



Group Medical Coverage for Academic Travel: U.S. Inbound

Simplifying international healthcare for you and your members.

U.S. inbound group health plans and services proposal.

Institution Name **University of Mary Washington**

Policy Date **August 1, 2026**





Group Medical Coverage for Academic Travel: U.S. Inbound

Global coverage simplified.

Our way makes the way *easier*.

At Blue Cross Blue Shield Global SolutionsSM (BCBS Global SolutionsSM), we believe healthcare for international students in the United States shouldn't be complicated. That's why we focus on making it easier to tailor coverage, access care and administer plans. By combining digital innovation with human-centered care, we simplify the experience for institutions and the international students they support.

What sets us apart.



Global network: Our industry-leading Blue Cross[®] and Blue Shield[®] PPO network, with providers in nearly every ZIP code, offers cashless access to care and savings. Its wide recognition helps reduce confusion, care delays and upfront costs.



Complete member experience: Our support doesn't start and end with a doctor's appointment. We're here to support you prior to departure, during an unexpected illness or injury and every step in between.



Singular focus: We're experts in international healthcare. It's all we do. For over 25 years, we've been creating solutions that fit the needs of those who travel, work, study and live abroad.

Supporting you and your students and faculty in the U.S.

- Leading PPO network in the U.S.
- Easy-to-access mobile app
- Expansive wellness services
- 24/7/365 support
- Intuitive administrator portal
- Cost-conscious solutions

We help make the academic travel experience better.

Our goal is to make sure your students and faculty feel protected, supported and confident by providing seamless access to quality care and boundless solutions to the unique needs of your institution.

Because when your people travel with us, they aren't just covered—*they're cared for.*



Plan overview

Group Medical Coverage for Academic Travel: U.S. Inbound.

Our U.S. inbound plan provides tailored health coverage and support for F-visa international students, J-visa scholars and faculty as they navigate the U.S. healthcare system.

- Free access to telemedicine and wellness services, such as short-term clinical counseling.
- Simple implementation process and easy-to-administer coverage.
- Comprehensive plans that include coverage for emergency care, hospitalization, injury and sick visits.
- Multiple plan options to address specific needs.
- Medical evacuation and repatriation coordination with reputable, vetted network providers.



Recognized around the world. Trusted around town.

Leveraging the reach and reputations of the most respected brand in U.S. healthcare: Blue Cross and Blue Shield.



Global network of 2.5 million providers worldwide.¹



Leading PPO network in the U.S.: 97% of hospitals, 83% of physicians.³



74% of claims settled directly outside the U.S. (includes outpatient and inpatient claims).²



56% in-network savings in the U.S.⁴



Strength of brands and scale of operations to guide members to the right providers at the right time.



High quality, low cost providers through the Blue Distinction® Specialty Care network in the U.S.



Local resources around the world to deliver due diligence in establishing usual and customary charges, fraud prevention and clinical governance.



Industry-leading digital tools

Put access to healthcare in members' hands.

Technology that helps simplify the U.S. healthcare experience:

- Access plan information conveniently on our Member Portal or in our mobile app.
- Personalized interface that provides relevant information based on the user's profile and past activity.
- News and safety information automatically driven by where members are located.
- Claims activity such as submission of eClaims, benefit usage and push notifications regarding claim status.
- Members can easily track their healthcare spending and see what's covered under their plan and find top providers depending on their medical needs.
- Medicine equivalent tool for country-specific equivalents of medications and a medical term translation tool for common healthcare terms and phrases.



Your partner in navigating U.S. healthcare.

We understand how hard it can be for international students to navigate the U.S. healthcare system. That's why our plans include tools and services to educate students and help them find their way.



Tailored plans for your group.

Your students and faculty deserve coverage built around their real-world needs. Create a plan that best supports them by choosing from our range of medical benefits. Along with standard J-1 visa-compliant offerings, optional benefits include evacuation services, mental health, sports injury and maternity coverage.



We provide 24/7/365 support and expert coordination in all medical evacuations and repatriations.

Our integrated medical assistance team enables us to:

- Focus on quality and continuity of care.
- Engage the right resources at the right time.
- Reduce delays and misinformation.
- Access evacuation transportation options based on patient medical needs.



Going the extra mile.

Through our [Going the Extra Mile customer experience program](#), we get member feedback in near real time, enabling us to listen, act and improve.

We've invested in a best-in-class customer feedback program that allows us to capture insights and feedback to support our vision of building the healthcare services company most loved by the globally mobile.

The median tenure of our client relationships is over ten years which is a testament to our level of ***account service and satisfaction.***

Wellness services

A culture of health and well-being.

Dedicated support for our members.

We recognize that globally mobile populations encounter stressful situations that can affect their general well-being. As part of our plans, we offer a variety of mental health support services for members, helping to make transitions more comfortable and programs more successful.



Telemedicine.

Life is demanding. With so much to juggle, finding the healthcare you need, when you need it, should be easy. That's why we offer members a 24/7/365 telemedicine service as a convenient alternative to seeking in-person care. With this service, members have free access to:

- A global network of doctors.
- Medical guidance and consultations (for non-emergencies).
- Same-day remote appointments by phone or video.
- Multiple language options.
- Consultation notes sent directly to patient's device.
- Prescriptions and referral letters.*

Global Counseling and Wellness Support.

Our Global Counseling and Wellness Support program provides access to free, confidential services with licensed professionals for in-the-moment support and referrals to local resources around the world. Every member gets up to six free counseling sessions.

Professionals can assist with a variety of topics including, but not limited to:

- 24/7/365 clinical intake, message and referral service from triage to crisis intervention.
- Short-term, solution-focused telephone counseling sessions.
- Consultations and referrals for a nearly limitless range of topics including losing a loved one, financial planning and daily living.
- Access to online seminars and e-learning, such as mindfulness-based stress reduction strategies.
- Telephone or in-person legal assistance and consultation with attorneys.
- Wellness coaching and support for weight loss, fitness, nutrition, stress management and overall lifestyle improvement.
- Health risk assessment to obtain and assess individual health data.



With growing academic/ life demands, we know time is precious. That's why we offer members 24/7/365 **access to online seminars and e-learning** so they can learn more about a specific topic, issue or situation at their convenience. The on-demand seminars are free, and the complimentary, narrated e-learning take between 15 and 20 minutes to complete.



From implementation to ongoing support—we've got you covered.



Implementation and training.

- Implementation begins with completing and submitting the rate quote and application.
- Support is provided by a designated implementation specialist throughout group setup.
- Training sessions available upon request for members and program administrators.



Online registration and fulfillment.

- Members receive a welcome email with instructions to register for our Member Portal and mobile app.
- Through these platforms, members can access plan documents, electronic ID cards, health and safety tools, wellness portal and more.
- Hard copy ID cards, if applicable, are mailed within five business days after enrollment.



Designated client manager.

- Each group is assigned a designated client manager to assist with questions related to benefits, claims, enrollment, invoices and more.
- Our Global Service Center offers 24/7/365 member support.



Group administrator portal.

- Group administrators access the BCBS Global Solutions group administrator portal to manage enrollments in real time and view ID cards, reports, invoices, member materials and policy documents.
- Registration instructions for the group administrator portal are provided during implementation.



Invoicing.

- An invoice is generated for each roster that is submitted. If online group self-enrollment (OGSE) is elected, no invoices are generated since the member pays the premium.
- Premiums can be paid via check or by wire payment with the bank details listed on the invoice.



We encourage members traveling outside their home country for academic travel to register for the BCBS Global Solutions Member Portal and mobile app prior to their travel.



Benefit Summary



	Student Plan – Option 1 OGSE Quote #122865		Student Plan – Option 2 OGSE QUOTE #123293		Student Plan- Option 3 OGSE Quote #123294	
Coverages	Limits – Covered Person		Limits – Covered Person		Limits – Covered Person	
MEDICAL BENEFITS						
Coverage Year Limit	\$1,000,000		\$1,000,000		\$1,000,000	
Coverage Year Deductible	\$0		\$200		\$200	
Coverage Year Out-of-Pocket Limit Out-of-Pocket Limit means the amount of Reasonable Expenses for which the Covered Person is responsible after which the Insurer pays 100% of the Reasonable Expenses, subject to the limits and provisions of the Certificate.	After the Covered Person reaches a \$6,350 Out-of-Pocket Limit per Coverage Year, the Insurer pays the Reasonable Expenses at 100% and up to the applicable maximums in the Tables 2 and 3. Deductibles, Copayments, and amounts above the maximums do not apply toward the Out-of-Pocket Limit.		After the Covered Person reaches a \$6,350 Out-of-Pocket Limit per Coverage Year, the Insurer pays the Reasonable Expenses at 100% and up to the applicable maximums in the Tables 2 and 3. Deductibles, Copayments, and amounts above the maximums do not apply toward the Out-of-Pocket Limit.		After the Covered Person reaches a \$6,350 Out-of-Pocket Limit per Coverage Year, the Insurer pays the Reasonable Expenses at 100% and up to the applicable maximums in the Tables 2 and 3. Deductibles, Copayments, and amounts above the maximums do not apply toward the Out-of-Pocket Limit.	
	IN NETWORK LIMITS	OUT OF NETWORK LIMITS ¹	IN NETWORK LIMITS	OUT OF NETWORK LIMITS ¹	IN NETWORK LIMITS	OUT OF NETWORK LIMITS ¹
Physician Office Visits	80% of the Allowed Amount after \$20 Copayment per visit	60% of the Allowed Amount	After the Deductible is satisfied, 80% of the Allowed Amount after \$20 Copayment per visit	After the Deductible is satisfied, 60% of the Allowed Amount	After the Deductible is satisfied, 80% of the Allowed Amount after \$20 Copayment per visit	After the Deductible is satisfied, 60% of the Allowed Amount
Treatment at an Urgent Care Facility	80% of the Allowed Amount after \$50 Copayment per visit	60% of the Allowed Amount	After the Deductible is satisfied, 80% of the Allowed Amount after \$50 Copayment per visit	After the Deductible is satisfied, 60% of the Allowed Amount	After the Deductible is satisfied, 80% of the Allowed Amount after \$50 Copayment per visit	After the Deductible is satisfied, 60% of the Allowed Amount
Hospital and Physician Outpatient Services Pre-Certification May be Required	80% of the Allowed Amount	60% of the Allowed Amount	After the Deductible is satisfied, 80% of the Allowed Amount	After the Deductible is satisfied, 60% of the Allowed Amount	After the Deductible is satisfied, 80% of the Allowed Amount	After the Deductible is satisfied, 60% of the Allowed Amount
Inpatient Hospital Services Pre-Certification May be Required	80% of the Allowed Amount	60% of the Allowed Amount	After the Deductible is satisfied, 80% of the Allowed Amount	After the Deductible is satisfied, 60% of the Allowed Amount	After the Deductible is satisfied, 80% of the Allowed Amount	After the Deductible is satisfied, 60% of the Allowed Amount



Benefit Summary



	Student Plan – Option 1 OGSE Quote #122865		Student Plan – Option 2 OGSE QUOTE #123293		Student Plan- Option 3 OGSE Quote #123294	
Emergency Hospital Services	80% of the Allowed Amount after \$250 Copayment per visit. If admitted to Hospital, then 100% of Copayment Waived.	60% of the Allowed Amount after \$250 Copayment per visit. If admitted to Hospital, then 100% of Copayment Waived.	After the Deductible is satisfied, 80% of the Allowed Amount after \$250 Copayment per visit. If admitted to Hospital, then 100% of Copayment Waived.	After the Deductible is satisfied, 60% of the Allowed Amount after \$250 Copayment per visit. If admitted to Hospital, then 100% of Copayment Waived.	After the Deductible is satisfied, 80% of the Allowed Amount after \$250 Copayment per visit. If admitted to Hospital, then 100% of Copayment Waived.	After the Deductible is satisfied, 60% of the Allowed Amount after \$250 Copayment per visit. If admitted to Hospital, then 100% of Copayment Waived.

MEDICAL BENEFIT LIMITATIONS			
Maternity Care for a Covered Pregnancy Pre-Certification May be Required	Allowed Amount	Allowed Amount	Allowed Amount
Complications of Pregnancy	Allowed Amount	Allowed Amount	Allowed Amount
Routine Preventive Care Services	Allowed Amount up to a Coverage Year Maximum of \$1,000	Allowed Amount up to a Coverage Year Maximum of \$1,000	Allowed Amount up to a Coverage Year Maximum of \$1,000
Vaccinations and Immunizations	Plan 1 (Basic) ³	Plan 1 (Basic) ³	Plan 1 (Basic) ³
Routine testing/screening for Tuberculosis⁴	100% of Allowed Amount up to Coverage Year for a maximum of \$250	100% of Allowed Amount up to Coverage Year for a maximum of \$250	100% of Allowed Amount up to Coverage Year for a maximum of \$250
Medical treatment arising from participation in intercollegiate, interscholastic or club sports	Allowed Amount up to a \$20,000 Maximum per Period of Coverage. Injuries from participation in intramural sports are covered as any other Injury.	Allowed Amount up to a \$10,000 Maximum per Period of Coverage. Injuries from participation in intramural sports are covered as any other Injury.	Allowed Amount up to a \$20,000 Maximum per Period of Coverage. Injuries from participation in intramural sports are covered as any other Injury.
Inpatient treatment of mental and nervous disorders including drug or alcohol abuse Pre-Certification May be Required	Allowed Amount to \$20,000 Maximum per Coverage Year for a maximum period of 30 days per Coverage Year	Allowed Amount to \$20,000 Maximum per Coverage Year for a maximum period of 30 days per Coverage Year	Allowed Amount to \$20,000 Maximum per Coverage Year for a maximum period of 30 days per Coverage Year
Outpatient treatment of mental and nervous disorders including drug or alcohol abuse	Allowed Amount up to \$1,000 Maximum per Coverage Year for a maximum period of 30 visits per Coverage Year	Allowed Amount up to \$1,000 Maximum per Coverage Year for a maximum period of 30 visits per Coverage Year	Allowed Amount up to \$1,000 Maximum per Coverage Year for a maximum period of 30 visits per Coverage Year
Treatment of Specified therapies, including acupuncture and Physiotherapy Pre-Certification May be Required	Allowed Amount up to 20 visits per Coverage Year on an Outpatient basis	Allowed Amount up to 20 visits per Coverage Year on an Outpatient basis	Allowed Amount up to 20 visits per Coverage Year on an Outpatient basis



Benefit Summary



Annual cervical cytology screening for women 18 and older	Allowed Amount	Allowed Amount	Allowed Amount
Low dose mammography screening, one baseline mammogram and one mammogram per year	Allowed Amount	Allowed Amount	Allowed Amount
Colorectal cancer screenings	Allowed Amount	Allowed Amount	Allowed Amount
Diabetic Supplies/Education	Allowed Amount	Allowed Amount	Allowed Amount
Prostate screening tests	Allowed Amount	Allowed Amount	Allowed Amount
Child Preventive and Primary Care Services	Allowed Amount	Allowed Amount	Allowed Amount
Breast Reconstruction due to Mastectomy	Allowed Amount	Allowed Amount	Allowed Amount
Medical treatment of Injuries sustained as a result of a covered motor vehicle accident	Allowed Amount up to \$10,000 Maximum per Injury or Sickness	Allowed Amount up to \$10,000 Maximum per Injury or Sickness	Allowed Amount up to \$10,000 Maximum per Injury or Sickness
Repairs to sound, natural teeth required due to an Injury	Allowed Amount up to \$1,000 per Coverage Year maximum	Allowed Amount up to \$1,000 per Coverage Year maximum	Allowed Amount up to \$1,000 per Coverage Year maximum
Outpatient prescription drugs including oral contraceptives and devices	100% of actual charge. Limited to a 31-day supply for initial fill or refill	100% of actual charge. Limited to a 31-day supply for initial fill or refill	80% of actual charge. Limited to a 31-day supply for initial fill or refill



Benefit Summary



OTHER COVERAGES			
Emergency Medical Evacuation	Maximum Benefit up to \$100,000 per Coverage Year	Maximum Benefit up to \$100,000 per Coverage Year	Maximum Benefit up to \$100,000 per Coverage Year
Emergency Family Travel Arrangements	Up to a maximum benefit of \$1,500 for the cost of one economy round-trip air fare ticket to, and the hotel accommodations in, the place of the Hospital Confinement for one (1) person	Up to a maximum benefit of \$1,500 for the cost of one economy round-trip air fare ticket to, and the hotel accommodations in, the place of the Hospital Confinement for one (1) person	Up to a maximum benefit of \$1,500 for the cost of one economy round-trip air fare ticket to, and the hotel accommodations in, the place of the Hospital Confinement for one (1) person
Repatriation of Mortal Remains	Maximum Benefit up to \$50,000	Maximum Benefit up to \$50,000	Maximum Benefit up to \$50,000
Accidental Death & Dismemberment	Maximum Benefit: Principal Sum up to \$10,000 for Insured Person; \$5,000 for Spouse; and \$1,000 for Child(ren)	Maximum Benefit: Principal Sum up to \$10,000 for Insured Person; \$5,000 for Spouse; and \$1,000 for Child(ren)	Maximum Benefit: Principal Sum up to \$10,000 for Insured Person; \$5,000 for Spouse; and \$1,000 for Child(ren)
OTHER INCLUDED SERVICES			
Global Assistance Services	Emergency Medical and Travel Assistance services provided, including coordination of all evacuations and repatriations if needed	Emergency Medical and Travel Assistance services provided, including coordination of all evacuations and repatriations if needed	Emergency Medical and Travel Assistance services provided, including coordination of all evacuations and repatriations if needed
Pharmacy Discount Card	Prescription drug discounts through a leading pharmacy benefit company with an extensive, nationwide, pharmacy network that offers discounts on prescriptions.	Prescription drug discounts through a leading pharmacy benefit company with an extensive, nationwide, pharmacy network that offers discounts on prescriptions.	Prescription drug discounts through a leading pharmacy benefit company with an extensive, nationwide, pharmacy network that offers discounts on prescriptions.
PRE-EXISTING CONDITION LIMITATION²	There is no limitation for Pre-Existing Conditions	The Insurer does not pay benefits for loss due to a Preexisting Condition during the first 6 months of coverage.	The Insurer does not pay benefits for loss due to a Preexisting Condition during the first 6 months of coverage.
ONLINE GROUP SELF ENROLLMENT (OGSE)			

1. Allowed Amount Calculation for out-of-network charges – 150% of Medicare
2. Pre-Existing Condition means any Injury or Sickness for which a Physician was consulted or for which treatment or a medication was recommended or received up to 6 months prior to the Covered Person's effective date of coverage.
3. Plan 1 (Basic) Includes: Hepatitis B, DTaP (Haemophilus influenzae), Inactivated Poliovirus vaccine, Measles Mumps Rubella, Varicella vaccine, Meningococcal conjugate, Tetanus (diphtheria pertussis)
4. Routine testing/screening for Tuberculosis: Benefits are provided up to the limit as shown in the Schedule of Benefits for medical services provided by a medical professional practicing within the scope of their licenses for the diagnosis and testing of a Covered Person for determining if the Covered Person for the routing screening and testing of tuberculosis. If the Covered Person is diagnosed with tuberculosis, treatment will be covered the same as any other illness.



Exclusions

1. Expenses incurred in excess of Reasonable Expenses.
2. Services or supplies that the Insurer considers to be Experimental or Investigative.
3. Expenses incurred prior to the beginning of the current Period of Coverage or after the end of the current Period of Coverage except as described in Covered General Medical Expenses and Limitations and Extension of Benefits.
4. Preventative medicines, routine physical examinations, or any other examination where there are no objective indications of impairment in normal health, unless otherwise noted.
5. Services and supplies not Medically Necessary for the diagnosis or treatment of a Sickness or Injury, unless otherwise noted.
6. Surgery for the correction of refractive error and services and prescriptions for eye examinations, eye glasses or contact lenses or hearing aids, except when Medically Necessary for the Treatment of an Injury.
7. Cosmetic surgery and therapies. Cosmetic surgery or therapy is defined as surgery or therapy performed to improve or alter appearance or self-esteem or to treat psychological symptomatology or psychosocial complaints related to one's appearance.
8. Surgical breast reduction, breast augmentation, breast implants or breast prosthetic devices, except as specifically provided for in the Certificate.
9. Expenses incurred for elective treatment or elective surgery except as specifically provided elsewhere in the Certificate and performed while the Certificate is in effect.
10. For diagnostic investigation or medical treatment for reproductive services, infertility, fertility, or for male or female voluntary sterilization procedures, or the reversal male or female voluntary sterilization procedures.
11. Expenses incurred for, or related to sex change surgery.
12. Organ or tissue transplant.
13. Participating in an illegal occupation or committing or attempting to commit a felony.
14. While traveling against the advice of a Physician, while on a waiting list for a specific treatment, or when traveling for the purpose of obtaining medical treatment.
15. The diagnosis or treatment of Congenital Conditions, except for a newborn child insured under the Certificate.
16. Expenses incurred within the Covered Person's Home Country.
17. Treatment to the teeth, gums, jaw or structures directly supporting the teeth, including surgical extraction's of teeth, TMJ dysfunction or skeletal irregularities of one or both jaws including orthognathia and mandibular retrognathia, unless otherwise noted.
18. Expenses incurred in connection with weak, strained or flat feet, corns or calluses.
19. Diagnosis and treatment of acne.
20. Diagnosis and treatment of sleep disorders.
21. Expenses incurred for, or related to, services, treatment, education testing, or training related to learning disabilities or developmental delays.
22. Expenses incurred for the repair or replacement of existing artificial limbs, orthopedic braces, or orthotic devices.
23. Deviated nasal septum, including submucous resection and/or surgical correction, unless treatment is due to or arises from an Injury.
24. Unless specifically provided for elsewhere under the Certificate, the cost of treatment or services that are provided normally without charge by the Member's Student Health Center, covered or provided by the student health fee, rendered by a person employed by the Member, including team Doctor and trainers or any other service performed at no cost.
25. Expenses incurred for any services rendered by a family member or a Covered Person's immediate family or a person who lives in the Covered Person's home.
26. Loss due to an act of war; service in the armed forces of any country or international authority and Participation in a Riot or Civil Commotion.
27. Riding in any aircraft, except as a passenger on a regularly scheduled airline or charter flight.
28. Loss arising from
 - a. participating in any intercollegiate/interscholastic or professional sports, contest or competition;
 - b. participating in any club sport competition, contest or competition;
 - c. Racing or speed contests;
 - d. SCUBA diving, sky diving, mountaineering (where ropes or other climbing gear is customarily used), ultra-light aircraft, parasailing, sailplaning/gliders, hang gliding, parachuting, or bungee jumping.
29. Medical Treatment Benefits provision for loss due to or arising from a motor vehicle Accident if the Covered Person operated the vehicle without a proper license in the jurisdiction where the Accident occurred.
30. Under the Accidental Death and Dismemberment provision, for loss of life or dismemberment for or arising from an Accident in the Covered Person's Home Country.
31. Inpatient room and board charges in connection with a Hospital stay primarily for diagnostic tests which could have been performed safely on an outpatient basis.
32. Orthopedic shoes (except when joined to braces) or shoe inserts, including orthotics.
33. Routine hearing tests except as provided under Preventive and Primary Care.
34. Expense covered under any Other Plan.
35. To the extent that such payments would be prohibited by law.

Financial Assumptions and Underwriting Rules:

1. Whenever coverage provided by this proposal would be in violation of any U.S. economic or trade sanctions, including but not limited to the administration of money into or received from OFAC sanctioned countries, such coverage shall be null and void.
2. Rates are Net of Broker Commission

The Organization named above accepts membership in the GCA and the Program fees outlined in this Proposal.

Accepted By:		Date:	
Signature:			
Address:			
City, State, Zip Code:			
Email Address:		Phone:	

Blue Cross Blue Shield Global Solutions is dedicated to providing the highest level of service in the industry. We understand your selection of a medical insurance partner is a critical decision and we appreciate the opportunity to work with you to provide the best health plans and services to your participants.

The coverage referenced herein shall be issued through certificates issued under a master policy of insurance (the "Master Policy") issued by 4 Ever Life International Limited, a Bermuda insurance company and an independent licensee of the Blue Cross Blue Shield Association. Coverage under the Master Policy is provided to the Global Citizens Association ("GCA"), for the exclusive benefit of its members and their participants, on a surplus lines basis, under the laws of Washington, D.C. Membership in the GCA is a necessary condition to the coverage referenced herein; your GCA Program fee identified above includes Insurance premium and all other charges. Additional information about the GCA, expenses and other member benefits can be viewed on the GCA's website – www.gcassociation.org.

As this is surplus lines coverage, the plan may not be required to comply with every state's insurance regulations governing admitted insurers, including guarantee fund requirements. The coverage is not qualifying health coverage ("Minimum Essential Coverage") for purposes of satisfying the health coverage requirement of the Affordable Care Act. If you are required by law to maintain Minimum Essential Coverage, you could owe additional federal tax.

New Group Setup Form



Group/School Name: _____

Group/School Address: _____

Main Group Contact:

Name:			
Address:			
Email:		Phone:	
Level of Administrative Access:*	☐ Full Access	☐ View Only	☐ View Only Non-Financial ☐ Tools Only

Fulfillment Contact: ☐ Check if same as Main Group Contact

Name:			
Address:			
Email:		Phone:	
Level of Administrative Access:*	☐ Full Access	☐ View Only	☐ View Only Non-Financial ☐ Tools Only

Enrollment Contact: ☐ Check if same as Main Group Contact

Name:			
Address:			
Email:		Phone:	
Level of Administrative Access:*	☐ Full Access	☐ View Only	☐ View Only Non-Financial ☐ Tools Only

Invoice Contact: ☐ Check if same as Main Group Contact

Name:			
Address:			
Email:		Phone:	
Level of Administrative Access:*	☐ Full Access	☐ View Only	☐ View Only Non-Financial ☐ Tools Only

*Levels of Administrative Access:

Full Access: Allows access to submit new enrollments and cancellations, make changes to existing enrollments and access invoices.

View Only: Allows enrollment and billing/invoice information to be viewed but will not allow any changes or new enrollments to be submitted. Can be used to download electronic ID cards and verify coverage.

View Only Non-Financial: Allows enrollment information to be viewed but will not allow any changes or new enrollments to be submitted. Can be used to download electronic ID cards and verify coverage. Does NOT allow access to invoices.

Tools Only: Does not allow Admin privileges or access to PHI, but allows access to our online member tools including provider search, drug and medical phrase translation tools and more.

Note: OGSE (Online Group Self-Enrollment) subgroups will not have full administrative access.

Protected Health Information Request - Privacy Certification

Blue Cross Blue Shield Global Solutions Group Name:	
Types of Information Requested	To submit enrollments, cancellations, changes, and access to invoices.
Purpose	Plan administrative support services within our Admin Hub Portal.

Provide this information in electronic format to the following person(s):

☐	Account requests access to the Blue Cross Blue Shield Global Solutions member portal for the Account's Broker of Record
Name of Broker:	
Email Address of the Broker:	

Plan Privacy Certification

For Blue Cross Blue Shield Global Solutions to provide access to the Blue Cross Blue Shield Global Solutions member portal of this nature containing Protected Health Information (PHI), the Group Health Plan must provide a HIPAA Certification.

(“Plan Sponsor”/ “Sponsoring School”) the sponsor of the (“Group Health Plan”) hereby certifies that it has complied with the HIPAA Privacy protections and requirements of 45 Code of Federal Regulations § 164.504(f)(2) and that Plan Sponsor will safeguard and limit the use and disclosure of protected health information that the Plan Sponsor may receive from the Group Health Plan to perform the plan administrative support services.

Additional Statements

Plan Sponsor acknowledges that if Blue Cross Blue Shield Global Solutions releases information, including protected health information, pursuant to this request it is not in violation of a standard of care and is not liable for civil damages resulting from, and is not subject to criminal prosecution for, releasing that information.

Group Health Plan and Plans Sponsor and their Brokers are solely responsible for their compliance with HIPAA Privacy and Security Rules. In the event that Group Health Plan fails to fulfill its obligations under HIPAA, including amending Plan Documents pursuant to HIPAA, preventing unauthorized Use or Disclosure of PHI or any material failure in security measures affecting PHI by any person or entity under the Group Health Plan or Plan Sponsor's control, then Plan Sponsor hereby agrees to indemnify and will hold harmless Blue Cross Blue Shield Global Solutions (and any of its officers, directors or employees) from and against any claim, cause of action, liability, damage, cost or expense, including attorneys' fees and court or proceeding costs, arising out of or in connection with any such failure on the part of the Group Health Plan or Plan Sponsor.

Authorized Group Sponsor Signature:	
Printed Name:	
Title:	
Date:	



Thank you!

Products and services may not be available in all jurisdictions and are expressly excluded where prohibited by applicable law.

*Note that telemedicine providers cannot prescribe controlled substances such as opioids and anti-depressants.

Sources: **1. 1.** Blue Provider Data (BPD), May 2025. From the national BlueCard PPO portion of the Network Reporting Services (NRS) pull of BPD data. The data is limited to records in Plans' licensed service areas. Consists of providers, groups and facilities and the records are counted on a unique value to reduce potential double counting. **2.** Blue Cross Blue Shield Global Solutions, data on file. **3.** Consortium Network Compare Findings, 3Q 2017. **4.** ValueQuest Cost Model at a Glance, MY 2016.

Blue Cross Blue Shield Global Solutions is the trade name of Worldwide Insurance Services, LLC (Blue Cross Blue Shield Global Solutions Insurance Services in California and BCBS Global Solutions Insurance Services in New York), an independent licensee of the Blue Cross and Blue Shield Association and is made available in cooperation with Blue Cross and Blue Shield companies in select service areas. Blue Cross Blue Shield Global Solutions is a Brand owned by the Blue Cross and Blue Shield Association. Coverage is provided under insurance policies underwritten by 4 Ever Life Insurance Company, Oakbrook Terrace, IL, NAIC #80985 under policy form series 54.1215/54.1205. 4 Ever Life Insurance Company is an independent licensee of the Blue Cross and Blue Shield Association.

Blue Distinction Centers (BDC) met overall quality measures, developed with input from the medical community. A Local Blue Plan may require additional criteria for providers located in its own service area; for details, contact your Local Blue Plan. Blue Distinction Centers+ (BDC+) also met cost measures that address consumers' need for affordable healthcare. Each provider's cost of care is evaluated using data from its Local Blue Plan. Providers in CA, ID, NY, PA, and WA may lie in two Local Blue Plans' areas, resulting in two evaluations for cost of care; and their own Local Blue Plans decide whether one or both cost of care evaluation(s) must meet BDC+ national criteria. National criteria for BDC and BDC+ are displayed on www.bcbs.com. Individual outcomes may vary. For details on a provider's in-network status or your own policy's coverage, contact your Local Blue Plan and ask your provider before making an appointment. Neither Blue Cross and Blue Shield Association nor any Blue Plans are responsible for non-covered charges or other losses or damages resulting from Blue Distinction or other provider finder information or care received from Blue Distinction or other providers.

Global Counseling and Wellness Support services are offered by WorkPlace Options, an independent company that is not affiliated with Blue Cross Blue Shield Global Solutions and does not provide Blue Cross or Blue Shield products or services. WorkPlace Options is solely responsible for referring participants for counseling, coaching and work-life services and health assessments by providers who are appropriately licensed by local authorities. The evaluation and efficacy of any service delivered by a provider lies solely with the employee, spouse, dependent or other authorized party who inquires on behalf of those or other participants. Blue Cross Blue Shield Global Solutions shall have no responsibility or liability whatsoever for any aspect of the provider counseling, coaching, work-life services and health assessments or other similar services, or the counselor/participant relationship.

Telemedicine services are provided by Teladoc Health, directly to members. Blue Cross Blue Shield Global Solutions assumes no liability and accepts no responsibility for information provided by Teladoc Health and the performance of the services by Teladoc Health. Support and information provided through this service does not confirm that any related treatment or additional support is covered under a member's health plan. This service is not intended to be used for emergency or urgent treatment medical questions.

SCHL310400-SPEC-3/26

Annual Claims Reporting: University of Mary Washington - Cigna Global policy# 10202A

reporting period: 8/1/2024 - 7/30/2025	Students and Dependents	Students	Billed Premium	Claimants	No Claims	In-Network Claims	% ER claims	% MN/SA claims	% Student Center
	62	62	\$78,524	51	170	78.0%	34.3%	1.8%	12.1%
Claimants over \$20,0000									
Top 5 Diagnosis Class									
0									
Injury And Poisoning									
Supplemental Factors Influencing Health									
Musculoskeletal System & Connective Tissue									
Symptoms, Signs, And Ill-Defined Conditions									
Mental Disorders									
reporting period: 8/1/2025 - 6/30/2026	Students and Dependents	Students	Billed Premium	Claimants	No Claims	In-Network Claims	% ER claims	% MN/SA claims	% Student Center
	6	6	\$98,005	44	386	98.2%	51.0%	1.1%	2.7%
Claimants over \$20,0000									
Top 5 Diagnosis Class									
0									
Injury And Poisoning									
Supplemental Factors Influencing Health									
Symptoms, Signs, And Ill-Defined Conditions									
Musculoskeletal System & Connective Tissue									
Mental Disorders									



Sample Group (50-99 Employees) Client Report

December 2021

Blue Cross Blue Shield Global is a brand owned by the Blue Cross Blue Shield Association, a national federation of 36 independent, community-based and locally operated Blue Cross and Blue Shield Companies. GeoBlue is the trade name of Worldwide Insurance Services, LLC (Worldwide Insurance Services Agency, LLC in California and New York), an independent licensee of the Blue Cross and Blue Shield Association, made available in cooperation with Blue Cross and Blue Shield companies in select service areas. Coverage is provided under insurance policies underwritten by 4 Ever Life Insurance Company, Oakbrook Terrace, Illinois, NAIC #80985.

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Reporting Topics

EXECUTIVE SUMMARY

MEMBER DEMOGRAPHIC REPORTING

PLAN YEAR CLAIM PAID REPORTS

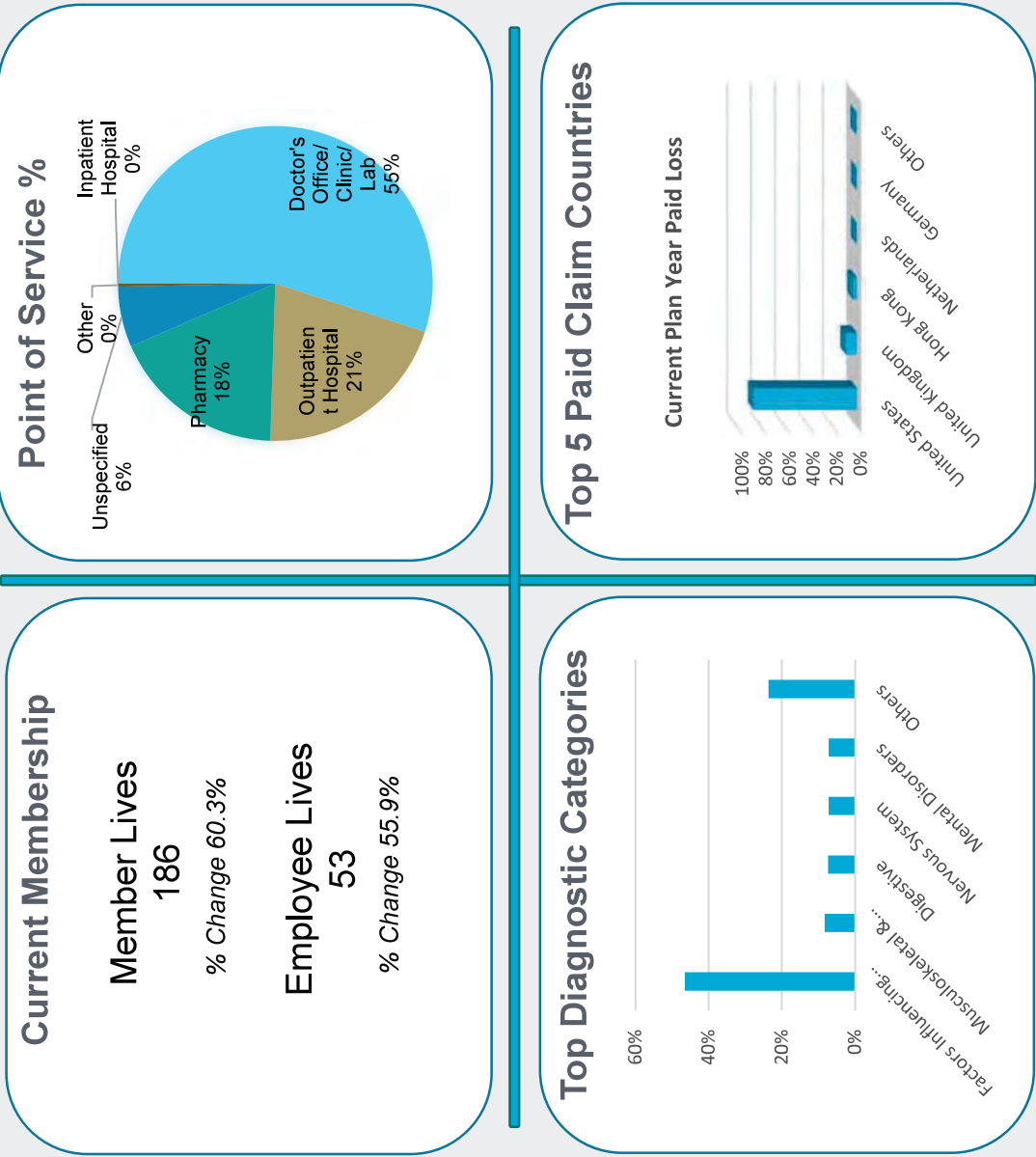
HIGH-COST CLAIMANTS OVER \$25K

U.S. BLUE CARD NETWORK

U.S. PHARMACY SPEND

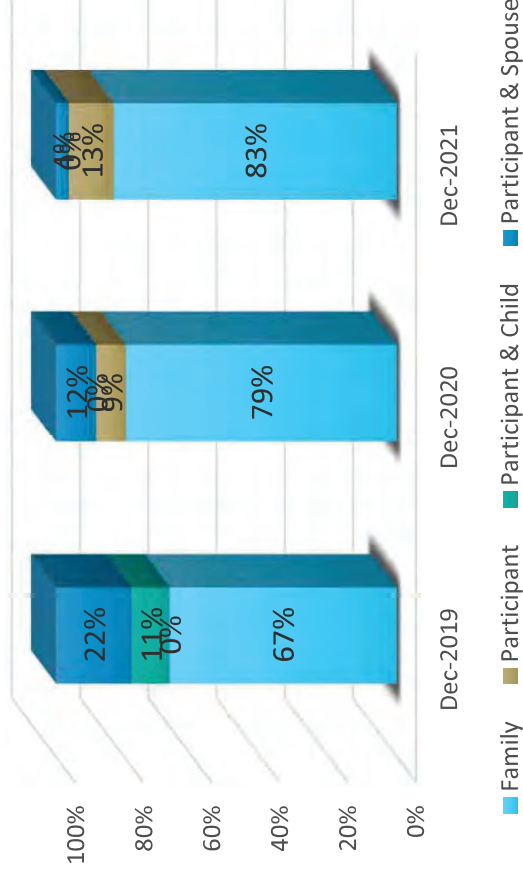
QUESTIONS

Executive Summary



Participant Enrollment Demographics

Participant Share by Tier

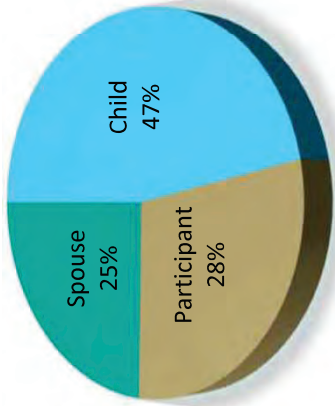


ENROLLMENT
Prior Year Participant % Change
277.8%
Current Year Participant % Change
55.9%

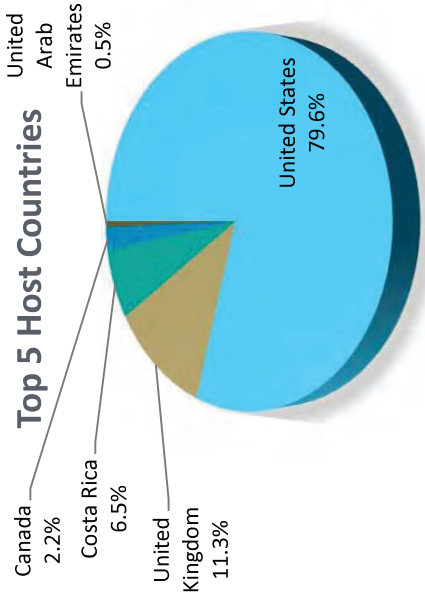
Rates Tier	Dec-2019 Participant Counts	Dec-2019 Average Age	Dec-2020 Participant Counts	Dec-2020 Average Age	Dec-2021 Participant Counts	Dec-2021 Average Age
Family	6	46	27	46	44	45
Participant	0	-	3	43	7	41
Participant & Child	1	55	0	-	0	-
Participant & Spouse	2	47	4	47	2	36
Total	9	47	34	46	53	44

Current Year Member Enrollment Demographics

Relationship % Share



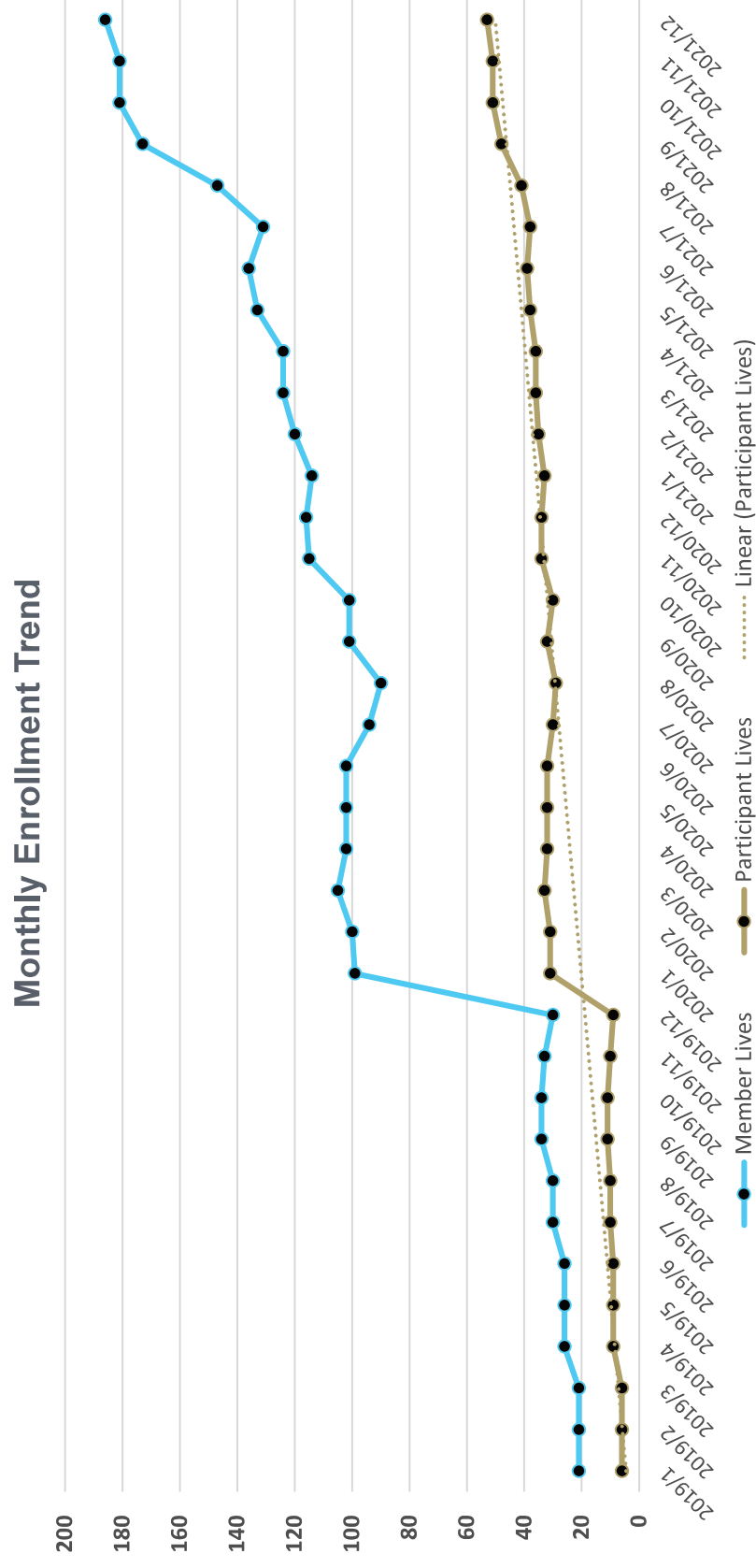
Top 5 Host Countries



ENROLLMENT
Prior Year Member % Change
286.7%
Current Year Member % Change
60.3%

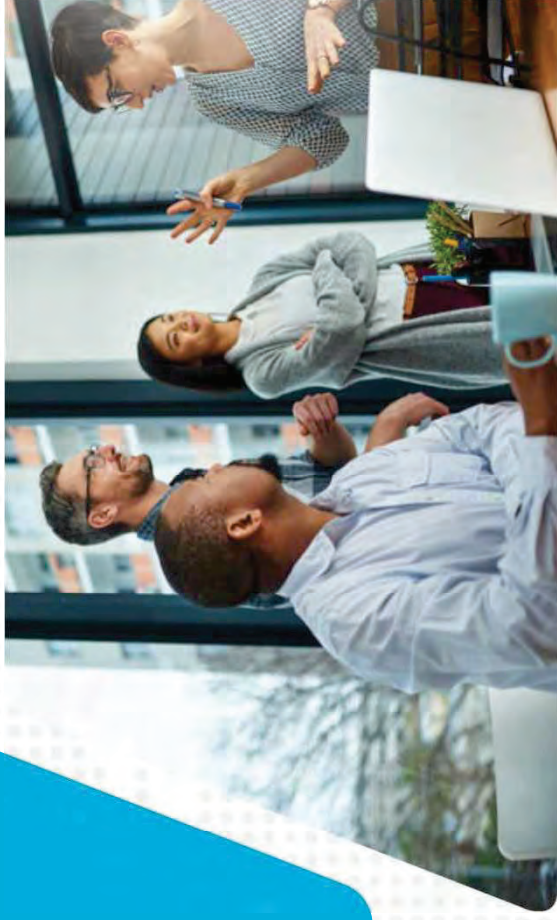
Relationship	Member Lives	Average Age	% of Total	% Male	% Female
Child	87	11	47%	25.8%	21.0%
Participant	53	44	28%	22.6%	5.9%
Spouse	46	43	25%	4.3%	20.4%
Total	186	28	100%	52.7%	47.3%

Monthly Participant / Member Lives Trend





Plan Year Claims Reporting



Claims by Relationship

Plan Year Paid Claims by Relationship

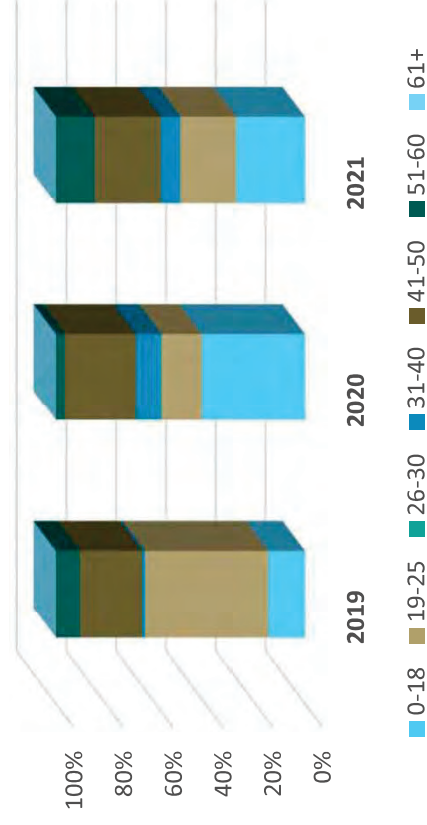


Relationship	2019 % of Total		2020 % of Total		2021 % of Total	
Child		15%		42%		33%
Participant		66%		34%		41%
Spouse		19%		24%		26%
Total		100.0%		100.0%		100.0%

Note: Report includes information for claims both incurred and paid from Jan-01-2019 through Dec-31-2021 for all claims

Claims by Age Band

Plan Year Paid Claims by Age Band

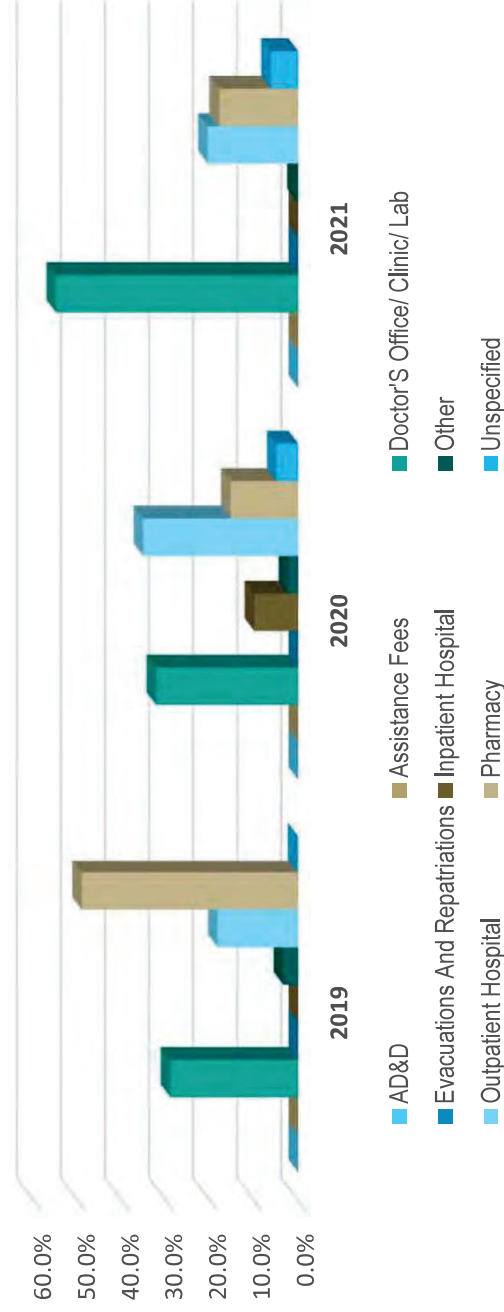


AGE Band	2019 % of Total	2020 % of Total	2021 % of Total
0-18	14.8%	41.5%	27.6%
19-25	49.5%	16.1%	22.5%
26-30	0.0%	0.4%	0.0%
31-40	1.0%	9.8%	7.7%
41-50	25.2%	28.5%	26.8%
51-60	9.5%	3.6%	15.4%
Total	100.0%	100.0%	100.0%

Note: Report includes information for claims both incurred and paid from Jan-01-2019 through Dec-31-2021 for all claims

Claims by Point of Service

Plan Year Paid Claims by Point of Service

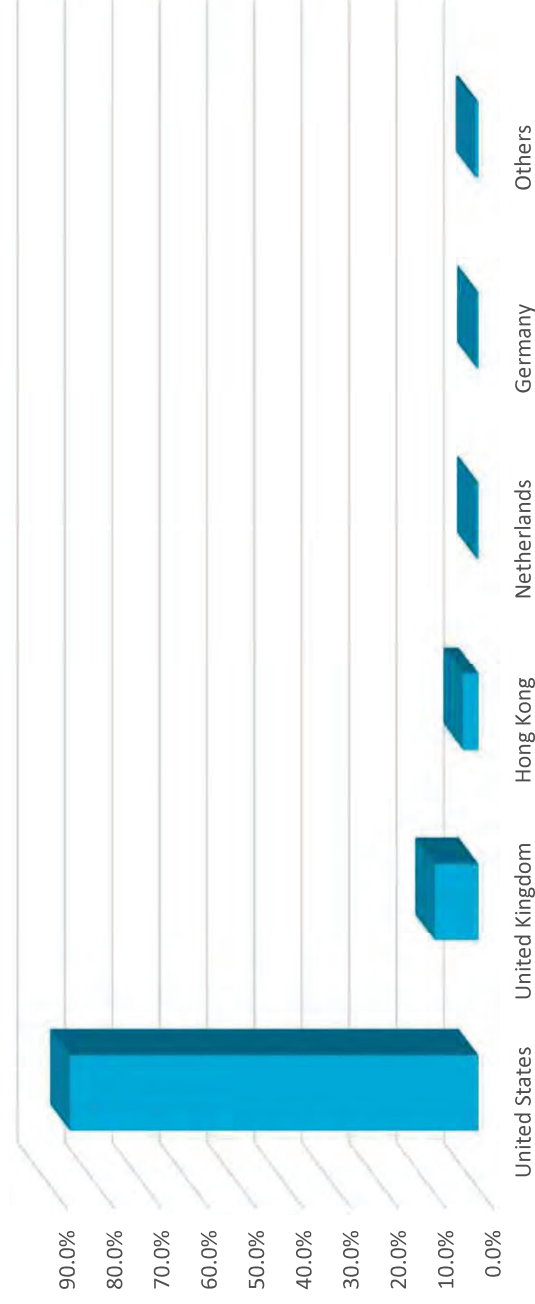


Point of Service	2019 % of Total		2020 % of Total		2021 % of Total	
Doctor's Office/ Clinic/ Lab	29.0%		32.3%		55.0%	
Inpatient Hospital	0.0%		10.0%		0.0%	
Other	3.4%		2.3%		0.3%	
Outpatient Hospital	18.3%		35.2%		20.5%	
Pharmacy	49.1%		15.3%		18.0%	
Unspecified	0.2%		4.9%		6.2%	
Totals	100.0%		100.0%		100.0%	

Note: Report includes information for claims both incurred and paid from Jan-01-2019 through Dec-31-2021 for all claims

Claims by Top 5 Countries

Latest Plan Year Paid Claims by Top 5 Countries

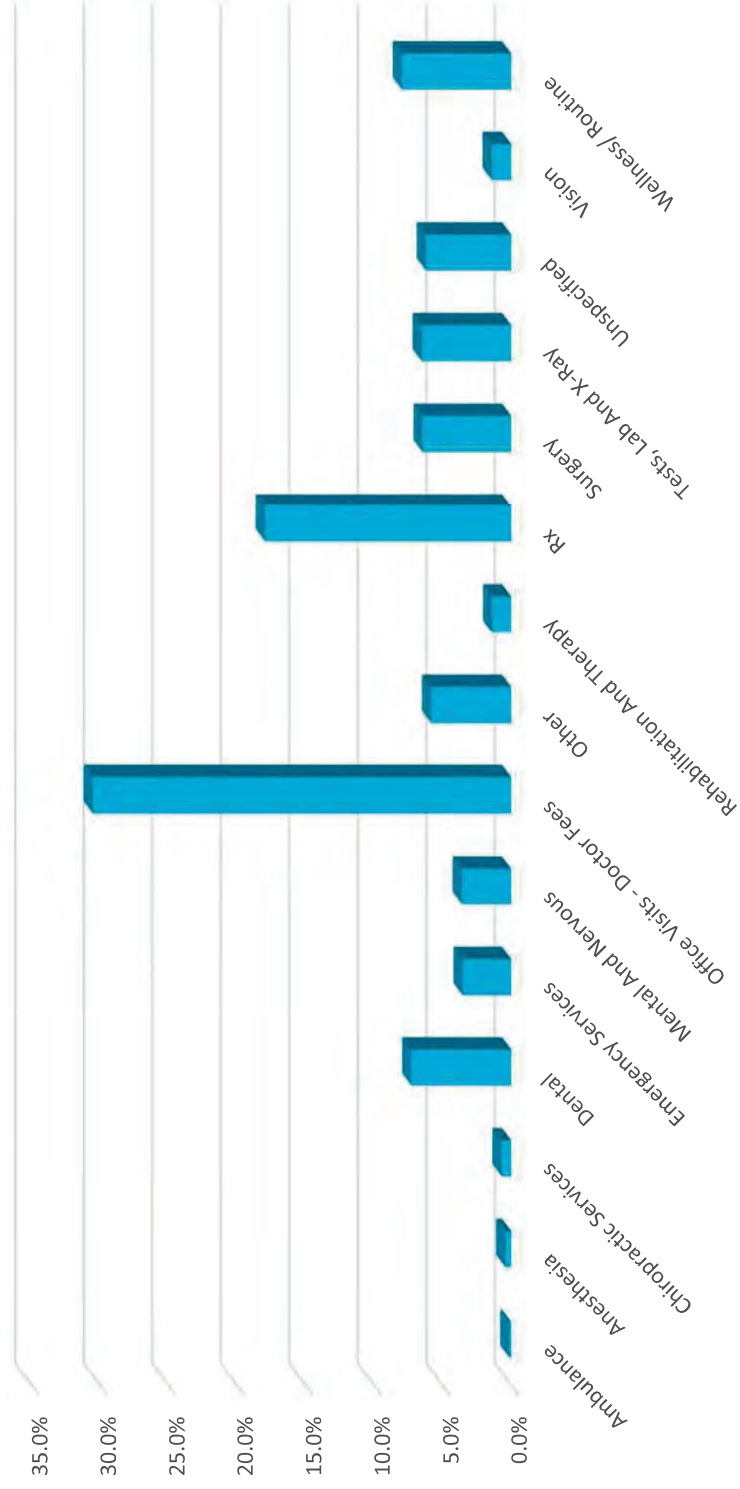


Country	2021 % of Total	2020 % of Total	2019 % of Total
United States	86.3%	89.5%	91.2%
United Kingdom	9.2%	8.4%	7.2%
Hong Kong	3.2%	0.9%	1.1%
Netherlands	0.4%	0.0%	0.0%
Germany	0.3%	0.0%	0.0%
Others	0.6%	1.2%	0.5%
Totals	100.0%	100.0%	100.0%

Note: Report includes information for claims both incurred and paid from Jan-01-2019 through Dec-31-2021 for all claims

Claims by Benefit

Latest Plan Year Paid Claims by Benefit



Note: Report includes information for claims both incurred and paid from Jan-01-2019 through Dec-31-2021 for all claims

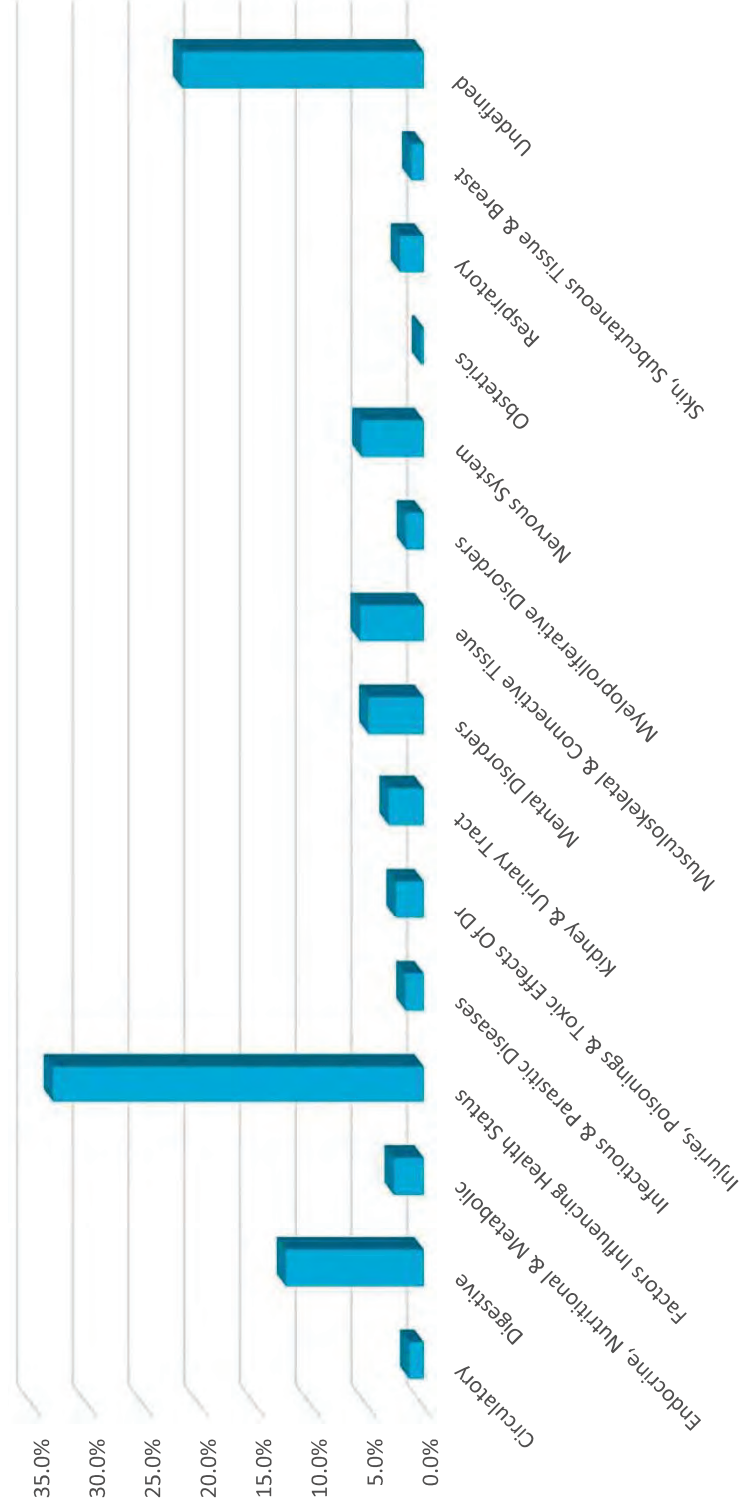
Claims by Benefit

Benefit	2019 % of		2020 % of		2021 % of	
	Total		Total		Total	
Ambulance	0.0%	0.1%	0.0%	0.1%	0.1%	0.1%
Anesthesia	1.0%	2.7%	1.0%	2.7%	0.4%	0.4%
Chiropractic Services	0.0%	0.0%	0.0%	0.0%	0.7%	0.7%
Dental	10.4%	5.1%	10.4%	5.1%	7.3%	7.3%
Emergency Services	0.0%	1.3%	0.0%	1.3%	3.5%	3.5%
Home Health Care	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Medical Equipment	0.2%	0.1%	0.2%	0.1%	0.0%	0.0%
Mental And Nervous	1.2%	2.2%	1.2%	2.2%	3.6%	3.6%
Office Visits - Doctor Fees	10.0%	17.3%	10.0%	17.3%	30.5%	30.5%
Other	1.4%	5.5%	1.4%	5.5%	5.8%	5.8%
Rehabilitation And Therapy	6.9%	1.1%	6.9%	1.1%	1.4%	1.4%
Room And Board	0.0%	10.0%	0.0%	10.0%	0.0%	0.0%
Rx	49.2%	15.5%	49.2%	15.5%	18.0%	18.0%
Surgery	6.5%	13.6%	6.5%	13.6%	6.5%	6.5%
Tests, Lab And X-Ray	4.2%	12.3%	4.2%	12.3%	6.5%	6.5%
Unspecified	0.2%	4.9%	0.2%	4.9%	6.2%	6.2%
Vision	2.5%	1.3%	2.5%	1.3%	1.4%	1.4%
Wellness/ Routine	6.2%	6.9%	6.2%	6.9%	8.0%	8.0%
Totals	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Note: Report includes information for claims both incurred and paid from Jan-01-2019 through Dec-31-2021 for all claims

Claims by Major Diagnostic Category

Latest Plan Year Paid Claims by Major Diagnostic Category



Note: Report includes information for claims both incurred and paid from Jan-01-2019 through Dec-31-2021 for all claims

Claims by Major Diagnostic Category

Major Diagnostic Category	2019 % of Total	2020 % of Total	2021 % of Total
Circulatory	0.0%	20.6%	1.3%
Digestive	5.2%	12.4%	12.4%
Ear, Nose & Throat	5.8%	0.0%	0.0%
Endocrine, Nutritional & Metabolic	0.5%	0.2%	2.7%
Eye	0.8%	0.0%	0.0%
Factors Influencing Health Status	14.8%	19.1%	33.3%
Infectious & Parasitic Diseases	0.0%	0.4%	1.6%
Injuries, Poisonings & Toxic Effects Of Dr	0.0%	2.0%	2.5%
Kidney & Urinary Tract	0.3%	3.7%	3.2%
Lymphatic & Blood	0.0%	0.0%	0.0%
Mental Disorders	2.7%	2.9%	5.0%
Musculoskeletal & Connective Tissue	9.8%	9.3%	5.7%
Myeloproliferative Disorders	0.2%	0.7%	1.6%
Nervous System	9.3%	2.1%	5.6%
Obstetrics	0.0%	8.9%	0.2%
Respiratory	0.0%	0.9%	2.1%
Skin, Subcutaneous Tissue & Breast	1.4%	1.1%	1.1%
Undefined	49.1%	15.8%	21.7%
Totals	100.0%	100.0%	100.0%

Note: Report includes information for claims both incurred and paid from Jan-01-2019 through Dec-31-2021 for all claims

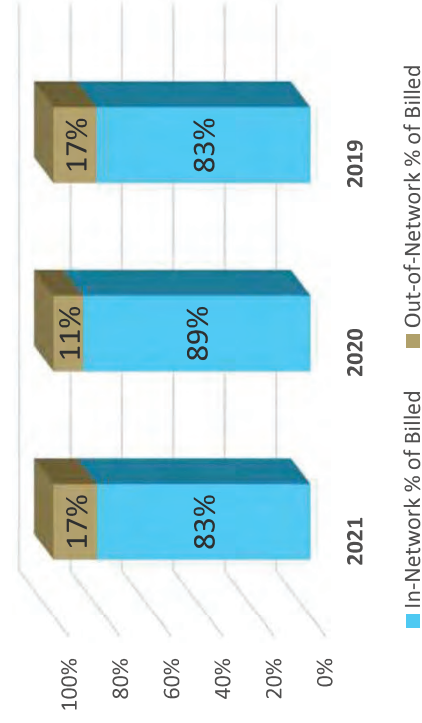
High-Cost Claimants Over \$25,000

Encrypted Claimant ID	Relationship	Active Status	Major Diagnostic Category	Diagnosis Description
-	-	-	-	-

(Claims Paid Jan-01-2021 through Dec-31-2021. Medical claims only - RX, Dental and Vision excluded.)

U.S. Blue Card Network

% Billed In & Out of Network by Plan Year



In-Network Discounts

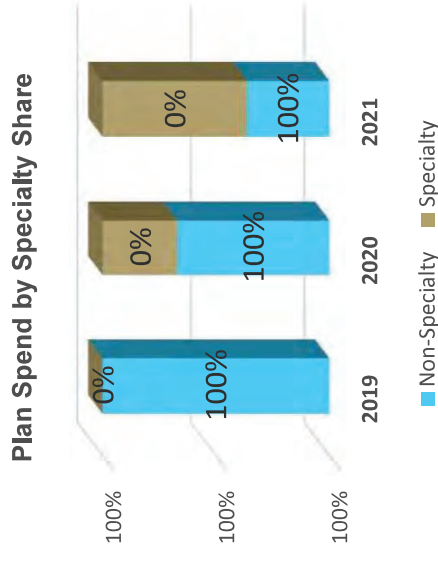
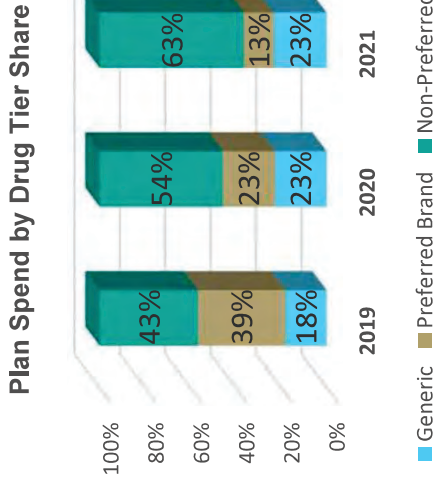
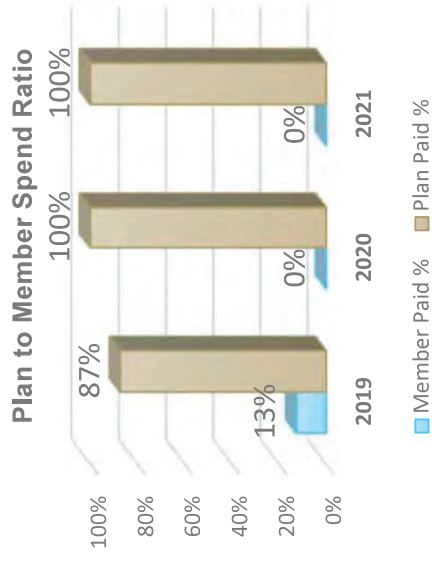
Plan Year	% Discount
2021	45%
2020	49%
2019	40%



Plan Year	In-Network % of Total Billed	Out-of-Network % of Total Billed
2021	83%	17%
2020	89%	11%
2019	83%	17%

Note: Paid amounts will not tie out to other reports as this is representative of US claims only. Discount % is adjusted to remove ineligible charges.

U.S. Pharmacy Spend

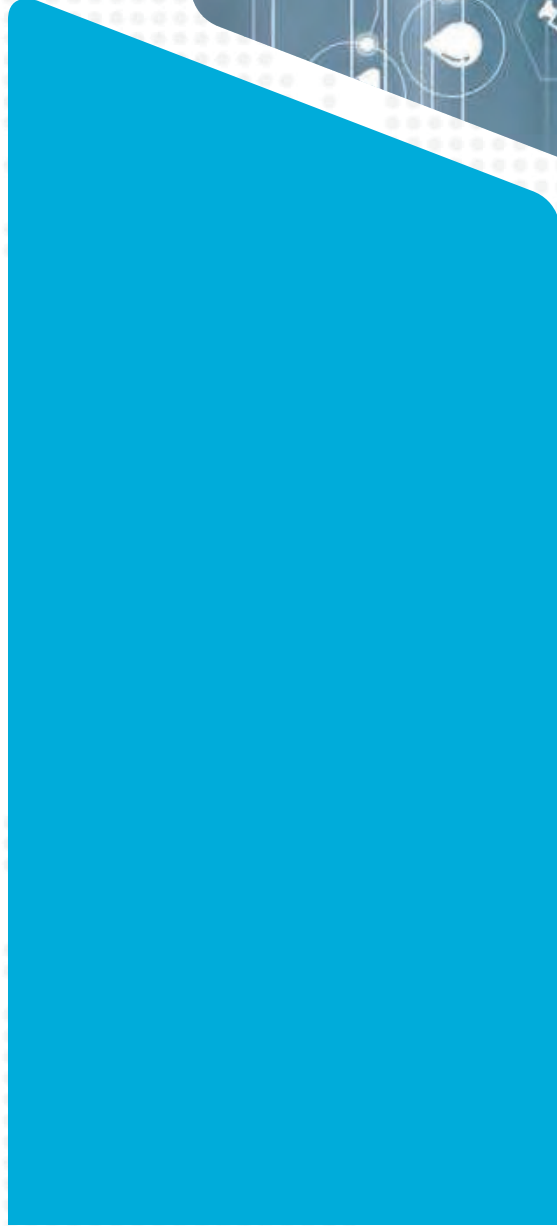


2021 Report Year

Drug Tier	Claim Volume	% of Total % of Total Plan Paid	Plan Share of Total Paid
Tier 1 - Generic	69%	23%	100%
Tier 2 - Preferred Brand	6%	13%	100%
Tier 3 - Non-Preferred Brand	25%	63%	100%
Total	100%	100%	100%

Specialty Drug Indicator	Claim Volume	% of Total % of Total Plan Paid	Plan Share of Total Paid
Non-Specialty	100%	100%	100%
Specialty	0%	0%	100%
Total	100%	100%	100%

Note: Paid amounts will not tie out to other reports as this is representative of US claims only.



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APRIL 08, 2025 04:39 PM (EDT)

AM Best Affirms Credit Ratings of The Cigna Group and Its Subsidiaries

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FOR IMMEDIATE RELEASE

OLDWICK - APRIL 08, 2025 04:39 PM (EDT)

AM Best has affirmed the Financial Strength Rating (FSR) of A (Excellent) and the Long-Term Issuer Credit Ratings (Long-Term ICRs) of "a+" (Excellent) of the key U.S. life/health subsidiaries and Europe-based insurance companies of The Cigna Group (Cigna) (headquartered in Bloomfield, CT) [NYSE: CI]. In addition, AM Best has affirmed the Long-Term ICR of "bbb+" (Good) and the Long-Term Issue Credit Ratings (Long-Term IRs) of Cigna. AM Best also has affirmed the Short-Term Issue Credit Rating (Short-Term IR) of Cigna. The outlook of these Credit Ratings (ratings) is stable. (Please see below for a detailed listing of the companies and ratings.) The majority of Cigna's core U.S. health insurance entities are collectively referred to as Cigna Life & Health Group.

The ratings of Cigna Life & Health Group reflect its balance sheet strength, which AM Best assesses as strong, as well as its strong operating performance, favorable business profile and appropriate enterprise risk management (ERM).

The rating affirmations reflect Cigna Life & Health Group's sustained strongest level of risk-adjusted capitalization, as measured by Best's Capital Adequacy Ratio (BCAR), and no weakening of balance sheet metrics. Cigna Life & Health Group's risk-adjusted capitalization has remained at the strongest level, driven by capital expansion supported by favorable earnings, despite sizeable annual dividends from the insurance operations to the parent organization. Furthermore, the sale of certain insurance businesses over the past several years removed long-tail risk from the balance sheet, improving the group's BCAR score. Investment risk is on the low side as the vast majority of assets are held in investment grade fixed income securities and cash/short-term investments with no material exposure to equities, real estate or schedule BA assets. The conservative asset allocation drives strong liquidity measures along with favorable operating cash flows.

Cigna Life & Health Group's balance sheet strength assessment continues to be impacted by elevated financial leverage of over 43% and the very high level of goodwill at Cigna, the ultimate parent, largely relating to the Express Scripts merger, several years ago.

However, management is expected to deleverage and remains committed to managing the financial leverage at the targeted level of approximately 40%. Goodwill and intangibles assets remain high at over 160% of shareholders' equity at Cigna. However, the high goodwill/intangibles are mostly tied primarily to non-insurance operations, which continue to produce stable earnings and provide a substantial degree of diversification.

Cigna has excellent liquidity through parent company cash, insurance subsidiary dividend capacity, non-regulated cash flow, commercial paper program and a revolving credit agreement.

Furthermore, a steady stream of revenue development and earnings growth has resulted in a solid operating performance trend over the last several years, underpinned by the group's operations at Cigna Healthcare and Evernorth Health Services. The organization expects this growth to continue over the medium term. Cigna's debt service is supported by its strong earnings and dividends from the group's insurance entities, as well as solid non-regulated earnings from its Health Services/Evernorth segment. Additionally, proceeds from the sale of Cigna's Medicare Advantage businesses are expected to help bolster holding company metrics.

Cigna's operating performance is assessed as strong with a consistent trend of premium growth and overall profitability. Over the past year, all business lines reported an increase in premiums despite membership loss in the individual family plan segment. Net earnings are mostly driven by favorable underwriting results. The group's investment income remains positive and has shown growth but contributes modestly to overall net earnings. In addition, Cigna's operating earnings benefit from its large scale with a membership base of over 19 million individuals on a consolidated basis, providing cost advantages for medical expenditures and administrative expenses. Furthermore, AM Best expects the group's operating performance to remain favorable with possible improvement from the sale of its Medicare business, which had been a drag on earnings.

The group continues to maintain a strong market presence in its core commercial medical products in the United States. In addition, Cigna Life & Health Group portfolio includes owned and affiliated companies that provide the organization with added diversified capabilities. Through its noninsurance service entities, Cigna provides pharmacy benefit management services, as well as a comprehensive suite of solutions for complex and chronic conditions to drive down the cost of care. Furthermore, Cigna has expanded its customer base through cross-selling opportunities via Evernorth health services arm, with further opportunity for premium, revenue and earnings growth for the overall organization.

The ratings of CIGNA Life Insurance Company of Europe S.A.-N.V. reflect its balance sheet strength, which AM Best assesses as very strong, as well as its adequate operating performance, neutral business profile and appropriate ERM.

The ratings of CIGNA Global Insurance Company Limited reflect its balance sheet strength, which AM Best assesses as very strong, as well as its adequate operating performance, neutral business profile and appropriate ERM.

The FSR of A (Excellent) and the Long Term ICRs of "a+" (Excellent) have been affirmed with stable outlooks for the following key U.S. life/health subsidiaries of The Cigna Group:

- Connecticut General Life Insurance Company
- Cigna Health and Life Insurance Company
- Cigna Worldwide Insurance Company
- Cigna HealthCare of Indiana, Inc.
- Cigna HealthCare of North Carolina, Inc.
- Cigna HealthCare of South Carolina, Inc.
- Cigna HealthCare of Arizona, Inc.
- Cigna HealthCare of Georgia, Inc.
- Cigna HealthCare of Texas, Inc.
- Cigna HealthCare of Florida, Inc.
- Cigna HealthCare of New Jersey, Inc.
- Cigna HealthCare of Connecticut, Inc.

- Cigna HealthCare of Illinois, Inc.
- Cigna HealthCare of St. Louis, Inc.
- Cigna HealthCare of Tennessee, Inc.
- Cigna HealthCare of California, Inc.
- Cigna Dental Health Plan of Arizona, Inc.
- Cigna Dental Health of California, Inc.
- Cigna Dental Health of Florida, Inc.
- Cigna Dental Health of Maryland, Inc.
- Cigna Dental Health of Ohio, Inc.
- Cigna Dental Health of Pennsylvania, Inc.
- Cigna Dental Health of Texas, Inc.
- Cigna Dental Health of New Jersey, Inc.
- Cigna Dental Health of Missouri, Inc.
- Cigna Dental Health of Virginia, Inc.

The FSR of A (Excellent) and the Long-Term ICRs of "a+" (Excellent) have been affirmed with stable outlooks for the following Europe-based subsidiaries of The Cigna Group:

- CIGNA Life Insurance Company of Europe S.A. – N.V.
- CIGNA Europe Insurance Company S.A. – N.V.
- CIGNA Global Insurance Company Limited

The following Long-Term IRs have been affirmed with stable outlooks for The Cigna Group:

The Cigna Group—

- "bbb+" (Good) on \$800 million of 1.25% senior unsecured notes, due 2026
- "bbb+" (Good) on \$1 billion of 5% senior unsecured notes, due 2029
- "bbb+" (Good) on \$1.5 billion of 2.4% senior unsecured notes, due 2030
- "bbb+" (Good) on \$1.5 billion of 2.375% senior unsecured notes, due 2031
- "bbb+" (Good) on \$750 million of 5.125% senior unsecured notes, due 2031
- "bbb+" (Good) on \$800 million of 5.4% senior unsecured notes, due 2033
- "bbb+" (Good) on \$1.25 billion of 5.25% senior unsecured notes, due 2034
- "bbb+" (Good) on \$750 million of 3.2% senior unsecured notes, due 2040
- "bbb+" (Good) on \$1.25 billion of 3.4% senior unsecured notes, due 2050

- "bbb+" (Good) on \$1.5 billion of 3.4% senior unsecured notes, due 2051

- "bbb+" (Good) on \$1.5 billion of 5.6% senior unsecured notes, due 2054

The following Short-Term IR has been affirmed:

The Cigna Group—

- AMB-2 (Satisfactory) on commercial paper program

The following indicative Long-Term IRs have been affirmed with stable outlooks for The Cigna Group:

The Cigna Group—

- "bbb+" (Good) on senior unsecured debt

- "bbb-" (Good) on preferred stock

The following Long-Term IRs have been affirmed with stable outlooks for Cigna Holding Company:

Cigna Holding Company—

- "bbb+" (Good) on \$900 million of 3.25% senior unsecured notes, due 2025

- "bbb+" (Good) on \$300 million of 7.875% of senior unsecured debentures, due 2027

- "bbb+" (Good) on \$600 million of 3.05% senior unsecured notes, due 2027

- "bbb+" (Good) on \$83 million of 8.3% senior unsecured step-down notes, due 2033

- "bbb+" (Good) on \$500 million of 6.15% senior unsecured notes, due 2036

- "bbb+" (Good) on \$300 million of 5.875% senior unsecured notes, due 2041

- "bbb+" (Good) on \$750 million of 5.375% senior unsecured notes, due 2042

- "bbb+" (Good) on \$1 billion of 3.875% senior unsecured notes, due 2047

This press release relates to Credit Ratings that have been published on AM Best's website. For all rating information relating to the release and pertinent disclosures, including details of the office responsible for issuing each of the individual ratings referenced in this release, please see AM Best's [Recent Rating Activity](#) web page. For additional information regarding the use and limitations of Credit Rating opinions, please view [Guide to Best's Credit Ratings](#). For information on the proper use of Best's Credit Ratings, Best's Performance Assessments, Best's Preliminary Credit Assessments and AM Best press releases, please view [Guide to Proper Use of Best's Ratings & Assessments](#).

AM Best is a global credit rating agency, news publisher and data analytics provider specializing in the insurance industry. Headquartered in the United States, the company does business in over 100 countries with regional offices in London, Amsterdam, Dubai, Hong Kong, Singapore and Mexico City.

Related Companies

For information about each company, including the Best's Credit Reports, group members (where applicable) and news stories, click on the company name. An additional purchase may be required.

AMB#	Company Name
008831	American Retirement Life Insurance Co
089527	CIGNA Europe Insurance Co S.A. - N.V.
076979	CIGNA Global Insurance Company Limited
083121	CIGNA Life Ins Co of Europe S.A. - N.V.
060170	Cigna Dental Health Plan of Arizona

1 2 3 4 5 6 7 8

Contact

Locations

- Accessibility Statement
- Cookie Notice
- Legal & Licensing
- Privacy Notice
- Regulatory Information
- Site Map
- Terms of Use

AM Best Rating Services

4 Ever Life Insurance Company



AMB #: 007363 NAIC #: 80985 FEIN #: 362149353

Mailing Address

2 Mid America Plaza, Suite 200
Oakbrook Terrace, Illinois 60181

[United States](#)

Web: www.4everlife.com

Phone: 630-472-7700

Fax: 630-472-7837

[View Additional Address Information](#)

AM Best Rating Unit: [AMB #: 069186 - BCS Financial Group](#)

Assigned to insurance companies that have, in our opinion, an excellent ability to meet their ongoing insurance obligations.



View additional [news, reports and products](#) for this company.

Based on AM Best's analysis, [050703 - BCS Financial Corporation](#) is the **AMB Ultimate Parent** and identifies the topmost entity of the corporate structure. View a list of [operating insurance entities](#) in this structure.

Best's Credit Ratings

Financial Strength View Definition

Rating (Rating Category):	A (Excellent)
Affiliation Code:	g (Group)
Outlook (or Implication):	Stable
Action:	Affirmed
Effective Date:	August 21, 2025
Initial Rating Date:	June 30, 1976

Long-Term Issuer Credit View Definition

Rating (Rating Category):	a (Excellent)
Outlook (or Implication):	Stable
Action:	Affirmed
Effective Date:	August 21, 2025
Initial Rating Date:	June 05, 2008

Financial Size Category View Definition

Financial Size Category:	VIII (USD 100 Million to Less than 250 Million)
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Best's Credit Rating Analyst

Rating Office: A.M. Best Rating Services, Inc.

Financial Analyst II: Jaime Quito

Director: Joseph R. Zazzera

Note: See the Disclosure information Form or Press Release below for the office and analyst at the time of the rating event.

Disclosure Information

Disclosure Information Form

View AM Best's [Rating Disclosure Form](#)

u Denotes [Under Review Best's Rating](#).

Rating History

A.M. Best has provided ratings & analysis on this company since 1976.

Financial Strength Rating		Long-Term Issuer Credit Rating	
Effective Date	Rating	Effective Date	Rating
August 21, 2025	A	August 21, 2025	a
August 14, 2024	A	August 14, 2024	a
July 26, 2023	A	July 26, 2023	a
July 20, 2022	A	July 20, 2022	a
July 20, 2021	A	July 20, 2021	a

Best's Credit & Financial Reports



[Best's Credit Report](#) - financial data included in Best's Credit Report reflects the data used in determining the current credit rating(s) for AM Best Rating Unit: AMB #: [069186 - BCS Financial Group](#).



[Best's Credit Report - Archive](#) - reports which were released prior to the current Best's Credit Report.



[Best's Financial Report](#) - financial data included in Best's Financial Report reflects the most current data available to AM Best, including updated financial exhibits and additional company information, and is available to subscribers of Best's Insurance Reports.



[Best's Financial Report - Archive](#) - reports which were released prior to the current Best's Financial Report.

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Press Releases

Date	Title
Jul 20, 2021	AM Best Upgrades Credit Ratings of BCS Financial Group Members
Jul 09, 2020	AM Best Revises Outlooks to Positive for the Members of BCS Financial Group
Mar 15, 2017	A.M. Best Assigns Credit Ratings to 4 Ever Life International Limited

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Contact
Locations

- Accessibility Statement
- Cookie Notice
- Legal & Licensing
- Privacy Notice
- Regulatory Information
- Site Map
- Terms of Use



Choose the coverage that's right for your travelers

Supplemental Plans for Groups

Ideal for travelers who already have primary insurance in the United States.

iNext Supplemental Group plans are designed to protect against the cost of illnesses and injuries suffered abroad. These plans can cover Emergency Evacuation and Medical Transportation; Loss of Baggage and Personal Effects; and Trip Delays. These plans also offer Non-Insurance Services such as 24-hour Medical, Legal, and Travel Assistance Services.

Choose from three levels of coverage, all underwritten by CUM & FORSTER SPC. In addition to

SUPPLEMENTAL GROUP PLANS		BASIC	PREMIUM	PLATINUM
		Limits are per trip up to \$50,000. <i>For more details regarding this, please contact us for details regarding this.</i>		
Accident Medical Expense (Excess coverage)	Emergency Dental	up to \$25,000	up to \$100,000	up to \$100,000
	Deductible	up to \$750	up to \$750	up to \$750
		\$0	\$0	\$0
Accidental Death and Dismemberment	24-hour	up to \$50,000	up to \$10,000	up to \$20,000
	Common Carrier (air only)	N/A	N/A	up to \$20,000
				up to \$2,500
Baggage and Personal Effects	Per Article Limit	N/A	up to \$2,000	up to \$2,500
	Combined Limit for Valuables	N/A	\$250	\$250
			\$500	\$500
Baggage Delay (24 hours)	Emergency Medical Evacuation	up to \$100	up to \$200	up to \$200
	Transportation of Dependent Children	up to \$500,000	up to \$100,000	up to \$100,000
	Transportation to Join You (up to \$500/day to maximum of 10 days)	Included in above	Included in above	Included in above
Sickness Medical Expense (Excess coverage)	up to \$3,000	up to \$3,000	up to \$3,000	up to \$3,000
	up to \$15,000	up to \$20,000	up to \$15,000	up to \$100,000
	Mental Health Coverage	N/A	N/A	up to \$100,000
Repetition of Remains	Deductible	\$0	\$0	\$0
	up to \$25,000	up to \$25,000	up to \$50,000	up to \$50,000
	Trip Delay (12 hours)	N/A	up to \$200	up to \$200
Pre-existing Conditions	Excluded	Excluded	Excluded	Included
Limitations and exclusions vary by plan. Please refer to the plan document to review the applicable exclusions under the plan.				
Insurance benefits are underwritten by CUM & FORSTER SPC.				
Non-Insurance Services Provided by General				
24-hour Travel Assistance	Included	Included	Included	Included
Global Web Tool	Included	Included	Included	Included

This is only a brief description of the coverage available. The policy, along with the Confirmation of Coverage, will contain all limitations, exclusions, and territorial provisions. This form is underwritten by CUM & FORSTER SPC. Non-insurance assistance services are provided by iNext Travel Insurance.



A Full Portfolio of International, Travel, and Medical Insurance Solutions



iNext: Reliable and trusted travel protection for all budgets and destinations

300 Fore Street • Portland, Maine 04101 • 1.855.576.6396 • info@iNext.com

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TRAVEL OUTSIDE THE U.S.



Protect them on their biggest adventure

When you send travelers from your institution on adventures around the world, you need to know they're protected. Send them off with coverage from iNext – travel protection plans to help safeguard their needs.

iNext offers travel protection plans and security evacuation services to groups traveling outside of the United States (U.S.), on trips lasting from 10 to 364 days.

All iNext travel protection plans are designed to cover the cost of unexpected accidents and illnesses; people may experience while traveling abroad. We also offer emergency assistance services and information to help them travel safely.

We strive to provide your institution with exceptional and affordable travel protection solutions. We also offer a host of travel-related benefits that can make it much easier to send your people abroad.



Many U.S. health insurance policies won't cover medical expenses overseas – and most don't cover emergency medical evacuation and transportation.

Comprehensive Plans for Groups

Ideal for the traveler who does not have primary insurance.

The iNext Comprehensive Group plans are designed for travelers who need more robust medical benefits because they don't have primary insurance in the U.S., or their plan doesn't cover travel abroad. The availability of daily and monthly rates for institutional partners make these plans an ideal option for short-term travel.

Choose from two levels of coverage underwritten by Crum & Forster SPC. Trip Cancellation and Trip Interruption, as well as Security Evacuation coverage are available as optional upgrades.

COMPREHENSIVE GROUP PLANS		BASIC	ULTIMATE
Plans are for trips up to 364 days. Please contact us for details regarding rates. Rates shown are based on 100 participants and are per person rates.			
Accident Medical Expense	Emergency Dental	up to \$500,000	up to \$500,000
	Deductible	up to \$750	up to \$750
Accidental Death and Dismemberment		\$0	\$0
24-hour Common Carrier (Air only)	Baggage and Personal Effects	up to \$20,000	up to \$20,000
		N/A	up to \$100,000
Per Article Limit	Baggage Delay (24 hours)	up to \$2,000	up to \$2,500
		\$250	\$250
Combined Limit for Valuables	Emergency Medical Evacuation	\$500	\$500
		up to \$200	up to \$200
Transportation of Dependent Children	Transportation to Jan. you (up to \$300/day to maximum of 10 days)	up to \$100,000	up to \$100,000
		Included in above	Included in above
Sickness Medical Expense	Mental Health Coverage	up to \$30,000	up to \$30,000
		up to \$250,000	up to \$250,000
Deductible	Repetition of Remains	\$0	\$0
		up to \$50,000	up to \$50,000
Trip Delay (21 hours)	Trip Delay – Due to Quarantine (up to \$250/day)	up to \$200 (\$50 per day)	up to \$600 (\$150 per day)
		up to \$2,500	up to \$2,500
Pre-existing Conditions		Excluded	Included
Limitations and exclusions vary by plan. Please refer to the plan document to review the applicable exclusions under this plan. Insurance benefits are underwritten by Crum & Forster SPC.			
Non-Insurance Services Provided by General Global Assistance			
24-hour Travel Assistance	Global Web Tool	Included	Included
		Included	Included

This Coverage and Assistance Insurance benefits are underwritten by United States Fire Insurance Company. Security Evacuation coverage is provided by Crum & Forster SPC. Travel assistance services are provided by General Global Assistance.



Optional Upgrades

For added protection, you can choose these additional coverage options for your travelers or your travelers can add these separately.

TRIP CANCELLATION AND INTERRUPTION	
Trip Cancellation	100% of Trip Cancellation up to benefit level
Trip Interruption	10% of Trip Interruption up to benefit level

(Not available with the Supplemental Basic Plan)

What Makes iNext Different

From supplemental to comprehensive plans, iNext has the right solution for the trip you're planning. We offer a complete portfolio of travel and medical insurance coverage. You can also choose from a variety of add-ons and non-insurance services to make traveling safer and easier for your travelers.

24-hour phone support

One phone number connects your travelers to everything from emergency assistance to claims follow-up.

Easy enrollment process

Select a plan and upload your travelers in the user-friendly enrollment module. Each individual receives immediate confirmation of protection coverage and the administrator has access to reports.

Free international ID card with 364 day plans

Insurance plan information and emergency contact numbers all on a wallet-sized, plastic photo ID card.

Available add-ons

No matter where your travelers go, rest assured that iNext plans include rapid assistance and evacuation in situations of political unrest, environmental disaster, and/or military action. [Next.com/learn/next-security-evacuation](https://next.com/learn/next-security-evacuation)

For a full list of benefits visit: next.com/plans/group or call 1-855-578-6398

*Please contact us for information about Partner rates.

GROUP OUTBOUND TRAVEL INSURANCE POLICY

POLICYHOLDER: FAIRMONT SPECIALTY TRUST

POLICYHOLDER ADDRESS: ITA Global Trust, LTD
Suite 4210, 2nd Floor Canella Court,
48 Market St,
Camana Bay
P.O. Box 32203,
Grand Cayman KY1-1208,
Cayman Islands

PARTICIPATING ORGANIZATION: iNext

EFFECTIVE DATE: September 1, 2026

EXPIRATION DATE: August 31, 2027

UMR: B115R180022

The Policy is a legal contract between the Policyholder and Crum & Forster SPC for and on behalf of ITI SP (herein referenced as "the Company").

This Policy is issued by Crum & Forster SPC for and on behalf of ITI SP to the Fairmont Specialty Trust located in the Cayman Islands.

This Policy is not subject to U.S. jurisdiction.

Master Policy means that certain group insurance policy issued to Fairmont Specialty Trust.

Underwriter shall mean Crum & Forster SPC.

The Company agrees to provide insurance, in exchange for the payment of the required premium. Coverage is subject to the terms and conditions described in the Policy.

The Company and the Policyholder have agreed to all the terms and conditions of the Policy. The Policy and the coverage provided by it become effective at 12:01 A.M. at the address of the Policyholder on the Policy Effective Date shown above. It continues in effect in accordance with the provisions set forth in the Policy.

THIS IS LIMITED BENEFIT SHORT DURATION COVERAGE.

READ IT CAREFULLY.

THE POLICY IS NOT RENEWABLE.

TABLE OF CONTENTS

SCHEDULE OF BENEFITS

ELIGIBILITY

GENERAL DEFINITIONS

GENERAL PROVISIONS

COVERAGES:

- Accident Medical Expense
- Accidental Death & Dismemberment – 24-Hour
- Baggage Delay
- Baggage/Personal Effects
- Emergency Evacuation
- Repatriation of Remains
- Sickness Medical Expense
- Trip Delay

LIMITATIONS AND EXCLUSIONS

SCHEDULE OF BENEFITS

iNext Comprehensive Basic Group

Benefit Per Trip	Maximum Benefit Amount/Principal Sum
Accident Medical Expense	up to \$500,000
Emergency Dental	up to \$750
Deductible	\$0
Accidental Death & Dismemberment	
24-Hour	up to \$20,000
Baggage and Personal Effects	up to \$2,000
Per Article Limit	\$250
Combined	\$500
Baggage Delay (24 hours)	up to \$200
Emergency Medical Evacuation	up to \$1,000,000
Transportation to Join You (up to \$300/Day to maximum of 10 days)	up to \$3,000
Sickness Medical Expense	up to \$250,000
Mental Health Coverage	up to \$250,000
Deductible	\$0
Repatriation of Remains	up to \$50,000
Trip Delay (12 hours) (up to \$50/Day)	up to \$200
Trip Delay – Due to Quarantine (up to \$250/Day)	up to \$2,500

ELIGIBILITY

- Class I All regular, full-time and part-time Students as well as Faculty/Staff/Chaperones/Volunteers of the educational organization or institution who are engaged in international educational activities and are temporarily located outside his/her Home Country.
- Class II Legal Spouses of Class I Insured Persons whose application has been accepted by the Company.
- Class III Eligible Dependent Children of Class I Insured Persons whose application has been accepted by the Company.

iNext Travel Protection meets Schengen Visa requirements by covering medical expenses up to \$500,000 in these European countries: Austria, Belgium, Croatia, the Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Italy, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, the Netherlands, Norway, Poland, Portugal, Slovakia, Slovenia, Spain, Sweden, Switzerland, as well as the United Kingdom, Bulgaria, Cyprus, Ireland, Romania, San Marino, Andorra, Monaco and the Vatican.

GENERAL DEFINITIONS

Throughout this document, when capitalized, certain words and phrases are defined as follows:

Accident means a sudden, unexpected, unintended, specific event that occurs at an identifiable time and place but shall also include exposure resulting from a mishap to a conveyance in which You are traveling.

Accidental Injury means Bodily Injury caused by an Accident (of external origin) being the direct and independent cause in the Loss and that 1) requires a physical examination and medical treatment by a Physician and 2) commences while Your coverage is in effect. The injury must be verified by a Physician.

Actual Cash Value means the lesser of the replacement cost and the purchase price less depreciation.

Additional Expenses means any reasonable expenses for meals and lodging that were necessarily incurred as the result of a Hazard and that were not provided by the Common Carrier or other party free of charge.

Bodily Injury means identifiable physical injury that is caused by an Accident and is independent of disease or bodily infirmity.

Certificate of Insurance means this document, and any endorsements, riders or amendments that will attach during the period of coverage.

Checked Baggage means a piece of baggage that accompanies You for which a claim check has been issued to You by a Common Carrier.

Common Carrier means any land, sea, and/or air conveyance operating under a valid license for the transportation of passengers for hire. Taxis and limousines are not Common Carriers as defined herein.

Company means Crum & Forster SPC on and behalf of ITI SP.

Complications of Pregnancy means conditions (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.

Complications of Pregnancy does 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 Expenses means expenses incurred by You that are for Medically Necessary care or treatment; due to Sickness or Bodily Injury; prescribed, performed or ordered by a Physician; Reasonable and Customary Charges incurred while insured under this Certificate; and that do not exceed the Maximum Benefit limits shown in the Schedule of Benefits, under each stated benefit.

Dependent Child(ren) means Your child (or children), including an unmarried child, stepchild, legally adopted child or foster child who is more than thirty-one (31) days old and less than age twenty-six (26).

Domestic Partner means a person with whom You reside and can show evidence of cohabitation (including the shared responsibility for basic living expenses) for at least the previous six (6) months and has an affidavit of domestic partnership, if recognized by the jurisdiction within which You reside.

Economy Fare means the lowest published rate for a round trip economy ticket.

Effective Date means 12:01 A.M. local time, at Your location, on the day after the required premium for such coverage is received by the Company or its authorized representative.

Extreme Sports means any high-risk non-team sport or recreation activity that is dangerous and if performed optimally, even by the highly skilled, risks loss of life or limb. Extreme Sports often involve speed, height, a high level of physical exertion and/or highly specialized gear.

Family Member means Your legal or common law Spouse, parent, legal guardian, step-parent, grandparent, parents-in-law, grandchild, natural or adopted child, step-child, children-in-law, brother, sister, step-brother, step-sister, brother-in-law, sister-in-law, aunt, uncle, niece, nephew, or Domestic Partner.

Felonious Assault means a violent or criminal act reported to the local authorities which was directed at you during the course of, or an attempt of, a physical assault resulting in serious injury, kidnapping or rape.

Hazard means:

- (a) Any delay of a Common Carrier (including Inclement Weather).
- (b) Any delay by a traffic accident en route to a departure, in which You or a Traveling Companion is not directly involved.
- (c) Any delay due to lost or stolen passports, travel documents or money, Quarantine, hijacking, unannounced Strike, natural disaster, civil commotion or riot.
- (d) A closed roadway causing cessation of travel to the destination of the Trip (substantiated by the department of transportation, state police, etc.)

Home Country means the country where You have Your true, fixed and permanent home and principal establishment.

Hospital means a facility that:

- (a) holds a valid license if it is required by the law;
- (b) operates primarily for the care and treatment of sick or injured persons as in-patients;
- (c) has a staff of one or more Physicians available at all times;
- (d) provides twenty-four (24) hour nursing service and has at least one registered professional nurse on duty or call;
- (e) has organized diagnostic and surgical facilities, either on the premises or in facilities available to the hospital on a pre- arranged basis; and
- (f) is not, except incidentally, a clinic, nursing home, rest home, drug or physical rehabilitation facility or convalescent home for the aged, or similar institution.

Incidental Trip means a short-scheduled trip of 30 days or less to Your Home Country that has a defined departure and return date booked prior to the start of the Incidental Trip. To be an eligible Incidental Trip, the Incidental Trip must take place after Your Coverage Begin Date and end prior to Your Coverage End Date. This policy will not cover any expenses due to a Loss that occurs while on an Incidental Trip.

Inclement Weather means any severe weather condition that delays the scheduled arrival or departure of a Common Carrier.

Insured means the person who enrolled for coverage and whose premium was paid under the Policy.

Loss means Bodily Injury, Sickness or damage sustained by You, while coverage is in effect, in consequence of happening of one or more of the occurrences against which the Company has undertaken to indemnify You.

Maximum Benefit means the largest total amount that the Company will pay under any one benefit for You, as shown on the Schedule of Benefits.

Medically Necessary means a service or supply that: (a) is recommended by the attending Physician; (b) is appropriate and consistent with the diagnosis in accord with accepted standards of community practice; (c) could not have been omitted without adversely affecting Your condition or quality of medical care; (d) is delivered at the most appropriate level of care and not primarily for the sake of convenience; and (e) is not considered experimental unless coverage for experimental services or supplies is required by law.

Mountaineering means the sport, hobby or profession of walking, hiking and climbing up mountains either: 1) utilizing harnesses, ropes, crampons, or ice axes; or 2) ascending 4,500 meters or above.

Parachuting means an activity involving the breaking of a free fall from an airplane using a parachute.

Participating Organization means a travel agency, tour operator, cruise line, airline or other organization that applies for coverage under the Policy and remits the required premium to the Company.

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 You, a Traveling Companion or a Family Member.

Policy means the Group Master Policy including the application and any endorsements, riders or amendments that will attach during the period of coverage.

Pre-Existing Condition means an illness, disease, or other condition during the sixty (60) day period immediately prior to the Effective Date for which You, a Travel Companion or Your and/or a Traveling Companion's Family Member: 1) exhibited symptoms that would have caused one to seek care or treatment; or 2) received or received a recommendation for a test, examination, or medical treatment; or 3) took or received a prescription for drugs or medicine. Item (3) of this definition does not apply to a condition that is treated or controlled solely through the taking of prescription drugs or medicine and remains treated or controlled without any adjustment or change in the required prescription throughout the sixty (60) day period before the Effective Date.

Quarantine means Your strict isolation imposed by a Government authority or Physician to prevent the spread of disease. An embargo preventing You from entering a country is not a Quarantine.

Reasonable and Customary Charges means charges commonly used by Physicians in the locality in which care is furnished.

Scheduled Departure Date means the date on which You are originally scheduled to leave on the Trip.

Scheduled Return Date means the date on which You are originally scheduled to return to the point of origin or to a different final destination.

Sickness means an illness or disease of the body that: 1) requires a physical examination and medical treatment by a Physician and 2) commences while Your coverage is in effect. An illness or disease of the body that begins prior to the Effective Date of coverage is not a Sickness as defined herein and is not covered by this Certificate, unless it suddenly worsens or becomes acute after the Effective Date.

Sound Natural Teeth means teeth that are whole or properly restored and are without impairment, periodontal or other conditions and are not in need of the treatment provided for any reason other than an Accidental Injury. For purposes of this Certificate, teeth previously restored with a crown, inlay, onlay, or porcelain restoration or treated by endodontics, except amalgam or composite resin fillings, are not considered Sound Natural Teeth.

Spouse shall mean the primary Insured's legal or common law spouse.

Strike means any unannounced labor disagreement that interferes with the normal departure and arrival of a Common Carrier.

Traveling Companion means a person who has coordinated travel arrangements or vacation plans with You, intends to travel with You during the Trip. Note, a group or tour leader is not considered a Traveling Companion unless You are sharing room accommodations with the group or tour leader.

Trip means a trip or class of trips outside Your Home Country.

You or Your refers to the Insured.

GENERAL PROVISIONS

The following provisions apply to all coverages:

LEGAL ACTIONS - No legal action for a claim can be brought against the Company until sixty (60) days after the Company receives Proof of Loss. No legal action for a claim can be brought against the Company more than three (3) years after the time required for giving Proof of Loss.

MISREPRESENTATION AND FRAUD - Your coverage shall be void if, whether before or after a Loss, You concealed or misrepresented any material fact or circumstance concerning this Certificate or the subject thereof, or Your interest therein, or if You commit fraud or false swearing in connection with any of the foregoing.

You must fully cooperate in the event the Company determines that an investigation of any claim is warranted.

RIGHT OF RECOVERY/ SUBROGATION - You must refund the Company any overpayment of benefits that occurs because a third party was liable to pay certain of Your expenses due to a wrongful act, negligence or omission. The refund will equal the amount the Company paid under this Certificate. If the refund is due from another person or organization, You must help the Company obtain the refund. The Company's right to be reimbursed has priority over Your right to be made whole. This means that the Company's right of recovery applies even if Your entire loss has not been compensated. However, the amount of the Company's recovery will be reduced by a proper share of Your legal fees and Your expenses needed to obtain the refund.

The Company has the right to pursue a refund or recovery even if You do not do so. This is called subrogation. You must help the Company use this right when requested. The Company's right of subrogation applies even if Your entire loss has not been compensated.

ASSIGNMENT - This Certificate is not assignable, whether by operation of law or otherwise, but benefits may be assigned.

WHEN YOUR COVERAGE BEGINS - Provided:

- (a) coverage has been elected; and
- (b) the required premium has been paid.

All coverage will begin on the later of the Effective Date or upon Your departure from Your Home Country.

WHEN YOUR COVERAGE ENDS - Your coverage will end at 11:59 P.M. local time on the date that is the earliest of the following:

- (a) the Scheduled Return Date as stated on the travel tickets; except for travel for an Incidental Trip;
- (b) three hundred sixty-four (364) days after the Effective Date.

EXTENDED COVERAGE - Coverage will be extended under the following conditions, should they occur during the journey to the return destination or to a different destination:

- (a) If You are a passenger on a scheduled Common Carrier that is unavoidably delayed up to five (5) days in reaching the final destination, coverage will be extended for the period of time needed to arrive at the final destination.

The following provisions apply to all benefits except Baggage/Personal Effects and Baggage Delay:

PAYMENT OF CLAIMS - The Company, or its designated representative, will pay a claim after receipt of acceptable Proof of Loss.

Benefits for Loss of life are payable to Your beneficiary. If a beneficiary is not otherwise designated by You, benefits for Loss of life will be paid to the first of the following surviving preference beneficiaries:

- a) Your spouse;
- b) Your child or children jointly;
- c) Your parents jointly if both are living or the surviving parent if only one survives;
- d) Your brothers and sisters jointly; or
- e) Your estate.

All other claims will be paid to You. In the event You are a minor, incompetent or otherwise unable to give a valid release for the claim, the Company may make arrangement to pay claims to Your legal guardian, committee or other qualified representative.

All or a portion of all other benefits provided by this Certificate may, at the option of the Company, be paid directly to the provider of the service(s). All benefits not paid to the provider will be paid to You.

Any payment made in good faith will discharge the Company's liability to the extent of the claim.

The applicable benefit amount will be reduced by the amount of benefits, if any, previously paid by other insurance policies. In no event will the Company reimburse You for an amount greater than the amount paid by You.

NOTICE OF CLAIM - Written notice of claim must be given by the claimant (either You or someone acting for You) to the Company or its designated representative within twenty (20) days after a covered Loss first begins or as soon as reasonably possible. Notice should include Your name, the Participating Organization's name and the Plan number. Notice should be sent to the Company's administrative office, or to the Company's designated representative.

PROOF OF LOSS - The claimant must send the Company, or its designated representative, Proof of Loss within ninety (90) days after a covered Loss occurs or as soon as reasonably possible. Failure to furnish such proof within the time required shall not invalidate nor reduce any claim if it was not reasonably possible to give proof within such time, provided such proof is furnished as soon as reasonably possible and in no event, except in the absence of legal capacity, later than one year from the time proof is otherwise required.

PHYSICAL EXAMINATION AND AUTOPSY - The Company, or its designated representative, at its own expense, have the right to have You examined as often as reasonably necessary while a claim is pending. The Company, or its designated representative, also has the right to have an autopsy made unless prohibited by law.

TIME OF PAYMENT OF CLAIMS - Benefits payable under this Certificate for any Loss other than Loss for which this Certificate provides any periodic payment will be paid immediately upon receipt of due written Proof of such Loss. Subject to due written Proof of Loss, all accrued indemnities for Loss for which this Certificate provides periodic payment will be paid monthly and any balance remaining unpaid upon the termination of liability, will be paid immediately upon receipt of due written proof.

All claims shall be paid within thirty (30) days following receipt by the Company of due Proof of Loss. Failure to pay within such period shall entitle the claimant to interest at the rate of six (6) percent per annum from the thirtieth (30th) day after receipt of such Proof of Loss to the date of late payment, provided that interest amounting to less than one dollar need not be paid. You or Your assignee shall be notified by the Company or designated representative of any known failure to provide sufficient documentation for a due Proof of Loss within thirty (30) days after receipt of the claim. Any required interest payments shall be made within thirty (30) days after the payment.

The following provisions apply to Baggage/Personal Effects and Baggage Delay coverages:

NOTICE OF LOSS - If Your property covered under this Certificate is lost, stolen or damaged, You must:

- (a) notify the Company, or its authorized representative as soon as possible;

- (b) take immediate steps to protect, save and/or recover the covered property;
- (c) give immediate notice to the carrier or bailee who is or may be liable for the Loss or damage;
- (d) notify the police or other authority in the case of robbery or theft within twenty-four (24) hours.

PROOF OF LOSS - You must furnish the Company, or its designated representative, with Proof of Loss. This must be a detailed sworn statement. It must be filed with the Company, or its designated representative, within ninety (90) days from the date of Loss. Failure to comply with these conditions shall invalidate any claims under this Certificate.

SETTLEMENT OF LOSS - Claims for damage and/or destruction shall be paid after acceptable proof of the damage and/or destruction is presented to the Company and the Company has determined the claim is covered. Claims for lost property will be paid after the lapse of a reasonable time if the property has not been recovered. You must present acceptable Proof of Loss and the value involved to the Company.

BENEFIT TO BAILEE - This insurance will in no way inure directly or indirectly to the benefit of any carrier or other bailee.

ACCIDENT MEDICAL EXPENSE

The Company will reimburse benefits up to the Maximum Benefit shown on the Schedule of Benefits, if You incur necessary Covered Medical Expenses as the result of an Accidental Injury that occurs during the Trip. You must receive initial treatment for Accidental Injuries within ninety (90) days of the Accident that caused them and while on the Trip. All services, supplies or treatment must be received within fifty-two (52) weeks of the date of the Accident

Covered Medical Expenses are expenses incurred for necessary services and supplies: (a) listed below; and (b) ordered or prescribed by the attending Physician as Medically Necessary for treatment, that are limited to:

- (a) the services of a Physician;
- (b) charges for Hospital confinement and use of operating rooms;
- (c) charges for anesthetics (including administration); x-ray examinations or treatments, and laboratory tests;
- (d) ambulance service;
- (e) drugs, medicines and therapeutic services.

The Company will not reimburse benefits in excess of the Reasonable and Customary Charges. The Company will not cover any expenses provided by another party at no cost to You or already included within the cost of the Trip.

The Company will reimburse benefits up to the Maximum Benefit shown on the Schedule of Benefits for emergency dental treatment for Accidental Injury to Sound Natural Teeth that occurs during the Trip within twelve (12) months of the Accidental Injury.

If You are Hospitalized due to an Accidental Injury that first occurred during the course of the Trip beyond the Scheduled Return Date, coverage under this benefit will be extended until You are released from the Hospital or until Maximum Benefits under this Certificate have been paid.

These benefit(s) will not duplicate any other benefits payable under the Policy or any coverage(s) attached to the Policy.

ACCIDENTAL DEATH AND DISMEMBERMENT – 24-HOUR

The Company will pay the percentage of the Principal Sum shown in the Table of Losses when You, as a result of an Accidental Injury occurring during the Trip, sustain a Loss shown in the Table below. The Loss must occur within one hundred eighty (180) days after the date of the Accident causing the Loss.

The Principal Sum is shown on the Schedule of Benefits. If more than one Loss is sustained as the result of an Accident, the amount payable shall be the largest amount of a sustained Loss shown in the Table of Losses.

TABLE OF LOSSES	
Loss of:	Percentage of Principal Sum:
Life	100%
Both hands or both feet	100%
Sight of both eyes	100%
One hand and one foot	100%
Either hand or foot and sight of one eye	100%
Either hand or foot	50%
Sight of one eye	50%
Speech and hearing in both ears	100%
Speech	50%
Hearing in both ears	50%
Thumb and index finger of same hand	25%

"Loss" with regard to:

1. hand or foot, means actual complete severance through and above the wrist or ankle joints; and
2. eye means an entire and irrecoverable Loss of sight;
3. speech or hearing means entire and irrecoverable Loss of speech or hearing of both ears; and
4. thumb and index finger means actual severance through or above the joint that meets the finger at the palm.

EXPOSURE

The Company will pay benefits for covered Losses that result from You being unavoidably exposed to the elements due to an Accident. The Loss must occur within three hundred sixty-five (365) days after the event that caused the exposure.

DISAPPEARANCE

The Company will pay benefits for Loss of life if Your body cannot be located within three hundred sixty-five (365) days after Your disappearance due to an Accident.

These benefit(s) will not duplicate any other benefits payable under the Policy or any coverage(s) attached to the Policy.

BAGGAGE DELAY (Outward Journey Only)

The Company will reimburse You for the expense of necessary personal effects, up to the Maximum Benefit shown on the Schedule of Benefits, if Your Checked Baggage is delayed or misdirected by a Common Carrier for more than twenty-four (24) hours while on a Trip.

You must be a ticketed passenger on a Common Carrier.

Additionally, all claims must be verified by the Common Carrier who must certify the delay or misdirection and receipts for the purchases must accompany any claim.

These benefit(s) will not duplicate any other benefits payable under the Policy or any coverage(s) attached to the Policy.

BAGGAGE/PERSONAL EFFECTS

The Company will reimburse You up to the Maximum Benefit shown on the Schedule of Benefits, if You sustain Loss, theft or damage to baggage and personal effects during the Trip, provided You have taken all reasonable measures to protect, save and/or recover the property at all times. The baggage and personal effects must be owned by and accompany You during the Trip. The police or other authority must be notified within twenty-four (24) hours in the event of theft.

This coverage is subject to any coverage provided by a Common Carrier.

There will be a per article limit shown on the Schedule of Benefits.

There will be a combined Maximum Benefit limit shown on the Schedule of Benefits for the following:

jewelry; watches; articles consisting in whole or in part of silver, gold or platinum; furs; articles trimmed with or made mostly of fur; personal computers, cameras and their accessories and related equipment.

The Company will pay the lesser of the following:

- (a) Actual Cash Value at time of Loss, theft or damage to baggage and personal effects; or
- (b) the cost of repair or replacement in like kind and quality.

EXTENSION OF COVERAGE

If You have checked Your property with a Common Carrier and delivery is delayed, coverage for Baggage/Personal Effects will be extended until the Common Carrier delivers the property.

These benefit(s) will not duplicate any other benefits payable under the Policy or any coverage(s) attached to the Policy.

EMERGENCY EVACUATION

The Company will pay benefits for Covered Expenses incurred, up to the Maximum Benefit shown on the Schedule of Benefits, if an Accidental Injury or Sickness commencing during the course of the Trip results in Your necessary Emergency Evacuation. An Emergency Evacuation must be ordered by a Physician who certifies that the severity of Your Accidental Injury or Sickness warrants Your Emergency Evacuation.

Emergency Evacuation means:

- (a) Your medical condition warrants immediate Transportation from the hospital where You are first taken when injured or sick to the nearest Hospital where appropriate medical treatment can be obtained;

- (b) after being treated at a local Hospital, Your medical condition warrants Transportation to Your Home Country where You reside, to obtain further medical treatment or to recover; or
- (c) both (a) and (b), above.

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

- (a) recommended by the attending Physician;
- (b) required by the standard regulations of the conveyance transporting You; and
- (c) authorized in advance by the Company or its authorized representative.

Transportation of Dependent Children: If You are expected to be in the Hospital for more than three (3) consecutive days, the Company will return Your unattended Dependent Children accompanying You on the scheduled Trip, to their home, with an attendant if necessary.

Transportation to Join You: If You are traveling alone and are expected to be in a Hospital alone for more than three (3) consecutive days, or if the attending Physician certifies that due to Your Accidental Injury or Sickness, You will be required to stay in the Hospital for more than three (3) consecutive days, upon request the Company will bring a person, chosen by You, for a single visit to and from Your bedside, provided that repatriation is not imminent.

Transportation to Join You due to Felonious Assault: If You are traveling alone and are the victim of a Felonious Assault, upon request the Company will bring a Family Member chosen by You, for a single visit to and from Your bedside. The Family Member's travel must take place within seven (7) days of the date of the Felonious Assault.

Transportation services are provided if authorized in advance by the assistance provider and are limited to necessary Economy Fares less the value of applied credit from unused travel tickets, if applicable.

Transportation means any Common Carrier, or other land, water or air conveyance, required for an Emergency Evacuation and includes air ambulances, land ambulances and private motor vehicles.

The Company will not cover any expenses provided by another party at no cost to You or already included within the cost of the Trip.

These benefit(s) will not duplicate any other benefits payable under the Policy or any coverage(s) attached to the Policy.

REPATRIATION OF REMAINS

The Company will pay the reasonable Covered Expenses incurred to return Your body to Your primary residence if You die during the Trip. This will not exceed the Maximum Benefit shown on the Schedule of Benefits. This benefit is provided if authorized in advance by the assistance provider.

Covered Expenses include but are not limited to: 1) expenses for embalming or cremation; 2) casket or receptacle for transport and transportation; 3) escort services to include expenses for a Family Member or Traveling Companion to join your body during the Repatriation to your primary residence.

These benefit(s) will not duplicate any other benefits payable under the Policy or any coverage(s) attached to the Policy.

SICKNESS MEDICAL EXPENSE

The Company will reimburse You, up to the Maximum Benefit shown on the Schedule of Benefits, if You incur Covered Medical Expenses as a result of a Sickness that first manifests itself during the Trip. You must receive initial treatment within ninety (90) days of the onset of the Sickness and while on the Trip. All services, supplies or treatment must be received within fifty-two (52) weeks following the onset of the Sickness.

Covered Medical Expenses are expenses incurred for necessary services and supplies: (a) listed below; and (b) ordered or prescribed by the attending Physician as Medically Necessary for treatment, that are limited to:

- (a) the services of a Physician;
- (b) charges for Hospital confinement and use of operating rooms;
- (c) charge for anesthetics (including administration); x-ray examinations or treatments, and laboratory tests;
- (d) ambulance service;
- (e) drugs, medicines and therapeutic services.

The Company will not pay benefits in excess of the Reasonable and Customary Charges. The Company will not cover any expenses provided by another party at no cost to You or already included within the cost of the Trip.

If You are Hospitalized due to a Sickness that first occurred during the course of the Trip beyond the Scheduled Return Date, coverage under this benefit will be extended until You are released from the Hospital or until Maximum Benefits under this Certificate have been paid.

These benefit(s) will not duplicate any other benefits payable under the Policy or any coverage(s) attached to the Policy.

TRIP DELAY

The Company will reimburse You for Covered Expenses, up to the Maximum Benefit shown on the Schedule of Benefits, if You are delayed, while coverage is in effect, en route to or from the Trip for twelve (12) or more hours due to a defined Hazard.

Covered Expenses:

- (a) Any Additional Expenses incurred;
- (b) An Economy Fare from the point where You ended Your Trip to a destination where You can catch up to the Trip; or
- (c) A one-way Economy Fare to return You to Your originally scheduled return destination.

You must provide the following documentation when presenting a claim for these benefits:

- a) Written confirmation of the reasons for delay from the Common Carrier whose delay resulted in the Loss, including but not limited to, scheduled departure and return times and actual departure and return times.

These benefit(s) will not duplicate any other benefits payable under the Policy or any coverage(s) attached to the Policy.

LIMITATIONS AND EXCLUSIONS

The following exclusions apply to Trip Delay, Accidental Death & Dismemberment, Sickness Medical Expense, Accident Medical Expense, Emergency Evacuation and Repatriation of Remains:

Loss caused by or resulting from:

- 1. Pre-Existing Conditions, as defined in the Definitions section (except Emergency Evacuation and Repatriation of Remains);
- 2. war, invasion, acts of foreign enemies, hostilities between nations (whether declared or not), civil war;
- 3. participation in any military maneuver or training exercise;
- 4. piloting or learning to pilot or acting as a member of the crew of any aircraft;
- 5. participation as a professional in athletics;
- 6. commission or the attempt to commit a dishonest, fraudulent or criminal act;
- 7. participating in skydiving; hang-gliding; Parachuting; Mountaineering; any race; bungee cord jumping; speed contest (speed contest shall not include any of the regatta races); scuba diving, unless You are certified to dive; deep sea diving; spelunking or caving; heliskiing; extreme skiing; Extreme Sports;
- 8. dental treatment except as a result of an injury to Sound Natural Teeth within twelve (12) months of the injury;
- 9. any non-emergency treatment or surgery, routine physical examinations, hearing aids, eye glasses or contact lenses;
- 10. pregnancy and childbirth (except for Complications of Pregnancy);
- 11. curtailment or delayed return for other than covered reasons;
- 12. traveling for the purpose of securing medical treatment;
- 13. services not shown as covered;
- 14. care or treatment that is not Medically Necessary;
- 15. Accidental Injury or Sickness when traveling against the advice of a Physician;
- 16. cosmetic surgery except for: reconstructive surgery incidental to or following surgery for trauma, or infection or other covered disease of the part of the body reconstructed, or to treat a congenital malformation of a child;
- 17. any expenses incurred in the Home Country.

The following exclusions apply to Baggage/Personal Effects and Baggage Delay:

The Company will not provide benefits for any Loss or damage to:

- 1. animals;
- 2. automobiles and automobile equipment;
- 3. boats or other vehicles or conveyances;
- 4. trailers;
- 5. motors;
- 6. motorcycles;
- 7. aircraft;
- 8. bicycles (except when checked as baggage with a Common Carrier);
- 9. household effects and furnishing;
- 10. antiques and collector's items;
- 11. eye glasses, sunglasses or contact lenses;
- 12. artificial teeth and dental bridges;
- 13. hearing aids;

14. artificial limbs and other prosthetic devices;
15. prescribed medications;
16. keys, cash, stamps, securities and documents;
17. tickets;
18. credit cards;
19. professional or occupational equipment or property, whether or not electronic business equipment;
20. sporting equipment if loss or damage results from the use thereof;
21. musical instruments;
22. retainers and orthodontic devices.

Any Loss caused by or resulting from the following is excluded:

1. breakage of brittle or fragile articles;
2. wear and tear or gradual deterioration;
3. insects or vermin;
4. inherent vice or damage while the article is actually being worked upon or processed;
5. confiscation or expropriation by order of any government;
6. war or any act of war whether declared or not;
7. theft or pilferage while left unattended in any vehicle;
8. mysterious disappearance;
9. property illegally acquired, kept, stored or transported;
10. insurrection or rebellion;
11. imprudent action or omission;
12. property shipped as freight or shipped prior to the Scheduled Departure Date.

24/7 TRAVEL ASSISTANCE SERVICES:

iNext includes the following Services which are available to You for and during Your Covered Trip:

- Medical evacuation
- Rebooking Services
- Medically necessary repatriation
- Repatriation of remains
- Medical or legal referral
- Hospital admission assistance
- Translation service
- Lost Baggage retrieval
- Lost Document Assistance
- Worldwide Medical information
- Passport / Visa information
- Emergency cash advance
- Prescription drug / eyeglass replacement
- Legal Referral/Bail bond
- Embassy & Consular Services

NOTE: Any expenses incurred for services rendered while not on an iNext Covered Trip will be Your responsibility.

Services are provided by an independent organization and not by Crum & Forster SPC for and on behalf of ITI SP. There may be times when circumstances beyond the assistance company's control hinder their endeavors to provide travel assistance services. They will, however, make all reasonable efforts to provide travel assistance services and help You resolve Your emergency situation.

CLAIMS:

Co-ordinated Benefit Plans, LLC

Claims Administrator for Crum & Forster SPC for and on behalf of ITI SP

P.O. Box 26222

Tampa, FL 33623

Online at <https://cbpconnect.com>, Or E-mail your information to: TravelTeam@cbpinsure.com

Phone: 866-723-3063 / 727-412-7378

Hours of operation:

Monday, Tuesday, Wednesday, Friday 8:30am-5:00pm (eastern)

Thursday 9:30am-5:00pm (eastern)

GROUP OUTBOUND TRAVEL INSURANCE POLICY

POLICYHOLDER: FAIRMONT SPECIALTY TRUST

POLICYHOLDER ADDRESS: ITA Global Trust, LTD
Suite 4210, 2nd Floor Canella Court,
48 Market St,
Camana Bay
P.O. Box 32203,
Grand Cayman KY1-1208,
Cayman Islands

PARTICIPATING ORGANIZATION: iNext

EFFECTIVE DATE: September 1, 2026

EXPIRATION DATE: August 31, 2027

UMR: B115R180022

The Policy is a legal contract between the Policyholder and Crum & Forster SPC for and on behalf of ITI SP (herein referenced as "the Company").

This Policy is issued by Crum & Forster SPC for and on behalf of ITI SP to the Fairmont Specialty Trust located in the Cayman Islands.

This Policy is not subject to U.S. jurisdiction.

Master Policy means that certain group insurance policy issued to Fairmont Specialty Trust.

Underwriter shall mean Crum & Forster SPC.

The Company agrees to provide insurance, in exchange for the payment of the required premium. Coverage is subject to the terms and conditions described in the Policy.

The Company and the Policyholder have agreed to all the terms and conditions of the Policy. The Policy and the coverage provided by it become effective at 12:01 A.M. at the address of the Policyholder on the Policy Effective Date shown above. It continues in effect in accordance with the provisions set forth in the Policy.

THIS IS LIMITED BENEFIT SHORT DURATION COVERAGE.

READ IT CAREFULLY.

THE POLICY IS NOT RENEWABLE.

TABLE OF CONTENTS

SCHEDULE OF BENEFITS

ELIGIBILITY

GENERAL DEFINITIONS

GENERAL PROVISIONS

COVERAGES:

Accident Medical Expense

Accidental Death & Dismemberment – 24-Hour

Accidental Death & Dismemberment – Common Carrier (Air Only)

Baggage Delay

Baggage/Personal Effects

Emergency Evacuation

Repatriation of Remains

Sickness Medical Expense

Trip Delay

LIMITATIONS AND EXCLUSIONS

SCHEDULE OF BENEFITS

iNext Comprehensive Ultimate Group

Benefit Per Trip	Maximum Benefit Amount/Principal Sum
Accident Medical Expense	up to \$500,000
Emergency Dental	up to \$750
Deductible	\$0
Accidental Death & Dismemberment	
24-Hour	up to \$20,000
Common Carrier (Air Only)	up to \$100,000
Baggage and Personal Effects	up to \$2,500
Per Article Limit.....	\$250
Combined	\$500
Baggage Delay (24 hours)	up to \$200
Emergency Medical Evacuation	up to \$1,000,000
Transportation to Join You (up to \$300/Day to maximum of 10 days)	up to \$3,000
Sickness Medical Expense	up to \$500,000
Mental Health Coverage.....	up to \$500,000
Deductible	\$0
Repatriation of Remains	up to \$50,000
Trip Delay (12 hours) (up to \$150/Day).....	up to \$600
Trip Delay — Due to Quarantine (up to \$250/Day).....	up to \$2,500

ELIGIBILITY

Class I All regular, full-time and part-time Students as well as Faculty/Staff/Chaperones/Volunteers of the educational organization or institution who are engaged in international educational activities and are temporarily located outside his/her Home Country.

Class II Legal Spouses of Class I Insured Persons whose application has been accepted by the Company.

Class III Eligible Dependent Children of Class I Insured Persons whose application has been accepted by the Company.

iNext Travel Protection meets Schengen Visa requirements by covering medical expenses up to \$500,000 in these European countries: Austria, Belgium, Croatia, the Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Italy, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, the Netherlands, Norway, Poland, Portugal, Slovakia, Slovenia, Spain, Sweden, Switzerland, as well as the United Kingdom, Bulgaria, Cyprus, Ireland, Romania, San Marino, Andorra, Monaco and the Vatican.

GENERAL DEFINITIONS

Throughout this document, when capitalized, certain words and phrases are defined as follows:

Accident means a sudden, unexpected, unintended, specific event that occurs at an identifiable time and place but shall also include exposure resulting from a mishap to a conveyance in which You are traveling.

Accidental Injury means Bodily Injury caused by an Accident (of external origin) being the direct and independent cause in the Loss and that 1) requires a physical examination and medical treatment by a Physician and 2) commences while Your coverage is in effect. The injury must be verified by a Physician.

Actual Cash Value means the lesser of the replacement cost and the purchase price less depreciation.

Additional Expenses means any reasonable expenses for meals and lodging that were necessarily incurred as the result of a Hazard and that were not provided by the Common Carrier or other party free of charge.

Bodily Injury means identifiable physical injury that is caused by an Accident and is independent of disease or bodily infirmity.

Certificate of Insurance means this document, and any endorsements, riders or amendments that will attach during the period of coverage.

Checked Baggage means a piece of baggage that accompanies You for which a claim check has been issued to You by a Common Carrier.

Common Carrier means any land, sea, and/or air conveyance operating under a valid license for the transportation of passengers for hire. Taxis and limousines are not Common Carriers as defined herein.

Company means Crum & Forster SPC on and behalf of ITI SP.

Complications of Pregnancy means conditions (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.

Complications of Pregnancy does 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 Expenses means expenses incurred by You that are for Medically Necessary care or treatment; due to Sickness or Bodily Injury; prescribed, performed or ordered by a Physician; Reasonable and Customary Charges incurred while insured under this Certificate; and that do not exceed the Maximum Benefit limits shown in the Schedule of Benefits, under each stated benefit.

Dependent Child(ren) means Your child (or children), including an unmarried child, stepchild, legally adopted child or foster child who is more than thirty-one (31) days old and less than age twenty-six (26).

Domestic Partner means a person with whom You reside and can show evidence of cohabitation (including the shared responsibility for basic living expenses) for at least the previous six (6) months and has an affidavit of domestic partnership, if recognized by the jurisdiction within which You reside.

Economy Fare means the lowest published rate for a round trip economy ticket.

Effective Date means 12:01 A.M. local time, at Your location, on the day after the required premium for such coverage is received by the Company or its authorized representative.

Extreme Sports means any high-risk non-team sport or recreation activity that is dangerous and if performed optimally, even by the highly skilled, risks loss of life or limb. Extreme Sports often involve speed, height, a high level of physical exertion and/or highly specialized gear.

Family Member means Your legal or common law Spouse, parent, legal guardian, step-parent, grandparent, parents-in-law, grandchild, natural or adopted child, step-child, children-in-law, brother, sister, step-brother, step-sister, brother-in-law, sister-in-law, aunt, uncle, niece, nephew, or Domestic Partner.

Felonious Assault means a violent or criminal act reported to the local authorities which was directed at you during the course of, or an attempt of, a physical assault resulting in serious injury, kidnapping or rape.

Hazard means:

- (a) Any delay of a Common Carrier (including Inclement Weather).
- (b) Any delay by a traffic accident en route to a departure, in which You or a Traveling Companion is not directly involved.
- (c) Any delay due to lost or stolen passports, travel documents or money, Quarantine, hijacking, unannounced Strike, natural disaster, civil commotion or riot.
- (d) A closed roadway causing cessation of travel to the destination of the Trip (substantiated by the department of transportation, state police, etc.)

Home Country means the country where You have Your true, fixed and permanent home and principal establishment.

Hospital means a facility that:

- (a) holds a valid license if it is required by the law;
- (b) operates primarily for the care and treatment of sick or injured persons as in-patients;
- (c) has a staff of one or more Physicians available at all times;
- (d) provides twenty-four (24) hour nursing service and has at least one registered professional nurse on duty or call;
- (e) has organized diagnostic and surgical facilities, either on the premises or in facilities available to the hospital on a pre-arranged basis; and
- (f) is not, except incidentally, a clinic, nursing home, rest home, drug or physical rehabilitation facility or convalescent home for the aged, or similar institution.

Incidental Trip means a short-scheduled trip of 30 days or less to Your Home Country that has a defined departure and return date booked prior to the start of the Incidental Trip. To be an eligible Incidental Trip, the Incidental Trip must take place after Your Coverage Begin Date and end prior to Your Coverage End Date. This policy will not cover any expenses due to a Loss that occurs while on an Incidental Trip.

Inclement Weather means any severe weather condition that delays the scheduled arrival or departure of a Common Carrier.

Insured means the person who enrolled for coverage and whose premium was paid under the Policy.

Loss means Bodily Injury, Sickness or damage sustained by You, while coverage is in effect, in consequence of happening of one or more of the occurrences against which the Company has undertaken to indemnify You.

Maximum Benefit means the largest total amount that the Company will pay under any one benefit for You, as shown on the Schedule of Benefits.

Medically Necessary means a service or supply that: (a) is recommended by the attending Physician; (b) is appropriate and consistent with the diagnosis in accord with accepted standards of community practice; (c) could not have been omitted without adversely affecting Your condition or quality of medical care; (d) is delivered at the most appropriate level of care and not primarily for the sake of convenience; and (e) is not considered experimental unless coverage for experimental services or supplies is required by law.

Mountaineering means the sport, hobby or profession of walking, hiking and climbing up mountains either: 1) utilizing harnesses, ropes, crampons, or ice axes; or 2) ascending 4,500 meters or above.

Parachuting means an activity involving the breaking of a free fall from an airplane using a parachute.

Participating Organization means a travel agency, tour operator, cruise line, airline or other organization that applies for coverage under the Policy and remits the required premium to the Company.

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 You, a Traveling Companion or a Family Member.

Policy means the Group Master Policy including the application and any endorsements, riders or amendments that will attach during the period of coverage.

Quarantine means Your strict isolation imposed by a Government authority or Physician to prevent the spread of disease. An embargo preventing You from entering a country is not a Quarantine.

Reasonable and Customary Charges means charges commonly used by Physicians in the locality in which care is furnished.

Scheduled Departure Date means the date on which You are originally scheduled to leave on the Trip.

Scheduled Return Date means the date on which You are originally scheduled to return to the point of origin or to a different final destination.

Sickness means an illness or disease of the body that: 1) requires a physical examination and medical treatment by a Physician and 2) commences while Your coverage is in effect. An illness or disease of the body that begins prior to the Effective Date of coverage is not a Sickness as defined herein and is not covered by this Certificate, unless it suddenly worsens or becomes acute after the Effective Date.

Sound Natural Teeth means teeth that are whole or properly restored and are without impairment, periodontal or other conditions and are not in need of the treatment provided for any reason other than an Accidental Injury. For purposes of this Certificate, teeth previously restored with a crown, inlay, onlay, or porcelain restoration or treated by endodontics, except amalgam or composite resin fillings, are not considered Sound Natural Teeth.

Spouse shall mean the primary Insured's legal or common law spouse.

Strike means any unannounced labor disagreement that interferes with the normal departure and arrival of a Common Carrier.

Traveling Companion means a person who has coordinated travel arrangements or vacation plans with You, intends to travel with You during the Trip. Note, a group or tour leader is not considered a Traveling Companion unless You are sharing room accommodations with the group or tour leader.

Trip means a trip or class of trips outside Your Home Country.

You or Your refers to the Insured.

GENERAL PROVISIONS

The following provisions apply to all coverages:

LEGAL ACTIONS - No legal action for a claim can be brought against the Company until sixty (60) days after the Company receives Proof of Loss. No legal action for a claim can be brought against the Company more than three (3) years after the time required for giving Proof of Loss.

MISREPRESENTATION AND FRAUD - Your coverage shall be void if, whether before or after a Loss, You concealed or misrepresented any material fact or circumstance concerning this Certificate or the subject thereof, or Your interest therein, or if You commit fraud or false swearing in connection with any of the foregoing.

You must fully cooperate in the event the Company determines that an investigation of any claim is warranted.

RIGHT OF RECOVERY/ SUBROGATION - You must refund the Company any overpayment of benefits that occurs because a third party was liable to pay certain of Your expenses due to a wrongful act, negligence or omission. The refund will equal the amount the Company paid under this Certificate. If the refund is due from another person or organization, You must help the Company obtain the refund. The Company's right to be reimbursed has priority over Your right to be made whole. This means that the Company's right of recovery applies even if Your entire loss has not been compensated. However, the amount of the Company's recovery will be reduced by a proper share of Your legal fees and Your expenses needed to obtain the refund.

The Company has the right to pursue a refund or recovery even if You do not do so. This is called subrogation. You must help the Company use this right when requested. The Company's right of subrogation applies even if Your entire loss has not been compensated.

ASSIGNMENT - This Certificate is not assignable, whether by operation of law or otherwise, but benefits may be assigned.

WHEN YOUR COVERAGE BEGINS - Provided:

- (a) coverage has been elected; and
- (b) the required premium has been paid.

All coverage will begin on the later of the Effective Date or upon Your departure from Your Home Country.

WHEN YOUR COVERAGE ENDS - Your coverage will end at 11:59 P.M. local time on the date that is the earliest of the following:

- (a) the Scheduled Return Date as stated on the travel tickets; except for travel for an Incidental Trip;
- (b) three hundred sixty-four (364) days after the Effective Date.

EXTENDED COVERAGE - Coverage will be extended under the following conditions, should they occur during the journey to the return destination or to a different destination:

- (a) If You are a passenger on a scheduled Common Carrier that is unavoidably delayed up to five (5) days in reaching the final destination, coverage will be extended for the period of time needed to arrive at the final destination.

The following provisions apply to all benefits except Baggage/Personal Effects and Baggage Delay:

PAYMENT OF CLAIMS - The Company, or its designated representative, will pay a claim after receipt of acceptable Proof of Loss.

Benefits for Loss of life are payable to Your beneficiary. If a beneficiary is not otherwise designated by You, benefits for Loss of life will be paid to the first of the following surviving preference beneficiaries:

- a) Your spouse;
- b) Your child or children jointly;
- c) Your parents jointly if both are living or the surviving parent if only one survives;
- d) Your brothers and sisters jointly; or
- e) Your estate.

All other claims will be paid to You. In the event You are a minor, incompetent or otherwise unable to give a valid release for the claim, the Company may make arrangement to pay claims to Your legal guardian, committee or other qualified representative.

All or a portion of all other benefits provided by this Certificate may, at the option of the Company, be paid directly to the provider of the service(s). All benefits not paid to the provider will be paid to You.

Any payment made in good faith will discharge the Company's liability to the extent of the claim.

The applicable benefit amount will be reduced by the amount of benefits, if any, previously paid by other insurance policies. In no event will the Company reimburse You for an amount greater than the amount paid by You.

NOTICE OF CLAIM - Written notice of claim must be given by the claimant (either You or someone acting for You) to the Company or its designated representative within twenty (20) days after a covered Loss first begins or as soon as reasonably possible. Notice should include Your name, the Participating Organization's name and the Plan number. Notice should be sent to the Company's administrative office, or to the Company's designated representative.

PROOF OF LOSS - The claimant must send the Company, or its designated representative, Proof of Loss within ninety (90) days after a covered Loss occurs or as soon as reasonably possible. Failure to furnish such proof within the time required shall not invalidate nor reduce any claim if it was not reasonably possible to give proof within such time, provided such proof is furnished as soon as reasonably possible and in no event, except in the absence of legal capacity, later than one year from the time proof is otherwise required.

PHYSICAL EXAMINATION AND AUTOPSY - The Company, or its designated representative, at its own expense, have the right to have You examined as often as reasonably necessary while a claim is pending. The Company, or its designated representative, also has the right to have an autopsy made unless prohibited by law.

TIME OF PAYMENT OF CLAIMS - Benefits payable under this Certificate for any Loss other than Loss for which this Certificate provides any periodic payment will be paid immediately upon receipt of due written Proof of such Loss. Subject to due written Proof of Loss, all accrued indemnities for Loss for which this Certificate provides periodic payment will be paid monthly and any balance remaining unpaid upon the termination of liability, will be paid immediately upon receipt of due written proof.

All claims shall be paid within thirty (30) days following receipt by the Company of due Proof of Loss. Failure to pay within such period shall entitle the claimant to interest at the rate of six (6) percent per annum from the thirtieth (30th) day after receipt of such Proof of Loss to the date of late payment, provided that interest amounting to less than one dollar need not be paid. You or Your assignee shall be notified by the Company or designated representative of any known failure to provide sufficient documentation for a due Proof of Loss within thirty (30) days after receipt of the claim. Any required interest payments shall be made within thirty (30) days after the payment.

The following provisions apply to Baggage/Personal Effects and Baggage Delay coverages:

NOTICE OF LOSS - If Your property covered under this Certificate is lost, stolen or damaged, You must:

- (a) notify the Company, or its authorized representative as soon as possible;
- (b) take immediate steps to protect, save and/or recover the covered property;
- (c) give immediate notice to the carrier or bailee who is or may be liable for the Loss or damage;
- (d) notify the police or other authority in the case of robbery or theft within twenty-four (24) hours.

PROOF OF LOSS - You must furnish the Company, or its designated representative, with Proof of Loss. This must be a detailed sworn statement. It must be filed with the Company, or its designated representative, within ninety (90) days from the date of Loss. Failure to comply with these conditions shall invalidate any claims under this Certificate.

SETTLEMENT OF LOSS - Claims for damage and/or destruction shall be paid after acceptable proof of the damage and/or destruction is presented to the Company and the Company has determined the claim is covered. Claims for lost property will be paid after the lapse of a reasonable time if the property has not been recovered. You must present acceptable Proof of Loss and the value involved to the Company.

BENEFIT TO BAILEE - This insurance will in no way inure directly or indirectly to the benefit of any carrier or other bailee.

ACCIDENT MEDICAL EXPENSE

The Company will reimburse benefits up to the Maximum Benefit shown on the Schedule of Benefits, if You incur necessary Covered Medical Expenses as the result of an Accidental Injury that occurs during the Trip. You must receive initial treatment for Accidental Injuries within ninety (90) days of the Accident that caused them and while on the Trip. All services, supplies or treatment must be received within fifty-two (52) weeks of the date of the Accident.

Covered Medical Expenses are expenses incurred for necessary services and supplies: (a) listed below; and (b) ordered or prescribed by the attending Physician as Medically Necessary for treatment, that are limited to:

- (a) the services of a Physician;
- (b) charges for Hospital confinement and use of operating rooms;
- (c) charges for anesthetics (including administration); x-ray examinations or treatments, and laboratory tests;
- (d) ambulance service;
- (e) drugs, medicines and therapeutic services.

The Company will not reimburse benefits in excess of the Reasonable and Customary Charges. The Company will not cover any expenses provided by another party at no cost to You or already included within the cost of the Trip.

The Company will reimburse benefits up to the Maximum Benefit shown on the Schedule of Benefits for emergency dental treatment for Accidental Injury to Sound Natural Teeth that occurs during the Trip within twelve (12) months of the Accidental Injury.

If You are Hospitalized due to an Accidental Injury that first occurred during the course of the Trip beyond the Scheduled Return Date, coverage under this benefit will be extended until You are released from the Hospital or until Maximum Benefits under this Certificate have been paid.

These benefit(s) will not duplicate any other benefits payable under the Policy or any coverage(s) attached to the Policy.

ACCIDENTAL DEATH AND DISMEMBERMENT - 24-HOUR

The Company will pay the percentage of the Principal Sum shown in the Table of Losses when You, as a result of an Accidental Injury occurring during the Trip, sustain a Loss shown in the Table below. The Loss must occur within one hundred eighty (180) days after the date of the Accident causing the Loss.

The Principal Sum is shown on the Schedule of Benefits. If more than one Loss is sustained as the result of an Accident, the amount payable shall be the largest amount of a sustained Loss shown in the Table of Losses.

TABLE OF LOSSES	
Loss of:	Percentage of Principal Sum:
Life	100%
Both hands or both feet	100%
Sight of both eyes	100%
One hand and one foot	100%
Either hand or foot and sight of one eye	100%
Either hand or foot	50%
Sight of one eye	50%
Speech and hearing in both ears	100%
Speech	50%
Hearing in both ears	50%
Thumb and index finger of same hand	25%

"Loss" with regard to:

1. hand or foot, means actual complete severance through and above the wrist or ankle joints; and
2. eye means an entire and irrecoverable Loss of sight;
3. speech or hearing means entire and irrecoverable Loss of speech or hearing of both ears; and
4. thumb and index finger means actual severance through or above the joint that meets the finger at the palm.

EXPOSURE

The Company will pay benefits for covered Losses that result from You being unavoidably exposed to the elements due to an Accident. The Loss must occur within three hundred sixty-five (365) days after the event that caused the exposure.

DISAPPEARANCE

The Company will pay benefits for Loss of life if Your body cannot be located within three hundred sixty-five (365) days after Your disappearance due to an Accident.

These benefit(s) will not duplicate any other benefits payable under the Policy or any coverage(s) attached to the Policy.

ACCIDENTAL DEATH AND DISMEMBERMENT – COMMON CARRIER (AIR ONLY)

The Company will pay benefits for Accidental Injuries resulting in a Loss as described in the Table of Losses below, that occurs while You are riding as a passenger in or on, boarding or alighting from, any air conveyance operated under a license for the transportation of passengers for hire during the Trip. The Loss must occur within three hundred sixty-five (365) days after the date of the Accident causing the Loss.

The Principal Sum is shown on the Schedule of Benefits. If more than one Loss is sustained as the result of an Accident, the amount payable shall be the largest amount shown in the Table of Losses.

TABLE OF LOSSES	
Loss of:	Percentage of Principal Sum:
Life	100%
Both hands or both feet	100%
Sight of both eyes	100%
One hand and one foot	100%
Either hand or foot and sight of one eye	100%
Either hand or foot	50%
Sight of one eye	50%
Speech and hearing in both ears	100%
Speech	50%
Hearing in both ears	50%
Thumb and index finger of same hand	25%

"Loss" with regard to:

1. hand or foot, means actual complete severance through and above the wrist or ankle joints; and
2. eye means an entire and irrecoverable Loss of sight;
3. speech or hearing means entire and irrecoverable Loss of speech or hearing of both ears; and
4. thumb and index finger means actual severance through or above the joint that meets the finger at the palm.

EXPOSURE

The Company will pay benefits for covered Losses that result from You being unavoidably exposed to the elements due to an Accident of an air conveyance operated under a license for the transportation of passengers for hire during the Trip. The Loss must occur within three hundred sixty-five (365) days after the event that caused the exposure.

DISAPPEARANCE

The Company will pay benefits for Loss of life if Your body cannot be located within three hundred sixty-five (365) days after Your disappearance due to forced landing, stranding, sinking, or wrecking of an air conveyance operated under a license for the transportation of passengers for hire during the Trip in which You were a passenger.

These benefit(s) will not duplicate any other benefits payable under the Policy or any coverage(s) attached to the Policy.

BAGGAGE DELAY (Outward Journey Only)

The Company will reimburse You for the expense of necessary personal effects, up to the Maximum Benefit shown on the Schedule of Benefits, if Your Checked Baggage is delayed or misdirected by a Common Carrier for more than twenty-four (24) hours while on a Trip.

You must be a ticketed passenger on a Common Carrier.

Additionally, all claims must be verified by the Common Carrier who must certify the delay or misdirection and receipts for the purchases must accompany any claim.

These benefit(s) will not duplicate any other benefits payable under the Policy or any coverage(s) attached to the Policy.

BAGGAGE/PERSONAL EFFECTS

The Company will reimburse You up to the Maximum Benefit shown on the Schedule of Benefits, if You sustain Loss, theft or damage to baggage and personal effects during the Trip, provided You have taken all reasonable measures to protect, save and/or recover the property at all times. The baggage and personal effects must be owned by and accompany You during the Trip. The police or other authority must be notified within twenty-four (24) hours in the event of theft.

This coverage is subject to any coverage provided by a Common Carrier.

There will be a per article limit shown on the Schedule of Benefits.

There will be a combined Maximum Benefit limit shown on the Schedule of Benefits for the following:

jewelry; watches; articles consisting in whole or in part of silver, gold or platinum; furs; articles trimmed with or made mostly of fur; personal computers, cameras and their accessories and related equipment.

The Company will pay the lesser of the following:

- (a) Actual Cash Value at time of Loss, theft or damage to baggage and personal effects; or
- (b) the cost of repair or replacement in like kind and quality.

EXTENSION OF COVERAGE

If You have checked Your property with a Common Carrier and delivery is delayed, coverage for Baggage/Personal Effects will be extended until the Common Carrier delivers the property.

These benefit(s) will not duplicate any other benefits payable under the Policy or any coverage(s) attached to the Policy.

EMERGENCY EVACUATION

The Company will pay benefits for Covered Expenses incurred, up to the Maximum Benefit shown on the Schedule of Benefits, if an Accidental Injury or Sickness commencing during the course of the Trip results in Your necessary Emergency Evacuation. An Emergency Evacuation must be ordered by a Physician who certifies that the severity of Your Accidental Injury or Sickness warrants Your Emergency Evacuation.

Emergency Evacuation means:

- (a) Your medical condition warrants immediate Transportation from the hospital where You are first taken when injured or sick to the nearest Hospital where appropriate medical treatment can be obtained;
- (b) after being treated at a local Hospital, Your medical condition warrants Transportation to Your Home Country where You reside, to obtain further medical treatment or to recover; or
- (c) both (a) and (b), above.

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

- (a) recommended by the attending Physician;
- (b) required by the standard regulations of the conveyance transporting You; and
- (c) authorized in advance by the Company or its authorized representative.

Transportation of Dependent Children: If You are expected to be in the Hospital for more than three (3) consecutive days, the Company will return Your unattended Dependent Children accompanying You on the scheduled Trip, to their home, with an attendant if necessary.

Transportation to Join You: If You are traveling alone and are expected to be in a Hospital alone for more than three (3) consecutive days, or if the attending Physician certifies that due to Your Accidental Injury or Sickness, You will be required to stay in the Hospital for more than three (3) consecutive days, upon request the Company will bring a person, chosen by You, for a single visit to and from Your bedside, provided that repatriation is not imminent.

Transportation to Join You due to Felonious Assault: If You are traveling alone and are the victim of a Felonious Assault, upon request the Company **will bring a Family Member chosen by You, for a single visit to and from Your bedside. The Family Member's travel must take** place within seven (7) days of the date of the Felonious Assault.

Transportation services are provided if authorized in advance by the assistance provider and are limited to necessary Economy Fares less the value of applied credit from unused travel tickets, if applicable.

Transportation means any Common Carrier, or other land, water or air conveyance, required for an Emergency Evacuation and includes air ambulances, land ambulances and private motor vehicles.

The Company will not cover any expenses provided by another party at no cost to You or already included within the cost of the Trip.

These benefit(s) will not duplicate any other benefits payable under the Policy or any coverage(s) attached to the Policy.

REPATRIATION OF REMAINS

The Company will pay the reasonable Covered Expenses incurred to return Your body to Your primary residence if You die during the Trip. This will not exceed the Maximum Benefit shown on the Schedule of Benefits. This benefit is provided if authorized in advance by the assistance provider.

Covered Expenses include but are not limited to: 1) expenses for embalming or cremation; 2) casket or receptacle for transport and transportation; 3) escort services to include expenses for a Family Member or Traveling Companion to join your body during the Repatriation to your primary residence.

These benefit(s) will not duplicate any other benefits payable under the Policy or any coverage(s) attached to the Policy.

SICKNESS MEDICAL EXPENSE

The Company will reimburse You, up to the Maximum Benefit shown on the Schedule of Benefits, if You incur Covered Medical Expenses as a result of a Sickness that first manifests itself during the Trip. You must receive initial treatment within ninety (90) days of the onset of the Sickness and while on the Trip. All services, supplies or treatment must be received within fifty-two (52) weeks following the onset of the Sickness.

Covered Medical Expenses are expenses incurred for necessary services and supplies: (a) listed below; and (b) ordered or prescribed by the attending Physician as Medically Necessary for treatment, that are limited to:

- (a) the services of a Physician;
- (b) charges for Hospital confinement and use of operating rooms;
- (c) charge for anesthetics (including administration); x-ray examinations or treatments, and laboratory tests;
- (d) ambulance service;
- (e) drugs, medicines and therapeutic services.

The Company will not pay benefits in excess of the Reasonable and Customary Charges. The Company will not cover any expenses provided by another party at no cost to You or already included within the cost of the Trip.

If You are Hospitalized due to a Sickness that first occurred during the course of the Trip beyond the Scheduled Return Date, coverage under this benefit will be extended until You are released from the Hospital or until Maximum Benefits under this Certificate have been paid.

These benefit(s) will not duplicate any other benefits payable under the Policy or any coverage(s) attached to the Policy.

TRIP DELAY

The Company will reimburse You for Covered Expenses, up to the Maximum Benefit shown on the Schedule of Benefits, if You are delayed, while coverage is in effect, en route to or from the Trip for twelve (12) or more hours due to a defined Hazard.

Covered Expenses:

- (a) Any Additional Expenses incurred;
- (b) An Economy Fare from the point where You ended Your Trip to a destination where You can catch up to the Trip; or
- (c) A one-way Economy Fare to return You to Your originally scheduled return destination.

You must provide the following documentation when presenting a claim for these benefits:

- a) Written confirmation of the reasons for delay from the Common Carrier whose delay resulted in the Loss, including but not limited to, scheduled departure and return times and actual departure and return times.

These benefit(s) will not duplicate any other benefits payable under the Policy or any coverage(s) attached to the Policy.

LIMITATIONS AND EXCLUSIONS

The following exclusions apply to Trip Delay, Accidental Death & Dismemberment 24-Hour, Accidental Death & Dismemberment — Common Carrier (Air Only), Sickness Medical Expense, Accident Medical Expense, Emergency Evacuation and Repatriation of Remains:

Loss caused by or resulting from:

- 1. war, invasion, acts of foreign enemies, hostilities between nations (whether declared or not), civil war;
- 2. participation in any military maneuver or training exercise;
- 3. piloting or learning to pilot or acting as a member of the crew of any aircraft;
- 4. participation as a professional in athletics;
- 5. commission or the attempt to commit a dishonest, fraudulent or criminal act;

6. participating in skydiving; hang-gliding; Parachuting; Mountaineering; any race; bungee cord jumping; speed contest (speed contest shall not include any of the regatta races); scuba diving, unless You are certified to dive; deep sea diving; spelunking or caving; heliskiing; extreme skiing; Extreme Sports;
7. dental treatment except as a result of an injury to Sound Natural Teeth within twelve (12) months of the injury;
8. any non-emergency treatment or surgery, routine physical examinations, hearing aids, eye glasses or contact lenses;
9. pregnancy and childbirth (except for Complications of Pregnancy);
10. curtailment or delayed return for other than covered reasons;
11. traveling for the purpose of securing medical treatment;
12. services not shown as covered;
13. care or treatment that is not Medically Necessary;
14. Accidental Injury or Sickness when traveling against the advice of a Physician;
15. cosmetic surgery except for: reconstructive surgery incidental to or following surgery for trauma, or infection or other covered disease of the part of the body reconstructed, or to treat a congenital malformation of a child;
16. any expenses incurred in the Home Country.

The following exclusions apply to Baggage/Personal Effects and Baggage Delay:

The Company will not provide benefits for any Loss or damage to:

1. animals;
2. automobiles and automobile equipment;
3. boats or other vehicles or conveyances;
4. trailers;
5. motors;
6. motorcycles;
7. aircraft;
8. bicycles (except when checked as baggage with a Common Carrier);
9. household effects and furnishing;
10. antiques and collector's items;
11. eye glasses, sunglasses or contact lenses;
12. artificial teeth and dental bridges;
13. hearing aids;
14. artificial limbs and other prosthetic devices;
15. prescribed medications;
16. keys, cash, stamps, securities and documents;
17. tickets;
18. credit cards;
19. professional or occupational equipment or property, whether or not electronic business equipment;
20. sporting equipment if loss or damage results from the use thereof;
21. musical instruments;
22. retainers and orthodontic devices.

Any Loss caused by or resulting from the following is excluded:

1. breakage of brittle or fragile articles;
2. wear and tear or gradual deterioration;
3. insects or vermin;
4. inherent vice or damage while the article is actually being worked upon or processed;
5. confiscation or expropriation by order of any government;
6. war or any act of war whether declared or not;
7. theft or pilferage while left unattended in any vehicle;
8. mysterious disappearance;
9. property illegally acquired, kept, stored or transported;
10. insurrection or rebellion;
11. imprudent action or omission;
12. property shipped as freight or shipped prior to the Scheduled Departure Date.

24/7 TRAVEL ASSISTANCE SERVICES:

iNext includes the following Services which are available to You for and during Your Covered Trip:

- Medical evacuation
- Rebooking Services
- Medically necessary repatriation
- Repatriation of remains
- Medical or legal referral
- Hospital admission assistance
- Translation service
- Lost Baggage retrieval
- Lost Document Assistance
- Worldwide Medical information
- Passport / Visa information
- Emergency cash advance
- Prescription drug / eyeglass replacement
- Legal Referral/Bail bond
- Embassy & Consular Services

NOTE: Any expenses incurred for services rendered while not on an iNext Covered Trip will be Your responsibility.

Services are provided by an independent organization and not by Crum & Forster SPC for and on behalf of ITI SP. There may be times when circumstances beyond the assistance company's control hinder their endeavors to provide travel assistance services. They will, however, make all reasonable efforts to provide travel assistance services and help You resolve Your emergency situation.

CLAIMS:

Co-ordinated Benefit Plans, LLC

Claims Administrator for Crum & Forster SPC for and on behalf of ITI SP

P.O. Box 26222

Tampa, FL 33623

Online at <https://cbpconnect.com>, Or E-mail your information to: TravelTeam@cbpinsure.com

Phone: 866-723-3063 / 727-412-7378

Hours of operation:

Monday, Tuesday, Wednesday, Friday 8:30am-5:00pm (eastern)

Thursday 9:30am-5:00pm (eastern)

GROUP OUTBOUND TRAVEL INSURANCE POLICY

POLICYHOLDER: FAIRMONT SPECIALTY TRUST

POLICYHOLDER ADDRESS: ITA Global Trust, LTD
Suite 4210, 2nd Floor Canella Court,
48 Market St,
Camana Bay
P.O. Box 32203,
Grand Cayman KY1-1208,
Cayman Islands

PARTICIPATING ORGANIZATION: iNext

EFFECTIVE DATE: September 1, 2026

EXPIRATION DATE: August 31, 2027

UMR: B115R180022

The Policy is a legal contract between the Policyholder and Crum & Forster SPC for and on behalf of ITI SP (herein referenced as "the Company").

This Policy is issued by Crum & Forster SPC for and on behalf of ITI SP to the Fairmont Specialty Trust located in the Cayman Islands.

This Policy is not subject to U.S. jurisdiction.

Master Policy means that certain group insurance policy issued to Fairmont Specialty Trust.

Underwriter shall mean Crum & Forster SPC.

The Company agrees to provide insurance, in exchange for the payment of the required premium. Coverage is subject to the terms and conditions described in the Policy.

The Company and the Policyholder have agreed to all the terms and conditions of the Policy. The Policy and the coverage provided by it become effective at 12:01 A.M. at the address of the Policyholder on the Policy Effective Date shown above. It continues in effect in accordance with the provisions set forth in the Policy.

THIS IS LIMITED BENEFIT SHORT DURATION COVERAGE.

READ IT CAREFULLY.

THE POLICY IS NOT RENEWABLE.

TABLE OF CONTENTS

SCHEDULE OF BENEFITS

ELIGIBILITY

GENERAL DEFINITIONS

GENERAL PROVISIONS

COVERAGES:

Accident Medical Expense

Accidental Death & Dismemberment – 24-Hour

Accidental Death & Dismemberment – Common Carrier (Air Only)

Baggage Delay

Baggage/Personal Effects

Emergency Evacuation

Repatriation of Remains

Sickness Medical Expense

Trip Delay

LIMITATIONS AND EXCLUSIONS

SCHEDULE OF BENEFITS

iNext Supplemental Platinum Group

Benefit Per Trip	Maximum Benefit Amount/Principal Sum
Accident Medical Expense (Excess Coverage)	up to \$100,000
Emergency Dental	up to \$750
Deductible	\$0
Accidental Death & Dismemberment	
24-Hour	up to \$20,000
Common Carrier (Air Only)	up to \$100,000
Baggage and Personal Effects	up to \$2,500
Per Article Limit.....	\$250
Combined	\$500
Baggage Delay (24 hours)	up to \$200
Emergency Medical Evacuation	up to \$1,000,000
Transportation to Join You (up to \$300/Day to maximum of 10 days)	up to \$3,000
Sickness Medical Expense (Excess Coverage)	up to \$100,000
Mental Health Coverage.....	up to \$100,000
Deductible	\$0
Repatriation of Remains	up to \$50,000
Trip Delay (12 hours)	up to \$200

ELIGIBILITY

Class I All regular, full-time and part-time Students as well as Faculty/Staff/Chaperones/Volunteers of the educational organization or institution who are engaged in international educational activities and are temporarily located outside his/her Home Country.

Class II Legal Spouses of Class I Insured Persons whose application has been accepted by the Company.

Class III Eligible Dependent Children of Class I Insured Persons whose application has been accepted by the Company.

iNext Travel Protection meets Schengen Visa requirements by covering medical expenses up to \$100,000 in these European countries: Austria, Belgium, Croatia, the Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Italy, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, the Netherlands, Norway, Poland, Portugal, Slovakia, Slovenia, Spain, Sweden, Switzerland, as well as the United Kingdom, Bulgaria, Cyprus, Ireland, Romania, San Marino, Andorra, Monaco and the Vatican.

GENERAL DEFINITIONS

Throughout this document, when capitalized, certain words and phrases are defined as follows:

Accident means a sudden, unexpected, unintended, specific event that occurs at an identifiable time and place but shall also include exposure resulting from a mishap to a conveyance in which You are traveling.

Accidental Injury means Bodily Injury caused by an Accident (of external origin) being the direct and independent cause in the Loss and that 1) requires a physical examination and medical treatment by a Physician and 2) commences while Your coverage is in effect. The injury must be verified by a Physician.

Actual Cash Value means the lesser of the replacement cost and the purchase price less depreciation.

Additional Expenses means any reasonable expenses for meals and lodging that were necessarily incurred as the result of a Hazard and that were not provided by the Common Carrier or other party free of charge.

Bodily Injury means identifiable physical injury that is caused by an Accident and is independent of disease or bodily infirmity.

Certificate of Insurance means this document, and any endorsements, riders or amendments that will attach during the period of coverage.

Checked Baggage means a piece of baggage that accompanies You for which a claim check has been issued to You by a Common Carrier.

Common Carrier means any land, sea, and/or air conveyance operating under a valid license for the transportation of passengers for hire. Taxis and limousines are not Common Carriers as defined herein.

Company means Crum & Forster SPC on and behalf of ITI SP.

Complications of Pregnancy means conditions (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.

Complications of Pregnancy does 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 Expenses means expenses incurred by You that are for Medically Necessary care or treatment; due to Sickness or Bodily Injury; prescribed, performed or ordered by a Physician; Reasonable and Customary Charges incurred while insured under this Certificate; and that do not exceed the Maximum Benefit limits shown in the Schedule of Benefits, under each stated benefit.

Dependent Child(ren) means Your child (or children), including an unmarried child, stepchild, legally adopted child or foster child who is more than thirty-one (31) days old and less than age twenty-six (26).

Domestic Partner means a person with whom You reside and can show evidence of cohabitation (including the shared responsibility for basic living expenses) for at least the previous six (6) months and has an affidavit of domestic partnership, if recognized by the jurisdiction within which You reside.

Economy Fare means the lowest published rate for a round trip economy ticket.

Effective Date means 12:01 A.M. local time, at Your location, on the day after the required premium for such coverage is received by the Company or its authorized representative.

Extreme Sports means any high-risk non-team sport or recreation activity that is dangerous and if performed optimally, even by the highly skilled, risks loss of life or limb. Extreme Sports often involve speed, height, a high level of physical exertion and/or highly specialized gear.

Family Member means Your legal or common law Spouse, parent, legal guardian, step-parent, grandparent, parents-in-law, grandchild, natural or adopted child, step-child, children-in-law, brother, sister, step-brother, step-sister, brother-in-law, sister-in-law, aunt, uncle, niece, nephew, or Domestic Partner.

Felonious Assault means a violent or criminal act reported to the local authorities which was directed at you during the course of, or an attempt of, a

physical assault resulting in serious injury, kidnapping or rape.

Hazard means:

- (a) Any delay of a Common Carrier (including Inclement Weather).
- (b) Any delay by a traffic accident en route to a departure, in which You or a Traveling Companion is not directly involved.
- (c) Any delay due to lost or stolen passports, travel documents or money, Quarantine, hijacking, unannounced Strike, natural disaster, civil commotion or riot.
- (d) A closed roadway causing cessation of travel to the destination of the Trip (substantiated by the department of transportation, state police, etc.)

Home Country means the country where You have Your true, fixed and permanent home and principal establishment.

Hospital means a facility that:

- (a) holds a valid license if it is required by the law;
- (b) operates primarily for the care and treatment of sick or injured persons as in-patients;
- (c) has a staff of one or more Physicians available at all times;
- (d) provides twenty-four (24) hour nursing service and has at least one registered professional nurse on duty or call;
- (e) has organized diagnostic and surgical facilities, either on the premises or in facilities available to the hospital on a pre-arranged basis; and
- (f) is not, except incidentally, a clinic, nursing home, rest home, drug or physical rehabilitation facility or convalescent home for the aged, or similar institution.

Incidental Trip means a short-scheduled trip of 30 days or less to Your Home Country that has a defined departure and return date booked prior to the start of the Incidental Trip. To be an eligible Incidental Trip, the Incidental Trip must take place after Your Coverage Begin Date and end prior to Your Coverage End Date. This policy will not cover any expenses due to a Loss that occurs while on an Incidental Trip.

Inclement Weather means any severe weather condition that delays the scheduled arrival or departure of a Common Carrier.

Insured means the person who enrolled for coverage and whose premium was paid under the Policy.

Loss means Bodily Injury, Sickness or damage sustained by You, while coverage is in effect, in consequence of happening of one or more of the occurrences against which the Company has undertaken to indemnify You.

Maximum Benefit means the largest total amount that the Company will pay under any one benefit for You, as shown on the Schedule of Benefits.

Medically Necessary means a service or supply that: (a) is recommended by the attending Physician; (b) is appropriate and consistent with the diagnosis in accord with accepted standards of community practice; (c) could not have been omitted without adversely affecting Your condition or quality of medical care; (d) is delivered at the most appropriate level of care and not primarily for the sake of convenience; and (e) is not considered experimental unless coverage for experimental services or supplies is required by law.

Mountaineering means the sport, hobby or profession of walking, hiking and climbing up mountains either: 1) utilizing harnesses, ropes, crampons, or ice axes; or 2) ascending 4,500 meters or above.

Other Insurance means any one of the following types of policies or plans that provides benefits for medical expenses for you at the time of Loss on Your Effective Date of coverage, and such policy or plan requires You to pay any applicable Deductible and/or portion of coinsurance: individual, group or blanket insurance plans; HMO's, PPO's, POS's, EPO's, employer organization plans, employee benefit organizational plans, or other arrangements of benefits for persons of a group. Insurance does not include Medicare or Medicaid.

Parachuting means an activity involving the breaking of a free fall from an airplane using a parachute.

Participating Organization means a travel agency, tour operator, cruise line, airline or other organization that applies for coverage under the Policy and remits the required premium to the Company.

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 You, a Traveling Companion or a Family Member.

Policy means the Group Master Policy including the application and any endorsements, riders or amendments that will attach during the period of coverage.

Quarantine means Your strict isolation imposed by a Government authority or Physician to prevent the spread of disease. An embargo preventing You from entering a country is not a Quarantine.

Reasonable and Customary Charges means charges commonly used by Physicians in the locality in which care is furnished.

Scheduled Departure Date means the date on which You are originally scheduled to leave on the Trip.

Scheduled Return Date means the date on which You are originally scheduled to return to the point of origin or to a different final destination.

Sickness means an illness or disease of the body that: 1) requires a physical examination and medical treatment by a Physician and 2) commences while Your coverage is in effect. An illness or disease of the body that begins prior to the Effective Date of coverage is not a Sickness as defined herein and is not covered by this Certificate, unless it suddenly worsens or becomes acute after the Effective Date.

Sound Natural Teeth means teeth that are whole or properly restored and are without impairment, periodontal or other conditions and are not in need of the treatment provided for any reason other than an Accidental Injury. For purposes of this Certificate, teeth previously restored with a crown, inlay, onlay, or porcelain restoration or treated by endodontics, except amalgam or composite resin fillings, are not considered Sound Natural Teeth.

Spouse shall mean the primary Insured's legal or common law spouse.

Strike means any unannounced labor disagreement that interferes with the normal departure and arrival of a Common Carrier.

Traveling Companion means a person who has coordinated travel arrangements or vacation plans with You, intends to travel with You during the Trip. Note, a group or tour leader is not considered a Traveling Companion unless You are sharing room accommodations with the group or tour leader.

Trip means a trip or class of trips outside Your Home Country.

You or Your refers to the Insured.

GENERAL PROVISIONS

The following provisions apply to all coverages:

LEGAL ACTIONS - No legal action for a claim can be brought against the Company until sixty (60) days after the Company receives Proof of Loss. No legal action for a claim can be brought against the Company more than three (3) years after the time required for giving Proof of Loss.

MISREPRESENTATION AND FRAUD - Your coverage shall be void if, whether before or after a Loss, You concealed or misrepresented any material fact or circumstance concerning this Certificate or the subject thereof, or Your interest therein, or if You commit fraud or false swearing in connection with any of the foregoing.

You must fully cooperate in the event the Company determines that an investigation of any claim is warranted.

RIGHT OF RECOVERY/ SUBROGATION - You must refund the Company any overpayment of benefits that occurs because a third party was liable to pay certain of Your expenses due to a wrongful act, negligence or omission. The refund will equal the amount the Company paid under this Certificate. If the refund is due from another person or organization, You must help the Company obtain the refund. The Company's right to be reimbursed has priority over Your right to be made whole. This means that the Company's right of recovery applies even if Your entire loss has not been compensated. However, the amount of the Company's recovery will be reduced by a proper share of Your legal fees and Your expenses needed to obtain the refund.

The Company has the right to pursue a refund or recovery even if You do not do so. This is called subrogation. You must help the Company use this right when requested. The Company's right of subrogation applies even if Your entire loss has not been compensated.

ASSIGNMENT - This Certificate is not assignable, whether by operation of law or otherwise, but benefits may be assigned.

WHEN YOUR COVERAGE BEGINS - Provided:

- (a) coverage has been elected; and
- (b) the required premium has been paid.

All coverage will begin on the later of the Effective Date or upon Your departure from Your Home Country.

WHEN YOUR COVERAGE ENDS - Your coverage will end at 11:59 P.M. local time on the date that is the earliest of the following:

- (a) the Scheduled Return Date as stated on the travel tickets; except for travel for an Incidental Trip;
- (b) three hundred sixty-four (364) days after the Effective Date.

EXTENDED COVERAGE - Coverage will be extended under the following conditions, should they occur during the journey to the return destination or to a different destination:

(a) If You are a passenger on a scheduled Common Carrier that is unavoidably delayed up to five (5) days in reaching the final destination, coverage will be extended for the period of time needed to arrive at the final destination.

EXCESS INSURANCE LIMITATION - The insurance provided by this Certificate shall be in excess of all other valid and collectible insurance or indemnity. If at the time of the occurrence of any Loss there is other valid and collectible insurance or indemnity in place, the Company shall be liable only for the excess of the amount of Loss, over the amount of such Other Insurance or indemnity, and applicable Deductible.

The following provisions apply to all benefits except Baggage/Personal Effects and Baggage Delay:

PAYMENT OF CLAIMS - The Company, or its designated representative, will pay a claim after receipt of acceptable Proof of Loss.

Benefits for Loss of life are payable to Your beneficiary. If a beneficiary is not otherwise designated by You, benefits for Loss of life will be paid to the first of the following surviving preference beneficiaries:

- a) Your spouse;
- b) Your child or children jointly;
- c) Your parents jointly if both are living or the surviving parent if only one survives;
- d) Your brothers and sisters jointly; or
- e) Your estate.

All other claims will be paid to You. In the event You are a minor, incompetent or otherwise unable to give a valid release for the claim, the Company may make arrangement to pay claims to Your legal guardian, committee or other qualified representative.

All or a portion of all other benefits provided by this Certificate may, at the option of the Company, be paid directly to the provider of the service(s). All benefits not paid to the provider will be paid to You.

Any payment made in good faith will discharge the Company's liability to the extent of the claim.

The applicable benefit amount will be reduced by the amount of benefits, if any, previously paid by Other Insurance policies. In no event will the Company reimburse You for an amount greater than the amount paid by You.

NOTICE OF CLAIM - Written notice of claim must be given by the claimant (either You or someone acting for You) to the Company or its designated representative within twenty (20) days after a covered Loss first begins or as soon as reasonably possible. Notice should include Your name, the Participating Organization's name and the Plan number. Notice should be sent to the Company's administrative office, or to the Company's designated representative.

PROOF OF LOSS - The claimant must send the Company, or its designated representative, Proof of Loss within ninety (90) days after a covered Loss occurs or as soon as reasonably possible. Failure to furnish such proof within the time required shall not invalidate nor reduce any claim if it was not reasonably possible to give proof within such time, provided such proof is furnished as soon as reasonably possible and in no event, except in the absence of legal capacity, later than one year from the time proof is otherwise required.

PHYSICAL EXAMINATION AND AUTOPSY - The Company, or its designated representative, at its own expense, have the right to have You examined as often as reasonably necessary while a claim is pending. The Company, or its designated representative, also has the right to have an autopsy made unless prohibited by law.

TIME OF PAYMENT OF CLAIMS - Benefits payable under this Certificate for any Loss other than Loss for which this Certificate provides any periodic payment will be paid immediately upon receipt of due written Proof of such Loss. Subject to due written Proof of Loss, all accrued indemnities for Loss for which this Certificate provides periodic payment will be paid monthly and any balance remaining unpaid upon the termination of liability, will be paid immediately upon receipt of due written proof.

All claims shall be paid within thirty (30) days following receipt by the Company of due Proof of Loss. Failure to pay within such period shall entitle the claimant to interest at the rate of six (6) percent per annum from the thirtieth (30th) day after receipt of such Proof of Loss to the date of late payment, provided that interest amounting to less than one dollar need not be paid. You or Your assignee shall be notified by the Company or designated representative of any known failure to provide sufficient documentation for a due Proof of Loss within thirty (30) days after receipt of the claim. Any required interest payments shall be made within thirty (30) days after the payment.

The following provisions apply to Baggage/Personal Effects and Baggage Delay coverages:

NOTICE OF LOSS - If Your property covered under this Certificate is lost, stolen or damaged, You must:

- (a) notify the Company, or its authorized representative as soon as possible;
- (b) take immediate steps to protect, save and/or recover the covered property;
- (c) give immediate notice to the carrier or bailee who is or may be liable for the Loss or damage;

(d) notify the police or other authority in the case of robbery or theft within twenty-four (24) hours.

PROOF OF LOSS - You must furnish the Company, or its designated representative, with Proof of Loss. This must be a detailed sworn statement. It must be filed with the Company, or its designated representative, within ninety (90) days from the date of Loss. Failure to comply with these conditions shall invalidate any claims under this Certificate.

SETTLEMENT OF LOSS - Claims for damage and/or destruction shall be paid after acceptable proof of the damage and/or destruction is presented to the Company and the Company has determined the claim is covered. Claims for lost property will be paid after the lapse of a reasonable time if the property has not been recovered. You must present acceptable Proof of Loss and the value involved to the Company.

BENEFIT TO BAILEE - This insurance will in no way inure directly or indirectly to the benefit of any carrier or other bailee.

ACCIDENT MEDICAL EXPENSE

The Company will reimburse benefits up to the Maximum Benefit shown on the Schedule of Benefits, if You incur necessary Covered Medical Expenses as the result of an Accidental Injury that occurs during the Trip. You must receive initial treatment for Accidental Injuries within ninety (90) days of the Accident that caused them and while on the Trip. All services, supplies or treatment must be received within fifty-two (52) weeks of the date of the Accident.

Covered Medical Expenses are expenses incurred for necessary services and supplies: (a) listed below; and (b) ordered or prescribed by the attending Physician as Medically Necessary for treatment, that are limited to:

- (a) the services of a Physician;
- (b) charges for Hospital confinement and use of operating rooms;
- (c) charges for anesthetics (including administration); x-ray examinations or treatments, and laboratory tests;
- (d) ambulance service;
- (e) drugs, medicines and therapeutic services.

The Company will not reimburse benefits in excess of the Reasonable and Customary Charges. The Company will not cover any expenses provided by another party at no cost to You or already included within the cost of the Trip.

The Company will reimburse benefits up to the Maximum Benefit shown on the Schedule of Benefits for emergency dental treatment for Accidental Injury to Sound Natural Teeth that occurs during the Trip within twelve (12) months of the Accidental Injury.

If You are Hospitalized due to an Accidental Injury that first occurred during the course of the Trip beyond the Scheduled Return Date, coverage under this benefit will be extended until You are released from the Hospital or until Maximum Benefits under this Certificate have been paid.

These benefit(s) will not duplicate any other benefits payable under the Policy or any coverage(s) attached to the Policy.

ACCIDENTAL DEATH AND DISMEMBERMENT – 24-HOUR

The Company will pay the percentage of the Principal Sum shown in the Table of Losses when You, as a result of an Accidental Injury occurring during the Trip, sustain a Loss shown in the Table below. The Loss must occur within one hundred eighty (180) days after the date of the Accident causing the Loss.

The Principal Sum is shown on the Schedule of Benefits. If more than one Loss is sustained as the result of an Accident, the amount payable shall be the largest amount of a sustained Loss shown in the Table of Losses.

TABLE OF LOSSES	
Loss of:	Percentage of Principal Sum:
Life	100%
Both hands or both feet	100%
Sight of both eyes	100%
One hand and one foot	100%
Either hand or foot and sight of one eye	100%
Either hand or foot	50%
Sight of one eye	50%
Speech and hearing in both ears	100%
Speech	50%
Hearing in both ears	50%
Thumb and index finger of same hand	25%

"Loss" with regard to:

1. hand or foot, means actual complete severance through and above the wrist or ankle joints; and
2. eye means an entire and irrecoverable Loss of sight;
3. speech or hearing means entire and irrecoverable Loss of speech or hearing of both ears; and
4. thumb and index finger means actual severance through or above the joint that meets the finger at the palm.

EXPOSURE

The Company will pay benefits for covered Losses that result from You being unavoidably exposed to the elements due to an Accident. The Loss must occur within three hundred sixty-five (365) days after the event that caused the exposure.

DISAPPEARANCE

The Company will pay benefits for Loss of life if Your body cannot be located within three hundred sixty-five (365) days after Your disappearance due to an Accident.

These benefit(s) will not duplicate any other benefits payable under the Policy or any coverage(s) attached to the Policy.

ACCIDENTAL DEATH AND DISMEMBERMENT – COMMON CARRIER (AIR ONLY)

The Company will pay benefits for Accidental Injuries resulting in a Loss as described in the Table of Losses below, that occurs while You are riding as a passenger in or on, boarding or alighting from, any air conveyance operated under a license for the transportation of passengers for hire during the Trip. The Loss must occur within three hundred sixty-five (365) days after the date of the Accident causing the Loss.

The Principal Sum is shown on the Schedule of Benefits. If more than one Loss is sustained as the result of an Accident, the amount payable shall be the largest amount shown in the Table of Losses.

TABLE OF LOSSES	
Loss of:	Percentage of Principal Sum:
Life	100%
Both hands or both feet	100%
Sight of both eyes	100%
One hand and one foot	100%
Either hand or foot and sight of one eye	100%
Either hand or foot	50%
Sight of one eye	50%
Speech and hearing in both ears	100%
Speech	50%
Hearing in both ears	50%
Thumb and index finger of same hand	25%

"Loss" with regard to:

1. hand or foot, means actual complete severance through and above the wrist or ankle joints; and
2. eye means an entire and irrecoverable Loss of sight;
3. speech or hearing means entire and irrecoverable Loss of speech or hearing of both ears; and
4. thumb and index finger means actual severance through or above the joint that meets the finger at the palm.

EXPOSURE

The Company will pay benefits for covered Losses that result from You being unavoidably exposed to the elements due to an Accident of an air conveyance operated under a license for the transportation of passengers for hire during the Trip. The Loss must occur within three hundred sixty-five (365) days after the event that caused the exposure.

DISAPPEARANCE

The Company will pay benefits for Loss of life if Your body cannot be located within three hundred sixty-five (365) days after Your disappearance due to forced landing, stranding, sinking, or wrecking of an air conveyance operated under a license for the transportation of passengers for hire during the Trip in which You were a passenger.

These benefit(s) will not duplicate any other benefits payable under the Policy or any coverage(s) attached to the Policy.

BAGGAGE DELAY (Outward Journey Only)

The Company will reimburse You for the expense of necessary personal effects, up to the Maximum Benefit shown on the Schedule of Benefits, if Your Checked Baggage is delayed or misdirected by a Common Carrier for more than twenty-four (24) hours while on a Trip.

You must be a ticketed passenger on a Common Carrier.

Additionally, all claims must be verified by the Common Carrier who must certify the delay or misdirection and receipts for the purchases must accompany any claim.

These benefit(s) will not duplicate any other benefits payable under the Policy or any coverage(s) attached to the Policy.

BAGGAGE/PERSONAL EFFECTS

The Company will reimburse You up to the Maximum Benefit shown on the Schedule of Benefits, if You sustain Loss, theft or damage to baggage and personal effects during the Trip, provided You have taken all reasonable measures to protect, save and/or recover the property at all times. The baggage and personal effects must be owned by and accompany You during the Trip. The police or other authority must be notified within twenty-four (24) hours in the event of theft.

This coverage is subject to any coverage provided by a Common Carrier.

There will be a per article limit shown on the Schedule of Benefits.

There will be a combined Maximum Benefit limit shown on the Schedule of Benefits for the following:

jewelry; watches; articles consisting in whole or in part of silver, gold or platinum; furs; articles trimmed with or made mostly of fur; personal computers, cameras and their accessories and related equipment.

The Company will pay the lesser of the following:

- (a) Actual Cash Value at time of Loss, theft or damage to baggage and personal effects; or
- (b) the cost of repair or replacement in like kind and quality.

EXTENSION OF COVERAGE

If You have checked Your property with a Common Carrier and delivery is delayed, coverage for Baggage/Personal Effects will be extended until the Common Carrier delivers the property.

These benefit(s) will not duplicate any other benefits payable under the Policy or any coverage(s) attached to the Policy.

EMERGENCY EVACUATION

The Company will pay benefits for Covered Expenses incurred, up to the Maximum Benefit shown on the Schedule of Benefits, if an Accidental Injury or Sickness commencing during the course of the Trip results in Your necessary Emergency Evacuation. An Emergency Evacuation must be ordered by a Physician who certifies that the severity of Your Accidental Injury or Sickness warrants Your Emergency Evacuation.

Emergency Evacuation means:

- (a) Your medical condition warrants immediate Transportation from the hospital where You are first taken when injured or sick to the nearest Hospital where appropriate medical treatment can be obtained;
- (b) after being treated at a local Hospital, Your medical condition warrants Transportation to Your Home Country where You reside, to obtain further medical treatment or to recover; or
- (c) both (a) and (b), above.

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

- (a) recommended by the attending Physician;
- (b) required by the standard regulations of the conveyance transporting You; and
- (c) authorized in advance by the Company or its authorized representative.

Transportation of Dependent Children: If You are expected to be in the Hospital for more than three (3) consecutive days, the Company will return Your unattended Dependent Children accompanying You on the scheduled Trip, to their home, with an attendant if necessary.

Transportation to Join You: If You are traveling alone and are expected to be in a Hospital alone for more than three (3) consecutive days, or if the attending Physician certifies that due to Your Accidental Injury or Sickness, You will be required to stay in the Hospital for more than three (3) consecutive days, upon request the Company will bring a person, chosen by You, for a single visit to and from Your bedside, provided that repatriation is not imminent.

Transportation to Join You due to Felonious Assault: If You are traveling alone and are the victim of a Felonious Assault, upon request the Company will bring a Family Member chosen by You, for a single visit to and from Your bedside. **The Family Member's travel must take place**

within seven (7) days of the date of the Felonious Assault.

Transportation services are provided if authorized in advance by the assistance provider and are limited to necessary Economy Fares less the value of applied credit from unused travel tickets, if applicable.

Transportation means any Common Carrier, or other land, water or air conveyance, required for an Emergency Evacuation and includes air ambulances, land ambulances and private motor vehicles.

The Company will not cover any expenses provided by another party at no cost to You or already included within the cost of the Trip.

These benefit(s) will not duplicate any other benefits payable under the Policy or any coverage(s) attached to the Policy.

REPATRIATION OF REMAINS

The Company will pay the reasonable Covered Expenses incurred to return Your body to Your primary residence if You die during the Trip. This will not exceed the Maximum Benefit shown on the Schedule of Benefits. This benefit is provided if authorized in advance by the assistance provider.

Covered Expenses include but are not limited to: 1) expenses for embalming or cremation; 2) casket or receptacle for transport and transportation; 3) escort services to include expenses for a Family Member or Traveling Companion to join your body during the Repatriation to your primary residence.

These benefit(s) will not duplicate any other benefits payable under the Policy or any coverage(s) attached to the Policy.

SICKNESS MEDICAL EXPENSE

The Company will reimburse You, up to the Maximum Benefit shown on the Schedule of Benefits, if You incur Covered Medical Expenses as a result of a Sickness that first manifests itself during the Trip. You must receive initial treatment within ninety (90) days of the onset of the Sickness and while on the Trip. All services, supplies or treatment must be received within fifty-two (52) weeks following the onset of the Sickness.

Covered Medical Expenses are expenses incurred for necessary services and supplies: (a) listed below; and (b) ordered or prescribed by the attending Physician as Medically Necessary for treatment, that are limited to:

- (a) the services of a Physician;
- (b) charges for Hospital confinement and use of operating rooms;
- (c) charge for anesthetics (including administration); x-ray examinations or treatments, and laboratory tests;
- (d) ambulance service;
- (e) drugs, medicines and therapeutic services.

The Company will not pay benefits in excess of the Reasonable and Customary Charges. The Company will not cover any expenses provided by another party at no cost to You or already included within the cost of the Trip.

If You are Hospitalized due to a Sickness that first occurred during the course of the Trip beyond the Scheduled Return Date, coverage under this benefit will be extended until You are released from the Hospital or until Maximum Benefits under this Certificate have been paid.

These benefit(s) will not duplicate any other benefits payable under the Policy or any coverage(s) attached to the Policy.

TRIP DELAY

The Company will reimburse You for Covered Expenses, up to the Maximum Benefit shown on the Schedule of Benefits, if You are delayed, while coverage is in effect, en route to or from the Trip for twelve (12) or more hours due to a defined Hazard.

Covered Expenses:

- (a) Any Additional Expenses incurred;
- (b) An Economy Fare from the point where You ended Your Trip to a destination where You can catch up to the Trip; or
- (c) A one-way Economy Fare to return You to Your originally scheduled return destination.

You must provide the following documentation when presenting a claim for these benefits:

- a) Written confirmation of the reasons for delay from the Common Carrier whose delay resulted in the Loss, including but not limited to, scheduled departure and return times and actual departure and return times.

These benefit(s) will not duplicate any other benefits payable under the Policy or any coverage(s) attached to the Policy.

LIMITATIONS AND EXCLUSIONS

The following exclusions apply to Trip Delay, Accidental Death & Dismemberment 24-Hour, Accidental Death & Dismemberment - Common Carrier (Air Only), Sickness Medical Expense, Accident Medical Expense, Emergency Evacuation and Repatriation of Remains:

Loss caused by or resulting from:

1. war, invasion, acts of foreign enemies, hostilities between nations (whether declared or not), civil war;
2. participation in any military maneuver or training exercise;
3. piloting or learning to pilot or acting as a member of the crew of any aircraft;
4. participation as a professional in athletics;
5. commission or the attempt to commit a dishonest, fraudulent or criminal act;
6. participating in skydiving; hang-gliding; Parachuting; Mountaineering; any race; bungee cord jumping; speed contest (speed contest shall not include any of the regatta races;) scuba diving, unless You are certified to dive; deep sea diving; spelunking or caving; heliskiing; extreme skiing; Extreme Sports;
7. dental treatment except as a result of an injury to Sound Natural Teeth within twelve (12) months of the injury;
8. any non-emergency treatment or surgery, routine physical examinations, hearing aids, eye glasses or contact lenses;
9. pregnancy and childbirth (except for Complications of Pregnancy);
10. curtailment or delayed return for other than covered reasons;
11. traveling for the purpose of securing medical treatment;
12. services not shown as covered;
13. care or treatment that is not Medically Necessary;
14. care or treatment for which compensation is payable under Worker's Compensation Law, any Occupational Disease law; the 4800 Time Benefit plan or similar legislation;
15. care or treatment that is payable under any Other Insurance policy;
16. Accidental Injury or Sickness when traveling against the advice of a Physician;
17. cosmetic surgery except for; reconstructive surgery incidental to or following surgery for trauma, or infection or other covered disease of the part of the body reconstructed, or to treat a congenital malformation of a child;
18. any expenses incurred in the Home Country.

The following exclusions apply to Baggage/Personal Effects and Baggage Delay:

The Company will not provide benefits for any Loss or damage to:

1. animals;
2. automobiles and automobile equipment;
3. boats or other vehicles or conveyances;
4. trailers;
5. motors;
6. motorcycles;
7. aircraft;
8. bicycles (except when checked as baggage with a Common Carrier);
9. household effects and furnishing;
10. antiques and collector's items;
11. eye glasses, sunglasses or contact lenses;
12. artificial teeth and dental bridges;
13. hearing aids;
14. artificial limbs and other prosthetic devices;
15. prescribed medications;
16. keys, cash, stamps, securities and documents;
17. tickets;
18. credit cards;
19. professional or occupational equipment or property, whether or not electronic business equipment;
20. sporting equipment if loss or damage results from the use thereof;
21. musical instruments;
22. retainers and orthodontic devices.

Any Loss caused by or resulting from the following is excluded:

1. breakage of brittle or fragile articles;
2. wear and tear or gradual deterioration;
3. insects or vermin;
4. inherent vice or damage while the article is actually being worked upon or processed;
5. confiscation or expropriation by order of any government;
6. war or any act of war whether declared or not;
7. theft or pilferage while left unattended in any vehicle;

8. mysterious disappearance;
9. property illegally acquired, kept, stored or transported;
10. insurrection or rebellion;
11. imprudent action or omission;
12. property shipped as freight or shipped prior to the Scheduled Departure Date.

24/7 TRAVEL ASSISTANCE SERVICES:

iNext includes the following Services which are available to You for and during Your Covered Trip:

- Medical evacuation
- Rebooking Services
- Medically necessary repatriation
- Repatriation of remains
- Medical or legal referral
- Hospital admission assistance
- Translation service
- Lost Baggage retrieval
- Lost Document Assistance
- Worldwide Medical information
- Passport / Visa information
- Emergency cash advance
- Prescription drug / eyeglass replacement
- Legal Referral/Bail bond
- Embassy & Consular Services

NOTE: Any expenses incurred for services rendered while not on an iNext Covered Trip will be Your responsibility.

Services are provided by an independent organization and not by Crum & Forster SPC for and on behalf of ITI SP. There may be times when circumstances beyond the assistance company's control hinder their endeavors to provide travel assistance services. They will, however, make all reasonable efforts to provide travel assistance services and help You resolve Your emergency situation.

CLAIMS:

Co-ordinated Benefit Plans, LLC

Claims Administrator for Crum & Forster SPC for and on behalf of ITI SP

P.O. Box 26222

Tampa, FL 33623

Online at <https://cbpconnect.com>, Or E-mail your information to: TravelTeam@cbpinsure.com

Phone: 866-723-3063 / 727-412-7378

Hours of operation:

Monday, Tuesday, Wednesday, Friday 8:30am-5:00pm (eastern)

Thursday 9:30am-5:00pm (eastern)

GROUP OUTBOUND TRAVEL INSURANCE POLICY

POLICYHOLDER: FAIRMONT SPECIALTY TRUST

POLICYHOLDER ADDRESS: ITA Global Trust, LTD
Suite 4210, 2nd Floor Canella Court,
48 Market St,
Camana Bay
P.O. Box 32203,
Grand Cayman KY1-1208,
Cayman Islands

PARTICIPATING ORGANIZATION: iNext

EFFECTIVE DATE: September 1, 2026

EXPIRATION DATE: August 31, 2027

UMR: B115R180022

The Policy is a legal contract between the Policyholder and Crum & Forster SPC for and on behalf of ITI SP (herein referenced as "the Company").

This Policy is issued by Crum & Forster SPC for and on behalf of ITI SP to the Fairmont Specialty Trust located in the Cayman Islands.

This Policy is not subject to U.S. jurisdiction.

Master Policy means that certain group insurance policy issued to Fairmont Specialty Trust.

Underwriter shall mean Crum & Forster SPC.

The Company agrees to provide insurance, in exchange for the payment of the required premium. Coverage is subject to the terms and conditions described in the Policy.

The Company and the Policyholder have agreed to all the terms and conditions of the Policy. The Policy and the coverage provided by it become effective at 12:01 A.M. at the address of the Policyholder on the Policy Effective Date shown above. It continues in effect in accordance with the provisions set forth in the Policy.

THIS IS LIMITED BENEFIT SHORT DURATION COVERAGE.

READ IT CAREFULLY.

THE POLICY IS NOT RENEWABLE.

TABLE OF CONTENTS

SCHEDULE OF BENEFITS

ELIGIBILITY

GENERAL DEFINITIONS

GENERAL PROVISIONS

COVERAGES:

- Accident Medical Expense
- Accidental Death & Dismemberment — 24-Hour
- Baggage Delay
- Baggage/Personal Effects
- Emergency Evacuation
- Repatriation of Remains
- Sickness Medical Expense
- Trip Delay

LIMITATIONS AND EXCLUSIONS

SCHEDULE OF BENEFITS

iNext Supplemental Premium Group

Benefit Per Trip	Maximum Benefit Amount/Principal Sum
Accident Medical Expense (Excess Coverage)	up to \$100,000
Emergency Dental	up to \$750
Deductible	\$0
Accidental Death & Dismemberment	
24-Hour	up to \$10,000
Baggage and Personal Effects	up to \$2,000
Per Article Limit.....	\$250
Combined	\$500
Baggage Delay (24 hours)	up to \$200
Emergency Medical Evacuation	up to \$1,000,000
Transportation to Join You (up to \$300/Day to maximum of 10 days)	up to \$3,000
Sickness Medical Expense (Excess Coverage)	up to \$20,000
Deductible	\$0
Repatriation of Remains	up to \$50,000
Trip Delay (12 hours)	up to \$200

ELIGIBILITY

- Class I All regular, full-time and part-time Students as well as Faculty/Staff/Chaperones/Volunteers of the educational organization or institution who are engaged in international educational activities and are temporarily located outside his/her Home Country.
- Class II Legal Spouses of Class I Insured Persons whose application has been accepted by the Company.
- Class III Eligible Dependent Children of Class I Insured Persons whose application has been accepted by the Company.

iNext Travel Protection meets Schengen Visa requirements by covering medical expenses up to \$100,000 in these European countries: Austria, Belgium, Croatia, the Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Italy, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, the Netherlands, Norway, Poland, Portugal, Slovakia, Slovenia, Spain, Sweden, Switzerland, as well as the United Kingdom, Bulgaria, Cyprus, Ireland, Romania, San Marino, Andorra, Monaco and the Vatican.

GENERAL DEFINITIONS

Throughout this document, when capitalized, certain words and phrases are defined as follows:

Accident means a sudden, unexpected, unintended, specific event that occurs at an identifiable time and place but shall also include exposure resulting from a mishap to a conveyance in which You are traveling.

Accidental Injury means Bodily Injury caused by an Accident (of external origin) being the direct and independent cause in the Loss and that 1) requires a physical examination and medical treatment by a Physician and 2) commences while Your coverage is in effect. The injury must be verified by a Physician.

Actual Cash Value means the lesser of the replacement cost and the purchase price less depreciation.

Additional Expenses means any reasonable expenses for meals and lodging that were necessarily incurred as the result of a Hazard and that were not provided by the Common Carrier or other party free of charge.

Bodily Injury means identifiable physical injury that is caused by an Accident and is independent of disease or bodily infirmity.

Certificate of Insurance means this document, and any endorsements, riders or amendments that will attach during the period of coverage.

Checked Baggage means a piece of baggage that accompanies You for which a claim check has been issued to You by a Common Carrier.

Common Carrier means any land, sea, and/or air conveyance operating under a valid license for the transportation of passengers for hire. Taxis and limousines are not Common Carriers as defined herein.

Company means Crum & Forster SPC on and behalf of ITI SP.

Complications of Pregnancy means conditions (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.

Complications of Pregnancy does 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 Expenses means expenses incurred by You that are for Medically Necessary care or treatment; due to Sickness or Bodily Injury; prescribed, performed or ordered by a Physician; Reasonable and Customary Charges incurred while insured under this Certificate; and that do not exceed the Maximum Benefit limits shown in the Schedule of Benefits, under each stated benefit.

Dependent Child(ren) means Your child (or children), including an unmarried child, stepchild, legally adopted child or foster child who is more than thirty-one (31) days old and less than age twenty-six (26).

Domestic Partner means a person with whom You reside and can show evidence of cohabitation (including the shared responsibility for basic living expenses) for at least the previous six (6) months and has an affidavit of domestic partnership, if recognized by the jurisdiction within which You reside.

Economy Fare means the lowest published rate for a round trip economy ticket.

Effective Date means 12:01 A.M. local time, at Your location, on the day after the required premium for such coverage is received by the Company or its authorized representative.

Extreme Sports means any high-risk non-team sport or recreation activity that is dangerous and if performed optimally, even by the highly skilled, risks loss of life or limb. Extreme Sports often involve speed, height, a high level of physical exertion and/or highly specialized gear.

Family Member means Your legal or common law Spouse, parent, legal guardian, step-parent, grandparent, parents-in-law, grandchild, natural or adopted child, step-child, children-in-law, brother, sister, step-brother, step-sister, brother-in-law, sister-in-law, aunt, uncle, niece, nephew, or Domestic Partner.

Felony Assault means a violent or criminal act reported to the local authorities which was directed at you during the course of, or an attempt of, a physical assault resulting in serious injury, kidnapping or rape.

Hazard means:

- (a) Any delay of a Common Carrier (including Inclement Weather).
- (b) Any delay by a traffic accident en route to a departure, in which You or a Traveling Companion is not directly involved.
- (c) Any delay due to lost or stolen passports, travel documents or money, Quarantine, hijacking, unannounced Strike, natural disaster, civil commotion or riot.
- (d) A closed roadway causing cessation of travel to the destination of the Trip (substantiated by the department of transportation, state police, etc.)

Home Country means the country where You have Your true, fixed and permanent home and principal establishment.

Hospital means a facility that:

- (a) holds a valid license if it is required by the law;
- (b) operates primarily for the care and treatment of sick or injured persons as in-patients;
- (c) has a staff of one or more Physicians available at all times;
- (d) provides twenty-four (24) hour nursing service and has at least one registered professional nurse on duty or call;
- (e) has organized diagnostic and surgical facilities, either on the premises or in facilities available to the hospital on a pre-arranged basis; and
- (f) is not, except incidentally, a clinic, nursing home, rest home, drug or physical rehabilitation facility or convalescent home for the aged, or similar institution.

Incidental Trip means a short-scheduled trip of 30 days or less to Your Home Country that has a defined departure and return date booked prior to the start of the Incidental Trip. To be an eligible Incidental Trip, the Incidental Trip must take place after Your Coverage Begin Date and end prior to Your Coverage End Date. This policy will not cover any expenses due to a Loss that occurs while on an Incidental Trip.

Inclement Weather means any severe weather condition that delays the scheduled arrival or departure of a Common Carrier.

Insured means the person who enrolled for coverage and whose premium was paid under the Policy.

Loss means Bodily Injury, Sickness or damage sustained by You, while coverage is in effect, in consequence of happening of one or more of the occurrences against which the Company has undertaken to indemnify You.

Maximum Benefit means the largest total amount that the Company will pay under any one benefit for You, as shown on the Schedule of Benefits.

Medically Necessary means a service or supply that: (a) is recommended by the attending Physician; (b) is appropriate and consistent with the diagnosis in accord with accepted standards of community practice; (c) could not have been omitted without adversely affecting Your condition or quality of medical care; (d) is delivered at the most appropriate level of care and not primarily for the sake of convenience; and (e) is not considered experimental unless coverage for experimental services or supplies is required by law.

Mountaineering means the sport, hobby or profession of walking, hiking and climbing up mountains either: 1) utilizing harnesses, ropes, crampons, or ice axes; or 2) ascending 4,500 meters or above.

Other Insurance means any one of the following types of policies or plans that provides benefits for medical expenses for you at the time of Loss on Your Effective Date of coverage, and such policy or plan requires You to pay any applicable Deductible and/or portion of coinsurance: individual, group or blanket insurance plans; HMO's, PPO's, POS's, EPO's, employer organization plans, employee benefit organizational plans, or other arrangements of benefits for persons of a group. Insurance does not include Medicare or Medicaid.

Parachuting means an activity involving the breaking of a free fall from an airplane using a parachute.

Participating Organization means a travel agency, tour operator, cruise line, airline or other organization that applies for coverage under the Policy and remits the required premium to the Company.

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 You, a Traveling Companion or a Family Member.

Policy means the Group Master Policy including the application and any endorsements, riders or amendments that will attach during the period of coverage.

Pre-Existing Condition means an illness, disease, or other condition during the sixty (60) day period immediately prior to the Effective Date for which You, a Travel Companion or Your and/or a Traveling Companion's Family Member: 1) exhibited symptoms that would have caused one to seek care or treatment; or 2) received or received a recommendation for a test, examination, or medical treatment; or 3) took or received a

prescription for drugs or medicine. Item (3) of this definition does not apply to a condition that is treated or controlled solely through the taking of prescription drugs or medicine and remains treated or controlled without any adjustment or change in the required prescription throughout the sixty (60) day period before the Effective Date.

Quarantine means Your strict isolation imposed by a Government authority or Physician to prevent the spread of disease. An embargo preventing You from entering a country is not a Quarantine.

Reasonable and Customary Charges means charges commonly used by Physicians in the locality in which care is furnished.

Scheduled Departure Date means the date on which You are originally scheduled to leave on the Trip.

Scheduled Return Date means the date on which You are originally scheduled to return to the point of origin or to a different final destination.

Sickness means an illness or disease of the body that: 1) requires a physical examination and medical treatment by a Physician and 2) commences while Your coverage is in effect. An illness or disease of the body that begins prior to the Effective Date of coverage is not a Sickness as defined herein and is not covered by this Certificate, unless it suddenly worsens or becomes acute after the Effective Date.

Sound Natural Teeth means teeth that are whole or properly restored and are without impairment, periodontal or other conditions and are not in need of the treatment provided for any reason other than an Accidental Injury. For purposes of this Certificate, teeth previously restored with a crown, inlay, onlay, or porcelain restoration or treated by endodontics, except amalgam or composite resin fillings, are not considered Sound Natural Teeth.

Spouse shall mean the primary Insured's legal or common law spouse.

Strike means any unannounced labor disagreement that interferes with the normal departure and arrival of a Common Carrier.

Traveling Companion means a person who has coordinated travel arrangements or vacation plans with You, intends to travel with You during the Trip. Note, a group or tour leader is not considered a Traveling Companion unless You are sharing room accommodations with the group or tour leader.

Trip means a trip or class of trips outside Your Home Country.

You or Your refers to the Insured.

GENERAL PROVISIONS

The following provisions apply to all coverages:

LEGAL ACTIONS - No legal action for a claim can be brought against the Company until sixty (60) days after the Company receives Proof of Loss. No legal action for a claim can be brought against the Company more than three (3) years after the time required for giving Proof of Loss.

MISREPRESENTATION AND FRAUD - Your coverage shall be void if, whether before or after a Loss, You concealed or misrepresented any material fact or circumstance concerning this Certificate or the subject thereof, or Your interest therein, or if You commit fraud or false swearing in connection with any of the foregoing.

You must fully cooperate in the event the Company determines that an investigation of any claim is warranted.

RIGHT OF RECOVERY/ SUBROGATION - You must refund the Company any overpayment of benefits that occurs because a third party was liable to pay certain of Your expenses due to a wrongful act, negligence or omission. The refund will equal the amount the Company paid under this Certificate. If the refund is due from another person or organization, You must help the Company obtain the refund. **The Company's** right to be reimbursed has priority over Your right to be made whole. This means that **the Company's** right of recovery applies even if Your entire loss has not been compensated. However, the amount of **the Company's** recovery will be reduced by a proper share of Your legal fees and Your expenses needed to obtain the refund.

The Company has the right to pursue a refund or recovery even if You do not do so. This is called subrogation. You must help the Company use this right when requested. **The Company's** right of subrogation applies even if Your entire loss has not been compensated.

ASSIGNMENT - This Certificate is not assignable, whether by operation of law or otherwise, but benefits may be assigned.

WHEN YOUR COVERAGE BEGINS - Provided:

- (a) coverage has been elected; and
- (b) the required premium has been paid.

All coverage will begin on the later of the Effective Date or upon Your departure from Your Home Country.

WHEN YOUR COVERAGE ENDS - Your coverage will end at 11:59 P.M. local time on the date that is the earliest of the following:

- (a) the Scheduled Return Date as stated on the travel tickets; except for travel for an Incidental Trip;
- (b) three hundred sixty-four (364) days after the Effective Date.

EXTENDED COVERAGE - Coverage will be extended under the following conditions, should they occur during the journey to the return destination or to a different destination:

- (a) If You are a passenger on a scheduled Common Carrier that is unavoidably delayed up to five (5) days in reaching the final destination, coverage will be extended for the period of time needed to arrive at the final destination.

EXCESS INSURANCE LIMITATION - The insurance provided by this Certificate shall be in excess of all other valid and collectible insurance or indemnity. If at the time of the occurrence of any Loss there is other valid and collectible insurance or indemnity in place, the Company shall be liable only for the excess of the amount of Loss, over the amount of such Other Insurance or indemnity, and applicable Deductible.

The following provisions apply to all benefits except Baggage/Personal Effects and Baggage Delay:

PAYMENT OF CLAIMS - The Company, or its designated representative, will pay a claim after receipt of acceptable Proof of Loss.

Benefits for Loss of life are payable to Your beneficiary. If a beneficiary is not otherwise designated by You, benefits for Loss of life will be paid to the first of the following surviving preference beneficiaries:

- a) Your spouse;
- b) Your child or children jointly;
- c) Your parents jointly if both are living or the surviving parent if only one survives;
- d) Your brothers and sisters jointly; or
- e) Your estate.

All other claims will be paid to You. In the event You are a minor, incompetent or otherwise unable to give a valid release for the claim, the Company may make arrangement to pay claims to Your legal guardian, committee or other qualified representative.

All or a portion of all other benefits provided by this Certificate may, at the option of the Company, be paid directly to the provider of the service(s). All benefits not paid to the provider will be paid to You.

Any payment made in good faith will discharge the Company's liability to the extent of the claim.

The applicable benefit amount will be reduced by the amount of benefits, if any, previously paid by Other Insurance policies. In no event will the Company reimburse You for an amount greater than the amount paid by You.

NOTICE OF CLAIM - Written notice of claim must be given by the claimant (either You or someone acting for You) to the Company or its designated representative within twenty (20) days after a covered Loss first begins or as soon as reasonably possible. Notice should include Your name, the Participating Organization's name and the Plan number. Notice should be sent to the Company's administrative office, or to the Company's designated representative.

PROOF OF LOSS - The claimant must send the Company, or its designated representative, Proof of Loss within ninety (90) days after a covered Loss occurs or as soon as reasonably possible. Failure to furnish such proof within the time required shall not invalidate nor reduce any claim if it was not reasonably possible to give proof within such time, provided such proof is furnished as soon as reasonably possible and in no event, except in the absence of legal capacity, later than one year from the time proof is otherwise required.

PHYSICAL EXAMINATION AND AUTOPSY - The Company, or its designated representative, at its own expense, have the right to have You examined as often as reasonably necessary while a claim is pending. The Company, or its designated representative, also has the right to have an autopsy made unless prohibited by law.

TIME OF PAYMENT OF CLAIMS - Benefits payable under this Certificate for any Loss other than Loss for which this Certificate provides any periodic payment will be paid immediately upon receipt of due written Proof of such Loss. Subject to due written Proof of Loss, all accrued indemnities for Loss for which this Certificate provides periodic payment will be paid monthly and any balance remaining unpaid upon the termination of liability, will be paid immediately upon receipt of due written proof.

All claims shall be paid within thirty (30) days following receipt by the Company of due Proof of Loss. Failure to pay within such period shall entitle the claimant to interest at the rate of six (6) percent per annum from the thirtieth (30th) day after receipt of such Proof of Loss to the date of late payment, provided that interest amounting to less than one dollar need not be paid. You or Your assignee shall be notified by the Company or designated representative of any known failure to provide sufficient documentation for a due Proof of Loss within thirty (30) days after receipt of the claim. Any required interest payments shall be made within thirty (30) days after the payment.

The following provisions apply to Baggage/Personal Effects and Baggage Delay coverages:

NOTICE OF LOSS - If Your property covered under this Certificate is lost, stolen or damaged, You must:

- (a) notify the Company, or its authorized representative as soon as possible;
- (b) take immediate steps to protect, save and/or recover the covered property;
- (c) give immediate notice to the carrier or bailee who is or may be liable for the Loss or damage;
- (d) notify the police or other authority in the case of robbery or theft within twenty-four (24) hours.

PROOF OF LOSS - You must furnish the Company, or its designated representative, with Proof of Loss. This must be a detailed sworn statement. It must be filed with the Company, or its designated representative, within ninety (90) days from the date of Loss. Failure to comply with these conditions shall invalidate any claims under this Certificate.

SETTLEMENT OF LOSS - Claims for damage and/or destruction shall be paid after acceptable proof of the damage and/or destruction is presented to the Company and the Company has determined the claim is covered. Claims for lost property will be paid after the lapse of a reasonable time if the property has not been recovered. You must present acceptable Proof of Loss and the value involved to the Company.

BENEFIT TO BAILEE - This insurance will in no way inure directly or indirectly to the benefit of any carrier or other bailee.

ACCIDENT MEDICAL EXPENSE

The Company will reimburse benefits up to the Maximum Benefit shown on the Schedule of Benefits, if You incur necessary Covered Medical Expenses as the result of an Accidental Injury that occurs during the Trip. You must receive initial treatment for Accidental Injuries within ninety (90) days of the Accident that caused them and while on the Trip. All services, supplies or treatment must be received within fifty-two (52) weeks of the date of the Accident.

Covered Medical Expenses are expenses incurred for necessary services and supplies: (a) listed below; and (b) ordered or prescribed by the attending Physician as Medically Necessary for treatment, that are limited to:

- (a) the services of a Physician;
- (b) charges for Hospital confinement and use of operating rooms;
- (c) charges for anesthetics (including administration); x-ray examinations or treatments, and laboratory tests;
- (d) ambulance service;
- (e) drugs, medicines and therapeutic services.

The Company will not reimburse benefits in excess of the Reasonable and Customary Charges. The Company will not cover any expenses provided by another party at no cost to You or already included within the cost of the Trip.

The Company will reimburse benefits up to the Maximum Benefit shown on the Schedule of Benefits for emergency dental treatment for Accidental Injury to Sound Natural Teeth that occurs during the Trip within twelve (12) months of the Accidental Injury.

If You are Hospitalized due to an Accidental Injury that first occurred during the course of the Trip beyond the Scheduled Return Date, coverage under this benefit will be extended until You are released from the Hospital or until Maximum Benefits under this Certificate have been paid.

These benefit(s) will not duplicate any other benefits payable under the Policy or any coverage(s) attached to the Policy.

ACCIDENTAL DEATH AND DISMEMBERMENT – 24-HOUR

The Company will pay the percentage of the Principal Sum shown in the Table of Losses when You, as a result of an Accidental Injury occurring during the Trip, sustain a Loss shown in the Table below. The Loss must occur within one hundred eighty (180) days after the date of the Accident causing the Loss.

The Principal Sum is shown on the Schedule of Benefits. If more than one Loss is sustained as the result of an Accident, the amount payable shall be the largest amount of a sustained Loss shown in the Table of Losses.

TABLE OF LOSSES	
Loss of:	Percentage of Principal Sum:
Life	100%
Both hands or both feet	100%
Sight of both eyes	100%
One hand and one foot	100%
Either hand or foot and sight of one eye	100%
Either hand or foot	50%

Sight of one eye	50%
Speech and hearing in both ears	100%
Speech	50%
Hearing in both ears	50%
Thumb and index finger of same hand	25%

"Loss" with regard to:

1. hand or foot, means actual complete severance through and above the wrist or ankle joints; and
2. eye means an entire and irrecoverable Loss of sight;
3. speech or hearing means entire and irrecoverable Loss of speech or hearing of both ears; and
4. thumb and index finger means actual severance through or above the joint that meets the finger at the palm.

EXPOSURE

The Company will pay benefits for covered Losses that result from You being unavoidably exposed to the elements due to an Accident. The Loss must occur within three hundred sixty-five (365) days after the event that caused the exposure.

DISAPPEARANCE

The Company will pay benefits for Loss of life if Your body cannot be located within three hundred sixty-five (365) days after Your disappearance due to an Accident.

These benefit(s) will not duplicate any other benefits payable under the Policy or any coverage(s) attached to the Policy.

BAGGAGE DELAY (Outward Journey Only)

The Company will reimburse You for the expense of necessary personal effects, up to the Maximum Benefit shown on the Schedule of Benefits, if Your Checked Baggage is delayed or misdirected by a Common Carrier for more than twenty-four (24) hours while on a Trip.

You must be a ticketed passenger on a Common Carrier.

Additionally, all claims must be verified by the Common Carrier who must certify the delay or misdirection and receipts for the purchases must accompany any claim.

These benefit(s) will not duplicate any other benefits payable under the Policy or any coverage(s) attached to the Policy.

BAGGAGE/PERSONAL EFFECTS

The Company will reimburse You up to the Maximum Benefit shown on the Schedule of Benefits, if You sustain Loss, theft or damage to baggage and personal effects during the Trip, provided You have taken all reasonable measures to protect, save and/or recover the property at all times. The baggage and personal effects must be owned by and accompany You during the Trip. The police or other authority must be notified within twenty-four (24) hours in the event of theft.

This coverage is subject to any coverage provided by a Common Carrier.

There will be a per article limit shown on the Schedule of Benefits.

There will be a combined Maximum Benefit limit shown on the Schedule of Benefits for the following:

jewelry; watches; articles consisting in whole or in part of silver, gold or platinum; furs; articles trimmed with or made mostly of fur; personal computers, cameras and their accessories and related equipment.

The Company will pay the lesser of the following:

- (a) Actual Cash Value at time of Loss, theft or damage to baggage and personal effects; or
- (b) the cost of repair or replacement in like kind and quality.

EXTENSION OF COVERAGE

If You have checked Your property with a Common Carrier and delivery is delayed, coverage for Baggage/Personal Effects will be extended until the Common Carrier delivers the property.

These benefit(s) will not duplicate any other benefits payable under the Policy or any coverage(s) attached to the Policy.

EMERGENCY EVACUATION

The Company will pay benefits for Covered Expenses incurred, up to the Maximum Benefit shown on the Schedule of Benefits, if an Accidental Injury or Sickness commencing during the course of the Trip results in Your necessary Emergency Evacuation. An Emergency Evacuation must be ordered by a Physician who certifies that the severity of Your Accidental Injury or Sickness warrants Your Emergency Evacuation.

Emergency Evacuation means:

- (a) Your medical condition warrants immediate Transportation from the hospital where You are first taken when injured or sick to the nearest Hospital where appropriate medical treatment can be obtained;
- (b) after being treated at a local Hospital, Your medical condition warrants Transportation to Your Home Country where You reside, to obtain further medical treatment or to recover; or
- (c) both (a) and (b), above.

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

- (a) recommended by the attending Physician;
- (b) required by the standard regulations of the conveyance transporting You; and
- (c) authorized in advance by the Company or its authorized representative.

Transportation of Dependent Children: If You are expected to be in the Hospital for more than three (3) consecutive days, the Company will return Your unattended Dependent Children accompanying You on the scheduled Trip, to their home, with an attendant if necessary.

Transportation to Join You: If You are traveling alone and are expected to be in a Hospital alone for more than three (3) consecutive days, or if the attending Physician certifies that due to Your Accidental Injury or Sickness, You will be required to stay in the Hospital for more than three (3) consecutive days, upon request the Company will bring a person, chosen by You, for a single visit to and from Your bedside, provided that repatriation is not imminent.

Transportation to Join You due to Felonious Assault: If You are traveling alone and are the victim of a Felonious Assault, upon request the Company will bring a Family Member chosen by You, for a single visit to and from Your bedside. **The Family Member's travel must take place within seven (7) days of the date of the Felonious Assault.**

Transportation services are provided if authorized in advance by the assistance provider and are limited to necessary Economy Fares less the value of applied credit from unused travel tickets, if applicable.

Transportation means any Common Carrier, or other land, water or air conveyance, required for an Emergency Evacuation and includes air ambulances, land ambulances and private motor vehicles.

The Company will not cover any expenses provided by another party at no cost to You or already included within the cost of the Trip.

These benefit(s) will not duplicate any other benefits payable under the Policy or any coverage(s) attached to the Policy.

REPATRIATION OF REMAINS

The Company will pay the reasonable Covered Expenses incurred to return Your body to Your primary residence if You die during the Trip. This will not exceed the Maximum Benefit shown on the Schedule of Benefits. This benefit is provided if authorized in advance by the assistance provider.

Covered Expenses include but are not limited to: 1) expenses for embalming or cremation; 2) casket or receptacle for transport and transportation; 3) escort services to include expenses for a Family Member or Traveling Companion to join your body during the Repatriation to your primary residence.

These benefit(s) will not duplicate any other benefits payable under the Policy or any coverage(s) attached to the Policy.

SICKNESS MEDICAL EXPENSE

The Company will reimburse You, up to the Maximum Benefit shown on the Schedule of Benefits, if You incur Covered Medical Expenses as a result of a Sickness that first manifests itself during the Trip. You must receive initial treatment within ninety (90) days of the onset of the Sickness and while on the Trip. All services, supplies or treatment must be received within fifty-two (52) weeks following the onset of the Sickness.

Covered Medical Expenses are expenses incurred for necessary services and supplies: (a) listed below; and (b) ordered or prescribed by the attending Physician as Medically Necessary for treatment, that are limited to:

- (a) the services of a Physician;
- (b) charges for Hospital confinement and use of operating rooms;
- (c) charge for anesthetics (including administration); x-ray examinations or treatments, and laboratory tests;
- (d) ambulance service;
- (e) drugs, medicines and therapeutic services.

The Company will not pay benefits in excess of the Reasonable and Customary Charges. The Company will not cover any expenses provided by another party at no cost to You or already included within the cost of the Trip.

If You are Hospitalized due to a Sickness that first occurred during the course of the Trip beyond the Scheduled Return Date, coverage under this benefit will be extended until You are released from the Hospital or until Maximum Benefits under this Certificate have been paid.

These benefit(s) will not duplicate any other benefits payable under the Policy or any coverage(s) attached to the Policy.

TRIP DELAY

The Company will reimburse You for Covered Expenses, up to the Maximum Benefit shown on the Schedule of Benefits, if You are delayed, while coverage is in effect, en route to or from the Trip for twelve (12) or more hours due to a defined Hazard.

Covered Expenses:

- (a) Any Additional Expenses incurred;
- (b) An Economy Fare from the point where You ended Your Trip to a destination where You can catch up to the Trip; or
- (c) A one-way Economy Fare to return You to Your originally scheduled return destination.

You must provide the following documentation when presenting a claim for these benefits:

- a) Written confirmation of the reasons for delay from the Common Carrier whose delay resulted in the Loss, including but not limited to, scheduled departure and return times and actual departure and return times.

These benefit(s) will not duplicate any other benefits payable under the Policy or any coverage(s) attached to the Policy.

LIMITATIONS AND EXCLUSIONS

The following exclusions apply to Trip Delay, Accidental Death & Dismemberment 24-Hour, Sickness Medical Expense, Accident Medical Expense, Emergency Evacuation and Repatriation of Remains:

Loss caused by or resulting from:

- 1. Pre-Existing Conditions, as defined in the Definitions section (except Emergency Evacuation and Repatriation of Remains);
- 2. suicide, attempted suicide or any intentionally self-inflicted injury while sane or insane;
- 3. intentionally self-inflicted injuries;
- 4. war, invasion, acts of foreign enemies, hostilities between nations (whether declared or not), civil war;
- 5. participation in any military maneuver or training exercise;
- 6. piloting or learning to pilot or acting as a member of the crew of any aircraft;
- 7. mental or emotional disorders, unless Hospitalized;
- 8. participation as a professional in athletics;
- 9. being under the influence of drugs or intoxicants, unless prescribed and used in accordance with the instructions provided by a Physician;
- 10. commission or the attempt to commit a dishonest, fraudulent or criminal act;
- 11. participating in skydiving; hang-gliding; Parachuting; Mountaineering; any race; bungee cord jumping; speed contest (speed contest shall not include any of the regatta races); scuba diving, unless You are certified to dive; deep sea diving; spelunking or caving; heliskiing; extreme skiing; Extreme Sports;
- 12. dental treatment except as a result of an injury to Sound Natural Teeth within twelve (12) months of the injury;
- 13. any non-emergency treatment or surgery, routine physical examinations, hearing aids, eye glasses or contact lenses;
- 14. pregnancy and childbirth (except for Complications of Pregnancy);
- 15. curtailment or delayed return for other than covered reasons;
- 16. traveling for the purpose of securing medical treatment;
- 17. services not shown as covered;
- 18. care or treatment that is not Medically Necessary;
- 19. care or treatment for which compensation is payable under Worker's Compensation Law, any Occupational Disease law, the 4800 Time Benefit plan or similar legislation;
- 20. care or treatment that is payable under any Other Insurance policy;
- 21. Accidental Injury or Sickness when traveling against the advice of a Physician;
- 22. cosmetic surgery except for; reconstructive surgery incidental to or following surgery for trauma, or infection or other covered disease of the part of the body reconstructed, or to treat a congenital malformation of a child;
- 23. any expenses incurred in the Home Country.

The following exclusions apply to Baggage/Personal Effects and Baggage Delay:

The Company will not provide benefits for any Loss or damage to:

- 1. animals;
- 2. automobiles and automobile equipment;

3. boats or other vehicles or conveyances;
4. trailers;
5. motors;
6. motorcycles;
7. aircraft;
8. bicycles (except when checked as baggage with a Common Carrier);
9. household effects and furnishings;
10. antiques and collector's items;
11. eye glasses, sunglasses or contact lenses;
12. artificial teeth and dental bridges;
13. hearing aids;
14. artificial limbs and other prosthetic devices;
15. prescribed medications;
16. keys, cash, stamps, securities and documents;
17. tickets;
18. credit cards;
19. professional or occupational equipment or property, whether or not electronic business equipment;
20. sporting equipment if loss or damage results from the use thereof;
21. musical instruments;
22. retainers and orthodontic devices.

Any Loss caused by or resulting from the following is excluded:

1. breakage of brittle or fragile articles;
2. wear and tear or gradual deterioration;
3. insects or vermin;
4. inherent vice or damage while the article is actually being worked upon or processed;
5. confiscation or expropriation by order of any government;
6. war or any act of war whether declared or not;
7. theft or pilferage while left unattended in any vehicle;
8. mysterious disappearance;
9. property illegally acquired, kept, stored or transported;
10. insurrection or rebellion;
11. imprudent action or omission;
12. property shipped as freight or shipped prior to the Scheduled Departure Date.

24/7 TRAVEL ASSISTANCE SERVICES:

iNext includes the following Services which are available to You for and during Your Covered Trip:

- Medical evacuation
- Rebooking Services
- Medically necessary repatriation
- Repatriation of remains
- Medical or legal referral
- Hospital admission assistance
- Translation service
- Lost Baggage retrieval
- Lost Document Assistance
- Worldwide Medical information
- Passport / Visa information
- Emergency cash advance
- Prescription drug / eyeglass replacement
- Legal Referral/Bail bond
- Embassy & Consular Services

NOTE: Any expenses incurred for services rendered while not on an iNext Covered Trip will be Your responsibility.

Services are provided by an independent organization and not by Crum & Forster SPC for and on behalf of ITI SP. There may be times when circumstances beyond the assistance company's control hinder their endeavors to provide travel assistance services. They will, however, make all reasonable efforts to provide travel assistance services and help You resolve Your emergency situation.

CLAIMS:

Co-ordinated Benefit Plans, LLC

Claims Administrator for Crum & Forster SPC for and on behalf of ITI SP

P.O. Box 26222

Tampa, FL 33623

Online at <https://cbpconnect.com>, Or E-mail your information to: TravelTeam@cbpinsure.com

Phone: 866-723-3063 / 727-412-7378

Hours of operation:

Monday, Tuesday, Wednesday, Friday 8:30am-5:00pm (eastern)

Thursday 9:30am-5:00pm (eastern)