



# Global Guardian

International Student Health Certificate  
Individual Coverage  
Policy ID: SEC-176

This policy is administered by:



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## 1.0 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**. Plan benefits are paid at UCR –Usual, Customary and Reasonable.

<b>EMERGENCY MEDICAL</b>	
<b>Emergency Medical Evacuation</b>	USD 250,000 per Trip
Air Ambulance	100% <b>UCR</b> 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% <b>UCR</b> per Trip
Compassionate Repatriation (Family Return)	USD 6,000 per Trip
<b>Emergency and Accidental Medical Treatment</b>	USD 250,000 per Trip
Acute/emergency <b>Sickness and Injury</b>	100% <b>UCR</b> per Trip
Treatment by authorized physicians, nurses and specialists	100% <b>UCR</b> per Trip
Hospitalization (semi-private rooms)	100% <b>UCR</b> per Trip
Surgery, anesthesiologist	100% <b>UCR</b> per Trip
Prescribed medicines, dressings	100% <b>UCR</b> per Trip
Local transport to and from the place of treatment	100% <b>UCR</b> per Trip
Treatment by physiotherapists and chiropractors	USD 2,500 per Trip
<b>Medically Necessary</b> required durable medical equipment	100% <b>UCR</b> per Trip
Emergency dental treatment for immediate relief of pain	USD 500 per Trip
Non- <b>Hazardous Sports</b> Coverage	100% <b>UCR</b> per Trip
Limited motorcycle and sports vehicle coverage for injuries only	USD 50,000 per Trip
<b>ADDITIONAL BENEFITS</b>	
Repatriation of Mortal Remains	USD 25,000 per Trip
ATM Safe	USD 500 per Trip
Baggage Delay	USD 100 per day up to USD 500 per Trip
Baggage Loss / Theft	USD 50 per Item up to USD 250 per Trip; subject to USD 100 Deductible per <b>Event</b>
<b>Accidental</b> Death & Disability (Common Carrier) / Permanent Total Disability	USD 25,000 per Trip
Money and Documents (tickets, cash, banknotes)	USD 100 per Trip
Loss of Passport	USD 250 per Trip
Travel Delay after the first 24-hours	USD 100 per day up to USD 500 per Trip
Missed Departure	USD 500 per Trip

## 2.0 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 GBG Insurance Limited Plan is an international health insurance Policy issued to the Trust. This insurance shall be governed by the Laws of England and Wales and subject to the exclusive Jurisdiction of the courts of England and Wales, and the Plan Participant should be aware that laws governing the terms, conditions, benefits and limitations in health insurance policies issued and delivered in other countries are not applicable. If any dispute arises as to the interpretation of this document, the English version shall be deemed to be conclusive and taking precedence over any other language version of this document. GBG Insurance Limited is an insurance company incorporated in Guernsey with registration number 42729 and licensed by the Guernsey Financial Services Commission to conduct insurance business under the Insurance Business (Bailiwick of Guernsey) Law, 2002 as amended.
5. This plan, **Schedule of Benefits**, the **Plan Participant** application, and any amendments or endorsements (if any) comprise the entire Contract between the parties.
6. 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.
7. This Policy is eligible for coverage outside of the **Plan Participant's Country of Residence** and must be purchased prior to departure.
8. 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 **Plan Participant** who moves to a new country will no longer be covered in the new country of declared residence.
9. **Trips** to Schengen Countries: This Policy meets and exceeds European Schengen and visa requirements. See **Schedule of Benefits**.
10. **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).
11. **Family Members** travelling together must purchase the same coverage levels and benefits in order to be eligible for coverage.
12. Children/**Dependent** Coverage:
  - a. Infants aged 14 days up to age 2 are included in the coverage of a **Plan Participant**/guardian for no additional premium.
  - b. Children's rates apply to **Dependent** children from ages 2-16 as long as they are travelling with their parent/legal guardian.
  - c. Parents/legal guardians can purchase policies for unaccompanied travel for their children from age 5 onward at the applicable age banded rate.
  - d. 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.
13. Maximum Age: A Policy can be purchased before the **Plan Participant** attains age 70. This Policy will not be renewable at the anniversary date immediately following the **Plan Participant's** 70<sup>th</sup> birthday.

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** Maximum Issuance: Maximum duration not to exceed 180 days and may not be combined with any other Policy to exceed this limit.
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.
    - 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.
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 **Plan Participant** has no other insurance this coverage becomes primary.
18. The **Plan Participant** 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 **Plan Participant** 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 **Plan Participant** was breaking the jurisdictional law where the **Accident/Injury** took place, regardless if the **Plan Participant** was considered at fault or not.
23. 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 hereunder shall be forfeited without refund of premium.
24. 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**.
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.

### 3.0 DESCRIPTION OF BENEFITS

Benefits are applicable when the **Plan Participant** is traveling for leisure and business outside his or her **Country of Residence**; coverage also is in effect when traveling to and from the **Plan Participant's 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 **Plan Participant** 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 **Plan Participant's Country of Residence**, whom, upon medical advice is advised to join, accompany, remain with or escort the **Plan Participant**.

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

**Repatriation for Medical Treatment:** The **Insurer** reserves the right to review and repatriate any **Plan Participant** 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 **Plan Participant** returns to their **Country of Residence**. If the **Plan Participant** refuses to accept repatriation once medically stable, the **Insurer** reserves the right to deny further medical coverage and benefits.

**Compassionate Repatriation:** The **Insurer** will repatriate the **Plan Participant** to their **Country of Residence** in the event there is a **Sickness**, serious **Injury** or death of a spouse, domestic partner, parent, parent-in-law, child, grandchild, brother, sister, or fiancé. The **Family Member** must have the same country of residence as the **Plan Participant**. Transportation costs will be by the most economical means and determined by the **Insurer**. All Repatriation benefits must be coordinated and pre-approved by GBG Assist or claims will not be paid or authorized

**Emergency and Accidental Medical Treatment:** The PRIMARY PURPOSE of this Travel Policy is to protect a **Plan Participant** 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 **Plan Participant** 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 which are** not covered 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 **Plan Participant** has been hospitalized, treated by a physician or has received any medical treatment within 12 months prior to the commencement date of the insurance. Any treatment prior to each departure from the **Country of Residence** will be considered a **Pre-Existing Condition**. See 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 **Plan Participant** 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 **Plan Participants** traveling in North America please contact GBG Assist for the location of networked preferred providers.
- If the **Plan Participant** 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 **Plan Participant** is fit to travel. Notwithstanding the foregoing, extended Coverage shall not exceed 60 days.

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

COVERED LEISURE SPORTS		
Athletics/calisthenics/basic gym work	Golf	Safari (organized - no guns)
Badminton	Handball	Sailboarding (Leisure - No racing)
Ballooning (Not as pilot, tour, passenger only)	Horse riding (no Polo, Hunting, Jumping)	Sailing ( <b>Territorial Waters</b> only)
Baseball	Jogging	Sand Yachting
Basketball	Marathon Running (non-paid, amateur)	Scuba <b>Diving</b> (max depth 25 meters)
Blade Skating	Netball	Snorkeling
Bowls	Orienteering	Squash
Camel/Elephant Riding / Trekking	Paddle boarding	Tennis
Canoeing/Kayaking (inland/coastal/flat water)	Paintballing	Trekking/Hiking (under 3,500 meters altitude)
Catamaran Sailing (only in <b>Territorial Waters</b> )	Pickle Ball	Volleyball
Craigcat riding (only in <b>Territorial Waters</b> )	Pony Trekking (no jumping, racing, dressage)	Water Polo
Cricket	Racket Ball	White/Black Water Rafting (Grade 1 to 3)
Cross country running	Rambling	Yachting ( <b>Territorial Waters</b> )
Curling	Rock Scrambling Class 1 only	Zip Lining
Cycling (other than BMX and mountain biking)	Roller Blading (Line Skating / Skate boarding)	
Dinghy/ Small craft sailing (Territorial water only)	Rounder’s	
Fishing (Fresh water and deep sea)	Rowing (inland/coastal)	
Flying as a passenger (private/small aircraft)	Running, Sprint / Long Distance	

**The following Activities are NOT covered:**

1. The hazardous sports activities specified in the chart below.
2. Engaging in professional, semi-professional or competitive sporting events of any kind.
3. Group, club, interscholastic, intercollegiate, organized team play (exception: informal sports play among friends and relatives in a team game).
4. Use of any type of firearms (any device that discharges a projectile of any type).
5. Any activity relating to flying either as a Pilot in Command, student pilot, sport flying or the business or trade of flying except while travelling as a passenger in a fully-licensed passenger carrying aircraft.
6. **Diving** in Cyprus and or any decompression care in Cyprus whether the Injury occurred in the territory or not.
7. Any Activity in which the **Plan Participant** is acting irresponsibly or while performing stunts of any kind

including but not limited to jumping, railing with bikes, scooters, skateboards, aerial acrobatics, flips, half-piping etc.

8. Any injuries associated with any sport while under the influence of drugs or alcohol.

NON-COVERED HAZARDOUS SPORTS		
Abseiling	Horse Racing	Rock Scrambling Class 2 or 3
American Football	Hunting-on-horseback	Rifle Range shooting
Animal Conservation/Game Reserve work	Hunting / Shooting	Roller Hockey/Street Hockey
Archery	Hurling	Rugby
Base Jumping	Jet Boating (non-extreme)	Sailboarding (racing/high speed/extreme)
Bobsleigh/luge/Skelton/Tobogganing	Jet Boating (White water/extreme sport)	Sand boarding
BMX cycling (noncompetitive)	Jet Skiing	Scuba <b>Diving</b> (26 and above)
Boxing	Judo / Karate (Martial Arts)	Shark feeding/Cage Diving
Bungee Jump	Kite-skiing	Sky Diving
Canoeing/Kayaking (white water max class 3)	Kite surfing/Land boarding/Buggyng	Snow Boarding
Canyoning	Lacrosse	Snow mobile
Caving / Cave Diving	Luge/tobogganing	Steeple chasing
Clay pigeon shooting	Martial Arts (Competition or Training)	Street Hockey
Cross channel swimming	Micro lighting	Surfing
Dry/desert/dune skiing	Moped/Scooter Rentals	Team sports played in competitive contests
Fell / terrain/ mountain running	Motor Racing (all types)	Tombstoning/cliff diving/quarry diving
Fencing	Motorcycling (any)	Trekking/Hiking (over 3,500 meters altitude)
Field Hockey	Mountain Biking	Triathlon
Football Soccer	Mountain Boarding	Wake boarding
Free Diving/No Limits Diving	Mountaineering	War Games (non-armed forces)
Flying as a pilot	Orienteering (not involving climbing)	Water Skiing
Gaelic Football (non-competitive)	Parachuting	Wave runner
Gliding	Parasailing	Wave Surfing
Go Karting (recreational use less than 120cc, 10K limit)	Parascending (over water or over land)	Weight-lifting (max lift 150 lbs./70kgs)
Gymnastics (competition)	Parkour/Parkour	White/Black Water Rafting (Grade 4 to 6)
Hang Gliding	Point-to-point	Wrestling
Heli-skiing	Polo	Yachting (crewing) - outside <b>Territorial Waters</b>
Heptathlon	Potholing	Yachting (racing)
High Diving	Professional Sports of any kind	Zorbing/Hydrozorbing
Hockey (ice and street)	Quad Biking /All-Terrain Vehicles	
Horse Jumping and Dressage	Rock Climbing	

**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.

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

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

1. Proof of a **Missing Bag Report** must be filed with the **Common Carrier**.



2. Any items purchased after the return of the baggage will not be covered
3. Any claim must be accompanied by proper receipts with date and time affixed.

**Baggage Loss/Theft:** Secondary coverage to **Common Carrier** settlement with reimbursement to the maximum specified in the **Schedule of Benefits**. No claims will be accepted until AFTER the **Plan Participant** has filed and received settlement from the **Common Carrier**. The coverage is in respect of Accidental loss or theft to baggage clothing and personal effects owned by the **Plan Participant**, subject to depreciation tables selected by the **Insurer** to a maximum payment of:

1. USD 500 in respect of any one article, pair or set of articles.
2. USD 300 overall in respect of **Valuables/Electronics**. See Definitions, Conditions and Exclusions.
- 3.

**Conditions:**

1. The **Plan Participant** must observe ordinary proper care in the supervision of the **Plan Participant's** 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 baggage area, and there is evidence of forced entry which has been verified by a Police Report;
6. Loss, damage or theft of **Valuables/Electronics** and money packed in checked baggage or other receptacles while travelling.
7. Loss or damage caused by decay, wear and tear, moth, vermin, or atmospheric conditions;
8. Deterioration or mechanical derangement of any kind;
9. Loss due to confiscation or detention by Customs or other authority;
10. Damage to sports equipment whilst in use;
11. Losses of jewelry whilst swimming;
12. Breakage of or damage to fragile articles and any consequence thereof;
13. Any loss or theft of phones, smart phones, computer equipment including tablet personal computers;
14. Unset precious stones, contact or corneal lenses, spectacles or accessories;
15. Stamps, documents, deeds, manuscripts or securities of any kind;
16. Items of a perishable nature;
17. Business goods, samples, tools of trade or motor accessories;
18. Household goods and home contents.

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

- Children under 16 years of age the death benefit is limited to USD 5,000.
- Age grouping 65 to 80 is excluded from all disability coverage under this Policy. Coverage for **Accidental Death** is confined to **Common Carrier** and is limited to the amount specified in the schedule.

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

**Conditions:**

1. In the event of a claim, a medical adviser or advisers appointed by the **Insurer** shall be allowed as often as the **Insurer** shall deem it necessary to examine the **Plan Participant**;
2. Payment of the Permanent Total Disability benefit shall be made only on certification by a medical board that the **Plan Participant** 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.
3. **Beneficiary and Death Notification:** If a **Plan Participant** 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.
4. **Disappearance:** If a **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.
5. **Exposure:** If as the result of an **Accident** a **Plan Participant** 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:**

1. Any claim not related to **Accidental** bodily **Injury**;
2. Conditions arising from motorcycling as either a driver or passenger.
3. Injuries or death associated with working in a professional capacity or while on duty unless specifically agreed by the insurer.

**Money and Documents (tickets, cash, banknotes):** Reimbursement to each **Plan Participant** in respect of Accidental loss or theft of cash, banknotes (carried on the **Plan Participant**), 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 USD 250 in respect of reasonable expenses necessarily incurred abroad in obtaining the replacement of a **Plan Participant's** lost or stolen passport. Additional expenses for missing flight and extending accommodations are not covered by this benefit.

**Travel Delay:** Coverage to the **Plan Participant** 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 USD 100 for the first complete 24 hour period of delay in departure commencing from the original booked departure time as specified in the travel itinerary and up to USD 100 after each subsequent 24 hour period of delay up to a maximum specified in the **Schedule of Benefits**. It is a condition for cover that the travel Policy is purchased before the delay is known or announced by the **Common Carrier**.

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

1. For multiple **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 affecting this Insurance.
3. Arising from technical reasons such as aircraft availability due to aircraft/sea vessel being removed from service;
4. Where a **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, 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 **Plan Participant** 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.

## 4.0 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 a **Plan Participant** has been hospitalized, treated by a physician or has received any medical treatment within 12 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 **Plan Participant** 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 a **Plan Participant's** currently stable condition and;
  - d. Any treatment in which an **Plan Participant** 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 12 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 **Plan Participant** was breaking the jurisdictional law where the **Accident/Injury** occurred, regardless if the **Plan Participant** 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 **Plan Participant**;
  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 **Plan Participant** 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 **Plan Participant'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 a **Plan Participant**;
  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.

## 5.0 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](http://www.gbg.com) or e-mail customer service at [customerservice@gbg.com](mailto:customerservice@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.

### Complaints Procedure

At times, You may have a concern You would like to tell Us about or disagree with a decision made regarding Your coverage. You can make a complaint or file an appeal to get help for Your situation. The following procedures must be followed for a complaint to be reviewed.

### Who to Contact?

The most important factors in getting Your complaint dealt with as quickly and efficiently as possible are:

- Be sure You are talking to the right person; and
- That You are providing the necessary information.

### When You Contact Us

Please provide the following information:

- Your name, telephone number, and email address;
- Your policy and/or claim number and the plan of benefits (medical, travel, disability) You are insured for; and
- Please explain clearly and concisely the reason for Your complaint.

### Step One: Making a Complaint

If Your complaint relates to:

1. **The sale of the policy You purchased or any information You were given during the sales process:**
  - a. If You purchased the policy using a broker or other intermediary, please contact them first.
  - b. If You purchased the policy directly from Us either from a local representative, using the website, or through a group plan of benefits, please contact Us directly at:

**Toll Free**

**Phone**

**Email**

+1.866.914.5333 (within the U.S. and Canada)      +1.786.814.4125 (outside the U.S. and Canada)

[complaints@gbg.com](mailto:complaints@gbg.com)

c. You may also submit Your complaint via Our **Complaint Form**, which may be accessed by visiting Our website and navigating to the Forms page: [www.gbg.com/#/oursolutions/forms](http://www.gbg.com/#/oursolutions/forms).

2. **A claim for benefits, the terms and conditions of the policy, or other benefit related information:**

- a. Complaints related to a claim denial should be submitted as soon as possible. We will review the information and provide a response within four weeks or will request additional time, if needed.
- b. Claims and benefits related complaints should be referred to Our Complaints Department:

<b>Toll Free</b>	<b>Phone</b>	<b>Email</b>
+1. 877.916.7920 (within the U.S. and Canada)	+1. 949.916.7941 (outside the U.S. and Canada)	<a href="mailto:customerservice@gbg.com">customerservice@gbg.com</a>

c. You may also submit Your complaint via Our **Appeal Form**, which may be accessed by visiting Our website and navigating to the Forms page: [www.gbg.com/#/oursolutions/forms](http://www.gbg.com/#/oursolutions/forms).

GBG Insurance Limited is licensed and regulated by the Guernsey Financial Services Commission under the Insurance Business (Bailiwick of Guernsey) Law, 2002.

We always aim to resolve Your complaint and provide a final response within four weeks, but if it looks like it will take Us longer than this, We will let You know the reasons for the delay and regularly keep You up to date with Our progress.

**Step Two: Beyond Your Insurer**

If We can't respond fully to Your complaint within three months after You contact Us, or You are unhappy with Our final response, You can refer Your complaint to the Channel Islands Ombudsman (CIFO).

You must contact CIFO about Your complaint within six months of the date of Our final response to Your complaint or CIFO may not be able to review Your complaint. You must also contact CIFO within six years of the event complained about or (if later) two years of when You could reasonably have been expected to become aware that You had a reason to complain.

You may contact CIFO at:

<b>Address</b>	<b>Email</b>	<b>Guernsey local phone</b>
Channel Islands Financial Ombudsman PO Box 114 Jersey, Channel Islands JE4 9QG	<a href="mailto:complaints@ci-fo.org">complaints@ci-fo.org</a>	+44 (0)1481 722218
	<b>Website</b>	<b>International phone</b>
	<a href="http://www.ci-fo.org">www.ci-fo.org</a>	+44 1534 748610

**NOTICE OF PRIVACY PRACTICES**

This notice describes how personal information about You may be used and disclosed and how You can get access to this information. Please review it carefully.

The confidentiality of Your personal information is of paramount concern to Us. We maintain records of the services we cover (claims), and we also maintain information about You that we have used for enrolment processing. We use these records to administer Your policy benefits and coverage; we may also use these records to ensure appropriate

quality of services provided to You and to enhance the overall quality of Our services, and to meet Our legal obligations. We consider this information, and the records We maintain, to be protected personal information. We are required by law to maintain the privacy of personal information and to provide Our insureds with notice of Our legal duties and privacy practices with respect to personal information. This notice describes how We may use and disclose Your personal information. It also describes Your rights and Our legal obligations with respect to Your personal information.

### **How We May Use or Disclose Your Personal Information**

We collect and processes Your personal information as necessary for performance under Your insurance policy or complying with Our legal obligations, or otherwise in Our legitimate interests in managing Our business and providing Our products and services. These activities may include:

Use of sensitive information about the health or vulnerability of You, or others involved in Your assistance guarantees, in order to provide the services described in Your insurance policy;

- Disclosure of personal information about You and Your insurance cover to companies within the GBG group of companies (subject to local laws within each applicable jurisdiction), to Our service Providers and agents in order to administer and service Your insurance cover, for fraud prevention, to collect payments, and otherwise as required or permitted by applicable law;
- Monitoring and/or recording of Your telephone calls in relation to coverage for the purposes of record-keeping, training and quality control;
- Technical studies to analyze claims and premiums, adapt pricing, support subscription processes and consolidate financial reporting (including regulatory); detailed analyses on claims/calls to better monitor Providers and operations; analyses of customer satisfaction and construction of customer segments to better adapt products to market needs;
- Obtaining and storing any relevant and appropriate supporting evidence for Your claim, for the purpose of providing services under Your insurance policy and validating Your claims; and
- Sending feedback requests or surveys relating to Our services, and other customer care communications.

These activities are carried out within the UK and European Economic Area (EEA), and outside the EEA in countries for which an adequate level of data protection has not yet been determined by the EU Commission. However, we have taken appropriate measures to ensure that your personal data remains protected in accordance with applicable data protection laws, including conclusion of the EU standard contractual clauses for the transfer of personal data. Further details on the appropriate safety precautions taken are available on request and further information is available under website privacy policy under [https://www.gbg.com/" \ | "/AboutGBG/PrivacyPolicy\).](https://www.gbg.com/)

According to the applicable data protection laws, you are entitled, on request, to a copy of the personal information we hold about you, and you have other rights to deletion, correction, object, restriction, data portability in relation to how we use your data (as set out in our website privacy policy under [https://www.gbg.com/" \ | "/AboutGBG/PrivacyPolicy\).](https://www.gbg.com/) Please let us know if you think any information we hold about you is inaccurate, so that we may correct it.

If You have any questions about this Notice of Privacy Practices or Our use of Your personal information You may contact the Data Protection Officer. Contact details are below:

**GBG Insurance Limited**  
**Data Protection Officer**  
Fourth Floor, Albert House  
South Esplanade, St Peter Port  
Guernsey, GY1 1AW  
Email address: [dataprotection@gbg.com](mailto:dataprotection@gbg.com)



## 6.0 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](http://www.gbg.com) for a complete list of providers.

## 7.0 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.

- 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 a \$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.

## 8.0 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 **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.
3. While the **Insurer** shall not cancel this Policy because of eligible claims made by any **Plan Participant**, it may at any time terminate the policy if the **Plan Participant**:
4. Misled the **Insurer** by misstatement or concealment;
5. Knowingly claimed benefits for any purpose other than the ones which are provided for under this Policy;
6. Agreed to any attempt by a third party to obtain an unreasonable pecuniary advantage to the **Insurer's** detriment;
7. Failed to observe the terms and conditions of this Policy, or failed to act with utmost good faith.
8. If the **Insurer** decides to cancel this Policy, they shall give 30 days' notice.
9. When a claim has been filed, the insurance can be terminated with one month's notice by the **Plan Participant** or by the **Insurer** within 14 days after the reimbursement has been effected or rejected by the **Insurer**.

## 9.0 DEFINITIONS

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

1. "**Accident/Accidental**" is defined by an **Event** occurring without the **Plan Participant's** intention which has a sudden, external and violent impact on the body, resulting in demonstrable bodily Injury.
2. "**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.
3. "**Country of Residence**" means a place of legal residence at time of application to this Policy.
4. "**Covered Accident**" means an **Accident** that occurs while coverage is in force for a **Plan Participant** and results in a loss or **Injury** covered by the Policy for which benefits are payable.
5. "**Covered Expenses**" means expenses actually incurred by or on behalf of a **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.

6. **“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.
7. **“Dependent”** means an **Plan Participant**, **Plan Participant’s** lawful spouse or Domestic Partner; or a **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.
8. **“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.
9. **“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.
10. **“Duress”** a country with threats, violence, constraints, or other action brought to bear on someone to do something against their will or better judgment.
11. **“Doctor”** means a licensed health care provider acting within the scope of his or her license and rendering care or treatment to a **Plan Participant** that is appropriate for the conditions and locality. It will not include a **Plan Participant** or a member of the **Plan Participant’s** Immediate Family or household.
12. **“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 a **Plan Participant’s** condition.
13. **“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.
14. **“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.
15. **“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.
16. **“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.
17. **“Host Country”** means the country or countries other than the **Country of Residence** that the **Plan Participant** is traveling to/in.

18. **“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.
19. **“Incident”** means an untoward event which (depending on the circumstances) may lead to a damage, disaster, or loss.
20. **“Injury”** means **Accidental** bodily harm sustained by a **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. **“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.
23. **“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**.
24. **“Missing Person”** means a **Plan Participant** who disappeared for an unknown reason and whose disappearance was reported to the Appropriate Authorities.
25. **“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.
26. **“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.
27. **“Necessities”** means personal hygiene items and clothing.
28. **“Occurrence”** means any of the following situations involving a **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 **the** effective date of **Your** policy; 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.
29. **“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).
30. **“Permanent Total Disability”** is defined by a disability that makes it impossible for the **Plan Participant** to work or to carry out any aspect of a normal life for a period of 12 calendar months.
31. **“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. A Dependent covered is not a **Plan Participant**, but rather a Dependent.

32. **"Policy Period"** means the dates as shown on **Your** Policy for which premium has been paid;
33. **"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.
34. **"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 **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 and Single Trip policies. (See General Exclusion 1 for details.)
35. **"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.
36. **"Sickness"** means an illness, disease or condition of the **Plan Participant** that causes a loss for which a **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**.
37. **"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.
38. **"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.
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 round **trip** 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.

## 10.0 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.



**For More Information Contact:**

Travel Department  
Email: [Travel@gbg.com](mailto:Travel@gbg.com)  
Website: [www.gbg.com](http://www.gbg.com)