

2020



Latin America Travel Policy

Global TravelCare 360

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SCHEDULE OF BENEFITS

All Coverages and Plan Costs listed in this Schedule of Benefits are in U.S. Dollar amounts per person and per trip and are subject to payments that are UCR –Usual, Customary and Reasonable for the area in which the claim is incurred

PRIMARY COVER	
Annual Multi Trip	FacepageFirst Maximum Per Trip
Emergency Medical Evacuation - All coverage in this section is on a per trip basis with no life time limit. ALL benefits in this section must be approved by the Insurer PRIOR to benefits taking effect.	USD \$1,000,000 per Trip, no lifetime limit
Air Ambulance	100% UCR per Trip
Accompaniment	USD \$300 per day up to USD 3,000 per Trip
Continuation	USD \$5,000 per Trip
Repatriation for Medical Treatment	100% UCR per Trip
Compassionate Repatriation (Family Return)	USD \$6,000 per Trip
Emergency and Accidental Medical Treatment	USD 1,000,000 per Trip
Emergency Medical Treatment due to Sickness or Accident. Coverage provided for treatment of Accidental Injuries only upon attainment of age 72 up to age 80	USD \$50,000 per Trip
Acute/emergency Sickness and Injury	100% UCR per Trip
Treatment by authorized physicians, nurses and specialists	100% UCR per Trip
Acute Onset of a Pre-existing condition	USD \$5,000 per Trip
Hospitalization (semi-private rooms)	100% UCR per Trip
Surgery, anesthesiologist	100% UCR per Trip
Prescribed medicines, dressings	100% UCR per Trip
Local ambulance transport to and from the place of treatment	100% UCR per Trip
Treatment by physiotherapists and chiropractors	USD \$2,500 per Trip
Medically Necessary required durable medical equipment	100% UCR per Trip
Emergency dental treatment for immediate relief of pain	USD \$500 per Trip
Non-Hazardous Sports Coverage	100% UCR per Trip
Limited motorcycle and sports vehicle coverage for injuries only	USD \$50,000 per Trip
Other Benefits	
Repatriation of Mortal Remains	100% UCR per Trip
ATMSafe	USD \$500 per Trip
OPTION 1: ENHANCED BENEFITS	
Baggage Delay	USD \$100 per day up to USD \$700 per Trip
Airline Baggage Loss: Service Satisfaction Guarantee Limit of Liability Guaranteed Payment if your bags are not returned with 96 hours. Mishandled Baggage Report must be filed WITHIN 24 HOURS of your flight arrival failure to do so will void this cover.	\$ 2,000 per annual policy Please read terms and conditions at: https://www.blueribbonbags.com/ServiceAgreement for important information regarding this coverage.



OPTION 1: ENHANCED BENEFITS (Cont)	
Baggage Loss/Theft (Common Carrier Excluding Airline) – All claims subject to \$100.00 deductible	USD \$500 per Item up to USD \$2,500
Personal Liability	USD \$100,000 per Trip
Accidental Death & Disability / Permanent Total Disability	USD \$100,000 per Trip
Additional Hospital Benefit (per day / total benefit)	USD \$75 per day up to USD \$600 per Trip
Stolen Property (under assault/robbery)	USD \$5,000 per Trip
Money and Documents (tickets, cash, banknotes)	USD \$500 per Trip
Loss of Passport	USD \$250 per Trip
Travel Delay after the first 24-hours	USD \$100 per day up to USD 1,000 per Trip
Missed Departure	USD \$1,000 per Trip
Legal Expenses	USD \$10,000 per Trip
Emergency evacuations for Non-Medical reasons, including War, Civil Unrest, or Natural Disasters	USD \$100,000 per Trip
OPTION 2: CANCELLATION AND CURTAILMENT	
Cancellation and Curtailment	USD \$4,000 Maximum per Trip, subject to \$100 deductible per Event

GENERAL TERMS OF COVER

1. This Policy is underwritten by GBG Insurance Limited.
2. The policy providing your coverage and the insurer providing this policy have not been approved by the Florida Office of Insurance Regulation.
3. This Policy is eligible for leisure and business coverage outside of the member's Country of Residence and must be purchased prior to departure from the first day of your trip.
4. Client must notify the Insurer within 30 days of a change of address or domicile. Please note a change of address will 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.
5. Trips to Schengen Countries: This Policy meets and exceeds European Schengen and visa requirements. See Schedule of Benefits.
6. Trips to USA only: There are limitations of coverage in the USA. This insurance is not subject to and does not provide certain benefits required by the United States Patient Protection and Affordable Care Act (PPACA).
7. The Primary Cover is mandatory and needs to be purchased before the supplemental packages can be added.
8. Cancellation and Curtailment:
 - Coverage must be purchased at least 48 hours prior to the start date of your trip for eligibility of this benefit.
 - Cancellation coverage is not available for US citizens and residents living in the United States.
9. 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.
10. Family Members travelling together must purchase the same coverage levels and benefits in order to be eligible for coverage.
11. 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.
 - Children's rates apply to Dependent children from ages 2-16 as long as they are travelling with their parent/legal guardian.
 - Parents/legal guardians can purchase policies for unaccompanied travel for their children from age 5 onward at the applicable age banded rate.
 - Parents/legal guardians shall inform the Insurer the full name and date of birth of the children/dependent in order to be eligible for coverage.
12. Maximum Age:
 - Single Trip Policy: A Single Trip Policy can be purchased before the Insured Person attains age 80. Upon attainment of age 80, coverage will terminate at the end of the Policy Period.
 - Annual Multi-Trip: An Annual Trip Policy can be purchased before the Insured Person attains age 79. This Policy will not be renewable at the anniversary date immediately following the Insured Persons 79th birthday.
13. Benefit Reduction Schedule: The Emergency and Accidental Medical Treatment coverage reduces to Accidental Injuries only up to a maximum of \$ 50,000 per Person and per Trip upon attainment of age 72 up to age 80. The reduction in benefit occurs at the start of the Policy Period following attainment of the specified age.
14. 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.
15. Trip Issuance
 - 15.1. Maximum Issuance:
 - a. Single Trip Policy: Maximum duration is not to exceed 180 days and may not be combined with any other Policy to exceed this limit.
 - b. Annual Multi-Trip: Maximum duration may not exceed 180 days in duration per trip in an annualized period.
 - 15.2. Issuance after the Insured Person departed his/her home country: Coverage may be purchased after the start date as a SINGLE trip policy and must be within 48 hours from the initial departure point. Benefits will not be eligible until after a 72 hour exclusion period from the time of purchase. Premium paid must include verification of the date and time of initial departure and coverage must be purchased through the return date to the point of origin. Please note: The 72 hour exclusion period provision excludes all pre-existing conditions, and acute on set of pre-existing conditions, regardless of policy schedule.
16. Extensions and Renewals:

Single Trip Policies:

A. EXTENSIONS:

- Travel can be extended as long as the extension is processed prior to the expiration of Your insurance policy.
- No extensions beyond a cumulative 180-day period.

Annual Multi-Trip Policies:

A. EXTENSIONS:

- Individual Trip extensions are permitted to a maximum of 60 days on the 42-day option and the 90-day option.
- No extensions beyond a cumulative 180-day period.

For both Single and Multi-trip policies: Any illness, diseases, injuries, accidents which existed, showed symptoms or were diagnosed in the previous period(s) of Insurance during this trip shall not be covered in the extended period of Insurance.

A. RENEWALS:

- 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.
17. Excess Insurance Provision: This is travel insurance and not health insurance. The benefits provided under both Medical and Evacuation shall be in excess of all other valid and collectable insurance or indemnity. It shall apply only when such other benefits are exhausted. In the event the Insured Person has no other insurance this coverage becomes primary. Coordination of Benefits shall apply if the Insured Person has both a GBG travel policy and GBG health policy.
 18. 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.
 19. The Insurer shall have the full right of subrogation for any claims submitted.
 20. All claims must be submitted within 90 days from date of incident or they will be denied.
 21. The Insured Person must exercise reasonable care to prevent Accident, Injury, loss or damage.
 22. There will be no coverage for any accident / injury that occurs while the Insured Person was breaking the jurisdictional law where the accident/injury took place, regardless if the member was considered at fault or not.
 23. 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 hereunder shall be forfeited without refund of premium.
 24. 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.
 25. 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, United States of America or Latin America.
 26. 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.
 27. 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 hereunder.

DESCRIPTION OF BENEFITS

Benefits are applicable when the Insured Person is traveling for leisure and business outside his or her Country of Residence; coverage also is in effect when traveling to and from the Insured Persons 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.
- These services include pre-authorization of treatment, Hospital admission, and provider referrals.

Emergency Medical Evacuation: The plan covers UCR (usual, customary and reasonable) charges for emergency evacuation when appropriate medical treatment is not available locally and deemed medically 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.

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.

Continuation: Upon pre-approval of GBG Assist and if medically able, Insurer will provide coverage by the most economical means, to continue with the originally booked itinerary. If the Insured Person does not obtain pre-approval from GBG Assist, the Insurer reserves the right to deny coverage.

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. All Repatriation benefits must be coordinated and pre-approved by GBG Assist or claims will not be authorized or paid.

Compassionate Repatriation: The Insurer will repatriate the Insured Person to their Country of Residence in the event there is a serious life threatening sickness, Injury or death of a spouse, fiancé, domestic partner, parent, child, grandparent, grandchild, brother, sister, or parent-in-law. The Family Member must be a resident in the Country of Residence of the Insured Person. Transportation costs will be determined by the Insurer and by the most economical means possible including the use of your existing return tickets. The decision rests solely with the insurance company's medical representatives who will make the final and binding determination. In the event of death a certificate of death must be provided. . All Repatriation benefits must be coordinated and pre-approved by GBG Assist or claims will not be authorized or paid.

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 copayment/deductibles specified by Your plan.
- Pre-existing conditions: This policy pays a limited benefit for an Acute Onset of a Pre-existing condition. This means a sudden and unexpected outbreak or recurrence of a Pre-existing Condition(s) which occurs spontaneously, without advance warning, is rapidly progressive, and requires urgent care. Treatment must be obtained within 24 hours of the sudden and unexpected outbreak or recurrence.

Furthermore this policy covers stable Pre-Existing conditions up to the normal limit of the Emergency and Accidental Medical Treatment benefit. Stable Pre-Existing conditions means existing and known diseases, illness, chronic or a recurrent medical condition including care for previous accidents which have been stable within 6 months prior to the departure date. Any treatment prior to each departure from the Country of Residence will be considered a Pre-Existing Condition.

Limitations: 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. Coverage expires upon medical advice that the condition is no longer acute or you are discharged from a medical facility. See the Schedule of Benefits and the General Exclusions section of this Policy.

- Childbirth whether normal or complicated as result of an Accident or as result of acute, sudden and unforeseen Medical Emergencies not considered pre-existing. This includes including the transfer of a pregnant woman to Hospital when the Insured Person is less than 26 weeks pregnant if natural pregnancy, and less than 16 weeks pregnant in case of fertility treatment or in the case of multiple births.
- Treatment by physiotherapists and chiropractors prescribed by an authorized physician shall be compensated as specified in the Schedule of Benefits.
- Dental treatment is limited to emergency dental treatment for the immediate relief of pain.
- 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 copayments as outlined in the Schedule of Benefits. For Insured Persons traveling in North America please contact GBG Assist for the location of networked preferred providers.
- If the Insured Person is unable to continue their trip due to a sudden and acute Sickness or Injury covered by the policy, and such Sickness or Injury occurs prior to expiration of the policy but continues beyond the policy expiration date, then upon approval by the Insurer, Coverage will continue until such time that the Insurer's medical advisers, whose opinion shall prevail, declare the Insured Person is fit to travel. Notwithstanding the foregoing, extended Coverage shall not exceed 60 days.

Sport Coverage: This Policy covers leisure sports activities 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. In case of a group or corporate case contact GBG or your representative.

- Motorsports: The following are covered according to the limit in the Schedule of Benefits for accidents as part of this policy: 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.
- The following activities are NOT covered:
 - Active participation in any motorsport show, motorsport race, or motorsport competition, base jumping, paragliding, hang gliding, scuba diving below 25 meters, rock climbing and mountaineering that requires specialized climbing equipment.
 - Any event in which the Insured Person receives an endorsement, sponsorship, or any form of financial compensation.

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 personal 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.

OPTION 1: ENHANCED BENEFITS – ONLY VALID IF PURCHASED

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.

Airline Baggage Loss: SERVICE PROVIDED BY BLUE RIBBON BAGS: GBG has partnered with Blue Ribbon Bags which provides a unique service that tracks and expedites the recovery of your mishandled baggage for the first 96 hours of it being undelivered. If Blue Ribbon Bags cannot facilitate the return of your bags in that time, BRB will send the Satisfaction Guarantee Payment outlined in the Schedule of Benefits to the Insured Person. Payments are guaranteed, even if the bag is returned to the customer AT ANY POINT after the 96 hour period has elapsed. This benefit is payable ONE TIME only during the Insured Persons annual multi-trip policy period.

In order for this Service Guarantee to apply the Insured Person Must abide by the terms and conditions set forth in the Blue Ribbon Bags Service Guarantee and agreement, which can be found by clicking here: <https://www.blueribbonbags.com/ServiceAgreement> and reviewing appendix one at the end of this document.

Baggage Loss/Theft (Common Carrier Excluding Airline) – This benefit is only valid when a bag is in the control of a scheduled transportation common carrier (excluding airline/air carrier) and Insured Person receives a claim check for the bag.



How to file a mishandled bag from your airline flight.

If your bag does not accompany you to your flight's end-point destination you must report it to the airline before reporting it to Blue Ribbon Bags. Undelivered bags must be reported to Blue Ribbon Bags within 24 hours of your flight landing. You may report the mishandled bag to us either by phone at +1 888-BAGGAGE (+1 888-224-4243), or online at www.blueribbonbags.com/MbrFilingPassenger, 24 hours a day, 7 days week.

Please be sure to retain the baggage tracking information (file reference/locator number) the airline provides you with when filing a lost baggage claim with them, as Blue Ribbon Bags will require this information to process your mishandled baggage report. Undelivered bags must be reported to Blue Ribbon Bags within 24 hours of your flight landing. If you have any questions please do not hesitate to contact Blue Ribbon Bags by sending an email to info@BlueRibbonBags.com. We are here to help you 24 hours a day, 7 seven days a week. Travel safe and worry free!

Settlement with reimbursement to the maximum specified in the Schedule of Benefits for 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. \$ 500 in respect of any one article, pair or set of articles.
- b. \$ 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.
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.
3. Claims will not be considered unless proof of ownership and evidence of value is provided;
4. Any amount paid by a Common Carrier in settlement toward the loss/theft will be deducted from the final claim;
5. 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;
6. 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 stolen.

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 theft of property in transit without a claim check from the common carrier.
4. Theft of any property left unattended in a public place such as but not limited to Beach, swimming pools, tennis courts, etc.
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. 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 due to confiscation or detention by Customs or other authority;
9. Losses of jewelry whilst swimming;
10. Breakage of or damage to fragile articles and any consequence thereof;
11. Theft of phones, smart phones, computer equipment including tablet personal computers; unset precious stones, contact or corneal lenses, spectacles or accessories; stamps, documents, deeds, manuscripts or securities of any kind; items of a perishable nature: business goods, samples, tools of trade or motor accessories, 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 limit in the Schedule of benefits and per the scale below if an Insured Person sustains Accidental bodily Injury without the influence of any illness and which, solely and independently of any other cause results in death or Disability within 12 calendar months from the date of the Accident. The Insurer's liability as a result of any one incident shall never exceed the amount of USD 500,000/EUR 500,000/GBP 500,000 in total for all Insured Persons who have purchased the trip either jointly or in order to travel together with the policyholder whether the claim relates to one or more insurance policies.

Accidental bodily Injury is defined by an Event occurring without the insured's intention which has a sudden, external and violent impact on the body, resulting in demonstrable bodily injury.

Permanent Total Disability is defined by a disability that makes it impossible for the Insured Person to work or to carry out any aspect of a normal life for a period of 12 calendar months. The Insurer has the right to choose its own practitioners to evaluate any hope of improvement of the Insured Person.

- Children under 16 years of age the death benefit is limited to \$ 5,000.
- The compensation payable for Age grouping 71 + in case of death or disablement is limited to 50% of the insurance sum.
- Coverage is limited to the percentage specified in the schedule below.

Loss Description	Percentage of Principal Sum
Loss of Life	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	50%
Loss of Hearing and one Loss of Hand, Loss of Foot or Loss of Sight of One Eye	50%
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)	25%
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. In case of death of the Insured Person, the Insurer is entitled to demand an autopsy.
3. 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.
4. Beneficiary and Death Notification: If an Insured Person dies due to a covered Event, the surviving beneficiary, immediate parent or legal guardian must provide:
 - Verification of eligibility and legal status of the beneficiary;
 - Copy of the death certificate;
 - Proof of travel.
5. 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.
6. Exposure: If as the result of an Accident an Insured Person is unavoidably exposed to extreme weather conditions and as a result of the exposure there is a loss, then such loss will be covered under the Policy.

Exclusions: The Insurer shall not be liable for expenses which concern, are due to or are incurred as a result of:

Any event not related to Accidental bodily Injury;

1. Conditions arising from motorcycling as either a driver or passenger.
2. Any illness which occurs, even though the illness or condition recurs as a result of the accident or is aggravated by it,
3. Any accident caused by illness,
4. Any aggravated consequences of an accident due to a pre-existing condition or any unforeseen illness subsequently contracted,
5. Any consequences of medical treatment not necessitated by an accident covered by the insurance.

Compensation in case of death becomes payable at 100% of the insurance sum when an accident directly results in the Insured Person's death within one year after the accident. Unless the Insurer has received written instructions to the contrary, the insurance sum shall be paid to the Insured Person's immediate family members, defined as the insured's spouse, or, if the insured leaves no spouse, the insured's children or, in the absence of any children, the insured's cohabitee, provided that such cohabitee has been registered at the same address as the insured for at least two years or, in the absence of a cohabitee, the insured's beneficiaries.

If compensation in the event of disablement was paid as a consequence of the accident, the amount of compensation payable is the amount by which the death benefit exceeds the payment already made.

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.

Stolen Property (under assault/robbery): 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 are 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 \$ 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, train 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 \$ 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 \$ 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 affecting this Insurance.
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, aircraft, train or sea vessel on the recommendation of a Port Authority or the Civil Aviation Authority or of any similar body.

Missed Departure: (flight, bus, train, sea vessel) 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.

Emergency evacuation for non-medical reasons, including war, civil unrest, Natural Disasters, or other causes – must be pre-approved: Most economical payment by land, sea or air in economy class to offset the cost of obtaining or paying for an evacuation during a period of civil unrest, insurrection, Pandemic, Epidemic, or 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. If the Insured Person does not obtain pre-approval from GBG Assist, the Insurer reserves the right to deny coverage.

OPTION 2: CANCELLATION AND CURTAILMENT – ONLY VALID IF PURCHASED

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. The Insurer will provide cover 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. The reasons accepted for cancellation or curtailments are listed below. The Insurer shall only provide cover for cancellations commencing and occurring during the period of Insurance provided such expenses are not recoverable from any other source. 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. he 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 Person's 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, has an existing condition which may give rise to a claim;
 - c. An Insured Person is suffering or has suffered from any previously diagnosed psychiatric disorder, anxiety or depression;
 - d. 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;
 - e. An Insured Person is expected to give birth before or within eight weeks of the date of arrival home;
 - f. An Insured Person is travelling against the advice of a Medical Practitioner or for the purpose of obtaining medical treatment abroad;
 - g. An Insured Person has been given a terminal prognosis;
 - h. A Natural Disaster occurs before the effective date of the Insured's Trip Cancellation coverage.
 - i. 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.
 - j. Any expenses or claims related to restrictions or limitations set in place by a government, governing body or legislative action.
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 before the date of issue of this Policy, if Annual Multi-Trip chosen, before each Trip abroad;
 - d. Disinclination to travel.

Claims:

- 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.

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:
 - a. Any medical expense in excess of the coverage stated in the scheduled of benefits 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 within 6 months prior to the commencement date of the insurance;
 - b. Any condition that has 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;
 - c. Any changes in medication, 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;
 - d. 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;
 - e. 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;
 - f. Any treatment of heart disease or cardiac conditions that have shown symptoms within the last 6 months prior to the commencement date of the insurance whether immediately diagnosed or not.
2. Any treatment associated with oncology whether known or unknown prior to the purchase of the policy.
3. Any continued treatment, recurrence or complication of a medical condition or related condition, following emergency treatment of that condition during your trip, if the medical advisors of the Insurer determine that you were medically able to return to your home country and you chose not to return;
4. Any treatment of any heart or lung condition, following emergency treatment for a related or unrelated heart or lung condition during your trip, if the medical advisors of the Insurer determine that you were medically able to return to your home country and you chose not to return;
5. Costs related to medical examination, treatment, procedures, and surgical intervention which are not administered in a licensed healthcare institution;
6. No coverage for any accident/injury that happens while the Insured member was breaking the jurisdictional law where the accident/injury occurred, regardless if the member was considered at fault or not;
7. Any medical services or procedures at a health hydro-spa or cosmetic treatment facility;
8. Costs related to medical examination, where no Sickness has been diagnosed or Accident has occurred (i.e. non specified pain);
9. Any visit to a medical provider that does not result in a covered event or Diagnosis code after medical review or testing;
10. Any treatment by a Family Member/family associate or any relation of the Insured Person;
11. In respect of Accidental Damage to Natural Teeth, no benefit is payable for Injury due to 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;
12. Suicide or attempted suicide, or intentional Self-Injury;
13. Treatment of, atherosclerosis, hernia, osteochondritis, osteomyelitis, pathological fractures, peripheral artery disease congenital weakness whether or not caused by a Covered Accident.
14. 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;
15. Any extension of a Policy that crosses over an expiry to extend medical coverage;
16. Any costs arising after expiry of the current Period of Insurance;
17. Any Policy extensions or renewals to pay for a known or existing condition (See Pre-Existing Condition of this Policy);
18. Extensions - For both Single and Multi-trip policies: Any illness, diseases, injuries, accidents which existed, showed symptoms or were diagnosed in the previous period(s) of Insurance during this trip shall not be covered in the extended period of Insurance;
19. 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;
20. 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;
21. Any treatment for Sexually Transmitted Diseases (STD) or HIV / AIDS related conditions or Sickness whether pre-existing or diagnosed during or immediately after a covered period under this insurance;
22. Pandemic: If there is an active pandemic/epidemic prior to departure, 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;

23. Medical Expenses in excess of a limit stated in the Schedule of Benefits;
24. Services, supplies, or treatment that are provided by or payment is available from:
 - a. Workers' Compensation law, Occupational Disease law or similar law concerning job related conditions of any country; or;
 - b. Another insurance company or government; or
 - c. A government entity due to an epidemic or public emergency.
25. The amount of the Policy Excess, Deductible or Co-Payment, as stated on the Policy;
26. Any cost resulting in a Sickness, Injury or death from the misuse of drugs or being under the influence or effect of alcohol or any other intoxicating substance (other than a legally prescribed medication by a licensed medical professional);
27. Treatment for alcohol dependency or any other intoxicating substance, narcotics, drug and substance abuse, or any addictive condition of any kind;
28. Needless self-exposure to peril except in an attempt to save human life;
29. Intentional or fraudulent acts on the Insured Person's part or their consequences;
30. Trips specifically made for the purpose of obtaining medical treatment;
31. 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;
32. 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.
33. Use of any type of firearm(s) defined as any device that discharges a projectile of any type);
34. Any expenses relating to search and rescue operations to find an Insured Person;
35. Charges or fees incurred for the completion of Medical Claim Forms;
36. Expeditions, and mountaineering and or trekking above 3,500m 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;
37. Radioactive, toxic, explosive or other hazardous or contaminating properties of any nuclear installation, reactor or other nuclear assembly or nuclear component thereof;
38. Travel to/from locations known to be under duress, alert, or war prior to departing for a Trip;
39. War Insurrection and Terrorism: The Insurer shall not be liable for Sickness or Accident treatments directly or indirectly caused while ACTIVELY engaging in:
 - a. War, invasion acts of a foreign enemy, hostilities (Whether declared or not), civil war, acts of terrorism/terrorist, insurrection, civil disobedience, military coup or usurped power, martial law, riots or actions by an army, navy or air services (whether a declared action is present or not).
 - b. Nuclear reactions or fallout of any type or kind.

CLAIMS PROCEDURES

In the event of a claim please go to the Insurer's website at www.gbg.com to access 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 eclaims360@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.

Secondary Point of Contact: If you should not reach a satisfactory conclusion following notification to the above, please then forward all information to:

The Managing Director
GBG Insurance Limited
Level 5, Mill Court
La Charroterie
St Peter Port
Guernsey
GY1 1EJ

Final Point of Contact:

GBG Insurance Limited is incorporated in Guernsey and is licensed in Guernsey by the Guernsey Financial Services Commission. The Company subscribes to a formal complaints procedure and if you have followed this procedure and still remain dissatisfied with the Company's response then you may address your concerns to the Channel Islands Ombudsman.

Please note if you are not satisfied with our final response to your complaint, you can refer your complaint to the Channel Islands Financial Ombudsman (CIFO). You must contact CIFO about your complaint within six (6) months of the date of our response to your complaint or CIFO may not be able to review your complaint. You must also contact CIFO within 6 years of the event complained about or (if later) 2 years of when you could reasonably have been expected to become aware that you had a reason to complain.

You can contact CIFO at:

Channel Islands Financial Ombudsman (CIFO)
P O Box 114
Jersey, Channel Islands
JE4 9QG

Email: enquiries@ci-fo.org
Website: www.ci-fo.org
Jersey local phone: 01534 748610
Guernsey local phone: 01481 722218
International phone: +44 1534 748610

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.

Annual Multi-Trip (AMT) and Single Trip Policies:

- NON-REFUNDABLE after the start of a Trip and may not be pro-rated for a refund AFTER effective date of the policy.
- 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 may be refunded on a prorated basis minus an \$ 100.00 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.

CANCELLATION

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

1. 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.
2. 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.
3. While the Insurer shall not cancel this Policy because of eligible claims made by any Insured Person, it may at any time terminate the policy if the Insured Person:
 - a. Misled the Insurer by misstatement or concealment;
 - b. Knowingly claimed benefits for any purpose other than the ones which are provided for under this Policy;
 - c. Agreed to any attempt by a third party to obtain an unreasonable pecuniary advantage to the Insurer's detriment;
 - d. Failed to observe the terms and conditions of this Policy, or failed to act with utmost good faith.
4. If the Insurer decides to cancel this Policy, they shall give 30 days' notice.
5. When a claim has been filed, the insurance can be terminated with one month's notice by the Insured Person or by the Insurer within 14 days after the reimbursement has been effected or rejected by the Insurer.

DEFINITIONS

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

1. "Accident/Accidental" is defined by an Event occurring without the insured's intention which has a sudden, external and violent impact on the body, resulting in demonstrable bodily injury.
2. "Administrative Agent" means Global Benefits Group (GBG).
3. "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.
4. "Country of Residence" means a place of legal residence at time of application to this Policy.
5. "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.
6. "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.
7. "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.
8. "Dependent" means an Insured Person, 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.
9. "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.
10. "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.
11. "Duress" a country with threats, violence, constraints, or other action brought to bear on someone to do something against their will or better judgment.
12. "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.
13. "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 and acute if left untreated could cause deterioration in an Insured Persons condition.

14. “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.
15. “Expedition” means a trip undertaken by a person or a group of people with a particular purpose, especially that of mountaineering, exploration or research and or associated with grants, research or volunteering for programs of the same. This is not to be confused with recreational holidays.
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. “Incident” means an untoward event which (depending on the circumstances) may lead to a damage, disaster, or loss.
21. “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.
22. “Insurer” means GBG Insurance Limited.
23. “Insured Person” means any Insured and Dependent for whom the required premium is paid making insurance in effect for that person.
24. “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.
25. “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.
26. “Missing Person” means an Insured Person who disappeared for an unknown reason and whose disappearance was reported to the Appropriate Authorities.
27. “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.
28. “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.
29. “Necessities” means personal hygiene items and clothing.
30. “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 the effective date of Your policy; 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.
31. “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).
32. “Permanent Total Disability” is defined by a disability that makes it impossible for the Insured Person to work or to carry out any aspect of a normal life for a period of 12 calendar months.
33. “Policy Period” means the dates as shown on Your Policy for which premium has been paid;

34. "Political Evacuation" means the extrication of an 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.
35. "Pre-Existing Condition" means existing and known diseases, illness, chronic or a recurrent medical condition including care for previous accidents 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 and Single Trip policies. (See General Exclusion 1 for details.)
36. "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.
37. "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.
38. "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.
39. "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.
40. "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.
41. "Trip" means round trip travel by air, land, or sea from the Insured Person's Country of Residence.
42. "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.
43. "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.
44. "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.
45. "We", "Our", or "Us" means GBG Insurance Limited.
46. "You" or "Your" means the Insured Person covered under the Policy.



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