



TRAVELCARE 360
RW WORLDWIDE
TRAVEL COVERAGE



GlobalTravelCare 360

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SCHEDULE OF BENEFITS

Primary Coverage:		SCHEDULE OF BENEFITS	Eligibility 2 weeks to age 70
Benefit	Coverage	Benefit Limits (\$, €, £)	
1	Emergency Medical Evacuation Accompaniment Compassionate Repatriation (Family Return) Air Ambulance Continuation Repatriation for Medical Treatment Care Management	500,000	
2	<p>*Emergency and Accidental Medical Treatment (Non-Sports)</p> <ul style="list-style-type: none"> ▪ All coverage subject to Usual and Customary Limits. ▪ Preferred Provider Networks when available for Direct Payment. ▪ Acute/emergency illness and injury. ▪ Treatment by authorized physicians, nurses and specialists. ▪ Hospitalization (semi-private rooms). ▪ Surgery, anesthesiologist. ▪ Prescribed medicines, dressings. ▪ Local transport to and from the place of treatment. ▪ Treatment by physiotherapists and chiropractors (\$, €, £) 2,500. ▪ Medically necessary required durable medical equipment. ▪ Emergency dental treatment for immediate relief of pain (\$, €, £) 500. ▪ Repatriation to Home Country upon medical stabilization. <p>This plan does NOT cover (See plan terms, conditions and exclusions)</p> <ul style="list-style-type: none"> * Treatment of pre-existing conditions for the last 12 months. * General or Preventative Medical Conditions. * Chronic or recurring illnesses and disorders. 	*1,000,000	
3	Emergency Medical Treatment (Sports) <ul style="list-style-type: none"> ▪ All medical features as above. ▪ Coverage for all non-hazardous sports. ▪ Limited motorcycle and sports vehicle coverage for injuries only * Professional and Team sports not covered. 	150,000 10,000	
4	Repatriation of Mortal Remains	20,000	
5	24/7 Emergency Assistance via GBG Assist	Unlimited	
6	ATMSafe –Bank Card Theft Protection	500	
Add-On Option 1: Enhanced Benefit Options (must be purchased with Primary Coverage; cannot be purchased separately)			
7	Baggage Delay	100 p/day 700 max	
8	Baggage Loss / Theft (per item/ total benefit) (\$, €, £) 100 deductible	500 / 2,500	
9	Personal Liability	100,000	
10	Personal Accident–Accidental Death & Disability / Permanent Total Disability	100,000	
11	Additional Hospital Benefit (per day / total benefit)	75 / 600	
12	Carjacking	5,000	
13	Money and Documents (tickets, cash, banknotes)	500	
14	Loss of Passport	250	
15	Travel Delay	1,000	
16	Missed Departure	1,000	
17	Legal Expenses	10,000	
18	Hijacking	1,000	
19	Emergency evacuations for non-medical reasons, including war, civil unrest, or other causes.	1,500	
Add-On Option 2: Cancellation & Curtailment (must be purchased with Primary Coverage; cannot be purchased separately)			
20	Cancellation and Curtailment (\$ € £) 100.00 deductible – Plan Maximum – OPTIONAL COVERAGE	4,000	

*Some limitations in apply see plan for details. Coverage paid at Usual, Customary and Reasonable Levels.

The PRIMARY PURPOSE of this Travel plan is to protect a Plan Participant from acute, sudden and unforeseen Emergency and Accidental injuries. It is NOT intended to care for general medical conditions, extended treatment (non-emergency) or pre-existing conditions AND is not a replacement for longer term medical or travel medical needs. Please see plan terms and conditions for details.

Presenting your Global Benefits Group (GBG) ID CARD at the time of service will result in direct billing when using our GLOBAL NETWORK OF PROVIDERS.

For Emergency Assistance contact GBG Assist:

Telephone: (866) 914-5333 (U.S. and Canada, toll free)
(905) 669-4920 (worldwide, collect)
Fax: (949) 271-2330

Proper notification will ensure that you receive the best possible service and will allow us to direct you to our Global Network of providers. Utilizing these providers may result in GBG providing payments directly to the provider as well as referrals to licensed medical providers you can trust.

GBG Assist **requires** notification as soon as possible for all situations requiring emergency medical treatment in excess of (\$, €, £) 500. For services that may result in evacuation, repatriation or curtailment, GBG Assist **MUST** be notified.

Failure to do so in either medical or evacuation related situations may result in denial of the claim or copayments up to 50%.

For Medical Providers in our Global Network please contact GBG Assist or visit our Preferred Provider Directory at www.gbg.com.

GENERAL TERMS OF COVER

1. The Policyholder is the International Benefit Trust.
2. Insurer, the Second party, GBG Insurance Limited, hereinafter shall be referred to, sometimes collectively, as “We” “Us”, or “Company”.
3. The declarations of the Plan Participant and eligible Dependents in the application serve as the basis for the plan. If any information is incorrect or incomplete, or if any information has been omitted, the plan may be rescinded, cancelled or modified. Any references to the Plan Participant and his Dependents that are expressed in the masculine gender shall be interpreted as including the feminine gender whenever appropriate.
4. This plan, Face Page, Schedule of Benefits, the Plan Participant application, and any amendments or endorsements (if any) comprise the entire Contract between the parties.
5. No change may be made to this Certificate unless it is approved by an Officer of the Insurer. A change will be valid only if made by a plan Endorsement signed by an Officer of the Insurer, or an amendment of the Certificate in its entirety issued by the Insurer. No agent or other person may change this Certificate or waiver any of its provisions.

Administrative Agent
Global Benefits Group
27422 Portola Parkway, Suite 110
Foothill Ranch, CA 92610 USA
Certificate Disclaimer

6. This GBG Insurance Limited plan is an international health insurance plan. As such, this plan is subject to the laws of the Bailiwick of Guernsey and the Plan Participant should be aware that the laws governing the terms, conditions, benefits and limitations in health insurance policies issued and delivered in other countries including the United States are not applicable to this plan. If any dispute arises as to the interpretation of this document, the English version shall be deemed

to be conclusive and taking precedence over any other language version of this document. Please check Schedule of Benefits and plan wording to fully determine benefits covered

7. This plan is compliant with European Schengen and visa requirements for most countries. Entry requirements change frequently, please check with your respective country of destination about visa and entry requirements. GBG and/or its subsidiaries and business partners are not responsible for compliance with these regulations.
8. **Trip Maximum Issuance:**
 - 8.1 Single trip plan: Maximum duration not to exceed 180 days and may not be combined with any other plan to exceed this limit.
 - 8.2 Annual plan: Claims shall be null and void in the event any single trip during the 12 months of coverage exceeds 42 or 90 days depending on coverage levels purchased.
9. **Contiguous plan, extensions and refund of days:**
 - 9.1 **While traveling:** No plan shall be issued in conjunction with the expiry of another plan.
 - 9.1.1 **Single Trip Plans:** A one-time plan extension may be granted per plan without a holding period if requested 72-hours prior to the expiry of the period of insurance. Extensions within 72-hours are subject to a claims holding period up to a maximum of three days after the expiry of the original period of insurance.
 - 9.1.2 No extensions will be approved for anyone above age 70 and beyond a cumulative 180-day period.
 - 9.2 **Annual Travel Plans:** The plan is renewable when the Plan Participant is in their Home Country of residence.
 - 9.2.1 Individual trip extensions to a maximum of 30 days are permitted and are applicable to the 42 or 90 day trip option only.
 - 9.2.2 A trip extension may only be purchased ONCE during a plan year.
 - 9.3 Refunds are not issued for unused days and a plan may not be extended more than 1 time.
10. **Children/Dependent Coverage:**
 - 10.1 Infants' age 14 days up to age 2 are included in the coverage of an insured parent/guardian. No additional premium is required.
 - 10.2 Children's rates apply to dependent children from ages 2-16 and are contingent upon travelling with a covered adult. The plan MUST be issued in conjunction with the parent/guardians GBG plan.
 - 10.3 Children's plans MUST be purchased at the same time as the parent/guardians plans or they will be charged at the adult rate (17-39 age band)
 - 10.4 Unaccompanied children traveling on their own may purchase the plan from age 5 onward at the 17-39 adult rate.
11. The Plan Participant should not take out this plan if the intent is to live in fixed location outside (Living abroad versus traveling) their Home Country of residence. Please contact a GBG Broker representative for alternatives.
12. Maximum Age: Premium calculations will be age at inception and have not attained age 70 at the time of enrollment. The plan will cease at the first renewal date following a Plan Participant's 70th birthday.
13. For Trip cancellation: Where a declared value is utilized by the Plan Participant the total trip cost estimates should include flights, hotels, and pre-paid tours; all claims submitted will require validation of trip paid expenses including documentation from the providers on their cancellation policies. Reimbursement for cancellation and or curtailment will be based on the non-refundable portion of the itinerary and will NOT include any credits offered by the various providers.
14. All claims must be submitted within 90 days from date of incident or they will be denied. Circumstances may exist in which this is not always possible. Any submissions after 90 days will be considered based on those circumstances.
15. All claims arising under this insurance shall be governed by the Laws of Bulgaria, whose courts alone shall have jurisdiction in any dispute arising here under.
16. If the Plan Participant or any person acting on his/her behalf shall make any claim or statement knowing the same to be false or fraudulent as regards amount or otherwise, then this Insurance shall become void and all claims here under shall be forfeited without refund of premium.

17. The Insurer may at their own expense take proceedings in the name of the Plan Participant to recover compensation or secure an indemnity from any third party in respect of any loss, damage or expense covered by this Insurance and any amounts, recovered or secured shall belong to the Insurer.
18. Unless specified this insurance does not cover anything caused directly or indirectly through bankruptcy / liquidation of any tour operator, travel agent, and transportation company or accommodation supplier.
19. Benefits and premiums may be denominated in US Dollars, British Pounds or Euros, and benefits will be stated in the same currency in which the premium is paid.
20. Plan Participant must notify GBG within 30 days of a change of address or domicile. PLEASE NOTE A CHANGE OF ADDRESS MAY AFFECT YOUR ELIGIBILITY Example: Any Plan Participant who moves to a new country WILL NO LONGER BE COVERED in the NEW COUNTRY OF DECLARED RESIDENCE.

PLAN TERMS AND CONDITIONS

Benefits are applicable when the Plan Participant is outside his or her country of permanent residence; coverage also is in effect when traveling from and to their Home Country as part of an international trip.

1. **Emergency Medical Evacuation:** The plan covers the usual, customary, and reasonable charges for emergency evacuation when medical treatment is not available locally and deemed necessary and pre-approved by GBG Assist (the Insurer), their medical advisors and the attending Physician—to a suitable location that will render immediate and appropriate care which may or may not be the Home Country of origin. If the Plan Participant does not obtain pre-approval from GBG Assist, GBG reserves the right to deny coverage or apply substantial copayments for the associated costs to a maximum of 50% the evacuation cost.
 - 1.1. **Accompaniment:** The insurance allows for the travel and accommodation expenses of one person (i.e., a relative or friend who is a resident of Plan Participant's Home Country), whom upon medical advice is advised to join, accompany, remain with or escort the Plan Participant. Transportation costs will be by commercial carriers and in economy class. [Maximum Benefit € 300 per day / € 6,000 total]
 - 1.2. **Continuation:** Upon pre-approval of GBG Assist, coverage includes transportation by economy travel for the Plan Participant, if medically able, to the point of initial destination to continue with the trip.
 - 1.3. **Compassionate Repatriation:** This benefit is only available if Cancellation and Curtailment has been added to the plan and is designed for early return for family members under a qualified event.
 - 1.4. **Repatriation For Medical Treatment:** GBG reserves the right to review and repatriate any case in which the Plan Participant is medically stable and upon advice of the Insurer and Attending Medical Doctors can be evacuated at GBG's discretion to the Home Country of residence and any form of treatment or surgery which in the same medical opinion can be delayed until the Plan Participant returns to their Home Country. Refusal to accept repatriation when medically stabilized can result in the Insurer denying further medical coverage and benefits.
2. **Emergency and Accidental Medical Treatment (Non-Sports):** The PRIMARY PURPOSE of this Travel plan is to protect a Plan Participant from acute, sudden and unforeseen Medical and Accidental Emergencies. It is not intended to care for general medical conditions or Pre-existing conditions and is subject to the limits specified in the Schedule of Benefits.
 - 2.1 This may include usual, customary and reasonable expenses incurred by the Plan Participant in case of acute/emergency illness and injury. The plan covers required treatment by authorized physicians, nurses and specialists, hospitalization (semi-private rooms) including surgery, anesthesiologist, prescribed medicines, dressings and local transport to and from the place of treatment shall be compensated at 100% of the expenses. Treatment by physiotherapists and chiropractors prescribed by an authorized physician shall be compensated at 100% of the expenses, not to exceed € 2,500. Including emergency dental treatment for the immediate relief of pain € 500 maximum. The insurance shall not cover expenses for treatment of pre-existing, chronic or recurrent illnesses and disorders or unnecessary durable medical devices/equipment. See exclusions below.

- 2.2 Outpatient services are covered per period of insurance and may be utilized via Urgent Care Centers and only via licensed medical doctors. Use of Emergency room for outpatient services may be subject to copays as outlined in the Schedule of Benefits. For Plan Participants in North America please contact GBG Assist for the location of networked preferred providers.
- 2.3 Coverage will continue until such time as when, in the opinion of the doctor in attendance and the Insurer's medical advisers, the Plan Participant is fit to travel provided that these all occur within 12 months of the date of the incident (outside Home Country).
- 2.4 Accompaniment: The insurance allows for the reasonable travel and accommodation (room only) expenses of one person (i.e. a relative or friend who is a resident of Plan Participant's Home Country), whom upon medical advice is advised to join, accompany, remain with or escort a severely incapacitated Plan Participant. Transportation costs will be by commercial carriers and in economy class. [Maximum Benefit € 300 per day / 6,000 total].
- 2.5 Acute/Emergency Illness is defined as a sudden and unexpected illness occurring after you have started your trip abroad. In order for an illness to be covered it must be unexpected and non-preexisting and stable for the last 12 months prior to departure and if left untreated can cause a further deterioration in a Plan Participants condition.
- 2.6 Event: Any one incident in which the Plan Participant requires care for acute, sudden and unforeseen Medical and Accidental Emergencies and the direct consequence of the event. Maximum coverage is limited to € 1,000,000 in the annual aggregate. Multiple events independent of each other are covered to the event maximum with no limits on the number of events.
 - 2.6.1 This plan is for Emergency Care and stabilization only. In the event of a longer term illness or diagnosis the Plan Participant will not be covered for treatment or ongoing care for that illness, see paragraph 2.7
- 2.7 Repatriation For Medical Treatment: GBG reserves the right to review and repatriate any case in which the Plan Participant is medically stable and upon advice of the Insurer and Attending Medical Doctors can be evacuated at GBG's discretion to the Home Country of residence and any form of treatment or surgery which in the same medical opinion can be delayed until the Plan Participant returns to their Home Country. Refusal to accept repatriation when medically stabilized can result in the Insurer denying further medical coverage and benefits.
- 2.8 Excess Insurance Provision: The insurance provided under both Medical and Evacuation shall be in excess of all other valid and collectable insurance or indemnity and shall apply only when such other benefits are exhausted. In the event no other insurance exist this coverage becomes primary with GBG reserving the right to review and potentially subrogate with any undeclared coverage whether known or unknown to the Plan Participant.

3 Emergency and Accidental Medical Treatment (Sports-related):

This plan includes all leisure sports activities while travelling; Coverage of emergency treatment for accident or acute illness occurring during the period of insurance that are the result of a covered Sport/activity. Plan limit under this section are specified in the schedule. All other terms and conditions of Emergency Medical Treatment are applicable as described above.

3.1 Included Activities

- 3.2 Individual Travel for Interscholastic/Intramural/club sports € 10,000.
 - 3.2.1 Any travel with 5 or more Plan Participants on the same itinerary/plan/schedule must obtain coverage or this benefit is void.
- 3.3 Motorcycles, Mopeds, Scooters, ATV's any two or three wheeled motorized vehicle and or sport watercraft such as wave runners, jet skis or other powered device for recreational and or local transportation and rental use only. NO COVERAGE for extended miles or Holiday Biking Trips: Subject to a plan maximum of € 10,000.
- 3.4 Regular Sports: Archery, athletics, badminton, ballooning (as an organized excursion), baseball, basketball, go-carting, canoeing, cricket, cross country running, cycling, Diving to 25 meters, fencing, golf, horse riding, ice-skating, Jet skis, jogging, kayaking, mountain-biking on the road, netball, rowing, sailing inside territorial waters, snow skiing / snowboarding on marked and groomed trails only, soccer, surfing, tennis, trekking up to 3,500 meters, volleyball, water polo, water skiing, windsurfing, and any other sport activities not involving an extra risk of an Accident or Injury.
- 3.5 **Excluded Activities:** The following sports and activities are not covered.
 - 3.5.1 Engaging in professional, semi-professional or competitive sporting events of any kind.

- 3.5.2 Group, club, interscholastic, intercollegiate (individuals are covered to the specified limit in the schedule of benefits) sports play (Contact GBG for non-professional group sport quotes).
 - 3.5.3 Use of any type of firearms (any device that discharges a projectile of any type).
 - 3.5.4 Any activity relating to flying either as a Pilot in Command, student pilot, sport flying or the business or trade of flying except while travelling as a passenger in a fully-licensed passenger carrying aircraft.
 - 3.5.5 **Extreme Sports:** Parachuting, paragliding, bobsleighting, gliding/soaring, hang-gliding, micro-light flying, skeleton, luge
 - 3.5.6 **Hazardous Sports:** American Football; bungee jumping; base jumping; trekking above 3,500 meters; mountaineering or rock-climbing with the use of ropes, rappelling; scuba diving in excess of 25 Meters (80 feet) and flying within 24-hours of diving activity, white water canoeing, white water rafting; big foot skiing, mono-skiing on the normally marked public open ski trails, skating, off-trail skiing, off-road mountain biking, ice hockey, white water canoeing.
 - 3.5.7 Participation in any type of motorsport, motorsport race or motorsport contest
- 4 **Repatriation of Mortal Remains:**
- 4.1 A benefit for either repatriation of mortal remains or local burial is included. This benefit excludes fees for return of personal effects, religious or secular memorial services, clergymen, flowers, music, announcements, guest expenses and similar person burial preferences.
 - 4.2 All Repatriation benefits must be coordinated and pre-approved by GBG Assist.
- 5 **Emergency Assistance: GBG Assist—24 hours a day, 7 days per week.**
- 5.1 For medical emergencies and assistance with your medical care, contact GBG Assist at U.S./Canada toll-free: +1.866.914.5333 or Worldwide collect: +1.905.669.4920.
 - 5.2 Plan Participants will have the full benefits of 24 hours/7 day assistance from GBG Assist.
 - 5.3 These services include pre-authorization, hospital admission, and referrals.
- 6 **ATMSafe**
- 6.1 An exclusive Global Benefits Group program that provides the Plan Participant with protection against theft when using an ATM/Bank Machine anywhere in the world. In the event of loss, the plan will be reimbursed up to the daily limit of the machine used [(\$, €, £) 500 maximum] and as supported via proper police documentation on the date of the crime.
7. **Baggage Delay:**
- Reimbursement in respect of the replacement of necessities in the event of baggage being temporarily lost in transit during the outward journey for longer than 12hours, up to a maximum of(\$, €, £) 100 per day for a maximum of 7 days [(\$, €, £) 700 maximum].
- 7.1 Proof of a missing bag report must be filed with the common carrier.
 - 7.2 Any items purchased after the return of the baggage will not be covered
 - 7.3 Any claim must be accompanied by proper receipts with date and time affixed.
 - 7.4 Benefit does not apply to the return or homeward journey.
8. **Baggage Loss/Theft:** Secondary coverage to Common Carrier settlement with reimbursement to the maximum specified in the Schedule of Benefits. No claims will be accepted until AFTER the Plan Participant has filed and received settlement from the common carrier. The coverage is in respect of accidental loss or theft to luggage, clothing and personal effects owned by (not hired, loaned or entrusted to) the Plan Participant, subject to a maximum payment of:
- a. (\$, €, £) 500 in respect of any one article, pair or set of articles.
 - b. (\$, €, £) 300 overall in respect of valuables/electronics (see definition below)

Note: Claims will be evaluated on an “indemnity basis” only – NOT “new for old”. This means the market value of the article less deduction for age, wear, tear and depreciation, or the cost of repair, whichever is lesser.

Definition: Valuables shall mean photographic equipment, tablet PCs, computers, iPods, CD players and personal music and stereo equipment, CDs, computers, computer games and associated equipment, hearing aids, telescope and binoculars, antiques, jewelry, watches, fur, and articles made of or containing gold, silver or other precious metals or animal skins or hides. Any item of value to be evaluated on a case by case basis.

Conditions & Exclusions: The Insurer shall not be liable for

- 8.1 The Plan Participants must observe ordinary proper care in the supervision of the insured property and in all cases of loss.
 - 8.2 Damage to baggage of any kind and or its contents.
 - 8.3 Any loss or theft, or suspected theft not reported to the Police within 24 hours of discovery and a written report obtained;
 - 8.4 Any damage or loss or theft of property in transit, which has not been reported to the carrier and written report obtained. In the case of an airline a Property Irregularity Report will be required;
 - 8.5 Loss of theft of any property left unattended in a public place;
 - 8.6 Any theft from an unattended motor vehicle unless the property is in a locked/covered luggage area, and there is evidence of forced entry which has been verified by a Police Report;
 - 8.7 Any loss from motor vehicles left unattended at any time between the hours of 10:00 p.m. and 8:00 a.m.;
 - 8.8 Loss, damage or theft of valuables and money packed in suitcases or other receptacles while travelling.
 - 8.9 Property not covered by this Insurance:
 - 8.9.1 Unset precious stones, contact or corneal lenses, spectacles or accessories;
 - 8.9.2 Stamps, documents, deeds, manuscripts or securities of any kind;
 - 8.9.3 Items of a perishable nature;
 - 8.9.4 Business goods, samples, tools of trade or motor accessories;
 - 8.9.5 Household goods and home contents.
 - 8.10 The Insurer shall not be liable for:
 - 8.10.1 Loss or damage caused by decay, wear and tear, moth, vermin, or atmospheric conditions'
 - 8.10.2 Deterioration or mechanical derangement of any kind;
 - 8.10.3 Damage to suitcases;
 - 8.10.4 Loss due to confiscation or detention by Customs or other authority;
 - 8.10.5 Damage to sports equipment whilst in use or losses of jewelry whilst swimming (other than wedding rings);
 - 8.10.6 Breakage of or damage to fragile articles and any consequence thereof.
 - 8.11 In the event of a claim in respect of a pair or set of articles the Insurer shall only be liable in respect of the value of that part of the pair or set which is lost, stolen or damaged.
 - 8.12 Claims will not be considered unless proof of ownership and evidence of value is provided.
 - 8.13 Any amount paid for temporary loss of baggage will be deducted from the final claim settlement if baggage proves to be permanently lost.
 - 8.14 Proof of a missing bag report must be filed with the common carrier.
 - 8.15 Excess: The first (\$, €, £) 50 of each and every claim per Plan Participant is excluded (other than in respect of temporary loss).
 - 8.16 Any amount paid by a common carrier in settlement toward the loss will be deducted from the final claim.
9. **Personal Liability: (bodily injury to third party)** Legal liability coverage inclusive of legal cost arising from an accident resulting in bodily injury to persons other than the Plan Participant, his/her family and employees.

Subject to the Schedule of Benefits limit in all to indemnify each Plan Participant against legal liability for bodily injury to persons other than employees or other members of his/her family and/or damage to property excluding that owned by or in the custody or control of the Plan Participant during the Period of Insurance inclusive of legal expenses.

- 9.1 Conditions & Exclusions. The Insurer shall not be liable for claims arising directly or indirectly from:
 - 9.1.1 Employers' liability, contractual liability or liability to a member of a family or a travelling companion;
 - 9.1.2 Animals belonging to or in the care, custody or control of a Plan Participant;
 - 9.1.3 Any willful, malicious, or unlawful act;
 - 9.1.4 Pursuit of trade, business or profession;
 - 9.1.5 Ownership or occupation of land or buildings;
 - 9.1.6 Ownership, possession or use of vehicles, aircraft, or motor-powered watercraft;
 - 9.1.7 The influence of intoxicating liquor, or the use of firearms;
 - 9.1.8 Legal costs resulting from any criminal proceedings;
 - 9.1.9 The insurance limit is for anyone/individual event even if multiple losses are incurred by multiple Plan Participant's carrying the plan;
 - 9.1.10 The Plan Participant cannot bind or have a binding effect if they admit liability for any loss, damage or injury caused by themselves.

10. **Personal Accident / Death and Permanent Total Disability / Accidental Death and Dismemberment:**

- 10.1 Dependent upon the benefit levels selected under Medical Expense. The plan will pay according to the following scale provided it is a result of the Plan Participant sustaining bodily injury caused by accidental, external, violent and visible means which shall solely and independently of any other cause occur within 12 calendar months from the date of the accident. This benefit is paid only when the Death or Disability is directly related to an incident which occurred while traveling on a common carrier which is defined as any mode of scheduled public transport. Note: For children under 16 years of age the death benefit is limited to (\$, €, £) 1,000.
- 10.2 Age grouping 65 to 70 is excluded from all disability coverage. Coverage for Accidental Death is confined to public conveyance and is limited to (\$, €, £) 100,000.
- 10.3 Loss of Description

Loss Description	Percentage of Principal Sum
Loss of Life	100%
Loss of Speech and Loss of Hearing	100%
Loss of Speech and one Loss of Hand, Loss of Foot or Loss of Sight of One Eye	100%
Loss of Hearing and one Loss of Hand, Loss of Foot or Loss of Sight of One Eye	100%
Loss of Hands (both), Loss of Feet (both), Loss of Sight or a combination of any two of Loss of Hand, Loss of Foot or Loss of Sight of One Eye	100%
Quadriplegia	100%
Paraplegia	75%
Hemiplegia	50%
Loss of Hand, Loss of Foot or Loss of Sight of One Eye (any one of each)	50%
Uniplegia	25%
Loss of Thumb and Index Finger of the same hand	25%

10.4 Specific Exclusions & Conditions:

- 10.4.1 Conditions arising from motorcycling as either a driver or passenger shall not be payable here under.
- 10.4.2 In the event of a claim a medical adviser or advisers appointed by the Insurer shall be allowed as often as the Insurer shall deem it necessary to examine the Plan Participants.
- 10.4.3 The Insurer shall not be liable for any claim arising from medical or surgical treatment (unless rendered necessary by accidental bodily injury).
- 10.4.4 Payment of permanent disability benefit shall be made only on certification by a medical board that Plan Participant is totally disabled from engaging in any gainful occupation for 12 months and at the end of that time is beyond the ability to make future improvement in order to return to work.

10.5 Beneficiary and Death notification.

- 10.5.1 If the Plan Participant dies due to a covered event. The Plan Participants surviving beneficiary must provide.
- 10.5.2 Verification of eligibility and legal status of the beneficiary.
- 10.5.3 Copy of the death certificate
- 10.5.4 Proof of travel

11. **Additional Hospital Benefit:** A cash benefit per the schedule of benefits per day for each completed 24 hours as an in-patient; payable after the first 24 hours. This benefit is used to defray incidental expenses such as taxi fares, phone calls or other miscellaneous expense while hospitalized.

12. **Carjacking:**

- 12.1 This benefit provides for expenses related (rental replacement (not vehicle replacement), stolen property, etc.) to the unlawful forced removal or detention of a Plan Participant while operating or riding as a passenger in, boarding or a lighting from, a Private Passenger Automobile during the theft or attempted theft of such Private Passenger Automobile. Carjacking incidents must be confirmed in writing via a police report in the jurisdiction where the Loss occurs.

13. **Money and Documents (tickets, cash, banknotes):** Reimbursement to each Plan Participant in respect of accidental loss or theft of cash, banknotes (carried on the Plan Participant), postal or money orders, travel tickets, etc. Proper documentation and police reports required on day of event or discovery of loss.
- Exclusions:**
- 13.1 Loss or theft not reported to the Police within 24 hours of discovery and a written report obtained;
 - 13.2 Depreciation in value or shortages due to error or omission;
 - 13.3 Loss or theft of unattended money except when left in hotel security, safety deposit or safe;
 - 13.4 Money packed in suitcases or other like receptacles whilst travelling;
 - 13.5 Money held in trust;
 - 13.6 Loss or theft of traveler's checks.
14. **Loss of Passport:**
- 14.1 To pay up to (\$, €, £) 250 in respect of reasonable additional travel and accommodation expenses necessarily incurred abroad in obtaining the replacement of his/her lost or stolen passport.
15. **Travel Delay:** Coverage to the Plan Participant if the departure or the coach, aircraft or sea vessel in which he/she had arranged to travel on the first outward or first return leg of the journey is delayed for at least 12 hours from the time specified in the travel itinerary due to strike, industrial action, bankruptcy, or mechanical breakdown of the coach, aircraft or sea vessel. Compensation shall be documented and provided for all necessary and reasonable expenses subject to accommodations, food and local transportation minus any compensation paid by the common carrier.
- a. An amount of (\$, €, £) 100 for the first complete 12 hour period of delay in departure commencing from the original booked departure time as specified in the travel itinerary and (\$, €, £) 100 after each subsequent 24 hour period of delay up to a maximum of (\$, €, £) 1,000 each Plan Participant.
- 15.1 **Conditions & Exclusions:** The Insurer shall not be liable for claims:
- 15.1.1 Arising from strike or industrial action existing or publicly declared at the time of effecting this Insurance;
 - 15.1.2 Arising from technical reasons such as aircraft commitment;
 - 15.1.3 Where the Plan Participant has not checked in according to the itinerary supplied and has failed to obtain written confirmation from the carrier (or their handling agents) of the period of or reason for the delay;
 - 15.1.4 Arising directly or indirectly from withdrawal from service (temporary or otherwise) of a coach, an aircraft or sea vessel on the recommendation of a Port Authority or the Civil Aviation Authority or of any similar body.
- Definition: Strike or industrial action shall mean any form of industrial action taken by employees, which is carried on with the intention of preventing, restricting or otherwise interfering with the production of goods or the provision of services.
16. **Missed Departure:** To pay up to specified limit to each Plan Participant in respect of reasonable additional accommodation (room only) and travel expenses necessarily incurred to reach the overseas destination as a consequence of; strike, riot, mechanical breakdown or inclement weather, causing interruption of scheduled public transport services (on the outward journey only); or accidental or mechanical failure involving the car in which the Plan Participant is travelling (provided it has been properly serviced) causing him/her to arrive at the international point of departure from the point of origin to commence the booked journey.
17. **Legal Expenses:** Legal costs and expenses incurred by the Plan Participant up to a specified maximum in pursuit of compensation and/or damages against a third party arising from or out of the death or personal injury of the Plan Participant occurring during the Period of Insurance.
- 17.1 Exclusions: The Insurer shall not be liable for:
- 17.1.1 Costs incurred in pursuance of any claim against a Travel Agent, Tour Operator, Carrier, Accommodation provider, the Insurer or Insurer's Agent or any other plan participant under the same certificate.
 - 17.1.2 Legal expenses incurred prior to the granting of support by the Insurer.
 - 17.1.3 Any claims reported more than 90 days after the commencement of the incident, giving rise to such claim.
 - 17.1.4 Any claim where the law, practices, and/or financial regulations of the country in which the proposed action will take place indicate that the costs of such action are likely to be unreasonably greater than the anticipated value of the compensation award.
 - 17.1.5 Costs incurred in pursuance of a claim against any person with whom the Plan Participant had arranged to travel.

- 17.1.6 Any claim wherein the Insurer's opinion there is insufficient prospect of success in obtaining a reasonable benefit.
- 17.1.7 The Insurer shall not be liable for any claim where legal costs and expenses are based directly or indirectly on the amount of an award.
- 17.1.8 The insurance will not extend to covering the Plan Participant in the pursuit of any appeal except at the Insurer's sole discretion.
- 17.1.9 Where there is a possibility of a claim being brought in more than one country the Insurer shall not be liable for the cost if an action is brought in more than one country.
- 17.2 Conditions
 - 17.2.1 The Insurer shall have complete control over the legal proceedings and the appointment and control of a lawyer.
 - 17.2.2 The Plan Participant must follow the legal representative's advice and provide any and all information and assistance as required. Failure to do so will entitle the Insurer to withdraw cover.
 - 17.2.3 The Plan Participant must have access to any and all of the legal representatives' file of papers.
 - 17.2.4 Failure by the Plan Participant to comply with all or any of these conditions will entitle the Insurer to render the legal expenses aspect of this certificate void and thereby withdraw cover.
- 18. **Hijacking:** In the event the Plan Participant is prevented from reaching their destination due to the hijacking of an aircraft or other commercial conveyance, the plan will pay (\$, €, £) 50 for each complete 24-hour period that the Plan Participant is delayed. Maximum benefit (\$, €, £) 1,000 unless specified in the plan. In event of Death as a result of hijacking via commercial conveyance, benefits outlined under personal accident will be payable.
- 19. **Emergency evacuation for non-medical reasons, including war, civil unrest, natural disasters, or other causes:**
 - 19.1 Payment to offset the cost of obtaining or paying for evacuation during a period of civil unrest, insurrection, natural disasters that could not have been foreseen prior departure from Home Country of origin that has is posted to or declared by the United States Department of State or validated by the NOAA (National Oceanic Atmospheric Association) in the cases of weather or natural disaster. In all cases, GBG reserves the right to assess the validity of the claim and its decisions are final.
 - 19.2 Coverage is NOT valid in any country that was on the verge, already in or under duress for a period of 60 days prior to departure from point of origin or country of residence. See general exclusions for definition associated with travel to global hotspots.
- 20. Cancellation and Curtailment: All claims are limited to the maximum stated in the Schedule of Benefits regardless of the amount of trips taken during the period of insurance for each Plan Participant for loss of travel and accommodation for any unused expenses paid or contracted to be paid as a result of the journey/holiday being necessarily and unavoidably cancelled or curtailed due to any cause listed below commencing and occurring during the period of Insurance provided such expenses are not recoverable from any other source (This benefit is not valid for Cruise Holiday Cancellations).
 - 20.1 Sickness, serious injury or death of:
 - 20.1.1 The Plan Participant or person with whom he/she is travelling or had arrange to travel;
 - 20.1.2 The spouse, parent, parent-in-law, grandparent, child, grandchild, brother, sister, fiancé or close business colleagues (key person and key person duties only), such person being resident in the Home Country, of the Plan Participant, or of the person with whom the Plan Participant is travelling or had arrange to travel;
 - 20.1.3 Any person with whom the Plan Participant had arranged temporarily to reside during the Period of Insurance and who may continue without that person as defined herein would pay trip cost for accommodation class change from double occupancy to single.
 - 20.2 Applicability:
 - 20.2.1 Injury or Sickness of a Plan Participant, Traveling Companion or Family Member traveling with the Plan Participant must be so disabling as to reasonably cause a Trip to be cancelled or interrupted, or which results in medically imposed restrictions as certified by a Physician at the time of Loss preventing your continued participation in the Trip.
 - 20.2.2 If the Plan Participant must cancel or interrupt his/her Trip due to Injury or Sickness of a Family Member not traveling with the Insured, it must be because their condition is life-threatening, as certified by a Physician or because they directly require the Insured's care.
 - 20.2.3 Injury or Sickness of the Business Partner must be so disabling as to reasonably cause the Plan Participant to cancel or interrupt the Trip to assume daily management of the business (Key Person). Such disability must be certified by a Physician.

20.3 Other Events:

- 20.3.1 Financial Default of an airline, cruise line, or tour operator provided the Financial Default occurs more than 14 days following a Plan Participants effective date. There is no coverage for the Financial Default of any person, organization, agency, or firm from whom the Plan Participant purchased travel arrangements supplied by others. This coverage applies only if insurance was purchased within 15 calendar days of Initial Trip Payment;
- 20.3.2 Strike resulting in complete cessation of travel services at the point of departure or Destination;
- 20.3.3 You or Your Traveling Companion's principal place of residence or destination being rendered uninhabitable by fire, flood, burglary or other natural disaster within 10 days of departure; The Insurer will only pay benefits for losses occurring within 30 calendar days after a named hurricane makes the Insured's Destination Uninhabitable. Benefits are not payable if a hurricane is named on or before the effective date of the Insured's Trip Cancellation coverage.

“Natural Disaster” is defined as flood, fire, hurricane, tornado, earthquake, volcanic eruption, blizzard or avalanche that is due to natural causes. “UNINHABITABLE” is defined as the dwelling is not suitable for human occupancy in accordance with local public safety guidelines. The Plan Participant being subpoenaed, required to serve on a jury, hijacked, or quarantined;

- 20.3.4 Plan Participant or is called to active military service or military leave is revoked or reassigned;
- 20.3.5 Terrorist Incident in a City listed on the Plan Participant's itinerary within 30 days of the Insured's schedule of arrival;
- 20.3.6 The Plan Participant or Traveling Companion is involuntarily terminated or laid off through no fault of his or her own, provided that he or she has been an active employee for the same employer for at least two years. Termination must occur following the effective date of coverage. This provision is not applicable to temporary employment, independent contractor or self-employed persons.

20.4 Conditions and Exclusions: The Insurer shall not be liable for claims where at the time of taking out this insurance and/or prior to booking each separate trip:

- 20.4.1 The Plan Participant is aware of any medical condition or set of circumstances, which could reasonably be expected to give rise to a claim;
- 20.4.2 Any person, including those who are not travelling, whose condition may give rise to a claim;
- 20.4.3 Has during the 12 months prior to taking out the insurances suffered from any medical condition which has necessitated consultation or treatment unless declared to and accepted by the Insurer;
- 20.4.4 Is suffering or has suffered from many previously diagnosed psychiatric disorder, anxiety or depression;
- 20.4.5 Is receiving, is on a waiting list for or has the knowledge of the need for inpatient treatment at a hospital or nursing home;
- 20.4.6 Is expected to give birth before or within eight weeks of the date of arrival home;
- 20.4.7 Is travelling against the advice of a Medical Practitioner or for the purpose of obtaining medical treatment abroad;
- 20.4.8 Has been given a terminal prognosis.

20.5 The Insurer shall not be liable for claims directly or indirectly arising from:

- 20.5.1 Suicide or attempted suicide, intentional self-injury, the effect of intoxicating liquors or drugs;
- 20.5.2 Motorcycling, as either driver or passenger, unless the driver holds a current license permitting him/her to ride the motorcycle;
- 20.5.3 Any circumstance manifesting itself after the date of booking but prior to the date of issue of this certificate;
- 20.5.4 Disinclination to travel;

20.6 In the event of a failure by the Plan Participant to notify the Travel Agent, Tour Operator or provider of transport/accommodation immediately it is found necessary to cancel the journey/holiday. The Insurer's liability shall be restricted to the cancellation charges that would have applied at that time.

DEFINITIONS

1. **“Accident”** means a sudden, unexpected and unintended event. Where the Plan Participant sustaining bodily injury caused by accidental, external, violent and visible means which shall solely and independently of any other cause
2. **“Acute / Medical Conditions”** means defined as a sudden and unexpected illness occurring after you have started your trip abroad. In order for an illness to be covered it must be unexpected and non-preexisting and stable for the last 12 months prior to departure and if left untreated could cause deterioration in a Plan Participants condition.
3. **“Automobile”** means a self-propelled, private passenger motor vehicle with four or more wheels that is a type both designed and required to be licensed for use on the highway of any state or country. Automobile includes, but is not limited to, a sedan, station wagon, sport utility vehicle, or a motor vehicle of the pickup, van, camper, or motor-home type. Automobile does not include a mobile home or any motor vehicle that is used in mass or public transit.
4. **“Business Partner”** means a person who the Plan Participant are in business with and is a valuable member of the Plan Participant’s company who, should they pass away or suffer from a critical illness, will result in financial losses for the company.
5. **“Covered Accident”** means an Accident that occurs while coverage is in force for a Plan Participant and results in a loss or Injury covered for which benefits are payable.
6. **“Covered Expenses”** means expenses actually incurred by or on behalf of a Plan Participant for treatment, services and supplies. Coverage must remain continuously in force from the date of the Accident or Sickness until the date treatment, services or supplies are received for them to be a Covered Expense. A Covered Expense is deemed to be incurred on the date such treatment, service or supply, that gave rise to the expense or the charge, was rendered or obtained.
7. **“Covered Loss” or “Covered Losses”** means an accidental death, dismemberment or other Injury covered under the plan.
8. **“Covered Trip”** means a period of round-trip travel away from the Plan Participant’s Home Country; the trip has defined departure and return dates specified when the Insured enrolls.
9. **“Deductible”** means the dollar amount of Covered Expenses that must be incurred as an out-of-pocket expense by each Plan Participant on a per period of insurance before Medical Expense Benefits and/or other Additional Benefits paid on an expense incurred basis are payable under the plan.
10. **“Dependent”** means a Plan Participant’s lawful spouse or Domestic Partner; or an Insured’s unmarried child, from the moment of birth (14 days for this plan) to age 21, who is chiefly dependent on the Insured for support. A child, for eligibility purposes, includes an Insured’s natural child; adopted child, beginning with any waiting period pending finalization of the child’s adoption; or a stepchild who resides with the Insured or depends chiefly on the Insured for financial support. A Dependent may also include any person related to the Insured by blood or marriage and for whom the Insured is allowed a deduction under the Internal Revenue Code. Insurance 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 Insured for support and maintenance. The Insured must send us satisfactory proof that the child meets these conditions, when requested. We will not ask for proof more than once a year.
11. **“Doctor”** means a licensed health care provider acting within the scope of his or her license and rendering care or treatment to a Plan Participant that is appropriate for the conditions and locality. It will not include a Plan Participant or a member of the Plan Participant’s Immediate Family or household.
12. **“Event”**: Any one incident in which the Plan Participant requires care for acute, sudden and unforeseen Medical and Accidental Emergencies and the direct consequence of the event. Maximum coverage is limited to amounts specified in the Schedule of Benefits. Multiple events independent of each other are covered to the event maximum with no limits on the number of events
13. **“Family Member”** means the spouse, parent, parent-in-law, grandparent, child, grandchild, brother, sister, fiancée, such person being resident in the Home Country (as declared on the application), of the Plan Participant, or of the person with whom the Plan Participant is travelling or had arranged to travel.
14. **“Home Country”** means a country from which the Plan Participant holds a passport. If the Plan Participant holds passports from more than one country, his or her Home Country will be that country which the Plan Participant has declared to us in writing as his or her Home Country.
15. **“Hospital”** means an institution that: 1. operates as a Hospital pursuant to law for the care, treatment, and providing of in-patient services for sick or injured persons; 2. provides 24-hour nursing service by Registered Nurses on duty or call; 3. has

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

16. **“Hospital Stay/Confined”** means an overnight stay as a registered resident bed-patient in a Hospital.
17. **“Injury”** means accidental bodily harm sustained by a Plan Participant that results directly and independently from all other causes from a Covered Accident. All injuries sustained by one person in any one Accident, including all related conditions and recurrent symptoms of these injuries, and are considered a single Injury/event.
18. **“Medical Emergency”** means a condition caused by an Injury or Sickness that manifests itself by 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 health of the person in serious jeopardy.
19. **“Medically Necessary”** means a treatment, service or supply that is: 1. required to treat an Injury or Sickness; prescribed or ordered by a Doctor or furnished by a Hospital; 2. performed in the least costly setting required by the Plan Participant’s condition (usual, reasonable and customary); and 3. Consistent with the medical and surgical practices prevailing in the area for treatment of the condition at the time rendered.
20. **“Missing Bag Report”** means a formal report of loss as filed with the common carrier commonly known as a PIR (Passenger Irregularity Report) or PAWOB (Passenger arriving without baggage). This must include the 6 digit “CLAIM NUMBER” or the “World Tracer Record Number” as provided by the carrier.
21. **“Missing Person”** means a Plan Participant who disappeared for an unknown reason and whose disappearance was reported to the Appropriate Authorities.
22. **“Natural Disaster”** means storm (wind, rain, snow, sleet, hail, lightning, dust or sand) earthquake, flood, volcanic eruption, wildfire or other similar event that: 1. is due to natural causes; and 2. results in such severe and widespread damage that the area of damage is officially declared a disaster area by the government in which the Plan Participant’s Trip occurs and the area is deemed to be uninhabitable or dangerous.
23. **“Nearest Place of Safety”** means a location determined by the Designated Security Consultant where: 1. the Plan Participant can be resumed safe from the Occurrence that precipitated the Plan Participant’s Political Evacuation; and the Plan Participant has access to Transportation; and 2. the Plan Participant has the availability of temporary lodging, if needed.
24. **“Necessities”** means personal hygiene items and clothing.
25. **“Occurrence”** means any of the following situations involving a Plan Participant: 1. expulsion from a Host Country or being declared persona non-grata on the written authority of the recognized government of a Host Country; 2. political or military events involving a Host Country, if the Appropriate Authorities issue an Advisory stating that citizens of the Plan Participant’s Home Country or Country of Residence or citizens of the Host Country should leave the Host Country; 3. deliberate physical harm of the Plan Participant confirmed by documentation or physical evidence or a threat against the Plan Participant’s health and safety as confirmed by documentation and/or physical evidence; 4. Natural Disaster in the area you are traveling to and occurring after your effective date; 5. the Plan Participant had been deemed kidnapped or a Missing Person by local or international authorities and, when found, his or her safety and/or well-being are in question within seven days of his or her being found.
26. **“Plan Participant”** means any Insured and Dependent for whom the required premium is paid and a person in a Class of Eligible Persons for whom the required premium is paid making insurance in effect for that person. A Dependent covered is not a Plan Participant, but rather a Dependent.
27. **“Policy Period”** means the dates as shown on your certificate for which premium has been paid;
28. **“Political Evacuation”** means the extrication of a Plan Participant from the Host Country due to an Occurrence which could result in grave physical harm or death to the Plan Participant and is certified by a governing authority via declaration or warning.
29. **“Pre Departure Period of Insurance”** means the time period from the day after purchase until the scheduled departure date.

30. **“Pre-Existing Condition”** means Medical Expenses for a Pre-existing, Chronic, or Recurrent Medical Conditions that were being treated immediately prior to or whose onset was diagnosed or predicted or could have been avoided prior to travel and any claim arising in the course of travel undertaken against medical advice or where medical advice has been disregarded. See exclusion 1 for details.
31. **“Related Costs”** means food, lodging and, if necessary, physical protection for the Plan Participant during the Transport to the Nearest Place of Safety.
32. **“Sickness”** means an illness, disease or condition of the Plan Participant that causes a loss for which a Plan Participant incurs medical expenses while covered. All related conditions and recurrent symptoms of the same or similar condition will be considered one Sickness.
33. **“Strike or industrial action”** means any form of industrial action taken by employees, which is carried on with the intention of preventing, restricting or otherwise interfering with the production of goods or the provision
34. **“Traveling Companion”** means a person or persons with whom you have coordinated travel arrangements, shares the same accommodations as You and intend to travel with during the Trip.
35. **“Trip”** means travel by air, land, or sea from the Plan Participant’s Home Country.
36. **“Unexpected Recurrence of a Pre-Existing Condition”** means a sudden and unexpected recurrence of a Pre-existing Condition while outside the Plan Participant’s Home Country and does not include coverage for known, scheduled, required, or expected medical care, drugs or treatments existent or necessary prior to the Effective Date of coverage.
37. **“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.
38. **“Valuables/Electronics”** means cellular phones, satellite phones, photographic equipment, tablet PC’s, computers, iPods, CD players and personal music and stereo equipment, CD’s, computers, computer games and associated equipment, hearing aids, telescopes and binoculars, antiques, jewelry, watches, furs, and articles made of or containing gold, silver or other precious metals or animal skins or hides. Any item of value to be evaluated on a case by case basis.
39. **“We”, “Our”, “Us”** means GBG Insurance Limited and or its affiliated Insurers.

GENERAL EXCLUSIONS

Unless specified in the Benefits Schedule, in any written endorsement, or agreed by Company in writing, no claim can be made for compensation or payment for damage or expenses caused by or as a result of the following:

1. Pre-Existing Conditions. Medical Expenses for a Pre-existing, Chronic, or Recurrent Medical Conditions that were being treated immediately prior to or whose onset was diagnosed or predicted or could have been avoided prior to travel and any claim arising in the course of travel undertaken against medical advice or where medical advice has been disregarded and inclusive of:
 - 1.1 Any illness, resulting in hospitalization within the previous 12-months prior to the Plan Participant (s) beginning travel or
 - 1.2 Has been under a doctor’s care for a condition that may result in deterioration of the Plan Participant or a diagnosis being changed as a result of testing for a known situation or
 - 1.3 Any changes in prescription drugs, therapies or diet that are a result of a previously known condition that can effect degrade or alter the Plan Participant or
 - 1.4 A person with a terminal condition who either with or without medical approval chooses to travel and becomes ill as a direct consequence of that illness or the onset of a complication due to that illness.
 - 1.5 Pre-existing occurrences that are conducive to heart disease or cardiac conditions
2. In respect of Accidental Damage to Natural Teeth, no benefit is payable for injury caused by eating or drinking (even if it contains a foreign body), normal wear and tear, tooth brushing or any other oral hygiene procedure or any means other than extra-oral impact, any form of restorative or remedial work, the use of precious metals, orthodontic treatment of any kind or dental treatment performed in a hospital unless dental surgery is the only treatment available to alleviate pain.
3. Suicide or attempted suicide, intentional self-injury, the effect of intoxicating liquors or drugs;
4. Treatment of hernia, Osgood-Schlatter disease, osteochondritis, osteomyelitis, pathological fractures, congenital weakness whether or not caused by a Covered Accident.
5. Evacuation costs where the Plan Participant is not being admitted to a Hospital for Treatment or where costs have not

been approved by Company prior to travel commencing;

6. Any costs arising after expiry of the current Period of Insurance; unless this plan has been renewed for a subsequent 12 months or the Plan Participant was being treated during the period of insurance as a result of an accident.
7. Any form of treatment or surgery which in the opinion of the Doctors(s) in attendance and GBG Assist can be delayed until your return to your Home Country.
8. Any treatment for HIV / AIDS related conditions or illnesses whether pre-existing or diagnosed during or immediately after a covered period.
9. Any expenses incurred after you have returned to your Home Country unless specified by rider and or Home Country return coverage has been purchased.
10. Medical Expenses in excess of a limit stated in the Benefits Schedule.
11. The amount of the plan Excess, Deductible or Co-Payment, as stated on the Certificate of Insurance;
12. Any cost resulting in an illness, Injury or death from the misuse of drugs or being under the influence or effect of alcohol (other than a legally prescribed medication by a licensed medical professional).
13. Needless self-exposure to peril except in an attempt to save human life.
14. Intentional or fraudulent acts on the Plan Participant's part or their consequences;
15. Trips specifically made for the purpose of obtaining medical treatment.
16. Cosmetic surgery or remedial surgery, removal of fat or other surplus body tissue and any consequences of such Treatment, weight loss or weight problems/eating disorders, whether or not for psychological purposes, unless required as a direct result of an accident which occurs during the Period of Insurance;
17. Treatment for alcoholism, narcotics, drug and substance abuse/dependency or any addictive condition of any kind and any injury or illness arising from the Plan Participant being under the influence of alcohol, drugs or any other intoxicating substance;
18. Pregnancy, childbirth whether normal or complicated, including the transfer of a pregnant woman to hospital to give routine childbirth or air travel when the Plan Participant is more than 20 weeks pregnant and was NOT a result of an accident or onset of complications relating from an accident.
19. Treatment for mental or nervous disorders, including transitional life events, homesickness, fatigue, jet-lag or work related stress; the costs of psychotherapists, psychologists, family therapists or bereavement counselors.
20. Use of any type of firearm(s) (Defined as any device that discharges a projectile of any type).
21. Any expenses relating to search and rescue operations to find a Plan Participant in mountains, at sea, in the desert, in the jungle and similar remote locations including air/sea rescue charges for evacuation to shore from a vessel or from the sea;
22. Charges or fees incurred for the completion of Medical Claim Forms;
23. Expeditions, and mountaineering and or trekking above 3500M or 11,500 feet is considered extreme sport and not covered, included and not limited to.
 - 23.1 Expeditions to Mt Everest, K2, Kilimanjaro, Antarctica, the Arctic, North Pole and Greenland.
24. For all claims within Cuba: the insured must pay the service provider at time of service and apply for reimbursement upon return to the US/Country of Residence. Important information for AMERICANS traveling to CUBA. Americans must have US government approval and proper documentation when traveling to Cuba or the claim will be denied.
25. Travel Limitations: Countries that are restricted are limited to North Korea, Iran, Syria and any other locations that are known to be under duress/alert or pose a higher risk prior to departing for a trip. Should a Plan Participant or broker be in doubt they should contact GBG for clarification or risk evaluation.
26. Motorcycle vacations or holidays of any kind.
27. The radioactive, toxic, explosive or other hazardous or contaminating properties of any nuclear installation, reactor or other nuclear assembly or nuclear component thereof.
28. War Insurrection and Terrorism: The Insurer shall not be liable for:
29. Nuclear, and Weapons of mass destruction: means the use of any explosive nuclear weapon or device or the emission, discharge, dispersal, release or escape of fissile material emitting a level of radioactivity capable of causing incapacitating disablement or death amongst people or animals.
30. Chemical Weapons: mass destruction means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing incapacitating disablement or death

amongst people or animals.

31. Utilization of Biological weapons of mass destruction means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) micro-organism(s) and/or biologically produced toxin(s) (including genetically modified organisms and chemically synthesized toxins) which are capable of causing incapacitating disablement or death amongst people or animals.
32. Terrorism: Terrorist activity means an act, or acts, of any person, or group(s) of persons, committed for political, religious, ideological or similar purposes with the intention to influence any government and/or to put the public, or any section of the public, in fear. Terrorist activity can include, but not be limited to, the actual use of force or violence and/or the threat of such use. Furthermore, the perpetrators of terrorist activity can either be acting alone, or on behalf of, or in connection with any organization(s) or governments(s).

HOW TO FILE A CLAIM

Claim forms are downloadable from www.gbg.com. GBG Administrative Services can also send claims forms by e-mail, upon request. GBG Administrative Services must receive completed forms within 180 days of treatment to be eligible for reimbursement of Covered Expenses. All paid claims will be available to view on the www.gbg.com website. You must log in and then you will have access to claim status and claim payment or explanation of benefit information. All communication with regard to explanation of benefits will be electronic. Claim payments are subject to Copayments, Coinsurance, Deductibles and charges in excess of Usual, Customary and Reasonable.

The claim form is to be used only when a Provider does not bill the Company directly, and when you have out-of-pocket expenses to submit for reimbursement. All claim forms must have itemized bills and receipts attached, and should include the following information: name of patient, printed invoice number, name and entity of medical practitioner or institution, description of services rendered.

Claims submitted by the Provider may be submitted to the Insurer directly by the institution or Provider. Bills coming from Providers within the United States should be submitted on HCFA 1500 or UB92 formats.

Web:

www.gbg.com

Mail:

GBG Administrative Services
27422 Portola Parkway
Suite 110
Foothill Ranch, CA 92610
USA

Fax:

+1 949 271 2330

Email:

gbgassist@gbg.com

Status of Claims

Plan Participant's wishing to request the status of a claim or have a question about a reimbursement received, please submit the status request form via our website at www.gbg.com or e-mail customer service at gbgassist@gbg.com. Inquiries regarding the status of past claims must be received within 12 months of the date of service to be considered for review. Claim payment information including status and payment will be available electronically for Your review.

Accidental Death and Dismemberment Claims

To substantiate a claim for benefits covered by the plan, the following initial documents must be submitted:

1. An official certificate of death, indicating date of birth of the Plan Participant;
2. A detailed medical report at the onset and course of the disease, bodily injury or Accident that resulted in the death or dismemberment. In the event of no medical treatment, a medical or official certificate stating the cause and circumstances of death;
3. The Insurer will pay the benefit as soon as the validity of the claim for benefits has been reasonably satisfied. Expenses incurred in relation to the substantiation of a claim will not be the responsibility of the Insurer.

Releasing Necessary Information

The Plan Participant agrees on behalf of himself and his Dependent(s), to let any Physician, Hospital, Pharmacy or Provider give Insurer all medical information determined by the Insurer to be necessary, including a complete medical history and/or

diagnosis. The Insurer will keep this information confidential. In addition, by applying for coverage, the Plan Participant authorizes the Insurer to furnish any and all records respecting such Plan Participant including complete diagnosis and medical information to an appropriate medical review board, utilization review board or organization and/or to any administrator or other insurance carrier for purposes of administration of this plan. There may also be additional health information requests from the Plan Participant.

Request for Reproduction of Records

The Insurer reserves the right to charge a fee for reproductions of claims records requested by the Plan Participant or his representative.

Time Limits

Requests for payment of benefits must be received in the Insurer's claims administrator office no later than 180 days following the date on which the Plan Participant received the service. Claims received after this date will be excluded from coverage.

Inquiries regarding past claims must be received within 12 months of the date of service to be considered for review.

Subrogation/Indemnity

The Insurer has a right of Subrogation or reimbursement from or on behalf of a Plan Participant to whom it has paid any claims if such insured has recovered all or part of such payments from a third party. Furthermore, the Insurer has the right to proceed at its own expense in the name of the Plan Participant, against third parties who may be responsible for causing a claim or who may be responsible for providing indemnity of benefits for any claim.

ATMSafe Claims

This benefit will be payable provided the robbery is reported to the police within 48 hours of its occurrence, and the following documentation is produced upon submission of a claim:

1. A copy of the police report;
 2. A fully completed dated and signed (by the Plan Participant) claim form;
 3. A copy of the ATM transaction receipt, showing the amount withdrawn, time, date and location of the ATM; and;
 4. Confirmation from the financial institution records that the transaction occurred at the time, date and said location.
- The Robbery Benefit is limited to two benefits, per period of insurance.

All claims must be submitted to the Insurer within 10 days from the date of the Robbery.

Claims Appeal

GBG Administrative Services

Attention: Appeals Department
27422 Portola Parkway, Suite 110
Foothill Ranch, CA 92610 USA

Appeals should be submitted within 60 days of receiving your processed claim. Upon appeal, the Plan Participant will pay any fees associated with the request of medical records. The GBG Administrative Services appeals committee will review your information and provide a response within 30 business days of receipt. For more detailed information regarding the appeals process, please visit www.gbg.com.

If you do not agree with the outcome of a processed claim, you may submit an appeal/grievance online at www.gbg.com (see online forms/applications). Alternatively, you can send a completed Appeal/Grievance Form (available at www.gbg.com) along with all the supporting documents to:

GBG Administrative Services
Attention: Appeals Department
27422 Portola Parkway, Suite 110
Foothill Ranch, CA 92610 USA
www.gbg.com

Appeals Procedure

For the purposes of this section, any reference to “You”, “Your”, or Plan Participant also refers to a representative or Provider designated by You to act on Your behalf, unless otherwise noted.

The Insurer has a two-step appeals/grievance procedure for coverage decisions. To initiate an appeal, You must submit a request for an appeal/grievance in writing within 180 days of receipt of a denial notice. You should state the reason why You feel Your appeal or grievance should be approved and include any information supporting Your appeal/grievance. You may send it to the address above, or go to the website where You can complete an appeal form and submit it to Us.

Level One Appeal

If You are not satisfied with an administrative, Eligibility, rescission of coverage, denial or reduction of benefit or if a health care determination for Pre-Authorization or current care coverage has been denied; You have the right to file an appeal or a grievance within 90 days.

Your appeal/grievance will be reviewed and the decision made by someone not involved in the initial decision. Appeals involving Medical Necessity, clinical appropriateness or, being Experimental and/or Investigational will be considered by a health care professional.

For level one appeals, We will respond in writing or electronically with a decision within 15 calendar days after We receive an appeal for a required Pre-Authorization or concurrent care coverage determination (decision). We will respond within 30 calendar days after We receive an appeal for a post service coverage determination. If more time or information is needed to make the determination, We will notify You in writing or electronically to request an extension of up to 15 calendar days and to specify any additional information needed to complete the review.

You may request that the appeal process be expedited if (a) the time frames under this process would seriously jeopardize Your life, health, ability to regain maximum function or in the opinion of Your Physician would cause You severe pain which cannot be managed without the requested services; or (b) Your appeal involves non-authorization of an Admission or continuing Inpatient stay. Our medical review agent in consultation with the treating Physician will decide if an expedited review is necessary. When an appeal is expedited, We will respond within 72 hours, followed up in writing or electronically within five days.

Level Two Appeal

If You are dissatisfied with Our level one appeal decision, You may request a second review. To start a level two appeal, follow the same process required for a level one appeal.

Most requests for a second review will be conducted by the appeals committee, which consists of at least three people. Anyone involved in the prior decisions may not vote on the committee. For appeals involving Medical Necessity, clinical appropriateness, or being Experimental and/or Investigational, the committee will consult with at least one Physician reviewer in the same or similar specialty as the care under consideration, as determined by Our medical review agent.

For level two appeals We will acknowledge in writing or electronically that We have received Your request and schedule a committee review. For required Pre-Authorization and concurrent care coverage determinations, the committee review will be completed within 15 calendar days. For post-service claims, the committee review will be completed within 30 calendar days. If more time or information is needed to make the determination, We will notify You in writing to request an extension of up to 15 calendar days and to specify any additional time needed by the committee to complete the review. You will be notified in writing of the decision within five working days of the meeting, and within the committee review time frames.

You may request that the Level Two appeal process be expedited if, (a) the time frames under this process would seriously jeopardize Your life, health, ability to regain maximum function or in the opinion of Your Physician would cause You severe pain which cannot be managed without the requested services; or (b) Your appeal involves non-authorization of an Admission or continuing Inpatient stay. Our medical review agent in consultation with the treating Physician will decide if an expedited review is necessary. When an appeal is expedited, We will respond within 72 hours, followed up in writing or electronically within five calendar days.

Independent Review Procedure

If You are not satisfied with the final adverse benefit determination decision of the level two appeal review regarding Your Medical Necessity, clinical appropriateness, or being Experimental and/or Investigational, You may request that Your appeal be referred to an Independent Review Organization. The Independent Review Organization is composed of persons who are not employed by Us or Our administrator or any of Our affiliates. A decision to use this external level of appeal will not affect the claimant's rights to any other benefits under the plan.

There is no charge for You to initiate this independent review process. The Insurer will abide by the decision of the Independent Review Organization.

In order to request a referral to an Independent Review Organization, certain conditions apply. The reason for the denial must be based on a Medical Necessity or clinical appropriateness determination or because it is considered to be Experimental and/or Investigational by Our medical review agent. Administrative, eligibility, or benefit coverage reductions or exclusions are not eligible for appeal under this process.

To request a review, You must notify the appeals coordinator within 90 days of Your receipt of the Insurer's final adverse benefit determination. The Insurer will then forward the file to the Independent Review Organization.

The Independent Review Organization will render an opinion within 30 days, when requested and when a delay would be detrimental to Your condition, as determined by Your Physician and the external review agent, the review shall be completed within 72 hours upon receipt of required information.

ACCESSING AND ADMINISTERING YOUR BENEFITS VIA NETWORK PROVIDERS

Preferred Provider Network

The Insurer maintains a Preferred Provider Network both within and outside the United States. Within the United States, the Insurer recommends the use of the Preferred Provider Network for maximum benefit payment. Please visit www.GBG.com for a complete list of providers.

REFUND PROCEDURE

This plan may be refunded for 100% of premium minus any application fee and is contingent upon written notification to the Insurer within 30 days of initial purchase and prior to any effective date.

1. Single Trip Policies:
 - 1.1 Is NON-REFUNDABLE after the start of a journey and may not be pro-rated for a refund in the event of curtailment.
 - 1.2 For policies in which the cancellation and curtailment option is part of the plan then the plan is considered in-force from the time of initial purchase and is not eligible for a refund.
2. Annual Multi-trip Plans:
 - 2.1 If a refund is requested AFTER the effective date of the plan and for a period greater than 30 days then the unused portion of the plan will be refunded on a prorated basis minus a \$100.00 administration fee taken from any residual value in the plan and;
 - 2.2 Provided NO claims(s) have been submitted to the Insurer. If there is a claim in process or has been previously paid then plan will be deemed as 100% non-refundable and;
 - 2.3 The plan will have NO value if it is in force for a period greater than 180 days.
 - 2.4 For plans in which the cancellation and curtailment option is part of the plan then the plan is considered in-force from the time of initial purchase and is not eligible for a refund after the initial 30 day period.

ADDITIONAL BENEFITS OF INSURANCE

Disappearance

If a Plan Participant has not been found within one (1) year of the disappearance, stranding, sinking or wrecking of any conveyance in which a Plan Participant was an occupant at the time of the accident, then it will be assumed, subject to all other terms and conditions of the plan, that a Plan Participant has suffered a loss of life.

Exposure

If as the result of an accident an insured is caused to be unavoidably exposed to the elements and as a result of the exposure there is a loss, then such loss will be covered.

SUBSCRIPTION AGREEMENT

I hereby apply to be a Plan Participant of the International Benefit Trust established in the Cayman Islands (the "trust") and to participate in the insurance coverage extended by GBG Insurance Limited (the Insurer) to Plan Participants under the trust (the "coverage"). I understand that the coverage is not a general health insurance product, but is intended for use in the event of a sudden and unexpected event while traveling outside my Home Country. I understand that the coverage extended to me will terminate upon my return to my Home Country unless I qualify for a benefit period or Home Country coverage. I understand that I may obtain full details of the coverage by requesting a copy of the master policy from the plan manager. I understand that the liability of the Insurer as underwriters of the coverage is as provided in the master policy.

By acceptance of coverage and/or submission of any claim for benefits, the Plan Participant ratifies the authority of the signer to so act and bind the Plan Participant.

The Plan Participant undertakes to make all premium payments as they fall due in respect of the coverage extended to them. The trustee shall not be responsible for the administration of such payments.

If the Plan Participant fails to make any premium payment due in respect of the coverage extended to them, subject to the discretion of the insurance company, such coverage will lapse.

The Plan Participant hereby confirms the accuracy of all information validity of all representations and warranties provided to the trustee in connection with its participation in the plan and/or the subscription for the insurance coverage, howsoever provided, including the terms of this subscription agreement, (together "representations & warranties"). The Plan Participant acknowledges that certain of such information will be relied upon by the Insurer as providers of the coverage and that any inaccuracy therein may result in the invalidity of such coverage as it relates to the Plan Participant, the loss of coverage and all monies paid in relation thereto. The Plan Participant hereby undertakes to inform the trustee of any change to any of matter that forms the subject of any of the representation & warranties. The Plan Participant hereby undertakes to indemnify and hold harmless the trustee against any loss or damage (including attorney's fees) occasioned by any inaccuracy in any representation & warranty or failure to advise the trustee of any change in any matter that forms the subject of any of the representation & warranties. The Plan Participant agrees that the trustee shall be entitled to rely on and to act in accordance with any written instruction purported to be provided by the Plan Participant and the Plan Participant hereby undertakes to indemnify and hold harmless the trustee against any loss or damage (including attorney's fees} occasioned by the trustee acting in accordance with any such instruction.

Payments under the terms of the coverage shall be paid by the Insurer to the Plan Participant or directly to a provider if assignment of benefits has been authorized. The trustee shall not be responsible for the administration of such payments.

I confirm that I have satisfied myself that the coverage is appropriate for me and that I meet the eligibility criteria.