren)];
- 3) the surviving spouse or Domestic Partner [or a surviving Dependent child(ren)] is eligible for and elects to continue group: [medical] [;] [or] [dental] [;] [or] [vision] insurance provided by the Policyholder of the Covered Person within the time frame specified under COBRA.
- 4) the surviving spouse or Domestic Partner [or Dependent child(ren)] notifies the Policyholder of his or her election, within 60 days of the Covered Person's death, to continue his or her existing coverage under group insurance plans sponsored by the Policyholder as permitted by state or federal continuation law. ]

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**[COMA BENEFIT**

We will pay the Maximum Benefit shown in the Schedule of Benefits if a Covered Person becomes Comatose within [31-60] days of a Covered Accident and remains in a Coma for at least [31-60] days.

We reserve the right, at the end of the first [31-60] days of Coma, to require additional proof that the Covered Person remains Comatose. This proof may include, but is not limited to, requiring an independent medical examination at Our expense.

We will pay this benefit in [a lump sum / periodic payments] as shown in the Schedule of Benefits. [Periodic payments will end on the first of the following dates:

1. the end of the month in which the Covered Person dies;
2. the end of the [9<sup>th</sup>-100<sup>th</sup>] month for which this benefit is payable;
3. the end of the month in which the Covered Person recovers from the Coma.]

**Definition:** For this benefit

**Comatose or Coma** means a profound state of unconsciousness from which the Covered Person cannot be aroused to consciousness[, even by powerful stimulation], as determined by a Doctor.]

---

**[COMMON ACCIDENT BENEFIT**

We will pay the Maximum Benefit shown in the Schedule of Benefits, if both the Insured and the Insured's spouse die from a Covered Accident and are survived by one or more Dependent child(ren).

**Definition:** For this benefit  
**Common Accident** means the same Covered Accident or separate Covered Accidents that occur within the same [12 – 24]-hour period.]

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**[COUNSELING BENEFIT]**

We will pay the Maximum Benefit shown in the Schedule of Benefits for each counseling session, when the Covered Person requires and completes counseling sessions after the Covered Person or fellow employee suffers a: [death][;] [or] [dismemberment][;] [or] [disability] directly and independently of all other causes from a Covered Accident. The maximum number of sessions for each Covered Person is listed in the Schedule of Benefits under Maximum Number of Counseling Sessions.

To be eligible for this benefit counseling sessions must meet all of the following conditions:

1. the sessions must begin within 180 days of the Covered Accident.
2. All sessions payable under this benefit must be complete within one year from the date of the Covered Accident;
3. counseling must be provided under the: care; supervision; or order of a Physician;
4. a charge would have been made if no insurance existed.]

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**[EMERGENCY MEDICAL EVACUATION [REPATRIATION] BENEFIT]**

We will pay Maximum Benefit as shown in the Schedule of Benefits for expenses incurred for the medical evacuation [or repatriation] of a Covered Person. Benefits are payable if the Covered Person:

1. is traveling [outside of his or her Home Country] [more than 100 miles away from the Covered Person's home];
2. suffers an Injury [or Sickness] during the course of the covered Trip; and
3. requires Emergency Medical Evacuation.

Benefits will not be payable unless:

1. the Doctor ordering the Emergency Medical Evacuation certifies the severity of the Covered Person's Injury [or Sickness] requires an Emergency Medical Evacuation [or repatriation];
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 usual level of 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.

**Definition:** For this benefit  
**Emergency Medical Evacuation** means:

1. the Covered Person's immediate transportation from the place where he or she suffers an Injury [or Sickness] to the nearest: Hospital; or other medical facility where appropriate medical treatment can be obtained; or
2. the Covered Person's transportation to his or her Home Country to obtain further medical treatment in a: Hospital; or other medical facility; or to recover after suffering an Injury [or Sickness].

An Emergency Medical Evacuation also includes: Medically Necessary medical treatment; medical services; and medical supplies necessarily received in connection with such transportation.

[After Hospitalization or treatment for a covered Injury [or Sickness], if the Covered Person is unable to continue his Trip, Our designated assistance provider, in conjunction with the local attending Doctor and/or the Covered Person's habitual Doctor, will organize the Covered Person's return to his or her Home Country or country of permanent assignment. If the gravity of the situation so dictates, Our designated assistance provider will ensure that appropriate medical care is provided to the Covered Person during the return Trip. If Our designated assistance provider and the local attending medical practitioner consider the Covered Person stable enough to be medically repatriated, without endangering the Covered Person's health, and the Covered Person refuses repatriation, We will continue to pay medical expense benefits incurred after the date repatriation was recommended only up to the amount that would have been payable for the medical repatriation, subject to policy maximums and limitations.]

Benefits will not be payable unless We authorize in writing [or by an authorized electronic or telephonic means] all expenses in advance.]

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**[EMERGENCY REUNION BENEFIT]**

We will reimburse up to the Maximum Benefit shown in the Schedule of Benefits, to have one of the Insured's Immediate Family Members accompany him or her to the Covered Person's [Home Country] [or] [Hospital] where the Covered Person is confined if:

1. the Emergency Medical Evacuation [Repatriation] Benefit is payable under the Policy];  
and
- [2. [the Insured][Covered Person] is alone outside of his or her Home Country; and]
- [3. the place of confinement is more than [50-200] miles from the [Insured's][Covered Person's] Home Country].

[In addition, We will pay the reasonable expenses incurred for lodging and meals of the Insured's Immediate Family Member for a period not to exceed [7-14] days.]

[This benefit will not exceed [the lesser of]:

1. the cost of one [round-trip] economy airfare ticket and other local travel related expenses; [or]
2. the reasonable expenses incurred for lodging and meals of the Insured's Immediate Family Member for a period of [7-14] days.
3. the Benefit Amount shown in the Schedule of Benefits.]

We must authorize all expenses in advance for any benefit to be payable.]

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**[EXTENDED BENEFIT OPTION]**

We will pay the Maximum Benefit shown in the Schedule of Benefits, subject to the payment of the Deductible and the Co-insurance Rate, while the Covered Person is in his or her Home Country, if the Covered Person obtains treatment for an Injury [or Sickness] within [30-90] days of returning from a Trip to his or her Home Country. Such treatment must be for the recurrence or continuation of treatment for an Injury [or Sickness] that began during the course of a Trip for which a benefit is otherwise payable under the [Out of Country] Medical Expense Benefit.]

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**[FAMILY REUNION BENEFIT]**

We will reimburse up to the Maximum Benefit shown in the Schedule of Benefit, if, while the Covered Person is traveling, he or she suffers an Injury [or Sickness] and must be confined in a Hospital for at least [3-7] consecutive days [or if the Covered Person is medically evacuated to another location,] We will reimburse the expenses for transportation and lodging for a Family Member to join the Covered Person during his or her stay in the Hospital. 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 paid unless all expenses are approved in advance by Us, and services are rendered by the Company's assistance provider.

**Definition:** For this benefit  
**Family Member** means a Covered Person's parent; sister; brother; husband; wife; or children.]

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#### **[FELONIOUS ASSAULT AND VIOLENT CRIME BENEFIT**

We will pay Maximum Benefit shown in the Schedule of Benefits, when the Covered Person suffers a Covered Loss from a Covered Accident that occurs during a violent crime or felonious assault as described below. [A police report detailing the felonious assault or violent crime must be provided before this benefit is payable.] [The Covered Accident must occur while the Covered Person is on the business or premises of the Policyholder.] The Covered Person must notify the police within [24-48] hours of the assault.

To qualify for benefit payment, the Covered Accident must occur during any of the following:

1. actual or attempted robbery or holdup;
2. actual or attempted kidnapping;
3. any other type of intentional assault that is a crime classified as a felony by the governing statute or common law in the location where the assault occurred.]

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#### **[Heart or Circulatory Malfunction Benefit**

We will pay the Maximum Benefit shown in the Schedule of Benefits, when the Covered Person suffers a Covered Loss from a Covered Accident that is a result of a Heart Failure. The Heart Failure must occur within [4 – 52] weeks of the Covered Accident.

**Definitions** For purposes of this benefit:  
**Heart Failure** means death because the heart ceases to beat due to failure of the heart to maintain adequate circulation of blood.]

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#### **[HIV OCCUPATIONAL ACCIDENT BENEFIT**

We will pay the Maximum Benefit shown in the Schedule of Benefits, when the Covered Person suffers an Injury resulting from a Covered Accident. Such Covered Accident must: occur during the performance of Occupational Duties; and result in the Covered Person acquiring and testing positive for Human Immunodeficiency Virus (HIV) antibodies within [1-2] year(s) of the Injury.

In order to receive this benefit, the Covered Person must satisfy all of the following:

1. submit a Workers' Compensation Injury report to the Policyholder within [24 – 72] hours of the Covered Accident that occurs during the performance of Occupational Duties;
2. test negative for Human Immunodeficiency Virus (HIV) antibodies within [24 – 72] hours of such Covered Accident;
3. test positive for Human Immunodeficiency Virus (HIV) antibodies in a subsequent Blood Test within [1-2] year(s) of the date of the Covered Accident.

**Definitions** For purposes of this benefit:  
**Occupational Duties** means the performance of normal work duties on behalf of the Policyholder.

**HIV** means a virus that infects lymphocytes and other cells bearing the CD4 marker, the initial infection of which is known as acute retro viral syndrome.

**Blood Test** means a positive (reactive) Enzyme-linked Immunosorbent Assay (ELISA) test, confirmed by the Western Blot Test, or other tests that may be approved by the Centers for Disease Control and Prevention and accepted by Us.]

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**[HOME ALTERATION AND VEHICLE MODIFICATION BENEFIT**

We will pay the Maximum Benefit shown in the Schedule of Benefits, when the Covered Person suffers a Covered Loss, other than a Loss of Life, from a Covered Accident.

This benefit will be payable if all of the following conditions are met:

1. prior to the date of the Covered Accident causing such Covered Loss, the Covered Person did not require the use of any: adaptive devices; or adaptation of residence and/or vehicle;
2. as a direct result of such Covered Loss, the Covered Person now requires such: adaptive devices; or adaptation of residence and/or vehicle to maintain an independent lifestyle;
3. the Covered Person requires: home alteration; or vehicle modification; within [1-2] year(s) of the date of the Covered Accident.]

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**[HOME COUNTRY BENEFIT**

We will pay the Maximum Benefit shown in the Schedule of Benefits while the Covered Person is in his or her Home Country, if the Covered Person obtains treatment for: 1) an Injury [or Sickness] within [30-90] days of returning from a Trip to his or her Home Country; or 2) for a continuation of benefits for treatment that began during the course of a Trip for which a benefit is otherwise payable under the [Out of Country] Medical Expense Benefit. The Covered Person must remain continuously insured, including while on vacations and school breaks. Home Country Benefit payments are subject to any applicable Deductible and Coinsurance Rate shown in the Schedule of Benefits.

[Extended Benefit - If the Home Country benefit is payable, benefits will be extended for an additional month provided the Covered Person has enrolled for coverage under the Policy for at least [3-9] consecutive months. Extended Benefits are subject to the Benefit Maximum shown in the Schedule of Benefits for the Home Country Benefit.]]

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**[HOME COUNTRY BENEFIT**

We will pay the Maximum Benefit shown in the Schedule of Benefits when the Covered Person returns to his or her Home Country or country of principal residence for incidental visits of up to a maximum of a [1-4] week period, provided:

1. the period of coverage is for a period of at least [30-90] days; and
2. the primary reason for the Covered Person's return to the Home Country or country of principal residence is not to obtain medical treatment for an Injury [or Sickness] that occurred while traveling.

Home Country Benefit payments are subject to any applicable Deductible and Coinsurance Rate shown in the Schedule of Benefits.

[Extended Benefit - If the Home Country benefit is payable, benefits will be extended for an additional month provided the Covered Person has enrolled for coverage under the Policy for at least [3-9] consecutive months. Extended Benefits are subject to the Benefit Maximum shown in the Schedule of Benefits for the Home Country Benefit.]]

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**[HOME COUNTRY EMERGENCY BENEFIT**

We will pay the Maximum Benefit shown in the Schedule of Benefits for covered medical expenses as shown in the [Out of Country] Medical Expense Benefit, if the Covered Person obtains treatment of an Injury [or Sickness] in his or her Home Country during the course of a Trip outside the Covered Person's Home Country for which coverage would have been afforded under the [Out of Country] Medical Expense Benefit.

The coverage begins on the date the Covered Person arrives in his or her Home Country. The maximum duration of this coverage is [14-60] days in any 12 month period. Coverage ends when the Covered Person leaves his or her Home Country.

Coverage with respect to the Covered Person must remain continuously in force. This includes while he or she is on vacation and school breaks. Home Country Emergency Benefit payments are subject to any applicable Deductible and Coinsurance Rate shown in the Schedule of Benefits.]

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#### **[HOME COUNTRY EXTENSION BENEFIT**

We will pay the benefits for Covered Medical Expenses up to the Maximum Benefit shown in the Schedule of Benefits, if the Covered Person obtains treatment of an Injury [or Sickness] while he or she is in his or her Home Country during the course of a Trip for which a benefit is otherwise payable under the Medical Expense Benefit. Benefits will be paid for a period of [1-3] months from the date the Covered Person returns to his or her Home Country. Home Country Extension Benefit payments are subject to any applicable: Benefit Maximum; Deductible; and Coinsurance Rate shown in the Schedule of Benefits.]

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#### **[HOSPITAL CONFINEMENT BENEFIT**

We will pay the Maximum Benefit shown in the Schedule of Benefits if a Covered Person is Hospital Confined, and all of the following conditions are met.

1. The Hospital stay is the direct result, from no other causes, of Injuries sustained in a Covered Accident, that occurs while the Policy is in effect.
2. The Hospital stay begins within [7-21] days of a Covered Accident [and lasts for the Benefit Waiting Period shown in the Schedule of Benefits] [and lasts at least 3 days in a row]. [We will pay this benefit retroactive to the first day of the Hospital stay.]

Benefit payments will end on the first of the following dates:

1. the date the Hospital stay ends; or
2. the date the Covered Person dies;
3. the date the Maximum Benefit Period for this benefit ends; or
4. the date insurance under the Policy ends.]

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#### **[LOST BAGGAGE BENEFIT**

We will reimburse, up to the Maximum Benefit shown in the Schedule of Benefit, the Covered Person's replacement costs of clothes and personal hygiene items [in excess of the deductible], if the Covered Person's luggage is checked onto a Common Carrier, and is then permanently: lost; stolen; or damaged beyond his or her use. Replacement costs are calculated on the basis of the depreciated standard for the specific personal item claimed and its average usable period. The Covered Person must file a formal claim with the transportation provider and provide Us with copies of all claim forms and proof that the transportation provider has paid the Covered Person its normal reimbursement for the permanently: lost; stolen; or damaged luggage.

**Definitions** For purposes of this benefit:  
**Common Carrier** means

1. a conveyance, including an aircraft, licensed for hire to carry fare-paying passengers on a set route and schedules; or
2. a transport aircraft operated by the Air Mobility Command of the United States of America or a similar air transport service of another country.]

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**[[OUT OF COUNTRY] MEDICAL EXPENSE BENEFITS**

We will pay Maximum Benefit shown in the Schedule of Benefits, for Covered Expenses from a Covered Accident [or Sickness]. These benefits are subject to the: Deductibles; [Coinsurance Maximum Rates;] Benefit Periods; and other terms or limits shown in the Schedule of Benefits.

[Out of Country] Medical Expense Benefits are only payable:

1. for Usual and Customary Charges incurred after the Deductible has been met;
2. for those Medically Necessary Covered Medical Expenses that the Covered Person receives; and
3. when the first charges are incurred within [30; 60; 90; 180; 365] days after the date of the Covered Accident [or Sickness].

No benefits will be paid for any expenses incurred that, in Our judgment, are in excess of Usual and Customary Charges.

**Covered Medical Expenses**

1. [Hospital room and board expenses: the daily room rate when a Covered Person is Hospital confined; and general nursing care is provided and charged for by the Hospital. In computing the number of days payable under this benefit, the date of admission will be counted but not the date of discharge.]
2. [Ancillary hospital expenses: services and supplies including: operating room; laboratory tests; anesthesia; and medicines (excluding take home drugs) when Hospital confined. This does not include personal services of a non-medical nature.]
3. [Daily intensive care unit expenses: the daily room rate when a Covered Person is Hospital confined in a bed in the intensive care unit; and nursing services other than private duty nursing services.]
4. [Medical emergency care (room and supplies) expenses: incurred within 72 hours of an Accident and including: the attending Doctor's charges; X-rays; laboratory procedures; use of the emergency room; and supplies.]
5. [Newborn nursery care expenses.]
6. [Outpatient surgical room and supply expenses for use of the surgical facility.]
7. [Outpatient: diagnostic x-rays; laboratory procedures; and tests.]
8. [Doctor non-surgical treatment/examination expenses (excluding medicines) including: the Doctor's initial visit; each Medically Necessary follow-up visit; and consultation visits when referred by the attending Doctor.]
9. [Doctor's surgical expenses [as shown in the Schedule of Benefits]. [If an Injury or Sickness requires multiple surgical procedures through the same incision, We will pay only one benefit, the largest of the procedures performed. If multiple surgical procedures are performed during the same operative session but through different incisions, We will pay as shown in the Schedule of Benefits for the most expensive procedure and 50% of Covered Expenses for the additional surgeries.]]
10. [Assistant surgeon expenses when Medically Necessary]
11. [Anesthesiologist expenses for pre-operative screening and administration of anesthesia during a surgical procedure whether on an inpatient or outpatient basis.]
12. [Outpatient laboratory test expenses.]

13. [Physiotherapy [physical medicine/chiropractic/acupuncture] expenses on an inpatient or outpatient basis [limited to one visit per day (as shown in the Schedule of Benefits)]. Expenses include treatment and office visits connected with such treatment when prescribed by a Doctor, including: diathermy; ultrasonic; whirlpool; or heat treatments; adjustments; manipulation; massage; or any form of physical therapy.]
14. [Chiropractic expenses on an inpatient or outpatient basis [limited to one visit per day (as shown in the Schedule of Benefits)].]
15. [X-ray expenses (including reading charges) but not for dental x-rays.]
16. [Dental expenses including dental x-rays for the repair or treatment of each injured tooth that is: whole; sound; and a natural tooth at the time of the Accident [; and emergency alleviation of dental pain].]
17. [Dental expenses for impacted wisdom tooth.]
18. [Outpatient registered nurse services if ordered by a Doctor.]
19. [[Air] Ambulance expenses for transportation from the emergency site to the Hospital.]
20. [Rehabilitative braces or appliances prescribed by a Doctor. It must be durable medical equipment that 1) is primarily and customarily used to serve a medical purpose; 2) can withstand repeated use; and 3) generally is not useful to a person in the absence of Injury. No benefits will be paid for rental charges in excess of the purchase price.]
21. [Prescription Drug Expenses [including: dressings; drugs; and medicines] prescribed by a Doctor [and administered on an outpatient basis].]
22. [Medical equipment rental expenses for a wheelchair or other medical equipment that has therapeutic value for a Covered Person. We will not cover: computers; motor vehicles; or modifications to a motor vehicle; ramps and installation costs; eyeglasses; and hearing aids.]
23. [Medical services and supplies: expenses for blood and blood transfusions; oxygen and its administration.]
24. [Eyeglasses; contact lenses; and hearing aids; when damage occurs in a Covered Accident that requires medical treatment.]
25. [Expenses due to an aggravation or re-Injury of a Pre-Existing Condition.]
26. [Emergency medical treatment of pregnancy.]
27. [Therapeutic termination of pregnancy.]]

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**[PERMANENT TOTAL DISABILITY BENEFIT**

We will pay the Maximum Benefit shown in the Schedule of Benefit if:

1. a Covered Person is Injured in a Covered Accident, which happens while he or she is covered for this benefit; and
2. he or she becomes Totally Disabled as a direct result, and from no other cause, within [15 – 90] days of the Covered Accident; and
3. he or she remains Totally Disabled for [6 – 24] straight months; and
4. he or she is then Permanently and Totally Disabled.

The amount of this benefit is the amount shown on the Schedule of Benefits, minus any amounts we have paid under other benefits for the same Covered Accident.

[We will pay this amount until:

1. the Covered Person dies, or is no longer Permanently and Totally Disabled; or
2. the total we have paid for the same Covered Accident under the Policy is the Principal Sum shown on the Schedule of Benefits.]

**Definitions** For purposes of this benefit:  
**Total Disability** or **Totally Disabled** means, due to an Injury from a Covered Accident, a Covered Person:

1. if employed, cannot do any work for which he or she is, or may become, qualified by reason of: education; experience; or training; and
2. if not employed, cannot perform the normal and customary activities of a healthy person of like age and sex.]

**Permanently and Totally Disabled** means, due to an Injury from a Covered Accident, a Covered Person:

1. if he or she is deemed not able to do any work for which he or she is or may become qualified by reason of his: education; experience; or training;
2. [and if not employed, cannot perform the normal and customary activities of a healthy person of like age and sex]; and
3. if he or she is not expected to be able to do any such work for the rest of his or her life, as determined by a Doctor.

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#### **[PERSONAL LIABILITY BENEFIT**

We will reimburse up to the Maximum Benefit shown in the Schedule of Benefit, if during the Trip, a claim is made or a suit brought against the Covered Person for Property Damage.

We will reimburse up to the Benefit Maximum shown in the Schedule of Benefits, if during the Trip a claim is made or a suit brought against the Covered Person for Medical Expenses as the result of a Covered Accident caused by the Covered Person and resulting in an Injury to another person.

**Definitions** For purposes of this benefit:

**Medical Expenses** means reasonable charges for: medical; surgical; X-ray; dental; ambulance; Hospital; professional nursing; prosthetic devices; and funeral services.

**Property Damage** means: physical injury to; destruction of; or loss of use of tangible property.

**Exclusions** For purposes of this benefit:

The Company will not be liable for any claims caused by or resulting either directly or indirectly from:

- 1) liability which is expected by or intended for a Covered Person;
- 2) liability arising out of or in connection with a Business engaged in by a Covered Person. This exclusion applies but is not limited to an act or omission, regardless of its nature or circumstance, involving a service or duty: rendered; promised; owed; or implied to be provided because of the nature of the Business;
- 3) liability arising out of the: rental; or holding for rental of any part of any premises by a Covered Person;
- 4) liability arising out of the: rendering of; or failure to render professional services;
- 5) liability arising out of a: premises; water craft; or aircraft that is: owned by; rented to; or rented by a Covered Person;
- 6) liability arising out of the ownership, maintenance, use, loading or unloading of motor vehicles, all other motorized land conveyances, water craft or aircraft;

- 7) liability arising out of the transmission of a communicable disease by a Covered Person;
- 8) liability arising out of: sexual molestation; corporal punishment; or physical or mental abuse;
- 9) liability arising out of the: use; sale; manufacture; delivery; transfer; or possession by any person of a controlled substance or contraband as defined by the appropriate authority or the Federal Food and Drug agency.
- 10) liability under any contract or agreement;
- 11) Property Damage to property owned by a Covered Person;
- 12) Property Damage to property: rented to; occupied; or used by or in the care of a Covered Person;
- 13) Injury to any person eligible to receive any benefits voluntarily provided or required to be provided by an Insured Person under any: worker's compensation law; non-occupational disability law; or occupational diseases law; or
- 14) Suits arising from any: family member; or travelling companion; or family member of a travelling companion against a Covered Person.]

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**[[PERSONAL PROPERTY] [AND] [FINANCIAL INSTRUMENT REIMBURSEMENT] BENEFIT**

We will pay either the Personal Property Benefit Maximum or Financial Instrument Benefit Maximum shown in the Schedule of Benefit, if a Covered Person sustains loss or damage to [Personal Property] [or] [Financial Instrument] that is caused directly by a Covered Peril during [a bona fide out of country business Trip approved by his or her employer][his or her covered out of country Trip]. We will indemnify the Policyholder on behalf of the Covered Person with respect to such loss or damage [after satisfaction of the Deductible]. The Covered Person must take all reasonable precautions for the safety of any covered [Personal Property] [and] [Financial Instrument]. With respect to a Covered Loss, We will be entitled:

1. to take and keep possession of such property and to deal with salvage in a reasonable manner;
2. to repair or replace any property for which We have liability under this Benefit, at Our option. Replacement costs are calculated on the basis of the depreciated standard for the specific personal item claimed and its average usable period.

**Definitions** For purposes of this benefit:

**Covered Peril** means loss or damage caused by: fire; explosion; lightning; collision; upset; or overturn to a: rental vehicle; theft; burglary; or robbery.

**Personal Property** means [personal goods belonging to the Covered Person or for which the Covered Person is responsible and are taken [on the business Trip] or acquired by the Covered Person during the covered Trip.] *{or}* [the personal effects owned by the Covered Person for: personal use; adornment; or amusement].

**[Financial Instrument** means: coins; banknotes; postal and money orders; signed travelers and other checks; letters of credit; travel tickets; and credit cards.]

**Exclusions** For purposes of this benefit:

In addition to SECTION 10 (Exclusions), We will not pay for:

- [1. More than [\$100 to \$3,000] with respect to any one article or set of articles.]

- [2. Vehicles [ (including aircraft and other conveyances)] or their accessories or equipment.]
- [3. Loss or damage due to:
  - [a] Moth; vermin; insects; or other animals;]
  - [b] wear and tear; atmospheric or climatic conditions; or gradual deterioration; or [latent] defective materials or craftsmanship;]
  - [c] Mechanical or electrical failure [or inherent vice];]
  - [d] Breaking; marring; scratching; wet or dampness; spoilage; being discoloured; mold mildew; rust; frost; steam; mishandling; improper packing; improper stowage; or rough handling;]
  - [e] Any process of: cleaning; restoring; repairing; or alteration].]
- [4. More than a reasonable proportion of the total value of the set where the loss or damaged article is part of a set or pair.]
- [5. Currency.]
- [6. Coins; deeds; bullion; stamps; securities; tickets; documents; and perishables.]
- [7. Devaluation of currency or shortages due to errors or omissions during monetary transactions.]
- [8. More than \$500 with respect to cash.]
- [9. Any loss not reported to either the police or transport carrier within 24 hours of discovery.]
- [10. Any loss due to confiscation or detention by customs or any other authority.]
- [11. Any loss or damage directly or indirectly caused by declared or undeclared war or any act thereof.]
- [12. Laptop computers.]
- [13. Household furniture.]
- [14. Eyeglasses.]
- [15. Contact lenses.]
- [16. Artificial teeth or limbs.]
- [17. Property while in the: care; custody; or control of any common carrier.]
- [18. Loss or damage due to unexplained or mysterious disappearance [; unexplained shortage; or shortage disclosed by taking inventory].]
- [19. Loss or damage due to theft unless reported to the police or competent authority.]
- [20. Jewelry; furs; fine arts; and antiques.]
- [21. Audiovisual equipment; slide projectors; televisions; overhead projectors.]
- [22. Foodstuffs; liquor; medication; pharmaceutical goods; and plants.]
- [23. Animal mounts or other products of taxidermy.]
- [24. Cellular telephones; citizen band radios; tape players; radar detectors; radio; and other sound reproducing or receiving equipment.]
- [25. Firearms; ammunitions; holsters; firearm paraphernalia.]
- [26. Motor vehicles; including motorcycles and mobile equipment.]

[In additional, We will not pay benefits for loss or damage caused by or resulting from:

- [1. Hostile or war like action in time of peace or war, including action in: hindering; combating; or defending against an: actual; impending; or expected attack by:
  - a) any government or sovereign power (de jure or de facto), or by any authority maintaining or using: military; naval; or air forces; or
  - b) military; naval; or air forces; or
  - c) an agent of any government power; authority; or forces.]
- [2. Any weapon of war employing atomic fission or radioactive force whether in time of peace or war.]
- [3. Insurrection; rebellion; revolution; civil war; usurped power; or action taken by governmental authority in: hindering; combating; or defending against such an: occurrence; seizure; or destruction under quarantine or custom regulations; confiscation by order of any government or public authority; or risks of contraband or illegal transportation or trade.]
- [4. Nuclear reaction; or nuclear radiation; or radioactive contamination.]
- [5. Breakage of glass, unless the breakage is the direct result of a covered loss.]
- [6. Loss or destruction of property resulting from any Covered Person voluntarily giving someone else possession of your property, other than to a parking valet or service technician for the purpose of: parking; servicing; or repairing an: automobile; truck; or van.]
- [7. Loss or destruction of property while a rented vehicle is being used for commercial purpose.]
- [8. Loss or damage to property which occurs while loading or unloading a rented vehicle unless such loss or damage is the result of a covered loss.]
- [9. Loss or damage occurring subsequent to a vehicle being obtained under a fictitious: name; address; other false identification; or other fraudulent means or misrepresentation.]]]

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**[POLITICAL EVACUATION [NATURAL DISASTER] EXPENSE BENEFIT**

We will pay the Maximum Benefit shown in the Schedule of Benefits, if:

1. an Occurrence takes place during the [Covered Activity] [Trip] described in the Policy while coverage is in effect; and
2. while he or she is traveling outside of his or her Home Country or country of residence.

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. Political Evacuation Benefits are payable only once for any one Occurrence.
2. the Covered Person's Transportation and Related Costs within 14 days of the Political 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] [Trip] while covered by the Policy;
  - b. the Covered Person's Home Country; or

- c. where the entity that sponsored the Covered Person's [Covered Activity][Trip] is located.
- [3. consulting services by a Designated Security Consultant for seeking information on a Missing Person or kidnapping cases, if the Covered Person is kidnapped or is reported as a Missing Person to local or international authorities.]

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 [or approved] by Our assistance provider. Our 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.

**Right of Recovery** For purposes of this benefit:  
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.

**Change in Terms and Conditions** For purposes of this benefit:  
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 Political Evacuation exposure. We will give at least [15 - 19] days advance written notice (or authorized electronic or telephonic means) to the Participating Organization of any change in the terms and condition of this coverage.

**Definitions** For purposes of this benefit:  
**Appropriate Authority(ies)** means 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 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.

**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.]

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

1. the Covered Person can be resumed safe from the Occurrence that precipitated the Covered Person's Political 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;

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 Country of Residence 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 within seven days of an event;]
- [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.]

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

**Political Evacuation** means the extrication of a Covered Person from the Host Country due to an Occurrence which could result 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.

**Exclusions** For purposes of this benefit:

We will not pay Political 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.
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 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. due to Natural Disaster.]

This Benefit 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.]

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**[REHABILITATION BENEFIT**

We will reimburse up to the Maximum Benefit shown in the Schedule of Benefits when the Covered Person requires rehabilitation after sustaining a Covered Loss from a Covered Accident. The Covered Person must require Rehabilitation within [1-3] year(s) after the date of the [Covered Accident; Covered Loss].

**Definition**

For purposes of this benefit:

**Rehabilitation** means medical services; supplies; or treatment; or Hospital confinement (or part of a Hospital confinement) that satisfies all of the following conditions:

- 1. are essential for physical rehabilitation required due to the Covered Person's Covered Loss;
- 2. meet generally accepted standards of medical practice;
- 3. are performed under: the care; supervision; or order of a Physician;
- 4. prepare the Covered Person to return to his or any other occupation.]

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**[REPATRIATION OF REMAINS BENEFIT**

We will pay the Maximum Benefit as shown in the Schedule of Benefits for preparation and return of a Covered Person's body to his or her Home Country if he or she dies due to an Injury [or Sickness] [while on a covered Trip] [more than 100 miles from the Covered Person's home].

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 by the most direct and least costly conveyance and route possible.

Benefits will not be payable unless We authorize in writing [or by an authorized electronic or telephonic means] all expenses in advance.]

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**[RETURN OF MINOR CHILD(REN) BENEFIT**

We will reimburse up to the Maximum Benefit shown in the Schedule of Benefit if the Covered Person, age 18 or older, is the only person traveling with minor a Dependent(s) who is under the age of 18, and such Covered Person suffers an Injury [or Sickness] and must be confined in a Hospital [for at least [24-48] consecutive hours] [or if the Covered Person is medically evacuated to [another location][Home Country]]. We will reimburse the cost of a one way economy airfare ticket [and/or ground transportation ticket] to return each minor Dependent child to his or her [Home Country][principal residence]. 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. Benefits will not be paid unless all expenses are approved in advance by Us, and services are rendered by the Company's assistance provider.]

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**[SEATBELT [AND AIRBAG] BENEFIT**

We will pay the Full Seatbelt Benefit shown in the Schedule of Benefits, when a Covered Person dies [or is dismembered [or is Permanently Totally Disabled]] directly and independently from Injuries sustained while wearing a seatbelt or a Child Seatbelt and operating or riding as a passenger in an Automobile.

[We will pay the Airbag Benefit shown in the Schedule of Benefits, if the Covered Person was positioned in a seat protected by a properly-functioning and properly deployed Supplemental Restraint System (Airbag).]

Verification of proper use of the seatbelt or Child Seatbelt at the time of the Covered Accident [and that the Supplemental Restraint System properly inflated upon impact] must be a part of an official police report of the Covered Accident or be certified, in writing, by the investigating officer(s) and submitted with the Covered Person's claim to Us.

[If such certification or police report is not available or it is unclear whether the Covered Person was wearing a seatbelt or Child Seatbelt [or positioned in a seat protected by a properly functioning and properly deployed Supplemental Restraint System], We will pay a default benefit shown in the Schedule of Benefits to the Insured if living, if not, then to the Covered Person's beneficiary.]

**Definitions** For purposes of this benefit:

**Child Seatbelt** means a child restraint, as required by state law and approved by the National Highway Traffic Safety Administration, properly secured and being used as recommended by its manufacturer for children of like age and weight at the time of the Covered Accident.

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

**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.]

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**[SHORT TERM PARTIAL DISABILITY BENEFIT**

We will pay the Maximum Benefit shown in the Schedule of Benefits, if a Covered Person is Partially Disabled as a direct result of a Covered Accident. Disability Benefits will begin when:

1. the applicable Benefit Waiting Period shown in the Schedule of Benefits for this benefit is satisfied; and
2. the Covered Person provides satisfactory proof of Partial Disability to Us.

Benefit Payments will end on the first of the following dates:

1. the date the Covered Person dies; or
2. the date the Covered Person is no longer Partially Disabled; or
3. the date the Maximum Benefit Period for this benefit ends; or
4. the date the Covered Person fails to submit satisfactory proof of continuing Partial Disability.

**Definition:** For this benefit **Partial Disability** or **Partially Disabled** means a Covered Person is able to work [after a period for which Total Disability benefits are payable under the Policy], but is not:

1. able to perform all the material duties of his or her occupation; and
2. earn more than [[ $\$1,000$ - $\$2,000$ ] or more in] [[50%-75%] of prior] gross earnings per month.

[Partial Disability must be the result of the same Covered Accident for which Total Disability benefits were payable.]

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**[SHORT TERM TOTAL DISABILITY BENEFIT**

We will pay the Maximum Benefit shown in the Schedule of Benefits, if a Covered Person is Totally Disabled as a direct result of a Covered Accident. Disability Benefits will begin when:

1. the applicable Benefit Waiting Period shown in the Schedule of Benefits for this benefit is satisfied; and
2. the Covered Person provides satisfactory proof of Total Disability to Us.

Benefit Payments will end on the first of the following dates:

1. the date the Covered Person dies; or
2. the date the Covered Person is no longer Totally Disabled; or
3. the date the Maximum Benefit Period for this benefit ends; or
4. the date the Covered Person fails to submit satisfactory proof of continuing Total Disability.

**Definition:** For this benefit **Total Disability** or **Totally Disabled** means, due to an Injury from a Covered Accident, a Covered Person:

1. if employed, cannot do any work for which he or she is, or may become, qualified by reason of: education; experience; or training; and
2. if not employed, cannot perform the normal and customary activities of a healthy person of like age and sex.]

### **[SPOUSE RETRAINING BENEFIT**

We will pay the Maximum Benefit shown in the Schedule of Benefits, for a Dependent spouse of the Covered Person whose death[; dismemberment] [; or Total Disability] from a Covered Accident for which an Accidental Death [or Dismemberment] Benefit [or Permanent Total Disability Benefit] is/are payable under this Policy. This benefit is subject to the conditions and exclusions described below.

[A Dependent spouse must:

1. enroll in any accredited school for the purpose of retraining or refreshing skills needed for employment within [30 – 365] days of the date of the Covered Person's Covered Accident;
2. remain enrolled in such accredited school; and
3. incur expenses: payable directly to; or approved by; such school.]

Payments will be made to the Dependent spouse at the end of each school year for Maximum Number of Payments shown in the Schedule of Benefits. We must receive proof satisfactory to Us of the Spouse's enrollment and attendance within [15 – 45] days of the end of each school year. The first year for which a Spouse Retraining Benefit is payable will begin on the date the Dependent spouse enrolls in an accredited school for the first time following the date the Covered Person dies [or becomes Totally Disabled]. Each succeeding year for which benefits are payable will begin on the date following the end of the preceding school year.

**[Definitions** For purposes of this benefit:

**Total Disability** or **Totally Disabled** means, due to an Injury from a Covered Accident, a Covered Person:

1. if employed, cannot do any work for which he or she is, or may become, qualified by reason of: education; experience; or training; and
2. if not employed, cannot perform the normal and customary activities of a healthy person of like age and sex.]]

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### **[TRIP CANCELLATION BENEFIT**

We will reimburse the Maximum Benefit shown in the Schedule of Benefits for expenses paid in advance by the Covered Person and for which the Covered Person is legally liable and which are not recoverable from any other source, consequent upon the cancellation of his or her Trip, occurring while coverage is enforce for the Covered Person, caused by:

- 1) Unexpected death; Serious Injury [; or Serious Sickness] [resulting in admittance to a Hospital] of the: Covered Person; Covered Person's Travelling Companion; and Covered Person's Immediate Family Member;
- 2) [A Covered Person's place of residence or business being rendered uninhabitable 10 days or less prior to the commencement of the Covered Person's Trip as a result of accidental damage; or]
- 3) [A Covered Person's presence being required by the Police following burglary or attempt thereat a Covered Person's place of residence or business.]

**Definitions** For purposes of this benefit:

**Immediate Family Member** means an Insured Person's spouse; children; children-in-law; siblings; siblings-in-law; parents; parents-in-law; grandparents; grandchildren; legal guardian; ward; step or adopted children; step-parents; aunts; uncles; nieces; and nephews; who reside in the same country as the Insured Person.

**Travelling Companion** means up to two (2) person(s) who are booked to accompany a Covered Person on the Covered Person's Trip.

**Serious Injury** or **Serious Sickness** means Bodily Injury or Sickness certified as being dangerous to life by a legally qualified medical practitioner.

- Exclusions** For purposes of this benefit:  
The Company shall not be liable to pay any benefit in respect of any Covered Person for:
- 1) the default of any:
    - a) provider of transport; or
    - b) agent of such provider; or
    - c) agent acting for the Insured Person;
  - 2) regulations made by any Government or Public Authority;
  - 3) strikes or labor disputes which existed or of which advance warning had been given prior to the date on which a Covered Person's Trip was booked;
  - 4) delay due to the withdrawal from service temporarily or permanently of any Common Carrier on the orders or recommendations of any Port Authority of the Aviation Agency or any similar body in any country;
  - 5) Is directly caused by or directly results from:
    - a) Any business or financial contractual obligations of the: Covered Person; Covered Person's Travelling Companion; or Covered Person's Immediate Family Member;
    - b) Change of plans or disinclination of the: Covered Person; Covered Person's Travelling Companion; or Covered Person's Immediate Family Member to travel on the particular Covered Person's Trip.]

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**[TRIP DELAY BENEFIT**

We will reimburse up to the Maximum Benefit shown in the Schedule of Benefit, if the flight that the Covered Person is due to travel is delayed [in excess of the Deductible], We reimburse for essential purchases, such as meals, refreshments or other related expenses directly resulting from the:

- 1) delay or cancellation of his/her booked and confirmed flight;
- 2) denial of boarding due to overbooking on his/her booked and confirmed flight;
- 3) late arrival of his/her connecting flight causing him/her to miss his/her onward connection;
- 4) or a late arrival (of more than 1 hour) of public transport causing him/her to miss the flight;

All claims must be submitted in writing to Us by the Covered Person, or his/her legal representative and all information, documents, and evidence required by Us shall be furnished at no expense to Us and shall be in such form and of such nature as We may prescribe. All claims must be reported to Us within 21 days of a delay occurring, and must contain:

- a) the policy number;
- b) detailed circumstances of the delay;
- c) a copy of declaration of delay made by the public transport company (other than an airline);
- d) all receipts, all invoices serving as proof of purchases made in connection with the flight delay, as well as proof of the delay and the flight number and place where the delay occurred.

- Exclusions** For purposes of this benefit:  
The Company shall not be liable to pay any benefit in respect of any Covered Person for:
- 1) arising or as the result of a chartered flight, unless such flight is registered in the international data system;
  - 2) if comparable alternative transport has been made available within [4-6] hours after scheduled departure time or within [4-6] hours of an actual connecting flight arrival time.
  - 3) if a Covered Person fails to check-in according to the itinerary supplied, unless it is due to a strike;
  - 4) if the delay is due to a strike or industrial action existing or announced before the start of the Trip;
  - 5) if the delay is due to withdrawal of aircraft from service by any civil aviation authority of which notice had been given before the start of the Trip;
  - 6) [Arising or as the result of a natural disaster or weather related event.]

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**[TRIP INTERRUPTION BENEFIT]**

We will reimburse the Maximum Benefit shown in the Schedule of Benefits for unused, non-refundable pre-paid expenses paid by the Covered Person, less the value of applied credit from the unused return travel ticket to return to his or her Home Country, if prior to the date of return, the Covered Person's Trip is interrupted due to the unexpected: death; Serious Injury [; or Serious Sickness] [resulting in admittance to a Hospital] of the: Covered Person; Covered Person's Travelling Companion; and Covered Person's Immediate Family Member. We will pay for the loss of travel and/or accommodation expenses.

**Definitions** For purposes of this benefit:  
**Immediate Family Member** means an Insured Person's spouse; children; children-in-law; siblings; siblings-in-law; parents; parents-in-law; grandparents; grandchildren; legal guardian; ward; step or adopted children; step-parents; aunts; uncles; nieces; and nephews; who reside in the same country as the Insured Person.

**Travelling Companion** means up to two (2) person(s) who is / are booked to accompany a Covered Person on the Covered Person's Trip.

**Serious Injury [or Serious Sickness]** means Bodily Injury [or Sickness] certified as being dangerous to life by a legally qualified medical practitioner.

- Exclusions** For purposes of this benefit:  
The Company shall not be liable to pay any benefit in respect of any Covered Person for:
- 1) the default of any:
    - a) provider of transport; or
    - b) agent of such provider; or
    - c) agent acting for the Insured Person;
  - 2) regulations made by any Government or Public Authority;
  - 3) strikes or labor disputes which existed or of which advance warning had been given prior to the date on which a Covered Person Trip was booked;
  - 4) delay due to the withdrawal from service temporarily or permanently of any Common Carrier on the orders or recommendations of any Port Authority of the Aviation Agency or any similar body in any country;
  - 5) Is directly caused by or directly results from;

- a) Any business or financial contractual obligations of the: Covered Person; Covered Person's Travelling Companion; or Covered Person's Immediate Family Member;
- b) Change of plans or disinclination of the: Covered Person; Covered Person's Travelling Companion; or Covered Person's Immediate Family Member to travel on the particular Covered Person's Trip.]

## **SECTION 8: HAZARDS INSURED AGAINST**

We will only pay benefits if the Insured is engaged in one of the hazards described below when the Covered Accident [or Sickness] occurs. Unless otherwise specified, We will pay benefits only once for any one Covered Accident [or Sickness], even if it is covered by more than one hazard.

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### **[24 Hour World Wide Coverage**

We will pay the benefits described in the Policy when a Covered Person suffers a Covered Loss anywhere in the world while insured by the Policy.

#### **[Aircraft Restrictions**

If the Covered Accident happens while a Covered Person is: riding in; or getting on or off of; an aircraft, We will pay benefits, but only if:

- [1. he or she is riding as a passenger only, and not as a pilot or member of the crew; and]
- [2. the aircraft has a valid certificate of airworthiness; and]
- [3. the aircraft is flown by a pilot with a valid license; and]
- [4. the aircraft is not being used for: (i) crop dusting; spraying; or seeding; fire fighting; sky writing; sky diving or hang gliding; pipeline or power line inspection; aerial photography or exploration; racing; endurance tests; stunt or acrobatic flying; or (ii) any operation which requires a special permit from the FAA, even if it is granted (this does not apply if the permit is required only because of the territory flown over or landed on); and]
5. a military aircraft, other than transport aircraft flown by the U.S. Military Airlift Command (MAC), or a similar air transport service of another country.]

#### **[Exposure and Disappearance**

Coverage under this Hazard includes exposure to the elements after the: forced landing; stranding; sinking; or wrecking of a vehicle in which the Covered Person was traveling.

A Covered Person is presumed dead if:

1. he or she is in a vehicle that: disappears; sinks; or is stranded or wrecked on a Trip covered by the Policy; and
2. the body is not found within one year of the Covered Accident.]

**[Owned Aircraft Not Covered** – Benefits will not be paid if loss occurs on an aircraft: owned; leased; or controlled by the Policyholder, or any of the Policyholder's affiliates. An aircraft will be deemed "controlled" by the Policyholder if the Policyholder may use it for more than 10 straight days, or more than 15 days in any year.])

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### **[[Foreign] Business Travel Coverage (24 Hour Coverage)**

The Covered Loss must take place while:

1. traveling or making a short stay of [3-12] months or less [outside of the United States][away from the Covered Person's Home Country] [away from the premises of the Policyholder]; and
2. on business for the Policyholder; and

3. in the course of the Policyholder's business.

This coverage will start at 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 a Covered Person returns to his or her home;
2. the date a Covered Person returns to his or her place of work; or
3. the date a Covered Person makes a Personal Deviation [greater than [1-30] days].

**Definitions** For purposes of this coverage:

**Personal Deviation** means:

1. an activity that is not reasonably related to the Policyholder's business/activities; and
2. not incidental to the purpose of the Trip.

**[Exposure and Disappearance**

Coverage under this Hazard includes exposure to the elements after the: forced landing; stranding; sinking; or wrecking of a vehicle in which the Covered Person was traveling.

A Covered Person is presumed dead if:

1. he or she is in a vehicle that: disappears; sinks; or is stranded or wrecked on a Trip covered by the Policy; and
2. the body is not found within one year of the Covered Accident.]

**[Owned Aircraft Not Covered** – Benefits will not be paid if loss occurs on an aircraft: owned; leased; or controlled by the Policyholder, or any of the Policyholder's affiliates. An aircraft will be deemed "controlled" by the Policyholder if the Policyholder may use it for more than 10 straight days, or more than 15 days in any year.]]

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**[[Business] Travel Coverage (24 Hour Coverage)**

The Covered Loss must take place while:

1. traveling or making a short stay of [3-12] months or less [outside of the United States][away from the Covered Person's Home Country]; and
2. [on business for the Policyholder; and
3. in the course of the Policyholder's business.]

This coverage will start at the actual start of the business 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 a Covered Person returns to his or her home;
2. the date a Covered Person returns to his or her place of work; or
3. the date a Covered Person makes a Personal Deviation [greater than [1-30] days].]

**[Definitions** For purposes of this coverage:

**Personal Deviation** means:

1. an activity that is not reasonably related to the Policyholder's business/activities; and
2. not incidental to the purpose of the Trip.]

**[Exposure and Disappearance**

Coverage under this Hazard includes exposure to the elements after the: forced landing; stranding; sinking; or wrecking of a vehicle in which the Covered Person was traveling.

A Covered Person is presumed dead if:

1. he or she is in a vehicle that: disappears; sinks; or is stranded or wrecked on a Trip covered by the Policy; and
2. the body is not found within one year of the Covered Accident.]

**[Owned Aircraft Not Covered** – Benefits will not be paid if loss occurs on an aircraft: owned; leased; or controlled by the Policyholder, or any of the Policyholder’s affiliates. An aircraft will be deemed “controlled” by the Policyholder if the Policyholder may use it for more than 10 straight days, or more than 15 days in any year.]]

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## **[[Business] Common Carrier Coverage**

We will pay the benefits described in the Policy for a Covered Accident while a Covered Person: is riding as a fare-paying passenger in; or is struck by a regularly scheduled Common Carrier. Riding includes getting into and getting out of the Common Carrier.

[This coverage will start at the actual start of the business 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 a Covered Person returns to his or her home;
2. the date a Covered Person returns to his or her place of work; or
3. the date a Covered Person makes a Personal Deviation [greater than [1-30] days].]

**Definitions** For purposes of this coverage:

**[Personal Deviation** means:

1. an activity that is not reasonably related to the Policyholder’s business/activities; and
2. not incidental to the purpose of the business Trip.]

**Common Carrier** means:

1. a conveyance, including an aircraft, licensed for hire to carry fare-paying passengers on a set route and schedules; or
2. a transport aircraft operated by: the Air Mobility Command of the United States of America; or a similar air transport service of another country.

## **[Exposure and Disappearance**

Coverage under this Hazard includes exposure to the elements after the: forced landing; stranding; sinking; or wrecking of a vehicle in which the Covered Person was traveling.

A Covered Person is presumed dead if:

1. he or she is in a vehicle that: disappears; sinks; or is stranded or wrecked on a Trip covered by the Policy; and
2. the body is not found within one year of the Covered Accident.]

**[Owned Aircraft Not Covered** – Benefits will not be paid if loss occurs on an aircraft: owned; leased; or controlled by the Policyholder, or any of the Policyholder’s affiliates. An aircraft will be deemed “controlled” by the Policyholder if the Policyholder may use it for more than 10 straight days, or more than 15 days in any year.]]

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## **[[Business] Public Conveyance Coverage**

We will pay the benefits shown in the Schedule of Benefits while a Covered Person: is riding as a fare-paying passenger in; or is struck by a Public Conveyance. Riding includes getting into and getting out of the Public Conveyance.

[This coverage will start at the actual start of the business 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 a Covered Person returns to his or her home;
2. the date a Covered Person returns to his or her place of work; or
3. the date a Covered Person makes a Personal Deviation [greater than [1-30] days].]

**Definitions** For purposes of this coverage:

**[Personal Deviation means:**

1. an activity that is not reasonably related to the Policyholder's business/activities; and
2. not incidental to the purpose of the business Trip.]

**Public Conveyance means:**

1. a conveyance, including an aircraft, licensed for hire to carry fare-paying passengers; or
2. a transport aircraft operated by: the Air Mobility Command of the United States of America; or a similar air transport service of another country.

#### **[Exposure and Disappearance**

Coverage under this Hazard includes exposure to the elements after the: forced landing; stranding; sinking; or wrecking of a vehicle in which the Covered Person was traveling.

A Covered Person is presumed dead if:

1. he or she is in a vehicle that: disappears; sinks; or is stranded or wrecked on a Trip covered by the Policy; and
2. the body is not found within one year of the Covered Accident.]

**[Owned Aircraft Not Covered – Benefits will not be paid if loss occurs on an aircraft: owned; leased; or controlled by the Policyholder, or any of the Policyholder's affiliates. An aircraft will be deemed "controlled" by the Policyholder if the Policyholder may use it for more than 10 straight days, or more than 15 days in any year.]]**

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#### **[Commuting Coverage**

We will pay the benefits shown in the Schedule of Benefits while the Covered Person is commuting directly between his or her home and the Policyholder's premises where he or she normally works.

Benefits will not be payable for Covered Accidents that occur more than two hours after the Insured leaves his or her home or place of employment, unless it can be conclusively established that:

1. the delay was caused by conditions beyond the Insured's control; or
2. more time was needed for normal direct commuting.

#### **[Exposure and Disappearance**

Coverage under this Hazard includes exposure to the elements after the: forced landing; stranding; sinking; or wrecking of a vehicle in which the Covered Person was traveling.

A Covered Person is presumed dead if:

1. he or she is in a vehicle that: disappears; sinks; or is stranded or wrecked on a Trip covered by the Policy; and
2. the body is not found within one year of the Covered Accident.]]

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### **[[Family Accompanying the Insured] [and] [Family Relocation] Coverage**

We will pay the benefits shown in the Schedule of Benefit while a Covered Person's Dependent:

1. is accompanying the Insured or on his or her way to join the Insured;
2. when the Trip is authorized by and/or paid for in whole or in part by the Policyholder; and
3. while the Insured is covered during the course of the coverage described in the Policy;]
4. during the course of the Family Relocation Trip.]

**Definitions** For purposes of this coverage:

**[Family Relocation Trip** means a Trip made by an Insured's Dependent in connection with the Insured's transfer or proposed transfer by the Policyholder to a new worksite. Such Trip must be: authorized by; or taken at the direction of; the Policyholder; and/or must be paid for in whole or in part by the Policyholder.]

### **[Exposure and Disappearance**

Coverage under this Hazard includes exposure to the elements after the: forced landing; stranding; sinking; or wrecking of a vehicle in which the Covered Person was traveling.

A Covered Person is presumed dead if:

1. he or she is in a vehicle that: disappears; sinks; or is stranded or wrecked on a Trip covered by the Policy; and
2. the body is not found within one year of the Covered Accident.]

**[Owned Aircraft Not Covered** – Benefits will not be paid if loss occurs on an aircraft: owned; leased; or controlled by the Policyholder, or any of the Policyholder's affiliates. An aircraft will be deemed "controlled" by the Policyholder if the Policyholder may use it for more than 10 straight days, or more than 15 days in any year.]]

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### **[Full Occupational Coverage [(including Business Travel)]**

We will pay the benefits shown in the Schedule of Benefit while a Covered Person is:

1. on the Policyholder's premises; and
2. in the course of a Covered Person's job[; or
3. on a business Trip authorized by the Policyholder].

This coverage does not include commuting between home and the place of work.

[The business trip coverage will start at 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 a Covered Person returns to his or her home;
2. the date a Covered Person returns to his or her place of work; or
3. the date the Covered Person makes a Personal Deviation[greater than [1-30] days].]

**[Definitions** For purposes of this coverage:

**Personal Deviation** means:

1. an activity that is not reasonably related to the Policyholder's business/activities; and
2. not incidental to the purpose of the business Trip.]

**[Exposure and Disappearance**

Coverage under this Hazard includes exposure to the elements after the: forced landing; stranding; sinking; or wrecking of a vehicle in which the Covered Person was traveling.

A Covered Person is presumed dead if:

1. he or she is in a vehicle that: disappears; sinks; or is stranded or wrecked on a Trip covered by the Policy; and
2. the body is not found within one year of the Covered Accident.]

**[Owned Aircraft Not Covered** – Benefits will not be paid if loss occurs on an aircraft: owned; leased; or controlled by the Policyholder, or any of the Policyholder's affiliates. An aircraft will be deemed "controlled" by the Policyholder if the Policyholder may use it for more than 10 straight days, or more than 15 days in any year.]]

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**[Line of Duty Coverage**

We will pay the benefits shown in the Schedule of Benefits, while the Covered Person is Acting in the Line of Duty.

The Covered Loss must take place while:

1. the Covered Person is on duty, on or off the Policyholder's premises; or
2. acting the Line of Duty during a response to an emergency while off duty.

**Definitions** For purposes of this coverage:

**Line of Duty** means acts done according to the standards set by the Policyholder for the type of work in which the Covered Person is engaged. [It does not include:

1. commuting between home and the Policyholder's premises or the emergency site; or
2. travel or any other act not considered to be a Covered Activity.]

**[Exposure and Disappearance**

Coverage under this Hazard includes exposure to the elements after the: forced landing; stranding; sinking; or wrecking of a vehicle in which the Covered Person was traveling.

A Covered Person is presumed dead if:

1. he or she is in a vehicle that: disappears; sinks; or is stranded or wrecked on a Trip covered by the Policy; and
2. the body is not found within one year of the Covered Accident.]

**[Owned Aircraft Not Covered** – Benefits will not be paid if loss occurs on an aircraft: owned; leased; or controlled by the Policyholder, or any of the Policyholder's affiliates. An aircraft will be deemed "controlled" by the Policyholder if the Policyholder may use it for more than 10 straight days, or more than 15 days in any year.]]

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**[Hijacking, Air Piracy [or Carjacking] Coverage**

We will pay the benefits shown in the Schedule of Benefits during a:

1. hijacking of an Aircraft [or private passenger automobile];
2. air piracy; or
3. unlawful seizure or attempted seizure of an Aircraft [or private passenger automobile].

**[Exposure and Disappearance**

Coverage under this Hazard includes exposure to the elements after the: forced landing; stranding; sinking; or wrecking of a vehicle in which the Covered Person was traveling.

A Covered Person is presumed dead if:

1. he or she is in a vehicle that: disappears; sinks; or is stranded or wrecked on a Trip covered by the Policy; and
2. the body is not found within one year of the Covered Accident.]

**[Owned Aircraft Not Covered** – Benefits will not be paid if loss occurs on an aircraft: owned; leased; or controlled by the Policyholder, or any of the Policyholder’s affiliates. An aircraft will be deemed “controlled” by the Policyholder if the Policyholder may use it for more than 10 straight days, or more than 15 days in any year.]]

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**[Non-Employee Director Coverage**

We will pay the benefits shown in the Schedule of Benefits while the non-employee director (the Insured) is traveling to, during the course of, or returning from:

1. a meeting of the Policyholder’s management committee or other similar duties;
2. a Trip taken at the Policyholder’s request; or
3. any Trip to which the Insured received reimbursement from the Policyholder for expenses or services performed.

All such Trips must be authorized by the Policyholder.

This coverage does not include:

1. commuting between the Insured’s home and place of work; or
2. Personal Deviations by the Insured.

This coverage will start at the actual start of the Trip. It does not matter whether the Trip starts at the Insured’s: home; place of work; or other place. It will end on the first of the following dates to occur:

1. the date the Insured returns to his or her home;
2. the date the Insured returns to his or her place of work; or
3. the date the Insured makes a Personal Deviation [greater than [1-30] days].

**Definitions** For purposes of this coverage:

**Personal Deviation** means:

1. an activity that is not reasonably related to the Policyholder’s business; and
2. not incidental to the purpose of the Trip.

**[Exposure and Disappearance**

Coverage under this Hazard includes exposure to the elements after the: forced landing; stranding; sinking; or wrecking of a vehicle in which the Covered Person was traveling.

A Covered Person is presumed dead if:

1. he or she is in a vehicle that: disappears; sinks; or is stranded or wrecked on a Trip covered by the Policy; and
2. the body is not found within one year of the Covered Accident.]

**[Owned Aircraft Not Covered** – Benefits will not be paid if loss occurs on an aircraft: owned; leased; or controlled by the Policyholder, or any of the Policyholder’s affiliates. An aircraft will be deemed “controlled” by the Policyholder if the Policyholder may use it for more than 10 straight days, or more than 15 days in any year.]]

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### **[Owned Aircraft (Business [and Pleasure] Travel)**

We will pay the benefits shown in the Schedule of Benefits, while:

1. the Covered Person is: riding in; or getting on or off of; a covered aircraft; or
2. as a result of a Covered Person being struck by a covered aircraft.
- [3. away from the Policyholder’s premises in the Covered Person’s city of permanent assignment;]
- [4. on business for the Policyholder; and]
- [5. in the course of the Policyholder’s business.]

[This coverage will start at 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 a Covered Person returns to his or her home;
2. the date a Covered Person returns to his or her place of work; or
3. the date the Insured makes a Personal Deviation [greater than [1-30] days].]

#### **[Description of Covered Aircraft:**

[e.g. Boeing 727, License # PA12345, passenger seating capacity: 45]]

**[Definitions** For purposes of this coverage:

**Personal Deviation** means:

1. an activity that is not reasonably related to the Policyholder’s business; and
2. not incidental to the purpose of the Trip.]

**Exclusions** For purposes of this coverage:

Any Exclusion contained in Section 10 pertaining to air travel is waived only to the extent of the specific circumstances contained in this Hazard and is still in force for all other circumstances.

#### **[Exposure and Disappearance**

Coverage under this Hazard includes exposure to the elements after the: forced landing; stranding; sinking; or wrecking of a vehicle in which the Covered Person was traveling.

A Covered Person is presumed dead if:

1. he or she is in a vehicle that: disappears; sinks; or is stranded or wrecked on a Trip covered by the Policy; and
2. the body is not found within one year of the Covered Accident.]]

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### **[Pilots’ [and Crew Members’] Coverage (Business [and Pleasure] Travel)**

We will pay the benefits shown in the Schedule of Benefits, while:

1. traveling as a licensed pilot [or member of the crew];
2. on business for the Policyholder; and]
3. in the course of the Policyholder's business.]

[All such Trips must be authorized by the Policyholder.]

The Covered Accident must take place while a Covered Person is flying as a licensed pilot [or member of the crew] of the aircraft described below.

**[Description of Aircraft Covered:**

[e.g. Boeing 727, License # PA12345, passenger seating capacity: 45]]

**Exclusions**

For purposes of this coverage:

Any Exclusion contained in Section 10 pertaining to air travel is waived only to the extent of the specific circumstances contained in this Hazard and is still in force for all other circumstances.

**[Exposure and Disappearance**

Coverage under this Hazard includes exposure to the elements after the: forced landing; stranding; sinking; or wrecking of a vehicle in which the Covered Person was traveling.

A Covered Person is presumed dead if:

1. he or she is in a vehicle that: disappears; sinks; or is stranded or wrecked on a Trip covered by the Policy; and
2. the body is not found within one year of the Covered Accident.]]

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**[Pilots' [and Crew Members'] Coverage Non-Policyholder Owned Aircraft**

We will pay the benefits shown in the Schedule of Benefits, while the Covered Person is piloting [or serving as a member of the crew of] a covered aircraft that is not owned or controlled by the Policyholder.

The Covered Accident must take place while a Covered Person is flying as a licensed pilot [or member of the crew] of the aircraft described below.

**[Description of Non-Policyholder Owned Aircraft Covered:**

[e.g. Boeing 727, License # PA12345, passenger seating capacity: 45]]

**Exclusions**

For purposes of this coverage:

Any Exclusion contained in Section 10 pertaining to air travel is waived only to the extent of the specific circumstances contained in this Hazard and is still in force for all other circumstances.

**[Exposure and Disappearance**

Coverage under this Hazard includes exposure to the elements after the: forced landing; stranding; sinking; or wrecking of a vehicle in which the Covered Person was traveling.

A Covered Person is presumed dead if:

1. he or she is in a vehicle that: disappears; sinks; or is stranded or wrecked on a Trip covered by the Policy; and
2. the body is not found within one year of the Covered Accident.]]

## **[Private Passenger Automobile Coverage\_(Business [and Pleasure] Travel)**

We will pay the benefits shown in the Schedule of Benefits, while a Covered Person [over the age of [19; 21; 23; 24; 25]] is operating, as a licensed driver, a private passenger automobile or while the Covered Person is in a vehicle operated by a licensed driver over the age of [19; 21; 23; 24; 25] [who is under the direct supervision of the Policyholder]; [and travel time does not exceed [1–24] hours each way].

**Exclusions** For purposes of this coverage:  
We will not pay benefits if:

1. the automobile was being used as a: taxicab; bus; or other public conveyance; or
2. the Covered Person was driving for pay or hire: or
3. the Covered Person was taking part in a race of speed contest.

Unless otherwise specified, We will pay benefits only once for a Covered Accident.

### **[Exposure and Disappearance**

Coverage under this Hazard includes exposure to the elements after the: forced landing; stranding; sinking; or wrecking of a vehicle in which the Covered Person was traveling.

A Covered Person is presumed dead if:

1. he or she is in a vehicle that: disappears; sinks; or is stranded or wrecked on a Trip covered by the Policy; and
2. the body is not found within one year of the Covered Accident.]]

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## **[Scheduled Airlines and Military Air Transport Coverage (Business [and Pleasure] Travel)**

We will pay the benefits shown in the Schedule of Benefits, while [on the business of the Policyholder, and]:

1. riding as a passenger in or on (including: getting in or out of; or on or off of):
  - a. any civilian aircraft operated by any scheduled air carrier, but only if the civilian aircraft is then being used for any chartered flight operated by the scheduled air carrier; or
  - b. any Military Air Transport Aircraft; or
2. being struck or run down by any aircraft; or
3. riding as a passenger in or on (including: getting in or out of; or on or off of), any land or water conveyance licensed for the transportation of passengers for hire, but only while traveling directly to an airport immediately before departure, or directly from an airport immediately after arrival, of an aircraft that is to be used by, or that was used by, the Covered Person as described in 1 above.

**Exclusions** For purposes of this coverage:  
Any Exclusion contained in Section 10 pertaining to air travel is waived only to the extent of the specific circumstances contained in this Hazard and is still in force for all other circumstances.

### **[Exposure and Disappearance**

Coverage under this Hazard includes exposure to the elements after the: forced landing; stranding; sinking; or wrecking of a vehicle in which the Covered Person was traveling.

A Covered Person is presumed dead if:

1. he or she is in a vehicle that: disappears; sinks; or is stranded or wrecked on a Trip covered by the Policy; and
2. the body is not found within one year of the Covered Accident.]

**[Owned Aircraft Not Covered** – Benefits will not be paid if loss occurs on an aircraft: owned; leased; or controlled by the Policyholder, or any of the Policyholder’s affiliates. An aircraft will be deemed “controlled” by the Policyholder if the Policyholder may use it for more than 10 straight days, or more than 15 days in any year.]]

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### **[Specified Trip Coverage (24 Hour Coverage)**

We will pay the benefits shown in the Schedule of Benefits, while:

1. traveling or making a short stay of [2 days -12 month(s)] or less [outside of the United States][away from the Covered Person’s Home Country]]; and
2. on business for [the Policyholder]; and
3. in the course of the Policyholder’s business]; and
4. on the Trip described [in the Schedule of Benefits] [below:]

<u>[Destination</u>		<u>Duration</u>	<u>Total Number</u>		<u>Purpose of Trip</u>
<u>From</u>	<u>To</u>	<u>From</u>	<u>To</u>	<u>of Covered Persons</u>	
New York	Chicago	7/1/12	8/31/12	53	Trade Show]

[This coverage will start at 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 a Covered Person returns to his or her home;
2. the date a Covered Person returns to his or her place of work; or
3. the date a Covered Person makes a Personal Deviation [greater than [1-30] days].]

**[Definitions** For purposes of this coverage:

**Personal Deviation** means:

1. an activity that is not reasonably related to the Policyholder’s business; and
2. not incidental to the purpose of the Trip.]

### **[Exposure and Disappearance**

Coverage under this Hazard includes exposure to the elements after the: forced landing; stranding; sinking; or wrecking of a vehicle in which the Covered Person was traveling.

A Covered Person is presumed dead if:

1. he or she is in a vehicle that: disappears; sinks; or is stranded or wrecked on a Trip covered by the Policy; and
2. the body is not found within one year of the Covered Accident.]

**[Owned Aircraft Not Covered** – Benefits will not be paid if loss occurs on an aircraft: owned; leased; or controlled by the Policyholder, or any of the Policyholder’s affiliates. An aircraft will be deemed “controlled” by the Policyholder if the Policyholder may use it for more than 10 straight days, or more than 15 days in any year.]]

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### **[Sponsored Activities**

We will pay the benefits shown in the Schedule of Benefits, while:

1. participating in a Covered Activity
2. on the premises of the Policyholder during the Covered Activity; or
3. away from the premises of the Policyholder while attending or participating in a Covered Activity at its scheduled site.

[Travel Coverage: The Covered Activity includes travel without deviation or interruption between home and the site of the Covered Activity.]

**Definitions** For purposes of this coverage:  
Covered Activity:

**[Exposure and Disappearance**

Coverage under this Hazard includes exposure to the elements after the: forced landing; stranding; sinking; or wrecking of a vehicle in which the Covered Person was traveling.

A Covered Person is presumed dead if:

1. he or she is in a vehicle that: disappears; sinks; or is stranded or wrecked on a Trip covered by the Policy; and
2. the body is not found within one year of the Covered Accident.]]

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**[War Risk Coverage**

We will pay the benefits shown in the Schedule of Benefits, if the Covered Person suffers a Covered Loss that results directly and independently of all other causes from a Covered Accident that occurs during war or acts of war that occur in:

- [1. variable; e.g., a specifically described geographic area such as: Saudi Arabia; Iran; Serbia]; or
- [2. variable; e.g., a generally described geographic area such as worldwide, excluding the United States and its territories and possessions or] Countries where trade or economic sanctions or regulations prohibit Us from providing insurance, including, but not limited to, the payment of claims.

The Policyholder may cancel this war risk coverage at any time by sending written notice to Us at Our home office address. Coverage will be canceled upon receipt of notice or a date specified by the Policyholder.

We may cancel this coverage at any time by providing written notice to the Policyholder at least [10 – 30] days prior to termination of this coverage. Any unearned premium will be promptly returned to the Policyholder.

**Exclusions** [This coverage does not provide coverage when a Covered Accident occurs:  
[1. in the United States and its territories and possessions; or]  
[2. In any Country where trade or economic sanctions or regulations prohibit Us from providing insurance, including, but not limited to, the payment of claims.]  
[3. in any nation of which the Covered Person is a citizen [or a permanent resident].]]]

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**[Non-Owned Auto Coverage**

We will pay benefits described in this policy if the Covered Person suffers a Covered Injury that results directly and independently of all other causes from a Covered Accident while: driving; riding as a passenger in; or getting in or out of; a Private Passenger Automobile [:]

1. not owned by the Covered Person [.] [, or]
2. not leased [for more than [1 - 12] month(s)] by the Covered Person.

### **[Exposure and Disappearance**

Coverage under this Hazard includes exposure to the elements after the: forced landing; stranding; sinking; or wrecking of a vehicle in which the Covered Person was traveling.

A Covered Person is presumed dead if:

1. he or she is in a vehicle that: disappears; sinks; or is stranded or wrecked on a Trip covered by the Policy; and
2. the body is not found within one year of the Covered Accident.]]

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### **[School Time Coverage**

We will pay the benefits shown in the Schedule of Benefits, while the Covered Person is participating in or attending one of the School Covered Activities.

[Covered School Travel includes travel, [only within the [contiguous United States, including Alaska and Hawaii] and] only directly and without interruption:

- [1. between primary residence and school;]
- [2. between primary residence and another meeting place designated by the school;]
- [3. between primary residence and another School or site designated by the school, where a School Supervised and Sponsored Activity is scheduled;]
- [4. between the School or other meeting place designated by the School, and another School or site designated by the School, where a Supervised and Sponsored School Activity is scheduled.]]

**[School Travel Coverage for Overnight Supervised and Sponsored School Activities** Covered School Travel also includes travel [by any common carrier providing transportation] to a Supervised and Sponsored School Activity, within or outside the [contiguous United States, including Alaska and Hawaii] when the Covered Person's participation in or attendance at it requires him to be away from his normal residence for a stay of one or more nights. Coverage for travel to any Covered Activity that takes place outside the [contiguous United States, including Alaska and Hawaii] will be covered only if We have agreed to it in writing.]

**Definitions** For purposes of this coverage:

**School Covered Activities** means

- [1. regularly-scheduled classroom instruction and extracurricular activities;]
- [2. regularly-scheduled and supervised recess or lunch period;]
- [3. a study period or special instruction period supervised by a member of the School's faculty;]
- [4. a Supervised and Sponsored School Activity;] [or]
- [5. Covered School Travel [specified in the Schedule of Benefits.]]

**Covered School Travel** means transportation on a school bus or private passenger automobile driven by: a member of the faculty or staff of the school; a parent of the Covered Person; or other adult with a valid drivers' license whom the school has specifically designated to transport Covered Person to a [Supervised and Sponsored School Activity] [Covered Activity].

**Supervised and Sponsored School Activity** means a Covered Activity that:

1. Takes place:

- a. on school premises during, before or after normal school hours; or
- b. at another school or site at which the Covered Activity is scheduled; and
- 2. Is sponsored, organized or otherwise provided, or at which student attendance is required, by the school; [and]
- [3. Is supervised by a member of the faculty or staff of the school, or by another adult specifically assigned supervisory duties and authority for that Covered Activity by the school] [or]
- [4. Is a regularly-scheduled: sports tryout; practice; workout; or training session; team meeting; game; exhibition play; or competition [of a: varsity; junior varsity; intramural; or intercollegiate sport] in which the Covered Person is participating]

**[Supervised and Sponsored School Activity** does not include participating in: tryouts; practices; workouts; training sessions; and meetings; or any competitions or games for [any sport; football; and hockey].]

**[Exclusions** For purposes of this coverage:  
During a school activity that was not a School Covered Activity during the preceding school year, unless We have agreed in advance to provide it.]

**[Exposure and Disappearance**

Coverage under this Hazard includes exposure to the elements after the: forced landing; stranding; sinking; or wrecking of a vehicle in which the Covered Person was traveling.

A Covered Person is presumed dead if:

- 1. he or she is in a vehicle that: disappears; sinks; or is stranded or wrecked on a Trip covered by the Policy; and
- 2. the body is not found within one year of the Covered Accident.]]

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**[Sports Coverage**

We will pay the benefits shown in the Schedule of Benefits, while the Covered Person is participating in [or attending] one of the Sports Covered Activities:

- 1.

Covered Sports Travel includes travel[, only within the [contiguous United States, [including Alaska and Hawaii] and] only directly and without interruption:

- 1. Between home and the premises of the Sports Organization;
- 2. Between home and another meeting place designated by the Sports Organization;
- 3. Between home and another site designated by the Sports Organization, where a Supervised and Sponsored Sports Activity is scheduled;
- 4. Between the premises of the Sports Organization or other meeting place it designates, and another site where a Supervised and Sponsored Sports Activity is scheduled.

**Travel Coverage for Overnight Supervised and Sponsored Sports Activity:** Covered Sports Travel also includes travel [by an Common Carrier providing transportation] to a Supervised and Sponsored Sports Activity, [within [or outside] the [contiguous United States, including Alaska and Hawaii], when Covered Person’s participation or attendance requires him or her to be away from his normal residence

for a stay of one or more nights. [Coverage for travel to any [Supervised and Sponsored Sports Activity][Covered Activity] that takes place outside the [contiguous United States, including Alaska and Hawaii] will be covered only if We have agreed to it in writing.]

**Definitions** For purposes of this coverage:

**[Covered Sports Travel]** means transportation on a bus or private passenger automobile driven by an adult with a valid drivers' license whom the Sports Organization has specifically designated to transport the Covered Person to a [Supervised and Sponsored Sports Activity] [Covered Activity].]

**Sports Covered Activities** means:

1. regularly-scheduled practice or training;
2. regularly-scheduled competition or exhibition games;
3. a scheduled tryout; workout session; or team meeting;
4. a Supervised and Sponsored Sports Activity; or

**Sports Organization** means a: school; college or university; team; league; or other organization; as named in the Schedule of Benefits, that: organizes; sponsors; supervises schedule; or otherwise provides Sports Covered Activity

**Supervised and Sponsored Sports Activity** means a Covered Activity that:

1. takes place:
  - a. on a Sports Organization's premises during schedule hours;
  - b. at another site at which the Covered Activity is scheduled; and
2. is: sponsored; organized; or otherwise provided by the Sports Organization; [and
3. is supervised by a: coach; referee; or by another adult specifically assigned supervisory duties and authority for that Covered Activity by the Sports Organization.]

**[Supervised and Sponsored School Activity]** does not include participating in any activity, including: tryouts; practice workouts; training sessions; team meetings; or any competitions or games for [*specify any sports to be excluded, such as motorcycle racing, varsity football*].]

**[Exclusions]** For purposes of this coverage:

During travel to or from any Supervised and Sponsored Sports Activity if:

- [a. the Sports Organization provides transportation to and from if for a group of two or more Covered Person; and]
- [b. the Covered Person is travelling to or from if by another means of transportation.]]

**[Exposure and Disappearance]**

Coverage under this Hazard includes exposure to the elements after the: forced landing; stranding; sinking; or wrecking of a vehicle in which the Covered Person was traveling.

A Covered Person is presumed dead if:

1. he or she is in a vehicle that: disappears; sinks; or is stranded or wrecked on a Trip covered by the Policy; and
2. the body is not found within one year of the Covered Accident.]]

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## SECTION 9: SCOPE OF COVERAGE

**[Primary Benefits**

We will pay the applicable benefit, subject to the deductible and benefit period as shown in the Schedule of Benefits. Such benefits will be paid on a primary basis, regardless of any other coverage the Covered Person may have.]

**[Limited Primary Benefits**

We pay the first [\$100 to \$1,000] of covered medical expenses:

1. after the Covered Person satisfies any deductible; and
2. based on Our Pro Rata share.

No further benefits will be paid until a Covered Person has incurred an additional [\$500-\$10,000] of Covered Expenses. We then pay Covered Expenses described in the Policy without regard to any other Health Care Plan.

**Definitions** For purposes of this section:

**Pro Rata** means the portion of the total benefits payable under the Policy, in the absence of other insurance, relative to the total benefits payable under all Health Care Plans. In no event will the total benefits payable exceed 100% of the incurred expense.]

**[Primary Excess Benefits**

We pay the first [\$100 to \$500] of covered medical expenses without regard to any other Health Care Plan benefits payable for the Covered Person. We will then pay expenses:

1. after the Covered Person satisfies any deductible; and
2. only when they are in excess of any amounts payable by any other Health Care Plan.

We pay benefits without regard to any coordination of benefits provisions in any other Health Care Plan.]

**[Limited Primary Excess Benefits**

We pay the first [\$100 to \$1,000] of covered medical expenses:

1. after the Covered Person satisfies any deductible; and
2. based on Our pro rata share.

No further benefits will be paid until a Covered Person has incurred an additional [\$500-\$10,000] of Covered Expenses. We will then only pay benefits in excess of all other valid and collectible Health Care Plan benefits. This means that we will only pay if such other benefits are used up regardless of any Coordination of Benefits provision of any other plan.

**Definitions** For purposes of this section:

**Pro Rata** means the portion of the total benefits payable under the Policy, in the absence of other insurance, relative to the total benefits payable under all Health Care Plans. In no event will the total benefits payable exceed 100% of the incurred expense.]

**[Full Excess Benefits**

We pay Covered Expenses:

1. after the Covered Person satisfies any deductible; and
2. only when they are in excess of amounts paid by any other Health Care Plan.

We pay benefits without regard to any coordination of benefits provisions in any other Health Care Plan.]

### **[Coordination of Benefits**

If a Covered Person is eligible for benefits under this policy and any other plan, We will pay benefits as explained in this provision.

This Policy determines its order of benefits using the first of the following rules that applies:

1. If the other Plan does not have a coordination of benefits, that Plan pays first.
2. The benefits of the Plan that covers the person as an: employee; member; or subscriber are determined before those of the Plan that covers the person as a Dependent.
3. If this Policy and another Plan cover the same child as a Dependent of different parents who are not divorced or separated:
  - a. the benefits of the Plan of the parent whose birthday falls earlier in the year (without regard to the year of birth) are paid before the benefits of the Plan of the parent whose birthday falls later in the year;
  - b. if both parents have the same birthday, the benefits of the Plan that covered the parent longer pays benefits before the benefits of the Plan that covered the other parent for a shorter time. However, if the Plans do not agree on the order of benefits, the rule of the other Plan will determine the order of benefits.
4. If two or more Plans cover a person as a Dependent child of divorced or separated parents, benefits will be determined in this order:
  - a. first, the Plan of the parent with custody of the child;
  - b. then, the Plan of the spouse of the parent with custody of the child; and
  - c. finally, the Plan of the parent not having custody of the child.
5. If none of the above rules determines the order of benefits, the benefits of the Plan that covered an employee, member or subscriber longer are determined before those of the Plan that covered that person for the shorter time.

In order to determine how this provision should apply, We may without further consent or notice release to, or obtain from, any other insurance company or organization, any necessary information. Any person claiming benefits under the Policy shall give Us the information We need to implement this provision. We will give the Insured notice of this exchange of claim and benefit information when the claim is filed. Whenever payments are made by another Plan that should have been paid under the Policy, We shall pay any amount required to satisfy our share of the benefits paid. Any amounts paid in this way will be considered benefits paid under the Policy. Any payment made in good faith will end our liability to the extent of the payment.

If We pay benefits for Allowable Expenses that exceed our obligation under this provision, We may recover the excess payment. We may recover these excess payments from any person, for whom benefits were paid, or to any person or organization to which benefits were paid, or from any other insurer, service plan or other organization.

**Definitions** For purposes of this section:

**Plan** means a group insurance plan; or health service corporation group membership plan; or any other group benefit plan providing medical or dental care benefits or services. These group coverages include: a) group or blanket insurance coverage, or any other group type contract or provision; b) service plan contracts, group practice and other pre-payment group coverage; c) any coverage under: labor-management trustee plans; union welfare plans; employer and employee plans; and coverage under any government program, including Medicare, and any coverage required or provided by law. A primary plan pays benefits first. A secondary plan pays a reduced amount of benefits that when added to the benefits paid by the primary plan will not be more than the Allowable Expenses.

**Allowable Expenses** means any necessary, reasonable and customary item of expense, a part of which is covered by at least one of the Plans covering the Covered Person. During any Policy year or benefit period, the sum of the benefits that are payable by Us and those benefits that are payable from another Plan may not be more than the Allowable Expenses. During any Policy year or benefit period, We may reduce the amount We pay so that this reduced amount plus the amount payable by the other Plans will not be more than the Allowable Expenses.

Allowable Expenses under the other Plan include benefits that would have been payable if a claim had been made. However, if: 1) the other Plan contains a section that provides for determining its benefits after Our benefits have been determined; and 2) the order of benefit determination stated in this Policy would require Us to determine benefits before the other Plan, then the benefits of such other Plan will be ignored in determining the benefits We will pay.]

### **SECTION 10: EXCLUSIONS**

We will not pay benefits for any loss or Injury that is caused by, or results from:

- [1. suicide or attempted suicide.]
- [2. Intentionally self-inflicted Injury.]
- [3. war or any act of war, whether declared or not.]
- [4. Sickness; disease; bodily or mental infirmity; bacterial or viral infection; or medical 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.]
- [5. piloting or serving as a crewmember.]
- [6. commission of, or attempt to commit: a felony; an assault; or other illegal activity.]
- [7. active participation in a riot, or insurrection.]
- [8. flight in; boarding; or alighting from an aircraft or any craft designed to fly above the Earth's surface, except as:
  - [a. a fare-paying passenger on a regularly scheduled commercial or charter airline];
  - [b. a passenger in a non-scheduled, private aircraft used for pleasure purposes with no commercial intent during the flight];
  - [c. a passenger in a military aircraft flown by the Air Mobility Command or its foreign equivalent].
- [9. travel in or on any on-road or off-road motorized vehicle not requiring licensing as a motor vehicle.]
- [10. an Accident if the Covered Person is the operator of a motor vehicle and does not possess a valid motor vehicle operator's license, except while participating in driver's education Program.]
- [11. medical or surgical treatment; diagnostic procedure; administration of anesthesia; or medical mishap or negligence; including malpractice.]
- [12. Injury or Sickness covered by: Workers' Compensation; Employer's Liability Laws; or benefits [or while engaging in activity for monetary gain from sources other than the Policyholder].]
- [13. 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.]
- [14. an Accident that occurs while on active duty service in the: military; naval; or air force of any country or international organization. Upon Our receipt of proof of service, We will

- refund any premium paid for this time. Reserve or National Guard active duty training is not excluded unless it extends beyond 31 days.]
- [15.a cardiovascular malfunction or stroke caused solely and exclusively by exertion, as verified by a Doctor, while the Covered Person participates in a Covered Activity.]
  - [16.aggravation of an Injury the Covered Person suffered before participating in that Covered Activity, unless We receive a written medical release from the Covered Person's Doctor prior to engaging in the Covered Activity.]
  - [17.the Covered Person being under the influence of drugs or intoxicants, unless taken under the advice of a Doctor.]
  - [18.Injury [or Sickness] where the Covered Person's Trip to the host country is undertaken for treatment or advice for such Injury [or Sickness], except as provided in the Policy.]
  - [19.participation in any [sports] activity listed below not specifically authorized, sponsored and supervised by the Policyholder;
    - [rugby] [;] [or] [cave diving] [;] [or] [cheerleading] [;] [or] [motorcycling] [;] [or] [rock climbing] [;] [or] [ice climbing] [;] [or] [mountain climbing] [;] [or] [horse riding] [;] [or] [base jumping] [;] [or] [lacrosse] [;] [or] [soccer] [;] [or] [gymnastics] [;] [or] [bull riding] [;] [or] [hockey] [;] [or] [football] [;] [or] [street luge] [;] [or] [heli-skiing] [;] [or] [surfing] [;] [or] [motorcycle racing] [;] [or] [snowboarding] [;] [or] [climbing above [20,000 feet]] [;] including: tryouts; practice; or any competitions or games; [bungee jumping] [;] [or] [parachuting] [;] [or] [skydiving] [;] [or] [parasailing] [;] [or] [hang-gliding] [;] [or] [caving or spelunking] [;] [or] [extreme skiing] [;] [or] [heli-skiing] [;] [or] [skiing outside marked trails] [;] [or] [mountain climbing] [;] [or] [ice climbing] [;] [or] [scuba diving] [;] [or] [professional or semi-professional sports,] [;] [or] [extreme sports,] [;] [or] [body contact sports] [;] [or] [hot-air ballooning,] [;] [or] [snowboarding,] [;] [or] [base jumping,] [;] [or] [sail gliding,] [;] [or] [parakiting,] [;] [or] [parkour,] [;] [or] [racing including stunt show or speed test of any motorized or non-motorized vehicle,] [;] [or] [rodeo activities,] [or] [or similar hazardous activities.] ]

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

[In addition to the exclusions above, We will not pay Medical Expense Benefits for any loss, treatment or services resulting from or contributed to by:

- [1. Pre-Existing Conditions, as defined herein.]
- [2. treatment [by persons employed or retained by a Policyholder, or] by any Immediate Family Member or member of the Covered Person's household.]
- [3. treatment of: sickness; disease; or infections; except pyogenic infections or bacterial infections that result from the accidental ingestion of contaminated substances.]
- [4. [treatment of hernia;] [Osgood-Schlatter's Disease;] [osteochondritis;] [appendicitis;] [osteomyelitis;] [cardiac disease or conditions;] [pathological fractures;] [congenital weakness;] [detached retina unless caused by an Injury;] [or mental disorder or psychological or psychiatric care or treatment;] [whether or not caused by a Covered Accident [or Sickness]].]
- [5. Pregnancy; childbirth; miscarriage; abortion; or any complications of any of these conditions. This does not apply if treatment is required as a result of a Covered Accident.]
- [6. mental and nervous disorders.]
- [7. damage to or loss of dentures or bridges; or damage to existing orthodontic equipment (except as specifically covered by the Policy).]
- [8. expense incurred for treatment of: temporomandibular or craniomandibular joint dysfunction; and associated myofacial pain.]

- [9. Injury or death to which a contributing cause is: the Covered Person's violation or attempt to violate any duly-enacted law[; or the commission or attempt to commit an assault or a felony][; or that occurs while the Covered Person is engaged in an illegal occupation].]
- [10. Injury or death caused while: riding in or on; entering into or alighting from; or being struck by a 2 or 3-wheeled motor vehicle or a motor vehicle not designed primarily for use on public streets and highways.]
- [11. [blood; blood plasma;] [or blood storage;] except expenses by a Hospital for processing or administration of blood.]
- [12. cosmetic surgery, except for reconstructive surgery needed as the result of an Injury [or Sickness].]
- [13. Any: elective treatment; surgery; health treatment; or examination[; including any: service; treatment; or supplies that: (a) are deemed by Us to be experimental; and (b) are not recognized and generally accepted medical practices in the United States].]
- [14. [eyeglasses]; [contact lenses]; [hearing aids]; [wheelchairs]; [braces]; [appliances]; [examinations or prescriptions for them]; [or repair or replacement of [existing] artificial limbs]; [orthopedic braces]; or [orthotic devices].]
- [15. expenses payable by any automobile insurance policy without regard to fault. (This exclusion does not apply in any state where prohibited).]
- [16. treatment of Injuries that result over a period of time (such as: blisters; tennis elbow; etc.), and that are a normal, foreseeable result of participation in the Covered Activity.]
- [17. treatment or service provided by a private duty nurse.]
- [18. replacement of: [artificial limbs]; [eyes] [; and] [larynx].]
- [19. [eye refractions or eye examinations for the purpose of prescribing corrective lenses or for the fitting thereof, unless caused by an Injury incurred while covered under the Policy.]
- [20. covered medical expenses for which the Covered Person would not be responsible for in the absence of the Policy.]
- [21. conditions that are not caused by a Covered Accident [or Sickness].]
- [22. participation in any activity or hazard not specifically covered by the Policy.]
- [23. Any: treatment; service; or supply not specifically covered by the Policy.]
- [24. Any: treatment; services; or supplies received by the Covered Person that are incurred or received while he or she is in his or her Home Country.]
- [25. personal comfort or convenience items. These include but are not limited to: Hospital telephone charges; television rental; or guest meals.]
- [26. pregnancy or childbirth. This does not apply if treatment is required as a result of a Covered Accident.]
- [27. routine nursery care.]
- [28. routine physicals.]
- [29. cosmetic or plastic surgery, except as a result of Injury.]
- [30. elective surgery.]
- [31. any mental or nervous disorder or rest cures.]
- [32. birth defects and congenital anomalies; or complications which arise from such conditions.]
- [33. new eye glasses or contact lenses; eye examinations related to the correction of vision or related to the fitting of glasses or contact lenses; or repair or replacement of existing eye glasses or contact lenses.]
- [34. routine dental care and treatment.]
- [35. expenses incurred during holiday travel.]
- [36. rest cures or custodial care.]
- [37. organ or tissue transplants and related services.]
- [38. Injury [or Sickness] that occurs while the Covered Person has been determined to be legally intoxicated as determined according to the laws of the jurisdiction in which the

- Injury [or Sickness] occurred, or under the influence of any: narcotic; barbiturate; or hallucinatory drug, unless administered by a Doctor and taken in accordance with the prescribed dosage.]
- [39. Injury sustained while participating in [amateur]; [club]; [intramural]; [interscholastic]; [intercollegiate]; [professional] [; or] [semiprofessional sports].]
  - [40. confinement or institutional care.]
  - [41. maternity and routine nursery care.]
  - [42. any expenses covered by any other employer or government sponsored plan for which, and to the extent that the Covered Person is eligible for reimbursement.]
  - [43. Services; supplies; or treatment including any period of Hospital confinement which were not: recommended; approved; and certified as necessary and reasonable by a Doctor; or expenses which are non-medical in nature.]
  - [44. treatment relating to: birth defects; and congenital conditions; or complications arising from those conditions.]
  - [45. sexually transmitted diseases or immune deficiency disorders and related conditions. This exclusion does not apply to the care or treatments of: Acquired Immune Deficiency Syndrome (AIDS); AIDS Related Complex (ARC); or Human Immunodeficiency Virus (HIV) infection, or any illness or disease arising from these medical conditions.]
  - [46. expenses incurred for services related to the diagnostic treatment of infertility or other problems related to the inability to conceive a child, unless such infertility is a result of a covered Injury [or Sickness].]
  - [47. expenses incurred for birth control including surgical procedures and devices.]
  - [48. [nasal or sinus surgery, except surgery made necessary as the result of a covered Injury] [a deviated nasal septum including sub mucous resection and surgical correction thereof.]]
  - [49. expenses incurred in connection with: weak; strained; or flat feet; corns; calluses; or toenails.]
  - [50. treatment of acne.]
  - [51. expenses incurred for Trips taken for the purpose of seeking medical care.]
  - [52. expenses incurred while traveling against the advice of a medical professional.]

## SECTION 11: 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. Failure to give notice within the time will neither invalidate nor reduce any claim, if it was not reasonably possible to give such notice and that notice was given as soon as was 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 within 15 days after We receive the notice, 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. Failure to provide such proof within such time will neither invalidate nor reduce any claim if it was not reasonably possible to give such notice and that notice was given as soon as was reasonably possible.

**Claimant Cooperation Provision:** Failure of a claimant to cooperate with Us in the administration of a claim may result in the delay or 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:** We will pay benefits due under this Policy for any loss other than a loss for which this Policy provides any periodic payment immediately upon receipt of due written (or authorized electronic or telephonic) proof of such loss. Subject to due written (or authorized electronic or telephonic) proof of loss, all accrued benefits for loss for which this Policy provides periodic payment will be paid monthly unless otherwise specified in the benefits descriptions and any balance remaining unpaid at the termination of liability will be paid immediately upon receipt of proof satisfactory to Us.

**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 loss.]

**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.]

[The Policyholder.]

**Payment of Medical Claims:** At the request of: the Covered Person; or his or her parent or guardian; if the Covered Person is a minor, medical benefit may be paid to the provider of service. 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 [or religious 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 the 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.

**[Recovery of Overpayment or Error:** If benefits are overpaid, or paid in error, We have the right to recover the amount overpaid, or paid in error, by any or all of the following methods:

1. A request for lump sum payment of the amount overpaid, or paid in error.
2. Reduction of any proceeds payable under the Policy by the amount overpaid, or paid in error.
3. Taking any other action available to Us.]

**[Subrogation:** We may recover any Medical Expense benefits paid under the Policy to the extent a Covered Person is paid for the same Injury [or Sickness] by: a third party; another insurer; or the Covered Person's uninsured motorists insurance. We may only be reimbursed to the amount of the Covered Person's recovery. Further, We have the right to offset future benefits payable to the Covered Person under the Policy against such recovery.

We may file a lien in a Covered Person's action against the third party and have a lien on any recovery that the Covered Person receives whether by: settlement; judgment; or otherwise; and regardless of how such funds are designated. We shall have a right to recovery of the full amount of benefits paid under the Policy for the Injury [or Sickness], and that amount shall be deducted first from any recovery made by the Covered Person. We will not be responsible for the Covered Person's attorney's fees or other costs.

Upon request the Covered Person must complete the required forms and return them to Us or Our authorized agent. The Covered Person must cooperate fully with Us or Our representative in asserting its right to recover. The Covered Person will be personally liable for reimbursement to Us to the extent of any recovery obtained by the Covered Person from any third party. If it is necessary for Us to institute legal action against the Covered Person for failure to repay Us, the Covered Person will be personally liable for all costs of collection, including reasonable attorneys' fees.]

## SECTION 12: PREMIUM PROVISIONS

**Premiums:** The premiums for the 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 [31-60] days advanced written notice. No change in rates will be made until [90 days - 5 years] after the Policy Effective Date. [An increase in rates will not be made more often than once in a [6-12] month period.] However, 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. There is a change in the factors bearing on the risk assumed.
4. There is a misrepresentation in the information We relied on in establishing the rate.

5. Any federal or state law or regulation is amended to the extent it affects Our benefit obligation.

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. After that, premiums will be due annually unless We agree with the Policyholder on some other method of premium payment. The Policyholder shall remit the premium to Us.

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 upon the expiration of the Grace Period. The Policyholder will be liable to Us for any unpaid premium for the time the Policy was in force.

**Reinstatement:** If any renewal premium is not paid within the time granted the Policyholder per payment, a subsequent acceptance of premium by Us or by any agent duly authorized by Us to accept the premium, without requiring an application for reinstatement, shall reinstate the Policy. If We or our agent requires an application for reinstatement and issues a conditional receipt for the premium tendered, the Policy will be reinstated upon approval for the application by Us, or if not approved, upon the forty-fifth (45<sup>th</sup>) day following the date of the conditional receipt unless We have previously notified the Policyholder in writing of disapproval of the application. The reinstated Policy shall cover only loss resulting from any accidental injury sustained after the date of reinstatement that begins more than ten (10) days after that date. In all other respects We and the Policyholder shall have the same rights as they had under the Policy immediately before the due date of the defaulted premium, subject to any endorsements attached in connection with the reinstatement. Any premium accepted in connection with a reinstatement shall be applied to a period for which premium has not been previously paid, but not to any period more than sixty (60) days prior to the date of reinstatement.

### SECTION 13: GENERAL PROVISIONS

**Entire Contract; Changes:** The Policy (including any endorsements or amendments), and the signed application of the Policyholder are the entire contract. Any statements made by the Policyholder or Covered Persons will, in the absence of fraud, 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; and a copy is provided to the person who made such statement (or their beneficiary or representative).

To be valid, any change or waiver must be in writing. 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 at 12:01 AM Standard Time at the address of the Policyholder where the Policy is delivered. Either We or the Policyholder may terminate the Policy on any Premium Due Date by giving 31 days advance written notice to the other party. The Policy may be terminated at any time by mutual written consent of the Policyholder and Us. The Policy terminates automatically on the earlier of: 1) the end of the Policy Term shown in the Schedule of Benefits; or 2) the Premium due date if

Premiums are not paid when due, subject to the Grace Period. Termination takes effect at 12:01 AM Standard Time at the Policyholder's address on the date of termination.

**Assignment:** [The rights and benefits under this Policy may not be assigned and any attempt to assign will be void.]

[The rights and benefits provided by this Policy, except as provided herein, may not be assigned. The payee may, after a benefit or series of benefits has become payable, assign only those benefits. Such assignment will be valid only if We receive it before any of those benefits have been paid and only for benefits payable for claims arising from the same Covered Accident. Any other attempt to assign will be void.]

[We will be bound by an assignment of the Covered Person's insurance under this Policy only when the original assignment or a certified copy of the assignment, signed by the Covered Person and any irrevocable beneficiary, is filed with Us. The assignee may exercise all rights and receive all benefits assigned only while the assignment remains in effect and insurance under this Policy for the Covered Person remains in force.]

This insurance may not be levied on, attached, garnished, or otherwise taken for a person's debts unless contrary to law.

**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.

#### **[Reporting Requirements**

The Policyholder or its authorized agent must report all of the following to Us by the premium due date:

1. the names of all persons insured on the Policy Effective Date;
2. the names of all persons who are insured after the Policy Effective Date;
3. the names of those persons whose insurance has terminated;
4. any additional information required by Us.]

**Examination Of Records And Audit:** We shall be permitted to examine and audit the Policyholder's books and records: at any time during the term of the Policy; and within 2 years after the 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 Policyholder, 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 the 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:** The Policy is not a Workers' Compensation policy. It does not provide Workers' Compensation benefits.

**CATLIN**

**Catlin Insurance Company Incorporated**  
**[1330 Post Oak Blvd., Suite 2325, Houston, TX 77056]**  
**A Stock Insurance Company**

**BLANKET ACCIDENT CERTIFICATE**

**POLICYHOLDER:** [ABC Employer];

**POLICY NUMBER:** [12345];

**POLICY EFFECTIVE DATE:** [September 1, 2012];

**[POLICY ANNIVERSARY DATE:** [September 1];]

**POLICY TERM:** [September 1, 2012 – September 1, 2012];

**STATE OF DELIVERY:** [Any State];

The Policy takes effect at 12:01 A.M. 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. The Policy terminates at 12:00 A.M., on the last day of the Policy Term unless the Policyholder and We agree to continue coverage under the Policy for an additional Policy Term. If coverage is continued for an additional Policy Term and the required premiums are paid on or before the Premium Due Date, We will issue a rider to identify the new Policy Term.

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

The President and Secretary of Catlin Insurance Company, Inc witness this Plan.



[ **President**

**Secretary]**

**LIMITED BENEFITS: THE POLICY PAYS BENEFITS FOR SPECIFIC LOSSES  
DURING THE HAZARDS SHOWN IN THE SCHEDULE OF BENEFITS ONLY.  
PLEASE READ THE POLICY CAREFULLY.**

**BLANKET ACCIDENT CERTIFICATE**

**TABLE OF CONTENTS**

SECTION 1:	SCHEDULE OF BENEFITS
SECTION 2:	DEFINITIONS
SECTION 3:	ELIGIBILITY FOR INSURANCE
SECTION 4:	EFFECTIVE DATE OF INSURANCE
SECTION 5:	TERMINATION DATE OF INSURANCE
SECTION 6:	GENERAL LIMITATION
SECTION 7:	DESCRIPTION OF BENEFITS
SECTION 8:	HAZARDS INSURED AGAINST
SECTION 9:	SCOPE OF COVERAGE
SECTION 10:	EXCLUSIONS
SECTION 11:	CLAIM PROVISIONS
SECTION 12:	PREMIUM PROVISIONS
SECTION 13:	GENERAL PROVISIONS

**[CERTIFICATE IDENTIFICATION**

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[Certificate Number:	[123456789]]
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[Insured:	[John Doe]]
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Insured's Address:	[1000 Main Street Summit, XX 12345]]
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[Insured's date of birth:	[January 1, 1976]]
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[Insured's original effective date:	[January 1, 2013]]
-------------------------------------	--------------------

Insured's current coverage effective date:	[January 1, 2013]]
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**(PLEASE NOTE THAT THIS SCHEDULE PAGE REPLACES ANY SCHEDULE PAGE PREVIOUSLY ISSUED TO YOU.)**

CATALINA

## SECTION 1: SCHEDULE OF BENEFITS

**POLICYHOLDER:** [ABC Employer];

**ADDRESS:** [123 Main Street  
Cleveland, Ohio xxxxx];

**POLICY NUMBER:** [12345];

**POLICY EFFECTIVE DATE:** [September 1, 2012];

**[POLICY ANNIVERSARY DATE:** [September 1];]

**POLICY TERM:** [September 1, 2012 – September 1, 2012];

**PREMIUM DUE DATE:** [Annually in advance on Anniversary Date];

**[AGGREGATE LIMIT:**

Benefit Maximum: \$[250,000 – \$100,000,000];

We will not pay more than the Benefit Maximum for all losses per Covered [Accident; Air Accident]. If, in the absence of this provision, We would pay more than Benefit Maximum for all losses from one Covered [Accident; Air 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.]

[The Aggregate limitation applies only to the following coverages: [Accidental Death; Dismemberment; Permanent Total Disability; Other]]

**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.] [Also, a person may not be insured as a Dependent and an Insured at the same time.]

[Class 1: Employees of the Policyholder traveling outside of the United States.]

**HAZARDS INSURED AGAINST:**

[24 Hour World Wide Coverage;]  
[[Foreign] Business Travel Coverage (24 Hour Coverage);]  
[[Business] Travel Coverage (24 Hour Coverage);]  
[[Business] Common Carrier Coverage;]  
[[Business] Public Conveyance Coverage;]  
[Commuting Coverage;]  
[[Family Accompanying the Insured] [and] [Family Relocation] Coverage;]  
[Full Occupational Coverage [(including Business Travel)];]  
[Line of Duty Coverage;]  
[Hijacking, Air Piracy [or Carjacking] Coverage;]  
[Non-Employee Director Coverage;]  
[Owned Aircraft (Business [and Pleasure] Travel);]  
[Pilots' [and Crew Members'] Coverage (Business [and Pleasure] Travel);]  
[Pilots' [and Crew Members'] Coverage Non-Policyholder Owned Aircraft;]

[Private Passenger Automobile Coverage\_(Business [and Pleasure] Travel);]  
[Scheduled Airlines and Military Air Transport Coverage (Business [and Pleasure] Travel);]  
[Specified Trip Coverage (24 Hour Coverage);]  
[Sponsored Activities;]  
[War Risk Coverage;]  
[Non-Owned Auto Coverage;]  
[School Time Coverage;]  
[Sports Coverage;]

## **DESCRIPTION OF BENEFITS**

### **[ACCIDENTAL DEATH [& DISMEMBERMENT] BENEFITS**

Principal Sum: [\$1,000-\$10,000,000];  
Time Period for Loss from date of Accident: [90-365] days;  
Covered Losses: See Benefit;]

### **[ALTERNATIVE COMMUTING BENEFIT**

Maximum Benefit: [\$1,000-\$2,000,000] *or* [[10-100]% of Principal Sum] ;]

### **[ACCIDENTAL DENTAL BENEFIT**

Maximum Benefit: [\$50 - \$500] ;]

### **[BAGGAGE DELAY BENEFIT**

Maximum Benefit: [\$50-\$500];  
Deductible Time Period: [2 hours – 24 hours] ;]

### **[BOMB SCARE, BOMB SEARCH OR BOMB EXPLOSION BENEFIT**

Maximum Benefit: [5%- 100%] multiplied by the portion of the Principal Sum applicable to the Covered Loss;]

### **[BROKEN BONES BENEFIT**

Maximum Benefit: [\$1,000 - \$250,000] ;]

### **[BURN BENEFIT**

Maximum Benefit: [\$1,000 - \$250,000] ;]

### **[BURIAL AND CREMATION BENEFIT**

Maximum Benefit: [\$100 - \$10,000] per event;]

### **[CATASTROPHE CASH BENEFIT**

Maximum Lump Sum Benefit: [\$1,000 - \$5,000,000];  
Maximum Monthly Benefit: [\$500 - \$100,000];  
Maximum Number of Months: [3 – 60] ;]

### **[CHAPERONE REPLACEMENT BENEFIT**

Maximum Benefit: [\$1,000-\$10,000] ;]

### **[CHILD CARE CENTER BENEFIT**

Maximum Benefit: [\$50 - \$250,000] per year;  
Maximum Benefit Period: to age 13 for each surviving Dependent Child;]

### **[CHILD(REN) EDUCATION BENEFIT**

Maximum Benefit: [2.5% - 100%] of the Principal Sum subject to a maximum of  
[\$1,000 - \$250,000] per year;  
Maximum number of payments: [2 – 6];  
Default Benefit: \$1,000;]

**[[COBRA] INSURANCE CONTINUATION BENEFIT**

Maximum Benefit: [\$500-\$15,000] ;]

**[COMA BENEFIT**

Maximum Benefit: [\$1,000-\$500,000] {or} [[1-100%] of Principal Sum] ;]

**[COMMON ACCIDENT BENEFIT**

Maximum Benefit: [50-100%] of the Insured's Principal Sum [subject to a  
maximum of [\$50,000-\$500,000]] ;]

**[COUNSELING BENEFIT**

Maximum Benefit: [\$25 - \$500] Per Session;  
Maximum number of sessions: [1-365] ;]

**[EMERGENCY MEDICAL EVACUATION [REPATRIATION] BENEFIT**

Maximum Benefit: [\$5,000-\$1,000,000] [Actual Cost];  
Deductible: [\$0-\$250] ;]

**[EMERGENCY REUNION BENEFIT**

Maximum Benefit: [\$1,000-\$10,000] [Actual Cost] ;]

**[EXTENDED BENEFIT OPTION**

Maximum Benefit: [\$1,000-\$100,000];  
Deductible: [\$0-\$5,000];  
Co-insurance Rate: [60,70,80,100]% ;]

**[FAMILY REUNION BENEFIT**

Maximum Benefit: [\$1,000-\$10,000] ;]

**[FELONIOUS ASSAULT AND VIOLENT CRIME BENEFIT**

Maximum Benefit: [10-100]% multiplied by the portion of the Principal Sum  
applicable to the Covered Loss, as shown in the Schedule of  
Benefits. ;]

**[HEART OR CIRCULATORY MALFUNCTION BENEFIT**

Maximum Benefit: [[1 – 100%] of the Principal Sum] [\$1,000 - \$250,000] ;]

**[HIV OCCUPATIONAL ACCIDENT BENEFIT**

Maximum Benefit: [5%- 100%] of the Principal Sum subject to a maximum of  
[\$2,500 - \$250,000] ;]

**[HOME ALTERATION AND VEHICLE MODIFICATION BENEFIT**

Maximum Benefit: [5%- 100%] of the Principal Sum subject to a maximum of  
[\$2,500 - \$250,000];]

**[HOME COUNTRY BENEFIT**

Maximum Benefit: [\$1,000-\$100,000];

Deductible: [\$0-\$5,000];  
Co-insurance Rate: [60,70,80,100]%;

**[HOME COUNTRY EMERGENCY BENEFIT**

Maximum Benefit: [\$1,000-\$100,000];  
Deductible: [\$0-\$5,000];  
Co-insurance Rate: [60, 70, 80, 100]%;

**[HOME COUNTRY EXTENSION BENEFIT**

Maximum Benefit: [\$1,000-\$100,000];  
Deductible: [\$0-\$5,000];  
Co-insurance Rate: [60, 70, 80, 100]%;

**[HOSPITAL CONFINEMENT BENEFIT**

Maximum Benefit: [\$25-\$1,000] per day;  
Benefit Waiting Period: [0-14] days;  
Maximum Benefit Period: [7-365] days;

**[LOST BAGGAGE BENEFIT**

Maximum Benefit: [\$500-\$15,000];  
Deductible: [\$0-\$1,000];]

**[[OUT OF COUNTRY] MEDICAL EXPENSE BENEFITS**

Maximum Benefit: [\$1,000-\$10,000,000];  
Deductible: [\$0-\$25,000];  
Deductible must be incurred within: [30 days -3 years];  
[Co-insurance Rate: [60, 70, 80, 100]% of all Covered Expenses];  
Maximum Benefit Period: [length of Trip, 6 months, 1 year, 10 years] from the  
date of the Covered Accident [or Sickness];  
Maximum for Pre-existing Conditions: [\$0 - \$25,000];  
Maximum for Dental Treatment (injury only): [\$0 - \$25,000];  
Maximum for Emergency Medical Treatment of Pregnancy: [\$0 - \$25,000];  
Maximum for treatment in an Emergency Room: [\$0 - \$2,000,000];]

**[PERMANENT TOTAL DISABILITY BENEFIT**

Maximum Benefit: [1-100]% of Principal Sum [Monthly up to the Principal  
Sum];]

**[PERSONAL LIABILITY BENEFIT**

Property Damage Benefit Maximum: [\$5,000-\$250,000];  
Medical Payments to Others Benefit Maximum: [\$5,000-\$250,000];]

**[PERSONAL PROPERTY AND FINANCIAL INSTRUMENT REIMBURSEMENT  
BENEFIT**

Personal Property Maximum Benefit: [\$500-\$15,000];  
Financial Instrument Maximum Benefit: [\$250-\$10,000];  
Deductible per Occurrence: [\$0-\$1,000];  
Maximum Benefit for Any One or Set of Articles: [\$250-\$15,000];  
Maximum Benefit for Cash: [\$100-\$1,000];]

**[POLITICAL EVACUATION [NATURAL DISASTER] BENEFIT**

Maximum Benefit: [\$10,000-\$500,000];]

**[REHABILITATION BENEFIT**

Maximum Benefit: [5%- 100%] of the Principal Sum subject to a maximum of  
[\$2,500 - \$250,000];]

**[REPATRIATION OF REMAINS BENEFIT**

Maximum Benefit: [\$5,000-\$100,000] [Actual Cost];  
Deductible: [\$0-\$250];]

**[RETURN MINOR CHILD(REN) BENEFIT**

Maximum Benefit: [\$1,000-\$10,000];]

**[SEATBELT [AND AIRBAG] BENEFIT**

[Full Seatbelt Benefit: [5-100]% of Principal Sum subject to a maximum of  
[\$2,500 - \$250,000];  
[Airbag Benefit: [5-100]% of Principal Sum subject to a maximum of [\$2,500 -  
\$250,000]]];  
[Default Benefit: [\$1,000-\$10,000]]];]

**[SHORT TERM PARTIAL DISABILITY BENEFIT**

Maximum Benefit: [50-100]% of pre-disability Base Annual Earnings minus any  
Other Income Benefits received on account of disability  
including current earnings;  
Benefit Waiting Period: [3- 365] days;  
Maximum Benefit Period: [26 weeks-260 weeks];]

**[SHORT TERM TOTAL DISABILITY BENEFIT**

Maximum Benefit: [50-100]% of pre-disability Base Annual Earnings minus any  
Other Income Benefits received on account of disability  
including current earnings;  
Benefit Waiting Period: [3- 365] days;  
Maximum Benefit Period: [26 weeks-260 weeks];]

**[SPOUSE RETRAINING BENEFIT**

Maximum Benefit: [2.5% - 5%] of the Principal Sum subject to a maximum of  
[\$1,000 - \$5,000] per year;  
Maximum Number of Payments: [2 – 6];  
Default Benefit: \$1,000;]

**[TRIP CANCELLATION BENEFIT**

Maximum Benefit: [\$500-\$10,000];]

**[TRIP DELAY BENEFIT**

Maximum Benefit: [\$500-\$10,000];  
Deductible: [2 – 24 hours];]

**[TRIP INTERRUPTION BENEFIT**

Maximum Benefit: [\$500-\$10,000];]

**REPORTING AND NOTICE ADDRESSES:**

**Claim Reporting:** [123 Main Street  
Cleveland, Ohio xxxxx];

[Phone: [xxx xxx xxxx] ;]

**[INITIAL PREMIUM RATES:**

[\$XXX.XX per [Covered Person per] [year, month, day of exposure]];

**SECTION 2: 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.

**Accident** means a: sudden; unexpected; and unintended event.

**[Active Service** means a Covered Person is either 1) actively at work performing all the regular duties on a full-time [or part-time] basis either at his or her employer's place of business or someplace the employer requires him or her to be; or 2) 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.]

**[Base Annual Earnings** means [the Covered Person's regular annualized periodic pay [including:][excluding:] overtime; bonuses; tips; commission; and special compensation.] [as defined by the Policyholder.]]

**Beneficiary**, in the case of death of the Covered Person, means a person named by the Covered Person to receive benefits provided by this Policy.

**Benefit** means cash payable or services offered to the Covered Person or the Beneficiary as detailed in the Schedule of Benefits, limited by the terms and provisions of this Policy.

**Certificate** is the evidence of the Covered Person's coverage under this Policy. Coverage is subject to the Policy provisions. The Certificate is not the Policy.

**Coverage** means the specific types of losses covered by this Policy.

**Covered Accident** means an Accident that: occurs while coverage is in force for a Covered Person; and results in a Covered Loss or Injury covered by the Policy for which benefits are payable.

**[Covered Activity** means any activity: that the Policyholder requires the Covered Person to attend; or that is under its supervision and control listed in the Schedule of Benefits and insured under the Policy.]

**[Covered Air Accident** means an air Accident that: occurs while coverage is in force for a Covered Person; and results in a Covered Loss or Injury covered by the Policy for which benefits are payable.]

**[Covered Expenses; 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 Policyholder's Policy 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; that gave rise to the expense or the charge, was rendered or obtained.]

**[Covered Loss(es)]** means an: accidental death; dismemberment; or other Injuries covered under the Policy.]

**Covered Person** means any Insured [and Dependent] for whom the required premium is paid.

**[Deductible]** means the dollar amount of Covered Expenses that must be incurred as an out-of-pocket expense by each Covered Person on a per [Injury; Accident; Policy Term; or Sickness] basis before [Out of Country] Medical Expense Benefits and/or other Additional Benefits paid on an expense incurred basis are payable under the Policy.]

**[Dependent]** means an Insured's lawful spouse [under age 70][or Domestic Partner]; or Dependent Child. [A Dependent may also include any person related to the Insured by blood or marriage and for whom the Insured is allowed a deduction under the Internal Revenue Code.]]

**[Dependent Child, Child]** means an Insured's unmarried child, from the moment of birth to age 25, who is chiefly dependent on the Insured for support. A child, for eligibility purposes, includes an Insured's natural child; adopted child, beginning on the date of the filing of a petition for adoption if the Insured applies for coverage within sixty (60) days after the filing of the petition for adoption; or a stepchild who resides with the Insured or depends chiefly on the Insured for financial support.]

Insurance will continue for any Dependent child who reaches the age limit and continues to meet the following conditions: 1) the child is mentally retarded or physically handicapped; 2) is not capable of self-support; and 3) depends chiefly on the Insured for support and maintenance. The Insured must send Us satisfactory proof that the child meets these conditions, when requested. We will not ask for proof more than once a year.]

**Disability** means the inability to do any work for which the Covered Person is or may be qualified by reason of education, experience or training.

**Dismemberment** means the loss by physical separation of a limb from the body.

**[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; the Covered Person's Immediate Family Member; or a member of the Covered Person's household.]

**[Domestic Partner]** means a person of the same or opposite sex of the Insured who:

1. shares the Insured's primary residence;
2. has resided with the Insured for at least 6 months prior to the date of enrollment and is expected to reside with the Insured indefinitely;
3. is financially interdependent with the Insured
4. has signed a Domestic Partner declaration with the Insured, if recognized by the laws of the state in which he or she resides with the Insured;
5. does not have current Domestic Partner declaration with any other person;
6. is older than 18 years of age;
7. is not currently married to another person; and
8. is not in a position as a blood relative that would prohibit marriage.]

**Hazard** means the circumstances necessary for an event to be considered a Covered Loss under this Policy.

**[Health Care Plan** means a: policy; other benefits; or service arrangement for medical or dental care or treatment under: 1) a group or blanket coverage, whether on an insured or self-funded basis; 2) a hospital or medical service organization on a group basis; 3) a Health Maintenance Organization on a group basis; 4) a group labor-management plan; 5) an employee benefit organization plan; 6) an association plan on a group or franchise basis; or 7) any other group employee welfare benefit plan as defined in the Employee Retirement Income Security Act of 1974, as amended.]

**[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 that country which the Covered Person has declared to Us in writing as his or her Home Country.]

**[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 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 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][a stay of 24 or more consecutive hours] as a registered resident bed-patient in a Hospital.]

**[Immediate Family Member** means a person who is related to the Covered Person in any of following ways: spouse; parent (includes stepparent); child [age 18 or older] (includes legally adopted and step child); brother or sister (includes stepbrother or stepsister); [parent-in-law;] [son or daughter-in-law;] [and] [brother- or sister-in-law].]

**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.

**Insurance** means providing protection against some of the economic consequences of a Covered Loss.

**Insured** means a person in a Class of Eligible Persons for whom the required premium is paid making insurance in effect for that person. [A Dependent covered under the Policy is not an Insured, but rather a Covered Person.]

**Maximum Benefit** means the most we will pay for each Benefit states in the Schedule of Benefits.

**[Medical Emergency** means a condition caused by an Injury [or Sickness] that manifests itself, while covered under this Policy, 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) eye glass frames or lenses; 6) hearing aids; 7) swimming pools or supplies for them; and 8) general exercise equipment are not considered 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, at Our discretion, consider the cost of the alternative to be the Covered Expense.]

**[Other Income Benefits** means any amounts that an [Insured] [Covered Person] receive[s] (or are assumed to receive) under:

1. any: Workers' Compensation; occupational disease; unemployment compensation law; or similar state or federal law; including all permanent as well as temporary disability benefits. This includes any: damages; compromises; or settlement paid in place of such benefits, whether or not liability is admitted. If paid as a lump sum, We will prorate these benefits over the period for which the sum is given. If no time is stated, the lump sum will be prorated over a five year period. If no specific allocation of a lump sum is made, then the total sum will be an Other Income Benefit.
2. any Social Security or retirement benefits the Covered Person receives or any third party receives (or is assumed to receive) on the Insured's behalf or for the Insured's dependents; or, if applicable, that the Insured Dependents receive (or are assumed to receive) because of the Covered Person's entitlement to such benefits.
3. Any proceeds payable under any group insurance or similar plan. If there is other insurance that applies to the same claim for disability, and contains the same or similar provision for reduction because of other insurance, We will pay our pro rata share of the total claim. "Pro rata share" means the proportion of the total benefit that the amount payable under one policy, without other insurance, bears to the total benefits under all such policies.]

**Policy** means a legal contract between the Policyholder and Us which describes the terms and conditions of insurance subject to its provisions, limitations and exclusions.

**Policyholder** means the company or organization that elects to provide this Policy to their employees, members or participants.

**[Pre-existing Condition** means a: Sickness; disease; or other condition of the Covered Person, that in the [6-12] 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.]

**Premium** means the amount of money determined by Us, based on the Hazards and Benefits chosen by the Policyholder, and agreed by the Policyholder as the consideration of which we agree to guarantee payment.

**Schedule of Benefits** is an outline of the Hazards, Coverages and Benefits provided by this Policy.

**[Sickness** means a disease or condition of the Covered Person that causes a loss for which a Covered Person incurs medical expenses while covered under the Policy. All: related conditions; and recurrent symptoms of the same or similar condition; will be considered one Sickness.]

**Trip** [means travel by: air; land; or sea from the Covered Person's Home Country.] [means travel by: air; land; or sea away from the Covered Person's primary residence.]

**[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 Catlin Insurance Company Incorporated [or its authorized agent].

### **SECTION 3: 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. 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 Insured.

[An Insured's Dependent is eligible on the date:

1. the Insured is eligible, if the Insured has Dependents on that date; or
2. the date the person becomes a Dependent, if later.

In no event will a dependent be eligible if the Insured is not eligible. Also, Covered Person cannot be covered as an Insured and as a Dependent.]

### **SECTION 4: EFFECTIVE DATE OF INSURANCE**

An Insured coverage will begin on the latest of the following dates:

1. the Policy Effective Date, [provided that the policy premium has been paid];
2. the date he or she is eligible[;][.] [or
3. the date of the scheduled Trip departure date;] [or
4. the date of his or her departure from the United States.]

[If an Insured 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. A Dependent's insurance will not be in effect prior to the date an Insured returns to Active Service.]

### **SECTION 5: TERMINATION DATE OF INSURANCE**

An Insured's coverage will end on the earlier of the date:

1. the policy terminates;
2. the Insured is no longer eligible;
3. the period ends for which premium is paid;
4. the Insured fails to pay the required premium, if the Insured is so required;
- [5. the scheduled Trip return date;]
- [6. the Insured returns to his or her Home Country;]
- [7. the Insured returns to the United States;]
- [8. the end of the School term;]

[A Dependent's coverage will end on the earliest of the date:

1. he or she is no longer a Dependent;
2. the Insured's coverage ends;
3. the date the Policy ends;

4. the period ends for which premium is paid;
- [5. the scheduled Trip return date;]
- [6. the Dependent returns to his or her Home Country;]
- [7. the Dependent returns to the United States.]

**[EXTENSION OF BENEFITS]**

We will extend benefits under the Policy for [3-12] months after a Covered Person’s coverage would otherwise end if on that date he or she is:

1. Hospital Confined for an Injury [or Sickness] covered by the Policy; and
2. under a Doctor’s care.

Any benefits payable under this provision will not exceed the benefit maximums shown in the Schedule of Benefits.]

**SECTION 6: GENERAL LIMITATION**

[Limitation on Multiple Covered Losses: If a Covered Person suffers more than one Covered Loss as a result of the same Accident, We will pay only one benefit, the largest benefit.]

[Limitation on Multiple Covered Activities: If a Covered Person suffers a Covered Loss while participating in more than one Covered Activity, We will pay only one benefit, the largest benefit [unless there is a specific written exception in this Policy].]

[Limitation on Multiple Benefits: If a Covered Person can recover benefits under more than one of the Benefits stated in the Schedule of Benefits, as a result of the same Accident, We will pay only one benefit, the largest benefit.]

[Limitation on Multiple Covered Policies: If a Covered Person can recover benefits under more than one accident policy written by Us, We will pay under only one policy, the policy which offers the Covered Person the largest benefit.]

**SECTION 7: 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.

**[ACCIDENTAL DEATH [AND DISMEMBERMENT] BENEFITS**

We will pay the Benefit Amount shown below, if Injury to the Covered Person results, within the Time Period for Loss from date of Accident shown in the Schedule of Benefits, in any one of the losses shown below. The Principal Sum is shown in the Schedule of Benefits.

**Covered Loss**

**Benefit Amount**

[Life	100% of the Principal Sum]
[Brain Death	[10-200]% of the Principal Sum]
[Heart Failure	[10-200]% of the Principal Sum]
[Quadriplegia	[10-200]% of the Principal Sum]
[Two or more Members	[10-200]% of the Principal Sum]
[One Member	[10-200]% of the Principal Sum]
[Hemiplegia	[10-200]% of the Principal Sum]
[Paraplegia	[10-200]% of the Principal Sum]
[Uniplegia	[10-200]% of the Principal Sum]

[Loss of One Hand or Foot	[10-200]% of the Principal Sum]
[Loss of Use of One Hand or Foot	[10-200]% of the Principal Sum]
[Loss of Sight in One Eye	[10-200]% of the Principal Sum]
[Loss of Speech	[10-200]% of the Principal Sum]
[Loss of Hearing (in both ears)	[10-200]% of the Principal Sum]
[Thumb and Index Finger of the Same Hand	[10-200]% of the Principal Sum]
[Four Fingers of the Same Hand	[10-200]% of the Principal Sum]
[Loss of Speech and Hearing	[10-200]% of the Principal Sum]
[Permanent Total Loss of Hearing of	
Both Ears	[10-200]% of the Principal Sum]
One Ear	[10-200]% of the Principal Sum]
[Loss of Speech	[10-200]% of the Principal Sum]
[Permanent Total Loss of the Lens of One Eye	[50-100]% of the Principal Sum]
[Loss of or Permanent Total Loss of Four	
Fingers and Thumb of	
Right Hand	[50-100]% of the Principal Sum]
Left Hand	[50-100]% of the Principal Sum]
[Loss of or Permanent Total Loss of Use of	
Four Fingers of	
Right Hand	[30-100]% of the Principal Sum]
Left Hand	[30-100]% of the Principal Sum]
[Loss of or Permanent Total Loss of Use of One	
Thumb	
Both Right Joints	[20-50]% of the Principal Sum]
One Right Joint	[15-50]% of the Principal Sum]
Both Left Joints	[20-50]% of the Principal Sum]
One Left Joint	[15-50]% of the Principal Sum]
[Loss of or Permanent Total Loss of Use of	
Fingers	
Three Right Joints	[7.5-20]% of the Principal Sum]
Two Right Joints	[5-20]% of the Principal Sum]
One Right Joint	[2.5-10]% of the Principal Sum]
Three Left Joints	[7.5-20]% of the Principal Sum]
Two Left Joints	[5-20]% of the Principal Sum]
One Left Joint	[2.5-10]% of the Principal Sum]
[Loss of or Permanent Total Loss of Use of Toes	[15-30]% of the Principal Sum]
All One Foot	[5-10]% of the Principal Sum]
Great Toe Both Joints	[3-10]% of the Principal Sum]
Great Toe One Joint	[2-10]% of the Principal Sum]
[Fractured Leg or Patella with Established	
Non-Union	[10-20]% of the Principal Sum]
[Shortening of Leg by at Least 5 cm.	[7.5-20]% of the Principal Sum]
[Loss of Tooth	[2.5-5]% of the Principal Sum]

[Any permanent dismemberment not mentioned above shall be compensated at the complete discretion of the Company taking into consideration the nature of the injury in conjunction with the stated compensation percentages for more specific injuries shown in the Table of Benefits.]

**[Age Reduction Schedule.** The amount payable for a Covered Injury will be reduced if a Covered Person is Age [65; 70; 75] or older on the date of the Accident causing the loss. The amount payable for the Covered Person's loss is a percentage of the amount that would otherwise be payable, as shown below:

**AGE ON DATE OF ACCIDENT****PERCENTAGE OF BENEFIT AMOUNT  
OTHERWISE PAYABLE**

[65-69]	[85-65%]
[70-74]	[65-45%]
[75-79]	[50-30%]
[80 and older]	[40-20%]

[Premium for a Covered Person Age [65;70;75] or older is based on 100% of the coverage that would be in effect if the Covered Person were under Age [65;70;75].]

**Definition:**

For this benefit

**[Brain Death** means irreversible unconsciousness with total loss of brain function; and complete absence of electrical activity of the brain, even though the heart is still beating.]

**[Heart Failure** means death because the heart ceases to beat due to failure of the heart to maintain adequate circulation of blood provoked by participation in a Covered Activity.]

**[Quadriplegia** means total Paralysis of both upper and lower limbs. ]

**[Hemiplegia** means total Paralysis of the upper and lower limbs on one side of the body.]

**[Uniplegia** means total Paralysis of one lower limb or one upper limb. ]

**[Paraplegia** means total Paralysis of both lower limbs or both upper limbs. ]

**[Paralysis** means total loss of use. A Doctor must determine the loss of use to be complete and not reversible at the time the claim is submitted.]

**[Member** means hand or foot, sight, speech, and hearing.]

**[Loss of One 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 or Loss of Four Fingers 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.]

**Age** means the age of the Covered Person on his or her most recent birthday.]

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**[ALTERNATIVE COMMUTING BENEFIT]**

We will pay the Maximum Benefit shown in the Schedule of Benefits, subject to all applicable conditions and exclusions, when the Covered Person suffers a Covered Loss resulting from a Covered Accident that occurs:

1. while he is using an alternate means of transportation for commuting directly between his home and the Policyholder's premises where he normally works; and
2. when such use is necessitated by: discontinuance of service; strike; or major breakdown of one or more public conveyance transportation systems which the Covered Person regularly uses in commuting.

- Exclusions** Benefits will not be payable for Covered Accidents that occur more than [1 - 3] hour(s) after the Covered Person leaves his home or place of employment, unless it can be conclusively established that:
1. the delay was caused by conditions beyond the Covered Person's control; or
  2. more time was needed for normal direct commuting.]

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**[ACCIDENT DENTAL BENEFIT]**

We will pay the Emergency Dental Benefit Percentage of the Dental Category shown below up to the multiple of the Maximum Benefit shown in the Schedule of Benefits, if the Covered Person requires Emergency Dental Care as the direct and independent result of a Covered Accident and seeks Emergency Dental Care within [1 - 365] day(s) after the date of the Covered Accident.

<b>Dental Category</b>	<b>Emergency Dental Benefit Percentage</b>
[Completely avulsion of two or more permanent (adult) teeth	[50 - 200%]]
[Completely avulsion of one permanent (adult) tooth	[37.5 - 150%]]
[Completely avulsion of two or more primary ("baby") teeth if Covered Person is less than five years old	[15 - 60%]]
[Completely avulsion of one primary ("baby") tooth if Covered Person is less than five years old	[5 - 20%]]
[Completely avulsion of two or more primary ("baby") teeth if Covered Person is at least five years old and less than six years old	[5 - 20%]]
[Broken bridge, denture or plate	[37.5 - 150%]]
[Broken Tooth below gum line	[25 - 100%]]
[Broken Tooth above the gum line	[12.5 - 50%]]
[lost filling	[12.5 - 50%]]

**Definition:** For this benefit **Emergency Dental Care** means the: evaluation; diagnosis; and treatment of the loss related to the Covered Accident by a licensed dentist possessing a Doctor of Dental Surgery (DDS) or a Doctor of Dental Medicine (DMD) degree.

**Exclusions:** For this benefit In addition to other exclusions listed in the Common Exclusion's section, benefits will not be paid if there is evidence of contributing dental disorder such as an infection or complications of a recent oral surgery.]

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**[BAGGAGE DELAY BENEFIT**

We will reimburse up to the Maximum Benefit shown in the Schedule of Benefits, if, during the Period of Insurance, the baggage and/or personal effects owned by or in the custody of a Covered Person is delayed or misdirected for more than the Deductible Time Period shown in the Schedule of Benefits, the Company will reimburse for necessary personal effects.

To receive this Benefit;

- 1) The baggage and/or personal effects must have been checked in as registered baggage by the airline;
- 2) upon further investigation it is later determined that the baggage and/or personal effects has been lost, any amount claimed and paid to a Covered Person under the baggage delay section will be deducted from any payment under the baggage lost section.
- 3) the Covered Person shall exercise all reasonable measures and precautions for: the safety of; and recovery of; any property insured hereunder. Notification of any apparent delay to baggage must be made immediately to the airline concerned.

**Exclusions** For purposes of this benefit:

The Company will not indemnify the Insured for delayed baggage as a result of the following:

- 1) Chartered flights, unless such flights are registered in the international data system;
- 2) Confiscation of baggage by customs or any government authority;
- 3) purchases made after arriving in the final destination mentioned on the Insured's airline ticket;
- 4) Baggage and/or personal effects sent under an airway-bill or bill of lading;
- 5) claims for delay due to a strike or industrial action existing or announced before the start of the covered Trip;
- 6) claims for delay due to withdrawal of aircraft from service by any civil aviation authority of which notice had been given before the start of the covered Trip.
- 7) Any delays of the return covered Trip.]

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**[BOMB SCARE, BOMB SEARCH OR BOMB EXPLOSION BENEFIT**

We will pay the Maximum Benefit shown in the Schedule of Benefits if the Covered Person suffers a Covered Loss resulting from a Covered Accident and all of the following conditions are met:

1. the Covered Person is on the Policyholder's premises when the Covered Accident occurs;
2. the Covered Accident is caused by or results from a: Bomb Scare; Search; or Explosion; as defined below;
3. the Covered Person is an authorized participant of a team or squad engaged in a Bomb Search or related activity;
4. the Policyholder authorizes the Covered Person participation and sanctions the search.

**Definitions** For purposes of this benefit:

**Bomb** means any real or dummy explosive device placed with intent to: damage; scare; or cause injury.

**Scare** means any real or false report of a Bomb on the premises of the Policyholder.

**Search** means any organized search for a reported Bomb.

**Explosion** means any detonation of a Bomb on the Policyholder's premises which appears to have been intended to cause injury or unlawful property damage, whether or not the presence of the Bomb was reported before detonation. [It does not include: any act of declared or undeclared war in the United States of America or Canada; or acceptance of known explosives as cargo.]

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**[BROKEN BONES BENEFIT**

We will pay the Percentage of Maximum Benefit Amount of the Descriptions of Injury shown below up to the multiple of the Maximum Benefit shown in the Schedule of Benefits, if the Covered Person sustains Injuries, from a Covered Accident, which within 30 days of the event, results in a broken bone as specified in this section.

Description of Injury	Percentage of Maximum Benefit Amount
One Fracture Per Single Loss	100%
Two Fractures Per Single Loss (not of the same bone)	120%
Three Or More Fractures Per Single Loss (not of the same bone)	200%

- 1) No benefit will be paid before any fracture is recognized medically and the extent and nature have been established by a Doctor.
- 2) In the event that the Covered Person has received a benefit under this section, and the same bodily injury results in Death or Permanent Disablement, any benefits paid under this section will be deducted from the Death or Permanent Disablement benefit.
- 3) Fractures for: nose; teeth; wrists/hands/fingers; and ankles/feet/toes are excluded from coverage.]

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**[BURN BENEFIT**

We will pay the Percentage of Maximum Benefit Amount for the Severity of Burn shown below up to the Maximum Benefit shown in the Schedule of Benefit, if the Covered Person sustains Injuries from a Covered Accident, which within 30 days of the event results in a Second or Third degree burn as specified in this section.

Severity of Burn	Percentage of Maximum Benefit Amount
Second or Third Degree Burns of 27% or more of the body surface	100%
Second or Third Degree Burns of 18% or more, but less than 27%, of the body surface	60%
Second or Third Degree Burns of 9% or more, but less than 18%, of the body surface	30%
Second or Third Degree Burns of 4.50% or more, but less than 9%, of the body surface	16%

**Definition:** For this benefit  
**Second Degree Burns** means superficial partial thickness burn of epidermis and dermis characterized by: pain; redness; swelling; and blistering.  
  
**Third Degree Burns** means full thickness burn through the epidermis and dermis with burning of underlying structural tissue.]

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**[BURIAL AND CREMATION BENEFIT**

We will pay the Maximum Benefit shown in the Schedule of Benefits, for burial or cremation of the Covered Person who dies from an Injury resulting directly and independently of all other causes from a Covered Accident.]

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**[CATASTROPHE CASH BENEFIT**

[Lump Sum:

We will pay the Percentage of Maximum Benefit Amount for the Cause of Disability shown below up to the Maximum Lump Sum Amount shown in the Schedule of Benefit, if a Covered Person suffers a Covered Loss within [30 – 365] days of the Covered Accident that results in: Paralysis; Coma; or Brain Death; provided that the: Paralysis; Coma; or Brain Death:

1. satisfies the Benefit Waiting Period;
2. must be determined by a Doctor to be permanent and irreversible at the end of that Benefit Waiting Period; and
3. must result in Total Disability]

[Monthly:

We will pay the Percentage of Maximum Benefit Amount for the Cause of Disability shown below up to the Maximum Monthly Benefit shown in the Schedule of Benefit, if a Covered Person suffers a Covered Loss within [30 – 365] days of the Covered Accident that results in: Paralysis; Coma; or Brain Death; provided that the: Paralysis; Coma; or Brain Death:

1. satisfies the Benefit Waiting Period;
2. must be determined by a Doctor to be permanent and irreversible at the end of that Benefit Waiting Period; and
3. must result in Total Disability

The benefit is payable monthly as long as the Covered Person remains Totally Disabled due to the: Paralysis; Coma; or Brain Death; but ceases on the earliest of:

1. the date the Covered Person dies;
2. the date the Covered Person is no longer Totally Disabled due to the: Paralysis; Coma; or Brain Death; or
3. the date monthly benefits have been paid for the Maximum Number of Months shown in the Schedule of Benefits.]

[Initial Lump Sum Then Monthly:

We will pay the Percentage of Maximum Benefit Amount for the Cause of Disability shown below up to the Maximum Lump Sum Amount shown in the Schedule of Benefit, followed by the Maximum Monthly Benefit shown in the Schedule of Benefit, if a Covered Person suffers a Covered Loss within [30 – 365] days of the Covered Accident that results in: Paralysis; Coma; or Brain Death; provided that the: Paralysis; Coma; or Brain Death:

1. satisfies the Benefit Waiting Period;
2. must be determined by a Doctor to be permanent and irreversible at the end of that Benefit Waiting Period; and
3. must result in Total Disability

The benefit is payable monthly as long as the Covered Person remains Totally Disabled due to the: Paralysis; Coma; or Brain Death; but ceases on the earliest of:

1. the date the Covered Person dies;
2. the date the Covered Person is no longer Totally Disabled due to the: Paralysis; Coma; or Brain Death; or
3. the date monthly benefits have been paid for the Maximum Number of Months shown in the Schedule of Benefits.]

Cause of Disability	Percentage of Maximum Benefit Amount
Coma	100%
Paralysis of Two or More Limbs (Upper and/or Lower)	100%
Brain Death	100%
Paralysis of One Limb (Upper or Lower)	50%
Paralysis of One or More Other Parts of the Body	See Below

Note: If the Covered Person's Paralysis is a part of the body other than a Limb, the Percentage of the Maximum Benefit Amount used to determine the benefit payable will be adjusted in proportion to the comparable extent of Paralysis of the list parts of the Covered Person's body.

If a Covered Person suffers more than one Cause of Disability as a result of the same Covered Accident, only the largest amount will be used to determine the benefit payable.

If the Covered Person returns to any occupation for which he or she is qualified by reason of education, experience or training on a full or part-time basis, or engages in any of the usual activities of a person of like age and sex in comparable health, he or she may return to Totally Disability status if:

1. the Covered Person has not been engaging in such activities for longer than 30 days; and
2. the attending Doctor certifies a return to Totally Disability status due to the same: Paralysis; Coma; or Brain Death which caused the original Totally Disability.

We reserve the right, at the end of the Benefit Waiting Person (and as often as it may reasonably require thereafter) to determine, on the basis of all the facts and circumstances, that the Covered Person is Totally Disabled due to the: Paralysis; Coma; or Brain Death; including, but not limited to, requiring an independent medical examination at Our expense.

**Definition:** For this benefit

**Benefit Waiting Period** means [3 -12] consecutive months at the start of a period if Totally Disability for which We will not pay benefits.

**Brain Death** means irreversible unconsciousness with total loss of brain function; and complete absence of electrical activity of the brain, even though the heart is still beating.

**Coma** means a profound state of unconsciousness from which the Covered Person cannot be aroused to consciousness[, even by powerful stimulation], as determined by a Doctor.

**Total Disability or Totally Disabled** means, due to an Injury from a Covered Accident, a Covered Person:

1. if employed, cannot do any work for which he or she is, or may become, qualified by reason of: education; experience; or training; and
2. if not employed, cannot perform the normal and customary activities of a healthy person of like age and sex.]

**Paralysis** means total loss of use. A Doctor must determine the loss of use to be complete and not reversible at the time the claim is submitted.]

**[CHAPERONE REPLACEMENT BENEFIT**

We will pay the Maximum Benefit shown in the Schedule of Benefit, in the event that the official chaperone of the Policyholder is prevented from continuing his to her Trip due to: an Injury; [Sickness;] or death of the chaperone; or an Immediate Family Member which occurs after the Trip begins and before the Trip termination date.

We will reimburse for:

1. the replacement chaperone, up to the published rate of a round Trip economy class ticket from his or her place of permanent residence to the next scheduled destination where the replacement can join the insured group; and
2. returning the chaperone, up to the published rate of a round Trip economy class ticket from his or her assigned location back home.

We will only pay one Chaperone Replacement Benefit per Trip.]

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**[CHILD CARE CENTER BENEFIT**

We will pay the Maximum Benefit shown in the Schedule of Benefits for the care of each Dependent child(ren) in a Child Care Center if death of the Covered Person results from a Covered Accident and all of the following conditions are met:

1. one or more surviving Dependent child(ren) is under Age 13; and
  - [a. was enrolled in a Child Care Center on the date of the Covered Accident; or]
  - [b. enrolls in a Child Care Center within [90 – 365] days from the date of the Covered Accident].

This benefit will be payable to the spouse if the spouse has custody of the child. If the spouse does not have custody of the child, benefits will be paid to the child’s legally appointed guardian. Payments will be made at the end of each [6 – 12] month period that begins after the date of the Covered Person’s death. A claim must be submitted to Us at the end of each [6 -12] month period [with proof of enrollment and attendance]. A [6 – 12] month period begins:

- [1. when the Dependent child enters a Child Care Center for the first time, within the period specified in (2b) above, after the Covered Person’s death; or]
2. on the first of the month following the Covered Person’s death, if the Dependent child was enrolled in a Child Care Center before the Covered Person’s death.

Each succeeding [6 – 12] month period begins on the day immediately following the last day of the preceding period. Pro rata payments will be made for periods of enrollment in a Child Care Center of less than 12 months.

**Definitions** For purposes of this benefit:

**Child Care Center** is a facility which:

1. is licensed and run according to laws and regulations applicable to child care facilities; and
2. provides care and supervision for children in a group setting on a regular, daily basis.

A Child Care Center does not include any of the following:

1. a Hospital;
2. the child’s home;
3. care provided during normal school hours while a child is attending grades one through twelve.]

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**[CHILD(REN) EDUCATION BENEFIT**

We will pay the Maximum Benefit shown in the Schedule of Benefits, for each Dependent Child of the Covered Person whose: death[; dismemberment] [; or Total Disability] from a Covered

Accident for which an Accidental Death [or Dismemberment] Benefit [or Permanent Total Disability Benefit] is/are payable under this Policy. This benefit is subject to the conditions and exclusions described below.

[A Dependent child must:

1. be a full-time student in an accredited school of higher learning beyond the 12<sup>th</sup> grade level on the date of the Covered Person's Covered Accident; or be at the 12<sup>th</sup> grade level on the date of the Covered Person's Covered Accident and then become a full-time student at an accredited school of higher learning within 365 days from the date of the Covered Accident [and continue his or her education as a full-time student];
2. continues his or her education as a full-time student in such accredited school of higher learning; and
3. incur expenses for: tuition; fees; books; [and room and board] [; transportation] [; and any other costs payable directly to [; or approved and certified by,] such school.]

[A Dependent child must:

1. begin studies as a full-time student at a: grammar; middle; high school; vocational school; or college or university before reaching the limiting age shown in the Dependent definition;
2. continue his or her education as a full-time student; and
3. incur expenses for: tuition; fees; books; and any other costs: payable directly to; or approved and certified by; such school.]

Payments will be made to each Dependent child [or to the child's legal guardian, if the child is a minor] at the end of each school year for the Maximum Number of Payments shown in the Schedule of Benefits. We must receive proof satisfactory to Us of the Dependent child's enrollment and attendance within [30 – 60] days of the end of each school year. The first year for which this benefit is payable will begin on the first of the month following the date the Covered Person: dies[; gets dismembered] [; or becomes Totally Disabled], if the Dependent child was enrolled on that date in an accredited school as stated above; otherwise on the date he enrolls in such school. Each succeeding year for which benefits are payable will begin on the date following the end of the preceding school year.

If no Dependent child qualifies for Special Education Benefits within [30 – 365] days of the Covered Person's: death[; dismemberment] [; or becoming Totally Disabled], We will pay the Default Benefit shown in the Schedule of Benefits to the Covered Person's beneficiary.

**[Definitions** For purposes of this benefit:

**Total Disability** or **Totally Disabled** means, due to an Injury from a Covered Accident, a Covered Person:

1. if employed, cannot do any work for which he or she is, or may become, qualified by reason of: education; experience; or training; and
2. if not employed, cannot perform the normal and customary activities of a healthy person of like age and sex.]]

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#### **[[COBRA] INSURANCE CONTINUATION BENEFIT**

We will pay the Maximum Benefit shown in the Schedule of Benefits, upon the death of a Covered Person subject to the following:

- 1) the Covered Person's death was a result of a Covered Accident;
- 2) the Covered Person is survived by a spouse or Domestic Partner [or Dependent child(ren)];

- 3) the surviving spouse or Domestic Partner [or a surviving Dependent child(ren)] is eligible for and elects to continue group [medical] [;] [or] [dental] [;] [or] [vision] insurance provided by the Policyholder of the Covered Person within the time frame specified under COBRA.
- 4) the surviving spouse or Domestic Partner [or Dependent child(ren)] notifies the Policyholder of his or her election, within 60 days of the Covered Person's death, to continue his or her existing coverage under group insurance plans sponsored by the Policyholder as permitted by state or federal continuation law. ]

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**[COMA BENEFIT]**

We will pay the Maximum Benefit shown in the Schedule of Benefits if a Covered Person becomes Comatose within [31-60] days of a Covered Accident and remains in a Coma for at least [31-60] days.

We reserve the right, at the end of the first [31-60] days of Coma, to require additional proof that the Covered Person remains Comatose. This proof may include, but is not limited to, requiring an independent medical examination at Our expense.

We will pay this benefit in [a lump sum / periodic payments] as shown in the Schedule of Benefits. [Periodic payments will end on the first of the following dates:

1. the end of the month in which the Covered Person dies;
2. the end of the [9<sup>th</sup>-100<sup>th</sup>] month for which this benefit is payable;
3. the end of the month in which the Covered Person recovers from the Coma.]

**Definition:** For this benefit

**Comatose** or **Coma** means a profound state of unconsciousness from which the Covered Person cannot be aroused to consciousness[, even by powerful stimulation], as determined by a Doctor.]

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**[COMMON ACCIDENT BENEFIT]**

We will pay the Maximum Benefit shown in the Schedule of Benefits, if both the Insured and the Insured's spouse die from a Covered Accident and are survived by one or more Dependent child(ren).

**Definition:** For this benefit

**Common Accident** means the same Covered Accident or separate Covered Accidents that occur within the same [12 – 24]-hour period.]

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**[COUNSELING BENEFIT]**

We will pay the Maximum Benefit shown in the Schedule of Benefits for each counseling session, when the Covered Person requires and completes counseling sessions after the Covered Person or fellow employee suffers a: [death][;] [or] [dismemberment][;] [or] [disability] directly and independently of all other causes from a Covered Accident. The maximum number of sessions for each Covered Person is listed in the Schedule of Benefits under Maximum Number of Counseling Sessions.

To be eligible for this benefit counseling sessions must meet all of the following conditions:

1. the sessions must begin within 180 days of the Covered Accident.
2. All sessions payable under this benefit must be complete within one year from the date of the Covered Accident;
3. counseling must be provided under the: care; supervision; or order of a Physician;

4. a charge would have been made if no insurance existed.]

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**[EMERGENCY MEDICAL EVACUATION [REPATRIATION] BENEFIT**

We will pay Maximum Benefit as shown in the Schedule of Benefits for expenses incurred for the medical evacuation [or repatriation] of a Covered Person. Benefits are payable if the Covered Person:

1. is traveling [outside of his or her Home Country] [more than 100 miles away from the Covered Person's home];
2. suffers an Injury [or Sickness] during the course of the covered Trip; and
3. requires Emergency Medical Evacuation.

Benefits will not be payable unless:

1. the Doctor ordering the Emergency Medical Evacuation certifies the severity of the Covered Person's Injury [or Sickness] requires an Emergency Medical Evacuation [or repatriation];
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 usual level of 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.

**Definition:** For this benefit

**Emergency Medical Evacuation** means:

1. the Covered Person's immediate transportation from the place where he or she suffers an Injury [or Sickness] to the nearest: Hospital; or other medical facility where appropriate medical treatment can be obtained; or
2. the Covered Person's transportation to his or her Home Country to obtain further medical treatment in a: Hospital; or other medical facility or to recover after suffering an Injury [or Sickness].

An Emergency Medical Evacuation also includes Medically Necessary: medical treatment; medical services; and medical supplies necessarily received in connection with such transportation.

[After Hospitalization or treatment for a covered Injury [or Sickness], if the Covered Person is unable to continue his Trip, Our designated assistance provider, in conjunction with the local attending Doctor and/or the Covered Person's habitual Doctor, will organize the Covered Person's return to his or her Home Country or country of permanent assignment. If the gravity of the situation so dictates, Our designated assistance provider will ensure that appropriate medical care is provided to the Covered Person during the return Trip. If Our designated assistance provider and the local attending medical practitioner consider the Covered Person stable enough to be medically repatriated, without endangering the Covered Person's health, and the Covered Person refuses repatriation, We will continue to pay medical expense benefits incurred after the date repatriation was recommended only up to the amount that would have been payable for the medical repatriation, subject to policy maximums and limitations.]

Benefits will not be payable unless We authorize in writing [or by an authorized electronic or telephonic means] all expenses in advance.]

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**[EMERGENCY REUNION BENEFIT**

We will reimburse up to the Maximum Benefit shown in the Schedule of Benefits, to have one of the Insured's Immediate Family Members accompany him or her to the Covered Person's [Home Country] [or] [Hospital] where the Covered Person is confined if[:

1. the Emergency Medical Evacuation [Repatriation] Benefit is payable under the Policy]; and
- [2. [the Insured][Covered Person] is alone outside of his or her Home Country; and]
- [3. the place of confinement is more than [50-200] miles from the [Insured's][Covered Person's] Home Country].

[In addition, We will pay the reasonable expenses incurred for lodging and meals of the Insured's Immediate Family Member for a period not to exceed [7-14] days.]

[This benefit will not exceed [the lesser of]:

1. the cost of one [round-trip] economy airfare ticket and other local travel related expenses; [or]
2. the reasonable expenses incurred for lodging and meals of the Insured's Immediate Family Member for a period of [7-14] days.
3. the Benefit Amount shown in the Schedule of Benefits.]

We must authorize all expenses in advance for any benefit to be payable.]

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#### **[EXTENDED BENEFIT OPTION**

We will pay the Maximum Benefit shown in the Schedule of Benefits, subject to the payment of the Deductible and the Co-insurance Rate, while the Covered Person is in his or her Home Country, if the Covered Person obtains treatment for an Injury [or Sickness] within [30-90] days of returning from a Trip to his or her Home Country. Such treatment must be for the recurrence or continuation of treatment for an Injury [or Sickness] that began during the course of a Trip for which a benefit is otherwise payable under the [Out of Country] Medical Expense Benefit.]

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#### **[FAMILY REUNION BENEFIT**

We will reimburse up to the Maximum Benefit shown in the Schedule of Benefit, if, while the Covered Person is traveling, he or she suffers an Injury [or Sickness] and must be confined in a Hospital for at least [3-7] consecutive days [or if the Covered Person is medically evacuated to another location,] We will reimburse the expenses for transportation and lodging for a Family Member to join the Covered Person during his or her stay in the Hospital. 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 paid unless all expenses are approved in advance by Us, and services are rendered by the Company's assistance provider.

**Definition:** For this benefit  
**Family Member** means a Covered Person's parent; sister; brother; husband; wife; or children.]

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#### **[FELONIOUS ASSAULT AND VIOLENT CRIME BENEFIT**

We will pay Maximum Benefit shown in the Schedule of Benefits, when the Covered Person suffers a Covered Loss from a Covered Accident that occurs during a violent crime or felonious assault as described below. [A police report detailing the felonious assault or violent crime must be provided before this benefit is payable.] [The Covered Accident must occur while the Covered Person is on the business or premises of the Policyholder.] The Covered Person must notify the police within [24-48] hours of the assault.

To qualify for benefit payment, the Covered Accident must occur during any of the following:

1. actual or attempted robbery or holdup;
2. actual or attempted kidnapping;
3. any other type of intentional assault that is a crime classified as a felony by the governing statute or common law in the location where the assault occurred.]

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**[Heart or Circulatory Malfunction Benefit**

We will pay the Maximum Benefit shown in the Schedule of Benefits, when the Covered Person suffers a Covered Loss from a Covered Accident that is a result of a Heart Failure. The Heart Failure must occur within [4 – 52] weeks of the Covered Accident.

**Definitions** For purposes of this benefit:

**Heart Failure** means death because the heart ceases to beat due to failure of the heart to maintain adequate circulation of blood.]

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**[HIV OCCUPATIONAL ACCIDENT BENEFIT**

We will pay the Maximum Benefit shown in the Schedule of Benefits, when the Covered Person suffers an Injury resulting from a Covered Accident. Such Covered Accident must: occur during the performance of Occupational Duties; and result in the Covered Person acquiring and testing positive for Human Immunodeficiency Virus (HIV) antibodies within [1-2] year(s) of the Injury.

In order to receive this benefit, the Covered Person must satisfy all of the following:

1. submit a Workers' Compensation Injury report to the Policyholder within [24 – 72] hours of the Covered Accident that occurs during the performance of Occupational Duties;
2. test negative for Human Immunodeficiency Virus (HIV) antibodies within [24 – 72] hours of such Covered Accident;
3. test positive for Human Immunodeficiency Virus (HIV) antibodies in a subsequent Blood Test within [1-2] year(s) of the date of the Covered Accident.

**Definitions** For purposes of this benefit:

**Occupational Duties** means the performance of normal work duties on behalf of the Policyholder.

**HIV** means a virus that infects lymphocytes and other cells bearing the CD4 marker, the initial infection of which is known as acute retro viral syndrome.

**Blood Test** means a positive (reactive) Enzyme-linked Immunosorbent Assay (ELISA) test, confirmed by the Western Blot Test, or other tests that may be approved by the Centers for Disease Control and Prevention and accepted by Us.]

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**[HOME ALTERATION AND VEHICLE MODIFICATION BENEFIT**

We will pay the Maximum Benefit shown in the Schedule of Benefits, when the Covered Person suffers a Covered Loss, other than a Loss of Life, from a Covered Accident.

This benefit will be payable if all of the following conditions are met:

1. prior to the date of the Covered Accident causing such Covered Loss, the Covered Person did not require the use of any: adaptive devices; or adaptation of residence; and/or vehicle;
2. as a direct result of such Covered Loss, the Covered Person now requires such: adaptive devices; or adaptation of residence; and/or vehicle to maintain an independent lifestyle;
3. the Covered Person requires home alteration or vehicle modification within [1-2] year(s) of the date of the Covered Accident.]

### **[HOME COUNTRY BENEFIT**

We will pay the Maximum Benefit shown in the Schedule of Benefits while the Covered Person is in his or her Home Country, if the Covered Person obtains treatment for: 1) an Injury [or Sickness] within [30-90] days of returning from a Trip to his or her Home Country; or 2) for a continuation of benefits for treatment that began during the course of a Trip for which a benefit is otherwise payable under the [Out of Country] Medical Expense Benefit. The Covered Person must remain continuously insured, including while on vacations and school breaks. Home Country Benefit payments are subject to any applicable Deductible and Coinsurance Rate shown in the Schedule of Benefits.

[Extended Benefit - If the Home Country benefit is payable, benefits will be extended for an additional month provided the Covered Person has enrolled for coverage under the Policy for at least [3-9] consecutive months. Extended Benefits are subject to the Benefit Maximum shown in the Schedule of Benefits for the Home Country Benefit.]]

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### **[HOME COUNTRY BENEFIT**

We will pay the Maximum Benefit shown in the Schedule of Benefits when the Covered Person returns to his or her Home Country or country of principal residence for incidental visits of up to a maximum of a [1-4] week period, provided:

1. the period of coverage is for a period of at least [30-90] days; and
2. the primary reason for the Covered Person's return to the Home Country or country of principal residence is not to obtain medical treatment for an Injury [or Sickness] that occurred while traveling.

Home Country Benefit payments are subject to any applicable Deductible and Coinsurance Rate shown in the Schedule of Benefits.

[Extended Benefit - If the Home Country benefit is payable, benefits will be extended for an additional month provided the Covered Person has enrolled for coverage under the Policy for at least [3-9] consecutive months. Extended Benefits are subject to the Benefit Maximum shown in the Schedule of Benefits for the Home Country Benefit.]]

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### **[HOME COUNTRY EMERGENCY BENEFIT**

We will pay the Maximum Benefit shown in the Schedule of Benefits for covered medical expenses as shown in the [Out of Country] Medical Expense Benefit, if the Covered Person obtains treatment of an Injury [or Sickness] in his or her Home Country during the course of a Trip outside the Covered Person's Home Country for which coverage would have been afforded under the [Out of Country] Medical Expense Benefit.

The coverage begins on the date the Covered Person arrives in his or her Home Country. The maximum duration of this coverage is [14-60] days in any 12 month period. Coverage ends when the Covered Person leaves his or her Home Country.

Coverage with respect to the Covered Person must remain continuously in force. This includes while he or she is on vacation and school breaks. Home Country Emergency Benefit payments are subject to any applicable Deductible and Coinsurance Rate shown in the Schedule of Benefits.]

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### **[HOME COUNTRY EXTENSION BENEFIT**

We will pay the benefits for Covered Medical Expenses up to the Maximum Benefit shown in the Schedule of Benefits, if the Covered Person obtains treatment of an Injury [or Sickness] while he or she is in his or her Home Country during the course of a Trip for which a benefit is otherwise payable under the Medical Expense Benefit. Benefits will be paid for a period of [1-3] months

from the date the Covered Person returns to his or her Home Country. Home Country Extension Benefit payments are subject to any applicable: Benefit Maximum; Deductible; and Coinsurance Rate shown in the Schedule of Benefits.]

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### **[HOSPITAL CONFINEMENT BENEFIT**

We will pay the Maximum Benefit shown in the Schedule of Benefits if a Covered Person is Hospital Confined, and all of the following conditions are met.

1. The Hospital stay is the direct result, from no other causes, of Injuries sustained in a Covered Accident, that occurs while the Policy is in effect.
2. The Hospital stay begins within [7-21] days of a Covered Accident [and lasts for the Benefit Waiting Period shown in the Schedule of Benefits] [and lasts at least 3 days in a row]. [We will pay this benefit retroactive to the first day of the Hospital stay.]

Benefit payments will end on the first of the following dates:

1. the date the Hospital stay ends; or
2. the date the Covered Person dies;
3. the date the Maximum Benefit Period for this benefit ends; or
4. the date insurance under the Policy ends.]

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### **[LOST BAGGAGE BENEFIT**

We will reimburse, up to the Maximum Benefit shown in the Schedule of Benefit, the Covered Person's replacement costs of clothes and personal hygiene items [in excess of the deductible], if the Covered Person's luggage is checked onto a Common Carrier, and is then permanently: lost; stolen; or damaged beyond his or her use. Replacement costs are calculated on the basis of the depreciated standard for the specific personal item claimed and its average usable period. The Covered Person must file a formal claim with the transportation provider and provide Us with copies of all claim forms and proof that the transportation provider has paid the Covered Person its normal reimbursement for the permanently: lost; stolen; or damaged luggage.

**Definitions** For purposes of this benefit:

**Common Carrier** means

1. a conveyance, including an aircraft, licensed for hire to carry fare-paying passengers on a set route and schedules; or
2. a transport aircraft operated by the Air Mobility Command of the United States of America or a similar air transport service of another country.]

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### **[[[OUT OF COUNTRY] MEDICAL EXPENSE BENEFITS**

We will pay Maximum Benefit shown in the Schedule of Benefits, for Covered Expenses from a Covered Accident [or Sickness]. These benefits are subject to the: Deductibles; [Coinsurance Maximum Rates;] Benefit Periods; and other terms or limits shown in the Schedule of Benefits.

[Out of Country] Medical Expense Benefits are only payable:

1. for Usual and Customary Charges incurred after the Deductible has been met;
2. for those Medically Necessary Covered Medical Expenses that the Covered Person receives; and
3. when the first charges are incurred within [30; 60; 90; 180; 365] days after the date of the Covered Accident [or Sickness].

No benefits will be paid for any expenses incurred that, in Our judgment, are in excess of Usual and Customary Charges.

### **Covered Medical Expenses**

1. [Hospital room and board expenses: the daily room rate when a Covered Person is Hospital confined; and general nursing care is provided and charged for by the Hospital. In computing the number of days payable under this benefit, the date of admission will be counted but not the date of discharge.]
2. [Ancillary hospital expenses: services and supplies including: operating room; laboratory tests; anesthesia; and medicines (excluding take home drugs) when Hospital confined. This does not include personal services of a non-medical nature.]
3. [Daily intensive care unit expenses: the daily room rate when a Covered Person is Hospital confined in a bed in the intensive care unit; and nursing services other than private duty nursing services.]
4. [Medical emergency care (room and supplies) expenses: incurred within 72 hours of an Accident; and including: the attending Doctor's charges; X-rays; laboratory procedures; use of the emergency room; and supplies.]
5. [Newborn nursery care expenses.]
6. [Outpatient surgical room and supply expenses for use of the surgical facility.]
7. [Outpatient diagnostic x-rays; laboratory procedures; and tests.]
8. [Doctor non-surgical treatment/examination expenses (excluding medicines) including: the Doctor's initial visit; each Medically Necessary follow-up visit; and consultation visits when referred by the attending Doctor.]
9. [Doctor's surgical expenses [as shown in the Schedule of Benefits]. [If an Injury or Sickness requires multiple surgical procedures through the same incision, We will pay only one benefit, the largest of the procedures performed. If multiple surgical procedures are performed during the same operative session but through different incisions, We will pay as shown in the Schedule of Benefits for the most expensive procedure and 50% of Covered Expenses for the additional surgeries.]]
10. [Assistant surgeon expenses when Medically Necessary]
11. [Anesthesiologist expenses for pre-operative screening and administration of anesthesia during a surgical procedure whether on an inpatient or outpatient basis.]
12. [Outpatient laboratory test expenses.]
13. [Physiotherapy [physical medicine/chiropractic/acupuncture] expenses on an inpatient or outpatient basis [limited to one visit per day (as shown in the Schedule of Benefits)]. Expenses include treatment and office visits connected with such treatment when prescribed by a Doctor, including: diathermy; ultrasonic; whirlpool; or heat treatments; adjustments; manipulation; massage; or any form of physical therapy.]
14. [Chiropractic expenses on an inpatient or outpatient basis [limited to one visit per day (as shown in the Schedule of Benefits)].]
15. [X-ray expenses (including reading charges) but not for dental x-rays.]
16. [Dental expenses including dental x-rays for the repair or treatment of each injured tooth that is: whole; sound; and a natural tooth at the time of the Accident [,and emergency alleviation of dental pain].]
17. [Dental expenses for impacted wisdom tooth.]
18. [Outpatient registered nurse services if ordered by a Doctor.]
19. [[Air] Ambulance expenses for transportation from the emergency site to the Hospital.]
20. [Rehabilitative braces or appliances prescribed by a Doctor. It must be durable medical equipment that 1) is primarily and customarily used to serve a medical purpose; 2) can withstand repeated use; and 3) generally is not useful to a person in the absence of Injury. No benefits will be paid for rental charges in excess of the purchase price.]
21. [Prescription Drug Expenses [including: dressings; drugs; and medicines] prescribed by a Doctor [and administered on an outpatient basis].]
22. [Medical equipment rental expenses for a wheelchair or other medical equipment that has therapeutic value for a Covered Person. We will not cover: computers; motor vehicles; or modifications to a motor vehicle; ramps and installation costs; eyeglasses; and hearing aids.]

23. [Medical services and supplies: expenses for blood and blood transfusions; oxygen and its administration.]
24. [Eyeglasses; contact lenses; and hearing aids when damage occurs in a Covered Accident that requires medical treatment.]
25. [Expenses due to an aggravation or re-Injury of a Pre-Existing Condition.]
26. [Emergency medical treatment of pregnancy.]
27. [Therapeutic termination of pregnancy.]

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**[PERMANENT TOTAL DISABILITY BENEFIT]**

We will pay the Maximum Benefit shown in the Schedule of Benefit if:

1. a Covered Person is Injured in a Covered Accident, which happens while he or she is covered for this benefit; and
2. he or she becomes Totally Disabled as a direct result, and from no other cause, within [15 – 90] days of the Covered Accident; and
3. he or she remains Totally Disabled for [6 – 24] straight months; and
4. he or she is then Permanently and Totally Disabled.

The amount of this benefit is the amount shown on the Schedule of Benefits, minus any amounts we have paid under other benefits for the same Covered Accident.

[We will pay this amount until:

1. the Covered Person dies, or is no longer Permanently and Totally Disabled; or
2. the total we have paid for the same Covered Accident under the Policy is the Principal Sum shown on the Schedule of Benefits.]

**Definitions** For purposes of this benefit:

**Total Disability** or **Totally Disabled** means, due to an Injury from a Covered Accident, a Covered Person:

1. if employed, cannot do any work for which he or she is, or may become, qualified by reason of: education; experience; or training; and
2. if not employed, cannot perform the normal and customary activities of a healthy person of like age and sex.]

**Permanently and Totally Disabled** means, due to an Injury from a Covered Accident, a Covered Person:

1. if her or she is deemed not able to do any work for which he or she is or may become qualified by reason of his: education; experience; or training;
2. [and if not employed, cannot perform the normal and customary activities of a healthy person of like age and sex]; and
3. if he or she is not expected to be able to do any such work for the rest of his or her life, as determined by a Doctor.

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**[PERSONAL LIABILITY BENEFIT]**

We will reimburse up to the Maximum Benefit shown in the Schedule of Benefit, if during the Trip, a claim is made or a suit brought against the Covered Person for Property Damage.

We will reimburse up to the Benefit Maximum shown in the Schedule of Benefits, if during the Trip a claim is made or a suit brought against the Covered Person for Medical Expenses as the result of a Covered Accident caused by the Covered Person and resulting in an Injury to another person.

**Definitions** For purposes of this benefit:  
**Medical Expenses** means reasonable charges for: medical; surgical; X-ray; dental; ambulance; Hospital; professional nursing; prosthetic devices; and funeral services.

**Property Damage** means: physical injury to; destruction of; or loss of use of tangible property.

**Exclusions** For purposes of this benefit:  
The Company will not be liable for any claims caused by or resulting either directly or indirectly from:

- 1) liability which is expected by or intended for a Covered Person;
- 2) liability arising out of or in connection with a Business engaged in by a Covered Person. This exclusion applies but is not limited to an act or omission, regardless of its nature or circumstance, involving a service or duty: rendered; promised; owed; or implied to be provided because of the nature of the Business;
- 3) liability arising out of the: rental; or holding for rental of any part of any premises by a Covered Person;
- 4) liability arising out of the: rendering of; or failure to render professional services;
- 5) liability arising out of a: premises; water craft; or aircraft that is: owned by; rented to; or rented by a Covered Person;
- 6) liability arising out of the: ownership; maintenance; use; loading; or unloading of: motor vehicles; all other motorized land conveyances; water craft; or aircraft;
- 7) liability arising out of the transmission of a communicable disease by a Covered Person;
- 8) liability arising out of: sexual molestation; corporal punishment; or physical or mental abuse;
- 9) liability arising out of the: use; sale; manufacture; delivery; transfer; or possession by any person of a controlled substance or contraband as defined by the appropriate authority or the Federal Food and Drug agency.
- 10) liability under any contract or agreement;
- 11) Property Damage to property owned by a Covered Person;
- 12) Property Damage to property: rented to; occupied; or used by or in the care of a Covered Person;
- 13) Injury to any person eligible to receive any benefits voluntarily provided or required to be provided by an Insured Person under any: worker's compensation law; non-occupational disability law; or occupational diseases law; or
- 14) Suits arising from any: family member; or travelling companion; or family member of a travelling companion against a Covered Person.]

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**[[PERSONAL PROPERTY] [AND] [FINANCIAL INSTRUMENT REIMBURSEMENT] BENEFIT**

We will pay either the Personal Property Benefit Maximum or Financial Instrument Benefit Maximum shown in the Schedule of Benefit, if a Covered Person sustains loss or damage to [Personal Property] [or] [Financial Instrument] that is caused directly by a Covered Peril during [a bona fide out of country business Trip approved by his or her employer][his or her covered out of country Trip]. We will indemnify the Policyholder on behalf of the Covered Person with respect to such loss or damage [after satisfaction of the Deductible]. The Covered Person must

take all reasonable precautions for the safety of any covered [Personal Property] [and] [Financial Instrument]. With respect to a Covered Loss, We will be entitled:

1. to take and keep possession of such property and to deal with salvage in a reasonable manner;
2. to repair or replace any property for which We have liability under this Benefit, at Our option. Replacement costs are calculated on the basis of the depreciated standard for the specific personal item claimed and its average usable period.

**Definitions** For purposes of this benefit:

**Covered Peril** means loss or damage caused by: fire; explosion; lightning; collision, upset or overturn to a rental vehicle; theft; burglary; or robbery.

**Personal Property** means [personal goods belonging to the Covered Person or for which the Covered Person is responsible and are taken [on the business Trip] or acquired by the Covered Person during the covered Trip.] *{or}* [the personal effects owned by the Covered Person for: personal use; adornment; or amusement].

**[Financial Instrument** means: coins; banknotes; postal and money orders; signed travelers and other checks; letters of credit; travel tickets; and credit cards.]

**Exclusions** For purposes of this benefit:

In additional to SECTION 10 (Exclusions), We will not pay for:

- [1. More than [\$100 to \$3,000] with respect to any one article or set of articles.]
- [2. Vehicles [ (including aircraft and other conveyances)] or their accessories or equipment.]
- [3. Loss or damage due to:
  - [a] Moth; vermin; insects; or other animals;]
  - [b] wear and tear; atmospheric or climatic conditions; or gradual deterioration; or [latent] defective materials or craftsmanship;]
  - [c] Mechanical or electrical failure [or inherent vice];]
  - [d] Breaking; marring; scratching; wet or dampness; spoilage; being discolored; mold mildew; rust; frost; steam; mishandling; improper packing; improper stowage; or rough handling;]
  - [e] Any process of: cleaning; restoring; repairing; or alteration].]
- [4. More than a reasonable proportion of the total value of the set where the loss or damaged article is part of a set or pair.]
- [5. Currency.]
- [6. Coins; deeds; bullion; stamps; securities; tickets; documents; and perishables.]
- [7. Devaluation of currency or shortages due to errors or omissions during monetary transactions.]
- [8. More than \$500 with respect to cash.]
- [9. Any loss not reported to either the police or transport carrier within 24 hours of discovery.]
- [10. Any loss due to confiscation or detention by customs or any other authority.]

- [11. Any loss or damage directly or indirectly caused by declared or undeclared war or any act thereof.]
- [12. Laptop computers.]
- [13. Household furniture.]
- [14. Eyeglasses.]
- [15. Contact lenses.]
- [16. Artificial teeth or limbs.]
- [17. Property while in the: care; custody; or control of any common carrier.]
- [18. Loss or damage due to unexplained or mysterious disappearance [; unexplained shortage; or shortage disclosed by taking inventory].]
- [19. Loss or damage due to theft unless reported to the police or competent authority.]
- [20. Jewelry; furs; fine arts; and antiques.]
- [21. Audiovisual equipment; slide projectors; televisions; overhead projectors.]
- [22. Foodstuffs; liquor; medication; pharmaceutical goods; and plants.]
- [23. Animal mounts or other products of taxidermy.]
- [24. Cellular telephones; citizen band radios; tape players; radar detectors; radio; and other sound reproducing or receiving equipment.]
- [25. Firearms; ammunitions; holsters; firearm paraphernalia.]
- [26. Motor vehicles; including motorcycles and mobile equipment.]

[In additional, We will not pay benefits for loss or damage caused by or resulting from:

- [1. Hostile or war like action in time of peace or war, including action in: hindering; combating; or defending against an: actual; impending; or expected attack by:
  - a) any government or sovereign power (de jure or de facto), or by any authority maintaining or using: military; naval; or air forces; or
  - b) military; naval; or air forces; or
  - c) an agent of any government: power; authority; or forces.]
- [2. Any weapon of war employing atomic fission or radioactive force whether in time of peace or war.]
- [3. Insurrection; rebellion; revolution; civil war; usurped power; or action taken by governmental authority in: hindering; combating; or defending against such an: occurrence; seizure; or destruction under quarantine or custom regulations, confiscation by order of any government or public authority, or risks of contraband or illegal transportation or trade.]
- [4. Nuclear reaction; or nuclear radiation; or radioactive contamination.]
- [5. Breakage of glass, unless the breakage is the direct result of a covered loss.]
- [6. Loss or destruction of property resulting from any Covered Person voluntarily giving someone else possession of your property, other than to a parking valet or service technician for

- the purpose of: parking; servicing; or repairing an automobile, truck or van.]
- [7. Loss or destruction of property while a rented vehicle is being used for commercial purpose.]
  - [8. Loss or damage to property which occurs while loading or unloading a rented vehicle unless such loss or damage is the result of a covered loss.]
  - [9. Loss or damage occurring subsequent to a vehicle being obtained under a fictitious: name; address; other false identification; or other fraudulent means or misrepresentation.]]]

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**[POLITICAL EVACUATION [NATURAL DISASTER] EXPENSE BENEFIT**

We will pay the Maximum Benefit shown in the Schedule of Benefits, if:

1. an Occurrence takes place during the [Covered Activity] [Trip] described in the Policy while coverage is in effect; and
2. while he or she is traveling outside of his or her Home Country or country of residence.

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. Political Evacuation Benefits are payable only once for any one Occurrence.
2. the Covered Person's Transportation and Related Costs within 14 days of the Political 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] [Trip] while covered by the Policy;
  - b. the Covered Person's Home Country; or
  - c. where the entity that sponsored the Covered Person's [Covered Activity][Trip] is located.
- [3. consulting services by a Designated Security Consultant for seeking information on a Missing Person or kidnapping cases, if the Covered Person is kidnapped or is reported as a Missing Person to local or international authorities.]

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 [or approved] by Our assistance provider. Our 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.

**Right of Recovery** For purposes of this benefit:  
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.

**Change in Terms and Conditions** For purposes of this benefit:  
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 Political Evacuation exposure. We will give at least [15 - 19] days advance written notice (or authorized electronic or

telephonic means) to the Participating Organization of any change in the terms and condition of this coverage.

## Definitions

For purposes of this benefit:

**Appropriate Authority(ies)** means 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 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.

**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.]

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

1. the Covered Person can be resumed safe from the Occurrence that precipitated the Covered Person's Political 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;

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 Country of Residence 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 within seven days of an event;]

- [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.]

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

**Political Evacuation** means the extrication of a Covered Person from the Host Country due to an Occurrence which could result 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.

#### **Exclusions**

For purposes of this benefit:

We will not pay Political 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.
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 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. due to Natural Disaster.]

This Benefit 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.]

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#### **[REHABILITATION BENEFIT**

We will reimburse up to the Maximum Benefit shown in the Schedule of Benefits when the Covered Person requires rehabilitation after sustaining a Covered Loss from a Covered Accident. The Covered Person must require Rehabilitation within [1-3] year(s) after the date of the [Covered Accident; Covered Loss].

**Definition** For purposes of this benefit:

**Rehabilitation** means medical services; supplies; or treatment; or Hospital confinement (or part of a Hospital confinement) that satisfies all of the following conditions:

1. are essential for physical rehabilitation required due to the Covered Person's Covered Loss;
2. meet generally accepted standards of medical practice;
3. are performed under: the care; supervision; or order of a Physician;
4. prepare the Covered Person to return to his or any other occupation.]

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**[REPATRIATION OF REMAINS BENEFIT]**

We will pay the Maximum Benefit as shown in the Schedule of Benefits for preparation and return of a Covered Person's body to his or her Home Country if he or she dies due to an Injury [or Sickness] [while on a covered Trip] [more than 100 miles from the Covered Person's home].

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 by the most direct and least costly conveyance and route possible.

Benefits will not be payable unless We authorize in writing [or by an authorized electronic or telephonic means] all expenses in advance.]

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**[RETURN OF MINOR CHILD(REN) BENEFIT]**

We will reimburse up to the Maximum Benefit shown in the Schedule of Benefit if the Covered Person, age 18 or older, is the only person traveling with minor a Dependent(s) who is under the age of 18, and such Covered Person suffers an Injury [or Sickness] and must be confined in a Hospital [for at least [24-48] consecutive hours] [or if the Covered Person is medically evacuated to [another location][Home Country]]. We will reimburse the cost of a one way economy airfare ticket [and/or ground transportation ticket] to return each minor Dependent child to his or her [Home Country][principal residence]. 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. Benefits will not be paid unless all expenses are approved in advance by Us, and services are rendered by the Company's assistance provider.]

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**[SEATBELT [AND AIRBAG] BENEFIT]**

We will pay the Full Seatbelt Benefit shown in the Schedule of Benefits, when a Covered Person dies [or is dismembered [or is Permanently Totally Disabled]] directly and independently from Injuries sustained while wearing a seatbelt or a Child Seatbelt and operating or riding as a passenger in an Automobile.

[We will pay the Airbag Benefit shown in the Schedule of Benefits, if the Covered Person was positioned in a seat protected by a properly-functioning and properly deployed Supplemental Restraint System (Airbag).]

Verification of proper use of the seatbelt or Child Seatbelt at the time of the Covered Accident [and that the Supplemental Restraint System properly inflated upon impact] must be a part of an official police report of the Covered Accident or be certified, in writing, by the investigating officer(s) and submitted with the Covered Person's claim to Us.

[If such certification or police report is not available or it is unclear whether the Covered Person was wearing a seatbelt or Child Seatbelt [or positioned in a seat protected by a properly functioning and properly deployed Supplemental Restraint System], We will pay a default benefit shown in the Schedule of Benefits to the Insured if living, if not, then to the Covered Person's beneficiary.]

**Definitions** For purposes of this benefit:

**Child Seatbelt** means a child restraint, as required by state law and approved by the National Highway Traffic Safety Administration, properly secured and being used as recommended by its manufacturer for children of like age and weight at the time of the Covered Accident.

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

**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.]

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#### **[SHORT TERM PARTIAL DISABILITY BENEFIT**

We will pay the Maximum Benefit shown in the Schedule of Benefits, if a Covered Person is Partially Disabled as a direct result of a Covered Accident. Disability Benefits will begin when:

1. the applicable Benefit Waiting Period shown in the Schedule of Benefits for this benefit is satisfied; and
2. the Covered Person provides satisfactory proof of Partial Disability to Us.

Benefit Payments will end on the first of the following dates:

1. the date the Covered Person dies; or
2. the date the Covered Person is no longer Partially Disabled; or
3. the date the Maximum Benefit Period for this benefit ends; or
4. the date the Covered Person fails to submit satisfactory proof of continuing Partial Disability.

**Definition:** For this benefit

**Partial Disability** or **Partially Disabled** means a Covered Person is able to work [after a period for which Total Disability benefits are payable under the Policy], but is not:

1. able to perform all the material duties of his or her occupation; and
2. earn more than [[[\$1,000-\$2,000] or more in] [[50%-75%] of prior] gross earnings per month.

[Partial Disability must be the result of the same Covered Accident for which Total Disability benefits were payable.]

**[SHORT TERM TOTAL DISABILITY BENEFIT**

We will pay the Maximum Benefit shown in the Schedule of Benefits, if a Covered Person is Totally Disabled as a direct result of a Covered Accident. Disability Benefits will begin when:

1. the applicable Benefit Waiting Period shown in the Schedule of Benefits for this benefit is satisfied; and
2. the Covered Person provides satisfactory proof of Total Disability to Us.

Benefit Payments will end on the first of the following dates:

1. the date the Covered Person dies; or
2. the date the Covered Person is no longer Totally Disabled; or
3. the date the Maximum Benefit Period for this benefit ends; or
4. the date the Covered Person fails to submit satisfactory proof of continuing Total Disability.

**Definition:** For this benefit **Total Disability** or **Totally Disabled** means, due to an Injury from a Covered Accident, a Covered Person:

1. if employed, cannot do any work for which he or she is, or may become, qualified by reason of: education; experience; or training; and
2. if not employed, cannot perform the normal and customary activities of a healthy person of like age and sex.]

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**[SPOUSE RETRAINING BENEFIT**

We will pay the Maximum Benefit shown in the Schedule of Benefits, for a Dependent spouse of the Covered Person whose: death[;, dismemberment] [; or Total Disability] from a Covered Accident for which an Accidental Death [or Dismemberment] Benefit [or Permanent Total Disability Benefit] is/are payable under this Policy. This benefit is subject to the conditions and exclusions described below.

[A Dependent spouse must:

1. enroll in any accredited school for the purpose of retraining or refreshing skills needed for employment within [30 – 365] days of the date of the Covered Person’s Covered Accident;
2. remain enrolled in such accredited school; and
3. incur expenses: payable directly to; or approved by; such school.]

Payments will be made to the Dependent spouse at the end of each school year for Maximum Number of Payments shown in the Schedule of Benefits. We must receive proof satisfactory to Us of the Spouse’s enrollment and attendance within [15 – 45] days of the end of each school year. The first year for which a Spouse Retraining Benefit is payable will begin on the date the Dependent spouse enrolls in an accredited school for the first time following the date the Covered Person dies [or becomes Totally Disabled]. Each succeeding year for which benefits are payable will begin on the date following the end of the preceding school year.

**[Definitions** For purposes of this benefit: **Total Disability** or **Totally Disabled** means, due to an Injury from a Covered Accident, a Covered Person:

1. if employed, cannot do any work for which he or she is, or may become, qualified by reason of: education; experience; or training; and
2. if not employed, cannot perform the normal and customary activities of a healthy person of like age and sex.]]

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**[TRIP CANCELLATION BENEFIT]**

We will reimburse the Maximum Benefit shown in the Schedule of Benefits for expenses paid in advance by the Covered Person and for which the Covered Person is legally liable and which are not recoverable from any other source, consequent upon the cancellation of his or her Trip, occurring while coverage is enforce for the Covered Person, caused by:

- 1) Unexpected death; Serious Injury [; or Serious Sickness] [resulting in admittance to a Hospital] of the Covered Person, Covered Person's Travelling Companion and Covered Person's Immediate Family Member;
- 2) [A Covered Person's place of residence or business being rendered uninhabitable 10 days or less prior to the commencement of the Covered Person's Trip as a result of accidental damage; or]
- 3) [A Covered Person's presence being required by the Police following burglary or attempt thereat a Covered Person's place of residence or business.]

**Definitions** For purposes of this benefit:

**Immediate Family Member** means an Insured Person's spouse; children; children-in-law; siblings; siblings-in-law; parents; parents-in-law; grandparents; grandchildren; legal guardian; ward; step or adopted children; step-parents; aunts; uncles; nieces; and nephews; who reside in the same country as the Insured Person.

**Travelling Companion** means up to two (2) person(s) who are booked to accompany a Covered Person on the Covered Person's Trip.

**Serious Injury** or **Serious Sickness** means Bodily Injury or Sickness certified as being dangerous to life by a legally qualified medical practitioner.

**Exclusions** For purposes of this benefit:

The Company shall not be liable to pay any benefit in respect of any Covered Person for:

- 1) the default of any:
  - a) provider of transport; or
  - b) agent of such provider; or
  - c) agent acting for the Insured Person;
- 2) regulations made by any Government or Public Authority;
- 3) strikes or labor disputes which existed or of which advance warning had been given prior to the date on which a Covered Person's Trip was booked;
- 4) delay due to the withdrawal from service temporarily or permanently of any Common Carrier on the orders or recommendations of any Port Authority of the Aviation Agency or any similar body in any country;
- 5) Is directly caused by or directly results from:
  - a) Any business or financial contractual obligations of the: Covered Person; Covered Person's Travelling Companion; or Covered Person's Immediate Family Member;
  - b) Change of plans or disinclination of the: Covered Person; Covered Person's Travelling Companion; or Covered Person's Immediate Family Member to travel on the particular Covered Person's Trip.]

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**[TRIP DELAY BENEFIT]**

We will reimburse up to the Maximum Benefit shown in the Schedule of Benefit, if the flight that the Covered Person is due to travel is delayed [in excess of the Deductible], We reimburse for

essential purchases, such as meals, refreshments or other related expenses directly resulting from the:

- 1) delay or cancellation of his/her booked and confirmed flight;
- 2) denial of boarding due to overbooking on his/her booked and confirmed flight;
- 3) late arrival of his/her connecting flight causing him/her to miss his/her onward connection;
- 4) or a late arrival (of more than 1 hour) of public transport causing him/her to miss the flight;

All claims must be submitted in writing to Us by the Covered Person, or his/her legal representative and all information, documents, and evidence required by Us shall be furnished at no expense to Us and shall be in such form and of such nature as We may prescribe. All claims must be reported to Us within 21 days of a delay occurring, and must contain:

- a) the policy number;
- b) detailed circumstances of the delay;
- c) a copy of declaration of delay made by the public transport company (other than an airline);
- d) all receipts, all invoices serving as proof of purchases made in connection with the flight delay, as well as proof of the delay and the flight number and place where the delay occurred.

**Exclusions**

For purposes of this benefit:

The Company shall not be liable to pay any benefit in respect of any Covered Person for:

- 1) arising or as the result of a chartered flight, unless such flight is registered in the international data system;
- 2) if comparable alternative transport has been made available within [4-6] hours after scheduled departure time or within [4-6] hours of an actual connecting flight arrival time.
- 3) if a Covered Person fails to check-in according to the itinerary supplied, unless it is due to a strike;
- 4) if the delay is due to a strike or industrial action existing or announced before the start of the Trip;
- 5) if the delay is due to withdrawal of aircraft from service by any civil aviation authority of which notice had been given before the start of the Trip;
- 6) [Arising or as the result of a natural disaster or weather related event.]

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**[TRIP INTERRUPTION BENEFIT]**

We will reimburse the Maximum Benefit shown in the Schedule of Benefits for unused, non-refundable pre-paid expenses paid by the Covered Person, less the value of applied credit from the unused return travel ticket to return to his or her Home Country, if prior to the date of return, the Covered Person's Trip is interrupted due to the: unexpected death; Serious Injury [; or Serious Sickness] [resulting in admittance to a Hospital] of the: Covered Person; Covered Person's Travelling Companion; and Covered Person's Immediate Family Member. We will pay for the loss of travel and/or accommodation expenses.

**Definitions**

For purposes of this benefit:

**Immediate Family Member** means an Insured Person's spouse; children; children-in-law; siblings; siblings-in-law; parents; parents-in-law; grandparents; grandchildren; legal guardian; ward; step or adopted children; step-parents; aunts; uncles; nieces; and nephews; who reside in the same country as the Insured Person.

**Travelling Companion** means up to two (2) person(s) who is / are booked to accompany a Covered Person on the Covered Person's Trip.

**Serious Injury [or Serious Sickness]** means Bodily Injury [or Sickness] certified as being dangerous to life by a legally qualified medical practitioner.

**Exclusions** For purposes of this benefit:  
The Company shall not be liable to pay any benefit in respect of any Covered Person for:

- 1) the default of any:
  - a) provider of transport; or
  - b) agent of such provider; or
  - c) agent acting for the Insured Person;
- 2) regulations made by any Government or Public Authority;
- 3) strikes or labor disputes which existed or of which advance warning had been given prior to the date on which a Covered Person Trip was booked;
- 4) delay due to the withdrawal from service temporarily or permanently of any Common Carrier on the orders or recommendations of any Port Authority of the Aviation Agency or any similar body in any country;
- 5) Is directly caused by or directly results from:
  - a) Any business or financial contractual obligations of the: Covered Person; Covered Person's Travelling Companion; or Covered Person's Immediate Family Member;
  - b) Change of plans or disinclination of the: Covered Person; Covered Person's Travelling Companion; or Covered Person's Immediate Family Member to travel on the particular Covered Person's Trip.]

#### **SECTION 8: HAZARDS INSURED AGAINST**

We will only pay benefits if the Insured is engaged in one of the hazards described below when the Covered Accident [or Sickness] occurs. Unless otherwise specified, We will pay benefits only once for any one Covered Accident [or Sickness], even if it is covered by more than one hazard.

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#### **[24 Hour World Wide Coverage**

We will pay the benefits described in the Policy when a Covered Person suffers a Covered Loss anywhere in the world while insured by the Policy.

#### **[Aircraft Restrictions**

If the Covered Accident happens while a Covered Person is: riding in; or getting on or off of; an aircraft, We will pay benefits, but only if:

- [1. he or she is riding as a passenger only, and not as a pilot or member of the crew; and]
- [2. the aircraft has a valid certificate of airworthiness; and]
- [3. the aircraft is flown by a pilot with a valid license; and]
- [4. the aircraft is not being used for: (i) crop dusting; spraying; or seeding; fire fighting; sky writing; sky diving or hang gliding; pipeline or power line inspection; aerial photography or exploration; racing; endurance tests; stunt or acrobatic flying; or (ii) any operation which requires a special permit from the FAA, even if it is granted (this does not apply if the permit is required only because of the territory flown over or landed on); and]
5. a military aircraft, other than transport aircraft flown by the U.S. Military Airlift Command (MAC), or a similar air transport service of another country.]

#### **Exposure and Disappearance**

Coverage under this Hazard includes exposure to the elements after the: forced landing; stranding; sinking; or wrecking of a vehicle in which the Covered Person was traveling.

A Covered Person is presumed dead if:

1. he or she is in a vehicle that: disappears; sinks; or is stranded or wrecked on a Trip covered by the Policy; and
2. the body is not found within one year of the Covered Accident.

**Owned Aircraft Not Covered** – Benefits will not be paid if loss occurs on an aircraft: owned; leased; or controlled by the Policyholder, or any of the Policyholder’s affiliates. An aircraft will be deemed “controlled” by the Policyholder if the Policyholder may use it for more than 10 straight days, or more than 15 days in any year.]

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### **[[Foreign] Business Travel Coverage (24 Hour Coverage)**

The Covered Loss must take place while:

1. traveling or making a short stay of [3-12] months or less [outside of the United States][away from the Covered Person’s Home Country] [away from the premises of the Policyholder]; and
2. on business for the Policyholder; and
3. in the course of the Policyholder’s business.

This coverage will start at 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 a Covered Person returns to his or her home;
2. the date a Covered Person returns to his or her place of work; or
3. the date a Covered Person makes a Personal Deviation [greater than [1-30] days].

**Definitions** For purposes of this coverage:

**Personal Deviation** means:

1. an activity that is not reasonably related to the Policyholder’s business/activities; and
2. not incidental to the purpose of the Trip.

### **Exposure and Disappearance**

Coverage under this Hazard includes exposure to the elements after the: forced landing; stranding; sinking; or wrecking of a vehicle in which the Covered Person was traveling.

A Covered Person is presumed dead if:

1. he or she is in a vehicle that: disappears; sinks; or is stranded or wrecked on a Trip covered by the Policy; and
2. the body is not found within one year of the Covered Accident.

**Owned Aircraft Not Covered** – Benefits will not be paid if loss occurs on an aircraft: owned; leased; or controlled by the Policyholder, or any of the Policyholder’s affiliates. An aircraft will be deemed “controlled” by the Policyholder if the Policyholder may use it for more than 10 straight days, or more than 15 days in any year.]

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### **[[Business] Travel Coverage (24 Hour Coverage)**

The Covered Loss must take place while:

1. traveling or making a short stay of [3-12] months or less [outside of the United States][away from the Covered Person’s Home Country]; and

2. [on business for the Policyholder; and
3. in the course of the Policyholder's business.]

This coverage will start at the actual start of the business 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 a Covered Person returns to his or her home;
2. the date a Covered Person returns to his or her place of work; or
3. the date a Covered Person makes a Personal Deviation [greater than [1-30] days].]

**Definitions** For purposes of this coverage:

**Personal Deviation** means:

1. an activity that is not reasonably related to the Policyholder's business/activities; and
2. not incidental to the purpose of the Trip.]

### **Exposure and Disappearance**

Coverage under this Hazard includes exposure to the elements after the: forced landing; stranding; sinking; or wrecking of a vehicle in which the Covered Person was traveling.

A Covered Person is presumed dead if:

1. he or she is in a vehicle that: disappears; sinks; or is stranded or wrecked on a Trip covered by the Policy; and
2. the body is not found within one year of the Covered Accident.

**Owned Aircraft Not Covered** – Benefits will not be paid if loss occurs on an aircraft: owned; leased; or controlled by the Policyholder, or any of the Policyholder's affiliates. An aircraft will be deemed "controlled" by the Policyholder if the Policyholder may use it for more than 10 straight days, or more than 15 days in any year.]

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### **[[Business] Common Carrier Coverage**

We will pay the benefits described in the Policy for a Covered Accident while a Covered Person: is riding as a fare-paying passenger in; or is struck by a regularly scheduled Common Carrier. Riding includes getting into and getting out of the Common Carrier.

[This coverage will start at the actual start of the business 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 a Covered Person returns to his or her home;
2. the date a Covered Person returns to his or her place of work; or
3. the date a Covered Person makes a Personal Deviation [greater than [1-30] days].]

**Definitions** For purposes of this coverage:

**Personal Deviation** means:

1. an activity that is not reasonably related to the Policyholder's business/activities; and
2. not incidental to the purpose of the business Trip.]

**Common Carrier** means:

1. a conveyance, including an aircraft, licensed for hire to carry fare-paying passengers on a set route and schedules; or

2. a transport aircraft operated by: the Air Mobility Command of the United States of America; or a similar air transport service of another country.

### **Exposure and Disappearance**

Coverage under this Hazard includes exposure to the elements after the: forced landing; stranding; sinking; or wrecking of a vehicle in which the Covered Person was traveling.

A Covered Person is presumed dead if:

1. he or she is in a vehicle that: disappears; sinks; or is stranded or wrecked on a Trip covered by the Policy; and
2. the body is not found within one year of the Covered Accident.

**Owned Aircraft Not Covered** – Benefits will not be paid if loss occurs on an aircraft: owned; leased; or controlled by the Policyholder, or any of the Policyholder’s affiliates. An aircraft will be deemed “controlled” by the Policyholder if the Policyholder may use it for more than 10 straight days, or more than 15 days in any year.]

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### **[[Business] Public Conveyance Coverage**

We will pay the benefits shown in the Schedule of Benefits while a Covered Person: is riding as a fare-paying passenger in; or is struck by a Public Conveyance. Riding includes getting into and getting out of the Public Conveyance.

[This coverage will start at the actual start of the business 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 a Covered Person returns to his or her home;
2. the date a Covered Person returns to his or her place of work; or
3. the date a Covered Person makes a Personal Deviation [greater than [1-30] days].]

**Definitions** For purposes of this coverage:

**[Personal Deviation** means:

1. an activity that is not reasonably related to the Policyholder’s business/activities; and
2. not incidental to the purpose of the business Trip.]

**Public Conveyance** means:

1. a conveyance, including an aircraft, licensed for hire to carry fare-paying passengers; or
2. a transport aircraft operated by the Air Mobility Command of the United States of America or a similar air transport service of another country.

### **Exposure and Disappearance**

Coverage under this Hazard includes exposure to the elements after the: forced landing; stranding; sinking; or wrecking of a vehicle in which the Covered Person was traveling.

A Covered Person is presumed dead if:

1. he or she is in a vehicle that: disappears; sinks; or is stranded or wrecked on a Trip covered by the Policy; and
2. the body is not found within one year of the Covered Accident.

**Owned Aircraft Not Covered** – Benefits will not be paid if loss occurs on an aircraft: owned; leased; or controlled by the Policyholder, or any of the Policyholder’s affiliates. An aircraft will be deemed “controlled” by the Policyholder if the Policyholder may use it for more than 10 straight days, or more than 15 days in any year.]

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### **[Commuting Coverage**

We will pay the benefits shown in the Schedule of Benefits while the Covered Person is commuting directly between his or her home and the Policyholder’s premises where he or she normally works.

Benefits will not be payable for Covered Accidents that occur more than two hours after the Insured leaves his or her home or place of employment, unless it can be conclusively established that:

1. the delay was caused by conditions beyond the Insured’s control; or
2. more time was needed for normal direct commuting.

### **Exposure and Disappearance**

Coverage under this Hazard includes exposure to the elements after the: forced landing; stranding; sinking; or wrecking of a vehicle in which the Covered Person was traveling.

A Covered Person is presumed dead if:

1. he or she is in a vehicle that: disappears; sinks; or is stranded or wrecked on a Trip covered by the Policy; and
2. the body is not found within one year of the Covered Accident.]

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### **[[Family Accompanying the Insured] [and] [Family Relocation] Coverage**

We will pay the benefits shown in the Schedule of Benefit while a Covered Person’s Dependent:

- [1. is accompanying the Insured or on his or her way to join the Insured;
2. when the Trip is authorized by and/or paid for in whole or in part by the Policyholder; and
3. while the Insured is covered during the course of the coverage described in the Policy;]
- [4. during the course of the Family Relocation Trip.]

**Definitions** For purposes of this coverage:

**[Family Relocation Trip** means a Trip made by an Insured’s Dependent in connection with the Insured’s transfer or proposed transfer by the Policyholder to a new worksite. Such Trip must be: authorized by; or taken at the direction of; the Policyholder; and/or must be paid for in whole or in part by the Policyholder.]

### **Exposure and Disappearance**

Coverage under this Hazard includes exposure to the elements after the: forced landing; stranding; sinking; or wrecking of a vehicle in which the Covered Person was traveling.

A Covered Person is presumed dead if:

1. he or she is in a vehicle that: disappears; sinks; or is stranded or wrecked on a Trip covered by the Policy; and
2. the body is not found within one year of the Covered Accident.

**Owned Aircraft Not Covered** – Benefits will not be paid if loss occurs on an aircraft: owned; leased; or controlled by the Policyholder, or any of the Policyholder’s affiliates. An aircraft will be deemed “controlled” by the Policyholder if the Policyholder may use it for more than 10 straight days, or more than 15 days in any year.]

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### **[Full Occupational Coverage [(including Business Travel)]**

We will pay the benefits shown in the Schedule of Benefit while a Covered Person is:

1. on the Policyholder’s premises; and
2. in the course of a Covered Person’s job[; or
3. on a business Trip authorized by the Policyholder].

This coverage does not include commuting between home and the place of work.

[The business trip coverage will start at 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 a Covered Person returns to his or her home;
2. the date a Covered Person returns to his or her place of work; or
3. the date the Covered Person makes a Personal Deviation[greater than [1-30] days].]

**[Definitions** For purposes of this coverage:

**Personal Deviation** means:

1. an activity that is not reasonably related to the Policyholder’s business/activities; and
2. not incidental to the purpose of the business Trip.]

### **Exposure and Disappearance**

Coverage under this Hazard includes exposure to the elements after the: forced landing; stranding; sinking; or wrecking of a vehicle in which the Covered Person was traveling.

A Covered Person is presumed dead if:

1. he or she is in a vehicle that: disappears; sinks; or is stranded or wrecked on a Trip covered by the Policy; and
2. the body is not found within one year of the Covered Accident.

**Owned Aircraft Not Covered** – Benefits will not be paid if loss occurs on an aircraft: owned; leased; or controlled by the Policyholder, or any of the Policyholder’s affiliates. An aircraft will be deemed “controlled” by the Policyholder if the Policyholder may use it for more than 10 straight days, or more than 15 days in any year.]

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### **[Line of Duty Coverage**

We will pay the benefits shown in the Schedule of Benefits, while the Covered Person is Acting in the Line of Duty.

The Covered Loss must take place while:

1. the Covered Person is on duty, on or off the Policyholder’s premises; or
2. acting the Line of Duty during a response to an emergency while off duty.

**Definitions** For purposes of this coverage:

**Line of Duty** means acts done according to the standards set by the Policyholder for the type of work in which the Covered Person is engaged. [It does not include:

1. commuting between home and the Policyholder's premises or the emergency site; or
2. travel or any other act not considered to be a Covered Activity.]

### **Exposure and Disappearance**

Coverage under this Hazard includes exposure to the elements after the: forced landing; stranding; sinking; or wrecking of a vehicle in which the Covered Person was traveling.

A Covered Person is presumed dead if:

1. he or she is in a vehicle that: disappears; sinks; or is stranded or wrecked on a Trip covered by the Policy; and
2. the body is not found within one year of the Covered Accident.

**Owned Aircraft Not Covered** – Benefits will not be paid if loss occurs on an aircraft: owned; leased; or controlled by the Policyholder, or any of the Policyholder's affiliates. An aircraft will be deemed "controlled" by the Policyholder if the Policyholder may use it for more than 10 straight days, or more than 15 days in any year.]

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### **[Hijacking, Air Piracy [or Carjacking] Coverage**

We will pay the benefits shown in the Schedule of Benefits during a:

1. hijacking of an Aircraft [or private passenger automobile];
2. air piracy; or
3. unlawful seizure or attempted seizure of an Aircraft [or private passenger automobile].

### **Exposure and Disappearance**

Coverage under this Hazard includes exposure to the elements after the: forced landing; stranding; sinking; or wrecking of a vehicle in which the Covered Person was traveling.

A Covered Person is presumed dead if:

1. he or she is in a vehicle that: disappears; sinks; or is stranded or wrecked on a Trip covered by the Policy; and
2. the body is not found within one year of the Covered Accident.

**Owned Aircraft Not Covered** – Benefits will not be paid if loss occurs on an aircraft: owned; leased; or controlled by the Policyholder, or any of the Policyholder's affiliates. An aircraft will be deemed "controlled" by the Policyholder if the Policyholder may use it for more than 10 straight days, or more than 15 days in any year.]

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### **[Non-Employee Director Coverage**

We will pay the benefits shown in the Schedule of Benefits while the non-employee director (the Insured) is traveling to, during the course of, or returning from:

1. a meeting of the Policyholder's management committee or other similar duties;
2. a Trip taken at the Policyholder's request; or
3. any Trip to which the Insured received reimbursement from the Policyholder for expenses or services performed.

All such Trips must be authorized by the Policyholder.

This coverage does not include:

1. commuting between the Insured's home and place of work; or
2. Personal Deviations by the Insured.

This coverage will start at the actual start of the Trip. It does not matter whether the Trip starts at the Insured's: home; place of work; or other place. It will end on the first of the following dates to occur:

1. the date the Insured returns to his or her home;
2. the date the Insured returns to his or her place of work; or
3. the date the Insured makes a Personal Deviation [greater than [1-30] days].

**Definitions** For purposes of this coverage:

**Personal Deviation** means:

1. an activity that is not reasonably related to the Policyholder's business; and
2. not incidental to the purpose of the Trip.

### **Exposure and Disappearance**

Coverage under this Hazard includes exposure to the elements after the: forced landing; stranding; sinking; or wrecking of a vehicle in which the Covered Person was traveling.

A Covered Person is presumed dead if:

1. he or she is in a vehicle that: disappears; sinks; or is stranded or wrecked on a Trip covered by the Policy; and
2. the body is not found within one year of the Covered Accident.

**Owned Aircraft Not Covered** – Benefits will not be paid if loss occurs on an aircraft: owned; leased; or controlled by the Policyholder, or any of the Policyholder's affiliates. An aircraft will be deemed "controlled" by the Policyholder if the Policyholder may use it for more than 10 straight days, or more than 15 days in any year.]

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### **[Owned Aircraft (Business [and Pleasure] Travel)**

We will pay the benefits shown in the Schedule of Benefits, while:

1. the Covered Person is: riding in; or getting on or off of; a covered aircraft; or
2. as a result of a Covered Person being struck by a covered aircraft.
- [3. away from the Policyholder's premises in the Covered Person's city of permanent assignment;]
- [4. on business for the Policyholder; and]
- [5. in the course of the Policyholder's business.]

[This coverage will start at 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 a Covered Person returns to his or her home;
2. the date a Covered Person returns to his or her place of work; or
3. the date the Insured makes a Personal Deviation [greater than [1-30] days].]

### **[Description of Covered Aircraft:**

[e.g. Boeing 727, License # PA12345, passenger seating capacity: 45]]

**[Definitions** For purposes of this coverage:

**Personal Deviation** means:

1. an activity that is not reasonably related to the Policyholder's business; and
2. not incidental to the purpose of the Trip.]

**Exclusions** For purposes of this coverage:  
Any Exclusion contained in Section 10 pertaining to air travel is waived only to the extent of the specific circumstances contained in this Hazard and is still in force for all other circumstances.

**Exposure and Disappearance**

Coverage under this Hazard includes exposure to the elements after the: forced landing; stranding; sinking; or wrecking of a vehicle in which the Covered Person was traveling.

A Covered Person is presumed dead if:

1. he or she is in a vehicle that: disappears; sinks; or is stranded or wrecked on a Trip covered by the Policy; and
2. the body is not found within one year of the Covered Accident.]

---

**[Pilots' [and Crew Members'] Coverage (Business [and Pleasure] Travel)**

We will pay the benefits shown in the Schedule of Benefits, while:

1. traveling as a licensed pilot [or member of the crew];
- [2. on business for the Policyholder; and]
- [3. in the course of the Policyholder's business.]

[All such Trips must be authorized by the Policyholder.]

The Covered Accident must take place while a Covered Person is flying as a licensed pilot [or member of the crew] of the aircraft described below.

**[Description of Aircraft Covered:**

[e.g. Boeing 727, License # PA12345, passenger seating capacity: 45]]

**Exclusions** For purposes of this coverage:  
Any Exclusion contained in Section 10 pertaining to air travel is waived only to the extent of the specific circumstances contained in this Hazard and is still in force for all other circumstances.

**Exposure and Disappearance**

Coverage under this Hazard includes exposure to the elements after the: forced landing; stranding; sinking; or wrecking of a vehicle in which the Covered Person was traveling.

A Covered Person is presumed dead if:

1. he or she is in a vehicle that: disappears; sinks; or is stranded or wrecked on a Trip covered by the Policy; and
2. the body is not found within one year of the Covered Accident.]

---

**[Pilots' [and Crew Members'] Coverage Non-Policyholder Owned Aircraft**

We will pay the benefits shown in the Schedule of Benefits, while the Covered Person is piloting [or serving as a member of the crew of] a covered aircraft that is not owned or controlled by the Policyholder.

The Covered Accident must take place while a Covered Person is flying as a licensed pilot [or member of the crew] of the aircraft described below.

**[Description of Non-Policyholder Owned Aircraft Covered:**

[e.g. Boeing 727, License # PA12345, passenger seating capacity: 45]]

**Exclusions** For purposes of this coverage:  
Any Exclusion contained in Section 10 pertaining to air travel is waived only to the extent of the specific circumstances contained in this Hazard and is still in force for all other circumstances.

**Exposure and Disappearance**

Coverage under this Hazard includes exposure to the elements after the: forced landing; stranding; sinking; or wrecking of a vehicle in which the Covered Person was traveling.

A Covered Person is presumed dead if:

1. he or she is in a vehicle that: disappears; sinks; or is stranded or wrecked on a Trip covered by the Policy; and
2. the body is not found within one year of the Covered Accident.]

---

**[Private Passenger Automobile Coverage (Business [and Pleasure] Travel)**

We will pay the benefits shown in the Schedule of Benefits, while a Covered Person [over the age of [19; 21; 23; 24; 25]] is operating, as a licensed driver, a private passenger automobile or while the Covered Person is in a vehicle operated by a licensed driver over the age of [19; 21; 23; 24; 25] [who is under the direct supervision of the Policyholder]; [and travel time does not exceed [1–24] hours each way].

**Exclusions** For purposes of this coverage:  
We will not pay benefits if:

1. the automobile was being used as a: taxicab; bus; or other public conveyance; or
2. the Covered Person was driving for pay or hire; or
3. the Covered Person was taking part in a race of speed contest.

Unless otherwise specified, We will pay benefits only once for a Covered Accident.

**Exposure and Disappearance**

Coverage under this Hazard includes exposure to the elements after the: forced landing; stranding; sinking; or wrecking of a vehicle in which the Covered Person was traveling.

A Covered Person is presumed dead if:

1. he or she is in a vehicle that: disappears; sinks; or is stranded or wrecked on a Trip covered by the Policy; and
2. the body is not found within one year of the Covered Accident.]

---

**[Scheduled Airlines and Military Air Transport Coverage (Business [and Pleasure] Travel)**

We will pay the benefits shown in the Schedule of Benefits, while [on the business of the Policyholder, and]:

1. riding as a passenger in or on (including: getting in or out of; or on or off of):
  - a. any civilian aircraft operated by any scheduled air carrier, but only if the civilian aircraft is then being used for any chartered flight operated by the scheduled air carrier; or
  - b. any Military Air Transport Aircraft; or
2. being struck or run down by any aircraft; or
3. riding as a passenger in or on (including: getting in or out of; or on or off of), any land or water conveyance licensed for the transportation of passengers for hire, but only while traveling directly to an airport immediately before departure, or directly from an airport immediately after arrival, of an aircraft that is to be used by, or that was used by, the Covered Person as described in 1 above.

**Exclusions** For purposes of this coverage:  
Any Exclusion contained in Section 10 pertaining to air travel is waived only to the extent of the specific circumstances contained in this Hazard and is still in force for all other circumstances.

**Exposure and Disappearance**

Coverage under this Hazard includes exposure to the elements after the: forced landing; stranding; sinking; or wrecking of a vehicle in which the Covered Person was traveling.

A Covered Person is presumed dead if:

1. he or she is in a vehicle that: disappears; sinks; or is stranded or wrecked on a Trip covered by the Policy; and
2. the body is not found within one year of the Covered Accident.

**Owned Aircraft Not Covered** – Benefits will not be paid if loss occurs on an aircraft: owned; leased; or controlled by the Policyholder, or any of the Policyholder’s affiliates. An aircraft will be deemed “controlled” by the Policyholder if the Policyholder may use it for more than 10 straight days, or more than 15 days in any year.]

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**[Specified Trip Coverage (24 Hour Coverage)**

We will pay the benefits shown in the Schedule of Benefits, while:

1. traveling or making a short stay of [2 days -12 month(s)] or less [outside of the United States][away from the Covered Person’s Home Country][; and
2. on business for [the Policyholder]; and
3. in the course of the Policyholder’s business]; and
4. on the Trip described [in the Schedule of Benefits] [below:]

[Destination		Duration		Total Number of Covered Persons	Purpose of Trip
From	To	From	To		
New York	Chicago	7/1/12	8/31/12	53	Trade Show]

[This coverage will start at 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 a Covered Person returns to his or her home;
2. the date a Covered Person returns to his or her place of work; or
3. the date a Covered Person makes a Personal Deviation [greater than [1-30] days].]

**[Definitions** For purposes of this coverage:

**Personal Deviation** means:

1. an activity that is not reasonably related to the Policyholder's business; and
2. not incidental to the purpose of the Trip.]

**Exposure and Disappearance**

Coverage under this Hazard includes exposure to the elements after the: forced landing; stranding; sinking; or wrecking of a vehicle in which the Covered Person was traveling.

A Covered Person is presumed dead if:

1. he or she is in a vehicle that: disappears; sinks; or is stranded or wrecked on a Trip covered by the Policy; and
2. the body is not found within one year of the Covered Accident.

**Owned Aircraft Not Covered** – Benefits will not be paid if loss occurs on an aircraft: owned; leased; or controlled by the Policyholder, or any of the Policyholder's affiliates. An aircraft will be deemed "controlled" by the Policyholder if the Policyholder may use it for more than 10 straight days, or more than 15 days in any year.]

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**[Sponsored Activities**

We will pay the benefits shown in the Schedule of Benefits, while:

1. participating in a Covered Activity
2. on the premises of the Policyholder during the Covered Activity; or
3. away from the premises of the Policyholder while attending or participating in a Covered Activity at its scheduled site.

[Travel Coverage: The Covered Activity includes travel without deviation or interruption between home and the site of the Covered Activity.]

**Definitions** For purposes of this coverage:  
Covered Activity:

**Exposure and Disappearance**

Coverage under this Hazard includes exposure to the elements after the: forced landing; stranding; sinking; or wrecking of a vehicle in which the Covered Person was traveling.

A Covered Person is presumed dead if:

1. he or she is in a vehicle that: disappears; sinks; or is stranded or wrecked on a Trip covered by the Policy; and
2. the body is not found within one year of the Covered Accident.]

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**[War Risk Coverage**

We will pay the benefits shown in the Schedule of Benefits, if the Covered Person suffers a Covered Loss that results directly and independently of all other causes from a Covered Accident that occurs during war or acts of war that occur in:

- [1. variable; e.g., a specifically described geographic area such as: Saudi Arabia; Iran; Serbia]; or
- [2. variable; e.g., a generally described geographic area such as worldwide, excluding the United States and its territories and possessions or] Countries where trade or economic sanctions or regulations prohibit Us from providing insurance, including, but not limited to, the payment of claims.

The Policyholder may cancel this war risk coverage at any time by sending written notice to Us at Our home office address. Coverage will be canceled upon receipt of notice or a date specified by the Policyholder.

We may cancel this coverage at any time by providing written notice to the Policyholder at least [10 – 30] days prior to termination of this coverage. Any unearned premium will be promptly returned to the Policyholder.

**Exclusions** [This coverage does not provide coverage when a Covered Accident occurs:  
[1. in the United States and its territories and possessions; or]  
[2. In any Country where trade or economic sanctions or regulations prohibit Us from providing insurance, including, but not limited to, the payment of claims.]  
[3. in any nation of which the Covered Person is a citizen [or a permanent resident].]]

---

### **[Non-Owned Auto Coverage**

We will pay benefits described in this policy if the Covered Person suffers a Covered Injury that results directly and independently of all other causes from a Covered Accident while: driving; riding as a passenger in; or getting in or out of; a Private Passenger Automobile [:

1. not owned by the Covered Person [.] [; or]
2. not leased [for more than [1 - 12] month(s)] by the Covered Person.

### **Exposure and Disappearance**

Coverage under this Hazard includes exposure to the elements after the: forced landing; stranding; sinking; or wrecking of a vehicle in which the Covered Person was traveling.

A Covered Person is presumed dead if:

1. he or she is in a vehicle that: disappears; sinks; or is stranded or wrecked on a Trip covered by the Policy; and
2. the body is not found within one year of the Covered Accident.]

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### **[School Time Coverage**

We will pay the benefits shown in the Schedule of Benefits, while the Covered Person is participating in or attending one of the School Covered Activities.

[Covered School Travel includes travel, [only within the [contiguous United States, including Alaska and Hawaii] and] only directly and without interruption:

- [1. between primary residence and school;]
- [2. between primary residence and another meeting place designated by the school;]
- [3. between primary residence and another School or site designated by the school, where a School Supervised and Sponsored Activity is scheduled;]
- [4. between the School or other meeting place designated by the School, and another School or site designated by the School, where a Supervised and Sponsored School Activity is scheduled.]

**[School Travel Coverage for Overnight Supervised and Sponsored School Activities** Covered School Travel also includes travel [by any common carrier providing transportation] to a Supervised and Sponsored School Activity, within or outside the [contiguous United States, including Alaska and Hawaii] when the Covered Person's participation in or attendance at it requires him to be away from his normal residence for a stay of one or more nights. Coverage for travel to any Covered Activity that takes

place outside the [contiguous United States, including Alaska and Hawaii] will be covered only if We have agreed to it in writing.]

**Definitions** For purposes of this coverage:

**School Covered Activities** means

- [1. regularly-scheduled classroom instruction and extracurricular activities;]
- [2. regularly-scheduled and supervised recess or lunch period;]
- [3. a study period or special instruction period supervised by a member of the School's faculty;]
- [4. a Supervised and Sponsored School Activity;] [or]
- [5. Covered School Travel [specified in the Schedule of Benefits.]]

**Covered School Travel** means transportation on a school bus or private passenger automobile driven by: a member of the faculty or staff of the school; a parent of the Covered Person; or other adult with a valid drivers' license whom the school has specifically designated to transport Covered Person to a [Supervised and Sponsored School Activity] [Covered Activity].

**Supervised and Sponsored School Activity** means a Covered Activity that:

1. Takes place:
  - a. on school premises during, before or after normal school hours; or
  - b. at another school or site at which the Covered Activity is scheduled; and
2. Is sponsored, organized or otherwise provided, or at which student attendance is required, by the school; [and]
- [3. Is supervised by a member of the faculty or staff of the school, or by another adult specifically assigned supervisory duties and authority for that Covered Activity by the school] [or]
- [4. Is a regularly-scheduled: sports tryout; practice; workout or training session; team meeting; game; exhibition play; or competition [of a: varsity; junior varsity; intramural; or intercollegiate sport] in which the Covered Person is participating]

[**Supervised and Sponsored School Activity** does not include participating in: tryouts; practices; workouts; training sessions and meetings; or any competitions or games for [any sport, football and hockey].]

**[Exclusions** For purposes of this coverage:

During a school activity that was not a School Covered Activity during the preceding school year, unless We have agreed in advance to provide it.]

**[Exposure and Disappearance**

Coverage under this Hazard includes exposure to the elements after the: forced landing; stranding; sinking; or wrecking of a vehicle in which the Covered Person was traveling.

A Covered Person is presumed dead if:

1. he or she is in a vehicle that: disappears; sinks; or is stranded or wrecked on a Trip covered by the Policy; and
2. the body is not found within one year of the Covered Accident.]]

## [Sports Coverage

We will pay the benefits shown in the Schedule of Benefits, while the Covered Person is participating in [or attending] one of the Sports Covered Activities:

1.

Covered Sports Travel includes travel[, only within the [contiguous United States, [including Alaska and Hawaii] and] only directly and without interruption:

1. Between home and the premises of the Sports Organization;
2. Between home and another meeting place designated by the Sports Organization;
3. Between home and another site designated by the Sports Organization, where a Supervised and Sponsored Sports Activity is scheduled;
4. Between the premises of the Sports Organization or other meeting place it designates, and another site where a Supervised and Sponsored Sports Activity is scheduled.

**Travel Coverage for Overnight Supervised and Sponsored Sports Activity:** Covered Sports Travel also includes travel [by an Common Carrier providing transportation] to a Supervised and Sponsored Sports Activity, [within [or outside] the [contiguous United States, including Alaska and Hawaii], when Covered Person's participation or attendance requires him or her to be away from his normal residence for a stay of one or more nights. [Coverage for travel to any [Supervised and Sponsored Sports Activity][Covered Activity] that takes place outside the [contiguous United States, including Alaska and Hawaii] will be covered only if We have agreed to it in writing.]

### Definitions

For purposes of this coverage:

**[Covered Sports Travel** means transportation on a bus or private passenger automobile driven by an adult with a valid drivers' license whom the Sports Organization has specifically designated to transport the Covered Person to a [Supervised and Sponsored Sports Activity] [Covered Activity].]

**Sports Covered Activities** means:

1. regularly-scheduled practice or training;
2. regularly-scheduled competition or exhibition games;
3. a scheduled tryout; workout session; or team meeting;
4. a Supervised and Sponsored Sports Activity; or

**Sports Organization** means a: school; college or university; team; league; or other organization; as named in the Schedule of Benefits, that: organizes; sponsors; supervises schedule; or otherwise provides Sports Covered Activity

**Supervised and Sponsored Sports Activity** means a Covered Activity that:

1. takes place:
  - a. on a Sports Organization's premises during schedule hours;
  - b. at another site at which the Covered Activity is scheduled; and
2. is: sponsored; organized; or otherwise provided by the Sports Organization; [and
3. is supervised by a: coach; referee; or by another adult specifically assigned supervisory duties and authority for that Covered Activity by the Sports Organization.]

**[Supervised and Sponsored School Activity** does not include participating in any activity, including: tryouts; practice workouts; training sessions; team meetings; or any competitions or games for [*specify any sports to be excluded, such as motorcycle racing, varsity football*]].

**[Exclusions]** For purposes of this coverage:  
During travel to or from any Supervised and Sponsored Sports Activity if:  
[a. the Sports Organization provides transportation to and from if for a group of two or more Covered Person; and]  
[b. the Covered Person is travelling to or from if by another means of transportation.]]

**[Exposure and Disappearance]**

Coverage under this Hazard includes exposure to the elements after the: forced landing; stranding; sinking; or wrecking of a vehicle in which the Covered Person was traveling.

A Covered Person is presumed dead if:

1. he or she is in a vehicle that: disappears; sinks; or is stranded or wrecked on a Trip covered by the Policy; and
2. the body is not found within one year of the Covered Accident.]]

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**SECTION 9: SCOPE OF COVERAGE**

**[Primary Benefits]**

We will pay the applicable benefit, subject to the deductible and benefit period as shown in the Schedule of Benefits. Such benefits will be paid on a primary basis, regardless of any other coverage the Covered Person may have.]

**[Limited Primary Benefits]**

We pay the first [\$100 to \$1,000] of covered medical expenses:

1. after the Covered Person satisfies any deductible; and
2. based on Our Pro Rata share.

No further benefits will be paid until a Covered Person has incurred an additional [\$500-\$10,000] of Covered Expenses. We then pay Covered Expenses described in the Policy without regard to any other Health Care Plan.

**Definitions** For purposes of this section:

**Pro Rata** means the portion of the total benefits payable under the Policy, in the absence of other insurance, relative to the total benefits payable under all Health Care Plans. In no event will the total benefits payable exceed 100% of the incurred expense.]

**[Primary Excess Benefits]**

We pay the first [\$100 to \$500] of covered medical expenses without regard to any other Health Care Plan benefits payable for the Covered Person. We will then pay expenses:

1. after the Covered Person satisfies any deductible; and
2. only when they are in excess of any amounts payable by any other Health Care Plan.

We pay benefits without regard to any coordination of benefits provisions in any other Health Care Plan.]

**[Limited Primary Excess Benefits]**

We pay the first [\$100 to \$1,000] of covered medical expenses:

1. after the Covered Person satisfies any deductible; and
2. based on Our pro rata share.

No further benefits will be paid until a Covered Person has incurred an additional [\$500-\$10,000] of Covered Expenses. We will then only pay benefits in excess of all other valid and collectible Health Care Plan benefits. This means that we will only pay if such other benefits are used up regardless of any Coordination of Benefits provision of any other plan.

**Definitions** For purposes of this section:

**Pro Rata** means the portion of the total benefits payable under the Policy, in the absence of other insurance, relative to the total benefits payable under all Health Care Plans. In no event will the total benefits payable exceed 100% of the incurred expense.]

**[Full Excess Benefits**

We pay Covered Expenses:

1. after the Covered Person satisfies any deductible; and
2. only when they are in excess of amounts paid by any other Health Care Plan.

We pay benefits without regard to any coordination of benefits provisions in any other Health Care Plan.]

**[Coordination of Benefits**

If a Covered Person is eligible for benefits under this policy and any other plan, We will pay benefits as explained in this provision.

This Policy determines its order of benefits using the first of the following rules that applies:

1. If the other Plan does not have a coordination of benefits, that Plan pays first.
2. The benefits of the Plan that covers the person as an: employee; member; or subscriber are determined before those of the Plan that covers the person as a Dependent.
3. If this Policy and another Plan cover the same child as a Dependent of different parents who are not divorced or separated:
  - a. the benefits of the Plan of the parent whose birthday falls earlier in the year (without regard to the year of birth) are paid before the benefits of the Plan of the parent whose birthday falls later in the year;
  - b. if both parents have the same birthday, the benefits of the Plan that covered the parent longer pays benefits before the benefits of the Plan that covered the other parent for a shorter time. However, if the Plans do not agree on the order of benefits, the rule of the other Plan will determine the order of benefits.
4. If two or more Plans cover a person as a Dependent child of divorced or separated parents, benefits will be determined in this order:
  - a. first, the Plan of the parent with custody of the child;
  - b. then, the Plan of the spouse of the parent with custody of the child; and
  - c. finally, the Plan of the parent not having custody of the child.
5. If none of the above rules determines the order of benefits, the benefits of the Plan that covered an employee, member or subscriber longer are determined before those of the Plan that covered that person for the shorter time.

In order to determine how this provision should apply, We may without further consent or notice release to, or obtain from, any other insurance company or organization, any necessary information. Any person claiming benefits under the Policy shall give Us the information We need to implement this provision. We will give the Insured notice of this exchange of claim and benefit information when the claim is filed. Whenever payments are made by another Plan that should have been paid under the Policy, We shall pay any amount required to satisfy our share of the benefits paid. Any amounts paid in this way will be considered benefits paid under the Policy. Any payment made in good faith will end our liability to the extent of the payment.

If We pay benefits for Allowable Expenses that exceed our obligation under this provision, We may recover the excess payment. We may recover these excess payments from any person, for whom benefits were paid, or to any person or organization to which benefits were paid, or from any other insurer, service plan or other organization.

**Definitions** For purposes of this section:

**Plan** means a: group insurance plan; or health service corporation group membership plan; or any other group benefit plan providing medical or dental care benefits or services. These group coverages include: a) group or blanket insurance coverage, or any other group type contract or provision; b) service plan contracts; group practice and other pre-payment group coverage; c) any coverage under: labor-management trustee plans; union welfare plans; employer and employee plans; and coverage under any government program, including Medicare, and any coverage required or provided by law. A primary plan pays benefits first. A secondary plan pays a reduced amount of benefits that when added to the benefits paid by the primary plan will not be more than the Allowable Expenses.

**Allowable Expenses** means any necessary, reasonable and customary item of expense, a part of which is covered by at least one of the Plans covering the Covered Person. During any Policy year or benefit period, the sum of the benefits that are payable by Us and those benefits that are payable from another Plan may not be more than the Allowable Expenses. During any Policy year or benefit period, We may reduce the amount We pay so that this reduced amount plus the amount payable by the other Plans will not be more than the Allowable Expenses.

Allowable Expenses under the other Plan include benefits that would have been payable if a claim had been made. However, if: 1) the other Plan contains a section that provides for determining its benefits after Our benefits have been determined; and 2) the order of benefit determination stated in this Policy would require Us to determine benefits before the other Plan, then the benefits of such other Plan will be ignored in determining the benefits We will pay.]

## SECTION 10: EXCLUSIONS

We will not pay benefits for any loss or Injury that is caused by, or results from:

- [1. suicide or attempted suicide.]
- [2. Intentionally self-inflicted Injury.]
- [3. war or any act of war, whether declared or not.]
- [4. Sickness; disease; bodily or mental infirmity; bacterial or viral infection; or medical 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.]
- [5. piloting or serving as a crewmember.]
- [6. commission of, or attempt to commit: a felony; an assault; or other illegal activity.]
- [7. active participation in a riot, or insurrection.]
- [8. flight in; boarding; or alighting from an aircraft or any craft designed to fly above the Earth's surface, except as:
  - [a. a fare-paying passenger on a regularly scheduled commercial or charter airline];
  - [b. a passenger in a non-scheduled, private aircraft used for pleasure purposes with no commercial intent during the flight];

- [c. a passenger in a military aircraft flown by the Air Mobility Command or its foreign equivalent].
- [9. travel in or on any on-road or off-road motorized vehicle not requiring licensing as a motor vehicle.]
- [10. an Accident if the Covered Person is the operator of a motor vehicle and does not possess a valid motor vehicle operator's license, except while participating in driver's education Program.]
- [11. medical or surgical treatment; diagnostic procedure; administration of anesthesia; or medical mishap or negligence, including malpractice.]
- [12. Injury or Sickness covered by: Workers' Compensation; Employer's Liability Laws; or benefits [or while engaging in activity for monetary gain from sources other than the Policyholder].]
- [13. 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.]
- [14. an Accident that occurs while on active duty service in the: military; naval; or air force of any country or international organization. Upon Our receipt of proof of service, We will refund any premium paid for this time. Reserve or National Guard active duty training is not excluded unless it extends beyond 31 days.]
- [15. a cardiovascular malfunction or stroke caused solely and exclusively by exertion, as verified by a Doctor, while the Covered Person participates in a Covered Activity.]
- [16. aggravation of an Injury the Covered Person suffered before participating in that Covered Activity, unless We receive a written medical release from the Covered Person's Doctor prior to engaging in the Covered Activity.]
- [17. the Covered Person being under the influence of drugs or intoxicants, unless taken under the advice of a Doctor.]
- [18. Injury [or Sickness] where the Covered Person's Trip to the host country is undertaken for treatment or advice for such Injury [or Sickness], except as provided in the Policy.]
- [19. participation in any [sports] activity listed below not specifically authorized, sponsored and supervised by the Policyholder;
- [rugby] [;] [or] [cave diving] [;] [or] [cheerleading] [;] [or] [motorcycling] [;] [or] [rock climbing] [;] [or] [ice climbing] [;] [or] [mountain climbing] [;] [or] [horse riding] [;] [or] [base jumping] [;] [or] [lacrosse] [;] [or] [soccer] [;] [or] [gymnastics] [;] [or] [bull riding] [;] [or] [hockey] [;] [or] [football] [;] [or] [street luge] [;] [or] [heli-skiing] [;] [or] [surfing] [;] [or] [motorcycle racing] [;] [or] [snowboarding] [;] [or] [climbing above [20,000 feet]] [;] including: tryouts; practice; or any competitions or games; [bungee jumping] [;] [or] [parachuting] [;] [or] [skydiving] [;] [or] [parasailing] [;] [or] [hang-gliding] [;] [or] [caving or spelunking] [;] [or] [extreme skiing] [;] [or] [heli-skiing] [;] [or] [skiing outside marked trails] [;] [or] [mountain climbing] [;] [or] [ice climbing] [;] [or] [scuba diving] [;] [or] [professional or semi-professional sports,] [;] [or] [extreme sports,] [;] [or] [body contact sports] [;] [or] [hot-air ballooning,] [;] [or] [snowboarding,] [;] [or] [base jumping,] [;] [or] [sail gliding,] [;] [or] [parakiting,] [;] [or] [parkour,] [;] [or] [racing including stunt show or speed test of any motorized or non-motorized vehicle,] [;] [or] [rodeo activities,] [or] [or similar hazardous activities.] ]

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

[In addition to the exclusions above, We will not pay Medical Expense Benefits for any loss, treatment or services resulting from or contributed to by:

- [1. Pre-Existing Conditions, as defined herein.]
- [2. treatment [by persons employed or retained by a Policyholder, or] by any Immediate Family Member or member of the Covered Person's household.]
- [3. treatment of: sickness; disease; or infections except pyogenic infections or bacterial infections that result from the accidental ingestion of contaminated substances.]
- [4. [treatment of hernia;] [Osgood-Schlatter's Disease;] [osteochondritis;] [appendicitis;] [osteomyelitis;] [cardiac disease or conditions;] [pathological fractures;] [congenital weakness;] [detached retina unless caused by an Injury;] [or mental disorder; or psychological or psychiatric care or treatment,] [whether or not caused by a Covered Accident [or Sickness]].]
- [5. pregnancy; childbirth; miscarriage; abortion; or any complications of any of these conditions. This does not apply if treatment is required as a result of a Covered Accident.]
- [6. mental and nervous disorders.]
- [7. damage to or loss of dentures or bridges; or damage to existing orthodontic equipment (except as specifically covered by the Policy).]
- [8. expense incurred for treatment of: temporomandibular; or craniomandibular joint dysfunction; and associated myofacial pain.]
- [9. Injury or death to which a contributing cause is: the Covered Person's violation or attempt to violate any duly-enacted law[; or the commission or attempt to commit an assault or a felony][; or that occurs while the Covered Person is engaged in an illegal occupation].]
- [10. Injury or death caused while: riding in or on; entering into; or alighting from; or being struck by a 2 or 3-wheeled motor vehicle or a motor vehicle not designed primarily for use on public streets and highways.]
- [11. [blood; blood plasma;] [or blood storage;] except expenses by a Hospital for processing or administration of blood.]
- [12. cosmetic surgery, except for reconstructive surgery needed as the result of an Injury [or Sickness].]
- [13. Any: elective treatment; surgery; health treatment; or examination[; including any: service; treatment; or supplies that: (a) are deemed by Us to be experimental; and (b) are not recognized and generally accepted medical practices in the United States].]
- [14. [eyeglasses;] [contact lenses;] [hearing aids;] [wheelchairs;] [braces;] [appliances;] [examinations or prescriptions for them;] [or repair or replacement of [existing] artificial limbs;] [orthopedic braces;] or [orthotic devices].]
- [15. expenses payable by any automobile insurance policy without regard to fault. (This exclusion does not apply in any state where prohibited).]
- [16. treatment of Injuries that result over a period of time (such as: blisters; tennis elbow; etc.), and that are a normal, foreseeable result of participation in the Covered Activity.]
- [17. treatment or service provided by a private duty nurse.]
- [18. replacement of [artificial limbs;] [eyes;] [and] [larynx].]
- [19. [eye refractions or eye examinations for the purpose of prescribing corrective lenses or for the fitting thereof, unless caused by an Injury incurred while covered under the Policy.]
- [20. covered medical expenses for which the Covered Person would not be responsible for in the absence of the Policy.]
- [21. conditions that are not caused by a Covered Accident [or Sickness].]
- [22. participation in any activity or hazard not specifically covered by the Policy.]
- [23. Any: treatment; service; or supply not specifically covered by the Policy.]
- [24. Any: treatment; services; or supplies received by the Covered Person that are incurred or received while he or she is in his or her Home Country.]
- [25. personal comfort or convenience items. These include but are not limited to: Hospital telephone charges; television rental; or guest meals.]

- [26.pregnancy or childbirth. This does not apply if treatment is required as a result of a Covered Accident.]
- [27.routine nursery care.]
- [28.routine physicals.]
- [29.cosmetic or plastic surgery, except as a result of Injury.]
- [30.elective surgery.]
- [31.any mental or nervous disorder or rest cures.]
- [32.birth defects and congenital anomalies; or complications which arise from such conditions.]
- [33.new eye glasses or contact lenses; eye examinations related to the correction of vision or related to the fitting of glasses or contact lenses; or repair or replacement of existing eye glasses or contact lenses.]
- [34.routine dental care and treatment.]
- [35.expenses incurred during holiday travel.]
- [36.rest cures or custodial care.]
- [37.organ or tissue transplants and related services.]
- [38.Injury [or Sickness] that occurs while the Covered Person has been determined to be legally intoxicated as determined according to the laws of the jurisdiction in which the Injury [or Sickness] occurred, or under the influence of any: narcotic; barbiturate; or hallucinatory drug; unless administered by a Doctor and taken in accordance with the prescribed dosage.]
- [39.Injury sustained while participating in [amateur]; [club]; [intramural]; [interscholastic]; [intercollegiate]; [professional]; [or] [semiprofessional sports].]
- [40.confinement or institutional care.]
- [41.maternity and routine nursery care.]
- [42.any expenses covered by any other employer or government sponsored plan for which, and to the extent that the Covered Person is eligible for reimbursement.]
- [43.services; supplies; or treatment including any period of Hospital confinement which were not: recommended; approved; and certified as necessary and reasonable by a Doctor; or expenses which are non-medical in nature.]
- [44.treatment relating to birth defects and congenital conditions; or complications arising from those conditions.]
- [45.sexually transmitted diseases or immune deficiency disorders and related conditions. This exclusion does not apply to the care or treatments of: Acquired Immune Deficiency Syndrome (AIDS); AIDS Related Complex (ARC); or Human Immunodeficiency Virus (HIV) infection, or any illness or disease arising from these medical conditions.]
- [46.expenses incurred for services related to the diagnostic treatment of infertility or other problems related to the inability to conceive a child, unless such infertility is a result of a covered Injury [or Sickness].]
- [47.expenses incurred for birth control including surgical procedures and devices.]
- [48.[nasal or sinus surgery, except surgery made necessary as the result of a covered Injury] [a deviated nasal septum including sub mucous resection and surgical correction thereof.]]
- [49.expenses incurred in connection with: weak; strained; or flat feet; corns; calluses; or toenails.]
- [50.treatment of acne.]
- [51.expenses incurred for Trips taken for the purpose of seeking medical care.]
- [52.expenses incurred while traveling against the advice of a medical professional.]

## SECTION 11: 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. Failure to give notice within the time will neither invalidate nor reduce any claim, if it was not reasonably possible to give such notice and that notice was given as soon as was 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 within 15 days after We receive the notice, 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. Failure to provide such proof within such time will neither invalidate nor reduce any claim if it was not reasonably possible to give such notice and that notice was given as soon as was reasonably possible.

**Claimant Cooperation Provision:** Failure of a claimant to cooperate with Us in the administration of a claim may result in the delay or 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:** We will pay benefits due under this Policy for any loss other than a loss for which this Policy provides any periodic payment immediately upon receipt of due written (or authorized electronic or telephonic) proof of such loss. Subject to due written (or authorized electronic or telephonic) proof of loss, all accrued benefits for loss for which this Policy provides periodic payment will be paid monthly unless otherwise specified in the benefits descriptions and any balance remaining unpaid at the termination of liability will be paid immediately upon receipt of proof satisfactory to Us.

**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 loss.]

**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.]

[The Policyholder.]

**Payment of Medical Claims:** At the request of: the Covered Person; or his or her parent or guardian; if the Covered Person is a minor, medical benefits may be paid to the provider of service. 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 [or religious 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 the 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.

**[Recovery of Overpayment or Error:** If benefits are overpaid, or paid in error, We have the right to recover the amount overpaid, or paid in error, by any or all of the following methods:

1. A request for lump sum payment of the amount overpaid, or paid in error.
2. Reduction of any proceeds payable under the Policy by the amount overpaid, or paid in error.
3. Taking any other action available to Us.]

**[Subrogation:** We may recover any Medical Expense benefits paid under the Policy to the extent a Covered Person is paid for the same Injury [or Sickness] by: a third party; another insurer; or the Covered Person's uninsured motorists insurance. We may only be reimbursed to the amount of the Covered Person's recovery. Further, We have the right to offset future benefits payable to the Covered Person under the Policy against such recovery.

We may file a lien in a Covered Person's action against the third party and have a lien on any recovery that the Covered Person receives whether by: settlement; judgment; or otherwise; and regardless of how such funds are designated. We shall have a right to recovery of the full amount of benefits paid under the Policy for the Injury [or Sickness], and that amount shall be deducted first from any recovery made by the Covered Person. We will not be responsible for the Covered Person's attorney's fees or other costs.

Upon request the Covered Person must complete the required forms and return them to Us or Our authorized agent. The Covered Person must cooperate fully with Us or Our representative in asserting its right to recover. The Covered Person will be personally liable for reimbursement to Us to the extent of any recovery obtained by the Covered Person from any third party. If it is

necessary for Us to institute legal action against the Covered Person for failure to repay Us, the Covered Person will be personally liable for all costs of collection, including reasonable attorneys' fees.]

## SECTION 12: PREMIUM PROVISIONS

**Premiums:** The premiums for the 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 [31-60] days advanced written notice. No change in rates will be made until [90 days - 5 years] after the Policy Effective Date. [An increase in rates will not be made more often than once in a [6-12] month period.] However, 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. There is a change in the factors bearing on the risk assumed.
4. There is a misrepresentation in the information We relied on in establishing the rate.
5. Any federal or state law or regulation is amended to the extent it affects Our benefit obligation.

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. After that, premiums will be due annually unless We agree with the Policyholder on some other method of premium payment. The Policyholder shall remit the premium to Us.

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 upon the expiration of the Grace Period. The Policyholder will be liable to Us for any unpaid premium for the time the Policy was in force.

**Reinstatement:** If any renewal premium is not paid within the time granted the Policyholder per payment, a subsequent acceptance of premium by Us or by any agent duly authorized by Us to accept the premium, without requiring an application for reinstatement, shall reinstate the Policy. If We or our agent requires an application for reinstatement and issues a conditional receipt for the premium tendered, the Policy will be reinstated upon approval for the application by Us, or if not approved, upon the forty-fifth (45<sup>th</sup>) day following the date of the conditional receipt unless We have previously notified the Policyholder in writing of disapproval of the application. The reinstated Policy shall cover only loss resulting from any accidental injury sustained after the date of reinstatement that begins more than ten (10) days after that date. In all other respects We and the Policyholder shall have the same rights as they had under the Policy immediately before the due date of the defaulted premium, subject to any endorsements attached in connection with the reinstatement. Any premium accepted in connection with a reinstatement shall be applied to a period for which premium has not been previously paid, but not to any period more than sixty (60) days prior to the date of reinstatement.

## SECTION 13: GENERAL PROVISIONS

**Entire Contract; Changes:** The Policy (including any endorsements or amendments), and the signed application of the Policyholder are the entire contract. Any statements made by the Policyholder or Covered Persons will, in the absence of fraud, 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; and a copy is provided to the person who made such statement (or their beneficiary or representative).

To be valid, any change or waiver must be in writing. 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 at 12:01 AM Standard Time at the address of the Policyholder where the Policy is delivered. Either We or the Policyholder may terminate the Policy on any Premium Due Date by giving 31 days advance written notice to the other party. The Policy may be terminated at any time by mutual written consent of the Policyholder and Us. The Policy terminates automatically on the earlier of: 1) the end of the Policy Term shown in the Schedule of Benefits; or 2) the Premium due date if Premiums are not paid when due, subject to the Grace Period. Termination takes effect at 12:01 AM Standard Time at the Policyholder's address on the date of termination.

**Assignment:** [The rights and benefits under this Policy may not be assigned and any attempt to assign will be void.]

[The rights and benefits provided by this Policy, except as provided herein, may not be assigned. The payee may, after a benefit or series of benefits has become payable, assign only those benefits. Such assignment will be valid only if We receive it before any of those benefits have been paid and only for benefits payable for claims arising from the same Covered Accident. Any other attempt to assign will be void.]

[We will be bound by an assignment of the Covered Person's insurance under this Policy only when the original assignment or a certified copy of the assignment, signed by the Covered Person and any irrevocable beneficiary, is filed with Us. The assignee may exercise all rights and receive all benefits assigned only while the assignment remains in effect and insurance under this Policy for the Covered Person remains in force.]

This insurance may not be levied on, attached, garnished, or otherwise taken for a person's debts unless contrary to law.

**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.

### **[Reporting Requirements**

The Policyholder or its authorized agent must report all of the following to Us by the premium due date:

1. the names of all persons insured on the Policy Effective Date;
2. the names of all persons who are insured after the Policy Effective Date;
3. the names of those persons whose insurance has terminated;
4. any additional information required by Us.]

**Examination Of Records And Audit:** We shall be permitted to examine and audit the Policyholder's books and records: at any time during the term of the Policy; and within 2 years after the 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 Policyholder, 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 the 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:** The Policy is not a Workers' Compensation policy. It does not provide Workers' Compensation benefits.

CATALINA



**Catlin Insurance Company Incorporated**  
**[1330 Post Oak Blvd., Suite 2325, Houston, TX 77056]**  
**A Stock Insurance Company**

**Blanket Accident Application**

**Part 1 — Applicant Information**

Name of Applicant \_\_\_\_\_  
 (legal name of entity)

DBA (if applicable) \_\_\_\_\_

Nature of Entity \_\_\_\_\_ SIC Code \_\_\_\_\_ Tax ID \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

Contact Person \_\_\_\_\_ Title \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Are individuals of any: affiliate; subscribers; or subsidiary entities to be covered?  Yes  No  
 (If yes, please complete the following for each such: subscriber; affiliate; subsidiary. Attach separate sheet if needed.):

Name	Address	Number of Covered Persons	[Nature of Entity	[SIC Code

**Part 2 — Participants and Eligibility**

Class	Classes of Eligible Persons	Number of Covered Persons

**Part 3 – Hazard and Benefit Options**

**Hazard(s):**

Class	Hazard

**Benefit(s):**

Class	Benefit	Benefit Amount

**Part 4 — Payment Methods**

[Electronic Funds Transfer Authorization  
Please provide the Financial Institution's Account and Routing Numbers (Routing number is between these systems  on the bottom left of your check) below.

Routing/Transit Number: \_\_\_\_\_  
Bank Account Number: \_\_\_\_\_]

[Credit Card Payment Authorization (Discover; MasterCard [;][or] Visa [; or American Express])

Card Number: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_

I authorize [Insurance Administrative Services] to initiate automatic withdrawals or charges from my account listed above. This authorization is to remain in effect until I change or cancel it by written notification.

\_\_\_\_\_  
Customer Card/Accountholder Signature (required)                      Today's Date (MM/DD/YY)

[Check:

Please make checks out to [Insurance Administrative Services] and send to the following address:

[Insurance Administrative Services  
P.O. Box 9485  
Minneapolis, MN 55440-9485]]

**Part 5 — Agent Statement**

I certify that all information in this application is correct to the best of my knowledge. I also certify that: This firm is a bona-fide business establishment. All participation requirements have been met. Coverages; enrollment provisions; eligibility requirements; benefits; limitations; and exclusions have been fully explained and understood by the applicant or employer. I know of no reason why the Plan coverage should not be offered, and I recommend that such coverage be offered.

\_\_\_\_\_  
(Printed Name of Applicants Authorized Representative)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Address)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Month) (Day) (Year)

(Email)

(Phone)

**Part 6 — Applicant's Acceptance of Terms**

- Any insurance provided pursuant to this Application shall be subject to all terms and conditions of the Policy issued.
- To the best of my knowledge and belief, all statements and answers given in this Application are true and complete.
- I understand no insurance shall take effect until all underwriting requirements of the Company have been met.
- I understand that any insurance provided shall take effect on the effective date approved by the Company and that I should not cancel any predecessor policy or plan until notified by the Company that this Application has been approved.
- I understand and agree that:
  - No agent may change or waive any of the provisions of this application or of any plan of insurance;
  - Any change or waiver may be made only by an officer of the Company; and
  - This Application will be accepted or declined partly on the basis of the statements and answers given in the Application.
- It is understood that any Covered Person, if coverage is elected, is not actively at work on the date this coverage is scheduled to become effective, shall not be covered until the individual returns to work.
- I request a Policy effective date of: \_\_\_\_\_. I acknowledge that this desired effective date must comply with the description contained in the Policy.

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_/\_\_\_\_/\_\_\_\_  
(Month) (Day) (Year)

\_\_\_\_\_  
Authorized Signature of Applicant

\_\_\_\_\_  
Title

***[WARNING - Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement, commits insurance fraud, which is a crime and subjects the person to civil and criminal penalties.]***





**Catlin Insurance Company Incorporated**  
**[1330 Post Oak Blvd., Suite 2325, Houston, TX 77056]**  
**A Stock Insurance Company**

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

POLICY HOLDER: {policy holder}  
 POLICY NUMBER: {policy number}  
 POLICY EFFECTIVE DATE: {policy effective date}  
 [POLICY ANNIVERSARY DATE: {policy anniversary date}]  
 POLICY TERM: {policy term}  
 STATE OF ISSUANCE: {State}

This Blank Endorsement is made part of the Policy [and Certificate] to which it is attached as of the Effective Date shown above. [Any changes in coverage apply only with respect to accidents that occur on or after that date.] [Any changes in premium apply as of the first premium due date on or after the effective date of this Blank Endorsement.]

It is hereby understood and agreed that the following changes are made and incorporated into the Policy [and certificate]:

[This endorsement will be used to make the following changes to the Policy [and Certificate], which are administrative in nature: (1) changes to the Schedule; (2) addition or deletion of a affiliates; (3) changes to the classes of Covered Persons; (4) annual audit requirement; and (5) other administrative changes to the Policy [and Certificate].

The President and Secretary of Catlin Insurance Company, Inc witness this Plan.

**President**

**Secretary**

SERFF Tracking #:

CATL-128697499

State Tracking #:

Company Tracking #:

AHBA 050 (AR) 0612

State: Arkansas

Filing Company:

Catlin Insurance Company, Inc.

TOI/Sub-TOI: H04 Health - Blanket Accident/Sickness/H04.000 Health - Blanket Accident/Sickness

Product Name: Catlin Blanket Accident

Project Name/Number: Catlin Blanket Accident/AHBA 050 (AR) 0612

## Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	Approved-Closed	10/01/2012
Comments:	Readability Certification is attached.		
Attachment(s):			
AR Group Accident Readability Cert SIGNED.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Application	Approved-Closed	10/01/2012
Comments:	Application is attached here & also under the Form Schedule tab.		
Attachment(s):			
AHBA A000 (AR) 0612.pdf			

		Item Status:	Status Date:
Bypassed - Item:	PPACA Uniform Compliance Summary	Approved-Closed	10/01/2012
Bypass Reason:	This is a blanket accident only filing.		
Comments:			

		Item Status:	Status Date:
Satisfied - Item:	Letter of Authorization	Approved-Closed	10/01/2012
Comments:	Letter of Authorization is attached.		
Attachment(s):			
Amendment Group Accident Letter of Authorization Signed.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Statement of Variability	Approved-Closed	10/01/2012
Comments:	Statement of Variability is attached.		
Attachment(s):			
AHBA 100 612 SOV.pdf			

**SERFF Tracking #:**

CATL-128697499

**State Tracking #:**

**Company Tracking #:**

AHBA 050 (AR) 0612

**State:**

Arkansas

**Filing Company:**

Catlin Insurance Company, Inc.

**TOI/Sub-TOI:**

H04 Health - Blanket Accident/Sickness/H04.000 Health - Blanket Accident/Sickness

**Product Name:**

Catlin Blanket Accident

**Project Name/Number:**

Catlin Blanket Accident/AHBA 050 (AR) 0612

		<b>Item Status:</b>	<b>Status Date:</b>
Satisfied - Item:	Cover Letter	Approved-Closed	10/01/2012
Comments:	Cover Letter is attached.		
Attachment(s):			
Cover Letter AR.pdf			

## READABILITY CERTIFICATION

To Whom It May Concern:

This is to certify that the attached forms achieved a combined Flesch Reading Ease Score and are in compliance with applicable laws and regulations as follows:

Form #	Title	Combined Flesch Score
AHBA 050 (AR) 0612	Blanket Accident Policy	51.0
AHBA C050 (AR) 0612	Blanket Accident Certificate	
AHBA A000 (AR) 0612	Blanket Accident Application	
AHBA B000 (AR) 0612	Beneficiary Designation Form	
AHBA 400 (AR) 0612	Blank Endorsement	

Catlin Insurance Company, Inc.



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Bob Eells  
Director – Regulatory Development

9/20/12

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Date



**Catlin Insurance Company Incorporated**  
**[1330 Post Oak Blvd., Suite 2325, Houston, TX 77056]**  
**A Stock Insurance Company**

**Blanket Accident Application**

**Part 1 — Applicant Information**

Name of Applicant \_\_\_\_\_  
 (legal name of entity)

DBA (if applicable) \_\_\_\_\_

Nature of Entity \_\_\_\_\_ SIC Code \_\_\_\_\_ Tax ID \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

Contact Person \_\_\_\_\_ Title \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Are individuals of any: affiliate; subscribers; or subsidiary entities to be covered?  Yes  No  
 (If yes, please complete the following for each such: subscriber; affiliate; subsidiary. Attach separate sheet if needed.):

Name	Address	Number of Covered Persons	[Nature of Entity	[SIC Code

**Part 2 — Participants and Eligibility**

Class	Classes of Eligible Persons	Number of Covered Persons

**Part 3 – Hazard and Benefit Options**

**Hazard(s):**

Class	Hazard

**Benefit(s):**

Class	Benefit	Benefit Amount

**Part 4 — Payment Methods**

[Electronic Funds Transfer Authorization  
Please provide the Financial Institution's Account and Routing Numbers (Routing number is between these systems  on the bottom left of your check) below.

Routing/Transit Number: \_\_\_\_\_  
Bank Account Number: \_\_\_\_\_]

[Credit Card Payment Authorization (Discover; MasterCard [;][or] Visa [; or American Express])

Card Number: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_

I authorize [Insurance Administrative Services] to initiate automatic withdrawals or charges from my account listed above. This authorization is to remain in effect until I change or cancel it by written notification.

\_\_\_\_\_  
Customer Card/Accountholder Signature (required)                      Today's Date (MM/DD/YY)

[Check:

Please make checks out to [Insurance Administrative Services] and send to the following address:

[Insurance Administrative Services  
P.O. Box 9485  
Minneapolis, MN 55440-9485]]

**Part 5 — Agent Statement**

I certify that all information in this application is correct to the best of my knowledge. I also certify that: This firm is a bona-fide business establishment. All participation requirements have been met. Coverages; enrollment provisions; eligibility requirements; benefits; limitations; and exclusions have been fully explained and understood by the applicant or employer. I know of no reason why the Plan coverage should not be offered, and I recommend that such coverage be offered.

\_\_\_\_\_  
(Printed Name of Applicants Authorized Representative)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Address)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Month) (Day) (Year)

(Email)

(Phone)

**Part 6 — Applicant's Acceptance of Terms**

- Any insurance provided pursuant to this Application shall be subject to all terms and conditions of the Policy issued.
- To the best of my knowledge and belief, all statements and answers given in this Application are true and complete.
- I understand no insurance shall take effect until all underwriting requirements of the Company have been met.
- I understand that any insurance provided shall take effect on the effective date approved by the Company and that I should not cancel any predecessor policy or plan until notified by the Company that this Application has been approved.
- I understand and agree that:
  - No agent may change or waive any of the provisions of this application or of any plan of insurance;
  - Any change or waiver may be made only by an officer of the Company; and
  - This Application will be accepted or declined partly on the basis of the statements and answers given in the Application.
- It is understood that any Covered Person, if coverage is elected, is not actively at work on the date this coverage is scheduled to become effective, shall not be covered until the individual returns to work.
- I request a Policy effective date of: \_\_\_\_\_. I acknowledge that this desired effective date must comply with the description contained in the Policy.

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_/\_\_\_\_/\_\_\_\_  
(Month) (Day) (Year)

\_\_\_\_\_  
Authorized Signature of Applicant

\_\_\_\_\_  
Title

***[WARNING - Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement, commits insurance fraud, which is a crime and subjects the person to civil and criminal penalties.]***



1330 Post Oak Boulevard  
Suite 2325  
Houston, TX 77056

April 18, 2012

Catlin Insurance Company, Inc.  
FEIN#: 204929941  
NAIC#: 4574 19518

Letter of Authorization  
Filing of Forms, Rates and Rules

Dear Sir or Madame:

In accordance with the applicable statutes and regulations in your state, Darcy Lebau and Westmont Associates are hereby authorized to file form, rate and rate filings on behalf of Catlin Insurance Company, Inc.

Very truly yours,

A handwritten signature in black ink, appearing to read "Bob Eells". The signature is fluid and cursive, with a large initial "B" and "E".

Bob Eells  
Director – Regulatory Development



**Catlin Insurance Company Incorporated**  
**[1330 Post Oak Blvd., Suite 2325, Houston, TX 77056]**  
**A Stock Insurance Company**

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**STATEMENT OF VARIABILITY**

Specific variability is throughout the forms in [brackets]. We have included alternate text for those provisions where the text may vary to the extent the meaning or intent of the provision is different. If there is no alternative text, the text will be in or out. For all bracketed numeric text is the policy/certificate, the range is included in the policy/certificate.

In no event will the information contained in these brackets be less favorable to an insured than the minimum standards set forth in your law.

**BLANKET ACCIDENT POLICY/CERTIFICATE**  
**AHBA 050 (AR) 0612/AHBA C050 (AR) 0612**

**General Statement**

The Policyholder, Policy Number, Policy Effective Date, Policyholder Address, Policy Term, Policy Anniversary Date and Company Officer signatures are variable. They will reflect the information unique to each Policyholder.

**Policy and Certificate Schedule Pages**

We have illustrated the policy and certificate schedules. Variation will occur based on the nature of the group, the classes covered, the benefits offered and the applicability of certain provisions at either the case, class or benefit level. We consider benefits, amounts, deductibles, co-payments, benefit durations, date or application of benefits to be completely variable unless your law requires a limitation. The ranges for each amount, deductible, co-payment waiting period and benefit duration is included within the policy form.

**Eligible Person**

We intend to market this form to any group typically recognized as eligible for blanket insurance including employers, schools, participant groups, volunteer groups, association groups, affinity groups, financial institutions, and discretionary groups. Therefore, the description of eligible class may vary based on the nature of the group and classes covered.

**Combined Benefits**

All of the benefits and provision that apply to a policyholder may be included in the policy and certificate text when first issued. If any of the benefits or provisions becomes applicable after the initial effective date of coverage they will be issued as an endorsement.

**Certificates**

The content and format of certificates may vary in any of the following respects:

- a. Separate certificates may be issued for each of the classes eligible under the policy. In this case any wording that does not relate to the rights or obligations of that class of insured may be omitted.

- b. Any wording that solely relates to the rights and obligations of the policyholder or participating organization may be omitted.
- c. Connective words and phrases that only serve the grammatical purpose of meaningful continuity and do not affect the description of the payment of benefits or other substantive terms or conditions of the policy affecting the insurance provided may vary. This variation will occur as required to ensure the readability of the form where other variable material is changed. These wording changes will not be ambiguous or deceptive.
- d. The order and grouping of provision may be modified. References to information contained on the certificate schedule may be expressed in the text of the provision as it relates to a particular class of insureds.
- e. The print size, style, page size and layout may be modified to reflect various formats including 8.5 x 11 pages, booklet pages or brochure styles subject to the print and other requirements of your readability law.
- f. Specific rates may be omitted or replaced with reference to the rates currently in force.
- g. The inclusion of certain provisions and their wording may vary to meet the specifications of the product requested by our customers or to clarify the administration of the policy or other items as requested by our policyholders or participating organizations.
- h. Wording may be changed to comply with future changes in your laws or regulations impacting the policy, or in the laws of the states where certificates under the policy are delivered.

### **Schedule of Benefits**

The aggregate limit will in or out depending on the characteristics of the group. The aggregate will apply to air accident only or all accidents.

Class definitions are variable and defined by the Policyholder based on elements relating to the relationship between the organization and its members, the employer and its employees, or the school and its students etc. If there is more than one class eligible under the Policy, a Schedule of Benefits may be presented for each class if benefits, amounts, durations etc, differ by class.

The title of each Hazard Insured Against from Section 8 of the policy will be included in this section based on the selections of the Policyholder.

Medical expense benefits and additional accident benefits are optional and may apply on the case or class basis at the option of the policyholder. Each benefit listed in this section will be in or out depending on the coverage selected by the policyholder.

Medical Expenses benefits may be available on an unallocated or allocated basis, that is to say there may be specific limits or coinsurance rates on certain Covered Expenses (allocated) or all Covered Expenses may be subject to the same maximum limit and coinsurance rate (unallocated) as shown. Medical related to any Sickness are limited to expenses incurred, for short term travel, outside of the Covered Person country of Citizenship or Permanent Residence.

Reporting and notice address will vary based on the address where we would like the Insured to send reports or notices too.

Premiums are determined based on the plan designed selected by the policyholder.

### **Definitions**

Standard definitions appear without brackets. / The bracketed definitions will be in based on the following:

- Active Service – will be included if active service requirements apply to the eligibility or the effective date of insurance.

- Base Annual Earnings – will be included if either Short Term Partial Disability Benefit or Short Term Total Disability Benefit is included.
- Covered Activity – will be included if coverage is provided for specific hazards and not solely on a 24 hour basis.
- Covered Air Accident – will be included if Medical Expense are included in the policy when issued
- Covered Loss(es) – will be included if Accidental Death and Dismemberment Benefits are included in the policy when issued.
- Covered Person – [and Dependent] will be included if coverage is available for dependents.
- Deductible – will be included if Medical Expense Benefits and/or other additional benefits paid on an expense incurred basis are included in the policy when issued.
- Dependent and Dependent Children, Child – will be included if dependents' coverage is included under the policy when issued.
- Doctor – will be included if Medical Expense Benefits are included in the policy when issued.
- Domestic Partner – will be included if such persons are covered. If a Policyholder has their own definition of Domestic Partner, that definition will be used.
- Health Care Plan – will be included if the Scope of Coverage includes the term in the policy when issued.
- Hospital – will be included if Medical Expense Benefits or other additional benefits using the term are included in the policy when issued.
- Hospital Confined – will be included if Medical Expense Benefits are included in the policy when issued. Only one of the stay options will be included.
- Immediate Family Member – will be included if any benefits references the term in the policy when issued. Each bracketed item will be in or out.
- Medical Emergency – will be included if the benefits included in the policy reference the term.
- Medically Necessary – will be included if Medical Expenses Benefits are included in the policy when issued.
- Other Income Benefits – will be included if disability benefits are offered are subject to offsets by other benefits.
- Pre-Existing Condition – will be included if coverage for Sickness is included.
- Sickness will be included if coverage for Sickness is included.
- Usual and Customary Charge – will be included if Medical Expense Benefits or additional benefits using the term are included in the policy when issued.

### **Eligible for Insurance**

General description of eligible person is described above. All bracketed items will be in or out.

### **Effective Date of Insurance**

All bracketed items will be in or out

### **Termination Date of Insurance**

Items 5 – 8 of the Insured's provision on Termination of Coverage will be in or out. Item 5 – 7 of the Dependent's provision on Termination of Coverage will be in or out. The Extension of Benefits provision will be in or out.

### **General Limitation**

Each of the four items will be in or out

### **Description of Benefits**

Each benefit listed in this section will be in or out depending on the coverage selected by the Policyholder.

The description of benefits explains the benefits available under the Policy. All benefits payable are shown in the Schedule of Benefits.

Accidental Death and Dismemberment Benefits are elected at the case level. These benefits may be offered for accidental death only or for any combination of the losses. Benefits may be paid on the basis of a percentage of Principal Sum or a flat amount.

Medical Expense Benefits are payable on the basis of the Usual and Customary Charges for actual expenses incurred and payable under the policy. Any deductibles, co-insurance, limits, etc. will be shown in the Schedule of Benefits. Each benefit is optional and may be included at the option of the Policyholder on either a case or class basis. Bracketed phrases will be in or out. Medical Expenses related to any Sickness are limited to expenses incurred for short term travel outside of the Covered Persons country of Citizenship or Permanent Residence.

The additional accident benefits are optional and may be included at the option of the Policyholder on a case or class basis. Only one of the Home Country Benefit may be included at the option of the Policyholder on either a case or class basis.

### **Hazards Insured Against**

The hazards are optional and are elected by the Policyholder. Coverage may apply at the case, class, or plan level. Each hazard listed in this section will be in or out depending on the coverage selected by the Policyholder. The description of benefit language for any benefit may be added under each selected hazard at the option of the policyholder. Each bracketed phrase will be in or out. The actual numerical range to be used is contained within brackets.

### **Scope of Coverage**

Medical Expense Benefits may be available on a primary, limited primary, primary excess, limited primary excess, full excess or coordination of benefits at the election of the policyholder. Primary excess and full excess are only applicable to mandatory plans. Based on this election the appropriate text will be included in the policy when issued.

### **Exclusions**

Each exclusion may be included as shown or deleted based on the plan of benefits selected by the Policyholder. Bracketed phrases will be included as shown or deleted.

Different exclusions may apply to Medical Expense Benefits, so each Exclusion may be included as shown or deleted based on the plan of benefits selected by the Policyholder. Bracketed phrases will be included as shown or deleted.

### **General Provision**

All bracketed items will be in or out.

### **Certificate Identification**

This entire section will be in or out, if in, each item will be in or out depending on the request of the Policyholder.

## **BLANKET ACCIDENT APPLICATION** **AHBA A000 (AR) 0612**

Variable text defined in *{italics}*.

### **Applicant Information**

The Nature of Entity and SIC Code for subscribers/affiliates/subsidiaries will be in or out.

**Participants and Eligibility**

The Policyholder or Us will fill in the number of classes, the description of each class and the number of people in each class.

**Hazard and Benefit Options**

The Hazards section will include all of the Hazards the Policyholder wants to offer each class. Each class will have at least one Hazard.

The Benefit section will include all of the Benefits the Policyholder wants to offer each class. For each Benefit offered, a Benefit Amount will be included which will not be less than or more than the amount stated in the policy.

**Payment Methods**

Each item in this section will be in or out depending on how the Policyholder would like to pay their premium.

Within the Check section, the address to where to send the premium to and the name to write the check out to will vary based on who will be collecting the premium on behalf of Us.

**BLANKET ACCIDENT POLICY/CERTIFICATE AMENDMENT**  
**AHBA 400 (AR) 0612**

Since the bracketed text in the policy/certificate is variable to be included, omitted or, where applicable, to vary within the numeric ranges displayed within the brackets, Amendment Form AHBA 400 0612 allows us to make changes to previously issued policies/certificates. Without this Amendment, we'd have to issue new documents each time a change is made. Note that this is not a "blank" amendment. We are asking your Department's approval to use this *solely to make changes that are within the variability of the filed form* as set forth above. For example, some of our exclusions and limitations are variable to be included or omitted. With this Amendment we could add or delete such an exclusion or limitation. The Amendment could not be used to add an exclusion that was not part of the original filing and that had not been previously approved by your Department to be included in the policy.



**WESTMONT  
ASSOCIATES, INC.**

September 28, 2012

via SERFF

The Honorable Jay Bradford  
Commissioner of Insurance  
Arkansas Insurance Department  
1200 West Third Street  
Little Rock, AR 72201  
*Attention: Life & Health Division*

**Re: Catlin Insurance Company, Inc.  
FEIN#: 204929941  
NAIC#: 4574 19518**

**Blanket Accident Policy – Form #AHBA 050 (AR) 0612  
Blanket Accident Certificate – Form # AHBA C050 (AR) 0612  
Blanket Accident Application – Form #AHBA A000 (AR) 0612  
Beneficiary Designation Form – Form #AHBA B000 (AR) 0612  
Blank Endorsement – Form #AHBA 400 (AR) 0612**

Honorable Commissioner Bradford:

I respectfully submit the form filing referenced above on behalf of Catlin Insurance Company, Inc. ("Catlin") for your review and approval prior to use in your state. Westmont Associates, Inc. has been requested to file these forms on behalf of Catlin. Please see the enclosed authorization letter.

Blanket Accident Insurance Policy, Form #AHBA 050 (AR) 0612, covers a broad class of persons for specific losses related to specific activities. The subject forms are new and are not intended to replace any other forms currently in use.

The policy provides accident benefits on a blanket basis to groups recognized as eligible blanket groups under the laws of your state such as employer groups, institutions of learning, sports teams and volunteer groups. The form as filed is more inclusive than the forms as we will issue to any specific case or program. Variable data is bracketed and may vary on a case or program basis based upon the rules set forth under the Statement of Variability.

The Out of Country Medical Expense benefit with Sickness, offered in the Catlin Blanket Accident policy, is intended to cover medical expenses incurred (i) during short term trips, (ii) outside of the insured person's country of citizenship or permanent residence. In instances where our insured person must travel overseas, which creates potential gaps in his or her Major Medical (or similar) plans, our coverage would offer supplemental insurance to fill that gap.

Typical groups where this coverage will be offered include:

- Students traveling abroad
- Volunteer / Religious groups traveling abroad
- Corporate Travel abroad

Catlin is not providing Major Medical Insurance. Our product is not intended to cover employees while on permanent assignment overseas (expatriates). No sickness medical expenses incurred while the insured person is residing in their country of citizenship or permanent residence will be covered by the Catlin Blanket Accident policy.

Our product's main intent is to cover any unexpected event that puts our insured person in peril, while they are covered under our policy, during a short term trip out of their home country.

An exception to this rule is where Catlin is offering an Accident only version of the Medical Expense coverage. Additionally, we may allow incidental coverage under the Extended Benefit Option, Home Country Benefit, Home Country Emergency Benefit, Home Country Extension Benefit, for persons making short visits to their home country, during a covered short term overseas trip, where there is no Major Medical (or similar) coverage in place for that insured person in his or her home country (typical exposures lasting no more than one week).

Policyholders purchasing this coverage do so with the full understanding of what they are purchasing. They understand that value of the coverage and accept its limitations.

In accordance with your state's filing requirements, enclosed please find:

- Readability Certification
- Letter of Authorization
- Forms
- Statement of Variability

I thank you in advance for the time spent on this filing and trust that you will find everything in order. Please do not hesitate to contact me directly at 856-216-0220, x 211 or at [Carolyn@Westmontlaw.com](mailto:Carolyn@Westmontlaw.com) if you have any questions or require additional information.

Respectfully,

*Carolyn Smart*

Carolyn Smart