

Accident and Sickness Benefits for General Conference Corp. of Seventh-Day Adventists

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. If you are not in Active Service on the date your insurance would otherwise be effective, it will go into effect on the date you return to Active Service.

Class Description: All approved volunteers, employees and retirees whose names are on file with the Participating Organization while traveling worldwide except to destinations in the Continental United States and Canada.

Period of Coverage: You will be insured on the later of the Policy Effective Date or the date that you become eligible. Your coverage will end on the earliest of the date: 1) the Policy terminates; 2) you are no longer eligible; or 3) the period ends for which the required premium is paid. Dependents coverage will end on the earliest of the date: 1) he or she is no longer a Dependent; 2) your coverage ends; or 3) the period ends for which the required premium is paid.

Term of Coverage: This coverage will start on the actual start of the Trip. It does not matter whether the Trip starts at your home, place of work, or other place. It will end on the first of the following dates to occur: 1) The date you return to your Home Country; 2) the scheduled Trip return date; or 3) the date you make a Personal Deviation (unless otherwise provided by the Policy). "Personal Deviation" means: 1) An activity that is not reasonably related to the Covered Activity; and 2) Not incidental to the purpose of the Trip.

Specified Trip - The Covered Accident or Sickness must take place while: 1) on business for the Participating Organization; and 2) in the course of the Participating Organization's business; and 3) on the Trip sponsored by the Participating Organization.

Vacation Travel (if elected in your application and the required premium is paid) - The Covered Accident or Sickness must take place during a Vacation up to 364 days.

"Vacation" means a Trip not sponsored by the Participating Organization and not related to the Participating Organization's business.

This coverage starts on the actual start of the Trip provided you pay the required premium. It does not matter whether the Trip starts at your home, place of work, or other place. Coverage will end the date you return to your home. For the purposes of Vacation Travel Trip means travel by air, land, or sea from your Home Country.

Personal Deviation - The Covered Accident or Sickness must take place during a Personal Deviation not to exceed 7 days while on a Trip covered by the Policy.

"Personal Deviation" means: 1) An activity that is not reasonably related to the Covered Activity; and 2) Not incidental to the purpose of the Trip.

Exposure & Disappearance - Coverage includes exposure to the elements after the forced landing, stranding, sinking, or wrecking of a vehicle in which you were traveling. You are presumed dead if you are in a vehicle that disappears, sinks, or is stranded or wrecked on a trip covered by the Policy; and the body is not found within one year of the Covered Accident.

Description of Benefits

Medical Expense Benefits - We will pay for Covered Expenses that result directly from a Covered Accident or Sickness. These benefits are payable the earlier of the date your Trip ends, or 365 days from the date of a Covered Accident or Sickness provided the first Covered Expense was incurred within 90 days after the date of Covered Accident or Sickness. The Maximum Benefit for all Accident and Sickness benefits for you is \$140,000; for your spouse is \$140,000; and for your

children is \$140,000 subject to a Deductible of \$0 per Covered Accident or Sickness. The Maximum for Dental Treatment (Alleviation of Pain) is \$500.

Other limitations, if any, may apply as shown in the Policy.

Medical Expense Benefits are only payable: 1) for Usual and Customary Charges incurred after the Deductible, if any, has been met; 2) for those Medically Necessary Covered Expenses that you incur; and 3) for charges incurred for services rendered to you while on a covered Trip

Emergency Medical Benefits - We will pay up to \$10,000 for Covered Expenses incurred for emergency medical services to treat you if you: 1) suffer a Medical Emergency during the course of a Trip; and 2) are traveling on a covered Trip. Covered Expenses include expenses for guarantee of payment to a medical provider, Hospital or treatment facility. Benefits for these Covered Expenses will not be payable unless the charges incurred: 1) are Medically Necessary and do not exceed the charges for similar treatment, services or supplies in the locality where the expense is incurred; and 2) do not include charges that would not have been made if there were no insurance. Benefits will not be payable unless We authorize in writing, or by an authorized electronic or telephonic means, all expenses in advance, and services are rendered by Our assistance provider.

Emergency Medical Evacuation Benefit - We will pay 100% of Covered Expenses incurred for your medical evacuation if you: 1) suffer a Medical Emergency during the course of the Trip; 2) require Emergency Medical Evacuation; and 3) are traveling on a covered Trip. Covered Expenses; 1) Medical Transport: expenses for transportation under medical supervision to a different hospital, treatment facility or to your place of residence for Medically Necessary 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. 2) 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. 3) Return of Dependent Child (ren): 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 minor Dependent child(ren); and c) you suffer a Medical Emergency and must be confined in a Hospital. 4) 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, treatment facility or your place of residence.

Benefits for these Covered 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 made for the Emergency Medical Evacuation are by the most direct and economical conveyance and route possible; 3) the charges incurred are Medically Necessary and do not exceed the Usual and Customary Charges for similar transportation, treatment, services or supplies in the locality where the expense is incurred; and 4) do not include charges that would not have been made if there were no insurance.

Benefits will not be payable unless We 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 recommended.

Repatriation of Remains Benefit - We will pay 100% of Covered Expenses for preparation and return of your body to your home if you die as a result of a Medical Emergency while traveling on a covered Trip. Covered expenses include: 1) expenses for embalming or cremation; 2) the least costly coffin or receptacle adequate for transporting the remains; 3) transporting the remains; and 4) Escort Services which include expenses for an Immediate Family Member or companion who is traveling with you to join your body during the repatriation to your place of residence.

All transportation arrangements must be made by the most direct and economical route and conveyance possible and may not exceed the Usual and Customary Charges for similar transportation in the locality where the expense is incurred. Benefits will not be payable unless We authorize in writing, or by an authorized electronic or telephonic means, all expenses in advance, and services are rendered by Our assistance provider.

Chaperone Replacement Benefit - In the event that the official chaperone of the policyholder is prevented from continuing his or her Trip due to Injury, Sickness or death to him or her or an Immediate Family Member that occurs after the Trip begins and before the Trip scheduled termination date, We will pay for the reimbursement of: 1) the replacement chaperone, up to the published rate of a round trip economy class ticket from his or her place of permanent residence to the next scheduled destination where the replacement can join the Trip; and 2) returning chaperone, up to the published rate of a round trip economy class ticket from his or her assigned location back home.

We will pay \$5,000 per incident for both chaperones. We will only pay one Chaperone Replacement Benefit per Trip.

Emergency Reunion Benefit - In the event that you are: 1) confined in a Hospital as a result of a covered Injury or Sickness and requires an Emergency Medical Evacuation; and 2) the Doctor feels it would be beneficial for you to have a

family member at your side during transport. We will pay up to \$5,000 for the expenses incurred for emergency travel arrangements for a Family Member to accompany you.

Covered expenses include an economy airline ticket up to a maximum of \$2,000 and other travel related expenses not to exceed \$500 per day up to 10 days.

All transportation and lodging arrangements must be made by the most direct and economical route and conveyance possible and may not exceed the usual level of charges for similar transportation or lodging 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.

“Family Member” means your parent, sister, brother, husband, wife, child, grandparent, or immediate in-law.

Hospital Confinement Benefit - We will pay \$200, if you are Hospital Confined and all of the following conditions are met. 1) The Hospital stay is the direct result, from no other causes, of Injuries sustained in a Covered Accident or Sickness. 2) The Hospital stay begins within 30 days of a Covered Accident or Sickness and lasts for the Time Period for Confinement is 25 days. We will pay this benefit retroactive to the first day of the Hospital stay.

Benefit payments will end on the first of the following dates: 1) the date the Hospital stay ends; or 2) the date the Covered Person dies; or 3) 365 days from the date of the Covered Accident or Sickness; or 4) the date insurance under the Policy ends.

“Hospital Confined” means a stay of 24 or more consecutive hours as a registered resident bed-patient in a Hospital.

Home Country Emergency Benefit – We will pay benefits for Covered Medical Expenses if you continue treatment in your Home Country of a covered Injury or Sickness that was first treated during the course of a Trip. These benefits are limited to the benefits that would be otherwise payable under the Medical Expense Benefit if you were outside of your Home Country. Benefits are payable under the Policy only to the extent that Covered Expenses are not payable under any other domestic health care plan. The coverage begins on the date you arrive in your Home Country. It ends the later of: 1) 52 weeks after you return to your Home Country, or 2) the date you leave your Home Country. This benefit is payable only once in any 12- month period. In order for this benefit to be payable, your coverage must remain continuously in force and the required premium must be paid.

Home Country Emergency Benefit payments are subject to the Deductible, Coinsurance Rate, and Benefit Maximum shown above for Medical Expense Benefits.

Home Country Extension Benefit - We will pay benefits for Covered Medical Expenses if you obtain treatment of a covered Injury or Sickness while you are in your Home Country provided treatment is rendered within the Incurral Period shown above immediately following your return to your Home Country. These benefits are limited to the benefits that would be otherwise payable under the Medical Expense Benefit if you were outside of your Home Country. Benefits are payable under the Policy only to the extent that Covered Expenses are not payable under any other domestic health care plan.

Coverage under this benefit begins on the date you arrive in your Home Country. It ends the later of: 1) 90 days after you return to your Home Country, or 2) the date you leave your Home Country. This benefit is payable only once in any 12-month period.

Home Country Extension Benefit payments are subject to the Deductible and Coinsurance Rate shown above for Medical Expense Benefits and a Benefit Maximum of \$30,000.

Personal Property Benefit - We will reimburse you the reasonable cost, up to \$1,500 per item or set of items not to exceed \$1,500 after satisfaction of the \$25 Deductible, for replacement of any personal property that is lost or totally destroyed while you are on your Trip. Replacement costs are calculated on the basis of the depreciated standard for the specific personal item claimed and its average usable period. You must demonstrate that you have taken reasonable precautions for the safety and security of any covered property, and We require certification by a police or security authority in an incident report.

For any claim you make under this Benefit, We are entitled to make reasonable repairs or salvage efforts to restore your personal property or to keep the damaged property if We choose to do so. We will require valid receipts of replacement goods prior to payment of any benefits. "Personal Property" means personal goods belonging to you or for which you are responsible and are taken on the business Trip or acquired by you during the Trip. It does not include vehicles (including aircraft and other conveyances) or their accessories or equipment or laptops.

Security Evacuation Expense Benefit - We will pay up to \$5,000 if: 1) an Occurrence takes place during the Covered Activity described and your Term of Coverage; and 2) while you are traveling outside of your Home Country.

Benefits will be paid for: 1) your Transportation and Related Costs to the Nearest Place of Safety necessary to ensure your safety and well-being as determined by the Designated Security Consultant. 2) your Transportation within 5 days of the Security Evacuation to either of the following locations as chosen by you: a) back to the country in which you are traveling during the Covered Activity while covered by the Policy but only if 1) coverage remains in force under the Policy; and 2) there is no U.S. State Department Travel Warning in place on the date you are scheduled to return; or b) your Home Country; or c) where the Policyholder that sponsored your Trip is located. 3) consulting services by a Designated Security Consultant for seeking information on a Missing Person or kidnapping case, if you are considered kidnapped or a Missing Person by local or international authorities.

Security Evacuation Benefits are payable only once for any one Occurrence.

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. Our assistance provider is not responsible for the availability of Transport services. Where a Security Evacuation becomes impractical due to hostile or dangerous conditions, a Designated Security Consultant will endeavor to maintain contact with you until a Security Evacuation occurs.

Right of Recovery - If, after a Security Evacuation is completed, it becomes evident that you were an active participant in the events that led to the Occurrence, We have the right to recover all Transportation and Related Costs from you.

"Appropriate Authority(ies)" means the U.S. State Department, the government authority(ies) in your Home Country or Country of Residence or the government authority(ies) of the Host Country. "Designated Security Consultant" means an employee of a security firm under contract with Us or Our assistance provider who is experienced in security and measures necessary to ensure your safety in his or her care. "Evacuation Advisory" means a formal recommendation issued by the Appropriate Authority(ies) that you or citizens of your Home Country or Country of Residence or citizens of the Host Country leave the Host Country. "Host Country" means any country, other than an OFAC excluded country, in which you are traveling while covered under the Policy. "Missing Person" means your disappearance for an unknown reason and whose disappearance was reported to the Appropriate Authority(ies). "Natural Disaster" means storm (wind, rain, snow, sleet, hail, lightning, dust or sand), earthquake, flood, volcanic eruption, wildfire or other similar event that: 1) is due to natural causes; and 2) results in such severe and widespread damage that the area of damage is officially declared a disaster area by the government in which your Trip occurs and the area is deemed to be uninhabitable or dangerous. Natural disaster does not mean nuclear reactions, uninhabitable property, transportation strikes, lost or stolen passport or travel documents, radiation or radioactive contamination, civil disorder and other similar events. "Nearest Place of Safety" means a location determined by the Designated Security Consultant where: 1) you can be assumed safe from the Occurrence that precipitated your Security Evacuation; and 2) you have access to Transportation; and 3) you have the availability of temporary lodging, if needed. "Occurrence" means any of the following situations in which you are involved that trigger the need for a Security Evacuation: 1) expulsion from a Host Country or being declared persona non-grata on the written authority of the recognized government of a Host Country; 2) political or military events involving a Host Country, if the Appropriate Authority(ies) issue an Advisory stating that citizens of your Home Country or Country of Residence or citizens of the Host Country should leave the Host Country; 3) Natural Disaster within seven (7) days of an event; 4) your deliberate physical harm confirmed by documentation or physical evidence or a threat against your health and safety as confirmed by documentation and/or physical evidence; 5) you have been deemed kidnapped or a Missing Person by local or international authorities and, when found, your safety and/or well-being are in question. "Related Costs" means lodging and, if necessary, physical protection for you during or while waiting for Transport to the Nearest Place of Safety. Related Costs will include temporary lodging, if necessary, while you are waiting to be transported back to the Host Country, Home Country or other country where the Policyholder that sponsored your Trip is located. Benefits will not be payable for Related Costs 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. "Security Evacuation" means your extrication from the Host Country due to an Occurrence which could result in grave physical harm or your death. "Transport" or "Transportation" means the most efficient and available method of conveyance, where practical, economy fare will be utilized. If possible, your common carrier tickets will be used.

Additional Exclusions - We will not pay Security Evacuation Expense Benefits for expenses and fees: 1) payable under any other provision of the Policy; 2) that are recoverable through your employer or other entity sponsoring your Trip; 3) arising from or attributable to an actual fraudulent, dishonest or criminal act committed or attempted by you, acting alone or in collusion with other persons; 4) arising from or attributable to an alleged: a) violation of the laws of the country in which you are traveling while covered under the Policy; or b) violation of the laws of your Home County or Country of Residence; 5) due to your failure to maintain and possess duly authorized and issued required travel documents and visas; 6) for repatriation of remains expenses; 7) for common or endemic or epidemic diseases or global pandemic disease as defined by the World Health Organization; 8) for medical services; 9) for monies payable in the form of a ransom, if a Missing Person case evolves into a kidnapping; 10) arising from or attributable, in whole or in part, to: a) a debt, insolvency, commercial failure, the repossession of any property by any title holder or lien holder or any other financial cause; b) your non-compliance with regard to any obligation specified in a contract or license; 11) due to military or political issues if your Security Evacuation request is made more than 10 days after the Appropriate Authority(ies) Advisory was issued; 12) your failure to cooperate with Us or Our assistance provider with regard to a Security Evacuation. Such cooperation includes, but is not limited to, failure to provide any documents needed to extricate you or failure to follow the directions given by Our designated security consultants during a Security Evacuation. If you refuse to participate in a Security Evacuation, or any part of a Security Evacuation, no further benefits will be payable under the Security Evacuation Expense Benefit for that Occurrence.

Trip Cancellation and Interruption - We will reimburse you up to \$1,000, if your trip is cancelled or interrupted due to any of the following unforeseen reasons: 1) Sickness, Injury, or death of your or Immediate Family Member, Traveling Companion, or Business Partner. Injury or Sickness must be so disabling as to reasonably cause a Trip to be canceled or interrupted. If you must cancel or interrupt the Trip due to Injury or Sickness of a Family Member, it must be because their condition is life threatening, or because the Family Member requires your care. Cancellation due to the death of a Family Member or Traveling Companion is covered only if the death occurs within 30 days of your Scheduled Departure Date; 2) Financial Default of an airline, cruise line or Tour operator resulting in the complete cessation of services or filing of bankruptcy up to a maximum of \$350. Excluded is the organization from which you purchased this coverage or Financial Default occurring on or before the effective date of coverage; 3) weather conditions or Natural Disasters causing delay, cancellation or interruption of travel; or 4) if your Home/primary residence or destination being made uninhabitable by fire, flood, vandalism, burglary or Natural Disaster.

Limitations: The benefit does not cover: 1) any expenses caused by Injury or Sickness which are not verified by an attending Doctor. If you fail to give Us Notice, We will limit payment under this benefit to the cancellation charges that would have been applicable had prompt Notice been given.

"Natural Disaster" means a wind, rain, snow, hail, lightning, dust or sand storm, earthquake, flood, volcanic eruption, wildfire or similar event that occurs by natural causes and that results in severe and widespread damage.

Accidental Death and Dismemberment Benefits - If your Injury results, within 365 days from the date of a Covered Accident, in any one of the losses shown below, We will pay the Benefit Amount shown below for that loss. Your Principal Sum is \$5,000. Your spouse's Principal Sum is \$5,000. Your child's Principal Sum is \$5,000. If multiple losses occur, only one Benefit Amount, the largest, will be paid for all losses due to the same Covered Accident.

Covered Loss:

Benefit Amount:

Life	100% of the Principal Sum Two or more
Members.....	100% of the Principal Sum
Quadriplegia.....	100% of the Principal Sum One Member
.....	100% of the Principal Sum Hemiplegia
.....	100% of the Principal Sum Paraplegia
.....	100% of the Principal Sum Thumb and Index Finger
of the Same Hand	25% of the Principal Sum Uniplegia
.....	25% of the Principal Sum

“Quadriplegia” means total Paralysis of both upper and lower limbs. “Hemiplegia” means total Paralysis of the upper and lower limbs on one side of the body. “Uniplegia” means total Paralysis of one lower limb or one upper limb. “Paraplegia” means total Paralysis of both lower limbs or both upper limbs. “Paralysis” means total loss of use. A Doctor must determine the loss of use to be complete and not reversible at the time the claim is submitted.

“Member” means Loss of Hand or Foot, Loss of Sight, Loss of Speech and Loss of Hearing. “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. “Loss of Speech” means total and permanent loss of audible communication that is irrecoverable by natural, surgical or artificial means. “Loss of Hearing” means total and permanent Loss of Hearing in both ears that is irrecoverable and cannot be corrected by any means. “Loss of a Thumb and Index Finger of the Same Hand” means complete Severance through or above the metacarpophalangeal joints of the same hand (the joints between the fingers and the hand). “Severance” means the complete separation and dismemberment of the part from the body.

Age Reduction Schedule - The amount payable for a loss will be reduced if you are age 70 or older on the date of the Covered Accident causing the loss. The amount payable for your loss is a percentage of the amount that would otherwise be payable, as shown below.

AGE ON DATE OF COVERED ACCIDENT

70-74 75-79 80-84

85 and older

PERCENTAGE OF BENEFIT AMOUNT OTHERWISE PAYABLE

65% 45% 30% 15%

Premium for you at age 70 or older is based on 100% of the coverage that would be in effect if you were under age 70. “Age” as used above refers to your age on your most recent birthday.

Coma Benefit - We will pay 1% of the Principal Sum per month up to 11 months and thereafter in a lump sum of 100% of the Principal Sum if you become Comatose within 31 days of a Covered Accident and remain in a Coma for at least 31 days. We reserve the right, at the end of the first 31 days of Coma, to require proof that you remain Comatose. This proof may include, but is not limited to, requiring an independent medical examination at Our expense. Monthly payments will end on the first of the following dates: 1) the end of the month in which you die; 2) the end of the 11th month for which this benefit is payable; 3) the end of the month in which you recover from the Coma.

You are deemed “Comatose” or in a “Coma” if you are in a profound stupor or state of complete and total unconsciousness, as the result of a Covered Accident.

Aggregate Limit - We will not pay more than \$10,000,000 for all Accidental Death & Dismemberment losses. 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 each 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:

- intentionally self-inflicted injury; suicide or attempted suicide.

- war or any act of war, whether declared or not.
- a Covered Accident 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. Reserve or

National Guard active duty training is not excluded unless it extends beyond 31 days.

- piloting or serving as a crewmember in any aircraft (unless otherwise provided in the Policy).
- commission of, or attempt to commit, a felony.
- sickness, disease, bodily or mental infirmity, bacterial or viral infection, or medical or surgical treatment thereof, except

for any bacterial infection resulting from an accidental external cut or wound or accidental ingestion of contaminated food

(Applicable to accident benefits only).

- you being legally intoxicated as determined according to the laws of the jurisdiction in which the Injury occurred.

In addition, We will not pay Medical Expense Benefits for any loss, treatment, or services resulting from: • routine physicals and care of any kind.

- routine dental care and treatment.
- routine nursery care.

- cosmetic surgery, except for reconstructive surgery needed as the result of an Injury.
- eye refractions or eye examinations for the purpose of prescribing corrective lenses or for the fitting thereof; eyeglasses,

contact lenses, and hearing aids.

- 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.

- treatment or service provided by a private duty nurse.
- treatment by any Immediate Family Member or member of the Insured's household. "Immediate Family Member" means

a Covered Person's spouse, child, brother, sister, parent, grandparent, or in-laws.

- expenses incurred during travel for purposes of seeking medical care or treatment, or for any other travel that is not in the course of the Policyholder's activity (unless Personal Deviations are specifically covered).
- medical expenses for which the Covered Person would not be responsible to pay for in the absence of the Policy. Expenses incurred for services provided by any government Hospital or agency, or government sponsored-plan for which, and to the extent that, the Covered Person is eligible for reimbursement.
- any treatment provided under any mandatory government program or facility set up for treatment without cost to any individual.
- custodial care.
- services or expenses incurred in the Covered Person's Home Country.
- elective treatment, exams or surgery; elective termination of pregnancy.
- expenses for services, treatment or surgery deemed to be experimental and which are not recognized and generally

accepted medical practices in the United States.

- expenses payable by any automobile insurance policy without regard to fault.
- organ or tissue transplants and related services.
- Injury sustained while participating in club, intramural, intercollegiate, interscholastic, professional or semi-professional

sports.

- 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.

- birth defects and congenital anomalies, or complications which arise from such conditions.

In addition to the Policy Exclusions, We will not pay Personal Property for:

- Loss or damage due to:
 - i. Moth, vermin, insects, or other animals; wear and tear; atmospheric or climatic conditions; or gradual deterioration or defective materials or craftsmanship;
 - ii. Mechanical or electrical failure;
 - iii. Any process of cleaning, restoring, repairing, or alteration;
- More than a reasonable proportion of the total value of the set where the loss or damaged article is part of a set or pair;
- Devaluation of currency or shortages due to errors or omissions during monetary transactions;
- Any loss not reported to either the police or transport carrier within 24 hours of discovery;
- Any loss due to confiscation or detention by customs or any other authority;

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.

War Risk Coverage: We will pay benefits for Covered Losses due to Covered Accidents resulting from war or acts of war anywhere in the world, except the following countries:

- the United States
- The Covered Person's Home Country
- The Covered Person's Country of Permanent Assignment
- Specific Countries: Afghanistan, Iran, Iraq, Israel (West Bank and Gaza), Pakistan, Democratic Republic of

Congo, Libya, Nigeria, Somalia, Sudan, Syria, and Yemen

The war exclusion is deleted to the extent coverage is provided by the terms and conditions of War Risk Coverage.

"Home Country" means a country from which you hold a passport. If you hold passports from more than one Country, your Home Country will be the country that you declared to Us in writing as your Home Country.

"Country of Permanent Assignment" means a country, other than your Home Country, in which the Policyholder requires you to work for a period of time that exceeds 180 continuous days.

We will not pay more than \$10,000,000 per occurrence for war risk benefits. This limit shall apply to Injuries sustained from all acts of war in a consecutive 72-hour period. If but for this limit We would pay more than \$10,000,000, then the benefits We will pay to each Covered Person will be reduced in the same proportion, so that the total amount We will pay for war risk coverage is \$10,000,000.

Domestic Business Travel Accident Benefit

In addition to the accident benefits provided by your foreign business travel plan, we will pay benefits listed below for Covered Losses if you are injured as the result of a Covered Accident while engaging in business travel in your Home Country or Country of Permanent Assignment. This coverage does not include commuting between home and the place

of work. This coverage will start at the actual start of the trip. It does not matter whether the trip starts at your home, place of work, or other place. It will end on the first of the following dates to occur: 1) the date you return to your home; 2) the date you return to your place of work; or 3) the date your Personal Deviation is more than 7 days. "Personal Deviation" means: 1) an activity that is not reasonably related to the Covered Activity; and 2) not incidental to the purpose of the Trip.

Accidental Death and Dismemberment Benefits - If your Injury results, within 365 days from the date of a Covered Accident, in any one of the losses shown below, We will pay the Benefit Amount shown below for that loss. Your Principal Sum is \$5,000. Your spouse's Principal Sum is \$5,000. Your child's Principal Sum is \$5,000. If multiple losses occur, only one Benefit Amount, the largest, will be paid for all losses due to the same Covered Accident.

Covered Loss:

Benefit Amount:

Life	100% of the Principal Sum	Two or more Members.....	100% of the Principal Sum
Quadriplegia.....	100% of the Principal Sum	One Member.....	100% of the Principal Sum
.....	100% of the Principal Sum	Hemiplegia.....	100% of the Principal Sum
.....	100% of the Principal Sum	Paraplegia.....	100% of the Principal Sum
.....	100% of the Principal Sum	Thumb and Index Finger of the Same Hand	25% of the Principal Sum
.....	25% of the Principal Sum	Uniplegia.....	25% of the Principal Sum

"Quadriplegia" means total Paralysis of both upper and lower limbs. "Hemiplegia" means total Paralysis of the upper and lower limbs on one side of the body. "Uniplegia" means total Paralysis of one lower limb or one upper limb. "Paraplegia" means total Paralysis of both lower limbs or both upper limbs. "Paralysis" means total loss of use. A Doctor must determine the loss of use to be complete and not reversible at the time the claim is submitted.

"Member" means Loss of Hand or Foot, Loss of Sight, Loss of Speech and Loss of Hearing. "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. "Loss of Speech" means total and permanent loss of audible communication that is irrecoverable by natural, surgical or artificial means. "Loss of Hearing" means total and permanent Loss of Hearing in both ears that is irrecoverable and cannot be corrected by any means. "Loss of a Thumb and Index Finger of the Same Hand" means complete Severance through or above the metacarpophalangeal joints of the same hand (the joints between the fingers and the hand). "Severance" means the complete separation and dismemberment of the part from the body.

Age Reduction Schedule - The amount payable for a loss will be reduced if you are age 70 or older on the date of the Covered Accident causing the loss. The amount payable for your loss is a percentage of the amount that would otherwise be payable, as shown below.

AGE ON DATE OF COVERED ACCIDENT

70-74 75-79 80-84
85 and older

PERCENTAGE OF BENEFIT AMOUNT OTHERWISE PAYABLE

65% 45% 30% 15%

Premium for you at age 70 or older is based on 100% of the coverage that would be in effect if you were under age 70. "Age" as used above refers to your age on your most recent birthday.

Accident Medical Expense Benefits - We will pay for Covered Expenses that result directly, and from no other cause, from a Covered Accident. These benefits must be incurred within 30 days from the date of the Covered Accident and are subject to a \$0 Deductible. The Maximum Benefit for all Accident Medical Expense Benefits for you is \$140,000; for your spouse is \$140,000; and for your children is \$140,000. These benefits are only payable: 1) for Usual and Customary Charges incurred after the Deductible (if any) has been met; 2) for those Medically Necessary Covered Expenses that you receive; and 3) if the

first incurred expenses are within 365 days from the date of the Covered Accident. No benefits will be paid for any expenses incurred that are in excess of Usual and Customary Charges.

In addition to the General Exclusions, We will not pay Accident Medical Expense Benefits for any loss, treatment or services resulting from or contributed to by:

- treatment by persons employed or retained by the Policyholder, or by any Immediate Family or member of your household.
- treatment of sickness, disease or infections except pyogenic infections or bacterial infections that result from the accidental ingestion of contaminated substances.
- treatment of hernia, Osgood-Schlatter's Disease, osteochondritis, appendicitis, osteomyelitis, cardiac disease or conditions, pathological fractures, congenital weakness, detached retina unless caused by an Injury, or mental disorder or psychological or psychiatric care or treatment (except as provided in the Policy), whether or not caused by a Covered Accident.
- pregnancy, childbirth, miscarriage, abortion or any complications of any of these conditions.
- mental and nervous disorders (except as provided in the Policy).
- damage to or loss of dentures or bridges, or damage to existing orthodontic equipment (except as specifically covered by the Policy).
- expenses incurred for treatment of temporomandibular or craniomandibular joint dysfunction and associated myofacial pain (except as provided by the Policy).
- Injury covered by Workers' Compensation, Employer's Liability Laws or similar occupational benefits or while engaging in activity for monetary gain from sources other than the Policyholder.
- Injury or loss contributed to by the use of drugs unless administered by a Doctor.
- cosmetic surgery, except for reconstructive surgery needed as the result of an Injury.
- any elective treatment, surgery, health treatment, or examination, including any service, treatment or supplies that: (a) are deemed by us to be experimental; and (b) are not recognized and generally accepted medical practices in the United States.
- eyeglasses, contact lenses, hearing aids, wheelchairs, braces, appliances, examinations or prescriptions for them, or repair or replacement of existing artificial limbs, orthopedic braces, or orthotic devices.
- expenses payable by any automobile insurance Policy without regard to fault. (This exclusion does not apply in any state where prohibited).

- conditions that are not caused by a Covered Accident.
- participation in any activity or hazard not specifically covered by the Policy.
- any treatment, service or supply not specifically covered by the Policy.

Coma Benefit, Emergency Medical, Emergency Medical Evacuation Emergency Reunion, Hospital Confinement, Personal Property, Repatriation of Remains, Trip Cancellation and Interruption Benefits are extended to include travel in your Home Country or Country of Permanent Assignment.

Definitions: “Country of Permanent Assignment” means a country, other than your Home Country, in which the Policyholder requires you to work for a period of time that exceeds 180 continuous days. **“Country of Permanent Residence”** means a country or location in which you maintain a primary permanent residence. **“Covered Accident”** means an accident that occurs while coverage is in force for a Covered Person and results directly of all other causes in a loss or Injury covered by the Policy for which benefits are payable. **“Covered Person”** means any eligible person for whom the required premium is paid. **“Home Country”** means a country from which you hold a passport. If you hold passports from more than one Country, your Home Country will be the country that you have declared to Us in writing as your Home Country. Home Country also includes your Country of Permanent Assignment or Country of Permanent Residence. **“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 lay person 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. **“Sickness”** means an illness, disease or condition that causes a loss for which you incur medical expenses while covered under the 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 your Home Country. It includes the period of time from the start of the trip until its end provided you are engaged in a Covered Activity or Personal Deviation if covered under the Policy. **“We, Our, Us”** means the insurance company underwriting this insurance or its authorized agent.

You must notify ACE USA within 90 days of an 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, the Policyholder, and the Policy Number.

CL1 Page 9

Policy Number: GLM N06531118, Underwritten by ACE American Insurance Company, 436 Walnut Street, Philadelphia, PA 19106

Contact Information: For customer service, eligibility verification, plan information, or to file a claim, contact: ARM Claims at 888-951-4276 or e-mail claims@adventistrisk.org. Mail claims to: Adventist Risk Management, Claims, 12501 Old Columbia Pike, Silver Spring, MD 20904.

For medical emergencies, medical evacuation, repatriation, or other assistance services call: Europ Assistance at 800-243-6124 (inside the U.S.) or call collect 202-659-7803 (from outside the U.S.) or e-mail OPS@europassistance-usa.com.

To access ACE’s Travel Assistance Website go to www.acetravelassistance.com and enter your user ID and password (shown on your Travel Assistance ID card).

Travel Assistance Services: In addition to the insurance protection provided by this plan, ACE USA has arranged with Europ Assistance USA to provide you with access to its travel assistance services around the world. These services include:

- Medical Assistance including referral to a doctor or medical specialist, medical monitoring when you are hospitalized,

emergency medical evacuation to an adequate facility, medically necessary repatriation, and return of mortal remains.

- Personal Assistance including pre-trip medical referral information and while you are on a trip: emergency medication, embassy and consular information, lost document assistance, emergency referral to a lawyer, translator or interpreter

access, medical benefits verification, and medical claims assistance.

- Travel Assistance including emergency travel arrangements, arrangements for the return of your traveling companion or

dependents, and vehicle return.

- Access to a secure, web-based system for tracking global threats and health or location based risk intelligence.
- Crisis hotline and on the ground security assistance to help address safety concerns or to secure immediate assistance

while traveling.

When you call, please be prepared with the following information: 1) name of caller, phone number, fax number, and relationship to the Covered Person; 2) Covered Person's name, age, sex, and the policy number for your insurance plan, and your Plan Number (01AH585); 3) a description of the insured's condition; 4) name, location, and telephone number of the hospital or other service provider; and 5) other insurance information including health insurance, workers' compensation, or auto insurance if the insured was involved in an accident.

This information provides you with a brief outline of the services available to you. These services are subject to the terms and conditions of the Policy under which you are insured. A third party vendor may provide services to you. Europ Assistance makes every effort to refer you to appropriate medical and other service providers. It is not responsible for the quality or results of service provided by independent providers. In all cases, the medical provider, facility, legal counsel, or other professional service provider suggested by Europ Assistance are not employees or agents of Europ Assistance and the choice of provider is yours alone. Europ Assistance assumes no liability for the services provided to you under this arrangement, nor is it liable for any negligence or other wrongful acts or omissions of any of the legal or health care professionals providing services to you. Travel assistance services are not available if your coverage under the Policy providing insurance benefits is not in effect.

This Description of Coverage is a brief description of the important features of the insurance plan. It is not a contract of insurance. The terms and conditions of coverage are set forth in the Policy issued to the Policyholder. The Policy is subject to the laws of the state in which it was issued. Coverage may not be available in all states or certain terms or conditions may be different if required by state law. Please keep this information as a reference.

THE POLICY PROVIDES COVERAGE THAT IS SUPPLEMENTAL TO A DOMESTIC GROUP HEALTH PLAN. IT IS NOT A MAJOR MEDICAL OR COMPREHENSIVE MEDICAL POLICY.