

A photograph of a construction site. In the foreground, a man in a teal shirt and white hard hat stands behind a large stack of grey concrete blocks. In the background, several other workers wearing yellow hard hats are working on a structure with vertical rebar. The scene is outdoors with dirt and construction materials visible.

OUT OF COUNTRY VOLUNTEER Accident & Sickness 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 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.

Scope of Coverage

This coverage will start at the actual start of the travel, regardless of whether the trip begins at the **Primary Insured's** home, place of work, or at another location. The coverage will end on the first of the following:

1. the date a **Primary Insured** returns to his or her home;
2. the date a **Primary Insured** returns to his or her place of work; or
3. the date a **Primary Insured** makes a **Personal Deviation**; except to the extent that the **Personal Deviation**:
 - Coincides with the **Primary Insured'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:

1. The **Covered Person's** death results from unavoidable exposure to the elements of nature following a **Covered Accident**; or
2. 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.

Permanent Total Disability Benefit

We will pay 100% of your principal sum if a **Covered Person** becomes **Totally Disabled** as a direct result, independent of all other causes, of a **Covered Injury** We will pay a Permanent Total Disability Benefit, subject to all of the following:

1. the **Total Disability** must begin within 365 days of the **Covered Accident** that led to the **Total Disability**;
2. The **Covered Person** must remain **Totally Disabled** for twelve (12) consecutive months prior to benefits being payable;
3. A **Physician** must certify that such **Total Disability** is expected to last for the rest of the **Covered Person's** life;
4. The amount **We** will pay is the Permanent Total Disability Benefit Amount shown in the Schedule of Benefits or, if less, the **Principal Sum** reduced by any Accidental Dismemberment Benefits paid for the **Covered Loss** that caused the **Total Disability**.
5. Benefit is not payable once the **Covered Person** reaches the age of 70.

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.



Out of Country 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 Maximum
Medical Expenses Loss Period: Covered Injury or Emergency Sickness	365 days
Benefit Period: Covered injury or Emergency Sickness	12 months
Deductible: Covered Injury or Emergency Sickness	\$0
Out of Country Medical Maximum Benefit Covered Injury or Emergency Sickness	\$250,000
Co-Insurance Percentage: Covered Injury or Emergency Sickness	100% paid by Starr
Physiotherapy Benefit	Maximum # of Sessions: 10
Mental Nervous Disorder	Maximum # of Sessions: 10
Dental Benefit- Injury OnlyHand	\$5,000
Dental Benefit-Alleviation of Pain	\$5,000
Terms of Payment	Primary
Out of Country Medical Emergency Guarantee Charge Benefit, Maximum Guarantee	\$10,000
Home Country Extension of Benefits, Included, Terms of Payment	Excess

If, while traveling outside his or her **Country of Permanent Residence** or **Country of Permanent Assignment** or **Home Country**, a **Covered Person** suffers a **Covered Injury** or **Emergency Sickness** that requires treatment by a **Physician**, **We** will pay for the **Covered Expenses** incurred as a direct result of that **Covered Injury** or **Emergency Sickness**, subject to all of the following:

1. The **Covered Accident** that caused the **Covered Expenses** to be incurred must occur, or the **Emergency Sickness** that caused the **Covered Expenses** to be incurred must have first manifested, 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** or **Emergency Sickness** for each **Covered Person** is the Out of Country Medical Maximum Benefit listed in the Rider Schedule of Benefits, which may be different for a **Covered Accident** or **Emergency Sickness**.
5. No benefits will be paid for **Covered Expenses** incurred when the **Covered Person** returns to his or her **Home Country**.

Out of Country Medical Emergency Guarantee Charge Benefit

If a **Covered Person** suffers a **Medical Emergency** for which an Out of Country Medical Benefit is payable under this Rider and such **Covered Person** is required to post a **Hospital Admission Guarantee Charge** and/or a **Medical Expense Guarantee Charge**, **We** shall post the guarantee of payment to the **Hospital** or the **Physician** up to the Maximum Guarantee Amount shown in the Rider Schedule of Benefits; subject to all of the following:

1. The **Covered Person** must notify **Us** or the Travel Service Administrator prior to admission to the **Hospital** or medical facility or as soon as reasonably possible if the **Medical Emergency** prevents such notification;
2. **We** will receive the balance of any guarantee upon discharge from the facility if the guarantee was posted by **Us**;
3. **We** have the right to recover from the **Covered Person** any amount deducted from the **Hospital Admission Guarantee Charge** and/or a **Medical Expense Guarantee Charge** for expenses not covered under this Rider, including any **Deductibles** or **Co-Insurance Percentage** amounts that are the responsibility of the **Covered Person** or for expenses that are not **Covered Expenses** under the **Policy**;
4. **We** reserve the right to post other forms of collateral in lieu of the **Hospital Admission Guarantee Charge** and/or a **Medical Expense Guarantee Charge**;
5. Any amounts payable under the Out of Country Medical Benefit will be reduced by any amounts deducted under this Out of Country Medical Emergency Guarantee Charge Benefit; and
6. In lieu of posting a **Hospital Admission Guarantee Charge** and/or a **Medical Expense Guarantee Charge**, **We** may reimburse the **Covered Person** for actual expenses incurred in posting the guarantee if **We** or **Our** Travel Services Administrator are unable to provide the **Hospital Admission Guarantee Charge** and/or a **Medical Expense Guarantee Charge**.

Home Country Extension of Benefits

A **Covered Person** will maintain coverage under the Out of Country Medical Benefit when he or she returns to his or her **Home Country** or **Country of Permanent Residence** for incidental visits of up to a maximum of a four week period, provided that:

1. the period of coverage under the **Policy** is for a period of at least 365 days; and
2. the primary reason for the **Covered Person's** return to the **Home Country** or **Country of Permanent Residence** is not to obtain medical treatment for an injury, illness or disease.

Covered Medical Expenses

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** or **Emergency Sickness** and are **Medically Necessary**:

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. Ancillary Hospital Expenses: services and supplies including operating room, laboratory tests, anesthesia and medicines (excluding take home drugs) when **Hospital Confined**.
2. 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.
3. Registered nurse services expenses for private duty nursing while a **Covered Person** is **Hospital Confined**, when such services are ordered by a **Physician**.
4. Medical Emergency Care (room and supplies) expenses incurred within 72 hours of a **Covered Accident** or the onset of a **Medical Emergency**, including the attending physician charges, x-rays, laboratory procedures, use of the emergency room and supplies.
5. Outpatient surgery expenses, including an ambulatory surgical center.
6. Outpatient surgical room and supply expenses for use of the surgical facility.
7. Outpatient diagnostic x-rays, laboratory procedures and test expenses.
8. **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**.
9. Second surgical opinion expenses.
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. Assistant surgeon expenses.
12. Anesthesiologist expenses for pre-operative screening and administration of anesthesia during a surgical procedure whether on an inpatient or outpatient basis.

Covered Medical Expenses contd.

13. 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.
14. Post-surgical physical medicine expenses and office visits connected with such treatment when prescribed by a **Physician**.
15. X-ray expenses (including reading charges) not including dental x-rays.
16. Diagnostic imaging expenses including magnetic resonance imaging (MRI) and CAT scans.
17. 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**.
18. Outpatient registered nurse services if ordered by a **Physician**.
19. Ambulance expenses for transportation from the site of the **Covered Accident** or the onset of the **Emergency Sickness** to the **Hospital**.
20. 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.
21. Prescription drug expenses prescribed by a **Physician** and administered on an outpatient basis.
22. 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.
23. Medical services and supplies for blood and blood transfusions; oxygen and its administration.
24. 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.

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, except for **Complications of Pregnancy**.
4. expense incurred for treatment of temporomandibular or craniomandibular joint dysfunction and associated myofacial pain.

Covered Medical Expenses contd.

5. cosmetic surgery, except for reconstructive surgery needed as the result of a **Covered Injury**.
6. 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.
7. 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.
8. 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.
9. alcoholism and drug addiction, or use of any drug or narcotic agent.
10. 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.
11. 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**.

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.

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.

Emergency Reunion Benefit

If a **Covered Person** is confined in a **Hospital** 100 miles away from his or her primary residence due to a **Medical Emergency** and the **Covered Person** requires an **Emergency Medical Evacuation**, **We** will pay the expenses incurred for one of the **Covered Person's Immediate Family Members** to accompany him or her prior to or after such **Emergency Medical Evacuation** subject to all of the following:

1. for amounts to be paid under this benefit, the Emergency Medical Evacuation Benefit must be payable under the **Policy**;
2. 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; and b. the reasonable expenses incurred for lodging and meals for a period of 7 days;

Emergency Reunion Benefit contd.

3. **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
4. the most **We** will pay under this benefit is the Emergency Reunion Benefit Maximum shown in the Schedule of Benefits.

For purposes of this benefit:

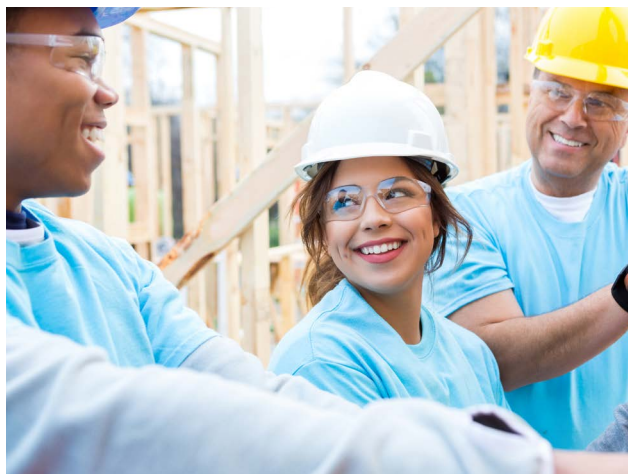
Emergency Medical Evacuation means:

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.

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.



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.

Natural Disaster Evacuation Expense Benefit

If a **Covered Person** is on a **Covered Trip** and a **Natural Disaster Condition** occurs, **We** will pay the **Covered Person** for **Evacuation Covered Expenses** incurred in leaving his or her location, subject to all of the following:

1. The **Covered Person** must be traveling outside of his or her **Home Country**.
2. The evacuation must be approved and arranged by the Travel Services Provider listed in the Schedule of Benefits.
3. The most **We** will pay for each **Covered Person** is the Natural Disaster Evacuation Expense Maximum Benefit listed in the Schedule of Benefits.

For purposes of this Benefit:

Evacuation Covered Expenses means the actual expenses incurred for:

1. a land, water or air **Conveyance**, required to transport the **Covered Person** from the place to the **Nearest Place of Safety**;
2. temporary lodging and food in the **Nearest Place of Safety** for up to seven (7) days;
3. a land, water or air **Conveyance**, required to transport the **Covered Person** from the **Nearest Place of Safety** within seven (7) days to one of the following locations:
 - a. the **Covered Person's** domicile or permanent residence;

Natural Disaster Evacuation Expense Benefit contd.

- b. the place in which the **Covered Person** was traveling if there is no travel warning from the United States Department of State governing such place on the date the **Covered Person** is scheduled to return, or
- c. the place of the **Covered Person's** permanent assignment.

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

Transport or **Transportation** means the most efficient and available **Conveyance**. Where practical, economy fare will be utilized. If possible, the **Covered Person's Common Carrier** tickets will be used.

We will not pay Natural Disaster 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. for repatriation of remains expenses;
4. for common or endemic or epidemic diseases or global pandemic disease as defined by the World Health Organization;
5. for medical services; or
6. due to the failure of a **Covered Person** to cooperate with **Us** or **Our** Travel Service Provider with regard to an Evacuation. Such non-cooperation includes, but is not limited to, failure to provide any documents needed to extricate the **Covered Person**, failure to follow the directions given by **Our** Travel Service Provider.

The following terms apply to this Natural Disaster Evacuation Expense Benefit:

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

Right of Recovery

If, after an Evacuation is completed, it becomes evident that the **Covered Person** was an active participant in the events that led to the condition, **We** have the right to recover all Transportation and Related costs from the **Covered Person**.

Changes in Terms and Conditions

The terms and conditions of this Benefit may be changed at any time to reflect conditions that, in **Our** opinion, constitute a change in the **Policyholder's** Evacuation exposure. **We** will give at least 31 days advance written notice (or authorized electronic or telephonic means) to the **Policyholder** of any change in the terms and condition of this coverage.

Pandemic or Epidemic Evacuation Expense Benefit

If a **Covered Person** is on a **Covered Trip** during a **Pandemic** or **Epidemic**, We will pay the **Covered Person** for **Evacuation Covered Expenses** incurred in leaving his or her location, subject to all of the following:

1. The **Covered Person** must be traveling outside of his or her **Home Country**.
2. The evacuation must be approved and arranged by the Travel Services Provider listed in the **Policy** Schedule of Benefits.
3. The most We will pay for each **Covered Person** is the **Pandemic or Epidemic Evacuation Expense Maximum Benefit** listed in the Rider Schedule of Benefits.

We will not pay **Pandemic or Epidemic 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. for repatriation of remains expenses;
4. for medical services; or
5. due to the failure of a **Covered Person** to cooperate with **Us** or **Our** Travel Service Provider listed in the **Policy** Schedule of Benefits with regard to an Evacuation. Such non-cooperation includes, but is not limited to, failure to provide any documents needed to extricate the **Covered Person** or failure to follow the directions given by **Our** Travel Service Provider.

The following terms apply to this **Pandemic** or **Epidemic** Evacuation Expense Benefit:

Benefits are payable only once. Benefits will not be payable unless **We** (or **Our** authorized Travel Service Provider listed in the **Policy** Schedule of Benefits) authorize in writing, or by an authorized electronic or telephonic means, all expenses in advance, and services are rendered by **Our** Travel Service Provider. **Our** Travel Service Provider is not responsible for the availability of **Transport** services. Where an Evacuation becomes impractical due to hostile or dangerous conditions, **Our** Travel Service Provider will endeavor to maintain contact with the **Covered Person** until an Evacuation occurs.

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).

Evacuation Covered Expenses means the actual expenses incurred for:

1. a land, water or air **Conveyance**, required to transport the **Covered Person** from their current location to the **Nearest Place of Safety**;
2. temporary lodging and food in the **Nearest Place of Safety** for up to seven (7) days;

Pandemic or Epidemic Evacuation Expense Benefit contd.

3. a land, water or air **Conveyance**, required to transport the **Covered Person** from the **Nearest Place of Safety** within seven (7) days to one of the following locations:
 - a. the **Covered Person's** domicile or permanent residence;
 - b. the place in which the **Covered Person** was traveling if there is no travel warning from the United States Department of State governing such place on the date the **Covered Person** is scheduled to return; or
 - c. the place of the **Covered Person's** permanent assignment.

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

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

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).

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

Transport or **Transportation** means the most efficient and available **Conveyance**. Where practical, economy fare will be utilized. If possible, the **Covered Person's Common Carrier** tickets will be used. **Transportation** is limited to Common Carrier only. No charter or lease transportation will be considered.

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.

Return of Minor Child(ren) Benefit

If a **Covered Person**, age 18 or older, is the only person over age 18 traveling on a **Covered Trip** with a minor **Dependent Child(ren)**, and such **Covered Person** suffers a **Covered Injury** or **Covered Sickness** and must be confined in a **Hospital** for at least 24 consecutive hours or if the **Covered Person** is medically evacuated to another location, or his or her **Home Country**, **We** will pay the transportation costs to return the **Dependent Child(ren)** to his or her principal place of residence, subject to all of the following:

1. Transportation shall be by the most direct and economical means and may not exceed the **Usual and Customary Charges** for similar transportation in the locality where the expense is incurred.
2. **We** will not pay more than the Maximum Return of Minor Child(ren) Benefit listed in the Schedule of Benefits, regardless of the number of **Dependent Child(ren)** traveling with the **Covered Person**.
3. All travel arrangements must be approved and arranged by the Travel Services Provider listed in the Schedule of Benefits.

Security Evacuation Benefit

Security Evacuation Condition means that:

1. the United States Department of State issued a Level 4 travel warning, due to political or civil unrest for the country where the **Covered Person** is traveling;
2. the government authorities in the country in which the **Covered Person** is traveling issued a formal recommendation that such **Covered Person** or citizens of the **Covered Person's Home Country** should leave the country because of political or civil unrest; or
3. the **Covered Person** expulsion from the country where the **Covered Person** is traveling or being declared persona non-grata on the written authority of the recognized government in the country in which the **Covered Person** is traveling;
4. deliberate physical harm of the **Covered Person** confirmed by documentation or physical evidence or a threat against the **Covered Person's** health and safety as confirmed by documentation and/or physical evidence;
5. the **Covered Person** had been deemed kidnapped or a missing person by local or international government authorities and, when found, his or her safety and/or well-being are in question within seven days;
6. the Travel Service Provider listed in the Schedule of Benefits recommends an evacuation due to political or civil unrest.

Evacuation Covered Expenses means the actual expenses incurred for:

1. a land, water or air **Conveyance**, required to transport the **Covered Person** from the country to the **Nearest Place of Safety**;

Security Evacuation Benefit contd.

2. temporary lodging and food in the **Nearest Place of Safety** for up to seven (7) days; and
3. a land, water or air **Conveyance**, required to transport the **Covered Person** from the **Nearest Place of Safety** within seven (7) days to one of the following locations:
 - a. the **Covered Person's Home Country** or permanent residence;
 - b. the country in which the **Covered Person** was traveling if return is safe as determined by local governmental authorities of competent jurisdiction, or
 - c. the place of the **Covered Person's** permanent assignment.
4. Consulting services by Designated Security Consultant for seeking information on a Missing Person or kidnapping case, if the **Covered Person** is considered kidnapped or a Missing Person by local or international authorities.
5. lodging and, if necessary, physical protection for the **Covered Person** during or while waiting for transport to the **Nearest Place of Safety**.

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.

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

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

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

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

Transport or Transportation means the most efficient and available **Conveyance**. Where practical, economy fare will be utilized. If possible, the **Covered Person's Common Carrier** tickets will be used.

We will not pay Security Evacuation Expense Benefits for expenses and fees:

1. payable under any other provision of the **Policy**;
2. that are recoverable through the **Covered Person's** employer;
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 others;

Security Evacuation Benefit contd.

4. arising from or attributable to an alleged violation of the laws of: a. the country in which the **Covered Person** is traveling while covered under the **Policy**; or b. 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 the repatriation of remains;
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. the **Covered Person's** non-compliance with 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; or
12. due to failure of a **Covered Person** to cooperate with **Us** or **Our** Travel Service Provider with regard to an Evacuation. Such non-cooperation includes, but is not limited to, failure to provide any documents needed to extricate the **Covered Person** and failure to follow the directions given by Our Travel Service Provider.

The following terms apply to Security Evacuation Expense Benefit:

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

Right of Recovery

If, after an Evacuation is completed, it becomes evident that the **Covered Person** was an active participant in the events that led to the condition, **We** have the right to recover all Transportation and Related costs from the **Covered Person**.

Changes in Terms and Conditions

The terms and conditions of this Benefit may be changed at any time to reflect conditions that, in **Our** opinion, constitute a change in the **Policyholder's** Evacuation exposure. **We** will give at least 31 days advance written notice (or authorized electronic or telephonic means) to the **Policyholder** of any change in the terms and condition of this coverage.

Trip Cancellation Benefit

If a **Covered Person** is prevented from commencing his or her **Covered Trip** due to a **Trip Cancellation Unforeseen Event**, **We** will pay the **Covered Person's Trip Cancellation Expenses**, subject to all of the following:

1. No benefit will be paid for a Covered Trip that exceeds 365 days.
2. **We** will not pay more than the Trip Cancellation Benefit Maximum shown in the Schedule of Benefits for all of the **Covered Person's Trip Cancellation Expenses** incurred for the same **Covered Trip**.

For purposes of this benefit:

Natural Disaster 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.

Trip Cancellation Expenses means the actual costs incurred by the **Covered Person** for:

1. The amount of forfeited, non-refundable, and unused Payments or Deposits; or
2. Continuing the **Covered Trip** by utilizing a replacement **Common Carrier** or travel provider if the **Covered Trip** is cancelled by the **Common Carrier** or other travel provider.

Trip Cancellation Unforeseen Events means the following:

The **Covered Person's Medical Emergency** or death or a **Medical Emergency** or death of a **Traveling Companion** that results in medically imposed restrictions as certified by a **Physician** at the time of loss preventing continued participation in the **Covered Trip**;

1. The **Covered Person's Medical Emergency** or death or a **Medical Emergency** or death of a **Traveling Companion** that results in medically imposed restrictions as certified by a **Physician** at the time of loss preventing continued participation in the **Covered Trip**;
2. The **Medical Emergency** or death of a **Covered Person's** or a **Traveling Companion's Immediate Family Member** that requires the **Covered Person** to cancel the **Covered Trip**.
3. The **Covered Person** or a **Traveling Companion** is hijacked, quarantined, required to serve on a jury, subpoenaed, or the victim of felonious assault within 15 days of departure for the **Covered Trip**;
4. Burglary of the **Covered Person's** principal place of residence within 15 days of departure for the Covered Trip;
5. The **Covered Person** or a **Traveling Companion** is directly involved in a traffic **Accident** substantiated by a police report, while en route to departure for the **Covered Trip**;
6. The **Covered Person's** principal place of residence or accommodations at destination is made uninhabitable by fire or other **Natural Disaster**;

Trip Cancellation Benefit contd.

7. The death or **Hospitalization** the **Covered Person's** host at the destination;
8. The **Covered Person** or his or her **Traveling Companion**, who are military personnel, have a previously approved military leave revoked or experience a military reassignment within 15 days of the start of the **Covered Trip**;
9. The **Covered Person** or his or her **Traveling Companion**, who are police officers or professional firefighters, are called to emergency duty for a **Natural Disaster**;
10. Strike that causes complete cessation of travel services of the **Covered Person's Common Carrier** for at least 60 consecutive hours;
11. A terrorist incident that occurs in a city listed on the **Covered Person's Covered Trip** itinerary and within 45 days prior to the commencement of the **Covered Trip**, provided that the same city did not experience a terrorist incident within the 90 days prior to the terrorist incident that is causing cancellation of the **Covered Trip**;
12. Inclement Weather that causes complete cessation of services for at least 12 consecutive hours and causes the **Covered Person** to lose 10% or more of the scheduled trip duration;
13. A documented theft of the **Covered Person's** passport(s) or visa(s);
14. The destination of the **Covered Trip** is rendered uninhabitable by a **Natural Disaster**; or
15. Mandatory evacuation (or public official evacuation advisements when there is no mandatory evacuation) issued by local government authorities at the destination of the **Covered Trip** destination due to a **Natural Disaster**.



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.

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).

Trip Delay Benefit contd.

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.

Definitions cont.

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**.

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.

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.

Definitions contd.

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.

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

- o Email: intlassist@visit-aci.com
- o Phone: 888.293.9229 | Fax: 610.293.9299
- o Website: www.visit-aci.com
- o Note: All insureds will be screened for eligibility.
- o For any emergency while traveling call your Assistance Provider listed in your policy documents.
- o 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

- o 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
- o Email: aciclaims@visit-aci.com

Helpful reimbursement claims and expediting payment

- o 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.
- o The acceptance of a claim form by an insurance company is not an admission of coverage.
- o Providers may wish to bill us directly. If they do, please ensure a completed claim form has first been submitted to our office.
- o 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).
- o 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.

Helpful information for submitting medical reimbursement claims and expediting payment

- o 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.
- o The acceptance of a claim form by an insurance company is not an admission of coverage.
- o Providers may wish to bill us directly. If they do, please ensure a completed claim form has first been submitted to our office.
- o 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).
- o 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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