

CHP Worldwide Annual Travel Insurance

Arranged by





Please Read this important information as it relates to your coverage contained herein

Where do I go for Medical Care?

Non-Emergency/Non-Urgent Care: When you have a non-Emergency situation please contact a local doctor, walk-in clinic, or urgent care facility. GBG Assist can assist you in locating one of these facilities in your area. Utilizing a hospital emergency room for NON-Emergency care will result in additional expenses and out of pocket cost as specified in your schedule of benefits: Examples of non-emergency: minor injuries and illnesses.

Emergency Care: Proceed to the nearest emergency room/urgent care facility. If you are not sure where to go you may contact GBG Assist and they may be able to direct you to the closest networked facility. Remember, it is your health so you must act prudently in an emergency and seek the care you need.

Note: Non Emergency Use of a Hospital Emergency Room for an illness that **Does Not** result in admission will have a **deductible** that must be paid by the Insured.

For **Emergency Assistance contact GBG ASSIST**

Tel: (866) 914-5333 (U.S. and Canada, toll free)
(905) 669-4920 (worldwide, collect)
Fax: (949) 271-2330

Proper notification will ensure that you receive the best possible service and will allow us to direct you to our Global Network of providers. Utilizing these providers may result in GBG providing payments directly to the provider as well as referrals to licensed medical providers you can trust.

GBG Assist **requires** notification as soon as possible for all situations requiring emergency medical treatment in excess of \$500. For services that may result in evacuation, repatriation or curtailment GBG Assist **MUST** be notified.

Failure to do so in either medical or evacuation related situations may result in denial of the claim or copayments up to 50%.

For Medical Providers in our Global network please contact GBG Assist or visit our Preferred Provider Directory at www.gbg.com

Table of Contents

SCHEDULE OF BENEFITS.....	4
GENERAL TERMS OF COVER	6
DESCRIPTION OF BENEFITS.....	7
DEFINITIONS	16
GENERAL EXCLUSIONS	19
SUBROGATION	21
ADDITIONAL BENEFITS OF INSURANCE.....	21
CLAIMS PROCEDURES	21
ACCESSING AND ADMINISTERING YOUR BENEFITS VIA NETWORK PROVIDERS	22
REFUND PROCEDURE AND POLICY	22
CANCELLATION	22

SCHEDULE OF BENEFITS

All Coverages and Plan Costs listed in this Schedule of Benefits are in **U.S. Dollar** amounts.

Annual Policy Limit Per Person	USD 1,000,000; USD 2,000,000 for any one incident under Family Coverage
Deductible	<ul style="list-style-type: none"> • USD 50 for Accident and Acute Illness • USD 250 per event for use of Hospital Emergency Room for Acute Sickness without hospital admission.
Emergency Medical Evacuation	USD 100,000
• Air Ambulance	100% UCR per Period of Coverage
• Accompaniment	USD 300 per day up to USD 3,000 per Period of Coverage
• Continuation	USD 5,000 per Period of Coverage
• Repatriation for Medical Treatment	100% UCR per Period of Coverage
• Care Management	100% UCR per Period of Coverage
Emergency and Accidental Medical Treatment	USD 1,000,000
• Acute/emergency Sickness and Injury	100% UCR per Period of Coverage
• Treatment by authorized physicians, nurses and specialists	100% UCR per Period of Coverage
• Hospitalization (semi-private rooms)	100% UCR per Period of Coverage
• Surgery, anesthesiologist	100% UCR per Period of Coverage
• Prescribed medicines, dressings	100% UCR per Period of Coverage
• Local transport to and from the place of treatment	100% UCR per Period of Coverage
• Treatment by physiotherapists and chiropractors	USD 2,500 per Period of Coverage
• Medically Necessary required durable medical equipment	100% UCR per Period of Coverage
• Limited motorcycle and sports vehicle coverage for injuries only	USD 10,000 per Period of Coverage
• Emergency dental treatment for immediate relief of pain	USD 500 per Period of Coverage
Sports Coverage	
• Non- Hazardous Sports Coverage	USD 1,000,000 per Period of Coverage
• Optional Hazardous Sports Coverage	USD 1,000,000 per Period of Coverage
Emergency Medical Stabilization	
• Medical coverage for the immediate medical stabilization of an Insured Person for Acute Onset of a Pre-Existing Condition	USD 2,000
Other Benefits	
• Repatriation of Mortal Remains	USD 10,000 per Period of Coverage
• ATMSafe	USD 500 per Period of Coverage
• Baggage Delay	USD 100 per day up to USD 700 per Period of Coverage
• Baggage Loss / Theft	USD 500 per Item up to USD 5,000 per Period of Coverage; subject to USD 100 Deductible per Period of Coverage
• Personal Liability (Property)	USD 500,000 per Period of Coverage
• Personal Liability (Bodily Injury)	USD 1,000,000 per Period of Coverage
• Accidental Death & Disability / Permanent Total Disability / Personal Accident (Limited to Common Carrier Only)	USD 150,000 per Period of Coverage

Other Benefits (continued)	
• Additional Hospital Benefit	USD 75 per day up to USD 600 per Period of Coverage
• Physical Assault	USD 5,000 per Period of Coverage
• Money and Documents (Tickets, Cash, Banknotes)	USD 500 per Period of Coverage
• Loss of Passport	USD 250 per Period of Coverage
• Travel Delay after the first 24-hours	USD 100 per day up to USD 1,000 per Period of Coverage
• Missed Departure	USD 1,000 per Period of Coverage
• Legal Expenses	USD 10,000 per Period of Coverage
• Hijacking	USD 1,000 per Period of Coverage
• Emergency evacuations for Non-Medical reasons, including War, Civil Unrest, or Natural Disasters	USD 1,500 per Period of Coverage
• Passive War and Terrorism Coverage	USD 50,000 per Period of Coverage
• Cancellation and Curtailment	USD 5,000 per Period of Coverage; subject to USD 100 Deductible per Period of Coverage
• Compassionate Repatriation / Family Return	USD 6,000 per Period of Coverage

GENERAL TERMS OF COVER

1. The Insurer shall not be deemed to provide cover and the Insurer shall not be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose the Insurer to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, United Kingdom or United States of America.
2. This Policy contains specific exclusions for Pre-Existing Conditions and limitations of coverage. Please check Description of Coverage and Policy Wording to fully determine benefits covered by Your Policy. By accepting this coverage You are agreeing to the terms and conditions contained herein.
3. Policy must be purchased prior to departure from the point of origin. Please note benefits are not eligible for claims until 48 hours after the date and time of initial purchase.
4. FOR USA INBOUND Only: This insurance is not subject to and does not provide certain benefits required by the United States Patient Protection and Affordable Care Act (PPACA).
5. For Schengen Countries: This Policy meets and exceeds European Schengen and visa requirements. See Schedule of Benefits for specific coverage levels applicable to Your Trip.
6. This Policy is eligible for coverage outside of the member's Country of Residence and travel must be greater than 150 miles from the international border of the Insured Person's address of record for the applicability of Emergency and Accidental Medical Treatment.
7. Family Members travelling together must purchase the same coverage levels and benefits in order to be eligible for coverage.
8. Annual Multi-Trip Maximum Issuance: Maximum duration may not exceed 90 days in total during the 12 month period.
9. Extensions, Continuation, and Renewals:
Annual Multi-Trip Policies:
 - a. EXTENSIONS: Individual Trip extensions are permitted to a maximum of 30 days on the 42-day option ONLY.
 - b. RENEWALS:
 - The Policy is renewable when the Insured Person is outside their Country of Residence. The 42-day, 60-day or 90-day maximum that was originally purchased will remain in effect.
 - The renewal premium must be paid within 30 days of the Policy expiration date.
 - Renewals of the policy in excess of 30 days from its expiry are no longer eligible for the renewal discount.
 - This Policy can be renewed before the Insured Person obtains age 74 and will follow the current Policy terms and conditions.
10. Children/Dependent Coverage: Infants aged 14 days up to age 2 are included in the coverage of an insured parent/guardian for no additional premium. The Child MUST be declared at the time of initial purchase.
11. The Insured Person should not take out this Policy if the intent is to live abroad versus traveling. Please contact a representative for alternative solutions.
12. Maximum Age: An Annual Trip Policy can be purchased before the Insured Person obtains age 74. This Policy will not be renewable at the anniversary date immediately following the Insured Persons 75th birthday.
13. Trip Cancellation: Limited to non-refundable expenses only.
 - Trip cancellation benefits are only valid UP TO 48 HOURS prior to departure from point of origin or initial departure.
 - Insured Person must declare total Trip cost at time of claim and provide proof of purchase.
 - Cost of Trip may include airfare, accommodations and any other pre-paid or booked expense related to the journey.
 - The vendor policies relating to the Cancellation may be required at time of claim to ascertain if there are any travel credits or compensation offered by the vendor. These will be deducted from the final settlement hereunder.

14. All claims must be submitted within 90 days from date of incident or they will be denied.
15. Excess Insurance Provision: The insurance provided under both Medical and Evacuation shall be in excess of all other valid and collectable insurance or indemnity and shall apply only when such other benefits are exhausted. In the event no other insurance exist this coverage becomes primary with the Insurer reserving the right to review and potentially subrogate with any undeclared coverage whether known or unknown to the Insured Person.
16. The Insured Person must exercise reasonable care to prevent Accident, Injury, loss or damage.
17. All claims arising under this insurance shall be governed by the Laws of the Bailiwick of Guernsey, Channel Islands, whose courts alone shall have jurisdiction in any dispute arising here under.
18. If the Insured Person or any person acting on his/her behalf shall make any claim or statement knowing the same to be false or fraudulent as regards amount or otherwise, then this Insurance shall become void and all claims here under shall be forfeited without refund of premium.
19. The Insurer may at their own expense take proceedings in the name of the Insured Person to recover compensation or secure an indemnity from any third party in respect of any loss, damage or expense covered by this Insurance and any amounts, recovered or secured shall belong to the Insurer.
20. Unless specified this insurance does not cover anything caused directly or indirectly through bankruptcy / liquidation of any tour operator, travel agent, and transportation company or accommodation supplier.
21. Benefits and premiums in this Policy may be denominated in US Dollars, British Pounds or Euros, and benefits will be stated in the same currency in which the premium is paid.
22. Client must notify the Insurer within 30 days of a change of address or domicile. **PLEASE NOTE A CHANGE OF ADDRESS MAY AFFECT YOUR ELIGIBILITY UNDER THIS POLICY.** Example: Any Insured Person who moves to a new country **WILL NO LONGER BE COVERED** in the **NEW COUNTRY OF DECLARED RESIDENCE**.

DESCRIPTION OF BENEFITS

Benefits are applicable when the Insured Person is outside his or her Country of Residence; coverage also is in effect when traveling from and to their Country of Residence as part of an international Trip.

Emergency Assistance / Member Services: GBG Assist—24 hours a day, 7 days per week

- For Medical Emergencies and assistance with Your medical care, contact GBG Assist at U.S./Canada toll-free: +1.866.914.5333 or Worldwide collect: +1.905.669.4920.
- Clients will have the full benefits of 24 hours/7 day assistance from GBG Assist.
- These services include pre-authorization of treatment, Hospital admission, and provider referrals.

Emergency Medical Evacuation

The plan covers UCR charges for emergency evacuation when appropriate medical treatment is not available locally and deemed necessary and is pre-approved by GBG Assist, their medical advisors and the attending Physician, to a suitable location that will render immediate and appropriate care which may or may not be the Country of Residence. If the Insured Person does not obtain pre-approval from GBG Assist, the Insurer reserves the right to deny coverage or apply substantial co-payments for the associated costs to a maximum of 50% of the evacuation cost.

Accompaniment

The insurance allows for the travel and accommodation expenses of one person (i.e., a relative or friend who is a resident of Insured Person's Country of Residence, whom, upon medical advice is advised to join, accompany, remain with or escort the Insured Person. Transportation costs will be by most economical means and determined by the Insurer.

Continuation

Upon pre-approval of GBG Assist and if medically able, coverage to the point of initial destination by the most economical means, to continue with the originally booked itinerary.

Repatriation for Medical Treatment:

The Insurer reserves the right to review and repatriate any Insured Person who is medically stable and upon advice of the Attending Medical Doctors, can be evacuated, at the Insurer's discretion, to the Country of Residence. The Insurer shall not be liable for any form of treatment or surgery which in the same medical opinion can be delayed until the Insured Person returns to their Country of Residence. If the Insured Person refuses to accept repatriation once medically stable, the Insurer reserves the right to deny further medical coverage and benefits

Emergency and Accidental Medical Treatment:

The PRIMARY PURPOSE of this Travel Policy is to protect an Insured Person from acute, sudden and unforeseen Medical and Accidental Emergencies (see Definitions for applicability). It is not intended to care for general medical conditions or Pre-Existing Conditions and is subject to the limits specified in the Schedule of Benefits.

- Per the limits specified in the Schedule of Benefits: This may include UCR expenses incurred by the Insured Person in case of acute/emergency Sickness and Injury. This Policy covers required treatment by authorized physicians, nurses and specialists, hospitalization (semi-private rooms) including surgery, anesthesiologist, prescribed medicines, dressings and local transport to and from the place of treatment and shall be compensated at 100% of the expenses minus any applicable copays specified by Your plan.
- Treatment by physiotherapists and chiropractors prescribed by an authorized physician shall be compensated at the levels specified and apply to inpatient services only.
- Dental treatment is limited to emergency dental treatment for the immediate relief of pain.
- The insurance shall not cover expenses for treatment of Pre-Existing Conditions, chronic or recurrent Sickness and disorders, or unnecessary durable medical devices/equipment. See General Exclusions section of this Policy.
- Outpatient services are covered per the Schedule of Benefits and may be utilized via Urgent Care Centers and only via licensed medical Doctors. Use of Emergency room for outpatient services may be subject to copays as outlined in the Schedule of Benefits. For Insured Persons in North America please contact GBG Assist for the location of networked preferred providers.
- Coverage will continue until such time as when, in the opinion of the Doctor in attendance and the Insurer's medical advisers, the Insured Person is fit to travel or be released from the medical facility provided that these all occur within 12 months of the date of the incident (outside Country of Residence).
- Accidents from Motorcycles, Mopeds, Scooters, All-Terrain Vehicles any two or three wheeled motorized vehicle and or sport watercraft such as wave runners, jet skis or other powered device are only covered for recreational and rental use or local transportation.

Sport Coverage (Some sports require a Hazardous Sports Rider)

This Policy includes sports activities as specified in the LEISURE chart below and is subject to the limits specified in the Schedule of Benefits. All other terms and conditions of Emergency and Accidental Medical Treatment are applicable as contained herein.

The following Activities are NOT covered:

- Engaging in professional, semi-professional or competitive sporting events of any kind.
- Group, club, interscholastic, intercollegiate, organized team play (exception: informal sports play among friends and relatives in a team game).
- Use of any type of firearms (any device that discharges a projectile of any type) unless specified in the chart below and the appropriate premiums have been paid.
- Any activity relating to flying either as a Pilot in Command, student pilot, sport flying or the business or trade of flying except while travelling as a passenger in a fully-licensed passenger carrying aircraft.
- Diving in Cyprus.
- Any Activity in which the Insured Person is acting irresponsibly or while performing stunts of any kind including but not limited to jumping, railing with bikes, scooters, skateboards, aerial acrobatics, flips, half-piping etc.
- Any injuries associated with any sport while under the influence of drugs or alcohol.

OPTIONAL Hazardous Sports Coverage

For additional Premium paid, this Policy will cover Injuries and Accidents sustained while participating in the HAZARDOUS sports listed below.

Sports Coverage Categories:

*LEISURE SPORT (INCLUDED IN YOUR POLICY AT NO ADDITIONAL COST)	**HAZARDOUS SPORTS RIDER (REQUIRES ADDITIONAL PREMIUM)	** EXTREME SPORTS (EXCLUDED ACTIVITY)
Athletics/calisthenics/basic gym work.	Abseiling	American Football
Badminton	Archery	Animal Conservation/Game Reserve work
Ballooning (Not as pilot, tour, passenger only)	Canoeing/Kayaking (white water max class 3)	Base Jumping
Baseball	Clay pigeon shooting	Bobsleigh/luge/Skelton/Tobogganing
Basketball	Dry/desert/dune skiing	BMX cycling (noncompetitive)
Blade Skating	Fell / terrain/ mountain running	Boxing
Bowls	Field Hockey	Bungee Jump
Camel/Elephant Riding / Trekking	Football Soccer	Canyoning
Canoeing/Kayaking (inland/coastal/flat water)	Gaelic Football (non-competitive)	Caving / Cave Diving
Catamaran Sailing (only in territorial waters)	Go Karting (recreational use less than 120cc, 10K limit)	Cross channel swimming
Craigcat riding (only in territorial waters)	Hockey (ice and street)	Fencing
Cricket	Hunting / Shooting	Free Diving/No Limits Diving
Cross country running	Hurling	Flying as a pilot
Curling	Jet Boating (non-extreme)	Gliding
Cycling (other than BMX and mountain biking)	Jet Skiing	Gymnastics (competition)
Dinghy/ Small craft sailing (Territorial water only)	Lacrosse	Hang Gliding
Fishing (Fresh water and deep sea)	Moped/Scooter Rentals (\$10,000 Maximum coverage)	Heli-skiing
Flying as a passenger (private/small aircraft)	Mountain Biking	Heptathlon
Golf	Orienteering (not involving climbing)	High Diving
Gymnastics	Parascending (over water)	Horse Jumping and Dressage
Handball	Rock Scrambling Class 2 Maximum	Horse Racing
Horse riding (no Polo, Hunting, Jumping)	Rifle Range shooting (supervised facility)	Hunting-on-horseback
Jogging	Roller Hockey/Street Hockey	Jet Boating (White water/extreme sport)
Marathon Running (non-paid, amateur)	Sand boarding	Judo / Karate (Martial Arts)
Netball	Snow Boarding - Groomed Marked trails only – no stunts, half pipes, jumping, cliffing or stunts	Kite-skiing
Paddleboarding	Snow Skiing – Groomed Marked trails only – no stunts, half pipes, jumping, cliffing or stunts.	Kite surfing/Land boarding/Buggyng
Paintballing	Snow mobile– Pleasure only (10,000 Maximum)	Luge/tobogganing
Pickle Ball	Street Hockey	Martial Arts (Competition)
Pony Trekking (no jumping, racing, dressage)	Surfing	Martial Arts (Training only)
Racket Ball	Triathlon	Microlighting
Rambling	Wake boarding	Motor Racing (all types)
Roller Blading (Line Skating / Skate boarding)	Water Skiing	Motorcycling (any)
Rounder's	Wave runner	Mountain Boarding
Rowing (inland/coastal)	Weight-lifting (max lift 150 lbs./70kgs)	Mountaineering
Running, Sprint / Long Distance	Windsurfing	Parachuting
Safari (organized - no guns)	Zorbing/Hydrozorbing	Parasailing
Sailboarding (Leisure - No racing)		Parascending (over land)
Sailing (territorial waters only)		Parkour/Parkour
Sand Yachting		Point-to-point
Scuba Diving (max depth 15 meters)		Polo
Skate boarding		Potholing
Snorkeling		Professional Sports of any kind
Squash		Quad Biking /ATV's
Tennis		Rock Climbing
Trekking/Hiking (under 3,500 meters altitude)		Rock Scrambling Class 3+
Volleyball		Rugby
Water Polo		Sailboarding (racing/high speed/extreme)
White/Black Water Rafting (Grade 1 to 3)		Scuba Diving (16 and above)
Yachting (territorial waters)		Shark feeding/cage diving

Orienteering
Rambling
Rock Scrambling Class 1 only
Zip Lining

*Any other sport not included on this list will be evaluated at the Insurer's discretion.

Sky Diving
Steeple chasing
Team sports played in competitive contests
Tombstoning/cliff diving/quarry diving
Trekking/Hiking (over 3,500 meters altitude)
War Games (non-armed forces)
White/Black Water Rafting (Grade 4 to 6)
Wave Surfing
Wrestling
Yachting (crewing) - outside territorial waters
Yachting (racing)

** Any sport not included on this list must be communicated to the Insurer and will be evaluated at the Insurer's discretion. See definition of Hazardous Sports.

Repatriation of Mortal Remains

Reimbursement for either repatriation of mortal remains or local burial is included in this Policy. This benefit excludes fees for return of personal effects, religious or secular memorial services, clergymen, flowers, music, announcements, guest expenses and similar person burial preferences. All Repatriation benefits must be coordinated and pre-approved by GBG Assist or claims will not be paid or authorized.

ATMSafe

This is an exclusive program that provides the Insured Person with protection against theft when withdrawing cash from an ATM/Bank Machine anywhere in the world. In the event of loss, the insured will be reimbursed up to the daily withdrawal limit specified in the Schedule of Benefits. All claims require a police report to be filed.

Baggage Delay

Reimbursement per the benefits specified in the Schedule of Benefits in respect of the replacement of Necessities in the event of baggage being temporarily lost in transit during the outward journey from the Country of Residence for longer than 12 hours. Benefit does not apply to the return or homeward journey. The following conditions must be met prior to filing a claim:

1. Proof of a Missing Bag Report must be filed with the Common Carrier.
2. Any items purchased after the return of the baggage will not be covered
3. Any claim must be accompanied by proper receipts with date and time affixed.

Baggage Loss/Theft

Secondary coverage to Common Carrier settlement with reimbursement to the maximum specified in the Schedule of Benefits. No claims will be accepted until AFTER the Insured Person has filed and received settlement from the Common Carrier. The coverage is in respect of accidental loss or theft to luggage, clothing and personal effects owned by the Insured Person, subject to depreciation tables selected by the Insurer to a maximum payment of:

- a. USD 500 in respect of any one article, pair or set of articles.
- b. USD 300 overall in respect of Valuables/Electronics. Valuables shall mean photographic equipment, personal music players (not phones/smartphones), hearing aids, telescopes and binoculars, antiques, jewelry, watches, furs, and articles made of or containing gold, silver or other precious metals or animal skins or hides. See Conditions and Exclusions.

Conditions

1. The Insured must observe ordinary proper care in the supervision of the insured property and in all cases of loss;
2. Claims will be evaluated on an "indemnity basis" only – NOT "new for old". This means the market value of the article less deduction for age, wear, tear and depreciation, or the cost of repair; whichever is the lesser.
3. Claims will not be considered unless proof of ownership and evidence of value is provided;
4. Any amount paid for temporary loss of baggage will be deducted from the final claim settlement if baggage proves to be permanently lost;
5. Proof of a Missing Bag Report must be filed with the Common Carrier;
6. Any amount paid by a Common Carrier in settlement toward the loss will be deducted from the final claim;
7. The Insurer may request any information from the client it deems necessary in the settlement of a claim. Failure to do so will result in a denial of the claim;
8. In the event of a claim in respect of a pair or set of articles the Insurer shall only be liable in respect of the value of that part of the pair or set which is lost, stolen or damaged.

Exclusions: The Insurer shall not be liable for

1. Damage to baggage of any kind and or its contents;
2. Any loss or theft, or suspected theft not reported to the Police within 24 hours of discovery and a written report obtained;
3. Any damage or loss or theft of property in transit, which has not been reported to the Common Carrier and written report obtained. In the case of an airline a Property Irregularity Report will be required;
4. Loss or theft of any property left unattended in a public place;
5. Any theft from an unattended motor vehicle unless the property is in a locked/covered luggage area, and there is evidence of forced entry which has been verified by a Police Report;
6. Any loss from motor vehicles left unattended at any time between the hours of 10:00 p.m. and 8:00 a.m.;
7. Loss, damage or theft of Valuables and money packed in suitcases or other receptacles while travelling or in possession of the owner at the time of theft or loss;
8. Loss or damage caused by decay, wear and tear, moth, vermin, or atmospheric conditions;
9. Deterioration or mechanical derangement of any kind;
10. Damage to suitcases;
11. Loss due to confiscation or detention by Customs or other authority;
12. Damage to sports equipment whilst in use;
13. Losses of jewelry whilst swimming;
14. Breakage of or damage to fragile articles and any consequence thereof;
15. Any loss or theft of phones, smart phones, computer equipment including tablet personal computers unless covered by Appendix 1;
16. Unset precious stones, contact or corneal lenses, spectacles or accessories;
17. Stamps, documents, deeds, manuscripts or securities of any kind;
18. Items of a perishable nature;
19. Business goods, samples, tools of trade or motor accessories;
20. Household goods and home contents.

Personal Liability

Subject to the limit stated in the Schedule of Benefits, this Policy will indemnify each Insured Person against legal liability for bodily Injury to persons other than employees or other members of his/her family and/or damage to property excluding that owned by or in the custody or control of the Insured during the Period of Insurance inclusive of legal expenses.

Conditions

1. The insurance limit is for any one Policy, even if multiple losses are incurred by multiple Insured Persons carrying the Policy;
2. The Insured Person cannot make statements nor admit liability for any loss, damage or Injury caused by themselves.

Exclusions: The Insurer shall not be liable for

1. Employers' liability, contractual liability or liability to a member of a family or a Traveling Companion;
2. Animals belonging to or in the care, custody or control of an Insured Person;
3. Any willful, malicious, or unlawful act;
4. Pursuit of trade, business or profession;
5. Ownership or occupation of land or buildings;
6. Ownership, possession or use of vehicles, aircraft, or motor-powered watercraft;
7. The influence of intoxicating liquor, or the use of firearms;
8. Legal costs resulting from any criminal proceedings.

Accidental Death, Dismemberment and Permanent Total Disability

The Policy will pay according to the following scale if an Insured Person sustains Accidental bodily Injury which, solely and independently of any other cause results in Death or Disability within 12 calendar months from the date of the Accident. This benefit is paid only when the Death or Disability is directly related to an incident which occurred while traveling on a Common Carrier.

- Children under 16 years of age the death benefit is limited to USD 1,000.
- Age grouping 65 to 70 is excluded from all disability coverage under this Policy. Coverage for Accidental Death is confined to public conveyance and is limited to USD 150,000.

Loss Description	Percentage of Principal Sum
Loss of Life	100%
Permanent Total Disability	100%
Loss of Speech and Loss of Hearing	100%
Loss of Speech and one Loss of Hand, Loss of Foot or Loss of Sight of One Eye	100%
Loss of Hearing and one Loss of Hand, Loss of Foot or Loss of Sight of One Eye	100%
Loss of Hands (both), Loss of Feet (both), Loss of Sight or a combination of any two of Loss of Hand, Loss of Foot or Loss of Sight of One Eye	100%
Quadriplegia	100%
Paraplegia	75%
Hemiplegia	50%
Loss of Hand, Loss of Foot or Loss of Sight of One Eye (any one of each)	50%
Uniplegia	25%
Loss of Thumb and Index Finger of the same hand	25%

Conditions

1. In the event of a claim, a medical adviser or advisers appointed by the Insurer shall be allowed as often as the Insurer shall deem it necessary to examine the Insured Person;
2. Payment of the Permanent Total Disability benefit shall be made only on certification by a medical board that the Insured Person has been totally disabled from engaging in any gainful occupation for 12 consecutive months and at the end of that time is beyond the ability to make future improvement in order to return to work.

Exclusions: The Insurer shall not be liable for

1. Any claim arising from medical or surgical treatment (unless rendered necessary by Accidental bodily Injury);
2. Conditions arising from motorcycling as either a driver or passenger.

Beneficiary and Death Notification

If an Insured Person dies due to a covered Event, the surviving beneficiary, immediate parent or legal guardian must provide:

1. Verification of eligibility and legal status of the beneficiary;
2. Copy of the death certificate;
3. Proof of travel.

Additional Hospital Benefit

A cash benefit per the Schedule of Benefits per day for each completed 24 hours as an in-patient; payable after the first 24 hours. This benefit is used to defray incidental expenses such as taxi fares, phone calls or other miscellaneous expense while hospitalized.

Physical Assault

This benefit provides for expenses related to stolen property taken during assault and robbery including unlawful forced removal or detention of an Insured Person while operating or riding as a passenger in a private passenger vehicle. All losses must be confirmed in writing via a Police Report in the jurisdiction where the loss occurs. This coverage is for stolen property only and does not cover theft or damage to a rental car.

Money and Documents (tickets, cash, banknotes)

Reimbursement to each Insured Person in respect of accidental loss or theft of cash, banknotes (carried on the Insured Person), postal or money orders, travel tickets, etc. Proper documentation and police reports required on day of Event or discovery of loss.

Exclusions: The Insurer shall not be liable for:

1. Loss or theft not reported to the Police within 24 hours of discovery and a written report obtained;
2. Depreciation in value or shortages due to error or omission;
3. Loss or theft of unattended money except when left in hotel security, safety deposit or safe;

4. Money packed in suitcases or other like receptacles whilst travelling;
5. Money held in trust;
6. Loss or theft of traveler's checks.

Loss of Passport

To pay up to a maximum of USD 250 in respect of reasonable expenses necessarily incurred abroad in obtaining the replacement of an Insured Person's lost or stolen passport. Additional expenses for missing flight and extending accommodations are not covered by this benefit.

Travel Delay

Coverage to the Insured Person if the departure of the coach, aircraft or sea vessel in which he/she had arranged to travel on the first outward or first return leg of the journey is delayed for at least 24 hours from the time specified in the travel itinerary due to Strike, Industrial Action, bankruptcy, or mechanical breakdown. Compensation shall be documented and provided for all necessary and reasonable expenses subject to accommodations, food and local transportation minus any compensation paid by the Common Carrier. An amount up to USD 100 for the first complete 24 hour period of delay in departure commencing from the original booked departure time as specified in the travel itinerary and up to USD 100 after each subsequent 24 hour period of delay up to a maximum specified in the Schedule of Benefits. It is a condition for cover that the travel Policy is purchased before the delay is known or announced by the Common Carrier.

Conditions

Coverage is limited to expenses incurred not to exceed the specified daily limit and must be accompanied by receipts and documentation validating the Travel Delay.

1. For multiple Insured Persons travelling together claims may be combined to cover the full out of pocket cost but may not be claimed separately and at no time will compensation exceed the specified daily limit;
2. Insured Persons travelling together may not claim additional hotel expenses unless they are staying in separate accommodations and in no case shall exceed the specified daily limits.

Exclusions: The Insurer shall not be liable for claims:

1. If You are departing from Your point of origin and You live within 100 miles of Your address of record this benefit will not apply for delays at the initial point of departure;
2. Arising from Strike or Industrial Action existing or publicly declared at the time of effecting this Insurance. Strike or Industrial Action shall mean any form of Industrial Action taken by employees, carried on with the intention of preventing, restricting or otherwise interfering with the production of goods or the provision of services;
3. Arising from technical reasons such as aircraft availability due to aircraft/sea vessel being removed from service;
4. Where an Insured Person has not checked in according to the itinerary supplied and has failed to obtain written confirmation from the Common Carrier (or their handling agents) of the period of or reason for the delay;
5. Arising directly or indirectly from withdrawal from service (temporary or otherwise) of a coach, an aircraft or sea vessel on the recommendation of a Port Authority or the Civil Aviation Authority or of any similar body.

Missed Departure

To pay up to specified limit on the outward journey to each Insured Person in respect of reasonable additional accommodation (room only) and travel expenses necessarily incurred to reach the overseas final destination as a consequence of: Strike, Industrial Action, riot, mechanical breakdown, or inclement weather, which resulted in an interruption of scheduled public transport services.

Legal Expenses

Legal costs and expenses incurred by an Insured Person up to a specified maximum in pursuit of compensation and/or damages against a third party arising from the death or personal Injury of the Insured Person during the Period of Insurance.

Conditions

1. The Insurer shall have complete control over the legal proceedings and the appointment and control of a lawyer;
2. An Insured Person must follow the legal representative's advice and provide any and all information and assistance as required. Failure to do so will entitle the Insurer to withdraw cover;
3. The Insured must have access to legal documentation to support the claim;
4. Failure by the Insured Person to comply with all or any of these conditions will entitle the Insurer to render the legal expenses aspect of this Policy void and thereby withdraw cover;
5. The insurance will not extend to covering an Insured Person in the pursuit of any appeal except at the Insurer's sole discretion;

6. Where there is a possibility of a claim being brought in more than one country the Insurers shall not be liable for the cost if an action is brought in more than one country.

Exclusions: The Insurer shall not be liable for

1. Costs incurred in pursuit of any claim against a Travel Agent, Tour Operator, Common Carrier, Accommodation provider, the Insurer or Insurer's Agent, or any other commercial entity;
2. Legal expenses incurred prior to the granting of support by the Insurer;
3. Any claims reported more than 90 days after the commencement of the incident, giving rise to such claim;
4. Any claim where the law, practices, and/or financial regulations of the country in which the proposed action will take place indicate that the costs of such action are likely to be unreasonably greater than the anticipated value of the compensation award;
5. Costs incurred in pursuance of a claim against any person with whom an Insured Person had arranged to travel;
6. Any claim where, in the Insurer's opinion, there is insufficient prospect of success in obtaining a reasonable benefit;
7. Any claim where legal costs and expenses are based directly or indirectly on the amount of an award.

Hijacking

In the event an Insured Person is prevented from reaching their destination due to the hijacking of an aircraft or other commercial conveyance, the Policy will pay USD 100 for each complete 24-hour period that the Insured Person is delayed. Maximum benefit as specified in the Schedule of Benefits. In event of Death as a result of hijacking via commercial conveyance, benefits outlined under Personal Accident will be payable.

Emergency Evacuation for Non-Medical Reasons (including war, civil unrest, natural disasters, or other causes)

Payment to offset the cost of obtaining or paying for evacuation during a period of civil unrest, insurrection, Natural Disasters that could not have been foreseen prior to departure from Your Country of Residence that is posted to or declared by the United States Department of State, UK Foreign Office or validated by the NOAA (National Oceanic Atmospheric Association) in the cases of weather or Natural Disaster. In all cases, the Insurer reserves the right to assess the validity of the claim and its decisions are final.

Coverage is NOT valid in any country that was on the verge, already in or under duress for a period of 60 days prior to departure from point of origin or Country of Residence. See General Exclusions for definition associated with travel to global hotspots.

Passive War and Terrorism Coverage

When additional premium has been paid, We will pay for Injuries and expenses associated with an act of War or Terrorism subject to the benefit limits stated in the Schedule of Benefits. This endorsement negates the General Exclusion definition §37 except for §37.A exclusion.

Conditions

1. Injuries sustained as a result of being an innocent bystander/victim or collateral damage of the War, Insurrection and Terrorism act.
2. Medical coverage is subject to the same benefits limits outlined in Medical Accident and Emergency Treatment section.
3. Claim reimbursement or authorization may be withheld until the Insured Person's status is verified by the local authorities as a result of such incident. This is not to be confused with obtaining immediate medical assistance. The Insurer will not deny medical coverage but reserves the right to review eligibility.

Exclusions

The Insurer shall not be liable for any claims if you were an active participant in any action described in the General Exclusions §37 whatsoever.

Cancellation and Curtailment

All claims are limited to the maximum stated in the Schedule of Benefits regardless of the amount of Trips taken during the period of insurance for each Insured Person for loss of travel and accommodation for any unused expenses paid or contracted to be paid as a result of the journey/holiday being necessarily and unavoidably cancelled or curtailed due to any cause listed below commencing and occurring during the period of Insurance provided such expenses are not recoverable from any other source (This benefit is not valid for Cruise Holiday Cancellations). Future travel credits issued by providers for future use are considered compensation and are not reimbursable under this Policy except for reimbursement of fees at the time of rebooking from original cancellation.

Sickness, serious Injury or death of:

1. The Insured Person or person with whom he/she is travelling or had arranged to travel;
2. The spouse, domestic partner, parent, parent-in-law, child, grandchild, brother, sister, or fiancé such person being resident in the Country of Residence, of the Insured Person, or of the person with whom the Insured Person is travelling or had arranged to travel;
3. Any person with whom the Insured Person had arranged to temporarily reside during the Period of Insurance. If the Insured Person elects to continue with their pre-arranged travel, this Policy will pay for accommodation class change from double occupancy to single”.

Other Events

1. Financial Default of an airline, cruise line, or tour operator provided the Financial Default occurs more than 14 days following an Insured Persons effective date. There is no coverage for the Financial Default of any person, organization, agency, tour operator or firm from whom the Insured Person purchased travel arrangements. This coverage applies only if insurance was purchased within 15 calendar days of Initial Trip Payment;
2. Strike or Industrial Action resulting in complete cessation of travel services at the point of departure or Destination;
3. You or Your Traveling Companion's principal place of residence or destination being rendered uninhabitable by fire, flood, burglary or other Natural Disaster within 10 days of departure; The Insurer will only pay benefits for losses occurring within 30 calendar days after a named storm makes the Insured Person's destination uninhabitable. "UNINHABITABLE" is defined as the dwelling is not suitable for human occupancy in accordance with local public safety guidelines.
4. The Insured Person being subpoenaed, required to serve on a jury, hijacked, or quarantined;
5. The Insured Person is called to active military service or military leave is revoked or reassigned;
6. Terrorist Incident in a City listed on the Insured Person's itinerary within 30 days of the Insured Person's schedule of arrival;
7. The Insured Person or Traveling Companion is involuntarily terminated or laid off through no fault of his or her own, provided that he or she has been an active employee for the same employer for at least two years. Termination must occur following the effective date of coverage. This provision is not applicable to temporary employment, independent contractor or self-employed persons.

Conditions

1. Injury or Sickness of an Insured Person, Traveling Companion or Family Member traveling with the Insured Person must be so disabling as to reasonably cause a Trip to be cancelled or interrupted, or which results in medically imposed restrictions as certified by a Physician at the time of Loss preventing Your continued participation in the Trip.
2. If the Insured Person must cancel or interrupt his/her Trip due to Injury or Sickness of a Family Member not traveling with the Insured Person, it must be because their condition is life-threatening, as certified by a Physician, or they are the sole caretaker.
3. In the event of a failure by the Insured Person to notify the Travel Agent, Tour Operator or provider of transport/accommodation immediately it is found necessary to cancel the journey/holiday, the Insurer's liability shall be restricted to the cancellation charges that would have applied at that time.

Exclusions: The Insurer shall not be liable for

1. Claims where at the time of taking out this insurance and/or prior to booking each separate Trip:
 - a. An Insured Person is aware of any medical condition or set of circumstances, which could reasonably be expected to give rise to a claim;
 - b. Any person, including those who are not travelling, have an existing condition which may give rise to a claim;
 - c. An Insured Person has, during the 12 months prior to taking out the insurance, suffered from any medical condition which has necessitated consultation or treatment unless declared to and accepted by the Insurer;
 - d. An Insured Person is suffering or has suffered from any previously diagnosed psychiatric disorder, anxiety or depression;
 - e. An Insured Person is receiving, is on a waiting list, or has the knowledge of the need for inpatient treatment at a Hospital or nursing home;
 - f. An Insured Person is expected to give birth before or within eight weeks of the date of arrival home;
 - g. An Insured Person is travelling against the advice of a Medical Practitioner or for the purpose of obtaining medical treatment abroad;
 - h. An Insured Person has been given a terminal prognosis;
 - i. A Natural Disaster occurs before the effective date of the Insured's Trip Cancellation coverage.
2. Claims involving
 - a. Suicide or attempted suicide, intentional Self-Injury, the effect of intoxicating liquors or drugs;
 - b. Motorcycling, of any kind, as either driver or passenger;

- c. Any circumstance manifesting itself after the date of booking but prior to the date of issue of this Policy;
- d. Disinclination to travel.

Compassionate Repatriation

This benefit is only available if Cancellation and Curtailment has been added to the Policy and is designed for early return for Family Members under a qualified Event.

DEFINITIONS

Please note certain words used in this document have specific meanings.

1. "Accident/Accidental" means any sudden and unforeseen Event occurring during the Policy Period, resulting in bodily Injury, the cause or one of the causes of which is external to the victim's own body and occurs beyond the victim's control.
2. "Acute Onset of a Pre-Existing Condition" means a sudden and Unexpected Outbreak or Recurrence of a Pre-Existing Condition(s) which occurs spontaneously and without advance warning either in the form of Physician recommendations or symptoms, is of short duration, is rapidly progressive, and requires urgent care. The Acute Onset of a Pre-Existing Condition(s) must occur after the effective date of the Policy. Treatment must be obtained within 24 hours of the sudden and Unexpected Outbreak or Recurrence of a Pre-Existing Condition(s). A Pre-Existing Condition that is a chronic or congenital condition or that gradually becomes worse over time will not be considered Acute Onset of a Pre-Existing Condition. This benefit does not include coverage for known, scheduled, required, or expected medical care, drugs or Treatments existent or necessary prior to the Effective Date of coverage
3. "Administrative Agent" means Global Benefits Group (GBG).
4. "Class" means the Insured Persons covered under all policies of the same type, including but not limited to benefits, Deductibles, age group, country, product, plan, year groups, or a combination of any of these.
5. "Common Carrier" means an individual, a company, or public utility which is in the regular business of transporting people and/or freight, and for which a fare has been paid.
6. "Country of Residence" means a place of legal residence at time of application to this Policy.
7. "Covered Accident" means an Accident that occurs while coverage is in force for an Insured Person and results in a loss or Injury covered by the Policy for which benefits are payable.
8. "Covered Expenses" means expenses actually incurred by or on behalf of an Insured Person for treatment, services and supplies covered by the Policy. Coverage under the Policy must remain continuously in force from the date of the Accident or Sickness until the date treatment, services or supplies are received for them to be a Covered Expense. A Covered Expense is deemed to be incurred on the date such treatment, service or supply, that gave rise to the expense or the charge, was rendered or obtained.
9. "Deductible" means the dollar amount of Covered Expenses that must be incurred as an out-of-pocket expense by each Insured Person on a per Policy Term basis before Medical Expense Benefits and/or other Additional Benefits paid on an expense incurred basis are payable under the Policy.
10. "Dependent" means an Insured's lawful spouse or Domestic Partner; or an Insured's unmarried child, from the moment of birth (14 days for this Policy) to age 21, who is chiefly dependent on the Insured for support. A child, for eligibility purposes, includes an Insured's natural child; adopted child, beginning with any waiting period pending finalization of the child's adoption; or a stepchild who resides with the Insured or depends chiefly on the Insured for financial support. A Dependent may also include any person related to the Insured by blood or marriage and or appointed by the court. Insurance will continue for any Dependent child who reaches the age limit and continues to meet the following conditions: 1. the child is handicapped, 2. is not capable of self-support and 3. Depends chiefly on the Insured for support and maintenance. The Insured must send Us satisfactory proof that the child meets these conditions, when requested.
11. "Diagnosis" means the result of examination or test by a medical Doctor or licensed physician providing a specific international CPT or ICD9 code. Failure to obtain a covered Diagnosis will result in the denial of the claim.

12. "Diving" means leisure diving only. All participants, unless they are in a supervised resort course, must possess a valid dive certification such as but not limited to Professional Association of Diving Instructors or its equivalent. No coverage under this Policy for Diving to depths in excess of those stated under the Sports benefit in the Policy Terms and Conditions section.
13. "Doctor" means a licensed health care provider acting within the scope of his or her license and rendering care or treatment to an Insured Person that is appropriate for the conditions and locality. It will not include an Insured Person or a member of the Insured Person's Immediate Family or household.
14. "Emergency and Accidental Medical Treatment" means medical care given to a patient for a condition caused by an Injury or Sickness that manifests itself by symptoms of sufficient severity that a prudent layperson possessing an average knowledge of health and medicine would reasonably expect that failure to receive immediate medical attention would place the health of the person in serious jeopardy. In order for a Sickness to be covered it must be unexpected, non-preexisting, and if left untreated could cause deterioration in an Insured Person's condition.
15. "Event" means an incident, following which the Insured Person requires care for acute, sudden and unforeseen Medical and Accidental Emergencies including the direct consequences of the incident. Maximum coverage is limited to amounts specified in the Schedule of Benefits. Multiple Events independent of each other are covered to the Event maximum.
16. "Family Member" means the spouse, parent, parent-in-law, grandparent, child, grandchild, brother, sister, fiancée, such person being resident in the Country of Residence (as declared on the application), of the Insured Person, or of the person with whom the Insured Person is travelling or had arranged to travel.
17. "Hazardous/Extreme Sports" means any sport(s) requiring an increased skill set and a higher level of training to safely participate in or that may increase the risk of inherent danger. These activities may include but are not limited to activities involving: speed, height, elevation, a high level of physical exertion, and/or highly specialized gear in which to compete or participate that if not properly executed could result in substantial Injury or death.
18. "Host Country" means the country or countries other than the Country of Residence that the Insured Person is traveling to/in.
19. "Hospital" means an institution that: 1. operates pursuant to law for the care, treatment, and providing of in-patient services for sick or injured persons; 2. provides 24-hour nursing service by Registered Nurses on duty or call; 3. has a staff of one or more licensed Doctors available at all times; 4. provides organized facilities for Diagnosis, treatment and surgery, either: (i) on its premises; or (ii) in facilities available to it, on a pre-arranged basis; 5. Is not primarily a nursing care facility, rest home, convalescent home, or similar establishment, or any separate ward, wing or section of a medical facility used as such; and 6. Is not a place solely for drug addicts, alcoholics, or the aged or any separate ward.
20. "Injury" means Accidental bodily harm sustained by an Insured Person that results directly and independently from all other causes from a Covered Accident. All injuries sustained by one person in any one Accident, including all related conditions and recurrent symptoms of these injuries are considered a single Injury/Event.
21. "Insurer" means GBG Insurance Limited.
22. "Insured Person" means any Insured and Dependent for whom the required premium is paid and a person in a Class of Eligible Persons for whom the required premium is paid making insurance in effect for that person.
23. "Medically Necessary" means a treatment, service or supply that is: 1. required to treat an Injury or Sickness; prescribed or ordered by a Doctor or furnished by a Hospital; 2. performed in the least costly setting required by the Insured Person's condition (UCR); and 3. Consistent with the medical and surgical practices prevailing in the area for treatment of the condition at the time rendered.
24. "Missing Bag Report" means a formal report of loss as filed with the Common Carrier commonly known as a PIR (Passenger Irregularity Report) or PAWOB (Passenger arriving without baggage). This must include the 6 digit "CLAIM NUMBER" or the "World Tracer Record Number" as provided by the Common Carrier.
25. "Missing Person" means an Insured Person who disappeared for an unknown reason and whose disappearance was reported to the Appropriate Authorities.

26. "Natural Disaster" means storm (wind, rain, snow, sleet, hail, lightning, dust or sand) earthquake, flood, volcanic eruption, wildfire or other similar Event that: 1. is due to natural causes; and 2. results in such severe and widespread damage that the area of damage is officially declared a disaster area by the government in which the Insured Person's Trip occurs and the area is deemed to be uninhabitable or dangerous.
27. "Nearest Place of Safety" means a location determined by the Designated Security Consultant where: 1. the Insured Person can be presumed safe from the Occurrence that precipitated the Insured Person's Political Evacuation; and the Insured Person has access to Transportation; and 2. the Insured Person has the availability of temporary lodging, if needed.
28. "Necessities" means personal hygiene items and clothing.
29. "Occurrence" means any of the following situations involving an Insured Person: 1. expulsion from a Host Country or being declared persona non-grata on the written authority of the recognized government of a Host Country; 2. political or military events involving a Host Country, if the Appropriate Authorities issue an Advisory stating that citizens of the Insured Person's Country of Residence or citizens of the Host Country should leave the Host Country; 3. deliberate physical harm of the Insured Person confirmed by documentation or physical evidence or a threat against the Insured Person's health and safety as confirmed by documentation and/or physical evidence; 4. Natural Disaster in the area You are traveling to and occurring after Your effective date; 5. the Insured Person had been deemed kidnapped or a Missing Person by local or international authorities and, when found, his or her safety and/or well-being are in question within seven days of his or her being found.
30. "Pandemic/Epidemic" means a sudden outbreak that becomes widespread and affects a whole region, continent, or the world. Such disease will be deemed a "public emergency" either by the Center for Disease Control and Prevention (CDC), World Health Organization (WHO), or appropriate governmental body (see General Exclusions).
31. "Policy Period" means the dates as shown on Your Policy for which premium has been paid;
32. "Political Evacuation" means the extrication of a Insured Person from the Host Country due to an Occurrence which could result in grave physical harm or death to the Insured Person and is certified by a governing authority via declaration or warning.
33. "Pre-Existing Condition" means Medical Expenses for a Pre-existing, Chronic, or Recurrent Medical Conditions that have shown symptoms and/or for which the insured has been hospitalized, treated by a physician or has received any medical treatment for before the commencement date of the insurance. Any treatment prior to each departure from the Country of Residence will be considered a Pre-Existing Condition for Annual multi-Trip policies. (See General Exclusion 1 for details.)
34. "Schedule of Benefits" means the summary description of the available benefits, payment levels and Maximum Benefits, provided under this Policy. The Schedule of Benefits is included with and is part of this Policy.
35. "Sickness" means an illness, disease or condition of the Insured Person that causes a loss for which an Insured Person incurs medical expenses while covered under the Policy. All related conditions and recurrent symptoms of the same or similar condition will be considered one Sickness.
36. "Strike or Industrial Action" means any form of work stoppage taken by employees, which are carried on with the intention of preventing, restricting or otherwise interfering with the production of goods or the provision of services.
37. "Territorial Waters" means a body of water as defined by the 1982 United Nations convention being no more than 12 nautical miles (14 statute miles) from a high water mark of a coastal state or border.
38. "Traveling Companion" means a person or persons with whom You have coordinated travel arrangements, shares the same accommodations, and You intend to travel with during the Trip.
39. "Trip" means travel by air, land, or sea from the Insured Person's Country of Residence.

40. "Unexpected Outbreak or Recurrence of a Pre-Existing Condition" means a sudden and unforeseen occurrence of a known/prior Sickness while outside the Insured Person's Country of Residence and does not include coverage for known, scheduled, required, or expected medical care, drugs or treatments existent or necessary prior to the Effective Date of coverage.
41. "Usual, Customary and Reasonable (UCR)" means the average amount charged by most providers for treatment, service or supplies in the geographic area where the treatment, service or supply is provided.
42. "Valuables/Electronics" means cellular phones, satellite phones, photographic equipment, tablet personal computers, computers, iPods, CD players and personal music and stereo equipment, CD's, computers, computer games and associated equipment, hearing aids, telescopes and binoculars, antiques, jewelry, watches, furs, and articles made of or containing gold, silver or other precious metals or animal skins or hides. Any item of value to be evaluated on a case by case basis.
43. "We", "Our", or "Us" means GBG Insurance Limited.
44. "You" or "Your" means the Insured Person covered under the Policy.

GENERAL EXCLUSIONS

Unless specified in the Schedule of Benefits, in any written endorsement, or agreed by the Insurer in writing, no claim can be made for compensation or payment for damage or expenses caused by or as a result of the following:

1. Pre-Existing Conditions: The Insurer shall not be liable for:
 - Any medical expense for Pre-existing, Chronic, or Recurrent Medical Conditions that have shown symptoms and/or for which an Insured Person has been hospitalized, treated by a physician or has received any medical treatment for before the commencement date of the insurance.
 - Any condition that been monitored by a Doctor due to possible deterioration of the Insured Person or a Diagnosis being changed as a result of testing for a known situation;
 - Any changes in prescription drugs, therapies or diet that are a result of a previously known condition that can affect, degrade, and/or alter an Insured Person's currently stable condition and;
 - Any treatment in which an Insured Person is taking medications for known conditions whose side effects bring on or contribute to a sudden and unexpected Sickness, including but not limited to sudden changes in blood pressure, fatigue, fainting (syncope), loss of balance, internal bleeding and strokes.
 - Any person with a terminal condition who either with or without medical approval chooses to travel and becomes ill as a direct consequence of that Sickness or the onset of a complication due to that Sickness.
 - Any pre-existing occurrences that are conducive to heart disease or cardiac conditions of any kind whether immediately diagnosed or pre-existing.
2. Costs related to medical examination, treatment, procedures, and surgical intervention which are not administered in a licensed healthcare institution;
3. Any medical services or procedures at a health hydro-spa or cosmetic treatment facility;
4. Costs related to medical examination, where no Sickness has been diagnosed or Accident has occurred (i.e. non specified pain);
5. Any visit to a medical provider that does not result in a covered Diagnosis code after medical review or testing;
6. Any treatment by a Family Member/family associate or any relation of the Insured Person;
7. In respect of Accidental Damage to Natural Teeth, no benefit is payable for Injury caused by eating or drinking (even if it contains a foreign body), normal wear and tear, tooth brushing or any other oral hygiene procedure or any means other than extra-oral impact, any form of restorative or remedial work, the use of precious metals, orthodontic treatment of any kind or dental treatment performed in a Hospital unless dental surgery is the only treatment available to alleviate pain.
8. Suicide or attempted suicide, intentional Self-Injury, the effect of intoxicating liquors or drugs;
9. Treatment of hernia, Osgood-Schlatter disease, osteochondritis, osteomyelitis, pathological fractures, congenital weakness whether or not caused by a Covered Accident.
10. Evacuation costs where the Insured Person is not being admitted to a Hospital for Treatment or where costs have not been approved by the Insurer prior to travel commencing;
11. Any extension of a Policy that crosses over an expiry to extend medical coverage;
12. Any costs arising after expiry of the current Period of Insurance;
13. Any Policy extensions or renewals to pay for a known or existing condition (See Pre-Existing Condition of this Policy);

14. Any expenses incurred due to a failure to obtain proper travel documents such as passports, visas, invitation letters, or any other document required for entry into a foreign country or port.
15. Any form of treatment or surgery which in the opinion of the Doctor(s) in attendance and GBG Assist can be delayed until Your return to Your Country of Residence;
16. Any treatment for HIV / AIDS related conditions or Sickness whether pre-existing or diagnosed during or immediately after a covered period under this insurance;
17. Pandemic: This Policy does not cover any liability, loss, cost or expense arising out of, resulting from, caused or contributed to by a virus or bacteria that is declared to be an outbreak, Epidemic, or public emergency by the World Health Organization (WHO), Center for Disease Control and Prevention (CDC), or any other Government, Governmental Agency or ruling body of the country that the outbreak or Epidemic has occurred in;
18. Medical Expenses in excess of a limit stated in the Schedule of Benefits;
19. The amount of the Policy Excess, Deductible or Co-Payment, as stated on the Policy;
20. Any cost resulting in a Sickness, Injury or death from the misuse of drugs or being under the influence or effect of alcohol (other than a legally prescribed medication by a licensed medical professional);
21. Needless self-exposure to peril except in an attempt to save human life;
22. Intentional or fraudulent acts on the Insured Person's part or their consequences;
23. Trips specifically made for the purpose of obtaining medical treatment;
24. Cosmetic surgery or remedial surgery, removal of fat or other surplus body tissue and any consequences of such Treatment, weight loss or weight problems/eating disorders, whether or not for psychological purposes, unless required as a direct result of an Accident which occurs during the Period of Insurance;
25. Treatment for alcoholism, narcotics, drug and substance abuse/dependency or any addictive condition of any kind and any Injury or Sickness arising from an Insured Person being under the influence of alcohol, drugs or any other intoxicating substance;
26. Pregnancy, childbirth whether normal or complicated, including the transfer of a pregnant woman to Hospital to give routine childbirth or air travel when the Insured Person is more than 20 weeks pregnant and was NOT a result of an Accident or onset of complications relating from an Accident.
27. Treatment for mental or nervous disorders, including transitional life Events, homesickness, fatigue, jet-lag or work related stress; the costs of psychotherapists, psychologists, family therapists or bereavement counselors.
28. Use of any type of firearm(s) (Defined as any device that discharges a projectile of any type).
29. Any expenses relating to search and rescue operations to find an Insured Person in mountains, at sea, in the desert, in the jungle and similar remote locations including air/sea rescue charges for evacuation to shore from a vessel or from the sea;
30. Charges or fees incurred for the completion of Medical Claim Forms;
31. Expeditions, and mountaineering and or trekking above 3500M or 11,500 feet (This is considered Extreme Sport and not covered), including but not limited to Mt Everest, K2, Kilimanjaro, Antarctica, the Arctic, North Pole and Greenland;
32. Travel to/from North Korea, Iran, Syria and any other locations known to be under duress/alert, Pandemic, Epidemic or which are known to pose a higher risk prior to departing for a Trip;
33. Insured Persons whose Country of Residence is Russia, Iran, or North Korea;
34. Any type of Diving / Scuba activity on the Island of Cyprus;
35. Motorcycle losses in excess of the stated amount in the Schedule of Benefits and any expenses related to a motorcycle incident either directly or indirectly.
36. Radioactive, toxic, explosive or other hazardous or contaminating properties of any nuclear installation, reactor or other nuclear assembly or nuclear component thereof.
37. War Insurrection and Terrorism: The Insurer shall not be liable for:
 - Nuclear, and Weapons of Mass Destruction: means the use of any explosive nuclear weapon or device or the emission, discharge, dispersal, release or escape of fissile material emitting a level of radioactivity capable of causing incapacitating disablement or death amongst people or animals.
 - Chemical Weapons: means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing incapacitating disablement or death amongst people or animals.
 - Utilization of Biological Weapons : means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) micro-organism(s) and/or biologically produced toxin(s) (including genetically modified organisms and chemically synthesized toxins) which are capable of causing incapacitating disablement or death amongst people or animals.
 - Terrorism: Terrorist activity means an act, or acts, of any person, or group(s) of persons, committed for political, religious, ideological or similar purposes with the intention to influence any government and/or to put the public, or any section of the public, in fear. Terrorist activity can include, but not be limited to, the actual use of force or violence and/or the threat of such use. Furthermore, the perpetrators of terrorist activity can either be acting alone, or on behalf of, or in connection with any organization(s) or governments(s).

SUBROGATION

The following provision applies to Trip Cancellation, Trip Interruption, Accident Sickness Medical Expense, Baggage Delay, Loss of Baggage and Personal Effects, and Emergency Evacuation & Repatriation of Remains:

To the extent the Insurer pays for a Loss suffered by an Insured Person, the Insurer will take over the rights and remedies the Insured Person had relating to the Loss. This is known as subrogation. The Insured Person must help the Insurer preserve its rights against those responsible for its Loss. This may involve signing any papers and taking any other steps the Insurer may reasonably require. If the Insurer takes over an Insured Person's rights, the Insured Person must sign an appropriate subrogation form supplied by the Insurer.

As a condition to receiving the applicable benefits listed above, as they pertain to this Subrogation provision, the Insured Person agrees, except as may be limited or prohibited by applicable law, to reimburse the Insurer for any such benefits paid to or on behalf of the Insured Person, if such benefits are recovered, in any form, from any Third Party or Coverage.

ADDITIONAL BENEFITS OF INSURANCE

Disappearance

If an Insured Person has not been found within one (1) year of the disappearance, stranding, sinking or wrecking of any conveyance in which the Insured Person was an occupant at the time of the Accident, then it will be assumed, subject to all other terms and conditions of the Policy, that an Insured Person has suffered a loss of life under the Policy.

Exposure

If as the result of an Accident an Insured Person is unavoidably exposed to the elements and as a result of the exposure there is a loss, then such loss will be covered under the Policy.

CLAIMS PROCEDURES

In the event of a claim please go to the Insurer's website at www.gbg.com and download the TRAVEL CLAIM FORM. You may file Your claims electronically to the Insurer by following the instructions on the form.

Required Documentation for all claims

1. A signed and fully completed claim form must be submitted with each claim
2. All claims must be submitted with proof of travel including flight records
3. Medical Records: Doctors' Notes Reports, Bills, Receipts including names and addresses
4. Proof of loss and detailed description of loss
5. Police Reports (if applicable)
6. Baggage Loss/Theft (if applicable) – Airline records MUST INCLUDE confirmation of claim including phone numbers and any applicable reports from the Common Carrier.
7. Any additional documentation requested by the Insurer to support Your claim.

Status of Claims

If You wish to request the status of a claim or have a question about a reimbursement received, please submit the status request form via Insurer's website at www.gbg.com or e-mail customer service at claims@gbg.com. Inquiries regarding the status of past claims must be received within 12 months of the date of service to be considered for review. Claim Payment Information including status and payment (EOB)'s will be available electronically for Your review.

Claims Appeal:

Global Benefits Group, Inc.
Attention: Appeals Committee
27422 Portola Parkway, Suite 110
Foothill Ranch, California 92610 USA

Appeals should be submitted within 60 days of receiving an Insured Person's processed claim. Upon appeal, the Insured Person will pay any fees associated with the request of medical records. The Appeals Committee will review the Insured Person's information and provide a response within 30 business days or will request additional time, if additional information is needed.

ACCESSING AND ADMINISTERING YOUR BENEFITS VIA NETWORK PROVIDERS

The Insurer maintains a Preferred Provider Network both within and outside the United States. Within the United States, the use of the Preferred Provider Network is recommended for maximum benefit payment. Please visit www.gbg.com for a complete list of providers.

REFUND PROCEDURE AND POLICY

This plan may be refunded for 100% of premium minus any application fee and is contingent upon written notification to the Insurer within 30 days of initial purchase and prior to any effective date. The following conditions apply:

- If a refund is requested AFTER the effective date of the Policy and for a period greater than 30 days then the unused portion of the Policy will be refunded on a prorated basis minus a USD100.00 administration fee taken from any residual value in the Policy, provided NO claims(s) have been submitted to the Insurer. If there is a claim in process or has been previously paid then Policy will be deemed as 100% non-refundable.
- The Policy will have NO value if it is in force for a period greater than 180 days.
- For policies in which the cancellation and curtailment option is part of the Policy then the Policy is considered in-force from the time of initial purchase and is not eligible for a refund after the initial 30 day period.

CANCELLATION

The Insurer reserves the right to cancel any Policy as described below:

- This Policy will be canceled automatically upon nonpayment of the Premium, although the Insurer may at their discretion reinstate the coverage if the Premium is subsequently paid.
- If any Premium due from the Insured Person remains unpaid, the Insurer may in addition defer or cancel payment of all or any claims for expenditures incurred during the period it remains unpaid.
- While the Insurer shall not cancel this Policy because of eligible claims made by any Insured Person, it may at any time terminate an individual /or any of their eligible Dependents or subject his/her coverage to different terms if she/he or the Insured Person has at any time:
 - Misled the Insurer by misstatement or concealment;
 - Knowingly claimed benefits for any purpose other than are provided for under this Policy;
 - Agreed to any attempt by a third party to obtain an unreasonable pecuniary advantage to the Insurer's detriment;
 - Failed to observe the terms and conditions of this Policy, or failed to act with utmost good faith.
- The Insurer retains the right to cancel, non-renew or modify a Policy on a Class basis as defined in this Policy, and the Insurer will offer the closest equivalent coverage possible to the Insured. No individual Insured shall be independently penalized by cancellation or modification of the Policy due solely to a poor claim record.
- If the Insurer does cancel this Policy, they shall give 30 days' notice.

Intentionally left blank



For More Information Contact:
Lifecare International
Email: info@lifecareinternational.com
Website: www.lifecareinternational.com
DUBAI +971 (0) 4 305 9500
NAIROBI +254 (0) 730 133 000
MOMBASA +254(0)2 026 40701
QATAR +974 44 813 812