



IN COUNTRY VOLUNTEER Accident Insurance Plan

POLICY NUMBER: BTAI 273770

STARR
INSURANCE COMPANIES



Habitat
for Humanity®

Eligibility

- You are a **Covered Person** and eligible for coverage under the plan, if you are in the eligible classes defined below. For benefits to be payable the **Policy** must be in force, the required premium must be paid and you must be within the Scope of Coverage described below.

Class Description

- All registered volunteers who are participating in sponsored volunteer activities inside their **Home Country**. All registered student volunteers residing or attending school in the same country in which the volunteer participates in sponsored volunteer activities, regardless of the student volunteer's **Home Country**.

Scope of Coverage

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:

- the date a **Covered Person** returns to his or her home;
- the date a **Covered Person** returns to his or her place of work; or
- the date a **Covered Person** makes a **Personal Deviation**; except to the extent that the **Personal Deviation**:
 - coincides with the **Covered Person's** otherwise covered travel; and
 - is limited to any consecutive period of 14 days immediately prior to, during or immediately following the otherwise covered travel.

Description of Benefits

Accidental Death Benefit

If a **Covered Person** dies as the direct result of a **Covered Injury**, **We** will pay the Accidental Death Benefit shown in the Schedule of Benefits, provided that the **Covered Person's** death occurs within the Accidental Death Incurral Period shown in the Schedule of Benefits.

If Exposure and Disappearance Coverage is selected in the Schedule of Benefits, a **Covered Person** shall have been presumed to die from a **Covered Injury** within the Accidental Death Incurral Period shown in the Schedule of Benefits if:

- The **Covered Person's** death results from unavoidable exposure to the elements of nature following a **Covered Accident**; or
- The **Covered Person** disappears and is not found within one year:
 - following the date of a natural disaster; or
 - as a result of the disappearance, sinking, or wrecking of a **Conveyance** in which the **Covered Person** was riding in the course of a **Covered Trip**.

Accidental Dismemberment Benefit

Loss	% of Principal Sum
Benefit Amount	
Quadriplegia	100%
Two or more Members	100%
One Member	50%
Hemiplegia	50%
Paraplegia	75%
Uniplegia	25%
Thumb and Index Finger of the Same Hand	25%
Four Fingers of the Same Hand	25%

Hemiplegia means the complete and irreversible paralysis of both an upper and lower limb on one side of the body.

Loss of Member means **Loss of Hand or Foot**, **Loss of Sight**, **Loss of Speech**, and **Loss of Hearing**.

Loss of Hand or Foot means complete **Severance** through or above the wrist or ankle joint.

Loss of Sight means the total, permanent loss of vision in one eye with remaining vision no better than 20/200 using a corrective aid or device.

Loss of Speech means total and permanent loss of audible communication that is irrecoverable by natural, surgical or artificial means.

Loss of Hearing means permanent, irrecoverable and total deafness, with an auditory threshold of more than 90 decibels in each ear and that cannot be corrected by any aid or device.

Loss of a Thumb and Index Finger of the Same Hand, Loss of Four Toes of the Same Foot, or Loss of Four Fingers of the Same Hand means complete **Severance** through or above the metacarpophalangeal joints (the joints between the fingers and the hand) of the same hand.

Loss of Four Toes of the Same Foot, means complete **Severance** through or above the metacarpophalangeal joints (the joints between the toes and the foot) of the same foot.

Paraplegia means the complete and irreversible paralysis of both upper or both lower limbs.

Quadriplegia means the complete and irreversible paralysis of both upper and lower limbs on both sides of the body.

Severance means the complete separation and dismemberment of the part from the body.

Uniplegia means the complete and irreversible paralysis of one lower limb or one upper limb.

Accident Medical Benefit

We will pay for Covered Expenses that result directly, and from no other cause, from a Covered Accident or Sickness up to the Benefit Maximums stated in the Schedule of Benefits below:

Schedule of Benefits	Benefit Maximums
Medical Expenses Loss Period: Covered Injury	365 Days
Benefit Period: Covered Injury	6 Months
Deductible: Covered Injury	0
Medical Max. Benefit: Covered Injury	\$250,000
Co-Insurance Percentage: Covered Injury	100% paid by Us
Physiotherapy Benefit	Max. number of sessions: 10
Dental Benefit	\$5,000
Terms of Payment	Excess

If a **Covered Person** suffers a **Covered Injury** that requires treatment by a **Physician**, **We** will pay for the **Covered Expenses** incurred as a direct result of that **Covered Injury**, subject to all of the following:

1. The **Covered Accident** that caused the **Covered Expenses** to be incurred must occur while the **Policy** and this Rider are in force, regardless of when the expenses were incurred.
2. The first **Covered Expense** must be incurred within the Medical Expenses Loss Period shown in the Rider Schedule of Benefits.
3. **Covered Expenses** must be incurred during the Benefit Period.
4. The most **We** will pay for all **Covered Expenses** resulting from the same **Covered Accident** for each Covered Person is the Medical Maximum Benefit listed in the Rider Schedule of Benefits.

Definitions

Certain words used in this Rider have specific meanings. The words defined below and in bold within the text of this Rider have the meanings set forth below. If a bold term is not set forth below, it may be defined in the **Policy** to which this Rider is attached. If a term contained in this Rider is defined in both the **Policy** and this Rider, for purposes of this Rider, the definition in this Rider shall govern.

Benefit Period means the maximum period that benefits are payable under this Rider. The **Benefit Period** begins on the date that the **Covered Person** first received medical treatment for the **Covered Injury** and ends when the period of time specified in the Rider Schedule of Benefits has elapsed.

Co-insurance Percentage means the percent of **Covered Expenses** that is to be paid by **Us** or the **Covered Person**. This percentage is shown in the Rider Schedule of Benefits.

Covered Expenses mean the **Usual and Customary Charges** incurred by the **Covered Person** for the following medical expenses provided the services are rendered as a direct result of a **Covered Injury** and are **Medically Necessary**:

Definitions contd.

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 the date of discharge will not. **Hospital** room and board expenses are paid based on a semi-private room.
2. Ancillary Hospital Expenses: services and supplies including operating room, laboratory tests, anesthesia and medicines (excluding take home drugs) when **Hospital Confined**.
3. Intensive Care Unit/Cardiac Care Unit Expenses: the daily room rate when a **Covered Person** is **Hospital Confined** in a bed in the Intensive Care Unit/Cardiac Care Unit and nursing services other than private duty nursing services. Amount to be paid is based off of a semi-private room.
4. Registered nurse services expenses for private duty nursing while a **Covered Person** is **Hospital Confined**, when such services are ordered by a **Physician**.
5. Medical Emergency Care (room and supplies) expenses incurred within 72 hours of a **Covered Accident**, including the attending physician charges, x-rays, laboratory procedures, use of the emergency room and supplies.
6. Outpatient surgery expenses, including an ambulatory surgical center.
7. Outpatient surgical room and supply expenses for use of the surgical facility.
8. Outpatient diagnostic x-rays, laboratory procedures and test expenses.
9. **Physician** non-surgical treatment/examination expenses (excluding medicines) including the **Physician's** initial visit, each necessary follow-up visit and consultation visits when referred by the attending **Physician**.
10. **Physician** surgical expenses. If a **Covered Injury** 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 for the most expensive procedure and 50% of **Covered Expenses** for the additional surgeries.
11. Anesthesiologist expenses for pre-operative screening and administration of anesthesia during a surgical procedure whether on an inpatient or outpatient basis.
12. Physiotherapy (physical medicine) expenses on an inpatient or outpatient basis limited to one visit per day; expenses include treatment and office visits connected with such treatment when prescribed by a **Physician**, including diathermy, ultrasonic, whirlpool, heat treatments, chiropractic adjustments, manipulation, massage or any form of physical therapy.
13. Post surgical physical medicine expenses and office visits connected with such treatment when prescribed by a **Physician**.

Definitions contd.

14. X-ray expenses (including reading charges) not including dental x-rays.
15. Diagnostic imaging expenses including magnetic resonance imaging (MRI) and CAT scans.
16. Dental expenses including dental x-rays for the repair or treatment of each injured natural tooth that is whole and sound at the time of a **Covered Accident**.
17. Ambulance expenses for transportation from the site of the **Covered Accident** to the **Hospital**.
18. Rehabilitative brace(s) or appliance(s) prescribed by a **Physician**. It must be **Durable Medical Equipment** that is primarily and customarily used to serve a medical purpose and can withstand repeated use and 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.
19. Medical equipment rental expenses for a wheelchair or other medical equipment that has therapeutic value for the **Covered Person**. We will not cover computers, motor vehicles or modifications to a motor vehicle, ramps or installation costs.
20. Charges incurred for the services provided by a **Physician**, including x-rays, for a **Covered Person** who has a second opinion consultation prior to electing surgery on a non-emergency basis.

Deductible means the amount that must be paid for **Covered Expenses** by the **Covered Person** before benefits will become payable under this Rider. A separate **Deductible** shall apply to each **Covered Accident**.

Durable Medical Equipment means equipment of a type that is designed primarily for use, and used primarily by people who are injured (for example, a wheelchair or a hospital bed). It does not include items commonly used by people who are not injured, even if the items can be used in the treatment of injury or can be used for rehabilitation or improvement of health (for example, a stationary bicycle or a spa).

Experimental or Investigational means medical services, supplies or treatments provided or performed in a special setting for research purposes, under a treatment protocol or as part of a clinical trial (Phase I, II or III). The procedure will also be considered **Experimental or Investigational** if the **Covered Person** is required to sign a consent form that indicates the proposed treatment or procedure is part of a scientific study or medical research to determine its effectiveness or safety. Medical treatment, that is not considered standard treatment by the majority of the medical community or by Medicare, Medicaid or any other government financed programs or the National Cancer Institute regarding malignancies, will be considered **Experimental or Investigational**. A drug, device or biological product is considered **Experimental or Investigational** if it does not have FDA approval or approval under an interim step in the FDA process, i.e., an investigational device exemption or an investigational new drug exemption.

Definitions contd.

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

Exclusions

In addition to the **Policy** exclusions, no benefits will be paid under this Rider for expense for, or resulting from, in whole or in part:

1. routine physical examinations and routine care of any kind, including routine child care;
2. routine dental care and treatment.
3. pregnancy, childbirth, miscarriage.
4. expense incurred for treatment of temporomandibular or craniomandibular joint dysfunction and associated myofacial pain.
5. blood, blood plasma or blood storage except expenses by a **Hospital** for processing or administration of blood.
6. cosmetic surgery, except for reconstructive surgery needed as the result of a **Covered Injury**.
7. any elective treatment, surgery, health treatment, or examination including any service, treatment or supplies that: (a) are **Experimental or Investigational**; and (b) are not recognized and generally accepted medical practices in the United States.
8. 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 an activity.
9. treatment or service provided by a private duty nurse.
10. Any mental or nervous disorders or rest cures.
11. Services, supplies, or treatment including any period of **Hospital Confinement** that is not recommended, approved and certified as **Medically Necessary** and reasonable by a **Physician**, or expenses that are non-medical in nature.
12. alcoholism and drug addiction, or use of any drug or narcotic agent.
13. Any expense paid or payable by any other **Health Care Plan** or any workers compensation law or similar act or law, or coverage provided under the Defense Base Act.
14. Services or treatment rendered by any person who is:
 - a. employed or retained by the **Policyholder**;
 - b. living in the **Covered Person's** household;
 - c. an **Immediate Family Member** of either the **Covered Person** or his or her **Spouse/Domestic Partner**; or
 - d. the **Primary Insured**.

Full Excess Benefits

We pay **Covered Expenses**:

1. after the **Covered Person** satisfies any **Deductible**;
2. only when they are in excess of amounts paid by any other **Health Care Plan** and;
3. **We** pay benefits without regard to any Coordination of Benefits or equivalent provisions in any other **Health Care Plan**.

Carjacking Benefit

If a **Covered Person** suffers a **Covered Loss** or **Covered Death** as a direct result of a **Carjacking**, **We** will pay the Carjacking Benefit Amount shown in the Schedule of Benefits; provided that such **Carjacking** is confirmed in writing by a police report in the jurisdiction where the incident occurs.

For purposes of this benefit:

Carjacking means the unlawful forced removal or detention of a **Covered Person** while operating or riding as a passenger in, boarding or alighting from, a **Private Passenger Automobile** during the theft or attempted theft of such **Private Passenger Automobile**.

Private Passenger 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. **Private Passenger 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; but does not include a mobile home or any motor vehicle that is used in mass or public transit.

Family Reunion Benefit

If, while the **Covered Person** is traveling, he or she suffers a **Medical Emergency** and must be confined in a **Hospital** for at least 3 consecutive days, **We** will pay expenses incurred to have one of the **Covered Person's Immediate Family Members** join the **Covered Person** at the **Hospital** subject to all of the following:

1. the expenses eligible for payment under this benefit are:
 - a. the cost of a round-trip economy airfare ticket and other local travel related expenses;
 - b. the reasonable expenses incurred for lodging and meals for a period of 7 days;
2. **We** must authorize all expenses in advance and travel arrangements must be made by Our Travel Service Provider listed in the Schedule of Benefits; and
3. the most **We** will pay under this benefit is the Family Reunion Benefit Maximum shown in the Schedule of benefits.

Emergency Medical Evacuation Benefit

If, due to a **Medical Emergency**, a **Covered Person** requires an **Emergency Medical Evacuation**, **We** will pay the expenses incurred for the **Emergency Medical Evacuation**, including medical expenses incurred to prepare the **Covered Person** for the **Emergency Medical Evacuation**, subject to all of the following:

1. the **Covered Person** is more than 100 miles from his or her primary residence;
2. the **Physician** ordering the **Emergency Medical Evacuation** certifies that the severity of the **Covered Person's** medical condition requires an **Emergency Medical Evacuation**;
3. all transportation arrangements made for the **Emergency Medical Evacuation** are by the most direct and economical **Conveyance** and route possible; and
4. all transportation arrangements are made by the Travel Service Provider listed in the Schedule of Benefits; and
5. the charges incurred are **Medically Necessary** and do not exceed the **Usual and Customary Charges**.
6. **We** will not pay for charges that would not have been made in the absence of insurance.
7. The most **We** will pay under this benefit is the Maximum Emergency Medical Evacuation Benefit stated in the Schedule of Benefits.
8. Benefits will not be payable unless **We** authorize in writing or by an authorized electronic or telephonic means all expenses in advance.

For purposes of this benefit:

Emergency Medical Evacuation means:

1. The **Covered Person's** transportation from the place where he or she suffers a **Medical Emergency** to the closest **Hospital** or other medical facility where appropriate medical treatment can be obtained;
2. the **Covered Person's** transportation to his or her current place of primary residence to obtain further medical treatment in a **Hospital** or other medical facility or to recover after the **Medical Emergency**; or
3. both 1 and 2 above.



Felonious Assault or Violent Crime Benefit

We will pay the Felonious Assault or Violent Crime Benefit shown in the Schedule of Benefits if a **Covered Person** is the victim of a **Felonious Assault** or a **Violent Crime**, and as the result of the **Felonious Assault** or the **Violent Crime** suffers a **Covered Loss** or **Covered Death**. No Felonious Assault or Violent Crime Benefit will be payable if the **Felonious Assault** or **Violent Crime** is:

1. committed by any of the following:
 - a. a **Covered Person's Immediate Family Member** or member of his or her household;
 - b. anyone else covered under the **Policy**;
 - c. an employee of the **Policyholder**, or a former employee of the **Policyholder** who was employed less than 30 days prior to the **Felonious Assault** or **Violent Crime**; or
2. the result of an altercation that is instigated by the **Covered Person**.

For purposes of this Benefit:

Violent Crime means violent crime that involves force or threat of force and is composed of four offenses: murder and non-negligent manslaughter, forcible rape, robbery, and aggravated assault.

Repatriation of Remains Benefit

If a **Covered Person** suffers a loss of life due to a **Covered Injury** or **Covered Sickness** while outside a 100 mile radius from his or her current place of residence We will pay the **Repatriation Costs** incurred to return his or her body to the place of his or her primary residence; subject to all of the following:

1. The most We will pay for **Repatriation Costs** is the Repatriation of Remains Maximum Benefit listed in the Schedule of Benefits.
2. Arrangements for the repatriation must be made by the Travel Service Provider listed in the Schedule of Benefits.

For purposes of this benefit:

Repatriation Costs mean the reasonable costs incurred for:

1. embalming or cremation of the **Covered Person**;
2. the least costly coffin or receptacle adequate for transporting the remains of the **Covered Person**; and;
3. transporting the remains of the **Covered Person** by the most direct and least costly **Conveyance** and route possible.

Trip Delay Benefit

We will pay the **Additional Expenses** incurred, up to the Trip Delay Benefit Maximum shown in the Rider Schedule of Benefits, if the **Covered Person's Covered Trip** is delayed for at least the Minimum Hours Delayed shown on the Rider Schedule of Benefits.

Trip Delay Benefit contd.

The Trip Delay must be caused by one of these reasons:

1. **Injury, Sickness** or death to either the **Covered Person** or **Traveling Companion** that occurs during the **Covered Trip**;
2. **Common Carrier** delay;
3. lost or stolen passport, travel documents or money;
4. Quarantine;
5. Natural Disaster;
6. the **Covered Person** being delayed by a traffic accident while en route to a departure;
7. hijacking;
8. unpublished or unannounced strike;
9. civil disorder or commotion;
10. riot;
11. inclement weather which prohibits **Common Carrier** departure;
12. a **Common Carrier** strike or other job action;
13. equipment failure of a **Common Carrier**; or
14. the loss of the **Covered Person** and/or **Traveling Companion's** travel documents, tickets or money due to theft.

Additional Expenses include:

1. Any prepaid, unused, non-refundable **Common Carrier** arrangements;
2. Temporary lodging and food;
3. Any reasonable additional expenses incurred (local transportation, and telephone calls);
4. An economy fare from the point where the **Covered Trip** was interrupted to a destination where the **Covered Trip** can be resumed; or
5. A one-way economy fare to return the **Covered Person** to their originally scheduled Return Destination.

The **Covered Person's** Duties in the Event of Loss: The **Covered Person** must provide Us with proof of the Trip Delay such as a letter from the **Common Carrier** / newspaper clipping / weather report / police report or the like and proof of the expenses claimed as a result of Trip Delay.

For the purposes of this benefit:

Epidemic means an outbreak of a contagious illness or disease that spreads rapidly and widely and has been identified as an epidemic by the Centers for Disease Control (CDC) or World Health Organization (WHO).

Pandemic means an **Epidemic** over a wide geographic area that affects a large portion of the population and has been identified as a pandemic by the Centers for Disease Control (CDC) or World Health Organization (WHO).

Quarantine means the **Covered Person** is forced into medical isolation by a recognized government authority, their authorized deputies, or medical examiners due to the **Covered Person** either having, or being suspected of having, a contagious disease, infection or contamination while the **Covered Person** is traveling outside of their **Home Country**.



Exclusions and Limitations

In addition to any benefit-specific or coverage-specific exclusion, benefits will not be paid for any loss that directly or indirectly, in whole or in part, is caused by or results from any of the following unless coverage is specifically extended by reference to the exclusion in a **Hazard**:

1. a **Covered Person's** intentionally self-inflicted Injury.
2. a **Covered Person's** suicide or attempted suicide.
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; except to the extent that a specific benefit states that benefits will be paid for a **Covered Sickness** or, or **Medical Emergency**.
5. a **Covered Person's** flight in, boarding or alighting from an aircraft or any craft designed to fly above the Earth's surface that is an **Owned Aircraft, Leased Aircraft** or **Operated Aircraft**.
6. a **Covered Person's** commission of, or attempt to commit, a felony, an assault or other illegal activity.
7. the **Covered Person** being legally intoxicated as determined according to the laws of the jurisdiction in which the Injury occurred.
8. an **Accident** that occurs while the **Covered Person** is 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.

Definitions

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 either at his or her employer's place of business or some place 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 **Hospital Confined** or rehabilitation or rest facility.

Annual Salary means an employee's annual wage or salary, as reported by the **Policyholder**, for work performed for the **Policyholder** as in effect just prior to the date of the **Covered Loss**. It does not include amounts received as bonus, commissions, overtime pay or other extra compensation

For hourly employees, **Annual Salary** means an employee's earnings, as reported by the **Policyholder**, for work performed for the 12 months immediately prior to the date of the **Covered Loss**. If the employee was not employed by the **Policyholder** for the full 12 months, as reported by the **Policyholder**, **Annual Salary** means the employee's average monthly earning from the **Policyholder** for the months employed times twelve. It does not include amounts received as bonus, commissions, overtime pay or other extra compensation.

Bomb means any real or fake explosive device designed and constructed as such, placed on the premises of the **Policyholder** with the intent to cause injury or damage or to create fear.

Bomb Explosion means any detonation of a **Bomb** on the premises of the **Policyholder**.

Bomb Scare means any report of the presence of a **Bomb** on the premises of the **Policyholder**.

Bomb Search means any organized attempt to find a reported **Bomb** on the premises of the **Policyholder**.

Business Travel means travel by a **Primary Insured**:

1. away from his or her regular place of employment;
2. at the authorization, direction of the **Policyholder**; and
3. in the course of the **Policyholder's** business; and
4. for periods of 365 days or less.

Common Carrier means an organization other than the **Policyholder** that operates any motorized land, water or air **Conveyance** and that was organized and licensed for the transportation of passengers for hire and operated by an employee or an individual under contract. **Common Carrier** does not include any organization that operates any **Conveyance** used for recreational activities.

Conveyance means any motorized craft, vehicle or mode of transportation licensed or registered by a governmental authority with competent jurisdiction. **Covered Accident** means an **Accident** that occurs: 1) while coverage is in force for a **Covered Person**; and 2) when the **Covered Person** is covered under a **Hazard**.

Definitions contd.

Covered Activities means a **Policyholder**-authorized function:

1. in which the **Covered Person** participates;
2. that is organized by or under its auspices; and
3. that is within the scope of customary activities for such entity.

Covered Death means the death of a **Covered Person** for which a benefit is payable under the Accidental Death Benefit.

Covered Injury means 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 **Covered Accident**, including all related conditions and recurrent symptoms of these injuries, will be considered a single **Covered Injury**.

Covered Loss means a loss to a **Covered Person** for which a benefit is payable under the Accidental Dismemberment Benefit or the Paralysis Benefit.

Covered Person means a person in a Class of Eligible Persons for whom the required premium is paid. The date that a person becomes a **Covered Person** is set forth in Section 3 of the **Policy**. Covered Person includes the **Primary Insured**.

Covered Sickness means disease or illness, including related conditions and recurrent symptoms, suffered by a **Covered Person** and that first manifests while the **Covered Person** is: 1) insured under this **Policy** and 2) covered under a **Hazard**. All related conditions and recurrent symptoms of the same or similar condition will be considered one **Covered Sickness**.

Covered Trip means a trip specified in the Schedule of Benefits. **Covered Trips** may be different for each Class of Eligible Person based on the **Hazard** applicable for that Class of Eligible Person.

Dependent means a **Primary Insured's** lawful **Spouse/ Domestic Partner** or **Dependent Child(ren)**.

Dependent Child means a **Primary Insured's** unmarried child from the moment of birth, including a natural child, grandchild, stepchild or adopted child from the date of placement with a **Primary Insured**. The **Dependent Child** must be primarily dependent upon such **Primary Insured** for maintenance and support, and must be under the age of twenty-six (26) years.

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

Domestic Partner means a person of the same or opposite sex who:

1. shares the **Primary Insured's** primary residence;
2. has resided with the **Primary Insured** for at least 6 months prior to the date of the **Covered Trip** and is expected to reside with the **Primary Insured** indefinitely;
3. is financially interdependent with the **Primary Insured**;
4. has signed a Domestic Partner declaration with the **Primary Insured**, if recognized by the laws of the state in which he or she resides with the **Primary Insured**;
5. does not have a 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 a blood relative.

Felonious Assault means any willful and unlawful use of force by an individual against a **Covered Person** in connection with the commission, or attempted commission of robbery, theft, kidnapping, hostage taking, assault, murder, manslaughter, riot, or insurrection. Such use of force must be a felony or the equivalent of a felony under any country, state, territory or local statutory or common law applicable in the jurisdiction where the action was committed.

Hazard means an activity for which coverage is afforded under this **Policy** as shown in Section 5.

Home Country means a country where the **Covered Person** has primary residency.

Hospital means an institution that:

1. lawfully operates as a hospital for the care, treatment, and providing of in-patient services for sick or injured persons;
2. provides 24-hour nursing service by registered nurses on duty or call;
3. has a staff of one or more licensed **Physicians** available at all times;
4. provides organized facilities for diagnosis, treatment and surgery, either:(a) on its premises; or (b) 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 used as such.

Hospital Confined or **Hospital Confinement** means 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/Domestic Partner**; parent (includes stepparent); child (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.

Definitions contd.

Institution of Higher Learning means any accredited public or private college, university, professional trade or vocational school beyond the twelfth (12th) grade.

Leased Aircraft means an aircraft that the **Policyholder** may use as it wishes through a written lease agreement between the **Policyholder** and the lessor pursuant to which the **Policyholder** does not have rights to alter or sell the aircraft without the lessor's consent. **Leased Aircraft** does not include an aircraft that is chartered for a single trip.

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

Medically Necessary describes a treatment, service or supply that is: 1) required to treat a **Covered Injury** or **Covered Sickness**; 2) prescribed or ordered by a **Physician** or furnished by a **Hospital**; 3) performed in the least costly setting required by the **Covered Person's** condition; and 4) consistent with the medical and surgical practices prevailing in the area for treatment of the condition at the time rendered. Purchasing or renting: 1) air conditioners; 2) air purifiers; 3) motorized transportation equipment; 4) escalators or elevators in private homes; 5) eyeglass frames or lenses; 6) hearing aids; 7) swimming pools or swimming pool supplies; 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.

Natural Disaster Condition means an event, including but not limited to, wind storm, rain, snow, sleet, hail, lightning, dust or sand storm, earthquake, tornado, flood, volcanic eruption, wildfire or other similar event that:

1. is due to natural causes; and
2. results in severe damage such that the area in which the Covered Person is located is declared a disaster area by a competent governmental authority having jurisdiction.

Nearest Place of Safety means a location that is determined by the Travel Service Provider listed in the Schedule of Benefits and where the **Covered Person**:

1. can be assumed safe from the Natural Disaster Evacuation Condition that precipitated the **Covered Person's** Evacuation Covered Expenses;
2. has access to transportation; and
3. has the availability of temporary lodging, if needed.

Operated Aircraft means any aircraft not owned by the **Policyholder** but for which the **Policyholder** can exercise control, and includes any aircraft for which the **Policyholder** pays some or all of the operating expenses.

Owned Aircraft means any aircraft to which the **Policyholder** or any **Subsidiary** holds legal or equitable title.

Personal Deviation means:

1. an activity that is not reasonably related to the **Policyholder's Covered Trip**; and
2. an activity that is not incidental to the purpose of the **Covered Trip**; and
3. such personal travel or personal activities that coincide with the **Policyholder's Covered Trip**.

Physician 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. **Physician** does not include a **Covered Person** or a **Covered Person's Immediate Family Member** or a member of the **Covered Person's** household.

Policy means this Blanket Business Travel Insurance Policy issued to the **Policyholder**.

Policyholder means the entity to whom the **Policy** has been issued as shown in the Schedule of Benefits.

Primary Insured means a person in a Class of Eligible Persons for whom the required premium is paid and who has a direct relationship with the **Policyholder**.

Principal Sum means a dollar amount from which certain benefits under this **Policy** will be calculated. The **Principal Sum** is shown in the Schedule of Benefits and may be different for each Class of Eligible Persons.

Relocation means the transfer, or potential transfer, of the **Primary Insured** by the **Policyholder** from his or her current regular place of employment with the **Policyholder** to a new regular place of employment with the **Policyholder** that is more than 50 miles from the current place of employment.

Relocation Travel means travel by a Primary Insured: STARR INDEMNITY & LIABILITY COMPANY

Relocation Travel means travel by a Primary Insured:

1. between his or her old and new regular place of employment or residence as part of a **Relocation**, including travel whose primary purpose is to locate new housing near the new regular place of business; and
2. at the **Policyholder's** authorization, direction and expense.

Spouse means the **Primary Insured's** husband, wife or **Domestic Partner** who is recognized as such by the laws of the jurisdiction in which the **Primary Insured** resides.

Sponsored Trip means a trip arranged by and coordinated by the **Policyholder**.

Subsidiary means any organization in which:

1. more than 50% of the outstanding securities or voting rights representing the present right to vote for election of directors is owned or controlled, directly or indirectly, in any combination by the **Policyholder**; or
2. the **Policyholder** exercises management control.

Definitions contd.

Total Disability or Totally Disabled means, due to **Covered Injury**, 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.

Traveling Companion means an individual who has made advance arrangements with the **Covered Person** to travel together for all or part of the **Covered Trip**.

Usual and Customary Charge(s) - means a charge that:

1. is made for a **Covered Expense**;
2. does not exceed the usual level of charges for similar treatment, services or supplies in the locality where the expense is incurred (for a **Hospital** room and board charge, other than for a **Medically Necessary** stay in an intensive care unit or a cardiac care unit, does not exceed the Hospital's most common charge for semi-private room and board); and
3. does not include charges that would have not have been made in the absence of insurance.

We, Our, Us means Starr Indemnity & Liability Company or its authorized agent.

Travel Assistance Services

In addition to the insurance protection provided by your insurance plan, Starr has arranged with World Travel Protection to provide you with access to its travel assistance services around the world.

In the event that you require assistance you can call **World Travel Protection** or use of our app. The call center is open 24 hours a day.

Toll free in the United States or Canada 1.800.667.7222

Collect outside of the United States: 1.416.977.8687

Email: assistance@wtp.ca

Mobile App Download: [Instructions](#)



Through our app or by phone, you have access to travel assistance services around the world. These services include:

- Medical Assistance including referral to a doctor or medical specialist, medical monitoring when you are hospitalized, emergency medical evacuation to an adequate medical facility, medically necessary repatriation and return of mortal remains.
- Travel Assistance includes emergency travel arrangements in the event of a trip delay, cancellation or interruption for you, your dependents, or your traveling companion.
- Personal / Concierge Assistance including pre-trip medical referral information, inoculation and immunization information, passport and visa information, currency exchange information, embassy and consular information, lost travel document replacement assistance, lost luggage assistance, emergency message assistance, emergency cash advance, emergency referral to a lawyer, translator or interpreter assistance, and telemedicine via Service Provider's Travel Doctor Service.

When you contact World Travel Protection specific to a medical condition, be prepared with the following information:

- Name of caller, phone number, fax number and relationship to insured
- Insured's name, age, sex and policy number
- Insured's medical condition
- Name, location and telephone number of hospital
- Name and telephone numbers for the treating physician and when and where the doctor can be reached
- Health insurance information, workers' compensation or automobile insurance information if the patient was involved in an accident

Call or contact us through our app when:

- You require a referral to a hospital or doctor
- You are hospitalized
- You need to be evacuated or repatriated
- You need to rebook a trip
- You need legal advice and representation
- You experience local communication problems

By requesting assistance, you agree to assign to us your rights to recover from any of your responsible insurers any expenses we incur.

Mobile App – What you get:

- Pre-travel advice and trip alerts
- Alerts for emerging risk in travel plans or current location
- 24/7 security assistance
- Access Emergency Assistance via the Emergency Button
- Recommended local services, events and entertainment

This information provides you with a brief outline of the services available to you. These services are subject to the terms and conditions of the policy under which you are insured. A third-party vendor may provide services to you. World Travel Protection makes every effort to refer you to appropriate medical and other service providers. It is not responsible for the quality or results of service provided by independent providers.

In all cases, the medical provider, facility, legal counsel or other professional service provider suggested by World Travel Protection are not employees or agents of World Travel Protection and the choice of provider is yours alone. World Travel Protection assumes no liability for the services provided to you under this arrangement nor is it liable for any negligence or other wrongful acts or omissions of any of the legal or health care professionals providing services to you. Travel assistance services are not available if your coverage under the policy is not in effect.

Claim Procedures and Contact Information

You must notify **ACI** within 90 days of an Accident or Loss. If notice cannot be given within that time, it must be given as soon as reasonably possible. This notice should identify you, the Policyholder (Habitat for Humanity International, Inc.), and the Policy Number (BTAI273770)

Please forward any claims, questions, or medical reimbursements to the following address:

Administrative Concepts, Inc.
994 Old Eagle School Road, Suite 1005
Wayne, PA 19087-1082

General Contact Information

- Email: intlassist@visit-aci.com
- Phone: 888.293.9229 | Fax: 610.293.9299
- Website: www.visit-aci.com
- Note: All insureds will be screened for eligibility.
- For any emergency while traveling call your Assistance Provider listed in your policy documents.
- As a reminder, you must seek medical assistance and treatment while on your trip for the policy to respond. Please notify HFHI at GV@habitat.org of any accident or medical issue while traveling abroad.

Accidental Death

- Proof of Accidental Death shall consist of the following:
 1. A completed and signed claim form
 2. Proof of Coverage
 3. Certified Death Certificate
 4. Obituary notice and any newspaper clipping you may have
 5. Official Accident, Incident, Toxicology or Medical Examiners Report
 - a. Policy report, emergency medical services report, coroner's report, autopsy report
 6. Authorization to obtain medical records
 7. If death occurs outside of the United States a certified copy of the official Record of Death must be furnished
- Email: aciclaims@visit-aci.com



Helpful information for submitting medical reimbursement claims and expediting payment

- A fully completed claim form is required for each accident / injury. Claims submitted with incomplete information will not be paid pending receipt of the missing information.
- The acceptance of a claim form by an insurance company is not an admission of coverage.
- Providers may wish to bill us directly. If they do, please ensure a completed claim form has first been submitted to our office.
- In order to ensure we receive complete claim information, we suggest providers submit standardized billing statements (called "UB-04" for hospital charges and/or a "CMS-1500" for physician charges).
- Unless proof of payment is submitted with the medical bill (a copy of the check, a medical bill that indicates the claimant has made all or partial payment or zero balance information) claim payment is generally sent directly to the medical providers.



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