



Volunteer Accident & Sickness Insurance Plan



Policy Number: GLM N10784177

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 engaging in one of the Covered Activities described below.

Class Description

- All registered volunteers who are participating in sponsored volunteer activities outside their Home Country.
- This does not include student volunteers residing or attending school in the same country in which they participate in sponsored volunteer activities, regardless of the student volunteer’s Home Country.

Covered Activities - Period of Coverage

Coverage starts when the volunteer leaves his or her Home Country to directly start the trip sponsored by Habitat for Humanity International, Inc. Coverage is included for travel to and from the sponsored event, not including any personal deviations. This includes the drive to the airport and the plane flight or other mode of travel, if it is directly to the sponsored event. Coverage ends, on the first of the following to occur, when the volunteer returns to his or her Home Country or makes a personal deviation. This generally includes any flight and/or drive back to your home or school. Trips cannot exceed 180 days.

Coverage is in effect while you are participating in volunteer activities sponsored by Habitat for Humanity International, Inc., including cultural activities that are part of the itinerary. However, injuries that occur while participating in certain recreational activities are not included under the policy,

including, but not limited to, injury resulting from: (1) off-road motorized vehicle not requiring licensing as a motor vehicle, or motor vehicle not designed primarily for use on public streets or highway, and (2) motorcycling; scuba diving; jet, snow or water skiing; mountain climbing (where ropes or guides are used); sky diving; amateur automobile racing; automobile racing or automobile speed contests; bungee jumping; spelunking; white water rafting; surfing; or parasailing. Also, you are not covered if you are injured while under the influence of drugs (except as prescribed by a Doctor) or alcohol. Your trip itineraries will not include any of these activities.

Participants are provided coverage for the published trip dates and travel to and from the participant’s home/school to accommodate arrivals, departures or delays. If coverage is needed for personal travel before or after the Habitat sponsored event, that individual should purchase travel insurance on their own. In the event of a claim, each scenario will be reviewed independently.

Description of Benefits

Accidental Death and Dismemberment Benefits

If your Injury results, within 365 days from the date of a Covered Accident, in any one of the losses shown below, We will pay the Benefit Amount shown below for that loss. If multiple losses occur, only one Benefit Amount, the largest, will be paid for all losses due to the same Covered Accident.

Description of Covered Loss	Benefit Amount
Life	\$250,000
Two or more Members	\$250,000
One Member	\$125,000
Thumb and Index Finger of the Same Hand	\$62,500

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

Disability Benefit (Permanent Total Disability)

We will pay \$250,000 if you are under age 70 and Permanently Totally Disabled as a direct result of, and from no other cause but, a Covered Accident. Permanent Total Disability must begin within 180 days from the date of your Covered Accident. Disability Benefits will begin when: 1) the applicable Benefit Waiting Period of 364 days is satisfied; and 2) you provide satisfactory proof of Permanent Total Disability to Us.

“Total Disability” or “Totally Disabled” means, due to an Injury from a Covered Accident, you: 1) if employed, cannot do any work for which you are, 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. “Permanent Total Disability” or “Permanently Totally Disabled” means you are Totally Disabled and are expected to remain so disabled, as certified by a Doctor, for the rest of your life. Permanent Total Disability must be the result of the same Covered Accident that caused the Total Disability.

Aggregate Limitation

If two or more persons are injured as the result of the same Covered Accident, and the total of all amounts payable for all persons, in the absence of this provision, exceeds \$5,000,000, the amount for each person will be proportionately reduced so that the total benefit expenses will equal \$5,000,000. The Aggregate Limit applies only to the Accidental Death and Dismemberment and Disability Benefits.

Outside of Home Country Medical Expense Benefits

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 Maximum
Total Maximum per Covered Accident or Sickness, per Volunteer	\$250,000
Maximum for Preexisting Conditions	\$50,000
Maximum for Dental Treatment (Injury Only)	\$250,000
Maximum for Emergency Medical Treatment of Pregnancy	Treated as any other medical condition
Maximum for Room & Board Charges	The average semi-private room rate per day
Maximum for ICU Room & Board Charges	Two times the average semi-private room rate per day
Deductible	\$0 per Covered Accident or Sickness
Co-insurance Rate	100% of the Usual and Customary Charges

These expenses must be incurred within the earlier of the date your Trip ends, or 364 days from the date of a Covered Accident or Sickness. These benefits are only payable: 1) for Usual and Customary Charges incurred; 2) for those Medically Necessary Covered Expenses that you incur; 3) for charges incurred for services rendered to you while on a covered Trip; 4) provided the first charge is incurred within 180 days from the date of the Covered Accident or Sickness. No benefits will be paid for any expenses incurred that are in excess of Usual and Customary Charges.

The accident and sickness medical expense benefit is considered primary for covered medical expenses rendered outside the volunteer’s Home Country. This means that Chubb Accident & Health Claims/Europ Assistance will pay the covered medical expenses up to the maximum regardless of volunteer’s personal health insurance. In most cases, Europ Assistance can pay the covered medical expenses directly at time of emergency. If the volunteer advances funds him/herself, Chubb Accident & Health Claims will reimburse covered medical expenses through the claims process without requiring the volunteer to coordinate any claims or payments with his or her personal health insurance company.

Home Country Emergency Benefit

We will pay benefits for Covered Medical Expenses if you continue treatment in your Home Country of a covered Injury or Sickness that was first treated by a Doctor during the course of a Trip. These benefits are limited to the benefits that would be otherwise payable under the Medical Expense Benefit if you were outside of your Home Country. Accident or sickness medical expenses are payable up to a combined (outside Home Country & inside Home Country) maximum benefit of \$250,000 (\$50,000 for Preexisting Conditions) per covered accident or sickness.

Home Country Emergency Benefits are payable under the Policy only to the extent that Covered Expenses are not payable under any other domestic health care plan. **The Home Country Emergency Benefit for accident or sickness medical expenses is considered excess for covered medical expenses rendered inside the volunteer’s Home Country. Chubb Accident & Health Claims/Europ Assistance will pay covered medical expenses only when the expenses are in excess of amounts paid by the volunteer’s personal health insurance/ domestic health care plan.**

The coverage begins on the date you arrive in your Home Country. It ends the later of: 1) 60 days after you return to your Home Country for Sickness Benefits and 1,825 days after you return to your Home Country for Accident Benefits, or 2) the date you leave your Home Country. This benefit is payable only once in any Policy Term. This coverage will end on the earlier of the date yours would otherwise end or the end of the Policy Term. In order for this benefit to be payable, your coverage must remain continuously in force and the required premium must be paid.

Covered Medical Expenses

1. Hospital semi-private room and board (or room and board in an intensive care unit); Hospital ancillary services (including, but not limited to, use of the operating room or emergency room)
2. Services of a Doctor or a registered nurse (R.N.)
3. Ambulance service to or from a Hospital
4. Laboratory tests
5. Radiological procedures
6. Anesthetics and their administration
7. Blood, blood products, artificial blood products, and the transfusion thereof
8. Physiotherapy
9. Chiropractic expenses on an inpatient or outpatient basis

10. Medicines or drugs administered by a Doctor or that can be obtained only with a Doctor's written prescription
11. Dental charges for Injury to sound, natural teeth
12. Emergency medical treatment of pregnancy
13. Therapeutic termination of pregnancy
14. Artificial limbs or eyes (not including replacement of these items)
15. Casts, splints, trusses, crutches, and braces (not including replacement of these items or dental braces)
16. Oxygen or rental equipment for administration of oxygen
17. Rental of a wheelchair or hospital-type bed
18. Rental of mechanical equipment for treatment of respiratory paralysis

In addition to the General Exclusions, We will not pay Medical Expense Benefits for any loss, treatment or services resulting from:

- routine physicals and care of any kind.
- routine dental care and treatment.
- routine nursery care.
- cosmetic surgery, except for reconstructive surgery needed as the result of an Injury.
- eye refractions or eye examinations for the purpose of prescribing corrective lenses or for the fitting thereof; eyeglasses, contact lenses, and hearing aids.
- services, supplies, or treatment including any period of Hospital confinement which is not recommended, approved, and certified as Medically Necessary and reasonable by a Doctor, or expenses which are non-medical in nature.
- treatment or service provided by a private duty nurse.
- treatment by any Immediate Family Member or member of the your household. "Immediate Family Member" means your spouse, child, brother, sister, parent, grandparent, or in-laws.
- expenses incurred during travel for purposes of seeking medical care or treatment, or for any other travel that is not in the course of the Policyholder's activity.
- medical expenses for which you would not be responsible to pay for in the absence of the Policy. Expenses incurred for services provided by any government Hospital or agency, or government sponsored-plan for which, and to the extent that, you are eligible for reimbursement.
- any treatment provided under any mandatory government program or facility set up for treatment without cost to any individual.
- services or expenses incurred in the your Home Country.
- elective treatment, exams or surgery; elective termination of pregnancy.
- expenses for services, treatment or surgery deemed to be experimental and which are not recognized and generally accepted medical practices in the United States.
- expenses payable by any automobile insurance policy without regard to fault.
- Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation, whether United States federal or foreign law.

Emergency Medical Benefits

We will pay up to \$10,000 for Covered Expenses incurred for emergency medical services to treat you if you: 1) suffer a Medical Emergency during the course of a Trip; and 2) are traveling on a covered Trip. Covered Expenses include expenses for guarantee of payment to a medical provider, Hospital or treatment facility. Benefits for these Covered Expenses will not be payable unless the charges incurred: 1) are Medically Necessary and do not exceed the charges for similar treatment, services or supplies in the locality where the expense is incurred; and 2) do not include charges that would not have been made if there were no insurance.

Benefits will not be payable unless We authorize in writing, or by an authorized electronic or telephonic means, all expenses in advance, and services are rendered by the Chubb Travel Assistance Provider Europ Assistance.

Emergency Medical Evacuation Benefit

We will pay 100% of Covered Expenses incurred for your medical evacuation if you: 1) suffer a Medical Emergency during the course of the Trip; 2) require Emergency Medical Evacuation; and 3) are traveling on a covered Trip. Covered Expenses include: 1) Medical Transport: expenses for transportation under medical supervision to a different hospital, treatment facility or to your place of residence for Medically Necessary treatment in the event of your Medical Emergency and upon the request of the Doctor designated by the Chubb Travel Assistance Provider Europ Assistance in consultation with the local attending Doctor. 2) Dispatch of a Doctor or Specialist: the Doctor's or specialist's travel expenses and the medical services provided on location, if, based on the information available, your condition cannot be adequately assessed to evaluate the need for transport or evacuation and a doctor or specialist is dispatched by the Chubb Travel Assistance Provider to your location to make the assessment. 3) Return of Dependent Child(ren): expenses to return each Dependent child who is under age 18 to his or her principal residence if a) you are age 18 or older; and b) you are the only person traveling with the minor Dependent child(ren); and c) you suffer a Medical Emergency and must be confined in a Hospital. 4) Escort Services: expenses for an Immediate Family Member or companion who is traveling with you to join you during your emergency medical evacuation to a different hospital, treatment facility or your place of residence. 5) Transportation After Stabilization: if We have evacuated the Covered Person to a medical facility due to an emergency Medical Evacuation, We will pay the Covered Person's transportation costs to: a) his or her Home Country, or b) his or her host country, or c) to join the group if they have moved onward to a different location.

Benefits for these Covered Expenses will not be payable unless: 1) the Doctor ordering the Emergency Medical Evacuation certifies the severity of your Medical Emergency requires an Emergency Medical Evacuation; 2) all transportation arrangements made for the Emergency Medical Evacuation are by the most direct and economical conveyance and route possible; 3) the charges incurred are Medically Necessary and do not exceed the Usual and Customary Charges for similar transportation, treatment, services or supplies in the locality

where the expense is incurred; and 4) do not include charges that would not have been made if there were no insurance.

Benefits will not be payable unless We authorize in writing, or by an authorized electronic or telephonic means, all expenses in advance, and services are rendered by the Chubb Travel Assistance Provider Europ Assistance. In the event you refuse to be medically evacuated, we will not be liable for any medical expenses incurred after the date medical evacuation is recommended.

Family Reunion Benefit

We will pay \$100 a day for up to 5 days for expenses incurred to have your Family Member join you if: 1) you are confined in a Hospital for at least 5 consecutive days or 2) if you are medically evacuated to another Hospital in another location. Covered expenses include an economy airline ticket and other travel related expenses. All transportation and lodging arrangements must be made by the most direct and economical route and conveyance possible and may not exceed the usual level of charges for similar transportation or lodging in the locality where the expense is incurred.

Benefits will not be payable unless We (or the Chubb Travel Assistance Provider Europ Assistance) authorize in writing, or by an authorized electronic or telephonic means, all expenses in advance, and services are rendered by the Chubb Travel Assistance Provider Europ Assistance.

“Family Member” means your parent or parent-in-law, legal guardian or ward, brother or sister (includes stepbrother or stepsister), spouse, child (includes legally adopted and step child), grandparent, grandchildren, aunt, uncle, niece or nephew.

Repatriation of Remains Benefit

We will pay 100% of Covered Expenses for preparation and return of your body to your home if you die as a result of a Medical Emergency while traveling 100 miles or more away from your place of permanent residence. 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; and 4) Escort Services which include expenses for an Immediate Family Member or companion who is traveling with you to join your body during the repatriation to your place of residence.

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

Security Evacuation Expense Benefit

We will pay up to \$100,000 if: 1) an Occurrence takes place during the Covered Activity described and your Term of Coverage; and 2) while you are traveling outside of your Home Country.



Aggregate Limit per event - We will not pay more than \$500,000 for all expenses incurred as the result of one Security Evacuation event. If, in the absence of this provision, We would pay more than this amount for all expenses incurred for a single event, then the benefits payable to each person with a valid claim will be reduced proportionately.

Benefits will be paid for: 1) your Transportation and Related Costs to the Nearest Place of Safety necessary to ensure your safety and well-being as determined by the Designated Security Consultant. 2) your Transportation within 5 days of the Security Evacuation to either of the following locations as chosen by you: a) back to the country in which you are traveling during the Covered Activity while covered by the Policy but only if 1) coverage remains in force under the Policy; and 2) there is no U.S. State Department Travel Warning in place on the date you are scheduled to return; or b) your Home Country; or c) where the Policyholder that sponsored your Trip is located. 3) consulting services by a Designated Security Consultant for seeking information on a Missing Person or kidnapping case, if you are considered kidnapped or a Missing Person by local or international authorities.

Security Evacuation Benefits are payable only once for any one Occurrence.

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

Right of Recovery - If, after a Security Evacuation is completed, it becomes evident that you were an active participant in the events that led to the Occurrence, We have the right to recover all Transportation and Related Costs from you.

“Appropriate Authority(ies)” means the U.S. State Department, the government authority(ies) in your 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 the Chubb Travel Assistance Provider Europ Assistance who is experienced in security and measures necessary to ensure your safety in his or her care. **“Evacuation Advisory”** means a formal recommendation issued by the Appropriate Authority(ies) that you or citizens of your 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 you are traveling while covered under the Policy. **“Missing Person”** means your disappearance 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 your Trip occurs and the area is deemed to be uninhabitable or dangerous. Natural disaster does not mean nuclear reactions, uninhabitable property, transportation strikes, lost or stolen passport or travel documents, radiation or radioactive contamination, civil disorder and other similar events. **“Nearest Place of Safety”** means a location determined by the Designated Security Consultant where: 1) you can be assumed safe from the Occurrence that precipitated your Security Evacuation; and 2) you have access to Transportation; and 3) you have the availability of temporary lodging, if needed. **“Occurrence”** means any of the following situations in which you are involved that trigger the need for a Security Evacuation: 1) expulsion from a Host Country or being declared persona non-grata on the written authority of the recognized government of a Host Country; 2) political or military events involving a Host Country, if the Appropriate Authority(ies) issue an Advisory stating that citizens of your Home Country or Country of Residence or citizens of the Host Country should leave the Host Country; 3) Natural Disaster within seven (7) days of an event; 4) your deliberate physical harm confirmed by documentation or physical evidence or a threat against your health and safety as confirmed by documentation and/or physical evidence; 5) you have been deemed kidnapped or a Missing Person by local or international authorities and, when found, your safety and/or well-being are in question. **“Related Costs”** means lodging and, if necessary, physical protection for you during or while waiting for Transport to the Nearest Place of Safety. Related Costs will include temporary lodging, if necessary, while you are waiting to be transported back to the Host Country, Home Country or other country where the Policyholder that sponsored your Trip is located. Benefits will not be payable for Related Costs unless We (or the Chubb Travel Assistance Provider Europ Assistance) authorize in writing, or by an authorized electronic or telephonic means, all expenses in advance, and services are rendered by Europ Assistance. **“Security Evacuation”** means your extrication from the Host Country due to an Occurrence which could result in grave physical harm or your death. **“Transport” or “Transportation”** means the most efficient and available method of conveyance, where practical, economy fare

will be utilized. If possible, your common carrier tickets will be used.

Additional Exclusions - We will not pay Security Evacuation Expense Benefits for expenses and fees: 1) payable under any other provision of the Policy; 2) that are recoverable through your employer or other entity sponsoring your Trip; 3) arising from or attributable to an actual fraudulent, dishonest or criminal act committed or attempted by you, acting alone or in collusion with other persons; 4) arising from or attributable to an alleged: a) violation of the laws of the country in which you are traveling while covered under the Policy; or b) violation of the laws of your Home Country or Country of Residence; 5) due to your 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) your non-compliance with regard to any obligation specified in a contract or license; 11) due to military or political issues if your Security Evacuation request is made more than 10 days after the Appropriate Authority(ies) Advisory was issued; 12) your failure to cooperate with Us or Europ Assistance with regard to a Security Evacuation. Such cooperation includes, but is not limited to, failure to provide any documents needed to extricate you or failure to follow the directions given by Our designated security consultants during a Security Evacuation.

If you refuse to participate in a Security Evacuation, or any part of a Security Evacuation, no further benefits will be payable under the Security Evacuation Expense Benefit for that Occurrence.

Exclusions and Limitations

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

- ◆ intentionally self-inflicted Injury; suicide or attempted suicide (Applicable to Accidental Death & Dismemberment Benefit only)
- ◆ war or any act of war, whether declared or not.
- ◆ a Covered 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.
- ◆ sickness, disease, bodily or mental infirmity, bacterial or viral infection, or medical or surgical treatment thereof, except for any bacterial infection resulting from an accidental external cut or wound or accidental ingestion of contaminated food (Applicable to accident benefits only)
- ◆ piloting or serving as a crewmember in any aircraft.
- ◆ commission of, or attempt to commit, a felony.
- ◆ any expense paid or payable by any other valid and collectible group insurance plan.

- ◆ you being legally intoxicated as determined according to the laws of the jurisdiction in which the Injury occurred.
- ◆ Injury covered by Workers' Compensation, Employer's Liability Laws, or similar occupational benefits.
- ◆ Injury or loss contributed to the use of drugs, unless administered by a Doctor.
- ◆ Injury caused by or resulting from recreational travel in or on any off-road motorized vehicle not requiring licensing as a motor vehicle, or a motor vehicle not designed primarily for use on public streets or highways.
- ◆ Injury resulting from motorcycling; scuba diving; jet, snow or water skiing; mountain climbing (where ropes or guides are used); sky diving; amateur automobile racing; automobile racing or automobile speed contests; bungee jumping; spelunking; white water rafting; surfing; or parasailing.

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.

Definitions

“Country of Permanent Assignment” means a country, other than your Home Country, in which the Policyholder requires a you to work for a period of time that exceeds 364 continuous days.

“Country of Permanent Residence” means a country or location in which you maintain a primary permanent residence.

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

“Covered Expenses” means expenses actually incurred by or on behalf of you for treatment, services and supplies covered by the Policy. Coverage under this Policy must remain continuously in force from the date of the Covered Accident 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 Person” means any eligible person for whom the required premium is paid.

“Doctor” means a licensed health care provider acting within the scope of his or her license and rendering care or treatment to you that is appropriate for the conditions and locality. It will not include you or a member of your Immediate Family or household.

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

“Hospital” means an institution that: 1) operates as a Hospital pursuant to law for the care, treatment, and providing of inpatient services for sick or injured persons; 2) provides 24-hour nursing service by Registered Nurses on duty or call; 3) has a staff of one or more licensed Doctors available at all

times; 4) provides organized facilities for diagnosis, treatment, and surgery, either: (i) on its premises; or (ii) in facilities available to it, on a prearranged basis; 5) is not primarily a nursing care facility, rest home, convalescent home, or similar establishment, or any separate ward, wing, or section of a Hospital used as such; and 6) is not a place for drug addicts, alcoholics, or the aged.

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

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

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

“Preexisting Condition” means an illness, disease, or other condition that in the 3 month period before your coverage became effective under the Policy: 1) first manifested itself, worsened, became acute, or exhibited symptoms that would



have caused a person to seek diagnosis, care, or treatment; or 2) required taking prescribed drugs or medicines, unless the condition for which the prescribed drug or medicine is taken remains controlled without any change in the required prescription; or 3) was treated by a Doctor or treatment had been recommended by a Doctor.

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

“Trip” means Policyholder sponsored travel by air, land, or sea from your Home Country. It includes the period of time from the start of the trip until its end provided you are engaged in a Covered Activity.

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

“We, Our, Us” means the insurance company underwriting this insurance or its authorized agent.

Travel Assistance Services

In addition to the insurance protection provided by your insurance plan, Chubb has arranged with Europ Assistance to provide you with access to its 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 facility, medically necessary repatriation and return of mortal remains.
- Personal Assistance including pre-trip medical referral information and while you are on a trip: emergency medication, embassy and consular information, lost document assistance, emergency message transmission, emergency cash advance, emergency referral to a lawyer, translator or interpreter access, medical benefits verification and medical claims assistance.
- Travel Assistance including emergency travel arrangements, arrangements for the return of your traveling companion or dependents and vehicle return.
- Security Assistance including a crisis hotline and on the ground security assistance to help address safety concerns or to secure immediate assistance while traveling as well as access to a secure, web-based system for tracking global threats and health or location based risk intelligence.

This information provides you with a brief outline of the services available to you. These services are not insured benefits. Reimbursement for any service expenses is limited to the terms and conditions of the Policy under which you are insured. You may be required to pay for services not covered. A third party vendor may provide services to you. Europ Assistance 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 Europ Assistance are not employees or agents of Europ Assistance and the choice of

provider is yours alone. Europ Assistance 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.

In case of emergency (multi-lingual call center 24 hours a day):
Europ Assistance within US: 1-855-474-3037
Europ Assistance outside US: 00-1-240-330-1432
(call collect)

For Pre-trip information services and location based intelligence:

www.acetravelassistance.com
Group ID: aceah
Activation Code: security

The country code information has been added to be clear that any time you are outside the US calling one of these US numbers, you must use the following format: 00+1+area+phone number.

Claim Procedures and Contact Information

You must notify Chubb, 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. - HFHI), and the Policy Number (GLM N10784177).

For minor medical issues, seek medical attention immediately (i.e., on site or at a local clinic). Keep a record of all incidents and costs. Pay for all fees associated with the injury at time of treatment. You should obtain an itemized bill that can be remitted to Chubb Accident & Health Claims for reimbursement consideration.

For claims reporting (request a claim form) or inquiries (NOT to be used in an emergency):

Chubb Accident & Health Claims
P.O. Box 5124, Scranton, PA 18505
Fax: 1-302-476-7857
aceaandhclaims@chubb.com
Chubb Accident & Health Claims within US: 1-855-434-4223
Chubb Accident & Health Claims outside US: 00-1-302-476-6194

The country code information has been added to be clear that any time you are outside the US calling one of these US numbers, you must use the following format: 00+1+area+phone number.

When reporting the claim please provide the Policyholder name (Habitat for Humanity International, Inc. - HFHI), Policy number (GLM N10784177), claimant name, type of claim and mailing/e-mail address to send the claim form. This will ensure that the appropriate claim form is promptly sent. The caller should further contact the Habitat for Humanity International, Inc. representative and advise them of the claim.

For serious medical emergencies, you should immediately call your primary insurance carrier. If you do not have a primary insurance carrier, you should contact the Chubb Travel Assistance Provider Europ Assistance at the following numbers to report the serious medical emergency.

Europ Assistance within US: 1-855-474-3037
Europ Assistance outside US: 00-1-240-330-1432 (call collect)
Please be ready to provide your Policy Number (GLM N10784177)
Please Reference Travel Assistance Plan Number:
OIAH585

Except for minor medical issues, Europ Assistance should always be called to authorize and arrange benefits. Europ Assistance must authorize and arrange the following benefits: Emergency Medical Expense Guarantee/Hospital Admission Guarantee Benefit, Emergency Medical Evacuation Benefit, Family Reunion Benefit, and Repatriation of Remains Benefit.

For Home Country Emergency Benefits if you need to continue treatment in your Home Country of a covered Injury or Sickness that was first treated during the course of a Trip, the policy is considered excess coverage. You will need to coordinate claims and payments with your personal health insurance company first. Chubb Accident & Health Claims will pay covered expenses only when the expenses are in excess of amounts paid by any other healthcare plan.

If you do not have personal insurance coverage, a claim can be filed directly with Chubb Accident & Health Claims. Please indicate on the claim form that you do not have coverage under any other healthcare plan.

 *Cut out the ID card below and carry it with you as a handy reference to access your Travel Assistance Services*

For medical referrals, evacuation, repatriation or other services please call:

1-855-474-3037 (Inside the U.S.)
1-240-330-1432 (Worldwide)
OPS@europassistance-usa.com

Visit www.acetravelassistance.com for access to global threat assessments and location based intelligence.

Group ID: aceah
Activation Code: security

Plan Number: OIAH585
Organization: Habitat for Humanity International, Inc.
Policy Number: GLM N10784177
Assistance Provider: Europ Assistance

Please call when:

- You require a referral to a hospital or doctor
- You are hospitalized
- You need to be evacuated or repatriated
- You need to guarantee payment for medical expenses
- You experience local communication problems
- Your safety is threatened by the sudden occurrence of a political or military event

This Description of Coverage is a brief description of the important features of the insurance plan. It is not a contract of insurance. The terms and conditions of coverage set forth in the Policy issued in the state in which the Policy was delivered under form number AH-15090-GA. The Policy is subject to the laws of the state in which it was issued. Travel assistance services are provided by Europ Assistance and are not insured benefits. Insurance benefits are underwritten by ACE American Insurance Company. Reimbursement for any service expenses is limited to the terms and conditions of the Policy under which you are covered.

Chubb NA is the U.S.-based operating division of the Chubb Group of Companies, headed by Chubb Ltd. (NYSE:CB) Insurance products and services are provided by Chubb Insurance underwriting companies and not by the parent company itself.

Important Notice

This plan provides travel insurance benefits for individuals traveling outside of their home country. It does not constitute comprehensive health insurance coverage (often referred to as "major medical coverage") and does not satisfy a person's individual obligation to secure the requirement of minimum essential coverage under the Affordable Care Act (ACA).

For more information about the ACA, please refer to www.HealthCare.gov.