



TravelCare 360 Policy Wording for

A-Star Education/Summer Discovery

“This contract has been executed in the English language, which shall be binding and controlling language for all matters relating to the meaning or interpretation of this contract”.

Cover Note	
Participating Organization	A-Star Education/Summer Discovery
Participating Organization Address	18881 Von Karman Street Suite #225 Irvine, CA 92612
Insurer	GBG Insurance Limited
Law & Jurisdiction	This insurance shall be governed by the Laws of the Bailiwick of Guernsey and subject to the exclusive Jurisdiction of the courts of the Bailiwick of Guernsey.
Plan Design	
Product	TravelCare Series - Single Trip
Area of Coverage	Worldwide
Policy Number	Pending Issuance
Policy Period	From: 01 January 2019 To: 31 December 2019 Both days inclusive, any time zone
Policy Currency	US Dollar
Special Terms of Conditions/Riders	This policy is not available for Plan Participants traveling to New York, South Dakota and Maryland.

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GENERAL TERMS OF COVER

1. The Policyholder is the International Benefit Trust.
2. **Insurer**, the Second party, GBG Insurance Limited, hereinafter shall be referred to, sometimes collectively, as “We” “Us”, or “Company”.
3. The declarations of the **Plan Participant** and eligible Dependents in the application serve as the basis for the plan. If any information is incorrect or incomplete, or if any information has been omitted, the plan may be rescinded, cancelled or modified. Any references to the Plan Participant and his Dependents that are expressed in the masculine gender shall be interpreted as including the feminine gender whenever appropriate.
4. This plan, Face Page, Schedule of Benefits, the **Plan Participant** application, and any amendments or endorsements (if any) comprise the entire Contract between the parties.
5. No change may be made to this Certificate unless it is approved by an Officer of the Insurer. A change will be valid only if made by a plan Endorsement signed by an Officer of the Insurer, or an amendment of the Certificate in its entirety issued by the Insurer. No agent or other person may change this Certificate or waiver any of its provisions.

Administrative Agent

Global Benefits Group

27422 Portola Parkway, Suite 110

Foothill Ranch, CA 92610 USA

6. 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.
7. Policy must be purchased prior to departure from the point of origin. Please note non-medical benefits are not eligible for claims until 48 hours after the date and time of initial purchase.
8. 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).
9. 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.
10. The **Plan Participant** must travel more than 150 miles from their home address.
11. **Trip** Maximum Issuance: Maximum duration not to exceed 90 days and may not be combined with any other Policy to exceed this limit.
12. Maximum Age: A Single **Trip** Policy can be purchased before the **Plan Participant** obtains age 40. Upon attainment of age 40, coverage will terminate at the end of the **Policy Period**.
13. All claims must be submitted within 90 days from date of incident or they will be denied.
14. 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 **Plan Participant**.
15. The **Plan Participant** must exercise reasonable care to prevent loss or damage to baggage.
16. 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.
17. If the **Plan Participant** 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.
18. The **Insurer** may at their own expense take proceedings in the name of the **Plan Participant** 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**.
19. 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.

20. 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.
21. 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 **Plan Participant** who moves to a new country WILL NO LONGER BE COVERED in the NEW COUNTRY OF DECLARED RESIDENCE.

SCHEDULE OF BENEFITS

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

Trip Cancellation	
• Trip Cancellation	Up to USD 12,000 per Policy Period
• Trip Interruption	Up to USD 12,000 per Policy Period
Other Benefits	
• Travel Delay after the first 6-hours	USD 200 per day up to USD 600 per Policy Period
• Baggage Loss / Theft	USD 300 per Item up to USD 1,000 per Policy Period

DESCRIPTION OF BENEFITS

Benefits are applicable when the **Plan Participant** 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.

Trip Cancellation and Trip Interruption Benefit: Reimbursement up to 100% of the Plan Participant' Trip Cost for Cancellation in respect of loss of travel, accommodation expenses paid or contracted to be paid, and tuition costs as a result of the Covered Trip being necessarily and unavoidably cancelled or interrupted due to any of the following causes commencing and occurring during the Period of Insurance provided such expenses are not recoverable from any other source. This policy shall not cover the Plan Participant's airfare expenses to the Host Country; however, during a Trip Interruption, the Insurer will cover up to the Policy Limit for a one-way Economy Transportation to the Plan Participant's Country of Residence.

Conditions:

1. Sickness, Injury or death of a Plan Participant, Family Member, Traveling Companion, or Business Partner when: a) Injury or Sickness of a Plan Participant, Family Member, or Traveling Companion traveling with the Plan Participant 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; b) If the Plan Participant must cancel or interrupt his/her Trip due to Injury or Sickness of a Family Member not traveling with the Plan Participant, it must be because their condition is life- threatening, as certified by a Physician or because they require the Plan Participant's care; or c) Injury or Sickness of the Business Partner must be so disabling as to reasonably cause the Plan Participant to cancel or interrupt the Trip to assume daily management of the business. A Physician must certify the Injury or Sickness.
2. Sickness, Injury, death or hospitalization of the Plan Participant's Host at Destination. A Physician must certify the Injury or Sickness;
3. Financial Default of an airline, cruise line, or tour operator provided the Financial Default occurs more than 14 days following a Plan Participant's effective date for the Trip Cancellation. There is no coverage for the Financial Default of any person, organization, agency, or firm from whom the Plan Participant purchased travel arrangements supplied by others. This coverage applies only if this insurance was purchased within 21 days of trip deposit;
4. Strike resulting in complete cessation of travel services at the point of departure or Destination;
5. the Plan Participant's Primary Residence or the Plan Participant's Destination being made Inaccessible or Uninhabitable by Natural Disaster, vandalism, or burglary; The Insurer will only pay benefits for losses occurring within 30 calendar days after the named hurricane makes the Plan Participant's Destination Inaccessible or Uninhabitable. Benefits are not payable if a hurricane is named on or before the effective date of the Plan Participant's Trip Cancellation coverage.
6. the Plan Participant, or a Traveling Companion being subpoenaed, required to serve on a jury, hijacked, or quarantined;
7. the Plan Participant or Traveling Companion is called to active military service or military leave is revoked or reassigned;
8. a terrorist incident, in a city listed on the Plan Participant's itinerary, within 30 days of the Plan Participant's scheduled arrival.
9. mechanical/equipment failure of a Common Carrier that occurs on a scheduled Trip and causes complete cessation of the Plan Participant's travel and results of a Loss of 50% of the Plan Participant's Trip length;
10. the Plan Participant, Traveling Companion, or parent of the Plan Participant 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 one year. Termination must occur during the Pre Departure Period of Insurance. This provision is not applicable to temporary employment, independent contractors or self-employed persons.

Exclusions: The Insurer shall not be liable for:

1. suicide or attempted suicide, intentional self-injury, or the effect of intoxicating liquors or drugs;
2. any non-medical circumstance manifesting itself after the date of booking but prior to the date of issue of this certificate;
3. disinclination to travel;
4. any costs incurred in respect of visas obtained in connection with the booked Trip;
5. any pre-existing conditions that existed at the time of application or any time during the sixty (60) day period prior to the Effective Date of Your Protection Plan. The Pre-existing conditions exclusion is waived provided the Plan Participant meets all of the following requirements:
 - a. the payment for this plan is received prior to/or within 24 hours of your final payment for your Covered Trip; and
 - b. you are not disabled from travel at the time you make your plan payment.
6. expecting to give birth before, or within eight weeks of the date of arrival home;
7. travelling against the advice of a Medical Practitioner;
8. travelling for the purpose of obtaining medical treatment abroad;

Travel Delay: Coverage to the **Plan Participant** 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 6 hours from the time specified in the travel itinerary due to **Strike, Industrial Action**, bankruptcy, traffic accident in which You were not directly involved (substantiated by a police report), documented weather condition preventing You from getting to the point of departure 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 200 for the first complete 6 hour period of delay in departure commencing from the original booked departure time as specified in the travel itinerary and up to USD 200 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 not to exceed the specified daily limit and must be accompanied by receipts and documentation validating the Travel Delay.

1. For multiple **Plan Participants** 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. **Plan Participants** 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 **Plan Participant** 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.

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 **Plan Participant** 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 **Plan Participant**, subject to depreciation to a maximum payment of:

- a. USD 300 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 Plan Participant must observe ordinary proper care in the supervision of the Plan Participant 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;
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.

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 **Plan Participants** 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 **Plan Participant** 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 **Plan Participant** 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 **Plan Participant** 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 a Plan Participant’s lawful spouse or Domestic Partner; or an Plan Participant’s unmarried child, from the moment of birth (14 days for this Policy) to age 21, who is chiefly dependent on the Plan Participant for support. A child, for eligibility purposes, includes a Plan Participant’s natural child; adopted child, beginning with any waiting period pending finalization of the child’s adoption; or a stepchild who resides with the Plan Participant or depends chiefly on the Plan Participant for financial support. A **Dependent** may also include any person related to the Plan Participant 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 Plan Participant for support and maintenance. The Plan Participant 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 **Plan Participant** that is appropriate for the conditions and locality. It will not include an **Plan Participant** or a member of the **Plan Participant’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 **Plan Participants** condition.
15. **“Event”** means an incident, following which the **Plan Participant** 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 **Plan Participant**, or of the person with whom the **Plan Participant** 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 **Plan Participant** 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 **Plan Participant** 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. **“Plan Participant”** 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 **Plan Participant'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 a **Plan Participant** 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 **Plan Participant'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 **Plan Participant** can be presumed safe from the **Occurrence** that precipitated the **Plan Participant's Political Evacuation**; and the **Plan Participant** has access to Transportation; and 2. the **Plan Participant** 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 **Plan Participant**: 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 **Plan Participant's Country of Residence** or citizens of the **Host Country** should leave the **Host Country**; 3. deliberate physical harm of the **Plan Participant** confirmed by documentation or physical evidence or a threat against the **Plan Participant'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 **Plan Participant** 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 **Plan Participant** from the **Host Country** due to an **Occurrence** which could result in grave physical harm or death to the **Plan Participant** 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 Plan Participant 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.
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 **Plan Participant** that causes a loss for which an **Plan Participant** 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. **“Terrorism”** 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).
39. **“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**.
40. **“Trip”** means travel by air, land, or sea from the **Plan Participant’s Country of Residence**.
41. **“Unexpected Outbreak or Recurrence of a Pre-Existing Condition”** means a sudden and unforeseen occurrence of a known/prior **Sickness** while outside the **Plan Participant’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.
42. **“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.
43. **“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.
44. **“We”, “Our”, or “Us”** means GBG Insurance Limited.
45. **“You” or “Your”** means the **Plan Participant** 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. Any costs arising after expiry of the current Period of Insurance;
2. 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.
3. Radioactive, toxic, explosive or other hazardous or contaminating properties of any nuclear installation, reactor or other nuclear assembly or nuclear component thereof.
4. The **Insurer** shall not be liable for:
 - a. 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.
 - b. 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.
 - c. 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.

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 **Plan Participant**, the **Insurer** will take over the rights and remedies the **Plan Participant** had relating to the Loss. This is known as subrogation. The **Plan Participant** 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 **Plan Participant's** rights, the **Plan Participant** 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 **Plan Participant** 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 **Plan Participant**, if such benefits are recovered, in any form, from any Third Party or Coverage.

ADDITIONAL BENEFITS OF INSURANCE

Disappearance:

If an **Plan Participant** has not been found within one (1) year of the disappearance, stranding, sinking or wrecking of any conveyance in which the **Plan Participant** 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 **Plan Participant** has suffered a loss of life under the Policy.

Exposure:

If as the result of an **Accident** an **Plan Participant** 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 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 a **Plan Participant's** processed claim. Upon appeal, the **Plan Participant** will pay any fees associated with the request of medical records. The Appeals Committee will review the **Plan Participant'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

Provided **You** have not filed a claim under the Policy, **You** may cancel this insurance policy by giving the **Insurer** written notice within ten (10) days of the initial Purchase Date. Any Policy purchased within thirty (30) days of the Effective Date is not refundable.

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 **Plan Participant** 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 **Plan Participant**, 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 **Plan Participant** has at any time:
 - a. Misled the **Insurer** by misstatement or concealment;
 - b. Knowingly claimed benefits for any purpose other than 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.
- 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 Plan Participant. No individual 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.

SUBSCRIPTION AGREEMENT

I hereby apply to be a Plan Participant of the International Benefit Trust established in the Cayman Islands (the "trust") and to participate in the insurance coverage extended by GBG Insurance Limited (the Insurer) to Plan Participants under the trust (the "coverage"). I understand that the coverage is not a general health insurance product, but is intended for use in the event of a sudden and unexpected event while traveling outside my Home Country. I understand that the coverage extended to me will terminate upon my return to my Home Country unless I qualify for a benefit period or Home Country coverage. I understand that I may obtain full details of the coverage by requesting a copy of the master policy from the plan manager. I understand that the liability of the Insurer as underwriters of the coverage is as provided in the master policy.

By acceptance of coverage and/or submission of any claim for benefits, the Plan Participant ratifies the authority of the signer to so act and bind the Plan Participant.

The Plan Participant undertakes to make all premium payments as they fall due in respect of the coverage extended to them. The trustee shall not be responsible for the administration of such payments.

If the Plan Participant fails to make any premium payment due in respect of the coverage extended to them, subject to the discretion of the insurance company, such coverage will lapse.

The Plan Participant hereby confirms the accuracy of all information validity of all representations and warranties provided to the trustee in connection with its participation in the plan and/or the subscription for the insurance coverage, howsoever provided, including the terms of this subscription agreement, (together "representations & warranties"). The Plan Participant acknowledges that certain of such information will be relied upon by the Insurer as providers of the coverage and that any inaccuracy therein may result in the invalidity of such coverage as it relates to the Plan Participant, the loss of coverage and all monies paid in relation thereto. The Plan Participant hereby undertakes to inform the trustee of any change to any of matter that forms the subject of any of the representation & warranties. The Plan Participant hereby undertakes to indemnify and hold harmless the trustee against any loss or damage (including attorney's fees) occasioned by any inaccuracy in any representation & warranty or failure to advise the trustee of any change in any matter that forms the subject of any of the representation & warranties. The Plan Participant agrees that the trustee shall be entitled to rely on and to act in accordance with any written instruction purported to be provided by the Plan Participant and the Plan Participant hereby undertakes to indemnify and hold harmless the trustee against any loss or damage (including attorney's fees) occasioned by the trustee acting in accordance with any such instruction.

Payments under the terms of the coverage shall be paid by the Insurer to the Plan Participant or directly to a provider if assignment of benefits has been authorized. The trustee shall not be responsible for the administration of such payments.

I confirm that I have satisfied myself that the coverage is appropriate for me and that I meet the eligibility criteria.



GLOBAL BENEFITS GROUP

For More Information Contact:
Travel Department
Email: Travel@gbg.com
Website: www.gbg.com



Travel Claim Form

To help us process your claim quickly, please follow these guidelines:

1. Complete a separate claim form for each claim and for each insured person.
2. If you are submitting a claim following an accident or injury, please complete in full Sections A, B, H & I.
3. If you are submitting a claim for a non-medical incident or personal luggage loss, please complete Sections A and D - H as appropriate.
4. If you are submitting a Personal Accident claim, please complete Sections A, C, H & I.
5. Please send this fully completed form to the GBG's claims administration office, International Claims Services (ICS), with ALL original bills relating to the claim, plus proof of travel (e.g., email confirmations of trip, booking invoices, tickets.) All submissions MUST be received by GBG within 60 DAYS of the date of the loss or commencement of treatment.

A. PRIMARY INSURED DETAILS	
Name (Last, First, MI):	Policy Number:
Address:	
Postal Code/Zip:	Phone Number:
E-mail:	Fax:
Policy Currency: <input type="checkbox"/> US\$ <input type="checkbox"/> € <input type="checkbox"/> GB£	The maximum benefit and policy excess currency is determined by the currency with which your Travel policy was purchased.
CLAIMANT DETAILS (if different from above)	
Name (Last, First, MI):	
Address:	
Postal Code/Zip:	Phone Number:
Occupation:	
Was journey for:	<input type="checkbox"/> Personal <input type="checkbox"/> Business
Dates of journey (MM/DD/YY):	From: To:
Is the claim the result of an accident?	<input type="checkbox"/> Yes <input type="checkbox"/> No
DECLARATION	
<p>For Data Protection Purposes, I/We acknowledge that any personal data secured from me/us as a result of this claim will be held and processed for insurance administration and claims investigation. For this purpose, the information may also be passed to selected third parties and reinsurers. I/We consent to your processing of sensitive data about me/us and other persons who may be insured under the contract. I/We understand that all personal data I/We supply must be accurate and I/We have the specific consent of those other persons insured to disclose their personal data.</p> <p>I/We consent to the inquiry of information from other insurers, Credit and other information Agencies to check the answers we have provided and will authorize the release of such information.</p> <p>I/We declare that on settlement I/We transfer all rights of subrogation and recovery to the Insurer and or/their Loss Adjuster. Please note that we have rights to salvage and we will exercise these rights where applicable.</p> <p>I/We declare that, to the best of our knowledge, the information submitted in this form is correct and complete.</p>	
Insured Person	Primary Insured
Name:	Name:
Signature:	Signature:
By typing my name on this form, I am signing electronically and this electronic signature is the legal equivalent of my manual, handwritten signature.	By typing my name on this form, I am signing electronically and this electronic signature is the legal equivalent of my manual, handwritten signature.
Date:	Date:



B. MEDICAL EXPENSES & HOSPITAL BENEFIT

Nature of illness/injury:

Date illness/injury occurred (MM/DD/YY):

Time illness/injury occurred:

Where the illness/injury occurred:

Please provide a detailed description of how the injury occurred:

Name of claimant's personal family physician / doctor (even if not consulted):

Personal family physician/doctor's address:

Phone Number:

Fax Number:

Email:

Name and address of doctor(s) and/or hospital(s) from which the treatment was received:

If treatment was given in hospital as an inpatient please confirm the dates:

Was the Emergency Assistance Company contacted:

Yes

No

If no, please state the reason why not:

Was the Insured Person pregnant: Yes

No

If yes, how many weeks?

If the Insured Person has suffered illness, has he/she suffered from this before:

Yes

No

If yes, please provide details:

Does the Insured Person have Private Medical Insurance:

Yes

No

If so, please provide the insurance carrier details including name, address and policy number:

FOR EU CITIZENS ONLY

Was an EHIC (European Health Insurance Card) taken on the trip: Yes No

Was this presented to the hospital/doctor? Yes No



C. PERSONAL ACCIDENT
When did the injury or (in the event of a fatality) death occur?
Please detail the nature of the loss or how the death occurred:
Was the injury or cause of death as a result of natural causes?: <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please give details:
In the event of a fatality, a Death Certificate issued by a licensed authority must be obtained, with the original copy being submitted to International Claims Services.

D. CANCELLATION OR CURTAILMENT Cancellation / Curtailment benefit is subject to a deductible per event. Please reference your policy for deductible amount.
When was the journey booked (MM/DD/YY):
When was the journey cancelled/curtailed (MM/DD/YY):
Please provide a detailed explanation of why the journey was cancelled/curtailed:
If the cancellation was not due to the person travelling, please confirm the name of the person who caused the trip to be cancelled and his/her relationship to the person(s) travelling:
If the journey was curtailed, was the Emergency Assistance Company contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Were any additional expenses incurred? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details below and send all invoices/receipts with this claim form:
Please confirm to whom reimbursement should be made payable:

ADDITIONAL DOCUMENTS REQUIRED
If the journey was cancelled due to injury/illness of the person travelling, we require written confirmation from the General Practitioner that the Insured Person was unfit to travel.
If the journey was cancelled due to the injury/illness of a third party, we require written confirmation from the third party's General Practitioner confirming the injury/illness.
Please also provide: - Documentation in support of the cancellation of the trip for any other factor not described above. - Original booking invoice. - Cancellation invoice showing the charges incurred.



E. TRAVEL DELAY / MISSED DEPARTURE	
Reason for travel delay/misssed departure:	
TRAVEL DELAY	
Schedule date and time of departure:	
Flight/Ferry/Other Transport Number/Ref:	
Actual date and time of departure:	
Flight/Ferry/Other Transport Number/Ref:	
Number of hours delayed:	
Airline/Ferry/Other Transport Company Name:	
MISSED DEPARTURE	
Point of departure:	Point of Missed Connection:
Method of transport used to arrive at departure point:	
Please confirm how you recommenced your trip:	
Amount claimed:	

F. BAGGAGE, PERSONAL EFFECTS, MONEY & DOCUMENTS		
Baggage Loss/Theft benefit is subject to a deductible per event. Please reference your policy for deductible amount.		
Date of loss or damage (MM/DD/YY):	Time:	
Please provide a detailed description of how the loss/damage occurred, including the location:		
Please confirm when the loss/damage was reported and to which authority (e.g., police/airline/tour operator/hotel, etc.), including complete address and reference:		
If the loss relates to travelers checks, cash, credit, checks, bankers/charge card, provide date that the issuer was notified:		
ITEM DETAILS		
Full description of item 1:		
Where purchased:	Date purchased (MM/DD/YY):	
Price paid:	Cost now:	Amount claimed:
Full description of item 2:		
Where purchased:	Date purchased (MM/DD/YY):	
Price paid:	Cost now:	Amount claimed:
ADDITIONAL INFORMATION		
Provide details of any other insurance policy that you have that may contribute to this loss, e.g., household insurance, private medical insurance, personal travel insurance, credit card insurance, etc.:		
Name of Insurer:	Policy Number:	
Address:		



ADDITIONAL DOCUMENTS REQUIRED

- In the event of a personal baggage loss, all incidents MUST be reported to the local police within 24 hours. An incident number and loss report must be obtained and submitted to International Claims Services.
- If the loss occurred at the airport or on the aircraft, the incident MUST be reported to the airline within 24 hours through an Incident Report. We require the Incident Report to be sent with this claim form.
- Provide proof of the original purchase/ownership, i.e., receipts; bank/credit card statements, photographs, packaging, instructions manuals, and valuations.
- Please note that we may make a deduction on the claim if proof of purchase is not provided and/or if wear-and-tear is applicable.
- If items have already been replaced, please send the replacement invoice or receipt.

G. LOSS OF PASSPORT

Please confirm where the passport was lost:

Please provide details of the expenses incurred to replace the passport, including receipts:

H. REIMBURSEMENT METHOD

Please reimburse: Primary Insured Provider (Payment by check)

REIMBURSEMENT METHOD: Request preferred method of reimbursement below.

Check to Primary Insured's Address, as listed in PRIMARY INSURED INFORMATION section.

Check to other Mailing Address:

Send by Electronic Direct Deposit (U.S. banks only) or Wire Transfer (non-U.S. banks)

Bank Name:

Name on Account:

Account #/IBAN:

Routing #/ABA # (for Electronic Direct Deposit):

SWIFT code (for Wire Transfer):

Bank Address (for Wire Transfer):



I. AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

I hereby authorize any physician or other healthcare professional, hospital or healthcare-related facility, pharmacy, medical service provider, employer, benefit plan administrator, and any Federal, State or Local Government Agency, with a complete copy of any and all medical information for use and disclosure as described in this authorization. Further to release any medical and other information in your possession or control to **International Claims Services (ICS)** and/or their attorneys, either directly or through a representative agent acting on their behalf, any and all medical information they may request, including but not limited to, medical records, reports, charts, graphs, x-ray notes, films, and laboratory reports.

I also hereby authorize the release of all medical information regarding diagnosis, care and treatment for alcohol abuse, drug abuse or mental health. In addition, I authorize the release of any and all billing records and statements in your possession or control.

I also authorize **ICS**, its representatives or their agents to release information that is obtained pursuant to this authorization to providers of healthcare, insurers, reinsurers, or claims administrators, and any government agency as it deems appropriate solely for the purpose of evaluating and administering any claim for benefits. I further understand that information may be released as follows:

- To other persons or organizations performing business or legal services in connection with any claim;
- As may be otherwise lawfully required;
- To any person or legally authorized representative as I have so indicated;
- As I may further authorize; or as necessary to prevent or detect the perpetration of fraud.

This "Authorization For Release of Medical Information" is subject to revocation at any time except to the extent that action has been taken in reliance hereon and, if not earlier revoked in writing, it shall remain valid for two (2) years from date of signature. I agree that a photocopy, e-mailed copy or facsimile (FAX) copy of the authorization shall be accepted and as valid as the original. I know that I may request to receive a copy of this Authorization.

Insured Person

Name:

Signature:

By typing my name on this form, I am signing electronically and this electronic signature is the legal equivalent of my manual, handwritten signature.

Date:

Please send completed claim form and supporting documents (INCLUDING PROOF OF TRAVEL) to:

International Claims Services:

- **Online claims submission:** www.gbg.com
- **Mail:** 27422 Portola Parkway, Suite 110, Foothill Ranch, CA 92610 USA
- **Email:** eclaims360@gbg.com
- **Fax:** +1.949.271.2330