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Omega Benefits Schedule (US$)

Effective 21 Aug, 2020

Master Group Policy (TTc010408/01/TTc2020/Omega)

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IMPORTANT

This policy is an annual contract between the Aetna Life & Casualty *(Bermuda)* Ltd. having a registered address in Hamilton, Bermuda *(hereinafter "insurer")* and those members of Talent Trust Consultants named as insured persons in the Schedule of Cover. 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.

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.

ELIGIBILITY

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

In the table below, we have displayed the benefits applicable to your cover. To help you understand your cover, certain words and phrases have specific meanings, and are defined in your policy documentation. The following benefits are subject to the maximum annual aggregate limit and the sums insured indicated in this benefits schedule, the applicable medical underwriting, the member's certificate of insurance and our general conditions and exclusions. General exclusions include: alcohol, drug or solvent abuse, pre-existing medical conditions that pre-date the member's original date of entry that are subject to a 2- year moratorium, cosmetic treatment, sexually transmitted diseases and sterilisation. All benefits shown are per insured person per period of cover *(unless specifically stated)*.

In order to ensure that members receive the best possible claims service, the procedures noted below should be followed in the event of treatment being required. Please ensure your claim form is completed in full and returned within 90 days of the treatment date. We reserve the right to deny any claim that is not submitted within 90 days of the treatment date. Claims may only be made for treatment given during a period of cover. The benefit will only be payable for expenditure incurred prior to expiry or termination.

COVER

<table>
<tr><th></th><th>Omega</th></tr>
<tr><td>Maximum Annual Aggregate Limit
We will provide cover for the treatment of medical conditions that first occur during any period of cover and where treatment is actually given during the current period of cover or where such medical conditions have occurred prior to the date of entry but have been declared to and accepted by us in writing, or where the policyholder has purchased Medical History Disregarded.
All costs incurred must be medically necessary and subject to reasonable and customary charges, based on the average treatment costs applicable to the region in which the treatment was received, as determined by us. Inpatient accommodation costs are for a standard private room unless we have opted to apply an alternative bed limit.</td><td>US$1,000,000 per insured person per period of cover</td></tr>
<tr><td>Area of Cover
Worldwide including the USA.</td><td></td></tr>
<tr><td>Policy Excess or Deductible & Coinsurance – Member's Responsibility
Policy Excess or Deductible: Your Schedule of Cover will show the amount of excess or deductible you will be obliged to pay before receiving any benefits under this policy. The excess or deductible amount you are liable for will differ depending on whether your treatment is undertaken inside or outside the USA.
Coinsurance: Where treatment occurs inside the USA, you are required to pay a percentage of the total value of any incurred expenses for an eligible medical condition. The maximum amount you will have to pay as coinsurance per insured person per period of cover is called your coinsurance limit
How we calculate coinsurance
<table>
<tr><th>US Providers</th><th>Coinsurance Percentage</th><th>Coinsurance Maximum</th></tr>
<tr><td>In Network Provider</td><td>20% of each eligible claim</td><td>US$10,000 per insured person per period of cover</td></tr>
<tr><td>Out of Network Provider</td><td>40% of each eligible claim</td><td>No limit</td></tr>
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</td><td></td></tr>
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Eligible treatment requiring pre-authorisation which is not pre-authorised or where treatment inside the USA is not undertaken within the preferred provider network will be subject to a coinsurance of 40% and will not be subject to the coinsurance limit. The following items will require pre-authorisation: a) Planned inpatient or day patient treatment *(hospitalisation)* b) Any pregnancy or childbirth treatment c) Planned surgery d) Evacuation e) Psychiatric treatment – inpatient, day patient and outpatient f) Home nursing charges g) Planned inpatient, day patient or outpatient MRI, CT & PET scans **Application of Limits:** Any overall benefit limits *(per visit, number of days, monetary limit, etc.)* will be applied after the application of any excess/deductible or coinsurance.	
Hospital Admissions – Inpatient & Day Patient Benefits	
1. Inpatient Care, Reconstructive Surgery & Rehabilitation Charges incurred for the treatment of a medical condition, including stabilisation of an acute exacerbation of a chronic condition that did not pre-exist, when treatment is received as an inpatient or day patient including: i) Hospital accommodation and associated charges. ii) Admittance to the intensive care unit. iii) Nursing by a qualified nurse iv) Surgical procedure fees and operating theatre fees v) Medical practitioner fees including surgeon, consultations, specialist and anaesthetist fees. vi) Diagnostic procedures including but not limited to pathology tests, ultrasound, x-rays, MRI, CT and PET scans. vii) Laboratory tests viii) Reconstructive surgery *(including outpatient treatment)* to restore natural function or appearance required as a result of an accident or illness occurring during the period of cover and where treatment takes place within 12 months of the insured event occurring. ix) Drugs, dressings, medicines and appliances prescribed by a medical practitioner or specialist, including traditional Chinese medicine. x) Rehabilitation *(including outpatient treatment)* in a recognised rehabilitation unit of a hospital subsequent to inpatient treatment lasting 3 days or more. The rehabilitation must take place within 14 days of discharge from the inpatient admission and must be recommended and under the direct control of a medical practitioner. Treatment includes the use of special treatment rooms, physical and/or speech therapy fees, and other services usually given by a rehabilitation unit including qualified nurse care but not including private or special nursing or specialist services. xi) Surgical intervention *(including outpatient treatment)* for treatment of an illness or injury by manual or instrumental operations performed by a medical practitioner.	i) Limited to US$600 per day, for standard private 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 x) Limited to 120 days per medical condition

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2. Organ Transplant The organ transplants covered under this policy are: heart, heart/lung, lung, kidney, kidney/pancreas, liver, allogenic bone marrow, and autologous bone marrow.	Limited to US$250,000 per lifetime
3. Hospital Cash Where the member receives treatment for an eligible medical condition as an inpatient and no costs are incurred for accommodation and treatment, we will pay the hospital cash benefit. To claim this benefit, the member should ask the hospital to sign and stamp his/her claim form. This benefit is not applicable to admissions into the accident and emergency facility of the hospital.	US$125 per night up to a maximum of 20 nights Policy excess/deductible & coinsurance do not apply
4. Parental Accommodation Hospital accommodation costs of a parent or legal guardian staying with a member who is under 18 years of age and is admitted to hospital as an inpatient.	Covered in full
Psychiatric Illness	
5. Inpatient Psychiatric Treatment Treatment received in a registered psychiatric unit of a hospital. All benefits are conditional on pre-authorisation from us and all treatment being administered under the 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 the medical practitioner *(not a psychiatric specialist)* that results in a psychiatric referral is covered without the requirement for pre-authorisation.	Limited to US$5,000 with a 30-day limit per period of cover
6. Outpatient Psychiatric Treatment For outpatient psychiatric treatment, including specialist consultations, all treatment must be pre-authorised by us and must at all times be administered under the direct control of a medical practitioner. 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-authorisation.	Limited to US$5,000 per period of cover
Dental	
7. Accidental Damage to Teeth Treatment received in an accident and emergency ward of a hospital or dental clinic, within 10 days of incurring accidental damage to sound, natural teeth, except when the accidental damage has been caused through eating. Follow-up treatment is limited to one visit within 30 days following your initial treatment and must be pre-authorised by us.	Limited to US$2,500 per period of cover
8. Surgical Extraction of Teeth The fees of a dental practitioner or maxillofacial surgeon and associated costs for treatment received as an inpatient or day patient for the removal of impacted, buried or unerrupted teeth.	Limited to US$2,500 per period of cover

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Disease & Chronic Condition Management	
9. Oncology All medically necessary treatment received for, or related to, the diagnosis of cancer when received as an inpatient, day patient or outpatient including palliative treatment**.**	Covered in full
10. Routine Management of Chronic Conditions Routine check-ups, drugs and dressings prescribed for management of the condition, hospital accommodation, nursing, renal dialysis, surgery and palliative treatment of chronic conditions *(excluding cancer).* 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.	Limited to US$3,000 per insured person per period of cover
11. Congenital Anomalies Treatment of congenital anomalies that manifest after the member's cover commences with us, or that manifest in a dependant child born in the year prior to cover commencing.	Limited to US$100,000 per medical condition
12. Durable Medical Equipment, Prosthetic & Orthotic Supplies *(DMEPOS)* The following benefits are covered: i) Medically necessary durable medical equipment prescribed by a treating medical practitioner, which is necessary to deliver or facilitate the delivery of prescribed drugs and dressings. ii) Ancillary charges following treatment as an inpatient or day patient including the purchase or rental of crutches and costs associated with the initial purchase or rental of a wheelchair. iii) External prosthetics required following surgery, including braces and callipers, artificial eyes and the initial purchase and fitment of an artificial limb. iv) Orthotic supplies including insoles and orthotic supports. This benefit excludes provision, modifications and fitment of furniture or adaptations to the home.	Limited to US$1,000 per medical condition
13. Convalescent Care Home healthcare services and supplies, including care by a registered or licensed nurse, physiotherapy when rendered by a licensed physiotherapist, medical supplies, drugs, and use of medical appliances immediately following inpatient 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 30 days per covered event
14. Home Nursing Nursing care given outside a hospital that is immediately received subsequent to treatment as an inpatient or day patient on the recommendation of a specialist. This must be provided by a qualified nurse and not provided for domestic reasons or convenience.	Limited to 30 days per medical condition
15. Hospice Care Accommodation and associated charges for the hospice care of a member upon diagnosis of a terminal illness under the recommendation and direction of a specialist and immediately following covered treatment received as an inpatient in a hospital. This benefit includes: i) Palliative treatment and other acute and chronic symptom management	Limited to costs incurred in the first 30 days

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ii) Medical social services under the direction of a medical practitioner or specialist. iii) Physiological and dietary counselling. iv) Consultation or case management services by a medical practitioner or specialist. v) Part-time or intermittent qualified nurse services for up to eight hours in any one day for outpatient care	
16. Hormone Replacement Therapy Medical practitioner or specialist consultations and the cost of prescribed tablets, implants or patches when such treatment is prescribed solely for the purpose of hormone imbalance.	Limited to a maximum period of 3 months per lifetime of cover
Outpatient & Alternative Treatments	
17. Outpatient Care Medical practitioner, specialist, consultant and nursing fees, outpatient charges including diagnostic and surgical procedures, anaethetist charges, pathology, laboratory tests, x-rays, drugs and dressings, medicine and appliances prescribed by a medical practitioner or specialist and traditional Chinese medicine.	Limited to US$5,000 per insured person per period of cover
18. Physiotherapy and Occupational Therapy Physiotherapy or occupational therapy by registered physiotherapy and occupational therapists on referral by a medical practitioner is restricted to 20 sessions per medical condition, after which it must be further reviewed by a specialist. A medical report will be required for outpatient physiotherapy or occupational therapy after each 20 sessions for our review if additional physiotherapy is needed. A referral letter/report must be submitted with the first claim for such treatment.	Limited to US$60 per treatment and subject to our review if more than 20 sessions per period of cover
19. Alternative Treatment Treatment administered by chiropractors, osteopaths, homeopaths, podiatrists and acupuncturists when given under the direct control of and following referral by a medical practitioner or specialist.	Limited to US$60 per treatment and an aggregate of 20 sessions per period of cover
20. Outpatient MRI, CT Scan, PET Scan, echocardiography, endoscopy, gastroscopy, colonoscopy and cystoscopy	Limited to US$1,000 per examination
Emergency Room Treatment	
21. Treatment received in a dedicated emergency room of a hospital or urgent care clinic where the condition is a true emergency	Covered in full
Evacuation & Transportation	
22. Emergency Transportation Emergency transportation costs to, from and between hospital*(s)* to receive treatment as an inpatient or day patient, by the most appropriate transport method when considered medically necessary by a medical practitioner or specialist. This benefit does not include the cost of car hire.	Limited to US$1,500 per event Policy excess/deductible & coinsurance do not apply to this benefit
23. Evacuation	Covered in full

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Evacuation of a member in the event of an emergency, where treatment is not readily available at the place of the incident, to the nearest appropriate medical facility as determined by us, by the most appropriate method of transportation as determined by us, for the purpose of admission to hospital as an inpatient or day patient. Evacuation is subject to written agreement from us, prior to travel and certified instructions to us from the attending medical practitioner or specialist including confirmation that the required treatment is unavailable at the place of incident. This benefit excludes all maternity and childbirth costs except where these are covered under Benefit 27 – Complications of Pregnancy, and any air-sea rescue or mountain rescue costs that are not incurred at recognised ski resorts or similar winter sports resorts.	Policy excess/deductible & coinsurance do not apply to this benefit
24. Evacuation & Additional Travel Expenses Reasonable travel costs: i) Evacuation costs including the costs of one other person to travel with the member as an escort, if medically necessary. ii) Travel to and from medical appointments when treatment is being received as a day patient. iii) For an accompanying person to travel to and from the hospital to visit the member following admission as an inpatient. iv) Economy class airline tickets to return the member and the escort to the country of residence, country of domicile or to the country where evacuation occurred. v) Non-hospital accommodation for the member and the escort for immediate pre- and post-hospital admission periods provided that the member is under the care of a specialist.	Limited to US$2,500 per person per evacuation Policy excess/deductible & coinsurance do not apply to this benefit v) Limited to US$80 per person per day *(subject to the overall benefit limit of US$2,500 above)*
Mortal Remains	
25. In the event of death from an eligible medical condition: transportation of the body of a member or his/her ashes to the country of domicile or country of residence or burial or cremation costs at the place of death in accordance with reasonable and customary practice. Necessary burial or cremation fees including - The cost of reopening a grave and burial costs, or - The cost of opening a new grave and burial costs, including any exclusive right of burial fee, or - In the case of cremation: 1. The cremation fee 2. The cost of any doctor's certificates 3. The cost of removing a pacemaker or other medical device which must be removed before the cremation but not including costs related to other funeral expenses, such as: - Funeral director's fees - Flowers - The cost of any documents needed for the release of the money, savings and property of the deceased - The necessary cost of a return journey for you to either arrange the funeral or attend the funeral.	Limited to US$15,000 per insured person Policy excess/deductible & coinsurance do not apply to this benefit

	Omega
Mother & Child	
26. Normal Pregnancy & Childbirth The costs associated with normal pregnancy, childbirth, elective caesarean sections and any related conditions. Benefit is limited to costs incurred after the first 10 months from the effective date of this benefit or your date of entry, whichever is the later. Benefits are limited to childbirth, pre and post natal check-ups*(incurred during 6 weeks following delivery subject to the benefit limit not being exhausted)*, midwife and delivery costs. Treatment undertaken in the USA under this benefit is subject to 20% coinsurance without limitation as noted in Exclusion 6 after the chosen excess or deductible has been satisfied. All costs relating to complications of pregnancy or childbirth following infertility treatment *(assisted conception)* will be limited to this benefit. This benefit extends to include routine neo natal care, new born packages *(including elective circumcision)* for the first 24 hours following birth, when the baby is accompanying its mother whilst she is receiving treatment as an inpatient in a hospital *(mother being an insured member)* . This benefit is only applicable to members who have chosen excess levels of US$400/US$100, US$800/US$200, US$5,000/US$100 or chosen deductible of US$1,600/US$400 and paid the appropriate premium.	Limited to US$10,000 per pregnancy for excess levels: US$800/US$200, US$5,000/US$100 or deductible: US$1,600/US$400 or Limited to US$25,000 per pregnancy for excess level: US$400/US$100 *(subject to 20% coinsurance without limitation for treatment undertaken in the USA)* Benefit does not apply to excess levels US$2,000/US$500 and US$4,000/US$1,000
27. Complications of Pregnancy Treatment of a medical condition arising during the antenatal stages of pregnancy, a medical condition arising during childbirth and one that requires a recognised obstetric procedure, and post natal check-ups required as a result of the complication of pregnancy for up to six weeks. Complications arising as a result of assisted conception, including, but not limited to, premature or multiple births are excluded from this benefit. Benefit is payable for costs incurred after the first 10 months from your date of entry.	Covered in full Coinsurance does not apply to this benefit
28. New Born Care Inpatient treatment of an acute medical condition being suffered by a new born baby that manifests within 30 days following birth. Complications arising as a result of assisted conception, including, but not limited to, premature or multiple births, are excluded from this benefit. In circumstances where a congenital anomaly occurs in a new born baby, cover will be excluded under this benefit and payable under Benefit 11 – Congenital Anomalies. Following the 30-day new born benefit period, excepting any medical conditions occurring or manifesting themselves during the 30-day period immediately following birth, the member's dependant will be eligible for cover up to the full provision of this policy subject to written notification within 45 days of birth and all premiums being paid in full within 30 days of the due date. A declaration of health is required with respect to all dependants who are born following infertility treatment *(assisted conception).*	Up to US$100,000 per insured person per period of cover and to a maximum of 90 days hospital stay
29. New Born Accommodation Hospital accommodation costs relating to a new born baby *(up to 16 weeks old)* to accompany its mother *(being a member)* whilst she is receiving treatment as an inpatient in hospital.	Covered in full

	Omega
Wellness Check-Ups	
30. Well Child Care Cover for preventative care and testing to insured persons under the age of 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 US$400 per insured person per period of cover and subject to 20% coinsurance Policy excess/deductible does not apply to this benefit
31. Wellness Benefit The cost of routine medical check-ups and associated tests and the cost of medically necessary vaccinations or inoculations for insured persons aged 6 years and above. 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)*	Limited to US$400 per insured person per period of cover and subject to 20% coinsurance Policy excess/deductible does not apply to this benefit
OPTIONS TO UPGRADE COVER The following benefits only apply if they are specifically noted in your Schedule of Cover.	
001. Additional Chronic Conditions Cover Extends the cover provided under the Routine Management of Chronic Conditions benefit to include the routine and palliative treatment incurred in connection with a chronic medical condition. 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 related HIV illnesses, include Acquired Immune Deficiency Syndrome *(AIDS)* or Aids Related Complex *(ARC)* and/or any mutant derivative or variations. Expenses are limited to: a) Pre and post diagnosis consultations b) Routine check-ups for this condition c) Prescribed drugs and dressings *(except experimental or investigational)* d) Hospital accommodation & nursing fees 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 37 are deleted.	Limited to US$50,000 per insured person per period of cover Sub limit of US$10,000 per insured person per period of cover

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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. Costs incurred within 6 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 40 are deleted and the term 'routine' from Exclusion 26 is removed. This benefit is only available to members who have chosen excess levels of US$400/US$100, US$800/US$200 or deductible of US$1,600/US$400.	Limited to US$250 per insured person per period of cover Policy excess/deductible does not apply to this option
003. Compassionate Travel Reasonable travel and accommodation expenses for one member, together with any minors*(under the age of 16)* having to travel to and from the location of a … a) Near relative who has unexpectedly been placed on the critical list following an accident. b) 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.	Policy excess/deductible & coinsurance do not apply to this benefit a) Limited to US$3,000 per claim b) Limited to US$1,500 per period of cover and limited to no more than 2 claims in any 5-year period.
004. Extended Travel Benefits **Section A** – Cancellation and Curtailment	Limited to US$1,500 per person per occurrence Limited to 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 near 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, act of terrorism, 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. 4) unexpected epidemic or pandemic outbreak of infectious disease at the destination of an insured person's trip *(as declared by World Health Organisation)* that occurred after the purchase of this policy or after the booking of the trip whichever is later. Cover under this benefit further includes reasonable additional accommodation costs and economy class travel costs for the return of an insured person to usual country of residence if the insured person cannot return as originally booked due to treatment for an eligible condition arising from an accident or an illness during the period of cover.	Limited to US$1,000 per person per occurrence
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.	Limited to US$500 per person per occurrence
Section B – Luggage, Clothing or Personal Effects 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 We shall reimburse the insured person up to the amount of US$500 for loss of cash, bank or currency notes, traveller's 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.	

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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, traveller's cheques, prepaid petrol coupons and travel tickets except as provided for under section C – Personal Money of the Extended Travel Benefit. 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.	
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.	Limited to US$50,000
006. Non-Emergency Travel This benefit will provide the cost of return economy-class travel to the country of the nearest appropriate medical facility, in the event that a member requires inpatient or day patient non-emergency treatment that is unavailable at the member's current location. Subject to written agreement from us, and certified instructions from the attending medical practitioner or specialist including confirmation that the required treatment is unavailable at the place of incident.	Limited to US$500 per period of cover *(subject to 20% coinsurance)*
007. Stay Alive Policy	

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This option enables the insured person to retain benefits of maintaining continuous coverage as a TTc member, without purchasing a full annual policy but is subject to payment of premium. Members may wish to do this if they have temporary alternative cover from a government sponsored source, or through employment, but intend to return to their TTc policy at a later stage. This option offers no medical benefits. Membership is subject to the following requirements: 1) The insured person has not submitted any claims 12 months prior to switch from the Omega Policy to the Stay Alive Policy. 2) The insured person would need to pre-notify TTc 90 days before switching from the Stay Alive Policy back to the Omega Policy. 3) Existing date of entry and No Claims Bonus *(if any)* under the Omega Policy will be transferred to the Stay Alive Policy. 4) New medical conditions that start during the Stay Alive policy will be classified as pre-existing once a member resumes an Omega policy 5) Maximum period of cover under the Stay Alive Policy is 2 years	
008. Vision Care The cost of routine eye exam and the purchase of vision hardware, when the member's prescription has changed. For this benefit, only exclusions 1 and 40 are deleted.	Limited to 1 eye exam and a maximum of US$250 per insured person per period of cover. Policy excess/deductible does not apply to this benefit

EXCESS/DEDUCTIBLE & COINSURANCE

	Level 1	Level 2	Hybrid	Level 3	Level 4
Policy Excess (USA)	US$400	US$800	US$5,000	US$2,000	US$4,000
Policy Excess (Overseas)	US$100	US$200	US$100	US$500	US$1,000

Deductible (USA)*	US$1,600
Deductible (Overseas) *	US$400

Coinsurance: For treatment received within the preferred provider network in the USA, members will be liable for 20% of any admissible cost up to an annual limit of US$10,000 per insured person per period of cover.

Treatment in the USA not received in the preferred provider network *(except emergency treatment)* and eligible treatment requiring pre-authorisation which is not pre-authorised by us will be subject to a coinsurance of 40% and will not be subject to the coinsurance limit.

*** Deductible is available as an alternative to excess and will be applied per insured person per period of cover.**

EXCESS OR DEDUCTIBLE

The Schedule of Cover will show the amount of excess or deductible you will be obliged to pay before receiving any benefits under this policy. The excess or deductible will differ depending on whether your treatment is undertaken inside or outside the USA. Any coinsurance applied to any cost of treatment will not apply towards meeting the excess or deductible. Eligible treatment requiring pre-authorisation which is not pre-authorised will count towards an excess or deductible only after application of the increased coinsurance applicable.

Coinsurance 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 coinsurance and the percentage can be found in this policy. The maximum amount you will have to pay as coinsurance per insured person per period of cover is called your coinsurance limit.

After this maximum for which you are liable is reached, the policy will pay benefits at 100%. Excess or deductible payments do not contribute to these limits.

Exceptions to the application of an excess or deductible and/or coinsurance:

The following benefits will not be subject to an excess or deductible and coinsurance. They are:

Benefit 3 – Hospital Cash
Benefit 25 – Mortal Remains
Benefit 22 – Emergency Transportation
Benefit 23 – Evacuation
Benefit 24 – Evacuation & Additional Travel Expenses
Additional option 003 – Compassionate Travel

The following benefit will not be subject to coinsurance:

Benefit 27 – Complications of Pregnancy

The following benefits will not be subject to an excess or deductible:

Benefit 30 – Well Child Care

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Benefit 31 – Wellness Benefit
Additional option 002 – Routine Dental Treatment
Additional option 008 – Vision Care

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 or deductible level, will be subject to the prior *(higher)* excess level for the following 12 months. Also, pregnancy expense that occurred or manifested itself prior to a change to a higher maximum limit of US$25,000 per pregnancy will be subject to the prior lower maximum limit of US$10,000 per pregnancy.

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.

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, implants 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.

Coinsurance: 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: One spouse and/or unmarried children financially dependent who are not more than 18 years old and residing with the principal insured person, or not more than 26 years old if in full-time education, at the date of entry or any subsequent renewal date. All dependents 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 inpatient 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.

Inpatient: 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 & Casualty *(Bermuda)* Limited

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.

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 practise 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, brother-in-law and fiancé.

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.

Outpatient: An insured person who receives treatment at a recognised medical facility, but is not admitted to a hospital bed as an inpatient 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 coinsurance 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 has 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.

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 for under Benefit 10 – 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.

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3) Chronic supportive treatment of renal failure, including dialysis except where as provided for under Benefit 10 – 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 *(except emergency treatment)* and eligible treatment requiring pre-authorisation which is not pre-authorised by us will be subject to a coinsurance of 40% and will not be subject to the coinsurance limit.

6) The first 20% of any admissible costs relating to treatment received in the USA, up to a maximum of US$10,000 per insured person per period of cover *(without limitation for the Normal Pregnancy and Childbirth benefit)* and additionally to Benefit 30 – Well Child Care and Benefit 31 – Wellness Benefit wherever such treatment is undertaken. The coinsurance is applied after the deduction for excess/deductible applicable to the policy.

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 except as provided for under Benefit 11 – Congenital Anomalies.

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 30 – Well Child Care and Benefit 31 – Wellness Benefit.

11) Normal eye or hearing tests, non-medical/natural degenerative eye defects, including, but not limited to myopia, presbyopia, astigmatism except as provided for under additional option 008-Vision Care and any corrective surgery for non-medical/natural degenerative sight or hearing defects.

12) Rehabilitation except as provided for under Benefit 1x) – Rehabilitation benefit.

13) Treatment received in health hydros, 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 under Benefit 19 –Alternative Treatment.

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 12 – Durable Medical Equipment, Prosthetic & Orthotic Supplies *(DMEPOS)* benefit.

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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) Voluntary caesarean section costs or medically necessary caesarean section costs due to any previous non-emergency caesarean sections undertaken, antenatal classes and midwifery costs except as provided for under Benefit 26 – Normal Pregnancy & Childbirth.

20) Pregnancy terminations on non-medical grounds.

21) Complications of pregnancy costs arising within the first 10 months from the insured person's date of entry.

22) 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.

23) 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.

24) Treatment directly or indirectly associated with a sex change and any consequence thereof.

25) Venereal disease or any other sexually transmitted diseases or any related condition.

26) 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 root canal treatment, false teeth, denture, semi-precious and precious crowns/filling, any orthodontic treatment, or any related condition except as provided under Benefit 8 – Surgical Extraction of Teeth and Benefit 7 – Accidental Damage to Teeth.

27) Costs in respect of a psychiatrist *(except as provided for under Benefit 5 – Inpatient Psychiatric Treatment and Benefit 6 – Outpatient Psychiatric Treatment)*, psychotherapist, psychologist *(unless referred to by and under the direct control of a psychiatric physician under Benefit 5 – Inpatient Psychiatric Treatment and Benefit 6 – Outpatient Psychiatric Treatment)*, family therapist or bereavement counsellor.

28) Treatment for learning difficulties, hyperactivity, attention deficit disorder, speech therapy and developmental, social or behavioural problems in children.

29) 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.

30) 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.

31) 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 outpatient, including the costs of a hire car.

32) Expenses will not be payable under Additional Option 003 a)– Compassionate 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 authorised to undertake the funeral arrangements.

33) Costs and expenses incurred where an insured person has travelled against medical advice.

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34) Treatment received in connection with insomnia, sleep disorders, sleep apnoea, fatigue, jet lag, work related stress or any related condition.

35) 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.

36) Home visits by a medical practitioner, specialist or qualified nurse unless specifically agreed by us in writing prior to consultation.

37) 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.

38) 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) Motor vehicle activities when:
        i) not wearing a seatbelt, if there is one present
        ii) not wearing a crash helmet as the driver or passenger of any motorcycle, motorised tri-cycle or quad-cycle
        iii) the driver does not have the license and insurance required by local law
        iv) not on a public road
    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 metres

    If in doubt, please check with Talent Trust Consultants.

39) Benefits in respect of a new born is restricted to the limits under Benefit 28 – New Born Care for the first 30 days immediately following birth, Benefit 30 – Well Child Care, Benefit 29 – New Born Accommodation and Benefit 11 - Congenital Anomalies.

40) 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. Deductible is available as an alternative to excess and will be applied per insured person per period of cover.

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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. Following payment of claim the member has a duty to disclose to us that such claim/s were paid by the aforementioned other insurance company and there are no outstanding liabilities resulting from the claim/s.

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 70. Individuals over the age of 70 are not eligible for cover unless the insured person’s date of entry was prior to their 70th 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.

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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) The cover is annual and the policy is renewable for successive 12-month periods, subject to the terms in force at that time and provided payment of the premium has been received by us.
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/review date.
c) All premiums are payable in advance of any cover under this policy being provided.
d) Your policy is an annual contract and you are responsible for the whole year's premium even if it is agreed that you may pay by instalments.

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.

13) Children:

New born children will be accepted for cover *(subject to the limitations of Benefit 11 – Congenital Anomalies, Benefit 29 – New Born Accommodation, Benefit 28 – New Born Care and Benefit 30 – 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, not more than 18 years old, residing with the principal insured person or not more than the age of 26 in full-time education at the date of entry, 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.

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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 Rights of Termination:

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 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 Bermuda, without regard or application of the conflict of laws rules of that jurisdiction.

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.

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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 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.

25) Conflict or Civil Unrest, Chemical or Radioactivity Contamination:

Treatment and expenses directly or indirectly arising from or required as a consequence of conflict or civil unrest, chemical or radioactivity contamination from any chemical and nuclear material or from the combustion of nuclear fuel or any related condition are covered by this policy provided the member:

a) Is not an active participant in any conflict or civil unrest
b) Is not involved in any illegal activities which directly or indirectly lead to injury or illness
c) Does not knowingly enter or remain in a country, region or location where there is conflict, civil unrest, natural disaster, chemical, nuclear or radioactive contamination
d) Does not intentionally put him/herself at risk of illness or injury resulting from conflict, civil unrest, natural disaster, chemical, nuclear or radioactive contamination
e) Is not a member of any armed forces, security services including personal protection, chemical, nuclear or radioactive contamination, cleaning crews of any kind or type *(including governmental workers or private teams)*

Based on the information provided at inception or renewal Aetna will assess the current, future or developing risk exposure of members located in high risk areas and will notify the policyholder of any actions, limitations, exclusions or premium loadings required to ensure ongoing cover and member safety.

26) U.S. Economic or Trade Sanctions:

Whenever coverage provided by the Master Policy is in violation of any U.S. economic or trade sanctions, such coverage shall be null and void. For example, Aetna cannot pay for health care services provided in a country under sanction by the United States unless permitted under a written Office of Foreign Asset Control *(OFAC)* license. Learn more on the US Treasury's website at: www.treasury.gov/resource-center/sanctions

COMPLAINT PROCEDURES

If you wish to make a complaint

Write to:

Aetna Global Benefits Limited
P.O. Box 6380
Dubai
United Arab Emirates

Telephone: +971 4 438 7600
Fax: +971 4 428 7101
Email: aetnainternationalcomplaints&appeals@aetna.com

Summary of our complaint handling procedures

Complaints and Appeals will:

- Be acknowledged promptly confirming who will be responsible for the investigation of your complaint and how it will be conducted
- Be investigated competently, efficiently and impartially ensuring that we provide updates on progress
- Be assessed fairly, consistently and promptly
- Be responded to within eight weeks; you will receive either a letter explaining the status of your complaint or a final response outlining the determination of the investigation