# POLICY WORDING

## **SafeVista Comprehensive** Summary of Benefits

You are a Covered Person and eligible for coverage under the plan, if you are in the eligible class defined below. For benefits to be payable the Policy must be in force, the required premium must be paid and you must be engaging in one of the Covered Activities described below.

**Classes of Eligible Persons:**
All non-US resident plan members ages 69 and under of the Policyholder who are traveling outside of their Home Country.

Your Dependents (lawful spouse and unmarried children, subject to Dependent age limits in the state where the Policy is issued) are also covered, if they are traveling with you and you have elected and paid for Dependent coverage.

**Benefit Schedule:**

| **Medical Expense Benefits** | **SafeVista Traveler Plan** | |
|---|---|---|
| | **In-Network** | **Out-of-Network** |
| **Total Annual Maximum for all Accident or Sickness Expense Benefits** | **Options: $50,000, $100,000, $250,000, $500,000, or $1,000,000** | |
| **Deductible** | Deductible per Injury/Sickness<br>**Options:** $0, $100, $250, $500, $1,000, $2,500, or $5,000 | |
| **Co-insurance Rate** | Insurance pays 100%/80%<br>Insured pays 0%/20% | Insurance pays 50%/50% of Usual, Reasonable & Customary (URC) Charges<br>Insured pays 50%/50% |
| **Acute Episode of a Pre-existing Condition** | Up to Maximum Benefit; | |
| **Urgent Care Visits** | $25 copay per visit | $50 copay per visit |
| **Physiotherapy** | $50 per visit up to a maximum of $500 | |
| **Incurral Period** | 30 days after the date of Injury/Sickness | |
| **Maximum Benefit Period** | The earlier of the date the Covered Person's Trip ends, or 364 days from the date of a Covered Accident or Sickness | |
| | | |
| **Accidental Death and Dismemberment** | Up to $25,000 Principal Sum | |
| **Trip Interruption** | Up to $1,000 | |
| **Emergency Medical Evacuation** | Up to $25,000 | |
| **Repatriation of Mortal Remains** | Up to $10,000 | |

The Maximum Benefit Amounts and applicable Deductibles/Co-insurance rate will be based on the options selected by You and for which You have paid the relevant premiums. Should there be a conflict between the option elected and the actual premium paid, benefits will be payable according to the plan of insurance that would have been purchased for the amount of premium paid.

## Definitions

**Acute Onset of a Pre-existing Condition** means a sudden and unexpected outbreak or recurrence of a Pre-existing Condition that is short in duration, progresses quickly and requires You to seek urgent care within 24 hours of the sudden and unexpected outbreak or recurrence. A Pre-existing Condition that is chronic or congenital, or that gradually worsens over time is not an Acute Onset of a Pre-existing Condition.

**Covered Accident** means an accident that is as a result of a sudden, unintentional and unexpected occurrence caused by external visible means, while coverage is in force for a Covered Person and results directly and independently of all other causes in a loss or Injury covered by the Policy for which benefits are payable. You must provide notification of a claim within 30 days of a Covered Accident. If notice cannot be given within that time, it must be given as soon as reasonably possible. In no circumstances will an illness be considered an accident

**Covered Expense** means expenses actually incurred by or on behalf of a Covered Person for treatment, services and supplies covered by the Policy. Coverage under the Policy must remain continuously in force from the date of the Covered Accident or Sickness until the date treatment, services or supplies are received for them to be a Covered Expense. A Covered Expense is deemed to be incurred on the date such treatment, service or supply, that gave rise to the expense or the charge, was rendered or obtained.

**Covered Person** means the persons insured hereunder who are listed on the application and have been accepted for cover and for whom the applicable premium has been paid for the Period of Coverage.

**Deductible** means the dollar amount of Covered Expense that must be incurred as an out-of-pocket expense by each Covered Person per each Covered Accident or Sickness before benefit is paid on an expense incurred basis under the Policy.

**Dependent** means an Covered Person's lawful spouse or a Covered Person's unmarried child, from age 14 days to age 18, who is chiefly dependent on the Covered Person for support. A child, for eligibility purposes, includes the Covered Person's natural child; adopted child, beginning with any waiting period pending finalization of the child's adoption; or a stepchild who resides with the Covered Person or depends on the Covered Person for financial support.

**Doctor** means a duly educated trained physician who is appropriately licensed in the state or country in which they are practicing and providing services. The services must be within scope of their license, training, experience and competence and according to health care standards of practice.

**Home Country** means a country from which the Covered Person holds a passport. If the Covered Person holds passports from more than one country, their Home Country will be the country that they have declared to Us in writing as their Home Country. Home Country also includes the Covered Person's country of permanent assignment or country of permanent residence.

**Hospital** means an institution which operates as a Hospital pursuant to law and is licensed in the state or country in which it operates. It must operate primarily for the treatment of sick or injured persons as inpatients and provide 24 hour nursing services by registered nurses on duty

or on call. It must have Doctors available at all times and provide organized facilities and equipment for diagnosis and treatment of acute medical conditions on its premises. It must not primarily be a long-term care facility, rehabilitation or extended care facility, nor a nursing, rest or convalescent home or place for the aged, drug addicts, alcoholics or similar establishment.

**Immediate Family Member** means Your spouse, child, brother, sister, parent, grandparent, or in-law.

**Insured** means a person in a Class of Eligible Persons for whom the required premium is paid making insurance in effect for that person. It also includes that person's Dependents if Dependent coverage has been elected and paid for

**Injury** means accidental bodily harm sustained by a Covered Person that results directly and independently from all other causes from a Covered Accident.. All injuries sustained by one person in any one Covered Accident, including all related conditions and recurrent symptoms of these injuries, are considered a single Injury.

**Medical Emergency** means a condition caused by an Injury or Sickness that manifests itself by symptoms of sufficient severity that a prudent layperson possessing an average knowledge of health and medicine would reasonably expect that failure to receive immediate medical attention would place the health of the person in serious jeopardy.

**Medically Necessary** means a treatment, service, or supply that is: 1) required to treat an Injury or Sickness; 2) prescribed or ordered by a Doctor or furnished by a Hospital; 3) performed in the least costly setting required by the Covered Person's condition; and 4) consistent with the medical and surgical practices prevailing in the area for treatment of the condition at the time rendered. Purchasing or renting air conditioners, air purifiers, motorized transportation

Equipment, escalators or elevators in private homes, eyeglass frames or lenses, hearing aids, swimming pools or supplies for them, and general exercise equipment, is not deemed to be Medically Necessary. We may consider a service or supply is not Medically Necessary if a less intensive or more appropriate diagnostic or treatment alternative could have been used. We may consider the cost of the alternative to be the Covered Expense.

**Mental Health Disorder** means a mental or emotional disorder or disease characterized by a disturbance in the Covered Person's individual cognition, emotional regulation, or behavior. This includes but is not limited to depression, psychosis, bipolar affective disorder, schizophrenia, and other psychiatric illnesses listed in the current edition of the diagnostic and Statistical Manual for Mental Disorders of the American Psychiatric Association.

**Pre-existing Condition** means a Sickness, Injury, Mental Health Disorder or other condition of the Covered Person that with reasonable medical certainty existed at, or prior to, the effective date of this Policy. Additionally, any condition for which You have exhibited symptoms that would have caused a prudent person to seek diagnosis, care, treatment; advice, or required taking prescribed drugs or medicines, will also be considered to be a Pre-existing Condition, even if the condition is stable and controlled by medication.

**Sickness** means an illness, disease, or condition of the Covered Person that causes a loss, for which a Covered Person incurs medical expenses, while covered under this Policy. All related conditions and recurrent symptoms of the same or similar condition will be considered one Sickness.

**Trip** means travel by air, land, or sea from the Covered Person's Home Country. It includes the period of time from the start of the trip until its end provided the Covered Person is covered under the Policy.

**Usual Reasonable and Customary** means the average amount charged by most providers for treatment, service, or supplies in the geographic area where the treatment, service, or supply is provided.

**We, Our, Us** means the insurance company underwriting this insurance, or its authorized agent.

**You, Your, Yours** means the insured Covered Person.

## Precertification

Pre-certification is a general determination of Medical Necessity only, and all such determinations are made by the Company (acting through its authorized agents and representatives) in reliance and based upon the completeness and accuracy of the information provided by the Insured Person and/or their Relatives, guardians and/or healthcare providers at the time of Pre-certification. The Company reserves the right to challenge, dispute and/or revoke a prior determination of Medical Necessity based upon subsequent information obtained. Pre-certification is not an assurance, authorization, preauthorization, or verification of Treatment or coverage, a verification of benefits, or a guarantee of payment. The fact that Treatment or supplies are Pre-certified by the Company does not guarantee the payment of benefits, the availability of coverage, or the amount of or eligibility for benefits. The Company's consideration and determination of a Pre-certification request, as well as any subsequent review or adjudication of all medical claims submitted in connection therewith, shall remain subject to all of the Terms of this insurance, including exclusions for Preexisting Conditions and other designated exclusions, benefit limitations and sub-limitations, and the requirement that claims be Usual, Reasonable and Customary. Any consideration or determination of a Pre-certification request shall not be deemed or considered as the Company's approval, authorization or ratification of, recommendation for, or consent to any diagnosis or proposed course of Treatment. Neither the Company nor the Plan Administrator (nor anyone acting on their respective behalves) has any authority or obligation to select Physicians, Hospitals, or other healthcare providers for the Insured Person, or to make any diagnosis or medical Treatment decisions on behalf of the Insured Person, and all such decisions must be made solely and exclusively by the Insured Person and/or their family members or guardians, Treating Physicians and other healthcare providers. If the Insured Person and their healthcare providers comply with the Precertification requirements of the Master Policy and this Certificate, and the Treatment or supplies are Pre-certified as Medically Necessary, the Company will reimburse the Insured Person for Eligible Medical Expenses up to the amount shown in the BENEFIT SUMMARY incurred in relation thereto, subject to all Terms of this insurance. Eligibility for and payment of benefits are subject to all of the Terms of this insurance. (1) SPECIFIC REQUIREMENTS: The following must always be Pre-certified for Medical Necessity by the Company through the Plan Administrator before admission or receiving the Treatments and/or supplies: (a) Inpatient Hospitalization including ICU (b) Emergency Room (c) Imaging in PET, CT, or MRI Scan (d) Out-patient Bloodwork (e) Interfacility Ambulance Transfer (f) Surgery or Surgical procedure. Pre-certification can be obtained by calling Robin Assist at 888-207-1694 or emailing help@robinassist.com

## Eligibility for Insurance

Each person in the Class of Eligible Persons is eligible to be insured on the effective date of the Policy, or the day they become eligible, if later. We maintain the right to investigate eligibility status to verify eligibility requirements are met. If We discover the eligibility requirements are not met, no insurance will be provided for that person and Our only obligation is to issue a pro-rata refund from the date ineligibility is discovered to the end of

the policy period.

## Effective Date of Insurance

An eligible person will be insured on the later of effective date of the Policy or the date they are eligible.

Whilst cover is effective, You will be a Covered Person.

## Period of Coverage

You will be a Covered Person and insured on the later of the effective date of the Policy or the date that you become eligible. Your coverage will end on the earliest of the date:

1) the Policy terminates;
2) You return to Your Home Country;
3) the scheduled Trip return date;
4) You are no longer eligible;
5) the period ends for which the premium has been paid.

Dependent coverage will end on the earliest of the date:

6) they are no longer a Dependent;
7) Your coverage ends; or
8) the period ends for which the premium has been paid.

## Description of Benefits

**Medical Expense Benefits**

We will pay for Covered Expenses that result directly from a Covered Accident or Sickness. These benefits are only payable until the earlier of: the date your Trip ends; return to Your Home Country; or 364 days from the date of the Covered Accident or Sickness provided the first Covered Expense was incurred within 90 days after the date of Covered Accident or Sickness. Your Maximum Benefit payable for all Accident and Sickness benefits is shown in the Benefit Schedule, and subject to the Deductible, Co-insurance Rate and copay amount. The Maximum Benefit for An Acute Onset of a Pre-existing Condition is shown in the Benefit Schedule and is subject to the applicable Deductible. Other limitations may apply as shown in the Policy.

Benefits are only payable:

1) for Usual, Reasonable and Customary Charges incurred after the Deductible, if any, has been met;
2) for Medically Necessary Covered Expense that You incur as a result of a Covered Accident or Sickness;
3) for charges incurred for services rendered to You while on a covered Trip; and
4) provided the first charge is incurred within 90 days after the date of the Covered Accident or Sickness.

*Covered Medical Expenses*

1) Hospital semi-private room and board (or room and board in an intensive care unit) to a maximum of $20,000, $15,000 for pre-existing
2) Hospital ancillary services (including, but not limited to, use of the operating room) to a maximum of $20,000. $15,000 for pre-existing
3) Doctor non-surgical treatment/examination expenses (excluding medicines) including the Doctor's initial visit, each Medically Necessary follow-up visit and consultation visits when referred by the attending Doctor
4) Doctor's surgical expenses. If an Injury or Sickness requires multiple surgical procedures

through the same incision, We will pay only one benefit, the largest of the procedures performed. If multiple surgical procedures are performed during the same operative session but through different incisions, We will pay as shown in the Benefit Schedule for the most expensive procedure and 50% of Covered Expense for the additional surgeries up to a maximum of $15,000 for pre-existing conditions

5) Assistant surgeon expenses when Medically Necessary, up to $5,000 for pre-existing conditions
6) Services of a Doctor or a registered nurse (R.N.)
7) Ambulance service to or from a Hospital
8) Outpatient diagnostic X-rays, laboratory procedures and tests up to $2,000
9) Laboratory tests
10) Radiological procedures
11) Anesthetics and their administration
12) Blood, blood products, artificial blood products, and the transfusion thereof
13) Inpatient physiotherapy;
14) Expenses include treatment, and office visits connected with such treatment, when prescribed or performed by a Doctor, including diathermy, ultrasonic, or heat treatments, adjustments, or manipulation, only if treating an injury as a result of a Covered Accident.
15) Medicines or drugs administered by a Doctor or that can be obtained only with a Doctor's written prescription up to $500
16) Dental charges for Injury to sound, natural teeth
17) Artificial limbs or eyes (not including replacement of these items)
18) Casts, splints, trusses, crutches, and braces (not including replacement of these items or dental braces)
19) Oxygen or rental equipment for administration of oxygen
20) Rental of a wheelchair or hospital-type bed
21) Rental of mechanical equipment for treatment of respiratory paralysis
22) Pre-admission testing
23) Emergency Treatment resulting in admission of less than 24 hours, up to $4,000 for pre-existing conditions
24) Outpatient injections when administered in a Doctor's office
25) Consultation visits
26) Diagnostic and treatment of urinary tract infection, including but not limited to pyelonephritis, urethritis, and cystitis is limited to $2,000 per Policy period.

**Trip Interruption**
Benefits will be paid, up to the amount shown in the Benefit Schedule, for the cost of expenses related to the return travel to your Home Country which must be organized by Our assistance provider.

Trip Interruption must be due to a Covered Accident or Sickness to You, or the death of an Immediate Family Member while You are on Your Trip,.

**Emergency Medical Evacuation**
We will pay Emergency Medical Evacuation benefit up to the amount shown in the Benefit Schedule for Covered Evacuation Expenses incurred for Your medical evacuation if You:

1) suffer a Medical Emergency during Your trip;
2) require Emergency Medical Evacuation; and
3) are traveling on a covered Trip.

Covered Evacuation Expenses:

4) Medical Transport: expenses for transportation under medical supervision to the nearest hospital or treatment facility where You will receive treatment in the event of Your Medical Emergency and upon the request of the Doctor designated by Our assistance provider in consultation with the local attending Doctor.
5) Dispatch of a doctor or specialist: the Doctor's or specialist's travel expenses and the medical services provided on location, if, based on the information available, Your condition cannot be adequately assessed to evaluate the need for transport or evacuation and a Doctor or specialist is dispatched by Our service provider to Your location to make the assessment.
6) Return of Dependent child expenses to return each Dependent child who is under age 18 to his or her principal residence if a) You are age 18 or older; and b) You are the only person traveling with the Dependent child; and c) you suffer a Medical Emergency and must be confined in a Hospital.
7) Escort Services: expenses for an Immediate Family Member or companion who is traveling with You to join You during Your Emergency Medical Evacuation to a different hospital, or treatment facility.

Benefits for these Covered Evacuation Expenses will not be payable unless:

1) the Doctor ordering the Emergency Medical Evacuation certifies the severity of Your Medical Emergency requires an Emergency Medical Evacuation;
2) all transportation arrangements for the Emergency Medical Evacuation are made by the most direct and economical conveyance and route possible;
3) the charges incurred are Medically Necessary and do not exceed the charges for similar transportation, treatment, services or supplies in the locality where the expense is incurred;
4) Covered Evacuation Expenses do not include charges that would not have been made if there were no insurance.

Benefits will not be payable unless We (or Our assistance provider) authorize in writing, or by an authorized electronic or telephonic means, all expenses in advance, and services are rendered by Our assistance provider. In the event You refuse to be medically evacuated, We will not be liable for any medical expenses incurred after the date medical evacuation is required.

**Repatriation of Mortal Remains**
We will pay Repatriation of Remains benefits as shown in the Benefit Schedule for preparation and return of your body or mortal remains to your Home Country if You die as a result of a Medical Emergency while traveling on a covered Trip. Covered Expense includes:

1) expenses for embalming or cremation;
2) the least costly coffin or receptacle adequate for transporting the body or mortal remains;

3) transporting the mortal remains; and
4) Escort Services: expenses for an Immediate Family Member or companion who is traveling with You to join Your body or mortal remains during the repatriation to Your Home Country. All transportation arrangements must be made by the most direct and economical route and conveyance possible and may not exceed the Usual, Reasonable and Customary Charges for similar transportation in the locality where the expense is incurred.

Benefits will not be payable unless We (or Our authorized assistance provider) authorize in writing, or by an authorized electronic or telephonic means, all expenses in advance, and services are rendered by Our assistance provider.

**Accidental Death and Dismemberment Benefits**
We will pay up to the Principal Sum of $25,000, if Injury to You results within 30 days, in any one of the losses shown below. The Benefit amount is shown below.
If multiple losses occur, only one Benefit Amount, the largest, will be paid for all losses due to the same Covered Accident.

**Schedule of Covered Losses**

| **Covered Loss** | **Benefit Amount** |
|---|---|
| Life | 100% of the Principal Sum |
| Two or more Members | 100% of the Principal Sum |
| One Member | 50% of the Principal Sum |

"Member" means Loss of Hand or Foot, and Loss of Sight. "Loss of Hand or Foot" means complete Severance through or above the wrist or ankle joint. "Loss of Sight" means the total, permanent Loss of Sight of one eye. "Severance" means the complete separation and dismemberment of the part from the body.

**Aggregate Limit** – We will not pay more than $50,000 in total, per Policy, for all Accidental Death and Dismemberment losses per Covered Accident that involves You and other Covered Persons under the plan. If, in the absence of this provision, We would pay more than this amount for all losses under the Policy, then the benefits payable to You and each other person with a valid claim will be reduced proportionately.

## Exclusions and Limitations

We will not pay benefits for any loss or Injury that is caused by or results from:

1) intentionally self-inflicted injury; suicide or attempted suicide.
2) war or any act of war, whether declared or not.
3) a Covered Accident or Sickness that occurs while You are on active duty service in the military, naval or air force of any country or international organization. Upon receipt of proof of service, We will refund any premium paid for this time.
4) piloting or serving as a crewmember in any aircraft or watercraft
5) riding in any aircraft or watercraft except as a fare-paying passenger on a regularly scheduled or charter airline
6) commission of, or attempt to commit, a felony.
7) sickness, disease or Mental Health Disorder, bacterial or viral infection, or medical or surgical treatment thereof, except for any bacterial infection resulting from an accidental external cut or wound (applicable to accident benefits only).
8) You being legally intoxicated as determined according to the laws of the jurisdiction in

which the Injury occurred.

9) commission of, or active participation in a riot, civil commotion assuming the proportions of or amounting to an uprising or an insurrection.

In addition, We will not pay Medical Expense Benefits for any loss, treatment, or services resulting from:

10) routine physicals and care of any kind.
11) routine dental care and treatment.
12) cosmetic surgery, except for reconstructive surgery needed as the result of an Injury resulting from a Covered Accident.
13) eye refractions or eye examinations for the purpose of prescribing corrective lenses or for the fitting thereof; eyeglasses, contact lenses, and hearing aids.
14) services, supplies, or treatment including any period of Hospital confinement which is not recommended, approved, and certified as Medically Necessary and reasonable by a Doctor, or expenses which are non-medical in nature.
15) treatment or service provided by a private duty nurse.
16) treatment by any Immediate Family Member or member of Your household.
17) expenses incurred during travel for purposes of seeking medical care or treatment,
18) medical expenses for which You would not be responsible to pay for in the absence of the Policy.
19) expenses incurred for services provided by any government Hospital or agency, or government sponsored-plan for which, and to the extent that, you are eligible for reimbursement.
20) any treatment provided under any mandatory government program or facility set up for treatment without cost to any individual.
21) custodial care
22) Calculus of gallbladder and nephroscopy
23) services or expenses incurred in Your Home Country.
24) elective treatment, exams or surgery; elective termination of pregnancy.
25) expenses for services, treatment or surgery deemed to be experimental or which are not recognized and generally accepted medical practices in the United States.
26) expenses payable by any automobile insurance policy without regard to fault.
27) organ or tissue transplants and related services.
28) any expense paid or payable by any other valid and collectible group insurance plan.
29) Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation, whether United States federal or foreign law.
30) Injury sustained while participating in club, intramural, intercollegiate, interscholastic, professional, semi-professional sports or hazardous sports and activities.
31) expenses incurred for services related to the diagnostic treatment of infertility or other problems related to the inability to conceive a child, including but not limited to, fertility testing and in-vitro fertilization.
32) Orthopedic shoes or devices, or expenses incurred in connection with weak, strained or flat feet, corns, calluses or toenails,.
33) expenses incurred for birth control including surgical procedures and devices.
34) birth defects and congenital anomalies, or complications which arise from such conditions.
35) sexually transmitted diseases or immune deficiency disorders and related conditions.
36) care or treatment of Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC), or Human Immunodeficiency Virus (HIV) infection, or any illness or disease arising from these medical conditions.
37) Pregnancy, childbirth, miscarriage, abortion or any complications of any of these conditions, except to the extent otherwise provided in the Policy

38) Mental Health Disorders.
39) expenses incurred for any condition directly or indirectly related to or caused by cancer, dialysis, or on-going and preventive care
40) expenses incurred for cataract surgeries, eye sickness or treatments
41) Pre-existing Conditions, unless otherwise provided in the Policy. If cover is provided, it must be as a result of Acute Onset of a Pre-existing Condition.
42) Any sickness which was known or unknown to the Covered Person which requires immediate medical attention within 5 days after the policy effective date
43) Exercise programs, whether or not prescribed by a Doctor
44) Failure to keep a scheduled appointment
45) Any treatment which is not Medically Necessary, or costs which are in excess of the Usual, Reasonable and Customary amounts.
46) Epidemic and Pandemic or other disease outbreaks when prior to the effective date, warning or Alert Level 3 or higher was issued by the US Center for Disease, Control and Prevention.
47) Medical Expenses related to complications or consequences of a treatment or condition not covered by this Policy.

If We determine the benefits paid under the Policy are eligible benefits under any other benefit plan, We may seek to recover any expenses covered by another plan to the extent that You are eligible for reimbursement.

This insurance does not apply to the extent that trade or economic sanctions or other laws or regulations prohibit Us from providing insurance, including, but not limited to, the payment of claims or the provision of any benefit.

**Claims**
You must provide notification of a claim within 90 days of a Covered Accident or Loss. If notice cannot be given within that time, it must be given as soon as reasonably possible. This notice should identify You, and Your Policy Number.

**Insurer:**
Underwritten by Tideview Risk SPC'

**Contact Information: For customer service, eligibility verification, plan information, or to file a claim, contact, or emergency assistance:**
Robin Assist Claims PO Box 211879, Dallas TX, 75211
. Phone number: 1-888-207-1694; or
email: Claims@robinassist.com. A claim form may also be found at: www.infplans.com/claims or in the MyINFPlans portal.

**Subscription Agreement:** I hereby apply to participate in the insurance coverage extended by Tideview Risk SPC ("the Insurers") I understand that the coverage is not a general health insurance product, but is intended for use in the event of a sudden and unexpected event while traveling outside my Home Country. I understand that the coverage extended to me will terminate upon my return to my Home Country. I understand that I may obtain full details of the coverage by requesting a copy of the from the plan manager. I understand that the liability of the Insurers, as underwriters of the coverage, is as provided in the Master Policy. By acceptance of coverage and/or submission of any claim for benefits, the plan participant ratifies the authority of the signer to so act and bind the plan participant. The plan participant undertakes to make all premium payments as they fall due in respect of the coverage extended to them.

The plan participant hereby confirms the accuracy of all information validity of all representations and warranties provided to the trustee in connection with its participation in the plan and/or the subscription for the insurance coverage, howsoever provided, including the terms of this subscription agreement, (together "representations & warranties"). The plan participant acknowledges that certain of such information will be relied upon by the Insurers as providers of the coverage and that any inaccuracy therein may result in the invalidity of such coverage as it relates to the plan participant, the loss of coverage and all monies paid in relation thereto. The plan participant hereby undertakes to inform the trustee of any change to any of matter that forms the subject of any of the representation & warranties. The plan participant hereby undertakes to indemnify and hold harmless the trustee against any loss or damage (including attorney's fees) occasioned by any inaccuracy in any representation &warranty or failure to advise the trustee of any change in any matter that forms the subject of any of the representation & warranties. The plan participant agrees that the trustee shall be entitled to rely on and to act in accordance with any written instruction purported to be provided by the plan participant and the plan participant hereby undertakes to indemnify and hold harmless the trustee against any loss or damage (including attorney's fees) occasioned by the trustee acting in accordance with any such instruction.
Payments under the terms of the coverage shall be paid by the Insurers to the plan participant or directly to a provider if assignment of benefits has been authorized. The trustee shall not be responsible for the administration of such payments.

This insurance is not subject to, and does not provide certain insurance benefits required by the United States' Patient Protection and Affordable Care Act ("PPACA"). PPACA requires certain United States citizens or United States residents to obtain PPACA compliant health insurance, or "minimum essential coverage." PPACA also requires certain employers to offer PPACA compliant insurance coverage to their employees. Tax penalties may be imposed on United States residents or citizens who do not maintain minimum essential coverage, and on certain employers who do not offer PPACA compliant insurance coverage to their employees. In some cases, certain individuals may be deemed to have minimum essential coverage under PPACA even if their insurance coverage does not provide all of the benefits required by PPACA. You should consult your attorney or tax professional to determine whether this Policy meets any obligations you may have under PPACA. This Policy is not designed to cover United States residents and citizens. This plan is not subject to guaranteed issuance or renewal.

I confirm that I have satisfied myself that the coverage is appropriate for me and that I meet the eligibility criteria.