

How To Use Your Policy

How to make a claim?

For outpatient claims, less than US\$1,000. Please pay for these medical bills and send them to us for reimbursement.

To do this, please send the following documents to us at claims@talent-trust.com:

1. Completed claim form
2. Itemized medical bills or invoices
3. Proof of payment (receipts or credit card transaction slips)

Claiming deadline: You must submit all claims no later than 90 days from the treatment date. After this time, we are not obliged to settle the claim.

Claim submission: You must submit a separate claim for each person claiming and for each medical condition being claimed.

Reasonable and customary cost: We will only reimburse charges that are reasonable and customary in accordance with standard and generally accepted medical procedures. If we consider a claim to be inappropriate, we reserve the right to decline your claim or reduce the amount we pay.

How to make a pre-authorization request?

Members are required to obtain prior approval (pre-authorization) before commencing the following treatments or procedures:

1. Planned inpatient or day patient treatment (hospitalization)
2. Planned surgery (including outpatient surgery)
3. Evacuation
4. Planned inpatient, day patient or outpatient PET & CT-PET scans
5. Planned outpatient treatment above US\$1,000.

To request a pre-authorization, please send the completed pre-authorization form to us at medicassist@talent-trust.com. The form must be completed by you and your doctor. Please ensure that the estimated cost of the treatment is also provided.

What to do in an emergency?

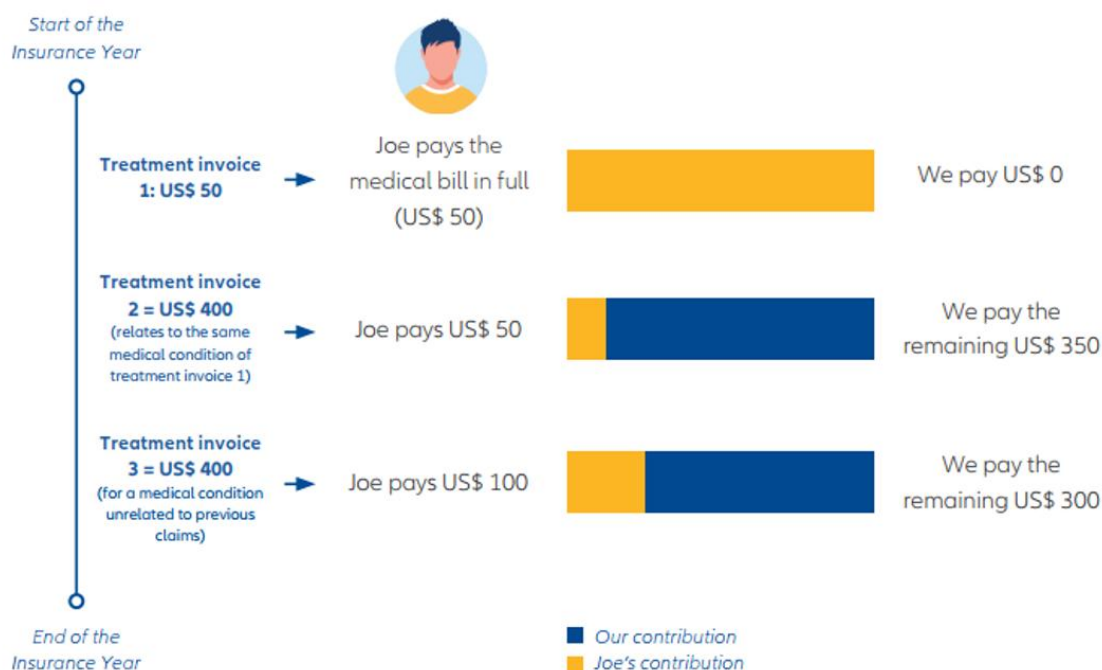
In an emergency, please seek treatment immediately and contact our **24/7 Helpline** at +1 800 495 5099 within 48 hours so we can assist with direct payment with the provider.

What to do in the event of a medical emergency evacuation?

If a medical emergency evacuation is required, please contact our **24/7 Helpline** at +1 800 495 5099 as soon as possible. You will need to provide a letter from your doctor confirming that the necessary treatment is unavailable at your current location. You must contact us at the first indication that evacuation is needed. From that point, we will organize and coordinate the evacuation to ensure your safe arrival at your destination of care. If evacuation services are not organized by us, we reserve the right to decline any costs incurred.

What are excesses?

An excess is the amount you must pay out of pocket before your insurance coverage starts contributing, as specified in your Insurance Certificate. The excess applies per medical condition and per person. In the following example, Joe makes three separate claims throughout the year. His plan includes a US\$ 100 excess.



Administration Of Your Policy

Cancellation

To cancel your policy, please notify us in writing. We cannot backdate a cancellation, and refunds of unused premiums can only be made if no claims have been made. All refunds will be pro-rated based on the number of days remaining in the policy. We will charge a US\$10 cancellation fee, and your membership fee is non-refundable.

Changing country of service

It is important that you let us know when you change your country of service. This is to ensure that your current plan can cover you in your new country of service.

Death of the main insured or a dependent

If the main insured or a dependent dies, please inform us in writing within 30 days. A pro-rata refund of the main insured or dependent premium will be issued from the date of death, provided no claims have been made.

If the main insured passes away, the policy will be terminated, and a pro-rata refund of the policy's premium will be issued from the date of death, provided no claims have been made. Alternatively, the spouse listed as a dependent on the Insurance Certificate can apply to become the main insured and keep the other dependents on their policy.

If Talent Trust is not notified about the death 30 days, we will only pro-rate repayment from the date of notification.

Paying premiums

Members are required to pay the premiums for their policy before receiving confirmation of their coverage from us.

Renewing policy

Our short-term policies are non-renewable. If a member requires additional cover after their policy ends, they will be re-enrolled for a new period of cover, and any medical conditions that pre-date the new policy start date would be considered a pre-existing condition and will not be covered by the policy.

General Conditions

1. **Acceptance Clause:** We reserve the right to decline any application without providing a reason. We may also request proof of age and/or health status for any person listed in the application. Based on the information provided, we may apply additional terms, exclusions, or premium adjustments.
2. **Applicable Law:** The law applicable to the policy, the policy schedule or to any and all causes of action arising out of, in connection with, or relating to the policy or to the policy schedule shall be the substantive laws of Cayman Island, without regard or application of the conflict of laws rules of that jurisdiction.
3. **Change of Risk:** You must inform us as soon as reasonably possible of any material changes that could affect the information provided in your application for cover under this policy. We reserve the right to modify the policy terms or cancel cover for an insured person following a change of risk.
4. **Children:** Children aged 16 years or younger at the commencement date will be accepted for cover on a policy with a legal parent or guardian.
5. **Compliance with Policy Terms and Conditions:** We will not be liable under this policy if an insured person fails to comply with the policy terms and conditions, except in cases where the claim is unrelated to the non-compliance and no fraud is involved.
6. **Contribution:** If you have any other insurance covering you for the same benefits as our policies, you must disclose or ensure that the relevant insured person discloses it to us. We shall not be liable to pay or contribute more than our proper proportion. If it is found that you have been reimbursed for all or part of the expenses by another source, including another insurance policy, we reserve the right to request a refund from you. Where necessary, we may deduct the refund from any pending or future claim settlements or cancel your policy from the start date without a refund of the premium.
7. **Currency:** The monetary limits stated in this policy and the premium shall be in US dollars.
8. **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 the date of entry without refund of premiums.
9. **Geographical area of cover:** Your insurance certificate will show your geographical area of cover.
Note:
 - a) Note that cover in some countries is subject to local health insurance restrictions, particularly for residents of that country. It is your responsibility to ensure that your health cover is legally appropriate. If you are not sure, please get

independent legal advice, as we may no longer be able to cover you. The cover we provide is not a substitute for local compulsory health insurance.

- b) Our policies are international health plans and are intended for international use. They are not intended as a replacement for domestic insurance products for citizens or residents of Malaysia.
- c) This cover doesn't meet the requirements of the comprehensive healthcare reform law of March 2010 (also referred to as ACA, PPACA, or 'Obamacare') and is not recognized as 'minimum essential cover'. If you are a US citizen residing inside or outside the USA and you are required to maintain minimum essential cover, you should seek cover under a US domestic health insurance plan. It is your responsibility to ensure that your healthcare cover is legally appropriate. We strongly recommend that you seek independent advice in this regard.

10. **Language:** This contract may only be completed in English.
11. **Liability:** Our liability shall cease immediately upon termination of the policy for whatever reason, including without limitation non-renewal and non-payment of premium.
12. **Medical Evaluation:** We reserve the right to request further tests and/or evaluation where we decide that a condition being claimed relates to a condition that may be connected—directly or indirectly—to an excluded condition.
13. **Our Right of Cancellation:** In the event of any non-payment of premium, we shall be entitled to cancel this policy. In the event a member wishes to return after the termination of their policy, they are subjected to pay off all outstanding premiums from their previous policy before commencing a new policy with us. We also reserve the right to withhold payment of claims in the event premiums are not paid.

Additionally, we may at any time terminate an insured person's cover if he/she has at any time:

- a) Provided false or misleading information through misstatement or concealment.
- b) Knowingly claimed benefits not covered under this policy.
- c) Assisted or agreed to any attempt by a third party to gain an unfair financial advantage to our detriment.
- d) Failed to comply with the terms and conditions of this policy or failed to act in utmost good faith.

14. **Policy:** Your contract with us consists of your application form, our written acceptance, your Insurance Certificate, and this policy wording. These documents should be read together as they form the basis of your contract with us.

15. Policy Duration and Premiums:

- a) This policy is in force for the period of cover noted in your Schedule of Cover.
- b) All premiums are payable in advance of any cover under this policy being provided.

16. **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.
17. **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 dependents or any other person named in the policy.
18. **US Economic or Trade Sanctions:** Whenever the coverage we provide is in violation of any US economic or trade sanctions, such coverage shall be null and void. For example, we cannot pay for health care services provided in a country under sanction by the United States.
19. **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.
20. **Your Rights of Termination:** You may cancel your policy by notifying us in writing. We will refund you the unused portion of your policy (subject to no claim reimbursement) less any cancellation and non-refundable membership fees.

Important Contacts For Your Policy

24/7 Helpline

Phone: **+1 800 495 5099**

* This number is toll-free in the US and is accessible for free via Viber.

Claims Submission

Email: **claims@talent-trust.com**

Pre-Authorization/Medical Emergency Evacuation Requests

Email: **medicassist@talent-trust.com**

General Enquiries

Email: **info@talent-trust.com**

Complaint Procedures

If you wish to make a complaint , please contact Talent Trust

Phone: **+1 800 495 5099**

Email: **complaint@talent-trust.com**