

# The Insurance Company of the State of Pennsylvania

A CAPITAL STOCK COMPANY INCORPORATED 1794

Philadelphia, Pa

A member of the American International Group of Companies (AIG)

## Liaison® Traveler Program Summary

The Company hereby insures all persons whose Application has been accepted by the Administrator, Seven Corners, Inc., on behalf of the Company and whose name is identified on the Insurance Confirmation Card, subject to the exclusions and limitations as set forth herein and in the Master Policy of insurance issued by the Company. Coverage is afforded only with respect to the person, coverage, amounts and limits specified herein and as identified in the Master Policy for the insurance requested on such Application and for which the specified premium has been paid to the Administrator.

NOTE: All coverage and benefit amounts stated herein are in United States Dollars.

### PART I - INDIVIDUAL INSURANCE PROVISIONS

#### Eligibility

A citizen of any country, while traveling or residing outside their Home Country or Country of Residence, for whom Application has been made and accepted by the Company including Spouses and Dependent Children. Dependents are considered to be the Insured's natural or legally adopted unmarried children over 14 days old and under 19 years of age (or under 25 years of age if they are attending an accredited institution of higher learning on a full-time basis and wholly dependent upon the Insured for support and maintenance) and/or the Insured's Spouse for whom Application has been made and accepted by the Administrator. Only one Liaison Traveler Program may be purchased for any given policy period.

#### Effective Date of Individual Insurance

Individual coverage will become effective upon the latest of the following: (a) the date your Application and premium are received by Seven Corners, Inc.; or (b) the date you request on the Application.

#### Termination Date of Individual Insurance

Individual coverage will terminate upon the earlier of either Three, Six or Twelve months after the Effective Date (depending upon the coverage period chosen). If you choose, coverage can be easily rewritten.

#### Refund of Premium

Premium for the full term of coverage will be refunded only when written request is received by the Administrator prior to the Effective Date of Individual Insurance. After the Effective Date of Individual Insurance premium is considered fully earned and non-refundable.

### PART II - DESCRIPTION OF BENEFITS

#### Accidental Death & Dismemberment

The Company shall pay an indemnity determined from the Table of Losses if an Insured Person sustains a loss stated therein resulting from Injury and subject to the limitations contained in PART IV - EXCLUSIONS, provided that (a) such loss occurs within 365 days after the date of accident causing such loss; and (b) the indemnity payable for any such loss shall be the amount stated opposite such loss in the Table of Losses, and the Principal Sum states therein shall be the amount stated as the Principal Sum on the Insurance Confirmation Card (ID Card), as applicable to such person and this Coverage; and (c) if more than one loss stated in the Table of Losses is sustained as the result of one accident, only one of the amounts, the largest, shall be payable.

<b>For Loss of:</b>	<b>Table of Losses</b>		
	<b>Primary Insured</b>	<b>Spouse</b>	<b>Each Child</b>
Life	100% of Principal Sum	\$25,000	\$5,000
Two members	100% of Principal Sum	\$25,000	\$5,000
One member	50% of Principal Sum	\$12,500	\$2,500
Speech and hearing	100% of Principal Sum	\$25,000	\$5,000
Speech or hearing	50% of Principal Sum	\$12,500	\$2,500
Quadriplegia	100% of Principal Sum	\$25,000	\$5,000
Paraplegia	50% of Principal Sum	\$12,500	\$2,500
Hemiplegia	25% of Principal Sum	\$6,250	\$1,250

The term "loss" as used for Accidental Death and Dismemberment herein shall mean with regard to hands and feet, actual severance through or above wrist or ankle joints, and with regard to eyes, entire irrecoverable loss of sight and for Quadriplegia, Paraplegia, and Hemiplegia shall mean the complete and irreversible paralysis of such limbs. The term "Principal Sum" as used herein shall mean the amount stated on the Insurance Confirmation Card. The term "member" means hand, foot or eye. Only one amount, the largest to which you are entitled, is paid for all losses resulting from one accident.

#### Emergency Medical Evacuation Expense

The Company will pay benefits for Covered Expenses incurred up to the \$250,000 maximum Emergency Medical Evacuation Expenses Benefit Amount, if an Injury or Illness commencing during the Coverage Period results in the necessary Emergency Medical Evacuation of the Insured Person. An Emergency Medical Evacuation must be ordered by a legally licensed Physician who certifies that the severity of the Insured Person's Injury or Illness warrants the Emergency Medical Evacuation of the Insured Person.

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 his/her Home Country or Country of Residence to obtain further medical treatment or to recover; or (c) both (a) and (b) above.

Expenses for special transportation must be: (a) recommended by the attending Physician or (b) required by the standard regulations of the conveyance transporting the Insured Person. Expenses for medical supplies and services must be recommended by the attending Physician. Transportation means any land, water or air conveyance required to transport the Insured Person during an Emergency Medical Evacuation. Special transportation includes, but is not limited to, air ambulances, land ambulances, and private motor vehicles. Refer to the Assistance Services section of this Program Summary for details.

#### **Repatriation of Remains**

The Company will pay the reasonable Covered Expenses, (not to exceed \$20,000) incurred to return the Insured Person's body home (to his/her Home Country) if he or she dies. Covered Expenses include, but are not limited to, expenses for embalming, cremation, containers and transportation. Refer to the Assistance Services section of this Program Summary for details.

#### **Emergency Reunion**

The Company will pay the reasonable Covered Expenses incurred by a family member, if the Insured Person is to be evacuated under the terms of the Policy. The benefit amount shall not exceed \$20,000. Covered Expenses include, but are not limited to, expenses for (a) the cost of one (1) economy air ticket from the Insured Person's Home Country to an airport serving the area where the Insured Person is hospitalized; (b) reasonable travel accommodations not to exceed \$200.00 per day; (c) the period of the Emergency Reunion shall not exceed ten (10) days, including travel. Refer to the Assistance Services section of this Program Summary for details.

#### **Return of Minor Child(ren)**

The Company will pay for the expense of a one way economy fare less the value of applied credit from any unused travel tickets per child under the age of 18, left unattended as the result of their parent's eligible covered hospitalization, to their home country. The benefit amount shall not exceed \$5,000. Refer to the Assistance Services section of this Program Summary for details.

#### **Political Evacuation and Repatriation**

If due to political or military events in a host country, a formal recommendation from the appropriate authorities is issued for the insured to leave the host country or the insured is expelled or declared persona non-grata by the host country, all reasonable expenses incurred for the transportation to the nearest place of safety or for repatriation to the insured's Home Country or Country of Residence are covered up to a maximum of \$10,000. Evacuation must occur within 10 days of any such event. Coverage will apply to the most appropriate and economical means consistent under the circumstances with your health & safety. Evacuation costs will be paid once per insured per occurrence.

#### **Trip Interruption**

Liaison Traveler will pay benefits if an Insured is unable to continue the Trip due to: a) death of the Insured's Immediate Family Member, occurring prior to the return to the Insured's Home Country, b) serious damage to the Insured's principal residence from fire, flood or similar natural disaster (tornado, earthquake, hurricane, etc.). Liaison Traveler will reimburse the Insured for the cost of travel, less the value of applied credit from an unused return travel ticket, to return home to their area of principal residence. This benefit is limited to the cost of one-way economy airfare or ground transportation and is subject to a Policy Period maximum of \$5,000.

#### **Lost Baggage**

Liaison Traveler will pay benefits if an Insured's Checked Baggage is lost due to theft or misdirection by a Common Carrier while the Insured is a ticketed passenger on the Common Carrier during the Trip. Liaison Traveler will reimburse the Insured, up to the Policy Period maximum of \$250 for the cost of replacement of the baggage and its contents. All claims must be verified by the Common Carrier. There is a maximum per article limit of \$50. (This is an excess benefit).

**IMPORTANT NOTE: In the event of Emergency Medical Evacuation, Repatriation of Mortal Remains, Emergency Reunion, Political Evacuation and Repatriation, Trip Interruption, Baggage or Return of Minor Child(ren) benefit is needed, arrangements must be made by the Assistance Service Provider. Complete details about required notification of the Assistance Service Provider are contained in the Program Summary.**

**Medical Coverage (if applicable)** Not available to persons traveling to the United States or for any one trip longer than 60 days.

If you or your insured dependent become sick or injured during the Period of Coverage and require medical treatment, the plan will pay, subject to a \$350 per incident Deductible, Reasonable and Customary charges for Covered Expenses resulting from such occurrence, up to \$25,000 per Policy Period. Only those expenses described which are incurred within 13 weeks from the onset of an injury or emergency sickness and which are not excluded are considered Covered Expenses. Initial treatment of an Injury or emergency sickness must occur within 72 hours of the Accident or onset of emergency sickness, defined as a condition requiring immediate care and/or hospitalization. In order for medical coverage to be valid, maximum length of any one trip would have to be less than 60 days. Maximum age of eligibility is 65. Covered Expenses to include:

1. Charges made by a hospital for room and board, floor nursing and other services, inclusive of charges for professional services and with the exception of 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 intensive care when medically necessary.
2. Charges made for diagnosis, treatment and surgery by a physician.
3. Charges made for the cost of administration of anesthetics.
4. Charges for medication, X-ray services, laboratory tests and services, the use of radium and radioactive 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. Dressings, drugs and medicines that can be obtained upon a written prescription of a physician or surgeon.
7. Hotel room charge, when you, would otherwise be 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 your control.

### PART III – DEFINITIONS

The term "Accident" or "Accidental" shall mean an event, independent of Illness or self inflicted means, which is the direct cause of bodily Injury to an Insured Person.

The term "Hospital" shall mean except as may otherwise be provided, a Hospital (other than an institution for the aged, chronically ill or convalescent, resting or nursing homes) operated pursuant to law for the care and treatment of sick or injured persons with organized facilities for diagnosis and surgery and having 24-hour nursing services and medical supervision.

The term "Disablement" as used with respect to medical expenses shall mean an Illness or an accidental bodily Injury necessitating medical treatment by a Physician as defined in the Program Summary.

The term "Covered Expense" shall mean "Eligible Benefit".

The term "Coverage Period or Period of Coverage" shall mean the period the Insured Person is eligible for benefits under this Policy, which correlate with the Effective and Termination Dates of Individual Insurance, and when the Insured Person leaves and continues to remain outside of his/her Home Country, contained in PART I - INDIVIDUAL INSURANCE PROVISIONS.

The term "Deductible" shall mean the amount of eligible Covered Expenses which are the responsibility of each Insured Person and must be paid by each Insured Person before benefits under the Policy are payable by the Company.

The term "Eligible Benefit(s)" shall mean benefits payable by the Company to reimburse expenses which are for Medically Necessary services, supplies, care, or treatment; due to Illness or Injury; prescribed, performed or ordered by a Physician; Reasonable and Customary charges; incurred while insured under this program and which do not exceed the maximum benefit.

The term "Physician" shall mean a doctor of medicine or a doctor of osteopathy licensed to render medical services or perform surgery in accordance with the laws of the jurisdiction where such professional services are performed. However, such definition will exclude chiropractors and physiotherapists.

The term "Injury" shall mean bodily Injury caused solely and directly by violent, accidental, external, and visible means occurring while this Policy is in force and resulting directly and independently of all other causes in loss covered by this Policy.

The term "Illness" shall mean sickness or disease of any kind contracted and commencing after the Effective Date of this Policy and causing loss covered by this Policy.

The term "Home Country or Country of Residence" shall mean the country from which the Insured Person holds a valid passport and has his/her true, fixed and permanent residence.

The term "Host Country" shall mean the country that the Insured Person is visiting or stationed in, other than the Insured Persons Home Country or Country of Residence, as defined herein.

The term "Reasonable and Customary" shall mean the maximum amount that the Company determines is Reasonable and Customary for Covered Expenses the Insured Person receives, up to but not to exceed charges actually billed. The Company's determination considers: (1) amounts charged by other Service Providers for the same or similar service in the locality where received, considering the nature and severity of the bodily Injury or Illness in connection with which such services and supplies are received; (2) any usual medical circumstances requiring additional time, skill or experience; and (3) other factors the Company determines are relevant, including but not limited to, a resource based relative value scale. For a Service Provider who has a reimbursement agreement, the Reasonable and Customary charge is equal to the amount that constitutes payment in full under any reimbursement agreement with the Company.

### PART IV - EXCLUSIONS

**For Accidental Death and Dismemberment, Emergency Medical Evacuation, Repatriation of Mortal Remains, Emergency Reunion, Return of Dependent Child, this insurance does not cover:**

- 1 Suicide or attempt thereof by the Insured Person while sane or self destruction or any attempt thereof by the Insured Person while insane;
- 2 Disease of any kind; bacterial infections except pyogenic infection which shall occur through an accidental cut or wound; hernia of any kind; (Only applicable for Accidental Death & Dismemberment)
- 3 Injury sustained while the Insured Person is riding as a pilot, student pilot, operator or crew member, in or on, boarding or alighting, from any type of aircraft; or while the Insured Person is riding as a passenger in any aircraft (a) not having a current and valid airworthy certificate and (b) not piloted by a person who holds a valid and current certificate of competency for piloting such aircraft;
- 4 Declared or undeclared war or any act thereof; service in the military, naval or air service of any country;
- 5 Flying in any aircraft being used for or in connection with acrobatic or stunt flying, racing or endurance tests; rocket-propelled aircraft; aircraft being used for or in connection with crop dusting or seeding or spraying, fire fighting, exploration, pipe or power line inspection, any form of hunting or herding, aerial photography, banner towing or any experimental purpose; or engaged in any flight which requires a special permit or waiver from the authority having jurisdiction over civil aviation, even though granted.

**For Political Evacuation and Repatriation, this insurance does not cover:** 1) Losses recoverable under any other insurance or through an employer; 2) Losses arising from or attributable to a) dishonest or criminal acts committed or attempted by the insured, b) alleged violation of the laws of the host country, unless the company determines such allegations to be fraudulent, or c) failure to maintain required documents or visas; 3) Losses attributable to a) debt, insolvency, commercial failure, or the repossession of any property, b) insured's non-compliance with a contract or license or c) implementation of legally contributed exchange rates; 4) Losses due to liability assumed by the insured under any contract.

**For Trip Interruption, this insurance does not cover:** 1) war or any act of war, whether declared or not; participation in a felony, riot or insurrection; participation in contests of speed; a Pre-existing Condition existing prior to the Insured's departure from their Home Country that has the likelihood of causing death.

**For Lost Baggage, this insurance does not cover:** animals; automobiles or automobile equipment; boats; motors; motorcycles; other conveyances or their appurtenances (except bicycles while checked as baggage with a Common Carrier); household furniture; eye glasses or contact lenses; artificial teeth or dental bridges; hearing aids; prosthetic limbs; musical instruments; money or securities; tickets or documents; or sporting equipment if loss or damage results from the use thereof.

**For Medical expenses, this insurance does not cover:**

- 1) Pre-existing Conditions, defined as any Injury or Sickness which was contracted or which manifested itself, or for which treatment or medication was prescribed within three [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 and necessary and reasonable by a Physician;
- 3) For suicide or any attempt thereat while sane or self destruction or any attempt thereat while insane; declared or undeclared war or any act thereof; injury sustained while participating in professional athletics;
- 4) For sickness resulting from pregnancy, childbirth, or miscarriage; or miscarriage resulting from accident;
- 5) For routine physicals or other examinations where there are no objective indications or impairment in normal health, and laboratory diagnosis or x-ray examinations, except in the course of a Disability established by a prior call or attendance of a Physician;
- 6) For cosmetic or plastic surgery, except as a result of an accident; elective surgery which can be postponed until the insured returns to his/her Country of Residence; any mental and nervous disorders or rest cures;
- 7) For dental care, except as the result of Injury to natural teeth caused by accident; eye infractions or eye examinations for the purpose of prescribing corrective lenses for eye glasses or for the fitting thereof, unless caused by accidental bodily Injury incurred while insured thereunder;
- 8) In connection with alcoholism and drug addiction, or use of any drug or narcotic agent; congenital anomalies and conditions arising out or resulting from thereof; expenses which are non-medical in nature;
- 9) For the ordinary cost of a one-way airplane ticket used in the transportation back to the Insured Person's Home Country where an air ambulance benefit is provided;
- 10) For expenses as a result of or in connection with intentionally self-inflicted Injury or the commission of a felony offense;
- 11) For specific named hazards: motorcycle driving, scuba diving, skiing, mountain climbing, sky diving, professional and amateur racing, and the piloting an aircraft;
- 12) 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.

## PART V - POLICY PROVISIONS

**1. Notice of Claim:** Written notice of claim must be given to the Company within twenty (20) days after the occurrence or commencement of any loss covered by the Policy, or as soon thereafter as is reasonably possible. Notice given by or on behalf of the claimant to the Administrative Offices of the Company, or as to any authorized agent of the Company, with information sufficient to identify the Insured Person shall be deemed notice to the Company.

**2. Claim Forms:** The Company, upon receipt of a notice of claim, will furnish to the claimant such forms as are usually furnished by it for filing proof of loss. If such forms are not furnished within fifteen (15) days after the giving of such notice the claimant shall be deemed to have complied with the requirements of the Policy as to proof of loss upon submitting, within the time fixed in the Policy for filing proofs of loss, written proof covering the occurrence, the character and the extent of loss for which claim is made.

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

**4. Time of Payment of Claims:** Indemnities payable under the Policy for any loss other than loss for which the Policy provides any periodic payment will be paid immediately upon receipt of due written proof of such loss. Subject to due written proof of loss, all accrued indemnities for which the Policy provides periodic payment will be paid at the expiration of each four (4) 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.

**5. Payment of Claim:** Indemnity for loss of life will be payable in accordance with 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 \$1,000, to any relative by blood or connection by marriage of the Insured Person who is deemed by the Company to be equitably entitled thereto. Any payment made by the Company in good faith pursuant to this provision shall fully discharge the Company to the extent of such payment.

Subject to any written direction of the Insured Person all or a portion of any indemnities provided by this Policy on account of Hospital, nursing, medical or surgical service may, at the Company's option and unless the Insured Person requests otherwise in writing not later than the time for filing proof of such loss, be paid directly to the Hospital or person rendering such services, but it is not required that the service be rendered by a particular Hospital or person.

**6. Physical Examination and Autopsy:** The Company at its own expenses shall have the right and opportunity to examine the person of any individual whose Injury or Illness is the basis of claim when and as often as it may reasonably require during the pendency of a claim hereunder and to make an autopsy in case of death, where it is not forbidden by law.

**7. Legal Actions:** No actions of law or in equity shall be brought to recover under the Policy prior to the expiration of sixty (60) days after written proof of loss has been furnished in accordance with requirements of this Policy. No such action shall be brought after expiration of three (3) years after that time written proof of loss is required to be furnished.

## ASSISTANCE SERVICES:

The travel assistance benefits described below are provided by Seven Corners Assist who are staffed 24 hours a day, 7 days a week with multilingual representatives.

**Pre-Trip Assistance Telephone** information about passports, visas; Telephone information about health hazards in remote areas; Telephone information about inoculations; Help in arranging special medical treatment facilities needed while traveling.

**Medical Assistance While Traveling** 24-Hour telephone contact for travel medical emergencies help in locating medical care; Arranging telephone conferences between your attending and home physicians; Arranging second medical opinions in hospital cases; Relaying emergency messages to family and employer during medical emergencies; Guarantee or payment of medical bills using your available financial resources; 24-Hour ticketing service to arrange family visits; Arranging Emergency Medical Evacuation from medically underserved areas; Arranging evacuation for catastrophic claims; Arranging medical transportation home after treatment; Arranging escorts and transportation for unaccompanied children; Arranging transfer of medical records; Arranging Repatriation of Remains for deceased travelers; Notify your health insurer of a claim.

**Emergency Cash Transfer** Arranging for transfer of funds.

**Legal Assistance While Traveling** 24-Hour telephone contact for travel legal emergencies; Help in locating a consulate officer or attorney; Guarantee or payment of legal bills using your available financial resources; Relaying emergency messages between family, employer and attorneys.

**General Travel Assistance** 24-Hour telephone contact for baggage and other travel problems; Advice on handling losses and delays; Follow-up contact with airlines regarding baggage; Help with lost passports, ticket and documents; Guarantee or payment of emergency expenses using your available financial resources; Arranging shipments of forgotten, lost or stolen items; Relaying emergency messages.

**HOW TO OBTAIN TRAVEL ASSISTANCE:**

To receive assistance worldwide, call the assistance service provider, Seven Corners Assist at the numbers below and provide them with your Policy #: GLB 9113360

*For Emergency Evacuation, Repatriation, Emergency Reunion and Assistance Services, Call:*

**If in the United States or Canada: 1-800-690-6295**

**If outside the United States: 0-317-818-2808 Collect**

**CLAIMS SERVICES:**

To report claims or verify eligibility, send the original bills and claim forms to Seven Corners, Inc. or call or fax the numbers below. Be certain to included your ID# shown on the Insurance Confirmation Card with all correspondences.

**Seven Corners, Inc.**

303 Congressional Boulevard  
Carmel, IN 46032