



(Herein called the Company)
 Policy Number: **GLB – 9128971**

In consideration of the payment of premium in the manner and at the time stated in Item 6 of Section I, Declarations, agrees with the Policyholder named in the Declarations (herein called Policyholder) to insure eligible persons of the Policyholder (here individually called Insured Person), to the extent herein provided and subject to all of the exceptions, limitations and provisions of the policy.

Section I DECLARATIONS

1. Name of Policyholder: Sun Trust Bank
Address: 1445 New York Ave, N.W.
 Washington, D.C. 20005-2108

Name of Participating Organization: Worldwide Health International
Address: 3300 Business Park Drive
 Stevens Point, WI 54482

2: Eligible Persons

The following persons shall be eligible for insurance hereunder:

CLASS

I

DESCRIPTION OF CLASS

Only United States citizens and Non-United States citizens whose travel does not include the United States, except United States citizen whose travel includes an incidental trip to the United States, and who are at least 14 days of age are eligible for coverage under this plan. Individuals age 70 to 79 as of the Certificate effective date are subject to a \$50,000 overall maximum. Individuals age 80 and over as of the Certificate effective date are subject to a \$10,000 overall maximum.

Schedule of Benefits:

The insurance afforded hereunder is only with respect to such and so many of the indemnities as are indicated by a specific amount set below each such indemnity listed in this Schedule and is only with respect to Insured Persons in the classes designated herein. Indemnities not afforded hereunder are so indicated by the word "Nil" set below each such indemnity listing.

	Class
	I
Principal Sum	
<u>Age</u>	<u>Amount</u>
14 days-17 Years	\$5,000
18-69	\$25,000
70-74	\$12,500
75+	\$6,250
Weekly Amount	
NIL	
Maximum No. of Weeks Payable	
NIL	
Maximum Amount Payable	
\$50,000;\$100,000;\$250,000;\$500,000; \$1,000,000	
5. Aggregate Limit of Indemnity Per Accident:	
\$50,000,000.00	

**Section II DEFINITION OF INJURY
 Part A AND SCOPE OF COVERAGE**

"Injury" wherever used in the policy means bodily injury caused by an accident and resulting directly and independently of all other causes in loss covered by the policy, provided such injury is sustained by the Insured Person:

- (1) while the policy is in force with respect to such person, and
- (2) Under the circumstances and in the manner described in the Hazard of Part B of this Section II, which applicable to such person, provided that
 - (a) if an entry is stated herein, the Hazard applicable to all Insured Persons shall be Hazard H-15A; or
 - (b) if entries are stated herein, the Hazard applicable to an Insured Person's class shall be as stated herein

Class

I

Hazard Applicable to Class
 H-15A

If by reason or an accident covered by the policy an Insured Person is unavoidably exposed to the elements and as a result of such exposure suffers a loss for which indemnity is otherwise payable hereunder such loss will be covered under the terms of the policy.

**Section II DEFINITION OF INJURY
 Part B AND SCOPE OF COVERAGE
 Hazard H-15A**

**24-HOUR ACCIDENT PROTECTION WHILE ON A
 SPECIFIC TRIP**

The Hazards described in this Hazard H-15A apply only to those Insured Persons who are within a class to which this Hazard applies as stated in Part A of this Section II.

DESCRIPTION OF HAZARDS

Such insurance as is afforded to an Insured Person to which this Hazard H-15A applies, shall apply only to injury, as defined in Part A of this Section II, sustained by such person during the course of a trip sponsored by the Policyholder. Such trip shall be deemed to have commenced when the Insured Person leaves his country of permanent residence for the purpose of going on such trip, and shall continue until such time as he returns to his country of permanent residence.

- Coverage is valid only if plan cost has been paid -
PRODUCT NUMBER: 008655-P1-P5 1/10
 In the event of a claim, please refer to the above Product Number.

Such insurance includes such injury sustained during such trip while the Insured Person is riding as a passenger (but not as a pilot, operator or member of the crew) in or on, boarding or alighting from:

- (1) any civilian aircraft having a current and valid airworthiness certificate, and piloted by a person who then holds a valid and current certificate of competency of a rating authorizing him to pilot such aircraft; or
- (2) any transport type aircraft operated by the Military Airlift Command (MAC) of the United States, or by the similar air transport service of any duly constituted governmental authority of any other recognized country; provided that this Hazard H-15A shall not apply while such Insured Person is riding in any civilian or military aircraft other than as expressly described herein, unless previously consented to in writing by the Company.

EXCLUSIONS

Such insurance as is afforded an Insured Person to which this Hazard H-15A applies, does not apply to any loss, fatal or non-fatal, caused by or resulting from injury sustained while the Insured Person is:

- (1) flying in any aircraft being used for or in connection with acrobatic or stunt flying, racing or endurance tests;
- (2) flying in any rocket-propelled aircraft;
- (3) flying in any aircraft being used for or in connection with crop dusting or seeding or spraying, fire fighting, exploration, pipe or power line inspection, any form of hunting bird or fowl herding, aerial photography, banner towing or any test or experimental purpose, unless previously consented to in writing by the Company;
- (4) flying in any aircraft which is engaged in any flight which requires a special permit or waiver from the authority having jurisdiction over civil aviation, even though granted, unless previously consented to in writing by the Company.

DEFINITION

The term "airworthiness certificate" as used in this Hazard shall mean the "Standard" Airworthiness Certificate issued by the Federal Aviation Agency of the United States or its foreign equivalent issued by the governmental authority having jurisdiction over civil aviation in the country of its registry.

Section III COVERAGE

Accidental Death and Dismemberment Indemnity

The Company shall pay an indemnity determined from the Table of Losses if an Insured Person sustains a loss stated therein resulting from injury, provided that:

- (a) such loss occurs (1) within 365 days after the date of accident causing such loss; or (2) if Weekly Accident Indemnity is provided under the policy with respect to an Insured Person, within a period of continuous total disability resulting from such injury and for which indemnities are payable with respect to such person under such provision, but within fifty-two weeks after the date of accident causing such loss; and
- (b) the indemnity payable for any such loss shall be the amount stated opposite such loss in said Table, and the Principal Sum stated therein shall be the amount stated as Principal Sum in Item 4 of Section I, Declarations, as applicable to such person and this Coverage; and
- (c) if more than one loss stated in said Table is sustained as the result of one accident, only one of the amounts so stated in said Table, the largest, shall be payable.

Table of Losses

<u>Description of Loss</u>	<u>Indemnity</u>
For Loss of:	
Life.....	Principal Sum
Both Hands or Both Feet	
or Sight of Both Eyes	Principal Sum
One Hand and One Foot.....	Principal Sum
Either Hand or Foot	
and Sight of One Eye	Principal Sum
Either Hand or Foot	One-Half the Principal Sum
Sight of One Eye	One-Half the Principal Sum
Quadriplegia	Principal Sum
Paraplegia	75% of Principal Sum
Hemiplegia	One-Half the Principal Sum
Uniplegia	25% of Principal Sum

The term "loss" as used herein shall mean with regard to hands and feet, actual severance through or above wrist or ankle joints, and with regard to eyes, entire irrecoverable loss of sight.

The term Quadriplegia means the complete and irreversible paralysis of both upper and both lower limbs. Paraplegia mean the complete and irreversible paralysis of both lower limbs. Hemiplegia means the complete and irreversible paralysis of the upper and lower limbs of the same side of the

body. Uniplegia means the complete and irreversible paralysis of one limb.

Only one benefit, the largest to which the Insured Person is entitled, will be paid for losses resulting from the same accident.

Disappearance

If the body of an Insured Person has not been found within one year of the disappearance, forced landing, stranding, sinking or wrecking of a conveyance in which such person was an occupant, then it shall be deemed, subject to all other terms and provisions of the policy, that such Insured Person shall have suffered loss of life within the meaning of the policy.

Beneficiary Designation and Change

The beneficiary or beneficiaries of an Insured Person shall be that person or those persons designated by the Insured Person and filed with the Company.

Any Insured Person who has not made an irrevocable designation of beneficiary may designate a new beneficiary at any time, without the consent of the beneficiary, by filing with the Company a written request for such change but such change shall become effective only upon receipt of such request at the Executive Office of the Company. When such request is received by the Company, whether the Insured Person be then living or not, the change of beneficiary shall relate back to and take effect as of the date of execution of the written request, but without prejudice to the Company on account of any payment therefore made by it.

Aggregate Limit of Indemnity

The Aggregate Limit of Indemnity stated in Item 5 of the Declarations shall be the total limit of the Company's liability for all indemnities payable under Accidental Death and Dismemberment Indemnity with respect to all classes of Insured Persons arising out of injury sustained by two or more Insured Persons as the result of any one accident.

If the total of such indemnity exceeds said Aggregate Limit of Indemnity, the Company shall not be liable to any one such Insured Person for a greater proportion of such Insured Person's indemnity afforded by the Accidental Death and Dismemberment Indemnity than said Aggregate Limit of Indemnity bears to the total indemnities afforded by this Accidental Death and Dismemberment Indemnity to all such Insured Persons.

Excess Benefits

All coverages, except Accidental Death and Dismemberment, shall be in excess of all other valid and collectible insurance indemnity and shall apply only when such benefits are exhausted.

Section IV EXCLUSIONS

The policy does not cover any loss, fatal or non-fatal, caused by or resulting from:

1. suicide or any attempt thereof by the Insured Person while sane or self destruction or any attempt threat by the Insured Person while insane;
2. disease of any kind;
3. bacterial infections except pyogenic infection which shall occur through an accidental cut or wound;
4. hernia of any kind;
5. injury sustained in consequence of riding as a passenger or otherwise in any vehicle or device for aerial navigation except as provided in Part B of Section II, Definition of Injury and Scope of Coverage;
6. declared or undeclared war or any act thereof;
7. service in the military, naval or air service of any country.

Section V POLICY PROVISIONS

1. **ENTIRE CONTRACT; CHANGES:** The policy, including the endorsements and the attached papers, if any, constitutes the entire contract of insurance. No change in the policy shall be valid until approved by an executive officer of the Company and unless such approval be endorsed hereon. No agent has authority to change this policy or to waive any of its provisions.
2. **NOTICE OF CLAIM:** Written notice of claim must be given to the Company within twenty days after the occurrence of commencement of any loss covered by the policy, or as soon thereafter as is reasonably possible. Notice given by or on behalf of the claimant to the Administrative Offices of the Company, or to any authorized agent of the Company, with information sufficient to identify the Insured Person shall be deemed notice to the Company.
3. **CLAIMS FORMS:** The Company, upon receipt of a notice of claim, will furnish to the claimant such forms as are usually furnished by it for filing proofs of loss. If such forms are not furnished within fifteen days after the giving of such notice the claimant shall be deemed to have complied with the requirements of the policy as to proof of loss upon submitting, within the time fixed in the policy for filing proofs of loss, written proof covering the occurrence, the character and the extent of the loss for which claim is made.

4. **PROOFS OF LOSS:** Written proof of loss must be furnished to the Company at its said office in case of claim for loss for which this policy provides any periodic payment contingent upon continuing loss within ninety days after the termination of the period for which the Company is liable and in case of claim for any other loss within ninety days after the date of such loss. Failure to furnish such proof within the time required shall not invalidate nor reduce any claim if it was not reasonably possible to give proof within such time, provided such proof is furnished as soon as reasonably possible.

5. **TIME OF PAYMENT OF CLAIMS:** Indemnities payable under the policy for any loss other than loss for which the policy provides any periodic will be paid immediately upon receipt of due written proof of such loss. Subject to due written proof of loss, all accrued indemnities for loss for which the policy provides periodic payment will be paid at the expiration of each four weeks during the continuance of the period for which the Company is liable, and any balance remaining unpaid upon the termination of liability will be paid immediately upon receipt of due written proof.

6. **PAYMENT OF CLAIMS:** Indemnity for loss of life will be payable in accordance without he beneficiary designation and the provisions respecting such payment which may be prescribed herein and effective at the time of payment. If no such designation or provision is then effective, such indemnity shall be payable to the estate of the Insured Person. Any other accrued indemnities unpaid at the Insured Person's death may, at the option of the Company, be paid either to such beneficiary or to such estate. All other indemnities will be payable to the Insured Person.

If any indemnity of the policy shall be payable to the estate of an Insured Person, or to an Insured Person who is a minor or otherwise not competent to give a valid release, the Company may pay such indemnity, up to an amount not exceeding \$1,000, to any relative by blood or connection by marriage of the Insured Person who is deemed by the Company to be equitably entitled thereto. Any payment made by the Company in good faith pursuant to this provision shall fully discharge the Company to the extent of such payment.

Subject to any written direction of the Insured Person all or a portion of any indemnities provided by this policy on account of hospital, nursing, medical or surgical service may, at the Company's option and unless the Insured Person requests otherwise in writing not later than the time for filing proof of

such loss, be paid directly to the hospital or person rendering such services, but it is not required that the service be rendered by a particular hospital or person.

7. **PHYSICAL EXAMINATION AND AUTOPSY:** The Company at its own expenses shall have the right and opportunity to examine the person of any individual whose injury or sickness is the basis of claim when and as often as it may reasonably require during the pendency of a claim hereunder and to make an autopsy in case of death, where it is not forbidden by law.

8. **LEGAL ACTIONS:** No action at law or in equity shall be brought to recover on the policy prior to the expiration of sixty days after written proof of loss has been furnished in accordance with the requirements of this policy. No such action shall be brought after the expiration of three years after the time written proof of loss is required to be furnished.

9. **CONFORMITY WITH STATE STATUTES:** Any provision of the policy which, on its effective date, is in conflict with the statutes of the state in which the policy was delivered or issued for delivery is hereby amended to conform to the minimum requirements of such statutes.

1. **EFFECTIVE DATE AND TERMINATION DATES OF INDIVIDUAL INSURANCE:** The persons eligible for inclusion as Insured Persons hereunder shall be all persons denoted in Item 3 of Section I, Declarations. Commencing on the date any such eligible person comes within any classification established therein, such person shall automatically become an Insured Person with respect to such insurance as is afforded by the policy as applicable to such person's class.

Any change in the insurance afforded an Insured Person, which results from a change of class of such person, shall become effective on the date such person's class changes, provided that, if such person is absent from active full-time work because of injury on the date such changes in coverage would otherwise become effective, such change in coverage shall become effective upon the date such person returns to active full-time work.

Coverage with respect to any Insured Person shall immediately terminate on the termination date of the policy or at the time such person ceases to come within any such classification, whichever is earlier; provided however, that such termination shall be without prejudice to any claim originating prior thereto.

2. CERTIFICATE OF INSURANCE: The Company shall issue to the Policyholder for delivery to each Insured Person an individual certificate which shall state the essential features of insurance to which such person is entitled and to whom benefits are payable to do so by the laws of the state in which the Insured Person resides when his insurance becomes effective.

Policy Amendment Rider #1

Medical Expenses

It is hereby understood and agreed that Section III, Coverage is amended to include the following:

The Company will pay benefits, as defined in Part I of this rider, entitled Schedule of Benefits, with respect to covered expenses as defined in Part II of this rider, entitled Covered Expenses, resulting from disablement. Coverage is limited to covered expenses incurred subject to the limitations contained in Part III of this rider, entitled Exclusions. The term "disablement" as used with respect to medical expenses shall mean an illness or an accidental bodily injury necessitating medical treatment by a physician as defined in this policy. All bodily injuries sustained in any one accident shall be considered one disablement, all bodily disorders existing simultaneously which are due to the same or related causes shall be considered one disablement. If a disablement is due to causes which are the same or related to the cause of a prior disablement (including complications arising therefrom), the disablement shall be considered a continuation of the prior disablement and not a separate disablement.

First treatment of an injury must occur during the period of coverage.

Part I Schedule of Benefits

When a covered injury or illness results, the Company will pay for:

In Hospital Medical Services	80% of covered expenses
In Hospital Surgical Services	80% of covered expenses
Out of Hospital Medical Expenses	80% of covered expenses

Excess of a \$0; \$100; \$250; \$500; \$1,000; or \$2,500 deductible

Claims incurred in the US or Canada: For the Certificate Period, the Company will pay 80% of the next \$5,000 of Eligible Expenses after the deductible up to the overall maximum limit if PPO network is not used, otherwise the Company will pay 100% of the next \$5,000 if Eligible expenses after the Deductible up to the overall maximum limit if PPO network is used.

When a covered injury or illness results, the Company will pay for:

In Hospital Medical Services	100% of covered expenses
In Hospital Surgical Services	100% of covered expenses
Out of Hospital Medical Expenses	100% of covered expenses

Excess of a \$0; \$100; \$250; \$500; \$1,000; or \$2,500 deductible

Claims incurred outside the US or Canada: For the Certificate Period, the Company will pay 100% of Eligible Expenses after the deductible up to the overall maximum limit.

The deductible is the dollar amount of covered expenses which must be incurred as an out-of-pocket expense by each Insured, per policy period.

Part II Covered Expenses

For the purpose of this section, only such expenses incurred as the result of and within 52 weeks from a disablement, which are specifically enumerated in the following list of charges, and which are not excluded in Part III of this rider, entitled Exclusions, shall be considered as covered expenses:

(1) Charges made by a hospital for room and board, floor nursing and other services, including charges for professional services, except personal services of a non-medical nature, provided, however, that expenses do not exceed the hospital's average charge for semi-private room and board accommodation, or two (2) times the average semi-private room charge if confinement to an intensive care unit is required, or the actual charge for an intensive care unit made by the servicing hospital, whichever is less;

(2) Charges made for diagnosis, treatment and surgery by a physician;

(3) Charges made for the cost and administration of anesthetics;

(4) Charges for medication, x-ray services, laboratory tests and services, the use of radium and radio-active isotopes, oxygen, blood transfusions, iron lungs, and medical treatment;

(5) Charges for physiotherapy, if recommended by a physician for the treatment of a specific disablement and administered by a licensed physiotherapist;

(6) Hotel room charge, when the insured, otherwise necessarily confined in a hospital, shall be under the care of a duly qualified physician in a hotel room owing to the unavailability of a hospital room by reason of capacity or distance or to any other circumstances beyond the control of the insured;

(7) Dressings, drugs, and medicines that can only be obtained upon written prescription of a physician or surgeon.

The charges enumerated above shall in no event include any amount of such charges which are in excess of regular and customary charges. A charge incurred by an insured shall be deemed a regular and customary charge for the services and supplies for which the charge is made if it is not in excess of the average charge for such services and supplies in the locality where received, considering the nature and severity of the sickness or bodily injury in connection with which such services and supplies are received. If the charge incurred is in excess of such average charge such excess amount shall not be recognized as covered expenses. All charges shall be deemed to be incurred on the date such services or supplies which give rise to the expense or charge are rendered or obtained.

It is further understood and agreed that as respects coverage under this rider only, Exclusions under Section IV of the policy to which this rider is attached shall be deleted in its entirety and the following substituted therefor:

Part III Exclusions

The following charges, treatments, surgeries, medications, conditions and circumstances are excluded:

1) Pre-existing Conditions – Charges resulting directly or indirectly from any Pre-existing Condition are excluded from this insurance. If you are under age 70, you are covered for Medical and Emergency Medical Evacuation charges resulting from an Acute Onset of a Pre-existing Condition, up to the limit set forth in the Schedule of Benefits and Limits. A Pre-existing Condition is any Illness, Injury or medical

condition or chronic or recurring illness or injury or medical condition, including any associated complications or consequences, which existed at or during the 2 years immediately preceding your Effective Date. An Acute Onset is a sudden and unexpected outbreak or recurrence of a Pre-existing Condition, that occurs spontaneously and without advance warning either in the form of Physician recommendations or symptoms. Treatment must be obtained within 24 hours of the sudden and unexpected outbreak or recurrence.

(2) Treatment for or related to any congenital condition.

(3) Routine pre-natal care, childbirth, care of newborns, post-natal care, birth control, artificial insemination, infertility, impotency or sexual dysfunction, sterilization or reversal thereof.

(4) False labor, edema, prolonged labor, prescribed rest during the period of Pregnancy, morning sickness and conditions of comparable severity associated with management of a difficult Pregnancy, and not constituting a medically distinct Complication of Pregnancy, and all charges related to Pregnancy after the 26th week of Pregnancy.

(5) Mental Health Disorders or Substance Abuse.

(6) Charges which are not incurred during the Certificate Period or the applicable Benefit Period, and charges which are not presented to the Company for payment within 60 days from the end of the Certificate Period or the applicable Benefit Period.

(7) Charges for use of Emergency Room within the US for treatment of illness unless the patient is directly admitted to the Hospital as Inpatient for further treatment of that illness.

(8) Not Medically Necessary and administered or ordered by a Physician.

(9) Provided at no cost, by a family member, or by a person who ordinarily resides with you, or which are attributable to or recoverable from any other party including government-sponsored plans.

(10) Charges which exceed Usual, Reasonable and Customary.

(11) Investigational, Experimental or for Research purposes.

(12) While confined primarily to receive Custodial Care, Educational or Rehabilitative care.

(13) Venereal Disease or treatment of Members who are HIV+, have AIDS or ARC.

(14) Treatment by a Chiropractor.

(15) Diseases of the skin.

(16) Dental treatment, including treatment of the temporomandibular joint, except for Emergency Dental treatment necessary to replace sound natural teeth lost or damaged in an Accident covered hereunder or for the relief of acute, spontaneous and unexpected onset of pain.

(17) Eyeglasses, vision exams, contact lenses, hearing tests, hearing aids, hearing implants, eye refraction, visual therapy, orthoptics or visual eye training or eye surgery (including cataract surgery and radial keratotomy) or for any examination or fitting related to these devices or procedures.

(18) Injury resulting from participation in the following activities: Amateur Athletics, Contact Sports, and professional sports or athletic activities. Non-contact and non-organized/non-sanctioned amateur sports or athletic activities engaged in by the Member solely for leisure, recreational, entertainment or fitness purposes are not excluded unless they are excluded by this provision. The following are excluded: Mountaineering where ropes or guides are normally used or at elevations of 4,500 meters or higher. Aviation, except when traveling solely as a passenger in a commercial aircraft. Hang gliding, sky diving, parachuting or bungee jumping; Snow skiing or snowboarding, except for recreational downhill and/or cross-country snow skiing or snowboarding (no cover provided whilst skiing away from prepared and marked in-bound territories and/or against the advice of the local ski school or local authoritative body); Racing by any animal or motorized vehicle; and spelunking; and subaqua pursuits involving underwater breathing apparatus unless NAUI/PADI certified, accompanied by a certified instructor, and at depths of less than 10 meters; jet skiing; and any other sport or athletic activity which is undertaken for thrill seeking and exposes you to abnormal or extreme risk of injury.

(19) Injury sustained while under the influence of or due wholly or partly to the effects of intoxicating liquor or drugs other than drugs taken in accordance with treatment prescribed and directed by a Physician but not for the treatment of Substance Abuse.

(20) Willfully self-inflicted Injury or illness and immunizations and Routine Physical Exams.

(21) The Deductible, Coinsurance and charges which are not included as Eligible Expenses as described in the Master Policy, and charges which exceed the limits set forth in the Schedule of Benefits and Limits.

(22) Treatment required as a result of complications or consequences of a treatment or condition not covered hereunder.

(23) Charges for travel or accommodations, except as provided for in the Local Ambulance, Emergency Medical or Political Evacuation, Repatriation of Remains, Emergency Reunion and Trip Interruption sections of this insurance. (19) For expenses as a result of or in connection with the commission of a felony offense;

(24) Treatment incurred as a result of exposure to non-medical nuclear radiation and/or radioactive material(s).

(25) Organ or tissue transplants or related services.

(26) Acts of Terrorism, except as provided for herein, war, insurrection, riot or any variation thereof.

Definitions

The term "hospital" as used in this rider or any rider attached hereto shall mean, except as may otherwise be provided, a hospital (other than an institution for the aged, chronically ill or convalescent, resting or nursing homes) operated pursuant to law for the care and treatment of sick or injured persons with organized facilities for diagnosis and surgery and have 24-hour nursing service and medical supervision.

The term "physician" as used in this rider or any rider attached hereto shall mean a doctor of medicine or a doctor of osteopathy licensed to render medical services or perform surgery in accordance with the laws of the state where such professional services are performed, however, such definition will exclude chiropractors and physiotherapists.

The term "injury" wherever used in this rider means bodily injury caused solely and directly by violent, accidental, external and visible means occurring while this policy is in force and resulting directly and independently of all other causes in loss covered by this policy.

The term "illness" wherever used in this rider means sickness or disease of any kind contracted and commencing after the effective date of this policy and causing loss covered by this policy.

Policy Amendment Rider #2

EMERGENCY EVACUATION

It is hereby understood and agreed that Section III, Coverage, is amended to include the following:

The Company will pay benefits for covered expenses incurred for the necessary Emergency Medical Evacuation while the Insured Person is outside a 100 mile radius from his/her fixed and permanent home or regular place of employment, up to a maximum of **\$500,000** in addition to the medical maximum. An emergency evacuation must be ordered by a legally licensed physician who certifies that the severity of the Insured Person's injury or sickness warrants the emergency evacuation of the Insured Person

Emergency Evacuation means:

- a) the Insured Person's medical condition warrants immediate transportation from the place where the Insured Person is injured or sick to the nearest hospital where appropriate medical treatment can be obtained; or
- b) after being treated at a local hospital, the Insured Person's medical condition warrants transportation to the place where he or she resides to obtain further medical treatment or to recover; or
- c) both a) and b) above.

Covered expenses are expenses, up to the maximum, for transportation, medical services and medical supplies necessarily incurred in connection with emergency evacuation of the Insured Person.

All transportation arrangements made for evacuating the Insured Person must be by the most direct and economical route. Expenses for special transportation must be:

- a) recommended by the attending physician, or
- b) required by the standard regulations of the conveyance transporting the Insured Person.

Expenses for medical services and supplies must be recommended by the attending physician.

Transportation means any land, water or air conveyance required to transport the Insured Person during an emergency evacuation.

Special Transportation includes, but is not limited to, air ambulance, land ambulance, and private motor vehicles.

REPATRIATION OF REMAINS

The Company will pay the reasonable covered expenses incurred to return the Insured Person's body home (to his/her home country) if he or she dies, not to exceed the maximum of the **Overall Maximum Limit** chosen.

Covered expenses include, but are not limited to, expenses for embalming, cremation, coffins and transportation.

It is further understood and agreed that:

- (1) Insurance to which this rider applies shall apply only to expenses which are incurred by an Insured Person while outside a 100 mile radius from his/her home or regular place of employment and which are coordinated through Assist.
- (2) As respects coverage under this rider only, Exclusions 2, 3, & 4 of Section IV shall be deleted.
- (3) The term 'Sickness' as used above means sickness or disease which causes loss covered herein for which symptoms are manifested while the policy is in force as to the Insured Person whose sickness is the basis for claim.

ASSISTANCE SERVICES

Travel Guard (herein called the Company), agrees to provide Services during the term of this Agreement, to the extent provided herein.

II. DEFINITIONS

Eligible Person(s) - An eligible person(s) means a person who is covered under the Class of Eligible Persons shown on the Schedule of Services and for whom the appropriate subscription fee has been paid.

Injury - Injury means bodily injury caused by an accident that requires emergency treatment and that occurs while this Service Agreement is in force as to the eligible person.

Sickness - Sickness means an illness or disease of the eligible person which is diagnosed or treated after the effective date of the Service Agreement and while the eligible person is covered under this Service Agreement.

Hospital - Hospital means a place that: a) holds a valid license (if required by law); b) operates primarily for the care and treatment of sick or injured persons as in-patients; c) has a staff of one or more physicians available at all times; d)

provides 24 hour nursing service and has at least one registered professional nurse on duty at all times; e) has organized diagnostic and surgical facilities, either on premises or in facilities available to the hospital on a prearranged basis; and f) is not, except incidentally, a clinic, nursing home, rest home or convalescent home for the aged or similar institution.

Physician - Physician means any licensed practitioner of the healing arts acting within the scope of her/his license who performs medical services required and provided for by this Service Agreement.

Immediate Family - The eligible person's spouse, children, brothers, sisters, mother, mother-in-law, father, father-in-law, adopted children, grandmother, grandfather, grandchildren, who reside in the United States or Canada.

Dependent Child or Children - Participant's unmarried child or children over 14 days and under 18 years of age and living in participant's home.

Country of Domicile - The country where an eligible person(s) has her/his true, fixed and permanent home and principal establishment, and to which whenever she/he has the intention of returning.

III. **Conditions of Availability of Services** - The Company will provide the Services under the conditions described in the Schedule of Services. Services shall be provided within the countries listed in the Schedule of Services.

IV. SERVICES PROVIDED

MEDICAL ASSISTANCE

As soon as the Company is notified of a medical emergency resulting from an accident or sickness of an eligible person(s), the Company's medical panel will contact the medical facility or location where the eligible person(s) is located and confer with the physician at the location to determine the best course of action to be taken. If possible and if appropriate the eligible person's family physician will be contacted to help arrive at a decision as to the best course of action to be taken. The company will then organize a response to the medical emergency, doing whatever is appropriate, including but not limited to recommending or securing the availability of services of a local physician, and arranging hospital confinement of the eligible person where, in its discretion the Company deems such confinement appropriate.

MEDICAL EVACUATION

When in the opinion of the Company's medical panel it is judged medically appropriate to move the eligible person to another location for treatment or return the eligible person to her/his residence or country of domicile, the Company will arrange the evacuation utilizing the means best suited to do so based on the medical evaluation of the seriousness of the eligible person's condition, and these means may include air ambulance, surface ambulance, regular airplane, railroad or other appropriate means. All decisions as to the means of transportation and final destination will be made by the Company's medical panel and will be based solely upon medical factors.

REPATRIATION

The Company agrees to make the necessary arrangements for the return of the remains of an eligible person to the country of to the country of domicile in the event the eligible person dies while this Service Agreement is in effect as to the eligible person.

LEGAL ASSISTANCE

If an eligible person is arrested or is in danger of being arrested as the result of any non-criminal action resulting from responsibilities attributed to her/him, the Company will, if requested, provide the eligible person with the name of an attorney who can represent her/him in any necessary legal matters.

LOST LUGGAGE or LOST PASSPORT

If an eligible person outside her/his country of domicile notifies the Company that her/his luggage or passport has been lost, the Company will endeavor to assist the eligible person by contacting the appropriate authorities involved and providing direction for replacement.

V. LIMITATION

The Company reserves the right to suspend, curtail, or limit its activities in connection with this Agreement in the event of war, riot, insurrection, opposition by legal and administrative authorities of a country where the incident takes place, or acts of God. The Company will, however, endeavor to provide services to the best of its ability during such occurrence. No Services shall be provided within an eligible person's permanent place of residence.

VI. DISCLAIMER OF LIABILITY

In all cases, the medical profession or any attorney suggested by the Company shall act in medical or legal capacity on behalf of the eligible person only. The Company assumes no responsibility for any medical advice or legal counsel given by the medical profession or attorney. The eligible person shall not have any recourse to the Company by reason of its suggestion of a medical professional or attorney or due to any legal or other determination resulting therefrom.

SCHEDULE OF SERVICES

I. Participating Organization: **Worldwide Health International**

II. Eligible Persons:

All registered employees of the Policyholder whose names are on file with the Policyholder and for whom premium has been paid.

III. Conditions of Availability of Services:

H-15: When Hazard applies and outside the Insured Person's Country of permanent residence.

IV. Countries in which services are to be provided: **Worldwide**

V. Maximum Amount (in US. Dollars) the Company will provide for an Emergency Evacuation of an eligible person: **\$500,000.00**

Maximum Amount (in US. Dollars) the Company will provide for Repatriation of an eligible person: **Overall Maximum Limit**

Maximum Amount (in US. Dollars) the Company will provide for Political Evacuation of an eligible person: **\$10,000.00**

Policy Amendment Rider #4

In consideration of the payment of premium calculated in the manner stated in the policy to which the rider is attached, it is hereby agreed that the policy is amended as follows:

Complications of Pregnancy:

Treatment of Complications of Pregnancy during the first 26 weeks of Pregnancy is covered under this insurance. Complications of Pregnancy is defined as: Illnesses whose diagnoses are distinct from Pregnancy, but are adversely affected by Pregnancy or caused by Pregnancy, and not associated with a normal Pregnancy. This includes: ectopic Pregnancy, spontaneous abortion, hyperemesis gravidarum, pre-eclampsia, eclampsia, missed abortion and conditions of comparable severity.

Hospital Indemnity:

If you are hospitalized as an Inpatient for treatment of a covered Illness or Injury, the Company will provide \$100 for each night you spend in the hospital. This benefit is in addition to payments for other covered expenses and is not subject to Deductible or Coinsurance.

Acute Onset of a Pre-Existing Condition:

If you are under age 70, you are covered for an Acute Onset of a Pre-existing Condition. Coverage is available up to \$15,000 Maximum for Eligible Medical Expenses and up to \$25,000 for Emergency Medical Evacuation. An Acute Onset of a Pre-existing Condition is a sudden and unexpected outbreak or recurrence of a Pre-existing Condition which occurs spontaneously and without advance warning either in the form of Physician recommendations or symptoms. Treatment must be obtained within 24 hours of the sudden and unexpected outbreak or recurrence.

Emergency Dental:

The following Emergency Dental expenses are covered: Emergency Dental treatment and Dental surgery necessary to restore or replace sound natural teeth lost or damaged in an Accident which is covered under this insurance subject to the Overall Maximum Limit; and Emergency Dental treatment necessary to resolve acute, spontaneous and unexpected onset of pain subject to a maximum benefit of \$100.

Political Evacuation:

If the United States government issues a travel warning that becomes effective on or after your date of arrival in your destination country, the plan will provide for transportation to the nearest place of safety or for return to your Home Country (Maximum \$10,000). You must contact Travel Guard within 10 days of the date the travel warning is issued and the evacuation must be approved in advance and coordinated by Travel Guard.

Emergency Reunion:

In the event of a covered Emergency Evacuation, the Company will provide the following benefits: The cost of an economy round-trip air and/or ground transportation ticket (\$15,000 Maximum Limit per Period) for one of your relatives (parent, spouse, sibling or child age 18 or older) for transportation to the area where you are hospitalized following Emergency Evacuation and reasonable expenses for lodging and meals for your relative, for a period not to exceed 15 days.

Return of Minor Children:

If you are the only person age 18 or older, traveling with one or more children under the age of 18, who are also covered by the Company, and you are Hospitalized for treatment of a covered Illness or Injury resulting in the children being left unattended for a period of time expected to exceed 36 hours, the Worldwide Health Series will provide the following benefit up to \$5,000: The cost of a one-way economy air and/or ground transportation ticket for each covered child to the terminal serving the area of Principal Residence of each covered child.

Terrorism

The Company provides Medical coverage for Injuries and Illnesses resulting from an Act of Terrorism, subject to a \$50,000 lifetime maximum, provided all of the following conditions are met:

1. The Injury or Illness does not result from chemical, nuclear or biological weapons or events.
2. You have no direct or indirect involvement in the Act of Terrorism.
3. The Act of Terrorism is not in a country or location where the United States government has issued a travel warning that has been in effect within the 6 months prior to your date of arrival.
4. You have not unreasonably failed or refused to depart a country or location following the date a warning to leave that country or location is issued by the United States government.

An Act of Terrorism is defined as: an act, including but not limited to, the use of force or violence and/or the threat thereof, of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organization(s) or government(s) committed for political, religious, ideological or similar purposes including the intention to influence any government and/or to put the public, or any section of the public, in fear.

Common Carrier Accidental Death:

In the event of your Accidental Death while traveling on board a commercial common carrier, the Company will provide the following benefit: Principal Sum of \$50,000 (\$25,000 for children under age 18), subject to a maximum of \$250,000 per family, to the Beneficiary designated on your Application. This benefit is not available in respect to losses resulting from an Act of Terrorism.

Natural Disaster Benefit:

In the event of natural disaster (hurricane, flood, tornado, tsunami, etc) the Company will provide up to \$100 a day for 5 days if the member is Displaced from planned, paid accommodations due to evacuation from forecasted disaster or following a disaster strike. Displaced is defined as required to depart the destination due to an evacuation ordered by prevailing authorities. Proof of paid accommodations must be submitted at time of claim.

Trip Interruption - \$5,000.00 Limit Per Period:

1. If, after you have departed, you learn of the death of a parent, spouse, sibling or child, or you learn of the substantial destruction of your Principal Residence by fire or weather, the Company will provide the following benefit: The cost of an economy one way air and/or ground transportation ticket for you to the area of your Principal Residence; or
2. If, following a covered Emergency Medical Evacuation, the attending Physician states that it is Medically Necessary for your return to your Home Country or to the area from which you were initially evacuated for continued treatment, recuperation and recovery, the Company will provide the following benefit: The cost of a one-way economy air and/or ground transportation ticket for your transportation from the area where you were hospitalized following the Emergency Evacuation, to the area where you were initially evacuated from, or to the terminal serving the area of your Principal Residence.

Lost Checked Luggage:

In the event your checked luggage is permanently lost by the carrier, the Company will provide the following benefit: Up to \$250 for replacement of clothes and personal hygiene items, not to exceed \$50 for any one item. You must file a formal claim with the transportation provider and provide copies of all claim forms and proof that the transportation provider has paid you its normal reimbursement for the lost checked luggage.

Felonious Assault

The Company will pay 100% of \$5,000 under this Rider when the Insured suffers one or more losses for which benefits are payable under the Accidental Death Benefit, Accidental Dismemberment Benefit or Coma Benefit provided by the Policy as a result of a Felonious Assault:

- 1) that is not a moving violation as defined under the applicable government motor vehicle laws; and,
- 2) that is not an act of an Immediate Family Member, another Insured or an individual who resides with the Insured on a permanent basis.

Only one benefit is payable for all losses as a result of the same Felonious Assault.

Felonious Assault – as used in this Policy, means any willful or unlawful use of force upon the Insured: (1) with the intent to cause bodily injury to the Insured; and (2) that results in bodily harm to the Insured; and (3) that is a felony or a misdemeanor in the jurisdiction in which it occurs.

Comatose Benefit

If Injury renders an Insured Person Comatose within 365 days of the date of the accident that caused the Injury, and if the Coma continues for a period of 30 consecutive days, the Company will pay a monthly benefit of 1% of the Principal Sum. No benefit is provided for the first 30 days of Coma. The benefit is payable monthly as long as the Insured Person remains Comatose due to that Injury, but ceases on the earliest of: (1) the date the Insured Person ceases to be Comatose due to that Injury; (2) the date the Insured Person dies; or (3) the date the total amount of monthly Coma benefits paid for all Injuries caused by the same accident equals 100% of the Principal Sum. The Company will pay benefits calculated at a rate of 1/30th of the monthly benefit for each day for which the Company is liable when the Insured Person is Comatose for less than a full month. Only one benefit is provided for any one month of Coma, regardless of the number of Injuries causing the Coma.

The Company reserves the right, at the end of the first 30 consecutive days of Coma and as often as it may reasonably require thereafter, to determine, on the basis of all the facts and circumstances, that the Insured Person is Comatose, including, but not limited to, requiring an independent medical examination provided at the expense of the Company.

Coma/Comatose - means a profound state of unconsciousness from which the Insured Person cannot be aroused to consciousness, even by powerful stimulation, as determined by a Physician.

Incidental Home Country Coverage

For each three (3) months during which an eligible Insured is covered hereunder, the Insured is covered for Medical Expenses only during incidental trips totaling no more than 15 days duration per three-month period of coverage. Incidental visit time must be used within the three-month period earned, and the Insured must continue his or her international trip in order to be eligible for this benefit. Return to the Insured's Home Country must not be taken for the purpose of obtaining treatment of an Illness or Injury that began while traveling.

Optional Hazardous Activity

It is understood and agreed that the following Hazard Activities as listed below are covered up to the overall maximum limit:

Motorcycling
Scuba Diving
Jet, Snow and Water Skiing
Mountain Climbing
Sky Diving
Amateur Racing
Piloting and Aircraft
Bungee Jumping
Spelunking
Whitewater Rafting
Surfing
Parasailing

Optional Athletic Activity

It is understood and agreed that the following Athletic Activities as listed below are covered up to the overall maximum limit. Coverage is provided for participation in amateur, club, intramural, interscholastic or intercollegiate:

Tennis
Swimming
Cross Country
Track

Baseball
Softball
Volleyball
Golf
All other sports are excluded.

Hospital Room and Board

It is understood and agreed that Hospital Room and Board are covered up to the average semi-private room rate, including nursing services subject to the chosen deductible and coinsurance.

Local Ambulance

It is understood and agreed that local ambulance expense is covered up to the usual reasonable and customary charges subject to the chosen deductible and coinsurance.

Intensive Care Unit

It is understood and agreed that intensive care expense is covered up to the usual reasonable and customary charges subject to the chosen deductible and coinsurance.

Outpatient Treatment

It is understood and agreed that outpatient treatment expense is covered up to the usual reasonable and customary charges subject to the chosen deductible and coinsurance.

Physical Therapy

It is understood and agreed that physical therapy expense is covered up to \$50 per visit subject to the chosen deductible and coinsurance.

Hospital Pre-Certification Penalty

In order to ensure your claims are addressed as efficiently as possible, you or the provider of service must contact the Travel Guard Assist Company for Pre-notification prior to any medical treatment in the US, as well as hospital admissions and inpatient / outpatient surgeries incurred worldwide. The Assistance Company has trained personnel available twenty-four (24) hours a day, seven (7) days a week throughout the year to answer your questions, provide assistance, and guide you to an appropriate facility. In the case of an Emergency Admission, the Assistance Company must be contacted within forty-eight (48) hours, or as soon as reasonably possible. Pre-notification does not guarantee

that benefits will be paid. Failure to pre-notify will result in a 50% reduction in Eligible Benefits.

All Other Eligible Medical Expenses

It is understood and agreed that all other eligible medical expenses are covered up to the usual reasonable and customary charges subject to the chosen deductible and coinsurance.



THIS ENDORSEMENT CHANGES THE POLICY.
PLEASE READ IT CAREFULLY.

ENDORSEMENT # 5

This endorsement, effective 12:01 A.M. February 1, 2010 forms a part of Policy No. GLB 9128971 issued to Worldwide Health International by The Insurance Company of the State of Pennsylvania.

COVERAGE TERRITORY ENDORSEMENT

This endorsement modifies insurance provided under the following:

Payment of loss under this policy shall only be made in full compliance with all United States of America economic or trade sanction laws or regulations, including, but not limited to, sanctions, laws and regulations administered and enforced by the U.S. Treasury Department's Office of Foreign Assets Control ("OFAC").

**When calling from the U.S., 1.888.859.4181.
When calling from abroad, call collect 1.715.345.0505.
We will coordinate your assistance needs
with the appropriate TG Center.**