

GLOBAL ACCIDENT & SICKNESS DESCRIPTION OF COVERAGE
The Insurance Company of the State of Pennsylvania,
A member company of American International Group, Inc. (AIG)

Policy No.: **GLB0009110452** 10/06

Diplomat America

Coverage will begin at 12:01 A.M. Eastern Standard Time on the latest of the following:

- a) Your departure from your Home Country; or b) The date and time your completed enrollment form and correct premium are received by Global Underwriters Agency; or c) The effective date requested on the enrollment form.

Coverage will end on the earlier of the following:

- a) Your permanent return to your Home Country ; or b) Twelve months after your coverage's effective date; or c) The termination date shown on the enrollment form, for which premium has been paid.

The minimum period of coverage that can be purchased is fifteen days, the maximum is twelve months. Coverage can be purchased in fifteen day and/or monthly increments.

DEFINITIONS The term "**Home Country**" shall mean, the country where an eligible person(s) has his/her fixed and permanent home establishment and to which he/she has the intention of returning. The term "**Hospital**" shall mean, a facility that: (1) is operated according to law for the care and treatment of Injured people; (2) has organized facilities for diagnosis and surgery on its premises or in facilities available to it on a prearranged basis; (3) has 24 hour nursing service by registered nurses (R.N.'s); and (4) is supervised by one or more Physicians. A Hospital does not include: (1) a nursing, convalescent or geriatric unit of a Hospital when a patient is confined mainly to receive nursing care; (2) a facility that is, other than incidentally, a rest home, nursing home, convalescent home or home for the aged; nor does it include any ward, room, wing, or other section of the Hospital that is used for such purposes; or (3) any military or veterans Hospital or soldiers home or any Hospital contracted for or operated by any national government or government agency for the treatment of members or ex-members of the armed forces. The term "**Illness**" shall mean, sickness or disease of any kind first manifested, treated or diagnosed after the effective date of coverage for an Insured Person; and causing loss covered by this Plan. The term "**Injury**" shall mean, bodily Injury caused solely and directly by violent, accidental, external, and visible means occurring while the Policy is in force; and resulting directly and independently of all other causes of loss covered by this Plan. The term "**Physician**" shall mean, a licensed practitioner of the healing arts acting within the scope of his/her license who is not: (1) the Insured; (2) an Immediate Family Member; or (3) retained by the Policyholder. Such definition will exclude chiropractors and physiotherapists. In the event services are provided by chiropractors or physiotherapists these healthcare professionals must be licensed and acting within the scope of their license and may not be (1) the Insured; (2) an Immediate Family Member; or (3) retained by the Policyholder. The term "**Pre Existing Condition**" means any Injury or Illness which was contracted or which manifested itself, or for which treatment or medication was prescribed three (3) years prior to the effective date of this insurance. The term "**Immediate Family Member**" means a person who is related to the Insured in any of the following ways: spouse, brother-in-law, sister-in-law, daughter-in-law, son-in-law, mother-in-law, father-in-law, parent (includes stepparent), brother or sister (includes stepbrother or stepsister), or child (includes legally adopted or stepchild).

BENEFITS If within 365 days after the date of a covered accident, the Insured Person's Injury results in death or dismemberment, this Plan provides the following benefits for loss of:

Accidental Death and Dismemberment -The amount of the Principal Sum is \$25,000

Description of Loss

Life
Both Hands or Both Feet or Sight of Both Eyes
One Hand and One Foot
Either Hand or Foot and Sight of One Eye
Either Hand or Foot
Sight of One Eye

Indemnity

Principal Sum
Principal Sum
Principal Sum
Principal Sum
One-Half the Principal Sum
One-Half the Principal Sum

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

Paralysis Benefit

If Injury to the Insured results, within 365 days of the date of the accident that caused the Injury, in any one of the types of paralysis specified below, the Company will pay the percentage of the Maximum Amount shown below for that type of paralysis:

Type of Paralysis

Based on the Percentage of the \$25,000 Principal Sum

Quadruplegia.....	100%
Paraplegia.....	75%
Hemiplegia.....	50%
Uniplegia.....	25%

"Quadruplegia" means the complete and irreversible paralysis of both upper and both lower limbs. "Paraplegia" means the complete and irreversible paralysis of both lower limbs. "Hemiplegia" means the complete and irreversible paralysis of the upper and lower limbs of the same side of the body. "Uniplegia" means the complete and irreversible paralysis of one limb. "Limb" means entire arm or entire leg.

If the Insured suffers more than one type of paralysis as a result of the same accident, only one amount, the largest, will be paid.

Medical Expenses Benefits - The Company will pay medical expense benefits with respect to the Covered Expenses resulting from a Disablement. Coverage is limited to Covered Expenses incurred subject to limitations and exclusions. The term "Disablement" as used with respect to medical expenses shall mean an Illness or an accidental bodily Injury necessitating medical treatment by a Physician. If a Disablement is due to causes which are the same or relating to the cause of a prior Disablement (including complications arising there from) the Disablement shall be considered a continuation of the prior Disablement and not a separate Disablement. For a covered Disablement, the Company will pay 80% of Covered Expenses up to \$5,000 and 100% thereafter, after satisfaction of the deductible. Chiropractic care, if recommended by a physician for the treatment of a specific disablement, and administered by a licensed chiropractor, 80% of eligible charges up to \$35 per visit with a maximum of ten (10) visits per Disablement allowable. The maximum total payment under the policy for an Illness that is first manifested, treated or diagnosed during an Insured Person's first thirty (30) days of coverage, commencing as of the Insured Person's effective date, is \$1,000.

Covered Expenses - Only such expenses incurred as the result of and within 52 weeks from a Disablement, and which are and which specifically enumerated in the following list of charges:1) Charges made by a Hospital for room and board, floor nursing and other services, including charges for professional services, except personal services of a non-medical nature, provided, however, that expenses do not exceed the Hospital's average charge for semi-private room and board accommodation, or two (2) times the average semi-private room charge if confinement to an intensive care unit is required, or the actual charge for an intensive care unit made by the servicing Hospital, whichever is less; 2) Charges made for diagnosis, treatment and surgery by a Physician; 3) Charges made for the cost and administration of anesthetics; 4) Charges for medication, x-ray services, laboratory tests and services, the use of radium and radio-active isotopes, oxygen, blood transfusions, iron lungs, and medical treatment; 5) Charges for physiotherapy, if recommended by a Physician, for the treatment of a specific Disablement and administered by a licensed physiotherapist; 6) Hotel room charge, when the Insured, otherwise necessarily confined in a Hospital, shall be under the care of a duly qualified Physician in a hotel room owing to the unavailability of a Hospital room by reason of capacity or distance or to any other circumstances beyond the control of the Insured; 7) Dressings, drugs, and medicines that can only be obtained upon written prescription of a Physician. With regards to chiropractic care, 80% of eligible charges up to \$35.00 per visit, with a maximum of 10 visits per Injury or Illness is allowable, if prescribed by a Physician.

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

Emergency Medical Evacuation - The Company will pay benefits for Covered Expenses incurred for the necessary Emergency Medical Evacuation of an Insured Person up to a \$100,000 maximum. Emergency Medical Evacuation means: a) the Insured Person's medical condition warrants immediate transportation from the place where the Insured Person is Injured or Ill, to the nearest Hospital where appropriate medical treatment can be obtained; or b) after being treated at a local Hospital, the Insured Person's medical condition warrants transportation to their Home Country to obtain further medical treatment or to recover. Covered Expenses are expenses for the transportation, medical services and supplies recommended by the attending Physician and necessarily incurred, in connection with an Insured Person's Emergency Medical Evacuation. All transportation for an Insured Person's Emergency Medical Evacuation must be arranged by AIG Assist utilizing the most direct and economical conveyance. Covered Expenses for transportation which include but are not limited to air, water or land ambulance, and private motor vehicle, must be: a) recommended by the attending Physician; or b) required by the standard regulations of the conveyance transporting the Insured Person.

Repatriation of Remains - If Injury or Illness commencing during the period of coverage results in death, all reasonable expenses incurred for preparation and return of the remains to your Home Country, are covered up to a maximum of \$20,000, must be arranged by AIG Assist utilizing the most direct and economical conveyance.

Emergency Reunion - In the event of an Emergency Medical Evacuation due to a covered Injury or Illness, where the Physician feels that it would be beneficial for the Insured to have a Family Member at his/her side during transport, the Company will reimburse the Insured for travel and lodging expenses, up to a maximum of \$10,000.00. AIG Assist must make all arrangements and must authorize all expenses in advance for any benefits to be payable. The Company reserves the right to determine the benefit payable, including reductions, if it is not reasonably possible to contact AIG Assist in advance.

EXCLUSIONS AND LIMITATIONS

No benefit shall be payable for any expenses or losses incurred for: 1) Illnesses first manifested, treated or diagnosed while you are visiting your Home Country;

2) Injuries incurred while you are visiting your Home Country; 3) treatments or services rendered in your Home Country.

For the Accidental Death and Dismemberment Benefit, this Plan does not cover any loss, fatal or non-fatal; caused by or resulting from:

1) Suicide or any attempt thereof by the Insured Person while sane or self destruction or any attempt threat by the Insured Person while insane; 2) disease of any kind; 3) bacterial infections except pyogenic infection which shall occur through an accidental cut or wound; 4) hernia of any kind; 5) flying in any aircraft being used for or in connection with acrobatic or stunt flying, racing or endurance tests; flying in any rocket propelled aircraft; flying in any aircraft being used for or in connection with crop dusting, or seeding or spraying, firefighting, exploration, pipe or power line inspection, any form of hunting bird or fowl herding, aerial photography, banner towing or any test or experimental purpose; flying any aircraft which is engaged in flight which requires a special permit or waiver from the authority having jurisdiction over civil aviation, even if granted; 6) declared or undeclared war or any act thereof; 7) service in the military, naval or air service of any country.

With respect to Medical Expense, no benefit shall be payable with respect to expenses incurred: 1) For Pre-Existing Conditions, defined as any Injury or Illness which was contracted or which manifested itself, or for which treatment or medication was prescribed within the 3 years prior to the effective date of this insurance; 2) For services, supplies or treatment, including any period of Hospital confinement, which were not recommended, approved and certified as necessary and reasonable by a Physician; 3) For suicide or any attempt thereof while sane or self-destruction or any attempt thereof while insane; 4) Declared or undeclared war or any act thereof; 5) For Injury sustained while participating in professional athletics; 6) For sickness resulting from pregnancy, childbirth, or miscarriage; 7) For miscarriage resulting from accident; 8) For routine physical or other examinations where there are no objective indications or impairment in normal health, and laboratory diagnostic or x-ray examinations except in the course of a disability established by the prior call or attendance of a Physician; 9) For cosmetic or plastic surgery, except as the result of an accident; 10) For elective surgery which can be postponed until the Insured returns to his/her Home Country; 11) For any mental or nervous disorders or rest cures; 12) For dental care, except as the result of Injury to natural teeth caused by an accident; 13) For eye refractions or eye examinations for the purpose prescribing corrective lenses for eye glasses or for the fitting thereof, unless caused by accidental bodily Injury incurred while Insured hereunder; 14) In connection with alcoholism and drug addiction, or use of any drug or narcotic agent; 15) For congenital anomalies and conditions arising out of or resulting therefrom; 16) For expenses which are non-medical in nature; 17) For the ordinary cost of a one-way airplane ticket used in the transportation back to the Insured's country where an air ambulance benefit is provided; 18) For expenses as a result of or in connection intentionally self-inflicted Injury; 19) For expenses as a result of or in connection with the commission of a felony offense; 20) For specific named hazards: motorcycle driving, scuba diving, skiing, mountain climbing, sky diving, professional or amateur racing, and piloting any aircraft; 21) Treatment paid for or furnished under any other individual or group policy, or other service or medical pre-payment plan arranged through the employer to the extent so furnished or paid, or under any mandatory government program or facility set up for treatment without cost to any individual; 22) for pregnancy or childbirth, organ transplants, marrow procedures, and chemotherapy.

Claims Forms - The Company, upon receipt of a written notice of claim, will furnish to the claimant such forms as are usually furnished by it for filing proofs of loss. If such forms are not furnished within 15 days after the giving of such notice, the claimant shall be deemed to have complied with the requirements of this Plan by submitting, within the time fixed in this Plan for filing proofs of loss, written proof showing the occurrence, nature and extent of the loss for which claim is made.

Proofs of Loss - Written proof of loss must be furnished to the Company at its said office in case of claim for loss for which this plan provides any periodic payment contingent upon continuing loss within 90 days after termination of each period for which the Company is liable and in case of claim for any other loss within 90 days after the date of such loss. Failure to furnish proof within the time required shall not invalidate nor reduce any claim if it is not reasonably possible to give proof within such time, provided proof is furnished as soon as reasonably possible.

Time of Payment of Claims - Indemnities payable under the plan for any loss other than loss for which the plan provides any periodic will be paid immediately upon receipt of due written proof of such loss. Subject to due written proof of loss, all accrued indemnities for loss for which the plan provides periodic payment will be paid at the expiration of each four weeks during the continuance of the period for which the Company is liable, and any balance remaining unpaid upon the termination of liability will be paid immediately upon receipt of due written proof.

Payment of Claims - Indemnity for loss of life will be payable in accordance without the beneficiary designation and the provisions respecting such payment which may be prescribed herein and effective at the time of payment. If no such designation or provision is then effective, such indemnity shall be payable to the estate of the Insured Person. Any other accrued indemnities unpaid at the Insured Person's death may, at the option of the Company, be paid either to such beneficiary or to such estate. All other indemnities will be payable to the Insured Person. If any indemnity of the policy shall be payable to the estate of an Insured Person, or to an Insured Person who is a minor or otherwise not competent to give a valid release, the Company may pay such indemnity, up to an amount not exceeding \$1000 to any relative by blood or connection by marriage of the Insured Person who is deemed by the Company to be equitably entitled thereto. Any payment made by the Company in good faith pursuant to this provision shall fully discharge the Company to the extent of such payment. Subject to any written direction of the Insured Person all or a portion of any indemnities provided by this plan on account of Hospital, nursing, medical or surgical service may, at the Company's option and unless the Insured Person requests otherwise in writing not later than at the time for filing proof of such loss, be paid directly to the Hospital or person rendering such services, but it is not required that the service be rendered by a particular Hospital or person.

Claims Administrator: American International Companies
Accident & Health Claims
PO Box 15701, Wilmington, DE 19850-5701

Toll Free in the USA: 800-551-0824 Direct 302-661-4176 8:30 AM – 8:00 PM EST, Mon – Fri

AIG Assist: Inside US and Canada 800-626-2427 Outside US and Canada 713-267-2525 (collect)

Policy terms and conditions are briefly outlined in this Description of Coverage. Complete provisions pertaining to this insurance plan are contained in the Master Policy, which is on file with the Policyholder. In the event of a conflict between this Description of Coverage and the Master Policy, the Master Policy will govern. 9/05