



WorldRisk Assistance Card

Name of Insured Organization

ASSOCIATION OF UNIVERSITIES FOR RESEARCH IN ASTRON

Policy Number:

WS11009281

Please note this is not a credit card or medical insurance card

Call Travel Guard, when you are traveling outside the USA and Canada on a trip sponsored by the insured organization and you need help finding or arranging services such as:

- › Medical Assistance and Travel Medical Emergency Services
- › Personal and Pre-Trip Services
- › Legal Assistance
- › Emergency Cash - From Personal Funding Source
- › Lost Baggage or Passport Assistance
- › Insurance Coordination
- › Evacuation and Repatriation
- › Emergency Message Center
- › Other General Assistance

Travel Guard can be reached collect at **+01 (817) 826-7008** or within the U.S. or Canada, call **(800) 401-2678**.

The availability of services is subject to the terms and conditions of the policy to the insured. All products are written by insurance company subsidiaries or affiliates of AIG Property Casualty, Inc.

In all cases, the medical professional, medical facility and/or attorney suggested by Travel Guard to the eligible person pursuant to the Service Agreement (Agreement) are not employees or agents of Travel Guard, and the final selection of the medical professional, medical facility and/or legal counsel is the insured's choice. Travel Guard assumes no responsibility for any medical advice and/or legal counsel given by the medical professional, medical facility and/or attorney, nor shall Travel Guard be liable for the negligence or other wrongful acts or omissions of any of the legal and/or health care professionals providing direct service pursuant to the Agreement. The insured shall not have any recourse against Travel Guard by reason of its suggestion of, or contact with, a medical professional, medical facility and/or attorney.

Travel Guard makes every effort to refer the insured to the appropriate providers and is not responsible for the quality of results provided. Services shall not be available if the insurance policy or specific coverage is no longer in effect or the policy limit has been exhausted. By requesting assistance, the insured agrees to assign Travel Guard the right to recover any incurred expenses from any of the insured's responsible insurers.

93640 AMS 03/10



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93640 AMS 03/10

**FOREIGN TRAVEL ACCIDENT AND SICKNESS
COVERAGE PART
SCHEDULE OF LIMITS**

Policy No.:

WS11009281

Policy Term:

From: October 01, 2015

To: October 01, 2018

12:01 A.M. AT THE FIRST NAMED INSURED'S ADDRESS

Date of Issue:

10/01/2015

Named Insured(s):

ASSOCIATION OF UNIVERSITIES FOR RESEARCH IN ASTRON

FOREIGN TRAVEL ACCIDENT AND SICKNESS

Classification of Insured Person(s) (if checked)

- North American Employee(s)
- Employee(s) other than North American employee(s)
- Scheduled Individual(s) or Group(s) - endorsed separately
- Eligible spouse (Principal Sum Insured = 50% of the amount shown below for Coverage A-B)
- Eligible children (Principal Sum Insured = 10% of the amount shown below for Coverage A-B)

Limits of Liability:

Coverage A, B - Accidental Death and Dismemberment - 24-Hour Protection
(subject to percentages per Table of Losses)

_____ ~~\$100,000~~ Principal Sum Insured, each Insured person or five (5) times the insured person's annual salary whichever is the lower
_____ ~~\$1,000,000~~ Aggregate limit any one accident for all insured persons

Coverage C - Accidental and Sickness Medical Expense

_____ ~~\$25,000~~ Covered medical expense, each Insured person each Injury or Sickness
_____ ~~\$500~~ Deductible per Insured person, per each Injury or Sickness

Coverage D - Emergency Medical Evacuation

_____ ~~\$100,000~~ Covered Expenses, each Insured person each Serious Injury or Sickness

Coverage E - Emergency Family Travel

_____ ~~\$10,000~~ Covered Expenses, each Insured person
_____ ~~\$25,000~~ Maximum, for all Insured person(s) any one Accident or Sickness

Coverage F - Repatriation of Remains

_____ ~~\$50,000~~ Covered Expenses, each Insured person
_____ ~~\$100,000~~ Maximum for all Insured person(s) any one Accident or Sickness

TRAVEL ACCIDENT AND SICKNESS COVERAGE PART

PLEASE READ THIS ENTIRE FORM CAREFULLY

SECTION I - COVERAGES

Subject to any deductibles, limitations, terms, conditions, sublimits and exclusions contained in the Declarations, together with any **schedule(s)** applicable to this Travel Accident and Sickness Coverage Part, **we** agree to provide coverage to **insured persons** for **injury(ies)** to the extent herein provided.

With respect to each of the following COVERAGES A, B, C, D, E and F; the respective limit of liability shown in the **Schedule** shall apply.

COVERAGE A 24-HOUR PROTECTION

1. With respect to any **insured journey** involving air travel, **we** will pay a percentage of the Sum Insured shown in the **schedule** if **injury** to an **insured person** during the course of such **insured journey** involving air travel is sustained while the **insured person** is:

- a. a passenger (but not a pilot, operator or member of the crew) in or on, or boarding or alighting from, any civilian aircraft operated by a civilian scheduled air carrier holding an **airworthiness certificate**, license or similar authorization for civilian scheduled air carrier transport issued by the country of the aircraft's registry, and which in accordance therewith files, maintains and publishes schedules and tariffs for regular passenger service between named cities at regular and specified times, on any regular or chartered flights operated by such carriers;
- b. struck or run down by any aircraft;
- c. transported by any type of aircraft operated by the Military Airlift Command (MAC) of the United States of America, or by the service of any duly constituted governmental

authority of any other generally recognized country.

2. Limitations

- a. This Coverage A applies only to **injury** sustained by the **insured person** during the course of an **insured journey** within the **coverage territory**.
- b. Such **insured journey** shall be deemed to have commenced when the **insured person** leaves his or her residence or place of regular employment for the purpose of going on such **insured journey**, whichever last occurs, and shall continue until such time as he or she returns to his or her residence or place of regular employment, whichever first occurs.

3. Exclusions

This COVERAGE A does not cover any loss, fatal or non-fatal, caused by or resulting from **injury** sustained while the **insured person** is:

- a. traveling to and from work in the course of everyday travel; or on bona fide leaves of absence or vacations; or
- b. riding as a passenger, pilot, or member of the crew, or boarding or alighting from, any civilian aircraft other than as expressly described herein.

COVERAGE B ACCIDENTAL DEATH AND DISMEMBERMENT (Including Loss of Sight or Hearing)

1. **We** will pay a percentage of the Sum Insured shown in the **schedule** if **injury** to an **insured person** during the course of an **insured journey** results in one of the losses shown in the Table

of Losses below. The loss must occur within 365 days from the date of the **accident** which caused the **injury**.

If more than one loss results from any one **accident**, only one amount, the largest, will be paid.

Table of Losses

Loss of:	% of Principal Sum Insured
Both Hands or Both Feet	100%
Either Hand or Foot	50%
Either Hand or Foot and Sight of One Eye	100%
Hearing in Both Ears	50%
Hearing in One Ear	25%
Life	100%
One Hand and One Foot	100%
Sight of Both Eyes	100%
Sight of One Eye	50%
Speech and Hearing in Both Ears	100%
Speech	50%
Thumb & Index Finger Of Same Hand	25%

Loss with regard to:

- a. Hand or Foot means actual severance through or above the wrist or ankle joints;
- b. Eye means entire and irrecoverable loss of sight;
- c. Speech or Hearing means entire and irrecoverable loss of speech or hearing of both ears; and
- d. Thumb and Index Finger means actual severance through or above the joint that meets the hand at the palm.

2. Exposure

For purposes of this COVERAGE B, a loss resulting from an **insured person** being unavoidably exposed to the elements due to an **accident** will be payable as if resulting from an **injury**. The loss must occur within 365

days from the date of the **accident** which caused the **injury**.

3. Disappearance

We will pay the benefit for loss of life if the body of an **insured person** cannot be located within one year after the forced landing, stranding, sinking or wrecking of a conveyance in which such **insured person** was a passenger, and it shall be deemed, subject to all other terms and provisions of this COVERAGE B, that such **insured person** shall have suffered loss of life within the meaning of this Travel Accident and Sickness Coverage Part.

4. Exclusions

This COVERAGE B does not cover:

- a. loss caused directly or indirectly, wholly or partly by:
 - (1) infections (except pyogenic infections which shall occur through an accidental cut or wound) or any other kind of **disease**; or
 - (2) medical or surgical treatment except as may be necessary solely as a result of **injury**;
- b. any bodily **injury** which shall result in hernia; or
- c. any loss, fatal or non-fatal, caused by or resulting from **injury** sustained while the **insured person** is riding as a passenger, pilot, or member of the crew; or boarding or alighting from any aircraft.

COVERAGE C ACCIDENT AND SICKNESS MEDICAL EXPENSE

- 1. **We** will pay the **reasonable and customary charges**, subject to any deductible, for **covered medical expenses** incurred by an **insured person** which are not due to a **pre-existing condition** up to the maximum amount stated in

the **schedule** for the treatment of an **injury** or **sickness** sustained by an **insured person** during the course of an **insured journey**. All **covered medical expenses** must be incurred within 365 days from the date of an **injury** or **sickness**.

2. Exclusions

This COVERAGE C does not cover:

- a. services, supplies, or treatment, including any period of **hospital** confinement, which were not recommended, approved and certified as **medically necessary** by a **physician**;
- b. routine physicals or other examinations where there are no objective indications or impairment in normal health, and laboratory diagnostic or X-ray examinations except as established by a prior call or attendance of a **physician**;
- c. expenses incurred in connection with weak, strained or flat feet, corns, calluses or toenails;
- d. the diagnosis and treatment of acne;
- e. deviated septum, including sub mucous resection and/or other surgical correction thereof;
- f. organ transplants that competent **physicians** consider experimental;
- g. well child care, including exams and immunizations;
- h. expenses which are not exclusively medical in nature;
- i. eyeglasses, contact lenses, hearing aids and examination for the prescription or fitting thereof, or unless **injury** or **sickness** has caused impairment of vision or hearing;
- j. treatment provided in a government **hospital** or services for which no charge is normally made;

- k. pregnancy and all related conditions, including services and supplies related to the diagnosis or treatment of infertility or other problems related to inability to conceive a child; birth control, including surgical procedures and devices; or
- l. costs of **emergency medical evacuation** (COVERAGE D).

COVERAGE D EMERGENCY MEDICAL EVACUATION

1. Insuring Agreement

- a. **We will pay the reasonable and customary charges** up to the maximum shown in the **schedule** for Covered Expenses incurred if **serious injury** or **sickness** occurs during the course of an **insured journey** and results in an **insured person's** necessary **emergency medical evacuation**. An **emergency medical evacuation** must be ordered by **AIG TRAVEL ASSIST** or a **physician** who certifies that the severity or the nature of such **insured person's serious injury** or **sickness** warrants such **insured person's** evacuation.
- b. Covered Expenses with respect to this COVERAGE D are those for **transportation** and medical treatment, including medical services and medical supplies necessarily incurred in connection with an **insured person's emergency medical evacuation**. Covered Expenses also include necessary emergency **transportation** costs incurred upon return to the territorial limits of the **insured person's** country of domicile. All **transportation** arrangements made for evacuating such **insured person** 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 such person; and (c) arranged and authorized in advance by **AIG TRAVEL ASSIST**.

COVERAGE E EMERGENCY FAMILY TRAVEL

1. Following an **insured person's emergency medical evacuation** for which such benefit is payable under this Travel Accident and Sickness Coverage Part, **we** will pay, upon the prior approval of **AIG TRAVEL ASSIST**, expenses reasonably incurred up to the maximum shown in the **schedule**:
 - a. to return to their current place of primary residence the **insured person's eligible spouse** and any of the **insured person's eligible children** who were accompanying the **insured person** when the **emergency medical evacuation** became necessary, with an attendant for the **eligible children** if necessary and if the **eligible children** are not accompanied by the **eligible spouse**; but not to exceed the cost per person of a single one-way economy airfare ticket less the value of applied credit from any unused return travel tickets; and subject to a per person maximum of \$1500;
 - b. for lodging and meals up to ten (10) days for the **insured person's eligible spouse** and **eligible children** in the area where the **insured person** is **hospital** confined, if: (a) they were accompanying the **insured person** when the **emergency medical evacuation** became necessary; and (b) the place of confinement is outside a 100 mile radius from the **insured person's** place of residence nearest his place of regular employment. **We** will only pay for such expenses for days in excess of the days that had been planned for the trip prior to the **insured person's emergency medical evacuation**, and only while he or she remains **hospital** confined. **We** will not pay for such expenses in excess of \$125 per day for lodging and \$100 per day for meals for the **eligible spouse** and **eligible children** combined;
 - c. to bring one person chosen by the **insured person** to and from the **hospital** or other medical facility where the **insured person** is confined if: (a) the **insured person** is alone; and (b) the place of confinement is outside a 100 mile radius from the **insured person's** place of primary residence; but not to exceed the cost of one round-trip economy airfare ticket; and subject to a maximum of \$3000 per person; and
 - d. for lodging and meals for up to ten (10) days for a person chosen in Paragraph c. above in the area of such place of confinement, but: (a) only while the **insured person** remains **hospital** confined; and (b) not to exceed \$125 per day for lodging and \$100 per day for meals.
2. Following an **insured person's** death for which a Repatriation of Remains benefit is payable under COVERAGE F of this Travel Accident and Sickness Coverage Part, **we** will pay, upon the advance approval of **AIG TRAVEL ASSIST**, expenses reasonably incurred:
 - a. to return to their current place of primary residence the **insured person's eligible spouse** and any of the **insured person's eligible children** who were accompanying the **insured person** when his or her death occurred, with an attendant for the **eligible children** if necessary and if the **eligible children** are not accompanied by the **eligible spouse**; but not to exceed the cost of a single one-way economy airfare ticket per person less the value of applied credit from any unused return travel tickets; and subject to a \$1500 maximum per person; and
 - b. for lodging and meals for up to ten (10) days for the **insured person's eligible spouse** and **eligible children** in the area where the **insured person's** death occurred, if they were accompanying the **insured person** at that time. **We** will only pay for such expenses for days in excess of the days that had been planned for the trip prior to the **insured person's** death, and only prior to the repatriation of his or her remains. **We** will not pay for such expenses in excess of \$125 per day for lodging and \$100 per day for meals for the **eligible spouse** and the **eligible children** combined.

COVERAGE F REPATRIATION OF REMAINS

1. Insuring Agreement

- a. **We** will pay benefits up to the amount stated in the **schedule** for Covered Expenses reasonably incurred during the course of an **insured journey** to return an **insured person's** body to such **insured person's** home country of residence if such person dies. Benefits will not exceed the maximum shown in the **Schedule**. All Repatriation of Remains arrangements must be approved in advance by **AIG TRAVEL ASSIST**.
- b. Covered expenses with respect to this COVERAGE F include, but are not limited to, expenses for:
 - (1) embalming;
 - (2) cremation;
 - (3) coffins; and
 - (4) **transportation**.

SECTION II - GENERAL EXCLUSIONS

The Travel Accident and Sickness Coverage Part does not cover any loss, fatal or non-fatal, caused by or resulting from:

1. suicide, attempted suicide or intentionally self-inflicted **injury** while sane or insane;
2. admission to a **hospital** for the treatment of drug addiction, alcoholism, Acquired Immune Deficiency Syndrome, any mental disorder (including, but not limited to, nervous or emotional, rest cures, disorders, depression or anxiety), circumcision (unless necessary for the treatment of a **sickness** as may be necessitated due to an **injury**), vaccination, inoculation, change of life treatments or for cosmetic, elective or plastic surgery, or aseptic treatments of any description unless necessitated as a result of an **injury** caused by

an **accident** which occurs during the Policy Term;

3. participation in any professional, semi-professional or interscholastic team sports or any bodily contact sport;
4. participation in an actual or attempted felony, riot, crime, misdemeanor or civil commotion;
5. participation in contests of speed using a motorized vehicle or bicycle;
6. participation in skydiving/parachuting, hang gliding, bungee jumping, scuba diving, mountain climbing, pot-holing, zip-lining or while riding on a motorcycle;
7. congenital anomalies and conditions arising out of or resulting therefrom;
8. **war**, civil **war**, invasion, insurrection, revolution, use of military power or usurpation of government or military power;
9. intentional use of military force to intercept, prevent or mitigate any known or suspected **terrorist act**;
10. any **terrorist act**;
11. service in the military, naval or air service of any country;
12. a **pre-existing condition** except as defined;
13. operating or learning to operate any aircraft, or performing duties as a member of the crew on any aircraft;
14. any expenses incurred in a home country of residence;
15. **accident, injury** or **sickness** occurring outside of the **coverage territory**;
16. expenses covered under any government workers' compensation or similar government policy, except Accidental Death and Dismemberment benefits, if elected;

17. expenses incurred upon return to the territorial limits of the **insured person's** country of domicile; or
18. any **injury**, caused by or resulting from the **insured person** being under the influence of drugs, alcohol or other intoxicants unless prescribed by a **physician** and taken as prescribed.

SECTION III - DISCLAIMER OF LIABILITY

In all cases the medical professional or any attorney suggested by **AIG TRAVEL ASSIST** shall act in a medical or legal capacity on behalf of the **insured person** only. **AIG TRAVEL ASSIST** assumes no responsibility for any medical advice or legal counsel given by the medical professional or attorney. **You** shall not have any legal recourse against **AIG TRAVEL ASSIST** by reason of its suggestion to use a specific medical professional or attorney or due to any medical or legal diagnosis, treatment or advice.

An **insured person** is responsible for the cost of services arranged by **AIG TRAVEL ASSIST** on behalf of such **insured person** to the extent the cost of services is not covered by insurance. For services for which insurance coverage may be available, **AIG TRAVEL ASSIST** will seek payment for cost of services from:

1. workers compensation insurance or foreign voluntary workers compensation insurance forming part of this policy or any other policy,
2. automobile insurance forming part of this policy or any other policy,
3. travel accident and sickness insurance forming part of this policy or any other policy,
4. kidnap and ransom insurance forming part of this policy or any other policy,
5. health and/or dental insurance including that provided by any government scheme
6. any other insurance available to the **insured person**.

AIG TRAVEL ASSIST will make every reasonable effort to facilitate payment including but not

limited to translating medical bills and providing medical service codes required by insurers.

If at the time service is rendered, **AIG TRAVEL ASSIST** is not able to confirm applicable insurance, or **AIG TRAVEL ASSIST** believes the service is unlikely to be wholly or partly covered by insurance, **AIG TRAVEL ASSIST** may ask the **insured person** to authorize charges to credit cards of the **insured person** or otherwise to obtain funds to cover necessary services.

SECTION IV - GENERAL CONDITIONS

1. Notice Of Claim

A written Notice of Claim must be given to **us** within thirty (30) days after the occurrence or commencement of any loss covered by this Travel Accident and Sickness Coverage Part, or as soon as is reasonably possible. Notice given by or on behalf of the claimant to **our** Administrative Offices set forth in the **schedule** or any authorized agent with information sufficient to identify the **insured person** shall be deemed notice to **us**.

2. Claims Forms

We will, upon receipt of a Notice of Claim, furnish to the claimant such forms as are usually furnished by **us** for filing Proof(s) of Loss. If **we** do not furnish such forms within fifteen (15) days after the giving of such notice, the claimant shall be deemed to have complied with the requirements of this Travel Accident and Sickness Coverage Part as to Proof(s) of Loss (Paragraph 3 below) upon the claimant having submitted, within the time fixed in this Travel Accident and Sickness Coverage Part for filing Proof(s) of Loss, written proof covering the occurrence, the character and the extent of the loss for which a claim is being made.

3. Proof(s) Of Loss

Written Proof of Loss must be furnished to **us** at **our** Administrative Offices set forth in the **schedule** in case of claim for loss for which

this Travel Accident and Sickness Coverage Part provides any periodic payment. Proof(s) of Loss must be furnished within ninety (90) days after the termination of the period for which **we** are liable, and in case of a claim for any other loss within ninety (90) days after the date of such loss. Failure to furnish such proof within these timeframes shall not invalidate or 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.

4. Time Of Payment Of Claims

Amounts payable under this Travel Accident and Sickness Coverage Part for any loss, other than loss for which this Travel Accident and Sickness Coverage Part provides any periodic payment, will be paid once **we** are in receipt of due written Proof(s) of Loss and such loss has been accepted by **us**. Subject to due written Proof of Loss, all accrued amounts for loss for which this Travel Accident and Sickness Coverage Part provides periodic payment will be paid at the expiration of each four (4) week period during the continuance of the period for which **we** are liable, and any balance remaining unpaid upon the termination of liability will be paid once **we** are in receipt of due written proof.

5. Payment Of Claims

With respect to losses suffered by **insured persons** whose permanent, current place of primary residence is outside of the United States of America or Canada, **we** will pay any benefits that may become payable under this policy to **you**, who:

- a. will hold such payment in trust for the sole use and benefit of the **insured person** or his or her beneficiary or other person to whom such benefits are payable (the "Payee");
- b. will transmit such payment to such Payee in accordance with the Time of Payment of Claims, and Beneficiary Designation provisions of the General Conditions of

this Travel Accident and Sickness Coverage Part;

- c. agrees that any such payment made by **us** to **you** constitutes a full discharge of **our** liability with respect to the claim for which payment is made;
- d. will alone assume full responsibility for the proper application or distribution of such payment;
- e. will indemnify, defend and hold **us** harmless for any claims, demands, judgements, losses, costs, expenses, liabilities and damages whatsoever, including interest, penalties and legal fees, arising from or relating in any way to such payment or to the amount, application or distribution thereof; and
- f. with respect to any application or disbursement of such payment in foreign currency, will use the foreign exchange rate in effect at **your** bank on the date the benefits become payable to convert United States dollar-denominated currency into foreign currency.

6. Physical Examination And Autopsy

We, at **our** own expense, shall have the right and opportunity to examine the person of any individual whose **injury** or **sickness** is the basis of claim when and as often as **we** may reasonably require during the pendency of a claim hereunder and to make an autopsy in case of death, where it is not forbidden by law.

7. Arbitration

Should any dispute arise between you and **us** under this Travel Accident and Sickness Coverage Part, the matter in dispute shall be referred to three persons in New York, one to be appointed by each of the parties hereto, and the third by the two so chosen who shall act as umpire. Should either **you** or **we** fail to appoint an arbitrator or should the two arbitrators so chosen fail to agree on a third

arbitrator, then the parties to the arbitration shall apply to the appropriate federal or state court in New York City for the appointment of such arbitrator. The decision of the arbitrators, or that of any two of them, shall be final and for the purpose of enforcing any award, which shall be subject to the maximum limit of liability as stated in the **schedule**, their decision may be made a rule of the court.

8. Effective Date And Termination Dates Of Individual Insurance

- a. The persons eligible for inclusion as **insured person** hereunder shall be all eligible persons denoted in the **schedule**. Commencing on the date any such eligible person comes within any classification established therein, such person shall automatically become an **insured person** with respect to such insurance as is afforded by this Travel Accident and Sickness Coverage Part as applicable to such person's classification.
- b. Any change in the insurance afforded to an **insured person**, which results from a change of class of such **insured person**, shall become effective on the date such **insured person's** classification changes, provided that, if such **insured person** is absent from active full-time work because of **injury** or **sickness** on the date such changes in coverage would otherwise become effective, such change in coverage shall become effective upon the date such **insured person** returns to active full-time work.
- c. Coverage with respect to any **insured person** within a classification shall immediately terminate on the expiration of the Policy Term or at the time such person ceases to come within any such classification, whichever is earlier; provided however, that such termination shall be without prejudice to any claim originating prior thereto.

9. Data Furnished By Policyholder

If requested to do so by **us**, **you** shall furnish **us** with the names of all persons initially insured, of all new persons who become **insured persons** and of all **insured persons** whose insurance is terminated, together with the data necessary for the calculation of premium. Failure on **your** part to furnish the name of an **insured person** to **us** shall not invalidate this insurance, nor shall failure on **your** part to report termination of insurance of a person continue such insurance in force beyond the Policy Term.

10. **We** shall not be liable for any loss which happens to any **insured person** unless such person at the date of such loss is under 70 years of age, unless the **schedule** has a lower age limit, or unless **we** agree in writing to cover the **insured person** for age 70 and beyond.

11. Fraudulent Claims

If the claim were in any respect fraudulent or if any fraudulent means or devices be used by **you** or the **insured person** or anyone acting on **your** or their behalf to obtain any benefit under this Travel Accident and Sickness Coverage Part, all benefits in respect of such claim shall be forfeited.

12. Beneficiary Designation

The **insured person's** designated beneficiary for loss of life, dismemberment, loss of sight or hearing is **you** on behalf of the **insured person**.

SECTION V - DEFINITIONS

1. **Accident** means a sudden, unforeseen, uncontrollable and unexpected physical event to the **insured person** caused by external, violent and visible means occurring during the Policy Term.
2. **AIG TRAVEL ASSIST** means AIG Travel Assist or any successor or other assistance provider we may use.

3. **Airworthiness certificate** means the standard airworthiness certificate issued by the aviation agency or by the governmental authority having jurisdiction over civil aviation in the country of its registry.
4. **Canadian citizen(s)** means citizens of Canada, wherever hired by **you**.
5. **Canadian hires** means non-**Canadian citizen(s)** whose contract of hire with **you** was entered into in Canada.
6. **Covered medical expenses** means expenses incurred by the **insured person** for services and supplies which are recommended by the attending **physician**, including:
 - a. the services of a **physician**;
 - b. **hospital** confinement and use of operating room;
 - c. anesthetics (including administration), x-ray examinations or treatments and laboratory tests;
 - d. ground ambulance service;
 - e. drugs, medicines and therapeutic services and supplies;
 - f. dental treatment resulting from **injury** sustained to **sound natural teeth** subject to a maximum of \$250 per tooth and an annual aggregate per person of \$2,500.
 - g. hotel room charge, when the **insured person** would otherwise necessarily be confined in a **hospital**, shall be under the care of a duly qualified **physician** in a hotel room owing to unavailability of a **hospital** room by reason of lack of capacity or distance or to other circumstances beyond the control of the **insured person**.
7. **Disease** means an illness or affliction of the body having a defined and recognized pattern of symptom(s) which causes more than temporary indisposition and which illness or affliction first manifested itself and was contracted after the commencement of the Policy Term.
8. **Eligible children** means named dependent children, including adopted and step children, of the member aged between 6 months and 18 years; or 23 years if attending an accredited institution of higher learning as a full time student; who are unmarried and who permanently reside with the **insured person** and receive the majority of maintenance and support from the **insured person**.
9. **Eligible spouse** means the legal husband or wife of the member who is living at the same residence as the **insured person**.
10. **Emergency medical evacuation** means:
 - a. an **insured person's** medical condition warrants immediate **transportation** from the place where such person is **injured** or suffering **sickness** to the nearest **hospital** where appropriate medical treatment can be obtained;
 - b. after being treated at a local **hospital**, an **insured person's** medical condition warrants **transportation** to the country where the **insured journey** commenced to obtain further medical treatment or for recovery; or
 - c. both (a) and (b) above.
11. **Hospital** means a place that:
 - a. holds a valid license (if required by law);
 - b. operates primarily for the care and treatment of sick or injured persons;
 - c. has a staff of one or more **physicians** available at all times;
 - d. provides 24-hour nursing service and has at least one registered professional nurse on duty at all times;
 - e. has organized diagnostic and surgical facilities, either on 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 or convalescent home for the aged, or a facility operated as a drug and/or alcohol treatment center.

12. **Injury** means disability, death or bodily Injury which is sustained by an **insured person** during the Policy Term and is caused by an **accident** solely and independently of any other cause within 365 days from the date of such **accident**.

13. **Insured journey** means travel undertaken on behalf of **your** business and authorized by **you** provided that the destination is beyond the territorial limits of the **insured person's** country of domicile and within the **coverage territory**. **Insured journey** includes personal time and personal travel by an **insured person** in the course of an **insured journey**, such personal time and personal travel not to exceed fourteen (14) days of the **insured journey**.

14. **Insured person(s)** is a person who is a member of an eligible class as described in the **Schedule** for whom Premium has been paid. **Insured person(s)** may include the **eligible spouse** or **eligible children** of the member.

15. **Medically necessary** means services or supplies which:

- a. are essential for diagnosis, treatment or care of the **accident, injury** or **sickness** for which it is prescribed or performed;
- b. meet generally accepted standards of medical practice; and
- c. are ordered by a **physician** and performed under his or her care, supervision or order.

16. **North American employees** means **Canadian citizen(s), Canadian hires, U.S. citizen(s)** and **U.S. hires**, including executive officers, who meet all of the following requirements:

- a. they are employed directly by **you**;

- b. they are receiving **remuneration** and benefits directly from **you**; and

- c. they are controlled by **you** and were hired for, and assigned by **your** to work within the United States or Canada.

17. **Physician** means a licensed practitioner of the healing arts acting within the scope of their license. The attending **physician** may not be:

- a. an **insured person**;
- b. an **insured person's eligible spouse**; or
- c. a person who is related to an **insured person** or an **insured person's eligible spouse**, in any of the following ways: child, parent or sibling.

18. **Pre-existing condition** means any condition for which a licensed physician was consulted, or for which treatment or medication was prescribed, or for which manifestations of symptoms would have caused a person to seek medical advice prior to the effective date of coverage under this policy, except as specified below:

If the **insured person** does not receive medical care or services, including prescription drugs or other medical supplies, and is not under the care of a Physician with respect to the **pre-existing condition** or related condition(s), for a period of 36 consecutive months beginning on or after the first day of coverage, the **pre-existing condition** exclusion will no longer apply and any eligible charges incurred after the treatment free period will be considered for reimbursement.

The policy contains a sub-limit for benefits for a **pre-existing condition** of \$1500 **covered medical expense**, each **insured person** each **injury** or **sickness** subject to a \$250 deductible per **insured person** per each **injury** or **sickness**.

This limitation does not apply to benefits provided under **emergency medical evacuation** and repatriation of remains.

19. **Reasonable and customary charges** means a charge which:

- a. is charged for treatment, supplies or medical services **medically necessary** to treat an **insured person's** condition;
- b. does not exceed the usual level of charges for similar treatment, supplies or medical services in the locality where the expense is incurred; and
- c. does not include charges that would not have been made if no insurance existed.

20. **Remuneration** means all monies paid to **North American employees**, including salary, overtime, bonuses and cash allowances for cost-of-living and board and lodging.

21. **Schedule** means the Travel Accident and Sickness Coverage Part Schedule of Limits attached to this policy.

22. **Serious injury or sickness** means **injury** or **sickness** certified by a **physician** as being dangerous to life.

23. **Sickness** means an illness or **disease** that first manifests itself or is contracted during the Policy Term and requires treatment by a **physician**.

24. **Sound natural teeth** means natural teeth that are unaltered or are fully restored to their normal function and are **disease** free, have no decay and are not more susceptible to **injury** than unaltered natural teeth.

25. **Terrorist act** means any actual or threatened use of force or violence directed at or causing damage, **injury**, harm or disruption, or commission of an act dangerous to human life or property, against any individual, property or government, with the stated or unstated objective of pursuing economic, ethnic, nationalistic, political, racial or religious interests, whether such interests are declared or not. Robberies or other criminal acts, primarily committed for personal gain and acts arising primarily from prior personal relationships between perpetrator(s) and victim(s) shall not be considered **terrorist acts**.

Terrorist act shall also include any act which is verified or recognized by the relevant government as an act of terrorism.

26. **Transportation** means any land, water or air conveyance required to transport an **insured person** during an **emergency medical evacuation**. **Transportation** includes, but is not limited to, air ambulances, land ambulances and private motor vehicles. These expenses must be approved in advance by **AIG TRAVEL ASSIST**.

27. **U.S. citizen(s)** means citizens of the United States, wherever hired by **you**.

28. **U.S. hires** means non-**U.S. citizens** whose contract of hire with you was entered into in the United States.

29. **War** means war, whether declared or not, or any warlike activities, including use of military force by any sovereign nation to achieve economic, geographic, nationalistic, political, racial, religious or other ends.