



# Volunteer Accident Insurance Plan



**Policy Number: PTP N11207522**

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

### Covered Activities - Period of Coverage

Coverage starts when the volunteer leaves his or her home/school 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/school or makes a personal deviation. This generally includes any flight and/or drive back to your home or school.

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, Quadriplegia, Two or more Members	\$250,000
Hemiplegia, One Member, Paraplegia	\$125,000
Thumb and Index Finger of the Same Hand	\$62,500

“Quadriplegia” means total Paralysis of both upper and lower limbs. “Hemiplegia” means total Paralysis of the upper and lower limbs on one side of the body. “Paraplegia” means total Paralysis of both lower limbs or both upper limbs. “Paralysis” means total loss of use. A Doctor must determine the loss of use to be complete and not reversible at the time the claim is submitted. “Member” means 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.

#### Accident Medical Expense Benefits

We will pay for Covered Expenses that result directly, and from no other cause, from a Covered Accident up to a maximum of \$250,000. These expenses must be incurred within 1,825 days of the date of the Covered Accident. These benefits are only payable: 1) for Usual and Customary Charges incurred; 2) for those Medically Necessary Covered Expenses that you receive; and 3) if the first incurred expenses are within 180 days from the date of the Covered Accident. No benefits will be paid for



any expenses incurred that are in excess of Usual and Customary Charges.

**The Accident Medical Expense Benefits are considered Full Excess Benefits. This means that we pay Covered Expenses only when they are in excess of amounts paid by any other Health Care Plan.**

You are responsible to coordinate claims and payments with your personal health insurance company first.

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.

We pay benefits without regard to any Coordination of Benefits provisions in any other Health Care Plan.

#### *Covered Medical Expenses*

1. Hospital Room and Board Expenses (includes Intensive Care Expenses): the daily room rate when you are Hospital Confined and general nursing care is provided and charged for by the Hospital. In computing the number of days payable under this benefit, the date of admission will be counted but not the date of discharge.
2. Ancillary Hospital Expenses: services and supplies including operating room, laboratory tests, anesthesia and medicines (excluding take home drugs) when Hospital Confined.
3. Medical Emergency Care (room and supplies) Expenses: incurred within 72 hours of a Covered Accident and including the attending Doctor's charges, X-rays, laboratory procedures, use of the emergency room and supplies.
4. Outpatient Surgical Room and Supply Expenses for use of the surgical facility.
5. Outpatient diagnostic X-rays, laboratory procedures and tests.
6. Doctor Non-Surgical Treatment/Examination Expenses (excluding medicines) including the Doctor's initial visit, each necessary follow-up visit and consultation visits when referred by the attending Doctor.
7. Doctor's Surgical Expenses. If an 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 benefits for the most expensive procedure and 50% of covered expenses for the additional surgeries.
8. Assistant Surgeon Expenses when Medically Necessary.
9. Anesthesiologist Expenses for pre-operative screening and administration of anesthesia during a surgical procedure whether on an inpatient or outpatient basis.
10. Outpatient Laboratory Test Expenses.
11. Physiotherapy 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 Doctor, including diathermy, ultrasonic, whirlpool, or heat treatments, adjustments, manipulation, massage or any form of physical therapy.
12. X-ray Expenses (including reading charges) but not for dental X-rays.

13. Diagnostic Imaging Expenses: including Magnetic Resonance Imaging (MRI) and CAT Scan.
14. Dental Expenses including dental x-rays for the repair or treatment of each injured tooth that is whole, sound and a natural tooth at the time of the Covered Accident.
15. Ambulance Expenses for transportation from the emergency site to the Hospital.
16. Rehabilitative braces or appliances prescribed by a Doctor. It must be durable medical equipment that 1) is primarily and customarily used to serve a medical purpose; 2) can withstand repeated use; and 3) generally is not useful to a person in the absence of Injury. No benefits will be paid for rental charges in excess of the purchase price.
17. Prescription Drug Expenses (for injuries only) prescribed by a Doctor and administered on an outpatient basis.
18. Medical Equipment Rental Expenses for a wheelchair or other medical equipment that has therapeutic value for you. We will not cover computers, motor vehicles or modifications to a motor vehicle, ramps and installation costs, eyeglasses and hearing aids.
19. Medical Services and Supplies: expenses for blood and blood transfusions; oxygen and its administration.

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

- ◆ treatment by persons employed or retained by the Policyholder, or by any Immediate Family or member of your household.
- ◆ treatment of sickness, disease or infections except pyogenic infections or bacterial infections that result from the accidental ingestion of contaminated substances.
- ◆ treatment of hernia, Osgood-Schlatter's Disease, osteochondritis, appendicitis, osteomyelitis, cardiac disease or conditions, pathological fractures, congenital weakness, detached retina unless caused by an Injury, or mental disorder or psychological or psychiatric care or treatment, whether or not caused by a Covered Accident.
- ◆ pregnancy, childbirth, miscarriage, abortion or any complications of any of these conditions.
- ◆ mental and nervous disorders.
- ◆ damage to or loss of dentures or bridges, or damage to existing orthodontic equipment.
- ◆ Injury covered by Workers' Compensation, Employer's Liability Laws or similar occupational benefits or while engaging in activity for monetary gain from sources other than the Policyholder.
- ◆ Injury or loss contributed to by the use of drugs unless administered by a Doctor.
- ◆ cosmetic surgery, except for reconstructive surgery needed as the result of an Injury.
- ◆ any elective treatment, surgery, health treatment, or examination, including any service, treatment or supplies that: (a) are deemed by us to be experimental; and (b) are not recognized and generally accepted medical practices in the United States.
- ◆ eyeglasses, contact lenses, hearing aids, wheelchairs, braces, appliances, examinations or prescriptions for them, or

- repair or replacement of existing artificial limbs, orthopedic braces, or orthotic devices.
- ◆ expenses payable by any automobile insurance Policy without regard to fault. (This exclusion does not apply in any state where prohibited).
- ◆ conditions that are not caused by a Covered Accident.
- ◆ participation in any activity or hazard not specifically covered by the Policy.
- ◆ any treatment, service or supply not specifically covered by the Policy.

### 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 100 miles or more away from your place of permanent residence. 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 100 miles or more away from your place of permanent residence. 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.

## Exclusions and Limitations

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

- ◆ intentionally self-inflicted Injury (applicable to Accidental Death and Dismemberment Benefit only).
- ◆ suicide or attempted suicide (applicable to Accidental Death and 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 (this exclusion does not apply to Emergency Medical Benefits, Emergency Medical Evacuation Benefit, Family Reunion Benefit, or Repatriation of Remains Benefit).
- ◆ 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.

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

**“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.

**“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](http://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 (PTP N11207522).

***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.

**Since this 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.

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 (PTP N11207522), 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 (PTP N11207522)  
Please Reference Travel Assistance Plan Number:  
01AH585

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.



*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](http://www.acetravelassistance.com) for access to global threat assessments and location based intelligence.

Group ID: aceah  
Activation Code: security

**Plan Number:** 01AH585  
**Organization:** Habitat for Humanity International, Inc.  
**Policy Number:** PTP N11207522  
**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-10324-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.