

The Omega Program

Master Group Policy (TTc010408/01/TTc2010/Omega)

IMPORTANT

This Policy is to be read in conjunction with Your Schedule of Cover, application and any endorsements attaching to Your Schedule of Cover. Please carefully read Your Policy and the Schedule of Cover to ensure that all the details shown are accurate and correct. If this is not the case, please notify Talent Trust Consultants immediately.

If You should find that the Policy does not meet Your needs, please return it within 30 days from the date of issue and provided You have not made a claim, We will refund Your premium.

This Policy is an annual contract between the Insurer and those members of Talent Trust Consultants named as Insured Persons in the Schedule of Cover.

This insurance is available only to members of Talent Trust Consultants, to cover persons serving in vocational service. Once an Insured Person leaves their vocational service, cover will cease.

You must declare any material fact, which may affect Our acceptance of Your application for cover. If You are unsure as to whether a fact is material it should be disclosed. In the event that We discover that You have not declared a material fact, which We believe would have affected Our consideration of Your application, We reserve the right to cancel all cover without refund of premium and We will be entitled to reclaim any monies paid to You.

OPERATION of COVER

This insurance provides 24-hr worldwide cover for the cure and relief of Acute Medical Conditions by a Specialist or Medical Practitioner unless where is otherwise specified.

You must at all times take reasonable precautions to prevent Accidents or Illness and shall comply with recommended vaccination schedules and/or take appropriate malarial and other drug prophylaxis. All expenditure for which benefit is claimed must be Reasonable and Customary and be necessarily incurred and be wholly and exclusively for the purpose of Treatment.

TERRITORIAL LIMITS

Worldwide. All planned In-patient and Day-patient services and Treatment received in the USA must be pre-approved by us. When in the USA, all treatment must be sought in an approved facility in our preferred provider network.

DEFINITIONS

To help You understand Your Policy the following words and phrases used anywhere within Your Policy have specific meanings, which are set out in this section. To enable You to recognise the defined words and phrases We have shown them in bold wherever they appear in Your Policy.

Accident: An unexpected, unforeseen and involuntary external event resulting in injury occurring whilst Your Policy is in force.

Acute: A Medical Condition which is brief, has a definite end point and which We, on Advice or General Advice, determine can be cured by Treatment.

Act of Terrorism: 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 conjunction with any organisation(s) or government(s), committed for political, religious, ideological or ethnic purposes or reasons including the intention to influence any government and/or to put the public, or any section of the public, in fear.

Advice: Any consultation from a Medical Practitioner or Specialist including the issue of any prescriptions or repeat prescriptions.

Appliances: Devices and equipment when used as an integral part of a surgical procedure administered by a Medical Practitioner or Specialist.

Benefits: The insurance coverage provided by this Policy and any extensions or restrictions shown in the Schedule of Cover or in any endorsements (*if applicable*).

Bodily Injury: Injury which is caused solely by an Accident which results in the Insured Person's dismemberment, disablement or other physical injury.

Chronic: A disease, illness or injury that has at least one of the following characteristics:

- It continues indefinitely and has no known cure,
- It comes back or is likely to come back,
- It is permanent,
- You need to be rehabilitated or specially trained to cope with it,
- It needs long term monitoring, consultations, check-ups, examinations or tests.

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Co-Insurance: The percentage of the total value of the incurred expenses for which the Insured Person is responsible.

Commencement Date: The date shown on the Schedule of Cover on which the Policy first came into effect. The time of the start of cover under this Policy will be 00.01 am.

Congenital Anomaly: A genetic, physical or (*bio*) chemical defect, disease or malformation, which may either be hereditary/familial or due to an influence during gestation up to birth, and which may or may not be obvious at birth.

Continuous Transfer Terms: The acceptance by Us of Your original Date of Entry as shown by Your current insurer will be applied to Your Policy with Us. We will maintain Your existing underwriting or special acceptance terms, as offered by Your existing Insurer, such as any moratoria or specific exclusions and Your Policy with Us will be governed by the terms and conditions of Our Policy.

Country of Domicile: For the purpose of this Policy, this will be the country in which you were born and/or hold a passport for.

Country of Residence: The country in which You have Your habitual residence (*residing for a period of no less than 6 months per Period of Cover*) at the time this Policy is first taken out or at each subsequent Renewal Date.

Date of Entry: The date shown on the Schedule of Cover on which an Insured Person was included under this Policy.

Day-Patient: An Insured Person who is admitted to a Hospital bed but does not stay overnight.

Dental Practitioner: A person who is licensed by the relevant licensing authority to practise dentistry in the country where the dental Treatment is given.

Dependants: A spouse and/or unmarried children financially dependent and under the age of 18 years and living with You or under the age of 24 in full-time education. All Dependants must be named as Insured Persons in the Schedule of Cover.

Drugs and Dressings: Essential drugs, dressings and medicines prescribed by a Medical Practitioner or Specialist and which are not available without prescription.

Elective: Planned Treatment which is Medically Necessary, but which is not required in an Emergency.

Emergency: A sudden, serious and unforeseen acute Medical Condition or injury requiring immediate medical care and is such that if a person does not get care quickly, death or serious health problems may occur.

Evacuation: Where Treatment is not available at the place of the incident, in the event of a medical Emergency, the costs incurred in moving an Insured Person from the place of incident to the nearest country with appropriate medical facilities, as determined by the attending Medical Practitioner or Specialist in conjunction with Our medical advisors. All airline tickets are limited to economy class.

Excess: The amount payable by an Insured Person in respect of expenses incurred before any Benefits are paid under the Policy, as specified in Your Schedule of Cover.

Expatriate: Any persons living or working outside of the country for which they hold a passport, for a period exceeding 6 months per Period of Cover.

General Advice: Advice from the relevant professional body to establish medical practice and/or established medical opinion in relation to any Medical Condition or Treatment.

Hereditary: Transmitted from parents to offspring; inherited and which presents symptoms at birth.

Hospice: A hospital or part of a hospital, or facility licensed as a hospice, which is devoted to the care of patients with progressive diseases, where curative treatment is no longer possible on an In-Patient or domiciliary basis.

Hospital: An establishment that is legally licensed as a medical or surgical Hospital under the laws of the country in which it is situated.

In-Patient: An Insured Person who stays in a Hospital bed and is admitted for one or more nights solely to receive Treatment.

Insured Person/You/Your: The persons eligible to receive coverage under this policy as named on the Schedule of Cover.

Insurer: Aetna Life and Casualty Bermuda Limited – The Issuer of the Master Policy

Medical Condition: Any injury, illness or disease including psychiatric illness.

Medical Practitioner: A person who has attained primary degrees in medicine or surgery by attending a medical school recognised by the World Health Organisation and who is licensed by the relevant authority to practise medicine in the country where the Treatment is given.

Medically Necessary: A medical service or Treatment, which in the opinion of a qualified Medical Practitioner is appropriate and consistent with the diagnosis and which in accordance with generally accepted medical standards could not have been omitted without adversely affecting the Insured Person's condition or the quality of medical care rendered.

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Midwife: A person who, having been regularly admitted to a midwifery educational program, duly recognized in the country in which it is located, has successfully completed the prescribed course of studies in midwifery and has acquired the requisite qualifications to be registered and/or legally licensed to practice midwifery. A Midwife may practise in Hospitals, clinics, health units, domiciliary conditions or any other service.

Near Relative: Spouse, child, brother, sister, parents, parents-in-law, sister-in-law, and brother-in-law.

New Born: A baby who is within the first 16 weeks of its life following delivery.

Organ Transplant: The replacement of vital organs (*including bone marrow*) as a consequence of an underlying Medical Condition.

Out-Patient: An Insured Person who receives Treatment at a recognised medical facility, but is not admitted to a Hospital bed as an In-Patient or Day-Patient.

Palliative Treatment: Any Treatment given, on Advice or General Advice, for the purpose of offering temporary relief of symptoms. Palliative Treatment is not given to cure the Medical Condition causing the symptoms. For the purposes of this Policy, Palliative Treatment will include renal dialysis.

Period of Cover: The Period of Cover set out in the Schedule of Cover. This will be a 12-month period starting from the Date of Entry or any subsequent Renewal Date as applicable.

Physiotherapist: A person who is registered as a physiotherapist and licensed to practise in the country in which Treatment is being given.

Policy: The Insurance cover effected under the Master Policy with Talent Trust Consultants and as provided to You as detailed in this document.

Preferred Provider Network: The Insurer's network of medical providers in the USA where you must obtain all Treatment for valid Medical Conditions, which have been approved and accepted by us in advance. Please note: You are still responsible for any Co-Insurance and/or Excess applicable, which must be settled directly with the medical providers at the time of Treatment.

Premature Birth: A birth that takes place before 37 weeks of gestation have passed, counting from the first day of the last menstrual period.

Principal Insured: The main Insured Person named as such within the Schedule of Cover.

Private Room: Single occupancy accommodation in a private Hospital.

Qualified Nurse: A nurse whose name is currently on any register or roll of nurses, maintained by any Statutory Nursing Registration Body within the country in which they are resident.

Reasonable & Customary Charges: The average amount charged in respect of valid services or Treatment costs, as determined by Our experience in any particular country, area or region and substantiated by an independent third party, being a practising Surgeon/Physician/Specialist or government health department.

Related Condition: Any injuries, illnesses or diseases are Related Conditions if We, on General Advice, determine that one is a result of the other or if each is a result of the same injury, illness or disease.

Rehabilitation: Treatment of an Insured Person who had suffered a debilitating Medical Condition with the purpose of restoring him/her as much as Medically Necessary or practically able to the original position prior to such Medical Condition occurring.

Renewal Date: The anniversary of the Commencement Date of the Policy.

Schedule of Cover: The schedule giving details of the Insured Persons, Policy details and endorsements (*if applicable*).

Specialist: A registered Medical Practitioner who currently holds a substantive consultant appointment in that speciality, which is recognised as such by the statutory bodies of the relevant country.

Treatment: Surgical, medical or other procedures the sole purpose of which is the diagnosis, cure or relief of a Medical Condition.

Ward Room: Accommodation in a private Hospital where the patient is sharing the room with more than one other patient.

We/Our/Us: Aetna Global Benefits (AGB) and/or Talent Trust Consultants (*as appropriate*) on behalf of the Insurer.

COVER

We will provide cover within the terms of this Policy, in respect of eligible Medical Conditions arising from either Accident or illness, which first manifest themselves after your Date of Entry and where Treatment is provided during the Period of Cover or where such Medical Conditions have manifested themselves prior to the Date of Entry but have been declared to and accepted by Us in writing.

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The following Benefits are covered under this Policy, after your Excess (as shown in your Schedule of Cover) and the Co-Insurance have been deducted, subject to an annual maximum of US\$1,000,000 per Insured Person per Period of Cover. All refunds are limited to Reasonable and Customary Charges.

BENEFITS

We cover the costs for.

1) In-Patient & Day-Patient Costs:

- a) Hospital accommodation, limited to standard Private Room and associated charges, including charges for nursing by a qualified nurse
 - i) Limited to US\$600 per day, for room and board, for up to 240 consecutive days per covered event
 - ii) Limited to US\$1,500 per day, for intensive care room and board, for up to 180 consecutive days per covered event
- b) Surgery and theatre room fees
- c) Anaesthetist charges associated with surgery
- d) Chemotherapy and radiation therapy
- e) Laboratory tests, x-rays and diagnostic fees
- a) Drugs and dressings, medicines and Appliances prescribed by a Medical Practitioner or Specialist and dispensed by a licensed pharmacist and related to a covered event

2) Rehabilitation:

Admission to a recognised Rehabilitation Unit of a Hospital must be made within 14 days of discharge from Hospital following Treatment for a Medical Condition where the Insured Person was confined to a Hospital as an In-Patient for at least three consecutive days, and where a Specialist confirms in writing that Rehabilitation is required.

Such Treatment should be under the Supervision and control of a Specialist and would cover:

- a) Use of special Treatment rooms
- b) Physiotherapy fees
- c) Speech therapy fees
- d) Other services usually given by a Rehabilitation unit including Qualified Nurse care but not including private or special nursing or Specialist services

Limited to 120 days per Medical Condition.

3) Hospice Care:

Accommodation and associated charges whilst admitted as an In-Patient into a hospice, under the recommendation and direction of a Specialist and immediately following covered treatment received as an In-Patient in a Hospital – limited to costs incurred in the first thirty (30) days.

4) New Born Accommodation:

Hospital accommodation costs relating to a New Born baby to accompany its mother (*being an Insured Person*) whilst she is receiving Treatment as an In-Patient in a Hospital

5) Parent Accommodation

Standard Private Room accommodation in respect of parent or legal guardian staying with an Insured Person who is under 18 years of age and is admitted as an In-Patient to a Hospital

6) Organ Transplant:

Organ Transplants covered under this Policy are:

- a) heart
- b) heart/lung
- c) lung
- d) kidney
- e) kidney/pancreas
- f) liver
- g) allogenic bone marrow
- h) autologous bone marrow

Limited to US\$250,000 per lifetime

7) Out-Patient Charges

- a) Out-patient consultations/surgery.

The total number of Out-Patient consultations per Insured Person per Period of Cover is limited to a maximum of twenty-five (25) and further to a maximum of US\$2,000 (*whichever comes first*). Cover under this section of your policy includes:

- i) Specialist fees
- ii) Medical Practitioner fees
- iii) Psychiatrist fees – See Benefit 8 – Psychiatric Illness
- iv) Laboratory tests

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- v) X-rays
 - vi) Surgical intervention – limited to US\$500 per medical condition
 - vii) Anaesthetist charges associated with surgery
 - viii) Drugs and dressings, medicines and Appliances prescribed by a Medical Practitioner or Specialist and dispensed by a licensed pharmacist and related to a covered event
- b) Emergency treatment received in a dedicated Emergency room of a hospital – full refund
- c) Physiotherapy, chiropractic, homeopathy, acupuncture, osteopathy and podiatry treatments on referral by a Medical Practitioner or Specialist – limited to US\$60 per treatment and an aggregate of 20 sessions per Period of Cover
- d) MRI, CAT scan, echocardiography, endoscopy, gastroscopy, colonoscopy and cystoscopy – limited to US\$600 per investigation
- 8) Psychiatric Illness:**
Out-Patient Treatment, including Specialist consultations. Limited to US\$500 per Period of Cover and subject to the overall Out-Patient limits as shown in Benefit 7 – Out-Patient Charges.
All Treatment under this Benefit must be pre-authorized by Us and must at all times be administered under the direct control of a registered psychiatrist. Without Our written confirmation prior to such Treatment We will not be liable to pay any Benefit. However, the initial consultation with a Medical Practitioner (*not a psychiatric Specialist*), which results in a psychiatric referral is covered without the requirement for pre-authorization.
- 9) Home Nursing:**
Nursing care given outside a Hospital which is immediately received subsequent to Treatment as an In-Patient or Day-Patient on the recommendation of a Specialist and must be provided by a Qualified Nurse. Limited to 30 days per Medical Condition. All Treatment under this Benefit is conditional upon pre-authorization from Us. Without Our written confirmation prior to such Treatment, We will not be liable to pay any Benefit.
- 10) Convalescent Care:**
Home healthcare services and supplies, including care by a registered or licensed nurse, physiotherapy when rendered by a licensed therapist, medical supplies, drugs, and use of medical appliances immediately following In-Patient or Day-Patient treatment for a covered event. All services, supplies and treatments must be deemed Medically Necessary and ordered by a licensed physician – limited to thirty (30) days per covered event.
- 11) Ancillary Expenses:**
The purchase or rental of crutches or wheelchairs following Treatment as an In-Patient or Day-Patient. Cover is limited to US\$1,000 per Medical Condition.
- 12) Hospital Cash Benefit:**
Where You receive Treatment for an eligible Medical Condition as an In-Patient and no costs are incurred for accommodation and Treatment, We will pay an In-Patient cash Benefit of US\$125 per night up to a maximum of 20 nights. To claim this Benefit please ask the Hospital to sign and stamp Your claim form. This Benefit is not applicable to admissions into the Accident and Emergency facility of the Hospital.
- 13) Congenital Anomalies:**
Treatment of Congenital Anomalies which manifest themselves after Your Date of Entry. In circumstances where a Congenital Anomaly manifests itself in a New Born baby within 30 days of birth, cover for such Medical Conditions will be provided under Benefit 24 – New Born Care of this Policy and will be excluded from cover under this Benefit.
Benefit is limited to US\$100,000 per Medical Condition.
- 14) Routine Management of Chronic Conditions:**
Expenses are limited to routine check-ups associated with the Chronic Medical Condition, Drugs and Dressings prescribed for management of the Medical Condition, renal dialysis (*where applicable*), nursing, surgery and Palliative Treatment. Cover is provided up to a maximum of US\$3,000 per Insured Person per Period of Cover.
Cover under this benefit applies to new Chronic conditions arising from Your Commencement Date, Date of Entry or from the effective date of this benefit, whichever is the later.
- 15) Mortal Remains:**
In the event of death from an eligible Medical Condition:
a) Costs of transportation of body or ashes of an Insured Person to his/her Country of Domicile or Country of Residence.
or
b) Burial or cremation costs at the place of death in accordance with reasonable and customary practice.
Benefit is limited to US\$15,000 per Insured Person
- 16) Hormone Replacement Therapy:**
Medical Practitioner or Specialist consultations and the cost of prescribed implants or patches (*not tablets*), when such Treatment is prescribed solely for the purpose of hormone imbalance.
This Benefit is payable for a maximum period of 3 months per lifetime of cover.

17) Reconstructive Surgery:

Reconstructive surgery required as a result of Accident or illness which occurred during the Period of Cover and is undertaken within 12 months of the Accident/illness occurring to restore natural function or appearance, subject to the cover being in force.

18) Compassionate Emergency Travel:

Reasonable travel and accommodation expenses in respect of one Insured Person, together with any minors (*under the age of 16*) necessarily having to travel to and the return journey from the normal Country of Domicile or Country of Residence of a Near Relative who has unexpectedly been placed on the critical list following an Accident.

Benefit is limited to US\$3,000 per claim.

19) Emergency Transportation:

Emergency transportation costs to, from and between Hospital(s) by the most appropriate transport method when considered Medically Necessary by a Medical Practitioner or Specialist.

Benefit is limited to US\$1,500 per event.

20) Evacuation:

Evacuation costs of an Insured Person in the event of Emergency Treatment not being readily available at the place of the incident, to the nearest appropriate medical facility, for the purpose of admission to Hospital as an In-Patient or Day-Patient (*excluding all Maternity or Childbirth costs, except for Benefit 23 - Complications of Pregnancy*). Evacuation is subject to written agreement from Us prior to travel and certified instructions from the attending Medical Practitioner or Specialist including confirmation that the required Treatment is unavailable in the place of incident. Extended to cover the costs for one other person to travel with the Insured Person, as escort, if Medically Necessary.

Our medical advisors will decide the most appropriate method of transportation for the Evacuation and the most appropriate Hospital to which You will be evacuated.

Costs of Evacuation do not extend to include any Air-Sea rescue or mountain rescue costs that are not incurred at recognised ski resorts or similar winter sports resorts.

21) Additional travel expenses (*following Evacuation*):

Reasonable travel costs:

- a) To and from medical appointments when Treatment is being received as a Day-Patient.
- b) For an accompanying person to travel to and from the Hospital to visit the Insured Person following admission as an In-Patient.
- c) Up to US\$80 per day per person for non-Hospital accommodation only for immediate pre and post Hospital admission periods provided that the Insured Person is under the care of a Specialist.
- d) Economy class airline ticket to return the Insured Person and one other person who has travelled as an escort to the Country of Residence, Country of Domicile or to the country where Evacuation occurred.

Travel and accommodation costs must be specifically agreed by Us in writing prior to travel.

Benefit is limited to US\$2,500 per person per Evacuation.

22) Normal Pregnancy and Childbirth:

The costs associated with normal pregnancy, childbirth, elective caesarean sections and any related conditions. Benefit is limited to US\$10,000 per normal pregnancy for costs incurred after the first twelve (12) months from the effective date of this Benefit or Your Date of Entry, whichever is the later.

Treatment undertaken in the USA under this Benefit is subject to 20% Co-insurance without limitation as noted in Exclusion 6 after the chosen excess has been satisfied.

This Benefit is only applicable to members who have chosen excess levels of US\$250/US\$100 and US\$500/US\$200 and paid the appropriate premium.

23) Complications of Pregnancy:

Treatment of a Medical Condition which arises during the antenatal stages of pregnancy, or a Medical Condition which arises during childbirth and requires a recognised obstetric procedure.

Benefit is payable for costs incurred after the first twelve months from Your Date of Entry.

Benefit is limited to US\$15,000 per Period of Cover.

24) New Born Care:

In-Patient Treatment of an Acute Medical Condition or injury being suffered by a New Born baby which manifests itself within 30 days following birth. Benefit is limited to US\$100,000 and to a maximum of 90 days Hospital stay.

Following the 30 day New Born Benefit period, excepting any Medical Conditions occurring or manifesting themselves during the 30 day period immediately following birth, Your Dependand will be eligible for cover up to the full provision of this Policy. Cover is subject to the child being included under their parent(s) Policy and all premiums due being paid in full.

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25) Surgical Extraction of Teeth:

The fees of a Dental Practitioner or maxillofacial surgeon and associated costs for treatment received as an In-Patient or Day-Patient for the removal of impacted, buried or un-erupted teeth. Benefit is limited to US\$2,500 per Period of Cover.

26) Accidental Damage to Teeth:

Initial Treatment given by a Medical or Dental Practitioner in an Accident and Emergency ward of a Hospital within 7 days of incurring accidental damage to sound, natural teeth, except when the accidental damage has been caused through eating.

Benefit is limited to US\$2,500 per Period of Cover..

27) Well Child Care:

Cover for preventative care and testing to Insured Persons under the age of six (6) years, including physical examinations, measurements, sensory screening, neuropsychiatric evaluation, development screening, as well as hereditary and metabolic screening at birth, immunizations, urine analysis, tuberculin tests and haematocrit, haemoglobin and other blood tests, including tests to screen for sickle haemoglobinopathy; all as recommended by a Medical Practitioner/Specialist – limited to three (3) consultations per Period of Cover and a maximum of US\$70 per consultation.

28) Wellness Benefit:

The cost of routine medical check-ups and associated tests and the cost of Medically Necessary vaccinations or inoculations. Such routine check-ups/tests to include:

- a) blood and cholesterol checks
- b) height/weight body mass index
- c) resting blood pressure
- d) urine analysis
- e) cardiac examination
- f) bilateral mammogram/breast examination, pap smear
- g) testicular/prostate examination
- h) exercise electrocardiogram (ECG)

Benefit is limited to US\$400 per Insured Person per Period of Cover and subject to 20% Co-Insurance.

Benefit is payable where the date of Treatment is 12 months after the Insured Person's Date of Entry or the effective date of this Benefit, whichever is the later.

EXCLUSIONS

This Policy does not cover expenses arising from:

- 1) Any Medical Condition or Related Condition for which You have received Treatment, taken medication, followed a special diet, had symptoms of, to the best of Your knowledge existed or You sought Advice for prior to Your Date of Entry (*pre-existing Medical Condition*), except where such Medical Conditions have been declared to Us and accepted in writing. After 2 years' continuous membership, any pre-existing Medical Conditions (*and Related Conditions*) will become eligible for Benefit provided (*in respect of that condition*) You have not during that period:
 - a) consulted any Medical Practitioner or Specialist for Treatment or Advice (*including check-ups except for non-prescribed wellness checks*)
 - or
 - b) experienced further symptoms
 - or
 - c) taken medication (*including drugs, medicines, special diets or injections*).Please Note: This exclusion does not apply to members enrolled prior to June 30, 1996.
- 2)
 - a) Treatment of a Medical Condition which We, on Advice or General Advice, determine is Palliative or is for a Chronic Medical Condition except where as provided under Benefit 14 – Routine Management of Chronic Conditions.
 - b) We will, however, pay for the stabilisation of Acute exacerbations of Chronic Medical Conditions that are not pre-existing Medical Conditions.
- 3) Chronic supportive Treatment of renal failure, including dialysis except where as provided under Benefit 14 – Routine Management of Chronic Conditions. We will, however, pay for the cost of renal dialysis incurred:
 - a) immediately pre and post operatively.
 - b) in connection with Acute secondary failure when dialysis is part of intensive care.
- 4) Treatment received in a hospital Emergency room, which is not an Emergency.
- 5) Treatment in the USA not received in the Preferred Provider Network and planned Day-Patient and In-Patient Treatment not pre-authorized by Us, except Emergency Treatment.
- 6) The first 20% of any admissible costs relating to Treatment received in the USA, up to a maximum of US\$1,000 per Insured Person per Period of Cover (*without limitation for Benefit 22 – Normal Pregnancy and Childbirth*)

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and additionally to Benefit 28 – Wellness wherever such Treatment is undertaken. The Co-Insurance is applied after the deduction for Excess applicable to the Policy. The maximum payable by You is calculated per Period of Cover.

- 7) Treatment, which We determine on General Advice is either experimental or unproven.
- 8) Hereditary Medical Conditions.
- 9) Any Congenital Anomalies or birth injuries where symptoms exist or where Advice has been sought prior to Your Date of Entry.
- 10) Routine physical examination by a Medical Practitioner, including gynaecological investigations, routine tests, newborn neo-natal care, inoculations, vaccinations and preventative medicines except as provided for under Benefit 27 – Well Child Care and Benefit 28 - Wellness.
- 11) Normal eye or hearing tests, non-medical/natural degenerative eye defects, including, but not limited to myopia, presbyopia, astigmatism and any corrective surgery for non-medical/natural degenerative sight or hearing defects.
- 12) Rehabilitation except as provided under Benefit 2 – Rehabilitation of the Policy.
- 13) Treatment received in health spas, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or a Hospital where the Hospital has effectively become the Insured Person's home or permanent abode or where admission is arranged wholly or partly for domestic reasons.
- 14) Cosmetic Treatment and any consequence thereof.
- 15) Treatment for weight loss or weight problems whether or not preceding or as a consequence of a psychiatric condition and any associated Treatment costs consequent of cosmetic surgery or arising as a result of an eating disorder or weight problem, including any required psychiatric Treatment where the psychiatric condition is a Related Condition to the eating disorder.
- 16) Alternative medicines including, but not limited to optometrists, hypnotherapists and lactation examiners. Cover is extended to include chiropractors, osteopaths, homeopaths, acupuncturists and podiatrists as provided for in Benefit 7c.
- 17) Costs of providing, maintaining or fitting any external prostheses or appliance, including but not limited to, hearing and/or visual aids or other equipment, medical or otherwise except as is specified in Benefit 11 – Ancillary Expenses.
- 18) Costs incurred in connection with locating a replacement organ or any costs incurred for removal of the organ from the donor, transportation costs of same and all associated administration costs.
- 19) Any second or subsequent medical opinions from a Medical Practitioner or Specialist for the same condition unless it has been authorised by Us in writing.
- 20) Voluntary caesarean section costs or Medically Necessary caesarean section costs due to any previous non-Emergency caesarean sections undertaken except where provided under Benefit 22 – Normal Pregnancy and Childbirth.
- 21) Pregnancy terminations on non medical grounds, antenatal classes, midwifery costs when not associated with delivery.
- 22) Complications of pregnancy costs arising within the first twelve months from the Insured Person's Date of Entry.
- 23) Treatment directly or indirectly arising from or required in connection with male and/or female birth control, infertility and/or fertility, contraception, impotency and sterilisation (*or its reversal*), or any consequence thereof.
- 24) Any form of assisted conception or any complications thereof including, but not limited to premature or multiple births following assisted conception.
A declaration of health is required in respect of all Dependants who are born following assisted conception. We reserve the right to reject any application without giving any reason.
- 25) Treatment directly or indirectly associated with a sex change and any consequence thereof.
- 26) Venereal disease or any other sexually transmitted diseases or any Related Condition.
- 27) Routine or restorative dental Treatment, whether or not performed by a Medical Practitioner or Dental Practitioner or a Specialist or an oral and maxillofacial surgeon, including but not limited to, false teeth, denture, semi-precious and precious crowns/filling, any orthodontic Treatment, periodontitis or gingivitis or any Related Condition except as provided in Benefit 26 – Accidental Damage to Teeth and Benefit 25 – Surgical Extraction of Teeth.
- 28) Costs in respect of a psychiatrist (*except as provided in Benefit 8 – Psychiatric Illness*), psychotherapist, psychologist (*unless referred to by and under the direct control of a Psychiatric Physician under Benefit 8*), family therapist or bereavement counsellor.

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- 29) Treatment for learning difficulties, hyperactivity, attention deficit disorder, speech therapy and developmental, social or behavioural problems in children.
- 30) Treatment for alcoholism, drug or substance abuse or any addictive condition of any kind and any injury or illness arising directly or indirectly from such abuse or addiction.
- 31) Suicide or attempted suicide, Bodily Injury or illness, which is wilfully self-inflicted or due to negligent or reckless behaviour.
Any injury sustained directly or indirectly as a result of the Insured Person acting illegally or committing or helping to commit a criminal offence.
- 32) Travel and accommodation costs unless specifically agreed by Us in writing prior to travel. No travel and accommodation costs are payable where Treatment is obtained solely as an Out-Patient, including the costs of a hire car.
- 33) Expenses will not be payable under Benefit 18 (*Compassionate Emergency Travel*) in respect of journeys undertaken after the Insured Person is notified that the Near Relative has died, unless the Insured Person is required to act as trustee or executor, or where the Insured Person is independently authorized to undertake the funeral arrangements.
- 34) Costs and expenses incurred where an Insured Person has travelled against medical Advice.
- 35) Treatment and expenses directly or indirectly arising from or required as a consequence of: war, invasion, acts of foreign enemy hostilities (*whether or not war is declared*), civil war, rebellion, revolution, insurrection or military or usurped power, mutiny, riot, strike, martial law or state of siege or attempted overthrow of government or any Act of Terrorism, unless the Insured Person sustains Bodily Injury whilst an innocent bystander only up to a maximum amount US\$50,000 per Insured Person per incident.
- 36) Treatment directly or indirectly arising from or required as a result of chemical contamination or contamination by radioactivity from any nuclear material whatsoever or from the combustion of nuclear fuel, asbestosis or any Related Condition.
- 37) Regardless of any contributory clause(s), this insurance does not cover Treatment of a Medical Condition which is in any way caused or contributed to by an Act of Terrorism involving the use or release or the threat thereof of any nuclear weapon or device or chemical or biological agent. If We allege that by reason of this exclusion any claim is not covered by this insurance the burden of proving the contrary shall be upon You.
- 38) Treatment for sleep related breathing disorders - including snoring, fatigue, jet lag or work related stress or any Related Condition.
- 39) Dietary supplements and substances which are available naturally and that can be purchased without prescription, including but not limited to vitamins, minerals and organic substances.
- 40) Home visits by a Medical Practitioner, Specialist or Qualified Nurse unless specifically agreed by Us in writing prior to consultation.
- 41) Human Immunodeficiency Virus (*HIV*) and/or HIV related illness including Acquired Immune Deficiency Syndrome (*AIDS*) or AIDS Related Complex (*ARC*) and/or any mutant derivative or variations thereof, however caused.
- 42) Hazardous activities which mean:
 - a) Bungee jumping
 - b) Flying (*including hot air ballooning, hang-gliding, gliding and micro-lighting*) other than as a fare-paying passenger in a licensed passenger aircraft
 - c) Motor rallies or competitions
 - d) Motorcycling (*including motor tri-cycling and motor quadri-cycling*) where as the rider or as a passenger:
 - i) on a common public road unless You are wearing a crash helmet and the rider has the appropriate license to do so.
 - ii) not on a public highway.
 - e) Mountaineering, abseiling or rock climbing requiring the use of ropes and/or guides
 - f) Parachuting, para-sailing or para-scending
 - g) Pot-holing
 - h) Any professional sporting activity
 - i) Racing of any type other than on foot or while swimming
 - j) Kite board sailing
 - k) The use of any bobsleighs, luge or skeletons
 - l) Off-piste skiing, glacier skiing, ski-jumping, ski-flying, ski-bobbing, ski-acrobatics, ski-stunting and heli-skiing
 - m) Participating in any form of ice hockey
 - n) Scuba diving to a depth of greater than 30 metresIf in doubt, please check with Talent Trust Consultants
- 43) Benefits in respect of a New Born is restricted to the limits under Benefit 24 – New Born Care for the first 30 days immediately following birth and Benefit 27 – Well Child Care and Benefit 4 – New Born Accommodation.

Continuation...

44) The Excess amount as shown in Your Schedule of Cover will be deducted from all eligible medical expenses in respect of each new Medical Condition except as otherwise specified.

EXCESS and Co-INSURANCE

Excess:

The Schedule of Cover will show the amount of Excess You will be obliged to pay before receiving any Benefits under this Policy. The Excess will differ depending on whether Your Treatment is undertaken inside or outside the USA. Any Co-Insurance applied to any cost of Treatment will not apply towards meeting the Excess. Eligible Treatment requiring pre-certification which is not pre-certified will count towards an Excess only after application of the increased Co-Insurance applicable.

Co-Insurance Limits:

Where Treatment occurs inside the USA , You are required to pay a percentage of the total value of any incurred expenses for each Medical Condition . This is called Your Co-Insurance and the percentage can be found in this Policy. The maximum amount You will have to pay as Co- Insurance per Insured Person per Period of Cover is called your Co-Insurance limit.

After this maximum for which You are liable is reached, the Policy will pay Benefits at 100%. Excess payments do not contribute to these limits. Eligible Treatment requiring pre-certification which is not pre-certified or where Treatment is not undertaken within the Preferred Provider Network will be subject to a Co-Insurance of 40% and will not be subject to the Co-Insurance limit

Application of Limits:

Any overall Benefit limits (*per visit, number of days, monetary limit, etc.*) will be applied after the application of any Excess or Co-Insurance.

Exceptions to the application of an Excess and/or Co-Insurance:

The following benefits will not be subject to an Excess and Co-Insurance. They are:

- Benefit 15 – Mortal Remains
- Benefit 18 – Compassionate Emergency Travel
- Benefit 19 – Emergency Transportation
- Benefit 20 – Evacuation
- Benefit 27 – Well Child Care

The following benefit is not subject to Co-Insurance:

- Benefit 23 – Complications of Pregnancy.

The following benefits will not be subject to an Excess:

- Benefit 28 – Wellness Benefit
- Additional option Number 002 – Routine Dental Treatment.

Change of Excess Level:

Any expense for pregnancy or other eligible benefit that occurred or manifested itself prior to a change to a lower Excess level, will be subject to the prior (*higher*) Excess level for the following twelve (*12*) months.

PRODUCT OPTIONS

The following endorsements only apply if they are specifically noted in Your Schedule of Cover.

Additional Option Number 001 – Additional Chronic Conditions Cover:

Cover under this option extends the cover provided under Benefit 14 – Routine Management of Chronic Conditions of the Policy to include the routine management and Palliative Treatment incurred in connection with a Chronic Medical Conditions to a maximum benefit of US\$50,000 per Insured Person per Period of Cover.

Cover is restricted to new Medical Conditions, which have not been previously suffered from, whether or not diagnosed, occurring after the purchase date of this benefit.

Medical expenses are limited to:

Routine check-ups associated with the Chronic condition, drugs and dressing prescribed for the management of the condition, hospital accommodation, nursing, surgery, renal dialysis and Palliative Treatment.

Cover under this option further includes medical expenses which arise from or are in any way related to Human Immunodeficiency Virus (*HIV*) and/or HIV related illnesses, including Acquired Immune Deficiency Syndrome (*AIDS*) or AIDS Related Complex (*ARC*) and/or any mutant derivative or variations thereof. Expenses are limited to pre and post diagnosis consultations, routine check-ups for this condition, Drugs and Dressings (*except experimental or those unproven*), Hospital accommodation and nursing fees.

Cover under this section of the benefit is sub-limited to US\$10,000 per Insured Person Per Period of Cover.

The Benefits payable under this option is subject to the Policy being maintained throughout the period of the claim.

For this Benefit only exclusions 3 and 41 are deleted.

Additional Option Number 002 – Routine Dental Treatment:

Cover under this Policy is extended to include the fees of a Dental Practitioner carrying out routine dental treatment in a dental surgery. Routine dental treatment is defined as:

Examinations, tooth cleaning, normal compound fillings, porcelain crowns and/or extractions.

Benefit is limited to US\$250 per Period of Cover per Insured Person.

Costs incurred within six months from the effective date of this option, or Your Date of Entry, whichever is the later, are excluded.

For this Benefit only exclusions 1 and 44 are deleted and the term "routine" from exclusion 27 is removed. This Benefit is only available to members who have chosen excess levels of US\$250/US\$100 and US\$500/US\$200.

Additional Option Number 003 – Extended Compassionate Travel Benefit:

Benefit 18 – Compassionate Emergency Travel is extended to provide cover for reasonable travel and accommodation in respect of one Insured Person per Policy necessarily having to travel to and return from the normal Country of Domicile or Country of Residence of a parent who has unexpectedly suffered a life threatening Accident, life threatening illness or suffered a sudden death from any condition which did not pre-date the purchase date of this agreement. This is subject to US\$1,500 towards the cost of travel per Period of Cover and limited to no more than two (2) claims in any five (5) year period.

Additional Option Number 004 – Extended Travel Benefits:

Cover under this Policy is extended to include the following travel Benefits:

Section A – Cancellation and Curtailment (US\$1,500 per person per occurrence)

Should an Insured Person have to cancel their Trip before the Commencement Date or curtail it by returning home before its completion for any of the following reasons, We will pay any irrecoverable payments (*whether paid or contracted to be paid*) for travel and accommodation up to US\$1,500 and for any reasonable extra payments which have to be made for travel and accommodation for return to usual Country of Residence which are insured as a direct result of:

1. the death or accidental Bodily Injury or illness or compulsory quarantine or redundancy (*providing that such redundancy qualifies for payment under any Redundancy Payments Acts of the usual Country of Residence*) or Marital Breakdown to the extent of formal legal procedures having been commenced or summoning to jury service or witness attendance in a court of the usual Country of Residence or unavoidable requirement to be present in the usual Country of Residence for service in any Military or Civil Emergency Service or major damage or burglary at the home or the place of business of an Insured Person or other member of the party, or the person(s) with whom the Insured Person intends to reside at the holiday or journey destination.
2. the death, accidental Bodily Injury or illness, of a close relative (*meaning any relative including fiancée*) or business associate of the person concerned to whom the occurrence of such event necessitates the presence of the Insured Person in the usual Country of Residence for the remaining part of the Trip and will prohibit the re-commencing of the Trip, or
3. delay of more than 24 hours or outright cancellation due to Accident, avalanche, bomb scare, criminal action, earthquake, fire, flood, hijack, landslide, industrial action, mechanical breakdown, riot or civil commotion, strike, terrorist action, of air, sea or rail services on which the Insured Person held a reservation for travel, causing cancellation of the journey and if travel is by public transport services, adverse weather conditions, provided that none of these had started or been forecast before the original reservations were made.

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NB: Claims for curtailment of All-In Package Holidays or Journeys will be paid by Us on a proportionate basis, the commencement of the curtailment period shall be dated from arrival back in the usual Country of Residence.

Section B – Luggage, Clothing or Personal Effects (US\$1,000 per person per occurrence)

We shall reimburse the Insured Person for loss of Luggage, Clothing or Personal Effects up to a total amount of US\$1,000 in all. For comparable items replacing a lost or damaged article, We will pay for the replacement cost providing that the article was less than 2 years old at the time and that the evidence of the original purchase is provided. For articles of 2 years old or more, or if the article is not actually replaced, or evidence cannot be produced as to its age, payment will be based on the value of the article at the time of loss or the cost of repair. Our liability for any one insured article shall be limited to US\$500 and for the purpose of the insurance, the value of a pair or a set of articles shall be limited to US\$500. We will also pay up to US\$150 for the replacement of lost or destroyed business papers for which the Insured Person is responsible.

We will in addition pay up to US\$2,000 in respect of loss of a notebook computer and up to US\$300 for the loss of a camera or musical instrument. In the event of loss or damage under this section the Insured Person shall take all reasonable steps to recover any lost property.

Section C – Personal Money (US\$500 per person per occurrence)

We shall reimburse the Insured Person up to the amount of US\$500 for loss of cash, bank or currency notes, travelers cheques, passports, green cards, petrol coupons and travel tickets, including reasonable expenses incurred as a result of loss. Cover will be effective for currency and travelers cheques from the time of collection from bank or travel agent, or for 3 days before commencement of journey or Commencement Date of Your Policy, whichever is later and up to 2 days after the completion of the journey or such time of conversion or encashment whichever is the earlier.

Exclusions applicable to Sections A – C

In respect of these Benefits, and in addition to the main terms and conditions of coverage under this Policy, We shall also not be liable for:

1. Claims arising from any condition or set of circumstances known to the Insured Person at the time of effecting this insurance where such condition or set of circumstances could reasonably have been expected to give rise to cancellation of the journey or trip.
2. Any claims arising directly or indirectly from the cancellation or curtailment of travel arrangements in any way caused or contributed to by or on the order of any government, public or local authority including but not limited to any civil or federal aviation authority.
3. Damage due to moth, vermin, wear, tear and gradual deterioration.
4. Loss of cash, bank or currency notes, travelers cheques, prepaid petrol coupons and travel tickets.
5. Loss arising from confiscation or detention by customs or other authority.
6. Property otherwise insured other than baggage and personal effects covered under a motor policy.
7. Loss of jewellery and valuables whilst in the custody of a carrier.
8. Loss of baggage or personal effects left unattended unless in a locked hotel room, apartment, holiday residence or motor vehicle, but in the case of motor vehicles We shall not be liable for property left overnight unless the vehicle is contained in a secure garage.
9. Any luggage loss whilst in the custody of a carrier unless such loss is reported to the carrier within 24 hours and a report obtained.
10. The first US\$50 of each claim for each Insured Person outside of the USA and US\$100 of each claim for each Insured Person incurred inside the USA
11. Claims for losses/theft not reported to the police within 24 hours of discovery and police statement obtained.
12. Shortages due to error, omission or depreciation in value.
13. Property insured hereunder whilst in the custody of a carrier.

Additional Option Number 005 – Continuation of Coverage Terms (Extender Option):

Cover is extended under this Policy for those Insured Persons leaving vocational service to be provided with a continuation of coverage of the Benefits of this Policy for the period noted in the Schedule of Cover (*and in any event for a period not exceeding 3 months duration*). Coverage will be provided in the Insured Person's Country of Domicile only and will apply only to new Medical Conditions manifesting themselves from the Commencement Date of this Benefit, or Your Date of Entry, whichever is the later.

The requirement to be in vocational service as noted on page 1 of this Policy is waived for the period of insurance as indicated in Your Schedule of Cover.

Cover is only available where no other health insurance coverage for the insured person exists. Where another health insurance policy provides coverage for the Insured Person, coverage under this Benefit will cease with immediate effect.

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Benefit is limited to \$50,000.

GENERAL CONDITIONS

1) **Policy:**

Your application form, Our written acceptance, Your Benefit schedule, Your Schedule of Cover and the Policy wording must be read as one as they form the basis of Your contract with Us.

2) **Contribution:**

If there is any other insurance covering any of the same Benefits You must disclose or ensure that the relevant Insured Person discloses the same to Us and We shall not be liable to pay or contribute more than Our proper proportion. If it is found that You were repaid for all or some of those expenses by another source including any other insurance Policy, We will have the right to a refund from You. Where necessary We retain the right to deduct such refund from any impending or future claim settlements or to cancel Your Policy void from the Commencement Date, without a refund of premium.

3) **Transfers:**

- a) Transfer from a group to an individual Policy is subject to written approval from Us. Terms of cover may be subject to variation.
- b) Transfer from any other similar private medical cover provided by any other insurer is subject to completion of a Continuous Transfer Terms declaration form, submission of a copy of the expiring Policy and subject to there being no break in cover. We reserve the right at all times to decline an application without giving any reason and/or to offer alternative terms.

4) **Family/Dependant Cover:**

You and Your Dependants are required to be covered under the same Policy with identical Benefits. Where We find that this is not the case, You will be asked to comply with this request at Your next renewal. Failure to comply with this condition will result in the termination of Your Policy.

5) **Acceptance Clause:**

We are entitled to refuse to accept an application from any person without giving a reason. We maintain the right to ask You to provide proof of age and/or state of health of any person included in Your application. We reserve the right to apply additional options, exclusions or premium increases to reflect any circumstances You advise in Your application form or declared to Us as a material fact.

6) **Eligibility:**

The Policy is designed for an expatriate and/or a home-country based member of any nationality. New applicants will be eligible for cover up until the age of 65. Individuals over the age of 65 are not eligible for cover unless the Insured Person's Date of Entry was prior to their 65th birthday.

7) **Compliance with Policy Terms and Conditions:**

We shall not be liable under this Policy in the event of any failure by an Insured Person to comply with its terms and conditions, except where the circumstances of any claim are unconnected with such failure and no fraud is involved.

8) **Medical Evaluation:**

We reserve the right to request further tests and/or evaluation where We decide that a condition being claimed for may be directly or indirectly related to an excluded condition.

9) **Change of Risk:**

The Insured Person must inform Us as soon as reasonably possible of any material changes relating to any Insured Person which affect information given in connection with the application for cover under this Policy. We reserve the right to alter the Policy terms or cancel cover for an Insured Person following a change of risk.

10) **Policy Duration and Premiums:**

- a) This Policy is in force for the Period of Cover noted in Your Schedule of Cover and is renewable subject to the terms provided at the time of each Renewal Date.
- b) The premium payable may be changed by Us from time to time. If You move into a higher age band, the premium will increase at the next Renewal Date. However, this Policy will not be subject to any alteration in premium rates generally introduced until the next Renewal Date.
- c) All premiums are payable in advance of any cover under this Policy being provided.

11) **Government Taxes:**

To reflect any change in insurance premium tax or other government levies, We may alter the terms and conditions of this Policy at any Renewal Date/ Review Date. A copy of the current Policy terms will be sent to You at such time.

12) **Break In Cover:**

Where there is a break in cover, for whatever reason, We reserve the right to reapply Exclusion 1 in respect of pre-existing Medical Conditions.

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13) Children:

New Born children will be accepted for cover (*subject to the limitations of Benefit 4 – New Born Accommodation, Benefit 24 – New Born Care and Benefit 27 – Well Child Care*) from birth. Acceptance of New Born babies is subject to written notification within 45 days of birth and receipt of the full premium within a further 30 days following notification. Notification received after this period will result in children being accepted for cover from the date of such notification. Children who are financially dependent, under 18 years old, residing with the Insured Person or under the age of 24 in full-time education at the date of joining, or any subsequent Renewal Date will be accepted for cover as Dependants.

Children will not be accepted for cover, unless on a Policy with a legal parent or guardian and subject to the identical Benefits applying to all parties.

A declaration of health is required in respect of all Dependants who are born following assisted conception. We reserve the right to reject any application without giving any reason.

14) Alterations:

- a) We may alter the terms and conditions of this Policy at any Renewal Date. A copy of the current Policy terms will be sent to You at such time. You may cancel Your Policy within 30 days following any Renewal Date and provided You have not made a claim We will refund Your premium. We will give You reasonable notice of such alterations. We will send details of such alterations to the address (*geographic or email*) We have for You. However, the alterations will take effect even if You do not receive them for any reason.
- b) No alteration or amendment to the Policy terms will be valid unless it is in writing from Us.

15) Waiver:

Waiver by Us in any instance of any term or condition of this Policy will not prevent Us from relying on such term or condition in other instances.

16) Your Right of Cancellation:

You may cancel Your Policy by notifying Us in writing within 30 days of the Commencement Date of Your Policy and, provided no claims have been made, We will arrange a full refund of any premiums paid. Otherwise You may only cancel Your Policy with effect from Renewal Date; in which case You should advise Us in writing within 15 days of Your Renewal Date or from the day you leave vocational service.

If the Policy is cancelled by You at any other time, and for whatever reason, there will be no return of premium.

17) Our Right of Cancellation:

In the event of any non-payment of premium, We shall be entitled to cancel this Policy. We may at Our discretion reinstate the cover if the premium is subsequently paid, though terms of cover may be subject to variation. Whilst We shall not cancel this Policy because of eligible claims made by any Insured Person, We may at any time terminate an Insured Person's cover if he/she has at any time:

- a) misled Us by misstatement or concealment.
- b) knowingly claimed Benefits for any purpose other than as are provided for under this Policy.
- c) agreed to any attempt by a third party to obtain an unreasonable pecuniary advantage to Our detriment.
- d) otherwise failed to observe the terms and conditions of this Policy or failed to act with utmost good faith.

Any refund of premium shall be at Our discretion.

18) Applicable Law:

The law applicable to this Policy shall be as specified in the Schedule of Cover.

19) Fraudulent/Unfounded Claims:

If any claim under this Policy is in any respect fraudulent or unfounded, all Benefits paid and/or payable in relation to that claim shall be forfeited and (*if appropriate*) recoverable. In addition all cover in respect of the Insured Person shall be cancelled void from Date of Entry without refund of premiums.

20) Liability:

Our liability shall cease immediately upon termination of the Policy for whatever reason, including without limitation non-renewal and non-payment of premium.

21) Re-Assignment:

If there is more than one Insured Person over the age of 18 and the Principal Insured dies, this Policy will automatically be transferred to the oldest Insured Person over the age of 18 years who shall upon the date of death of the Principal Insured become the Principal Insured for the purposes of this Policy and be responsible for paying the premium.

22) Subrogation:

We retain all rights of subrogation. Other than with Our written consent You have no entitlement to admit liability for any eventuality or give promise of any undertaking which is binding upon You, Your Dependants or any other person named in the Policy.

23) Currency:

The monetary limits stated in this certificate and the premium shall be in US dollars. For services outside of the territorial limits of the USA, the exchange rate used to determine the amount of US dollars to be paid is the

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exchange rate effective for the date the claims expense was incurred as quoted in the Financial Times Guide to World Currencies.

24) **Language:**

This contract may only be completed in English.

Effective May 1, 2010