



Lloyd's Certificate

This Insurance is effected with certain Underwriters at Lloyd's, London.

This Certificate is issued in accordance with the limited authorization granted to the Correspondent by certain Underwriters at Lloyd's, London whose syndicate numbers and the proportions underwritten by them can be ascertained from the office of the said Correspondent (such Underwriters being hereinafter called "Underwriters") and in consideration of the premium specified herein, Underwriters hereby bind themselves severally and not jointly, each for his own part and not one for another, their Executors and Administrators.

The Assured is requested to read this Certificate, and if it is not correct, return it immediately to the Correspondent for appropriate alteration.

All inquiries regarding this Certificate should be addressed to the following Correspondent:



303 Congressional Boulevard
Carmel, IN 46032
1-800-335-0611
317-575-2652
317-575-2659 FAX
www.sevencorners.com

CERTIFICATE PROVISIONS

- 1. Signature Required.** This Certificate shall not be valid unless signed by the Correspondent on the attached Declaration Page.
- 2. Correspondent Not Insurer.** The Correspondent is not an Insurer hereunder and neither is nor shall be liable for any loss or claim whatsoever. The Insurers hereunder are those Underwriters at Lloyd's, London whose syndicate numbers can be ascertained as hereinbefore set forth. As used in this Certificate "Underwriters" shall be deemed to include incorporated as well as unincorporated persons or entities that are Underwriters at Lloyd's, London.
- 3. Service of Suit.** It is agreed that in the event of the failure of Underwriters to pay any amount claimed to be due hereunder, Underwriters, at the request of the Assured, will submit to the jurisdiction of a Court of competent jurisdiction within the United States. Nothing in this Clause constitutes or should be understood to constitute a waiver of Underwriters' rights to commence an action in any Court of competent jurisdiction in the United States, to remove an action to a United States District Court, or to seek a transfer of a case to another Court as permitted by the laws of the United States or of any State in the United States. It is further agreed that service of process in such suit may be made upon Mendes and Mount; 750 Seventh Avenue; New York, NY 10019-6829 USA (For California residents, contact Eileen Ridley, FLWA Service Corp., c/o Foley & Lardner LLP, 555 California Street, Suite 1700, San Francisco, CA 94104-1520 USA.), and that in any suit instituted against any one of them upon this contract, Underwriters will abide by the final decision of such Court or of any Appellate Court in the event of an appeal. The above-named are authorized and directed to accept service of process on behalf of Underwriters in any such suit and/or upon request of the Assured to give a written undertaking to the Assured that they will enter a general appearance upon Underwriters' behalf in the event such a suit shall be instituted. Further, pursuant to any statute of any state, territory or district of the United States which makes provision therefor, Underwriters hereby designate the Superintendent, Commissioner or Director of Insurance or other officer specified for that purpose in the statute, or his successors in office, as their true and lawful attorney upon whom may be served any lawful process in any action, suit or proceeding instituted by or on behalf of the Assured or any beneficiary hereunder arising out of this contract of insurance, and hereby designate the above-mentioned as the person to whom the said officer is authorized to mail such process or a true copy thereof.
- 4. Assignment.** This Certificate shall not be assigned either in whole or in part without the written consent of the Correspondent endorsed hereon.
- 5. Attached Conditions Incorporated.** This Certificate is made and accepted subject to all the provisions, conditions and warranties set forth herein, attached or endorsed, all of which are to be considered as incorporated herein.

**CERTIFICATE OF INSURANCE
DECLARATIONS**

**FMCA
ATR16-161001-01EVAC**

This Declaration is attached to and forms part of certificate provisions

ITEM 1. NAMED INSURED AND MAILING ADDRESS

FMCA
8291 Clough Pike
Cincinnati, OH 45244

PRODUCING AGENT NAME AND MAILING ADDRESS

Seven Corners, Inc.
303 Congressional Blvd.
Carmel, IN 46032

ITEM 2. POLICY PERIOD FROM: 10/01/2016 TO: 09/30/2017 TERM: 1 Year

12:01 A.M., Standard Time at your mailing address

Insurance is effective with **CERTAIN UNDERWRITERS AT LLOYD'S, LONDON**. The Binding Authority Reference Number is B0572NA16SC04

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS CERTIFICATE, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS CERTIFICATE.

THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A PREMIUM IS INDICATED. THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.


International Travel Medical Coverage:

	Monthly Premium	Trust Fee	Monthly Charge
Single	\$0.70	2.0%	\$0.71

Premium shown above, payable: **Mode**
Monthly

This certificate of Insurance is made and accepted subject to the foregoing stipulations and conditions together with such other provisions, agreement or conditions as may be endorsed or added here to.

Dated: 10/01/2016

By: 
(Correspondent – James J. Krampen, Jr.)

FMCA Program Summary

Administered By:
Seven Corners, Inc.
303 Congressional Blvd.
Carmel, IN 46032 USA

The Underwriter hereby insures all persons whose Application has been accepted by the Administrator, Seven Corners, Inc., on behalf of the Underwriter and whose name is identified on the ID Card, subject to all of the exclusions, limitations and provisions as set forth herein and in the Master Policy of insurance issued by the Underwriter. Coverage is afforded only with respect to the person, coverage, amounts and limits specified herein and as identified on the ID Card for the insurance requested on such Application and for which their specified plan costs has been paid to the Administrator.

Note: All coverage and benefit amounts herein are in United States Dollars.

Eligibility & Eligibility Definitions:

"Eligible Person(s)" shall mean and include: Current Charter, Full, Life, Full Lifetime and Member Emeritus/Family Associate members of FMCA, as defined in the Bylaws of FMCA, and, as applicable, Spouses, Family Members and Dependents who are travelling with the eligible FMCA members;

"Spouse(s)" means the FMCA member's spouse (to include legally recognized domestic partner), unless they are legally separated.

"Dependent" means the FMCA member's unmarried children from birth and under age 19; or under age 27 if enrolled as a full-time student in an accredited college, university, vocational or technical school; and children whose support is required by a court decree. Children include natural children, stepchildren, legally adopted children, or adult children with mental or physical disabilities. The children must be primarily dependent on the member for support and maintenance. This plan shall also cover the member's grandchildren when traveling with the member in their motor coach.

"Family Member" means the FMCA member's Spouse, parent (includes Step-parent), Child(ren) (includes legally adopted or step Child(ren), brother, sister, grandchild(ren), grandparents, or mother/father in-laws).

"Permanent Primary Residence" means the address shown on the member's state driver's license or state-issued identification card. Regardless of the Eligible Person's Permanent Primary Residence, the Eligible Person may select the one location to which the Eligible Person wishes to be returned in the event of a Medical Evacuation or Repatriation. For the avoidance of doubt, if the location selected by the Eligible Person is not the Permanent Primary Residence, there shall be no subsequent return to the Permanent Primary Residence after the first return to the location selected by the Eligible Person.

It is the Insured Person's responsibility to maintain all records regarding travel history and age and provide any documents to the Administrator, which would verify Eligibility Requirements.

Period of Coverage: The Period of Coverage under the FMCA plan is twelve (12) months. Coverage can be purchased for a period of twelve (12) months by paying the appropriate plan Cost. This is an annual plan.

Effective Date of Coverage begins on the latest of the following:

1. The date and time the Underwriter receives a completed application and plan cost for the Period of Coverage; or
2. The Effective Date requested on the application; or
3. The moment You are more than 100 miles from Your Permanent Primary Residence (does not apply if a full time Rv'er with no Permanent Primary Residence); or
4. The date the Underwriter approves the application.

Expiration Date of Coverage terminates on the earlier of the following:

1. The date You fail to be considered an Eligible Person; or
2. The expiration of twelve (12) months from the Effective Date of Coverage; or
3. The maximum benefit amount has been paid.

Schedule of Benefits

All coverage and plan costs listed in this Evidence of Benefits are in U.S. Dollar amounts. All benefits are offered worldwide unless otherwise noted.

<p>1. Emergency Medical Evacuation/ Repatriation</p>	<p>The plan will pay Covered Expenses incurred if any covered Injury or Illness commences during the Period of Coverage that results in the Medically Necessary Emergency Medical Evacuation or Repatriation (Their medical condition warrants immediate transportation from the medical facility where they are located to the nearest medical facility that is capable of furnishing the required level and type of care for the applicable illness or injury as determined by the attending physician in consultation with the Seven Corners Medical Director.</p> <p>The maximum amount of this benefit is \$500,000</p>
<p>2. Emergency Medical Reunion</p>	<p>When Emergency Medical Evacuation or Repatriation is ordered and the attending Physician recommends that a Family Member travel with the member, Seven Corners will provide transportation for one individual of the member's choice, to be at their side while they are hospitalized and then accompany them during their return to their Permanent Primary Residence. Cost incurred for transportation and lodging are covered by the insurance policy. Approval and coordination of this benefit must be provided by the Seven Corners Medical Director in consultation with the attending physician to be considered a Covered Expense.</p> <p>The maximum amount of this benefit is \$50,000</p>
<p>3. Return of Mortal Remains</p>	<p>A sensitive and valuable service that relieves the stress and confusion for families when transporting mortal remains across a country. Laws and regulations can differ, and Seven Corners will manage all logistics involved. The insurer will pay expenses incurred for preparation and return of a covered person's body to his or her Permanent Primary Residence or to another location provided the cost does not exceed the cost of return to the Permanent Primary Residence, if he or she dies. Approval and coordination of this benefit must be provided by Seven Corners to be considered a Covered Expense.</p> <p>The maximum amount of this benefit is \$50,000</p>
<p>4. Return of Dependents</p>	<p>Should the member be traveling alone with Dependent(s) and become hospitalized and unable to take care of the Dependent(s) and he or she is left unattended, the plan will arrange and pay for a one way economy fare to the one location stipulated by the Dependent's legal guardian (including the cost of an attendant/escort, if necessary to insure the safety and welfare of Dependents under the age of nineteen(19)). Approval and coordination of this benefit must be provided by Seven Corners to be considered a Covered Expense.</p> <p>The maximum amount of this benefit is \$50,000</p>
<p>5. Recreational Vehicle/RV Return*</p> <p>*Limited to trips in North America only.</p>	<p>Should the member be traveling in their RV, and due to a medical condition, be unable to drive his/her Recreational Vehicle back to his/her Permanent Primary Residence within the United States, Mexico or Canada, Seven Corners will arrange and pay to have a designated service return the Recreational Vehicle to the member's home provided:</p> <p>1)The member has been transported under either the "Emergency Medical Evacuation/Repatriation" or "Return of Mortal Remains" benefits; and</p> <p>2) no one in the member's traveling party is capable of driving, or proficient and competent to drive, the member's Recreational Vehicle. The Recreational Vehicle must be in good condition and capable of being safely driven on the highway in compliance with local laws.</p> <p>The insurance plan will also cover the return of any Automobile, Trailer or Travel Trailer that is legally hitched to their Recreational Vehicle at the time of the "Emergency Medical Evacuation/Repatriation" or "Return of Mortal Remains" to the destination of the pulling Vehicle. The member will be responsible for any costs incurred during the return of the Automobile, Trailer or Travel Trailer to maintain the safe operation of the Automobile, Trailer or Travel Trailer.</p> <p>Alternatively, the member may choose to have their Automobile, Trailer or Travel Trailer returned by a friend or Family Member. In such instance, and provided the return has been approved by Seven Corners and the Automobile, Trailer or Travel Trailer is returned directly and expediently to the members Permanent Primary Residence within the United States, Mexico or Canada, Seven Corners will arrange and pay for transportation of that person to the location of the Automobile, Trailer or Travel Trailer, and will also reimburse the member for gas and tolls during the return. In addition, the plan will provide a \$100 per day benefit, up to a max of five (5) days for incidental expenses while driving. In no event shall the total expenses of a Recreational Vehicle Return exceed \$5,000 for all expenses associated with the Recreational Vehicle Return.</p> <p>Alternatively, the Recreational Vehicle can be returned to another location, chosen by the member, provided the cost does not exceed the cost of returning the Recreational Vehicle to the Permanent Primary Residence, Seven Corners must arrange and approve the Recreational Vehicle return. If the member chooses to have a friend or Family Member perform the Recreational Vehicle return, Seven Corners will not pay more than what it would have cost to have them arrange the Recreational Vehicle return. Limited to one Recreational Vehicle/RV Return per occurrence.</p> <p>The maximum amount of this benefit is \$5,000.</p>

<p>6. Pet Return</p>	<p>Should the member be traveling with his/her pet and find themselves unable to care for it due to a medical emergency, Seven Corners will arrange for the return of the insured's pet to his/her domicile. This benefit is limited to cats or dogs. The pet must have current/up to date vaccinations as required by law. The member is required to pay for or supply a proper carrier for the pet.</p> <p>The maximum amount of this benefit is \$1,000.</p>
<p>7. Prescription medication and glasses replacement</p>	<p>If the member misplaces their medical prescription or damages their eyeglasses or contact lenses while away from home, Seven Corners will arrange and pay to deliver the prescription or glasses (lenses included) to their current location. Only the cost of shipping is covered. The cost of obtaining the prescription and or glasses is the insured's responsibility.</p> <p>The maximum amount of this benefit is \$500.</p>

DESCRIPTION OF BENEFITS for SECTION II. Schedule of Insurance Benefits

Emergency Medical Evacuation/Repatriation – The plan will pay Covered Expenses incurred up to the maximum stated in the Schedule of Benefits if any covered Injury or Illness commences during the Period of Coverage that results in the Medically Necessary Emergency Medical Evacuation or Repatriation (Your medical condition warrants immediate transportation from the medical facility where You are located to the nearest adequate medical facility where medical Treatment can be obtained). This benefit must be approved and arranged by Seven Corners in consultation with the local attending Physician. Emergency Medical Evacuation or Repatriation means: a) the Insured Person's medical condition warrants immediate transportation from the place where the Insured Person is located (due to inadequate medical facilities) to the nearest adequate medical facility where medical Treatment can be obtained; or b) after being treated at a local medical facility as a result of a Medical Evacuation, the Insured Person's medical condition warrants transportation with a qualified medical attendant to his/her Permanent Primary Residence, to obtain further medical Treatment or to recover; or c) both a) and b) above. All transportation arrangements must be by the most direct and economical route.

Emergency Medical Reunion – When Emergency Medical Evacuation or Repatriation is ordered and the attending Physician recommends that a Family Member travel with You, the plan will arrange and pay, up to the maximum stated in the Schedule of Benefits, for a round trip economy-class transportation for one individual of Your choice, from Your Permanent Primary Residence, to be at Your side while You are hospitalized. This benefit must be approved and arranged by Seven Corners. The benefits payable will include: (1) The cost of a round trip economy air fare; (2) Reasonable travel and accommodation expenses (not to exceed \$200 per day) incurred in relation to the maximum stated in the Schedule of Benefits. (3) The period of Emergency Medical Reunion is not to exceed 10 days, including travel.

Return of Mortal Remains – The plan will pay the reasonable Covered Expenses incurred up to the maximum stated in the Schedule of Benefits to return Your remains to Your Permanent Primary Residence, if You should die. This benefit must be approved and arranged by the Seven Corners. Covered Expenses include, but are not limited to, expenses for embalming, a minimally necessary container appropriate for transportation, shipping costs, and the necessary government authorizations.

Return of Dependents – Should the member be traveling alone with Dependent(s) and become hospitalized and unable to take care of the Dependent(s) and he or she is left unattended, the plan will arrange and pay for a one way economy fare to the one location stipulated by the Dependent's legal guardian (including the cost of an attendant/escort, if necessary to insure the safety and welfare of Dependents under the age of nineteen (19)). Approval and coordination of this benefit must be provided by Seven Corners to be considered a Covered Expense.

Recreational Vehicle/RV Return*

Should the member be traveling in their RV, and due to a medical condition, be unable to drive his/her Recreational Vehicle back to his/her Permanent Primary Residence within the United States, Mexico or Canada, Seven Corners will arrange and pay to have a designated service return the Recreational Vehicle to the member's home provided:

- 1) The member has been transported under either the "Emergency Medical Evacuation/Repatriation" or "Return of Mortal Remains" benefits; and
- 2) no one in the member's traveling party is capable of driving, or proficient and competent to drive, the member's Recreational Vehicle. The Recreational Vehicle must be in good condition and capable of being safely driven on the highway in compliance with local laws.

The insurance plan will also cover the return of any Automobile, Trailer or Travel Trailer that is legally hitched to their Recreational Vehicle at the time of the "Emergency Medical Evacuation/Repatriation" or "Return of Mortal Remains" to the destination of the pulling Vehicle. The member will be responsible for any costs incurred during the return of the Automobile, Trailer or Travel Trailer to maintain the safe operation of the Automobile, Trailer or Travel Trailer.

Alternatively, the member may choose to have their Automobile, Trailer or Travel Trailer returned by a friend or Family Member. In such instance, and provided the return has been approved by Seven Corners and the Automobile, Trailer or Travel Trailer is returned directly and expediently to the members Permanent Primary Residence within the United States, Mexico or Canada, Seven Corners will arrange and pay for transportation of that person to the location of the Automobile, Trailer or Travel Trailer, and will also reimburse the member for gas and tolls during the return. In addition, the plan will provide a \$100 per day benefit, up to a max of five (5) days for incidental expenses while driving. In no event shall the total expenses of a Recreational Vehicle Return exceed \$5,000 for all expenses associated with the Recreational Vehicle Return.

Alternatively the Recreational Vehicle can be returned to another location, chosen by the member, provided the cost does not exceed the cost of returning the Recreational Vehicle to the Permanent Primary Residence,

Seven Corners must arrange and approve the Recreational Vehicle return. If the member chooses to have a friend or Family Member perform the Recreational Vehicle return, Seven Corners will not pay more than what it would have cost to have them arrange the Recreational Vehicle return.

*Limited to trips in North America only.

Pet Return

Should the member be traveling with his/her pet and find themselves unable to care for it due to a medical emergency, Seven Corners will arrange for the return of the insured's pet to his/her domicile. This benefit is limited to cats or dogs. The pet must have current/up to date vaccinations as required by law. The member is required to pay for or supply a proper carrier for the pet.

Prescription medication and glasses replacement

If the member misplaces their medical prescription or damages their eyeglasses or contact lenses while away from home, Seven Corners will arrange and pay to deliver the prescription or glasses (lenses included) to their current location. Only the cost of shipping is covered. The cost of obtaining the prescription and or glasses is the insured's responsibility.

Assistance Services – Upon enrollment into **FMCA** plan, You are eligible to use any of the assistance services provided by Seven Corners. Open 24 hours/day, 365 days a year • Multi-lingual personnel • Physicians / Nurses on staff • Locate local facilities • Help with emergency situations..

PLAN DEFINITIONS

Automobile shall mean a passenger vehicle designed for operation on ordinary roads and typically having four wheels and a gasoline or diesel internal combustion engine.

Dependent shall mean the FMCA member's unmarried children from birth and under age 19; or under age 27 if enrolled as a full-time student in an accredited college, university, vocational or technical school; and children whose support is required by a court decree. Children include natural children, stepchildren, legally adopted children, or adult children with mental or physical disabilities. The children must be primarily dependent on the member for support and maintenance. This plan shall also cover the member's grandchildren when traveling with the member in their motor coach.

Eligible Person(s) shall mean and include: Current Charter, Full, Life, Full Lifetime and Member Emeritus/Family Associate members of FMCA, as defined in the Bylaws of FMCA, and, as applicable, Spouses, Family Members and Dependents who are travelling with the eligible FMCA members; who are traveling 100 miles from their Permanent Primary Residence. In the event that the Insured Person is a full time Rv'er and has no Permanent Primary Residence, the 100 mile restriction will not apply.

Eligible Spouse shall mean Your legal spouse, including legally recognized domestic partner.

Family Member shall mean a Plan Participant's Spouse, parent (includes Step-parent), Child(ren) (includes legally adopted or step Child(ren)), brother, sister, grandchild(ren), grandparents, or mother/father in-laws).

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

Hospital shall mean a place that 1.) Is legally operated for the purpose of providing medical care and Treatment(s) to Sick or Injured persons for which a charge is made that the Insured Person(s) is legally obligated to pay in the absence of insurance 2.) Provides such care and Treatment(s) in medical, diagnostic, or surgical facilities on its premises, or those prearranged for its use; 3.) Provides 24-hour nursing service under the supervision of a Registered Nurse at all times; and 4.) Operates under the supervision of a staff of one or more Physician(s). Hospital also means a place that is accredited as a Hospital by the Joint Commission on Accreditation of Hospitals, American Osteopathic Association, or the Joint Commission on Accreditation of Health Care Organizations (JCAHO). Hospital does not mean:

- A convalescent, nursing, or rest home or facility, or a home for the aged;
- A place mainly providing Custodial, Educational, or Rehabilitative Care; or
- A facility mainly used for the Treatment(s) of drug addicts or alcoholics.

Illness shall mean sickness or disease of any kind contracted and commencing while this plan is in force as to the Insured Person whose Illness is the basis of claim. Any complication or any condition arising out of an Illness for which the Insured Person is being treated or has received Treatment will be considered as part of the original Illness.

Injury shall mean accidental bodily injury or injuries caused by an accident which occurs after the Effective Date of this policy. The Injury must be the direct cause of the loss, independent of disease or bodily infirmity.

Inpatient shall mean if You are confined in an institution and are charged for room and board.

Mountaineering shall mean 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.

Outpatient shall mean if You receive care in a Hospital or another institution, including; ambulatory surgical center; convalescent/skilled nursing facility; or Physician's office, for an Illness or Injury, but who is confined and is not charged for room and board.

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

Period of Coverage shall mean the Period of Coverage issued by the Underwriter to the Insured Person, typically beginning with the Effective Date and ending with the Expiration Date or the date coverage is renewed by the Underwriter.

Permanent Primary Residence means the address shown on the member's state driver's license or state-issued identification card. Regardless of the Eligible Person's Permanent Primary Residence, the Eligible Person may select the one location to which the Eligible Person wishes to be returned in the event of a Medical Evacuation or Repatriation. For the avoidance of doubt, if the location selected by the Eligible Person is not the Permanent Primary Residence, there shall be no subsequent return to the Permanent Primary Residence after the first return to the location selected by the Eligible Person.

Physician(s) or **Surgeon** shall mean a doctor of medicine or a doctor of osteopathy licensed to render medical services or perform Surgery(ies) in accordance with the laws of the jurisdiction where such professional services are performed.

Pre-Existing Conditions shall mean any medical condition, sickness or injury, regardless of the cause, that resulted in a confinement to a hospital, a convalescent, nursing, or rest home or facility, or a home for the aged, a place mainly providing Custodial, Educational, or Rehabilitative Care, or a facility mainly used for the Treatment(s) of drug addicts or alcoholics where the Insured Person was: 1) confined at the time of enrollment; or, 2) discharged up to 30 days prior to enrollment. Any losses directly or indirectly resulting from pre-existing conditions are excluded from this insurance until the Insured Person has been discharged for at least thirty (30) days.

Recreational Vehicle/RV shall mean a large vanlike vehicle equipped to be lived in.

Trailer: shall mean a large van or wagon drawn by a Recreational Vehicle, used specially in hauling freight by road.

Travel Trailer shall mean a vehicle attached to an automobile and used as a mobile home, usually equipped with furniture, kitchen facilities, bathroom, etc.

Underwriter shall mean Certain Underwriters at Lloyds, London.

You or Your shall mean Eligible Persons.

EXCLUSIONS AND LIMITATIONS

All Exclusions and Limitations apply to Schedule of Benefits 1 through 7.

1. Hospital or medical expenses of any kind of nature;
2. Travel arrangements that were neither coordinated by nor approved by Seven Corners in advance;
3. Anyone traveling against the advice of a physician, or traveling for the purpose of obtaining medical treatment;
4. Suicide, attempted suicide, or willful self-inflicted injury;
5. Taking part in military or police service operations or traveling in a country in which the U.S. State Department has issued travel restrictions;
6. For incidents that occur due to an intentional unlawful act;
7. Injury or illness caused by or contributed to by use of drugs or alcohol;
8. Pregnancies except in the case of a major, vital complication during the first two trimesters of pregnancy which presents a clear and significant risk of death or imminent serious injury or harm to the mother or fetus;
9. Mountaineering or rock climbing necessitating the use of guides or ropes; spelunking; skydiving; parachuting; ballooning; hang gliding; deep sea diving utilizing hard helmet with air hose attachment; flying in an experimental aircraft; racing of any kind other than on foot; bungee jumping; operating a vehicle when not properly licensed; or participating in professional sports unless otherwise agreed in writing by Seven Corners prior to your coverage period;
10. Psychiatric, psychological, or emotional disorders;
11. Unless specifically listed herein, incidental expenses, including but not limited to accommodations, local transportation, meals, telephone, and facsimile charges;
12. Subsequent evacuations for the same or related medical condition, regardless of location. This exclusion shall not apply if the Eligible Person's proposed travel has not been restricted by the Eligible Person's attending physician and the Seven Corners Medical Director;
13. Services covered by other valid and collectible insurance, including Medicare;
14. Services not otherwise shown as covered;
15. Injury sustained while the Eligible Person is riding as a pilot, student pilot, operator or crew member, boarding or tailgating, from any type of aircraft; or while the Eligible Person is riding as a passenger in any aircraft (a) not having a current and valid airworthy certificate and (b) not piloted by a person who holds a valid and current certificate of competency for piloting such aircraft;
16. Flying in any aircraft being used for or in connection with acrobatic or stunt flying, racing or endurance tests; rocket-propelled aircraft; aircraft being used for or in connection with crop dusting or seeding or spraying, firefighting, exploration, pipe or power line inspection, any form of hunting or herding, aerial photography, banner towing or any experimental purpose; or engaged in any flight which requires a special permit or waiver from the authority having jurisdiction over civil aviation, even though granted;
17. Benefits attributable to injury or illness that manifest prior to coverage under the Insurance portion of this contract;

POLICY PROVISIONS

1. **Notice of Claim:** Written notice of claim must be given to the Underwriter within ninety (90) days after the occurrence or commencement of any Disablement covered by the Policy, or as soon thereafter as is reasonably possible. Notice given by or on behalf of the claimant to the Administrative Offices of the Underwriter, or to any authorized agent of the Underwriter, with information sufficient to identify the Insured Person shall be deemed notice to the Underwriter.
2. **Claim Forms:** The Underwriter, upon receipt of a notice of claim, will furnish to the claimant such forms as are usually furnished by it for filing Proofs of Loss. If such forms are not furnished within fifteen (15) days after the giving of such notice the claimant shall be deemed to have complied with the requirements of the Policy as to Proof of Loss upon submitting, within the time fixed in the Policy for filing Proofs of Loss, written proof covering the occurrence, the character and the extent of the Disablement for which claim is made.
3. **Proof of Loss:** Written Proof of Loss must be furnished to the Underwriter at its said office in case of claim for loss for which this Policy provides any periodic payment contingent upon continuing loss within 90 (ninety) days after the termination of the period for which the Underwriter is liable and in case of claim for any other loss within ninety (90) days after the date of such loss. 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. The Company at its option may pend resolution and adjudication of submitted claims and/or deny coverage for Proof of Loss submitted thereafter, or for incomplete Proof of Loss and/or failure to submit Proof of Loss.
4. **Time of Payment of Claims:** Indemnities payable under the Policy for any loss other than loss for which the Policy 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 the Policy provides periodic payment will be paid at the expiration of each four (4) weeks during the continuance of the period for

which the Underwriter is liable, and any balance remaining unpaid upon the termination of liability will be paid immediately upon receipt of due written proof.

5. **Payment of Claims:** Indemnity for loss of life will be payable in accordance with the beneficiary designation and the provisions respecting such payment which may be prescribed herein and effective at the time of payment. If no such designation or provision is then effective, such indemnity shall be payable to the estate of the Insured Person. Any other accrued indemnities unpaid at the Insured Person's death may, at the option of the Underwriter, be paid either to such beneficiary or to such estate. All other indemnities will be payable to the Insured Person. If any indemnity of the Policy shall be payable to the estate of an Insured Person, or to an Insured Person who is a minor or otherwise not competent to give a valid release, the Underwriter may pay such indemnity, up to an amount not exceeding \$1,000, to any Relative by blood or connection by marriage of the Insured Person who is deemed by the Underwriter to be equitably entitled thereto. Any payment made by the Underwriter in good faith pursuant to this provision shall fully discharge the Underwriter to the extent of such payment. Subject to any written direction of the Insured Person all or a portion of any indemnities provided by this Policy on account of Hospital, nursing, medical or Surgical service may, at the Underwriter's option and unless the Insured Person requests otherwise in writing not later than the time for filing proof of such loss, be paid directly to the Hospital or person rendering such services, but it is not required that the service be rendered by a particular Hospital or person.
6. **Physical Examination and Autopsy:** The Underwriter at its own expenses shall have the right and opportunity to examine the person of any individual whose Injury or Illness is the basis of claim when and as often as it 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. **Legal Actions:** No actions at law or in equity shall be brought to recover on the Policy prior to the expiration of sixty (60) days after written proof of loss has been furnished in accordance with requirements of this Policy. No such action shall be brought after expiration of three (3) years after that time written Proof of Loss is required to be furnished.
8. **Coordination of Benefits:** The Company coordinates benefits with other payers when an Insured Person(s) is covered by two (2) or more health plans. Coordination of Benefits is the industry standard practice used to share the cost of care between two (2) or more carriers when an Insured Person(s) is covered by more than one (1) health benefit plan. Our Coordination of Benefits and Services provision is attached hereto as APPENDIX A.
9. Any initial inquiry or complaint should be addressed to the Administrator, as defined herein. If the Insured Person is not satisfied with the manner in which an inquiry or complaint has been managed by the Administrator, the Insured Person may request in writing to the Complaints & Advisory Department at Lloyd's to review the case without prejudice to Your rights in law.

Complaints and Advisory Department of Lloyd's
1 Lime Street
London EC3M 7HA
United Kingdom

Excess Benefits

All Coverages, except Accidental Death and Dismemberment, shall be in excess of all other valid and collectible Insurance Indemnity and shall apply only when such benefits are exhausted. Other valid and collectible Insurance Indemnity for which benefits may be payable are Insurance programs provided by:

- (a) Individual, group or blanket Insurance or coverage;
- (b) Other prepayment coverage provided on a group or individual basis;
- (c) Any coverage under labor management trusted plans, union welfare plans, employer organizational plans, employee benefit organization plans, or other arrangement of benefits for individuals of a group;
- (d) Any coverage required or provided by any statute, socialized Insurance program;
- (e) Any no-fault automobile Insurance;
- (f) Any third party liability Insurance.

Subrogation

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

Coverage Intent

Please be aware that this is not a general health insurance policy but an interim travel medical program intended for use while away from Your Home Country or Country of Residence.

Pre-Notification Procedures

1. Pre-Notification - You or someone on Your behalf are required to contact Seven Corners Assist in the following situations:

- a) Within 48 hours of an emergency Hospital admission anywhere in the world.
- b) Before a scheduled, non-emergency Hospital admission anywhere in the world.
- c) Before receiving any medical Treatment inside the United States.
- d) Before Inpatient or Outpatient surgery worldwide.

Pre-Notification does not guarantee that benefits will be paid. The FMCA plan cannot guarantee payment to an individual or a facility for medical expenses until it has been determined that it is an eligible expense and a signed agreement has been received from the appropriate medical facility.

Contact information for Seven Corners Assist is provided below and on the back of Your virtual ID Card. Our multilingual representatives are available 24/7 to help You.

Contact us immediately for Emergency Medical Evacuation, Return of Remains, Emergency Reunion, and Return of Minor Child(ren).

Seven Corners Assist

Inside the United States: 1-800-690-6295

Outside the United States: 0-317-818-2808 (Collect)

Fax: 1-317-815-5984

E-mail: assist@sevencorners.com

Wellabroad.com

In our ever changing world, Seven Corners' WellAbroad® seeks to prepare individuals and groups with the advanced tools for successful travel. WellAbroad® offers medical, political and cultural information and includes many benefits and educational resources, such as:

- Text messaging alerts - Registered users receive updates regarding weather emergencies, security issues, custom alerts, and health care or pandemic warnings.
- Provider network directory - Clients and travelers can create customized country profiles which allow instant access to providers in the specified regions to which they are traveling.
- Online forums - Fellow travelers and Seven Corners' staff post experiences and travel tips which can be accessed at any time.

How to Obtain Travel Assistance

To receive assistance worldwide, call Seven Corners Assist at the numbers below and provide them with Your ID Number.

For Emergency Medical Evacuation, Return of Remains, Emergency Reunion, Return of Minor Child, Assistance Services, call:
if in the United States or Canada: 1-800-690-6295, or if outside the United States or Canada: 0-317-818-2808 (collect)

Claims Services

Important Note: Claim forms and receipts for medical expenses must be sent to Seven Corners quickly. Claim submissions must be made within ninety (90) after the Date of Service. Should they be received after ninety (90) days, they may be considered ineligible.

To report claims or verify eligibility, send the original bills and claim forms to Seven Corners, Inc., or call or fax to the numbers below. Be certain to include Your ID# shown on the ID Card with all correspondences:

Seven Corners, Inc.

303 Congressional Blvd; Carmel, IN 46032

800-335-0477 or 317-575-2652 FAX 317-575-2659 email: info@sevencorners.com www.SevenCorners.com

Insurance Underwriter

This Insurance, under Policy **ATR16-161001-01EVAC**, is underwritten by Certain Underwriters at Lloyds, London, rated "A" (Excellent) by AM Best.

SEVERABILITY OF INTEREST CLAUSE

This Policy shall operate in all respects as if a separate Policy had been issued to each party insured hereunder, except that in no event shall the total liability of the Insurers in respect of all parties insured hereunder exceed the Limit of Indemnity stated in this Policy. - **LSW1001**

LLOYD'S PRIVACY POLICY STATEMENT

UNDERWRITERS AT LLOYD'S, LONDON

The Certain Underwriters at Lloyd's, London want You to know how we protect the confidentiality of Your non-public personal information. We want You to know how and why we use and disclose the information that we have about You. The following describes our policies and practices for securing the privacy of our current and former customers.

INFORMATION WE COLLECT

The non-public personal information that we collect about You includes, but is not limited to:

Information contained in applications or other forms that You submit to us, such as name, address, and social security number

Information about Your transactions with our affiliates or other third-parties, such as balances and payment history

c) Information we receive from a consumer-reporting agency, such as credit-worthiness or credit history

INFORMATION WE DISCLOSE

We disclose the information that we have when it is necessary to provide our products and services. We may also disclose information when the law requires or permits us to do so,

CONFIDENTIALITY AND SECURITY

Only our employees and others who need the information to service Your account have access to Your personal information. We have measures in place to secure our paper files and computer systems.

RIGHT TO ACCESS OR CORRECT YOUR PERSONAL INFORMATION

You have a right to request access to or correction of Your personal information that is in our possession.

CONTACTING US

If You have any questions about this privacy notice or would like to learn more about how we protect Your privacy, please contact the agent or broker who handled this insurance. We can provide a more detailed statement of our privacy practices upon request. - **LSW1135b**

SAMPLE

LLOYD'S

One Lime Street London EC3M 7HA