

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

Executive Offices: 175 Water Street, 18th Floor, New York, NY 10038

(212) 458-5000

(a capital stock company, herein referred to as the Company)

MedEvacU – Description of Coverage

IMPORTANT

This coverage is valid only if the appropriate plan cost has been paid. Please keep this document as Your record of coverage under the plan.

PLEASE READ THIS DOCUMENT CAREFULLY!

Coverage is Underwritten by National Union Fire Insurance Company of Pittsburgh, Pa, a Pennsylvania Insurance Company, NAIC No. 19445, with its principal place of business at 175 Water Street, 18th Floor, New York, NY 10038 and currently authorized to transact business in all states and the District of Columbia.

Coverage may not be available in all states

EMERGENCY EVACUATION AND REPATRIATION OF REMAINS

The Insurer will pay for Covered Emergency Evacuation Expenses incurred if an Insured suffers an Injury or Sickness while he or she is on a Trip that warrants his or her Emergency Evacuation. Benefits payable are subject to the Maximum Limit shown on the Schedule for all Emergency Evacuations due to all Injuries from the same accident or all Sicknesses from the same or related causes.

Covered Emergency Evacuation Expenses are the reasonable and customary charges for necessary Transportation, related medical services and medical supplies incurred in connection with the Emergency Evacuation of the Insured. All Transportation arrangements made for evacuating the Insured must be by the most direct and economical route possible. Expenses for Transportation must be:

- (a) ordered by the attending Physician who must certify that the severity of the Insured's Injury or Sickness warrants his or her Emergency Evacuation and adequate medical treatment is not locally available;
- (b) required by the standard regulations of the conveyance transporting the Insured; and
- (c) authorized in advance by Travel Assist. In the event the Insured's Injury or Sickness prevents prior authorization of the Emergency Evacuation, Travel Assist must be notified as soon as reasonably possible.

Special Limitation: In the event Travel Assist could not be contacted to arrange for emergency Transportation, benefits are limited to the amount the Insurer would have paid had the Insurer or their authorized representative been contacted.

Emergency Evacuation - means:

- (a) the Insured's medical condition warrants immediate transportation from the place where the Insured is injured or sick to the nearest adequate licensed medical facility where appropriate medical treatment can be obtained;
- (b) after being treated at a local licensed medical facility, the Insured's medical condition warrants transportation to the Insured's home to obtain further medical treatment or to recover, or
- (c) both (a) and (b) above.

LIMITATIONS:

The Maximum Limit payable for both Emergency Evacuation and Repatriation of Remains is shown on the Schedule.

REPATRIATION OF REMAINS

The Insurer will pay repatriation covered expenses to return the Insured's body to their primary residence if he/she dies during the Trip up to the Maximum Limit shown on the Schedule.

Repatriation Covered Expenses are limited to the reasonable and customary expenses incurred to transport the body. Travel Assist must make all arrangements and authorize all expenses in advance for this benefit to be payable.

Repatriation Covered Expenses. Include, but are not limited to, the reasonable and customary expenses for:

- (a) embalming;
- (b) cremation;
- (c) the most economical coffins or receptacles adequate for transportation of the remains; and
- (d) transportation, according to airline tariffs, of the remains by the most direct and economical conveyance and route possible, subject to the Transportation Maximum Limit shown on the Schedule.

Travel Assist must make all arrangements and authorize all expenses in advance for this benefit to be payable.

Special Limitation: In the event the Insurer or the Insurers' authorized representative could not be contacted to arrange for Repatriation Covered Expenses, benefits are limited to the amount the Insurer would have paid had the Insurer or their authorized representative been contacted.

EXCLUSIONS AND LIMITATIONS

GENERAL EXCLUSIONS

This plan does not cover any loss caused by or resulting from:

- (a) intentionally self-inflicted Injury, suicide, or attempted suicide of the Insured, Family Member, while sane or insane¹;
- (b) pregnancy, childbirth, or elective abortion, other than Complications of Pregnancy;
- (c) participation in professional athletic events, motor sport, or motor racing, including training or practice for the same;
- (d) war or act of war, whether declared or not, civil disorder, riot, or insurrection;
- (e) operating or learning to operate any aircraft, as student, pilot, or crew;
- (f) air travel on any air-supported device, other than a regularly scheduled airline or air charter company;
- (g) any unlawful acts, committed by the Insured or Family Member, whether insured or not²;
- (h) any loss that occurs at a time when this coverage is not in effect;
- (i) traveling for the purpose of securing medical treatment.
- (j) care or treatment which is not Medically Necessary;]

MAXIMUM LIMIT OF LIABILITY:

All limits are applied per Trip.

Definitions

(Capitalized terms within this Description of Coverage are defined herein)

"Child" means unmarried children of the Insured, including natural children from the moment of birth, and step, foster or adopted children from the moment of placement in the Insured's home, under age 25 and primarily dependent on the Insured for support and maintenance. However, the age limit does not apply to a child who: (1) otherwise meets the definition of Child; and (2) is incapable of self-sustaining employment by reason of mental or physical incapacity.

"City" means an incorporated municipality having defined borders and does not include the high seas, uninhabited areas or airspace.

"Complications of Pregnancy"³ means conditions requiring Hospital stays (when the pregnancy is not terminated) whose diagnoses are distinct from pregnancy but are adversely affected by pregnancy or are caused by pregnancy. These conditions include acute nephritis, nephrosis, cardiac decompensation, missed abortion and similar medical and surgical conditions of comparable severity. Complications of Pregnancy also include nonelective cesarean section, ectopic pregnancy which is terminated and spontaneous termination of pregnancy, which occurs during a period of gestation in which a viable birth is not possible.

¹ **Notice to Colorado residents:** The phrase "or insane" is deleted from the intentionally self-inflicted Injury, suicide or attempted suicide exclusion provision. T30341NUFIC-CO

² **Notice to IL residents:** The General Exclusions provision is amended as follows:
Any unlawful acts committed" is deleted and replaced with "commission of or attempt to commit a felony".
T30341NUFIC-IL

³ **Notice to IL residents:** The definition of Complications of Pregnancy is amended to delete "hyperemesis gravidarum and preeclampsia". T30341NUFIC-IL

Complications of Pregnancy do not include false labor, occasional spotting, Physician-prescribed rest during the period of pregnancy, morning sickness, hyperemesis gravidarum, preeclampsia and similar conditions associated with the management of a difficult pregnancy not constituting a nosologically distinct complication of pregnancy.

“Covered Trips” means any scheduled Trips for which the Insured requests coverage and remits any required plan cost.

“Departure Date” means the date on which the Insured is originally scheduled to leave on his/her Trip.

“Destination” means any place where the Insured expects to travel to on his/her Trip other than Return Destination.

“Domestic Partner”⁴ means an opposite or a same-sex partner who is at least 18 years of age and has met all of the following requirements for at least [6] months:

- (1) resides with the Insured;
- (2) shares financial assets and obligations with the Insured;
- (3) is not related by blood to the Insured to a degree of closeness that would prohibit a legal marriage; and
- (4) neither the Insured or Domestic Partner is married to anyone else, nor has any other Domestic Partner.

The Insurer may require proof of the Domestic Partner relationship in the form of a signed and completed Affidavit of Domestic Partnership.

“Eligible Person” means a person who is a member of an eligible class of persons as described in the Description of Eligible Persons section of the Master Application.

“Family Member”⁵ means the Insured’s spouse, Domestic Partner, Child, mother, father.

“Hospital”⁶ means a facility that:

- (1) is operated according to law for the care and treatment of sick or Injured people;
- (2) has organized facilities for diagnosis and surgery on its premises or in facilities available to it on a prearranged basis;
- (3) has 24 hour nursing service by registered nurses (R.N.’s); and
- (4) is supervised by one or more Physicians available at all times.

A Hospital does not include:

- (1) a nursing, convalescent or geriatric unit of a hospital when a patient is confined mainly to receive nursing care;
- (2) a facility that is, other than incidentally, a clinic, a rest home, nursing home, convalescent home, home health care, or home for the aged; nor does it include any ward, room, wing, or other section of the hospital that is used for such purposes; or

⁴ **Notice to DC residents:** The definition of Domestic Partner is amended as follows:

“Domestic Partner” means a person with whom an individual maintains a committed familial relationship characterized by mutual caring and the sharing of a mutual residence. Each partner must be at least 18 years old and competent to contract, be the sole Domestic Partner of the other person and not be married. T30341NUFIC-DC

⁵ **Notice to LA residents:** The Family Member definition is amended to delete Domestic Partner. T30341NUFIC-LA

⁶ **Notice to NC residents:** The definition of Hospital is deleted in its entirety and replaced with the following:

“Hospital” means a facility that:

- (1) is operated according to law, including North Carolina state hospitals, for the care and treatment of sick or Injured people;
- (2) has organized facilities for diagnosis and surgery on its premises or in facilities available to it on a prearranged basis; (3) has 24 hour nursing service by registered nurses (R.N.’s); and
- (4) is supervised by one or more Physicians available at all times.

A Hospital does not include:

- (1) a nursing, convalescent or geriatric unit of a hospital when a patient is confined mainly to receive nursing care;
- (2) a facility that is, other than incidentally, a clinic, a rest home, nursing home, convalescent home, home health care, or home for the aged; nor does it include any ward, room, wing, or other section of the hospital that is used for such purposes; or
- (3) any military or veterans hospital or soldiers home or any hospital contracted for or operated by any national government or government agency for the treatment of members or ex-members or the armed forces for which no charge is made.

(3) any military or veterans hospital or soldiers home or any hospital contracted for or operated by any national government or government agency for the treatment of members or ex-members or the armed forces. T30341NUFIC-NC

“Individual Coverage Term” means the period of time beginning on the date insurance coverage begins and ending on the date insurance coverage ends as specified in the Effective and Termination Dates section.

“Injury/Injured”⁷ means a bodily injury caused by an accident occurring while the Insured’s coverage under the Policy is in force, and resulting directly and independently of all other causes of Loss covered by the Policy. The injury must be verified by a Physician.

“Insured” means an Eligible Person for whom:

- (a) any required enrollment form has been completed;
- (b) any required plan cost has been paid;
- (c) a Trip is scheduled; and
- (d) while covered under the Policy.

“Insurer” means National Union Fire Insurance Company of Pittsburgh, Pa.

“Loss” means injury or damage sustained by the Insured as a consequence of one or more of the events against which the Insurer has undertaken to compensate the Insured.

“Medically Necessary”⁸ means that a treatment, service, or supply:

- (1) is essential for diagnosis, treatment, or care of the Injury or Sickness for which it is prescribed or performed;
- (2) meets generally accepted standards of medical practice;
- (3) is ordered by a Physician and performed under his or her care, supervision, or order; and
- (4) is not primarily for the convenience of the Insured, Physician, other providers, or any other person.

“Physician” means a licensed practitioner of medical, surgical, or dental services acting within the scope of his/her license. The treating Physician may not be the Insured or a Family Member.

“Primary Residence” means a person’s fixed, permanent and principal home for legal and tax purposes.

“Reasonable and Customary Charges” means an expense which:

- (1) is charged for treatment, supplies, or medical services Medically Necessary to treat the Insured’s condition;
- (2) does not exceed the usual level of charges for similar treatment, supplies or medical services in the locality where the expense is incurred; and
- (3) does not include charges that would not have been made if no insurance existed. In no event will the Reasonable and Customary Charges exceed the actual amount charged.

“Return Date” means the date on which the Insured is scheduled to return to the point where the Trip started or to a different specified Return Destination. This date is specified in the travel documents.

“Return Destination” means the place to which the Insured expects to return from his/her Trip.

“Schedule” means the Schedule of Benefits shown in the Master Application.

“Sickness” means an illness or disease diagnosed or treated by a Physician. Sickness does not include any mental, emotional, psychological, or nervous disorders including but not limited to anxiety, depression, neurosis, phobia, psychosis; or any related physical manifestation.

⁷ **Notice to IL residents:** The definition of Injury is amended to read as follows: Injury/Injured means a bodily injury caused by an accident occurring while the Insured’s coverage under the Policy is in force and resulting directly from all other causes of Loss covered by the Policy. The injury must be verified by a Physician. T30341NUFIC-IL

⁸ **Notice to Connecticut residents:** The definition of Medically Necessary is deleted in its entirety and replaced with the following: “Medically necessary” means health care services that a physician, exercising prudent clinical judgment, would provide to a patient for the purpose of preventing, evaluating, diagnosing, or treating an illness, Injury, disease, or its symptoms, and that are (1) in accordance with generally accepted standards of medical practice; (2) clinically appropriate, in terms of type, frequency, extent, site, and duration and considered effective for the patient’s illness, Injury, or disease; and (3) not primarily for the convenience of the patient, physician, or other health care provider and not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of that patient’s illness, Injury, or disease. “Generally accepted standards of medical practice” means standards that are based on credible scientific evidence published in peer-reviewed medical literature generally recognized by the relevant medical community or otherwise consistent with the standards set forth in policy issues involving clinical judgment. T30341NUFIC-CT

Notice to DC residents: The definition of Medically Necessary is amended to add: “The fact that a Physician may prescribe, order, recommend or approve a service or supply does not of itself make it Medically Necessary or covered by this plan.” T30341NUFIC-DC

“Transportation” - means any land, sea or air conveyance required to transport the Insured during an Emergency Evacuation. Transportation includes, but is not limited to, air ambulances, land ambulances and private motor vehicles.

“Trip” means periods of travel away from home to a Destination outside the Insured's City of residence and more than 250 miles from the Insured's Primary Residence during the Individual Coverage Term.

EMERGENCY MEDICAL ASSISTANCE SERVICE

TO OBTAIN ASSISTANCE IN THE EVENT OF A MEDICAL EMERGENCY OR TO FACILITATE MEDICAL CARE, contact the 24-hour assistance service, **Travel Assist**. Travel Assist can recommend a local doctor or hospital, verify coverage, organize all emergency medical transportations, and provide multilingual assistance. **Call toll free in the U.S. and Canada 1-800-626-2427 or call 0-713-267-2525. If outside the U.S., call collect 0-713-267-2525. Identify yourself as a MedEvacU™ insured and refer to the Policy Number 9124953. ALL EMERGENCY MEDICAL EVACUATIONS, AND REPATRIATIONS ARE TO BE ARRANGED BY Travel Assist.**

PAYMENT OF CLAIMS

Claims Procedures: Notice of Claim: The Insured must save copies of all receipts. All itemized bills must be submitted to the Insurance Company with a Claim Form. To request a claim form, please contact: **Chartis Accident and Health Claims Department, Travel Insurance Services Claims Unit, P.O. Box 25987, Shawnee Mission, KS 66225-5987 or call toll free in the U.S. and Canada 1-800-551-0824. If outside the U.S. and Canada, call 302-661-4176.**

Claim Procedures: Proof of Loss⁹: The claim forms must be sent back to Insurer no more than 90 days after a covered Loss occurs or ends, or as soon after that as is reasonably possible. All claims under the policy must be submitted to Chartis Accident and Health Claims Department no later than one year after the date of Loss or insured occurrence or as soon as reasonably possible. If Insurer has not provided claim forms within 15 days after the notice of claim, other proofs of Loss should be sent to Chartis Accident and Health Claims Department by the date claim forms would be due. The proof of Loss should include written proof of the occurrence, type and amount of Loss, the Insured's name, the participating organization name, and the policy number.

⁹ **Notice to NV residents:** The "Claim Procedures: Proof of Loss" provision is amended to add the following: If the claims administrator requires additional information or time to approve or deny a claim, it will notify the Insured within 20 days after receipt of the claim, and at least once every 30 days thereafter until the claim is approved or denied. The notice will contain the reason why the additional information or time is required. The claims administrator will approve or deny the claim within: 30 days after it receives the additional information; or 31 days after the last timely notice was provided. T30341NUFIC-NV

Notice to NC residents: The time period for the return of claim forms to the Claims Department in the Proof of Loss provision is amended to 180 days. T30341NUFIC-NC

Notice to TX residents: The Proof of Loss provision is amended to add the following: The Insurer will acknowledge receipt of the notice of claim in writing within 15 business days after the Insurer receives the claim. The Insurer will notify a claimant in writing of the acceptance or rejection of a claim not later than the 15th business day after the date the Insurer receives all required documentation to secure final proof of loss. If the Insurer rejects the claim, the required notice will state the reasons for the rejection. If the Insurer is unable to accept or reject the claim within that time period, the Insurer will notify the claimant of the reasons that additional time is needed. The Insurer will accept or reject the claim not later than the 45th day after the claimant is notified. If the claim is accepted, the Insurer will pay the claim within 5 days of the notice of acceptance. If payment of the claim is delayed, the Insurer will pay the claim plus 18% interest per year, plus reasonable attorney fees. If a lawsuit is filed, such attorney fees shall be taxed as part of the costs in the case. T30341NUFIC-TX

Notice to WI residents: The Proof of Loss provision is deleted and replaced with the following language:

Proof of Loss. The Insured must furnish the Insurer with proof of loss. Proof of loss includes police or other local authority reports or documentation from the appropriate party responsible for the loss. It must be filed within [90] days from the date of loss. Failure by the Insured to give notice within such time does not invalidate or reduce the claim unless the Insurer is prejudiced by the failure to give notice within such time. T30341NUFIC-WI

Payment of Claims: When Paid¹⁰: Claims will be paid as soon as Chartis Accident and Health Claims Department receives complete proof of Loss.

Payment of Claims: To Whom Paid: All benefits will be payable to the Insured.

Benefits for Emergency Evacuation and Repatriation of Remains services may be payable directly to the provider of the services. However, the provider: (a) must comply with the statutory provision for direct payment, and (b) must not have been paid from any other sources.

ADDITIONAL CLAIMS PROCEDURES

Subrogation¹¹. To the extent the Insurer pays for a loss suffered by an Insured, the Insurer will take over the rights and remedies the Insured had relating to the loss. This is known as subrogation. The Insured must help the Insurer preserve its rights against those responsible for its loss. This may involve signing any papers and taking any other steps the Insurer may reasonably require. If the Insurer takes over an Insured's rights, the Insured must sign an appropriate subrogation form supplied by the Insurer.

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

Coverage – as used in this Subrogation section, means no fault motorist coverage, uninsured motorist coverage, underinsured motorist coverage, or any other fund or insurance policy (except coverage provided under the Policy to which this Description of Coverage is attached) and any fund or insurance policy providing the Policyholder with coverage for any claims, causes of action or rights the Insured may have against the Policyholder).

Third Party – as used in this Subrogation section, means any person, corporation or other entity (except the Insured, the Policyholder and the Company).

¹⁰ **Notice to NV residents:** The “Payment of Claims: When Paid” provision is deleted and replaced with the following:

Payment of Claims: Claims will be approved or denied within 30 days after the claims administrator receives the claim. If the claim is approved the claims administrator will pay the claim within 30 days after its approval. If the approved claim is not paid within that period, the claims administrator will pay interest on the claim at the rate equal to the prime rate at the largest bank in Nevada, as ascertained by the commissioner of financial institutions, on January 1 or July 1 as the case may be, immediately preceding the date of the transaction, plus 2 percent, upon all money from the time it becomes due. T30341NUFIC-NV

Notice to WI residents: The Payment of Claims: When Paid: is deleted and replaced with the following language:

Payment of Claims: When Paid: Claims will be paid as soon as Travel Guard receives complete proof of Loss, but not later than 30 days. T30341NUFIC-WI

¹¹ **Notice to LA residents:** The Subrogation provision is amended by adding the following: The Insurer's right of subrogation will not be enforced until the Insured has been made whole, as determined by a court of law, as a result of the Loss. The Insurer agrees to pay our portion of the Insured's attorney's fee or other costs associated with a claim or lawsuit to the extent that we recover any portion of the benefits paid under the policy pursuant to our right of subrogation. T30341NUFIC-LA

Notice to WI residents: The Subrogation provisions are amended to add the following language:

The Insurer's right of subrogation will not be invoked until benefits to which the Insured is entitled under the Policy are paid to or on behalf of the Insured, and the Insured has been made whole and is fully compensated for damages. T30341NUFIC-WI

Coverage will end twelve (12) months after the effective date of coverage for which premium has been paid.

GENERAL PROVISIONS

Physical Examination and Autopsy¹². The Insurer at its own expense has the right and opportunity to examine the person of any individual whose loss is the basis of claim under the Policy when and as often as it may reasonably require during the pendency of the claim and to make an autopsy in case of death where it is not forbidden by law.

Assignment. An Insured may not assign any of his or her rights, privileges and benefits under the Policy.

Legal Actions¹³. No action at law or in equity may be brought to recover on the Policy prior to the expiration of 60 days after written proof of loss has been furnished in accordance with the requirements of the Policy. No such action may be brought after the expiration of 3 years after the time written proof of loss is required to be furnished.

Concealment or Fraud¹⁴: The Insurer does not provide coverage if the Insured has intentionally concealed or misrepresented any material fact or circumstance relating to the policy or claim.

¹² **Notice to SC residents:** The Physical Examination and Autopsy provision is amended to add: "The autopsy of a South Carolina resident must be performed in the state of South Carolina." T30341NUFIC-SC

¹³ **Notice to KS residents:** The expiration period in the Legal Actions provision is amended to read 5 years. T30341NUFIC-KS

Notice to SC residents: The Legal Actions provision is amended to replace the expiration period of 3 years with 6 years. T30341NUFIC-SC

Notice to SD residents: The Legal Actions provision is amended to change the expiration period to six years. T30341NUFIC-SD

Notice to TX residents: The Legal Actions provision is amended to change the expiration period from 60 days to 90 days. T30341NUFIC-TX

¹⁴ **Notice to KS residents:** The "Concealment or Fraud" provision is amended to add: A "fraudulent insurance act" means an act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material there; or conceals, for the purpose of misleading, information concerning any fact material thereto. T30341NUFIC-KS

Payment of Premium: Coverage is not effective unless all premium due has been paid to Travel Insurance Services prior to a date of Loss or insured occurrence.

Termination of the Policy: Termination of the Policy will not affect a claim for Loss if coverage was purchased while the Policy was in force.

Transfer of Coverage: Coverage under the policy cannot be transferred by the Insured to anyone else.

Notice to NC residents: The following notice is added: "This plan includes all of the applicable benefits mandated by the North Carolina Insurance Code, but is issued under a group master policy located in another state and may be governed by that state's laws." T30341NUFIC-NC

Notice to TX residents: TEXAS LAWS GOVERN POLICIES. Any contract of insurance payable to any citizen or inhabitant of this State by any insurance company or corporation doing business within this State shall be held to be a contract made and entered into under and by virtue of the laws of this State relating to insurance, and governed hereby, notwithstanding such policy or contract of insurance may provide that the contract was executed and the premiums and policy (in case it becomes a demand) should be payable without this State, or at the home office of the company or corporation issuing the same. T30341NUFIC-TX

ELECTED OFFICIALS; An insurer may not cancel or refuse to renew an insurance policy based solely on the fact that the policyholder is an elected official. T30341NUFIC-TX

Notice to WI residents: The Concealment or Fraud provision is deleted and replaced with the following language: The Insurer does not provide benefits for any Loss insured if the Insured has intentionally concealed or misrepresented any material fact or circumstance which impacts payment of such Loss. T30341NUFIC-WI

TEXAS RESIDENTS

IMPORTANT NOTICE

To obtain information or make a complaint:

You may call National Union Fire Insurance Company of Pittsburgh, Pa.'s toll-free telephone number for information or to make a complaint at:

1-800-551-0824

You may contact the Texas Department of Insurance to obtain information on companies, coverages, rights or complaints at:

1-800-252-3439

You may write the Texas Department of Insurance:

P. O. Box 149104
Austin, TX 78714-9104
Fax: (512) 475-1771
Web: <http://www.tdi.state.tx.us>
E-mail: ConsumerProtection@tdi.state.tx.us

PREMIUM OR CLAIM DISPUTES:

Should you have a dispute concerning your premium or about a claim you should contact the Company first. If the dispute is not resolved, you may contact the Texas Department of Insurance.

ATTACH THIS NOTICE TO YOUR POLICY:

This notice is for information only and does not become a part or condition of the attached document.

AVISO IMPORTANTE

Para obtener informacion o para someter una queja:

Usted puede llamar al numero de telefono gratis de National Union Fire Insurance Company of Pittsburgh, Pa. para informacion o para someter una queja al:

1-800-551-0824

Puede comunicarse con el Departamento de Seguros de Texas para obtener informacion acerca de companias, coberturas, derechos o quejas al:

1-800-252-3439

Puede escribir al Departamento de Seguros de Texas:

P. O. Box 149104
Austin, TX 78714-9104
Fax: (512) 475-1771
Web: <http://www.tdi.state.tx.us>
E-mail: ConsumerProtection@tdi.state.tx.us

DISPUTAS SOBRE PRIMAS O RECLAMOS:

Si tiene una disputa concerniente a su prima o a un reclamo, debe comunicarse con la compania primero. Si no se resuelve la disputa, puede entonces comunicarse con el departamento (TDI).

UNA ESTE AVISO A SU POLIZA:

Este aviso es solo para proposito de informacion y no se convierte en parte o condicion del documento adjunto.

The following services are not part of the insurance coverage. All are travel-related service benefits, not financial benefits. Non-insurance services are provided by Travel Assist.

24-Hour Medical Assistance

24-Hour Medical Monitoring: Physicians monitor Your condition by maintaining close contact with the attending Physicians, Your family Physician, and Family Members.

Medical Evacuation:

Arrangements for any and all means necessary to transport You back home when Medically Necessary.

Emergency Medical Payments: If a Hospital demands a cash deposit or settlement prior to leaving, Travel Assist will assist in arranging the advancement of funds to cover on-site Medical Expenses.

Prescription Assistance:

Replacement of lost or stolen medication, through a local pharmacy or special courier.

Transportation of Dependents:

In the event of hospitalization, arrangements will be made for unattended minors traveling with You to be flown home.

Family Visit:

If You are hospitalized for ten or more days, Travel Assist will arrange transportation for an immediate Family Member or close friend to visit You.

Transportation of Mortal Remains:

In the event of death while traveling, arrangements for the return of remains to the place of burial.

24-Hour Legal Assistance

In a legal emergency, referral to a local legal advisor and advance of funds for bail and legal fees.

24-Hour Travel Assistance

Travel Documents Assistance: Travel Assist will help retrieve, report, and reissue lost or stolen travel documents.

Emergency Cash Transfer:

Travel Assist will, whenever possible, coordinate with You and a wire agency, in obtaining funds in local currency for medical or travel emergencies.

Emergency Message Center:

Transmission of emergency messages to family and business associates.

Interpretation Services:

Travel Assist will provide emergency language support or referral to the appropriate local services.

OPTIONAL BUY UPS

Concierge Services (if purchased)

Restaurant referrals and reservations - Worldwide dining referrals and reservations made on behalf of the customer, based on availability.

Event Ticketing - Assistance with obtaining tickets to sporting, theater, concert and other events, based on availability.

Ground transportation coordination – Coordination of car or limo arrangements including transportation to and from the airport, hotel, meetings and more.

Golf tee time reservations and referrals - Assistance with scheduling tee times and making course recommendations, based on availability.

Wireless device assistance- Assistance with cell phones, personal digital assistants (PDAs) and other wireless devices, such as locating carrier stores, technicians, repair shops, replacement services when device is lost, stolen, or inoperable

Latest worldwide weather and ski reports- 24/7 update on destination weather as well as ski conditions throughout the world

Floral Services - Coordination of flower delivery for birthdays, anniversaries, holidays and other special occasions.

Private air charter assistance- Coordination with Private air charters to gain access, availability and booking.

Cruise charter assistance- Assistance with establishing availability and booking of cruise charters.

Latest sports scores- 24/7 updates on sports scores.

Find, wrap, and deliver one-of-a-kind gifts- Assistance in finding unique gifts for friends and family, including gift wrapping and delivery

Movie and theater information- Assistance with obtaining information about movie or theater events playing within a specific area. Travel Assist also obtains the tickets to theater or movie events, based on availability.

Latest stock quotes- Up-to-the-minute stock quotes

Special occasion reminders and gift ideas- Never miss a birthday, anniversary or special day while traveling. All special occasions are kept within Travel Guard Client Services database and a reminder is sent 48 hours prior to the day. Coordination of finding unique gifts for friends and family, including gift wrapping and delivery are included.

Lottery results- Up-to-the-minute lottery results

Local activity recommendations- Worldwide local activity referrals and reservations made on behalf of customer, based on availability

Personal Security (if purchased)

Security Evacuation – If as a result of a covered occurrence an Insured Person while traveling outside their Home Country requires a Security Evacuation, Travel Assist will coordinate the transportation of the Insured Person to the Nearest Place of Safety.

Immediate 24 hour support services - employees and their families can receive support and information 24/7/365 during an incident involving personal security and/or safety; in-language support available. Services available on-line, via phone or e-mail.

Security and safety advisories, - receive up-to-the-minute information on current situations and threats from security specialists

Urgent Message Alerts and Relays- after providing travel itinerary details or locations of special interest, receive alerts on evolving situations in those areas that would impact travel to them

Confidential Storage of Personal Profile- provide a secure database of relevant customer data (medical data, credit card information, and others) and transmit this information to requested contacts

Political Evacuation - If the United States government issues a travel warning that becomes effective after your arrival in your destination country, Travel Assist will coordinate transportation to the nearest place of safety or for return to your Home Country. You must contact Travel Assist within 10 days of the date the travel warning is issued and the evacuation must be approved in advance and coordinated by Travel Assist

ID Theft Services** - The following Services will be provided to Eligible Person(s):

- Use of the Identity Theft Customer Service Center,
- A copy of the Identity Theft Recovery Kit if requested, and
- Restoration Services.

As used herein, "Restoration Services" consists of one or more of the following services to be performed for an Eligible Person in the event of an Identity Theft or Account Takeover that first occurs while the plan is in effect:

1. Provide Eligible Person with a package of information which includes a description of the resolution process, educational articles, and guidance for avoiding future complications.
2. Notify the three major credit bureaus, and the Eligible Person's affected creditors, financial institutions, and utility providers of the identity fraud.
3. Provide assistance with filing a police report.
4. When appropriate, provide assistance with requesting that a fraud alert be placed on the Eligible Person's credit files and affected credit accounts.
5. When necessary, notify merchants that a fraudulent transaction occurred.
6. When appropriate, collect information regarding misuse of the Eligible Person's accounts.
7. Create and maintain a case file to document the identity fraud.
8. Review the Eligible Person's credit files with the Eligible Person to determine the accuracy of the file and potential areas of fraud.
9. When appropriate, provide assistance with obtaining and reviewing the Eligible Person's Social Security Personal Earnings and Benefits Statement.
10. Provide information to the Federal Trade Commission and to other government agencies as appropriate.
11. Research and investigate potential damage to Eligible Person's identity.
12. Other assistance as the Company might reasonably be able to offer Eligible Persons on a case by case basis as determined by the provider of the Services in its sole discretion.

**Not Available to the residents of New York State

Any payments under the policy will only be made in full compliance with all United States of America economic or trade sanction laws or regulations, including, but not limited to, sanctions, laws and regulations administered and enforced by the U. S. Treasury Department's Office of Foreign Assets Control ("OFAC"). Therefore, any expenses incurred or claims made involving travel that is in violation of such sanctions, laws and regulations will not be covered under the policy. For more information, you may consult the OFAC internet website at www.treas.gov/offices/enforcement/ofac/.

REFUND OF PREMIUM

Refund of Premium. Less a \$20 processing fee, will only be allowed if a written request is received by Travel Insurance Services (info@travelinsure.com) prior to the effective date of coverage. Once coverage is effective, the premium is considered fully earned and non-refundable.