

J Visa Compliance Travel Medical Insurance

TRAVEL MEDICAL INSURANCE FOR J2 VISA
HOLDERS AND THEIR DEPENDENTS

Covers travel to the United States.



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Capitalized terms have specific meanings for purposes of this Certificate and are defined in Section 8.

POLICYHOLDER: Fairmont Specialty Trust

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

PARTICIPATING ENTITY: J Visa Compliance Medical Insurance

POLICY NUMBER: FSG22-220927-01TM

EFFECTIVE DATE: 01/01/2022

EXPIRATION DATE: 12/31/2022

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

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

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

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

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

THIS IS LIMITED BENEFIT SHORT DURATION COVERAGE.

READ IT CAREFULLY.

THE POLICY IS NOT RENEWABLE.

J Visa Compliance

CERTIFICATE OF INSURANCE

Seven Corners Assist

Contact Seven Corners Assist 24 hours per day, 7 days per week for multilingual assistance:

Toll-free: 800-335-0611

Worldwide: 317-575-2652

Email: customerservice@sevencorners.com

Please have Your Certificate Number as shown on Your ID card.

Hospital & Physician Networks

See Section 3.4 for Network Procedures. To locate a network facility, visit sevencorners.com/help/find-a-doctor.

Pre-Certification Requirements

Pre-certification applies while inside the United States. See Section 3.5 for details and requirements.

Pre-certification does not guarantee benefits, but the failure to Pre-certify may result in the reduction of benefits that are available.

Benefits for which the Insured Person *MUST* use Seven Corners Assist

Emergency Medical Evacuation and Repatriation
Emergency Medical Reunion
Return of Child(ren)
Return of Mortal Remains
Local Burial or Cremation

Claims

Claims must be submitted within 90 days of the date of service. See Section 9 for claims procedures or visit sevencorners.com/claims for claim forms and more information.

Claims may be submitted as follows:

Email: claims@sevencorners.com

Online: sevencorners.com/login

Fax: 317-575-2256

For additional assistance with claims, contact Seven Corners:

Toll-free: 800-335-0611

Worldwide: 317-575-2652

Email: customerservice@sevencorners.com

Insurance Underwriter

Crum & Forster, SPC

Certificate Number

FSG22-220927-01TM

THIS POLICY PROVIDES TRAVEL INSURANCE BENEFITS FOR INDIVIDUALS TRAVELING OUTSIDE OF THEIR HOME COUNTRY. THIS POLICY DOES NOT CONSTITUTE COMPREHENSIVE HEALTH INSURANCE COVERAGE (OFTEN REFERRED TO AS “MAJOR MEDICAL COVERAGE”) AND DOES NOT SATISFY A PERSON’S INDIVIDUAL OBLIGATION TO SECURE THE REQUIREMENT OF MINIMUM ESSENTIAL COVERAGE UNDER THE AFFORDABLE CARE ACT (ACA).

FOR MORE INFORMATION ABOUT THE ACA,
PLEASE REFER TO WWW.HEALTHCARE.GOV.

PLEASE READ THE POLICY CAREFULLY.

Section 1. Certificate Provisions

- 1.1 Agreement.** The Company hereby insures all persons whose Application has been accepted by the Administrator on behalf of the Company and whose name is identified on the ID card subject to the exclusions, limitations, and provisions as set forth herein and in the Master Policy of Insurance issued by the Company. 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 the specified Plan costs have been paid to the Administrator.
- 1.2 Eligibility.** Eligible Person is defined in Section 8. J Visa Compliance provides coverage to non-U.S. Residents and non-U.S. Citizens as outlined in this Certificate of Insurance for You while traveling outside of Your Home Country. Eligible Insured Persons may also purchase coverage for their Child(ren). It is Your responsibility to maintain all records regarding eligibility including, but not limited to, the J-1 Visa holder's Full-Time Educational Activities or Research Activities, visa and related documentation, travel history and age; and to provide any documents to the Administrator necessary to verify eligibility requirements.
- 1.3 Period of Coverage.** Period of Coverage and the Maximum Period of Coverage are defined in Section 8. The minimum Period of Coverage under the J Visa Compliance Plan is five (5) days. Subject to those minimums and maximums, coverage can be purchased in daily periods by paying the appropriate Plan premium.
- 1.4 Effective Date of Coverage.** The date coverage for You begins under the terms of the Certificate, which begins at the latest of the following times:
- (i) 12:00 a.m. United States Eastern Time on the date after the Company receives Your Application and correct premium payment if Application and payment are made online;
 - (ii) The moment You depart Your Home Country; or
 - (iii) 12:00 a.m. United States Eastern Time on the date You request on Your Application.

Newborn Child(ren): Coverage for a Newborn Child of an Eligible Person will begin from the moment of birth. You must give the Administrator notice within thirty (30) days of the birth of the Child and pay appropriate premium in order for benefits to continue beyond the 30th day. If notice is not given and payment received within thirty (30) days, coverage of the Newborn Child will terminate at 11:59 p.m. United States Eastern Time on the 31st day following the initial thirty (30) day period. After the 31st day the child may still be added to the Plan; however, any Pre-existing Conditions would be calculated from their Effective Date of Coverage.

Adopted Child(ren): Coverage for an adopted Child of an Eligible Person will begin from the date of placement in the Eligible Person's home for the purpose of adoption or the date of an entry of an interim court order granting temporary custody of the Child, whichever comes first. A notice of placement for adoption must be submitted to the Administrator within thirty (30) days of the placement and pay appropriate premium in order for benefits to continue beyond the 30th day. If notice is not given within thirty (30) days and payment received, coverage for the adopted Child will terminate at 11:59 p.m. United States Eastern Time on the 31st day following the initial thirty (30) day period. After the 31st day the child may still be added to the Plan; however, any Pre-existing Conditions would be calculated from their Effective Date of Coverage.

1.5 Expiration Date of Coverage. The date coverage for You terminates, which is the earliest of the following:

- (i) The moment You return to Your Home Country;
- (ii) 11:59 p.m. United States Eastern Time on the date of attainment of the Maximum Period of Coverage;
- (iii) 11:59 p.m. United States Eastern Time on the date shown on Your ID card;
- (iv) 11:59 p.m. United States Eastern Time on the date that is the end of the period for which the Plan premium has been paid; or
- (v) The moment You fail to be eligible.

1.6 Extension of Coverage. Coverage may be continued if the initial Period of Coverage is less than the Maximum Period of Coverage as long as the related J-1 Visa holder remains engaged in Full-Time Educational or Research Activities outside of their Home Country. If You elect to extend Your Trip beyond the initial Period of Coverage, You may extend the applicable Period of Coverage by a minimum of five (5) days and up to three hundred sixty-four (364) days at a time, provided that the total Period of Coverage may not exceed the Maximum Period of Coverage. Upon such extension and receipt of the appropriate Plan premium and applicable fee charged for each extension, the original Certificate's Expiration Date of Coverage will be extended to the new Expiration Date of Coverage. The original Effective Date of Coverage (day 1) will continue to be used to determine whether maximum coverage amounts as set forth in the Schedule of Benefits have been obtained and to determine any Pre-Existing Conditions. Extensions, if offered by the Company, will be subject to the definitions, benefits, and conditions in force at the time of each extension.

Section 2. Schedule of Benefits

This Plan only pays benefits for eligible Occurrences that originate during the Period of Coverage. All benefits listed in this Schedule of Benefits are in United States Dollar amounts. All medical and dental benefits are subject to Deductible and/or Copay and Coinsurance. The initial Treatment of an Injury or Illness must occur within thirty (30) days of the date of Injury or onset of Illness. Unless otherwise indicated, all benefits are per Insured Person, per Occurrence, and provided up to the amount shown. In no event will the Company's maximum liability exceed the amount set forth in the Schedule of Benefits. Additionally, Usual, Reasonable and Customary (URC) is defined in Section 8.

BENEFIT OR SERVICE	
Period of Coverage	5 days to 364 days
Extension of Coverage	Extendable for a total of up to 1,092 days
Coverage Area	Worldwide including the United States
Benefit Period	180 days
MEDICAL	
Medical Maximum <i>Per Insured Person, per Occurrence</i>	\$100,000
Deductible Options (You pay) <i>Per Insured Person, per Occurrence</i>	\$100, \$250, \$500
Coinsurance (The Plan pays) <i>Per Insured Person, per Period of Coverage</i>	80% of the first \$5,000 in Covered Expenses, then 100% to Medical Maximum
Hospital Room and Board	URC up to Medical Maximum
Inpatient Hospital Services	URC up to Medical Maximum
Outpatient Hospital / Clinical Services	URC up to Medical Maximum
Emergency Room Services	URC up to Medical Maximum \$75 Copay per visit
Physician Office Visits	URC up to Medical Maximum \$25 Copay per visit
Urgent Care Visits	URC up to Medical Maximum \$25 Copay per visit
Telehealth Consultations or Care	URC up to Medical Maximum
Physiotherapy	URC up to Medical Maximum
Prescription Drugs	URC up to Medical Maximum
Local Ambulance	\$2,500
Pre-certification Penalty	Inside the United States: 25% reduction in Covered Expenses Outside the United States: N/A Penalty does not apply to a Medical Emergency
Maternity Care	80% up to \$10,000 Failure to notify the Administrator within the first 90 days of Pregnancy will result in a 25% reduction in Covered Expenses.
Routine Newborn Care	\$500 per Newborn Child
COVID-19	URC up to Medical Maximum

DENTAL

Dental – Sudden Relief of Pain	\$200 per Period of Coverage
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Dental – Accident	\$500
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EMERGENCY SERVICES AND ASSISTANCE

Emergency Medical Evacuation and Repatriation	\$50,000 (separate from Medical Maximum)
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Emergency Medical Reunion	\$200 per day, 10-day limit \$10,000 maximum
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Return of Child(ren)	\$5,000
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Return of Mortal Remains	\$25,000
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Local Burial or Cremation	\$5,000
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OTHER COVERAGES AND SERVICES

24/7 Travel Assistance Services	Included
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Section 3. Medical

- 3.1 Deductible, Copay and Coinsurance.** Subject to Section 1.6, the Deductible is per Insured Person and per Occurrence, and Coinsurance is per Insured Person and per Period of Coverage. They are applied to Covered Expenses and must be paid by You prior to receiving payment or reimbursement of benefits under this Certificate. Copays are per Insured Person, per service or supply, and are not subject to a limit. In no event will the Company's maximum liability exceed the amount set forth in the Schedule of Benefits.

Deductible:

The Deductible is set forth in the Schedule of Benefits. It is separate from and does not include Copay or Coinsurance.

Copay:

The Copay is set forth in the Schedule of Benefits. It is separate from and does not include Deductible or Coinsurance.

Coinsurance:

See the Schedule of Benefits.

- 3.2 Medical Covered Expenses.** Subject to the terms of the Certificate, the Company will reimburse You for Covered Expenses up to the Medical Maximum set forth in the Schedule of Benefits for the following medical Expenses that are incurred as the result of and within the Benefit Period:

- (a) Hospital Expenses for room and board that do not exceed the Hospital's average charge for semi-private accommodations, Inpatient Treatment, Surgery, operating room, Intensive Care, nursing services, and services and supplies routinely provided by the Hospital to Inpatients;
- (b) Outpatient Treatment or Surgery;
- (c) Administration of anesthetics;
- (d) Medication, x-ray services, laboratory tests and services, use of radium and radioactive isotopes, oxygen, and blood transfusions;
- (e) Dressings, drugs, and medicines that can only be obtained upon a written prescription of a Physician or Surgeon;
- (f) Physiotherapy if recommended by a Physician for the Treatment of a specific Occurrence and if administered by a licensed physical therapist;
- (g) Hotel room when the Insured Person, otherwise necessarily confined in a Hospital, is under the care of a duly qualified Physician in a hotel room, due to unavailability of a Hospital room due to capacity or distance or to any other circumstances beyond the reasonable control of the Insured Person;
- (h) Artificial limbs, eyes, larynx, and orthotic appliances other than for replacement of such items;
- (i) Care in a licensed Extended Care Facility upon direct transfer from an acute care Hospital; and
- (j) Telehealth Consultation or Care.

The initial Treatment of an Injury or Illness must occur within thirty (30) days of the date of Injury or onset of Illness.

The exclusions set forth in Section 7 apply to the coverage provided by the Certificate under this section.

3.3 Local Ambulance. The Company will reimburse You up to the amount set forth in the Schedule of Benefits for local ambulance service from within the metropolitan area to the nearest Hospital having facilities required for Medically Necessary Treatment. Other than in an emergency, licensed air ambulance transportation may be substituted for a ground ambulance if You are in a rural area and unreachable by ground ambulance. The exclusions set forth in Section 7 apply to the coverage provided by the Certificate under this section.

3.4 Network Procedures. Inside the United States, You may receive discounts and out-of-pocket savings for Covered Expenses by utilizing in-network Service Providers. ***Utilizing the network does not guarantee benefits and does not ensure that the providers will bill the Administrator directly.***

Outside the United States, the Administrator maintains a directory of international Service Providers, but You may seek Treatment from any Service Provider of Your choosing. ***Utilizing the directory does not guarantee benefits and does not ensure that the provider will bill the Administrator directly.***

3.5 Pre-Certification Requirements. Pre-certification is required in the United States only and for the following:

- (a) Outpatient Surgeries or procedures;
- (b) Inpatient Surgeries, procedures, or stays including those for rehabilitation;
- (c) Diagnostic procedures including MRI, MRA, CT, and PET scans;
- (d) Chemotherapy;
- (e) Radiation therapy;
- (f) Physiotherapy; or
- (g) Home infusion therapy.

To obtain Pre-certification, You must:

- (a) Contact Seven Corners Assist as soon as possible before the Expense is incurred;
- (b) Comply with Seven Corners Assist's instructions and submit any information or documents required; and
- (c) Notify all Physicians, Surgeons, Hospitals, and other providers that this Insurance contains Pre-certification requirements and request that they fully cooperate with Seven Corners Assist.

If You do not comply with the Pre-certification requirements:

- (a) Covered Expenses will be reduced by 25%;
- (b) The Deductible will be subtracted from the remaining 75%; and
- (c) The Coinsurance will be applied.

Pre-certification does not guarantee coverage, payment, or reimbursement. Eligibility, coverage, and payment or reimbursement remains subject to all the terms, conditions, provisions, and exclusions herein. For Inpatient stays of any kind in the United States, the Administrator initially will Pre-certify a limited number of days of confinement. Notify all Physicians, Surgeons, Hospitals, and other providers that this Insurance requires them to receive prior approval for additional days of confinement following the Pre-certification requirements.

3.6 Maternity Care. Subject to the terms of the Certificate, the Company will reimburse You for Expenses listed under Section 3.2, up to the amount set forth in the Schedule of Benefits, for Medically Necessary Treatment incurred by an Eligible Person resultant of a Covered Pregnancy as defined in Section 8. Benefits will be payable for Covered Expenses incurred before, during, and after delivery of a Child(ren). The exclusions set forth in Section 7 apply to the coverage provided by the Certificate under this section.

The Eligible Person or their representative must notify Seven Corners Assist within the first ninety (90) days of a Covered Pregnancy. If You do not comply with the pre-notification requirement:

- (a) Covered Expenses will be reduced by 25%;
- (b) The Deductible will be subtracted from the remaining 75%; and
- (c) The Coinsurance will be applied.

Coverage for the Inpatient postpartum stay for the Eligible Person and their Newborn Child(ren) in a Hospital, will be for the length of stay recommended by the American Academy of Pediatrics and the American College of Obstetricians and Gynecologists per their guidelines for perinatal care. Coverage for a length of stay shorter than the minimum period mentioned above may be permitted if the attending Physician determines further Inpatient postpartum care is not necessary for the Eligible Person or their Newborn Child, provided the following are met:

- (a) In the opinion of the attending Physician, the Newborn Child meets the criteria for medical stability in the guidelines for prenatal care prepared by the American Academy of Pediatrics and the American College of Obstetricians and Gynecologists that determine the appropriate length of stay based upon the evaluation of:
 - (i) The antepartum, intrapartum, and/or postpartum course of the mother and infant;
 - (ii) The gestational stage, birth weight, and clinical condition of the infant;
 - (iii) The demonstrated ability of the mother to care for the infant after discharge; and
 - (iv) The availability of post-discharge follow-up care to verify the condition of the infant.
- (b) One (1) at-home post-discharge care visit is provided to the Eligible Person at their place of residence by a Physician or Registered Nurse, performed no later than forty-eight (48) hours following the discharge of the Insured Person and the Newborn Child from the Hospital. Coverage for this visit includes, but is not limited to:
 - (i) Parent education;
 - (ii) Assistance and training in breast or bottle feeding; and
 - (iii) Performance of any maternal or neonatal tests routinely performed during the usual course of Inpatient care for the Insured Person or Newborn Child, including the collection of an adequate sample for the hereditary and metabolic newborn screening. (This visit may occur at the Physician's office.)

3.7 Routine Newborn Care. Subject to the terms of the Certificate, the Company will reimburse You for Expenses listed under Section 3.2, up to the amount set forth in the Schedule of Benefits, for Routine Newborn Care provided to Your Newborn Child resultant of a Covered Pregnancy. The exclusions set forth in Section 7 apply to the coverage provided by the Certificate under this section.

3.8 COVID-19 Treatment. Subject to the terms of the Certificate, the Company will reimburse You for Expenses listed under Section 3.2, up to the amount set forth in the Schedule of Benefits, for Medically Necessary Treatment only for the following:

- (i) COVID-19;
- (ii) SARS-Cov-2; and
- (iii) Any mutation or variation of SARS-CoV-2.

The exclusions set forth in Section 7 apply to the coverage provided by the Certificate under this section.

Section 4. Dental

- 4.1 Dental Emergency — Sudden Relief of Pain.** If the Period of Coverage is greater than thirty (30) days, the Company will reimburse You up to the amount set forth in the Schedule of Benefits for Covered Expenses exceeding the Deductible and Coinsurance for emergency Treatment for the relief of pain to Sound Natural Teeth. The exclusions set forth in Section 7 apply to the coverage provided by this Certificate under this section.
- 4.2 Dental Emergency — Accident.** If the Period of Coverage is greater than thirty (30) days, the Company will reimburse You up to the amount set forth in the Schedule of Benefits for Covered Expenses exceeding the Deductible and Coinsurance for emergency Treatment to repair or replace Sound Natural Teeth damaged as the result of an Accidental Injury caused by external contact with a foreign object. Coverage does not apply if You break a Sound Natural Tooth while eating or biting into a foreign object. Additionally, the exclusions set forth in Section 7 apply to the coverage provided by the Certificate under this section.

Section 5. Emergency Services and Assistance

The Administrator will make good faith efforts to provide the services and assistance set forth in this Section 5. However, if the Administrator is unable to do so due to circumstances beyond its control or due to circumstances that make it unsafe for persons to provide such services and assistance, then the Administrator will provide the services and assistance to the extent reasonable and possible. If the Administrator is unable to directly arrange services, Expenses incurred by You for services that would otherwise be covered under this Plan and that would typically be arranged by the Administrator may be eligible for reimbursement and should be submitted for consideration. It is Your responsibility to preserve all documentation of related financial transactions You wish to be considered for reimbursement.

- 5.1 Emergency Medical Evacuation and Repatriation.** The Company will pay transportation and related medical Expenses incurred during such transportation up to the amount set forth in the Schedule of Benefits if any covered Injury or Illness commences while You are outside Your Home Country during the Period of Coverage and results in Your Medically Necessary (i) Emergency Medical Evacuation or (ii) Emergency Medical Repatriation. All transportation arrangements must be by the most direct and economical route. This benefit applies regardless of whether Your transportation is related to a Pre-Existing Condition. ***The Emergency Medical Evacuation or Emergency Medical Repatriation must be arranged by Seven Corners Assist in consultation with Your local attending Physician. Failure to utilize Seven Corners Assist may result in the denial of benefits.*** Additionally, the exclusions set forth in Section 7 apply to the coverage provided by the Certificate under this section.
- 5.2 Emergency Medical Reunion.** When an Emergency Medical Evacuation is occurring or has occurred or when an Emergency Medical Repatriation is to occur and provided, in each such case, that an Emergency Medical Reunion is recommended by Your attending Physician, the Company will arrange and pay up to the amount set forth in the Schedule of Benefits for (i) round-trip economy class airfare for one (1) individual from Your Home Country selected by You to travel to and from the location where You are hospitalized and (ii) reasonable travel and accommodation Expenses up to the amount set forth in the Schedule of Benefits. The period of Emergency Medical Reunion cannot exceed ten (10) days including travel days. This benefit applies regardless of whether Your hospitalization is related to a Pre-Existing Condition. ***The Emergency Medical Reunion must be arranged by Seven Corners Assist. Failure to utilize Seven Corners Assist may result in the denial of benefits.*** Additionally, the exclusions set forth in Section 7 apply to the coverage provided by the Certificate under this section.
- 5.3 Return of Child(ren).** If You are traveling alone with a Child(ren) who is left unattended because You became hospitalized as a result of a covered Injury or Illness, the Company will arrange and pay up to the amount set forth in the Schedule of Benefits for (i) one-way economy class airfare(s) for the Child(ren) to his or her Home Country and (ii) services of an attendant or escort if necessary to ensure the safety and welfare of the Child(ren). Meals and lodging are not included in this benefit. This benefit applies regardless of whether Your hospitalization is related to a Pre-Existing Condition. ***The return of Child(ren) must be arranged by Seven Corners Assist. Failure to utilize Seven Corners Assist may result in the denial of benefits.*** Additionally, the exclusions set forth in Section 7 apply to the coverage provided by the Certificate under this section.
- 5.4 Return of Mortal Remains.** Provided that You have not elected the benefit provided under Section 5.5, the Company will pay up to the amount set forth in the Schedule of Benefits for the reasonable Expenses incurred for embalming, a minimally-necessary container appropriate for transportation, shipping costs, and the necessary government authorizations to return Your remains to Your Home Country if You die while outside Your Home Country during the Period of Coverage from an Injury or Illness covered under this Insurance. This benefit applies regardless of whether the death is related to a Pre-Existing Condition. ***The return of mortal remains must be arranged by Seven Corners Assist. Failure to utilize Seven Corners Assist may result in the denial of benefits.*** Additionally, the exclusions set forth in Section 7 apply to the coverage provided by the Certificate under this section.

- 5.5 Local Burial or Cremation.** Provided that You have not elected the benefit provided under Section 5.4, the Company will pay up to the amount set forth in the Schedule of Benefits for the reasonable Expenses incurred for preparation and either Your local burial or Your cremation if You die while outside Your Home Country during the Period of Coverage from an Injury or Illness covered under this Insurance. This benefit applies regardless of whether the death is related to a Pre-Existing Condition. This Insurance does not include the costs for the religious practitioners performing the service, flowers, music, food, or beverages. ***The local burial or cremation must be arranged by Seven Corners Assist. Failure to utilize Seven Corners Assist may result in the denial of benefits.*** Additionally, the exclusions set forth in Section 7 apply to the coverage provided by the Certificate under this section.

Section 6. Other Coverage and Services

- 6.1 Travel Assistance Services.** Upon enrollment, You are eligible to use any of the assistance services provided by Seven Corners Assist. These services are available twenty-four (24) hours per day, three hundred sixty-five (365) days per year. Multilingual personnel, physicians, and nurses are on staff and can assist with, among other things, emergency situations and locating medical facilities.

Section 7. Exclusions

Unless otherwise specifically provided for therein, the coverage provided by the Certificate under Sections 3.2, 3.3, 3.6 through 3.8, 4.1, 4.2, and 5.1 through 5.5 excludes Expenses that are for, resulting from, related to, or incurred for the following:

- (a) Pre-Existing Condition(s) except as waived under Sections 5.1 through 5.5 above;
- (b) Claims not received by the Company or Administrator within fifteen (15) months of the date of service;
- (c) Treatment that (i) exceeds Usual, Reasonable, and Customary Expenses; (ii) is Investigational, Experimental, or for research purposes; or (iii) received in a Hospital emergency room visit that is not a Medical Emergency;
- (d) Treatment, services, or supplies that are not administered by or under the supervision of a Physician or Surgeon and products that can be purchased without a Physician's or Surgeon's prescription;
- (e) Routine physicals, inoculations, or other examinations or tests conducted when there is no objective indications or impairments in normal health;
- (f) Chiropractic care or acupuncture;
- (g) Services, supplies, medications, testing, or Treatment prescribed, performed, or provided by a Relative or Immediate Family Member;
- (h) Durable Medical Equipment;
- (i) False teeth, dentures, dental appliances, dental Expenses unless specifically provided for in the Plan, normal ear or hearing tests, hearing aids, hearing implants, eye refractions, eye examinations for prescribing corrective lenses or eyeglasses, eyeglasses, contact lenses, or eye surgery when the primary purpose is to correct nearsightedness, farsightedness, or astigmatism;
- (j) Replacement of artificial limbs, eyes, larynx, and orthotic appliances;
- (k) Custodial Care, Educational or Rehabilitative Care, or any Treatment in any establishment for the care of the aged;
- (l) Vocational, occupational, sleep, speech, recreational, or music therapy;
- (m) Pregnancy, unless a Covered Pregnancy, and childbirth, abortion, or Illness or complications resulting from these conditions, miscarriage including that resulting from an Accident, postpartum care, preventing conception or childbirth, artificial insemination, infertility, impotency, sexual dysfunction, or sterilization or reversal thereof;
- (n) Sleep apnea or other sleep disorders;
- (o) Mental Illness and Mental and Nervous Disorders, Rest Cures, learning disabilities, attitudinal disorders, or disciplinary problems;
- (p) Congenital abnormalities and conditions arising out of or resulting therefrom;
- (q) Temporomandibular joint;
- (r) Occupational Diseases;
- (s) Exposure to non-medical nuclear radiation or radioactive materials;
- (t) Sexually transmitted diseases, venereal diseases, and conditions and any consequences thereof;
- (u) Acquired Immune Deficiency Syndrome (AIDS), AIDS-Related Complex (ARC), or the Human Immunodeficiency Virus (HIV);
- (v) Human organ or tissue transplants;
- (w) Exercise programs whether prescribed or recommended by a Physician or therapist;
- (x) Weight reduction programs or the surgical Treatment of obesity including, but not limited to, wiring of the teeth and all forms of intestinal bypass Surgery;
- (y) Cosmetic or plastic Surgery including deviated nasal septum; modifications of Your physical body intended to improve Your psychological, mental, or emotional well-being including, but not limited to, sexual reassignment Surgery;
- (z) Acne, moles, skin tags, disease of sebaceous glands, seborrhea, sebaceous cyst, unspecified disease of the sebaceous glands, hypertrophic and atrophic conditions of skin, nevus;

- (aa) Adventure Activities;
- (bb) Injuries sustained while participating in professional Athletics, amateur Athletics, or interscholastic Athletics including, but not limited to, events, games, matches, practice, training camps, sport camps, conditioning, and any other activity related thereto but excluding non-competitive, recreational, or intramural activities;
- (cc) Abuse, misuse, illegal use, overuse, dependency upon, or being under the influence of alcohol, drugs, chemicals, or narcotic agents unless administered under the advice of a Physician and taken in accordance with the proper dosing as directed by the Physician;
- (dd) Suicide or any attempt thereof, self-destruction or any attempt thereof, or any intentionally self-inflicted Injury or Illness;
- (ee) Terrorist Activity; War, Hostilities, or War-like Operations;
- (ff) Commission of a criminal offense or any other criminal or illegal activity as defined by the local governing body;
- (gg) You unreasonably fail or refuse to depart a country or location following the date a warning to leave that country or location is issued by the United States government or similar warnings issued by other appropriate authorities of either Your Host Country or Your Home Country;
- (hh) Service in the military, naval, coast guard, or air service of any country or while on duty as a member of a police force or unit;
- (ii) Treatment paid for or furnished under any other individual, government, or group policy or Expenses incurred at no cost to You;
- (jj) You while in Your Home Country;
- (kk) Conditions for which travel was undertaken to seek Treatment;
- (ll) Travel after Your Physician has limited or restricted travel;
- (mm) Travel accommodations unless specifically provided for in the Plan;
- (nn) Injury sustained while You are riding as a pilot, student pilot, operator, or crew member, in or on, boarding or alighting, from any type of aircraft;
- (oo) Injury sustained while You are riding as a passenger in any aircraft (i) not having a current and valid Airworthy Certificate and (i) not piloted by a person who holds a valid and current certificate of competency for piloting such aircraft;
- (pp) Flying in any aircraft being used for acrobatic or stunt flying, racing, endurance tests, rocket-propelled aircraft, 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;
- (qq) Participating in contests of speed or riding or driving in any type of competition;
- (rr) Loss of life;
- (ss) Long-term disability;
- (tt) Financial guarantee, financial default, bankruptcy, or insolvency risks;
- (uu) Charges for prenatal care, delivery, postpartum care, and care of Newborn Child(ren), unless resultant of a Covered Pregnancy; or
- (vv) Unless specifically provided for in the Plan, any claim in any way caused by or resulting from:
 - (i) Coronavirus disease (COVID-19);
 - (ii) Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2);
 - (iii) any mutation or variation of SARS-CoV-2; or
 - (iv) any fear or threat of i), ii) or iii) above.

Section 8. Definitions

Accident or Accidental: Unexpected, unintended, and unforeseen event or occurrence that is the direct cause of physical Injury to You and which is independent of Illness and not self-inflicted.

Administrator: Seven Corners, Inc.

Adventure Activities: Abseiling; American football; aviation except when travelling solely as a passenger in a commercial aircraft; BMX; BASE jumping; bobsledding; boxing; bungee jumping; canyoning; caving; fighting sports; freediving; hang gliding; heli-skiing; high diving; hot air ballooning; hunting; inline skating; jet skiing; kayaking; kiteboarding; luge; martial arts; motocross (MOTO-X); motorcycle or motor scooter riding whether as a passenger or a driver; riding any motorized vehicle other than a mobility aid which can be legally ridden on public sidewalks; mountain biking; Mountaineering; Offshore Boating; Parachuting; paragliding; parasailing; parascending; polo; racing of any kind whether by any animal, motor vehicle, motorcycle, or otherwise; rappelling; rock climbing; rodeo activity; scuba diving; ski jumping; Sky Diving; snow skiing and snowboarding except for recreational downhill and/or cross country snow skiing or snowboarding provided that such is not in any violation of applicable laws, rules, or regulations or away from prepared and marked in-bound territories or against the advice of the local ski school or local authoritative body; snowmobiling; spelunking; surfing; trekking; wakeboard riding; water skiing; whitewater rafting; wildlife safaris; windsurfing; zip lining; any attempt to make or set sporting records; other adventures sports or activities; and any other sport or athletic activity that exposes You to abnormal or extreme risk of Injury. This includes practice or training in preparation for any excluded activity; participating in any sporting, recreational, or adventure activity where such activity is undertaken against the advice or direction of any local authority or any qualified instructor or contrary to the rules, recommendations, and procedures of a recognized governing body for the sport or activity; or participating in any activity where such activity is undertaken in disregard of or against the recommendations, Treatment programs, or medical advice of a Physician or other health care provider.

Airworthiness Certificate or Airworthy Certificate: Standard Airworthiness Certificate issued by the Federal Aviation Agency of the United States or the governmental authority having jurisdiction over civil aviation in the country of its registry.

Application: The fully answered and signed enrollment form submitted by You for coverage under the Plan. The Application is hereby incorporated into and becomes part of the Master Policy of Insurance, the Plan, and the Certificate.

Athletics: Sports, games, or exercises of any kind engaged in by athletes. It includes numerous types of professional, amateur, intercollegiate and interscholastic sports, games, or exercises including, for example, track and field, soccer, American football, baseball, basketball, softball, lacrosse, weightlifting, skiing, bowling, tennis, wrestling, and rugby. Further, it includes all activities sanctioned or sponsored by the International Olympic Committee, the National Collegiate Athletic Association or similar organization, or professional sports organizations.

Benefit Period: The amount of time You have as set forth in the Schedule of Benefits from the date of Your Injury or Illness to receive Treatment. Each Injury or Illness shall receive one (1) Benefit Period. If Your Period of Coverage ends during Your Benefit Period, You can still receive Treatment if You are outside Your Home Country.

Certificate: This document and any applicable Riders issued to You for Insurance under the Master Policy of Insurance describing the coverage and benefits to be paid to or for the benefit of the Insured Person(s). The Certificate also includes the Application and the Declaration, which are incorporated herein by this reference.

Child(ren): An Insured Person's unmarried child(ren) who is at least fourteen (14) days old and under the age of twenty-one (21) years who is wholly dependent upon the Insured Person for maintenance and support.

Citizen(s): A person who is a legally recognized subject or member of a particular country. Generally, the person obtains these rights because he or she was either born in that country or was granted rights of citizenship by the country.

Coinsurance: Percentage of Covered Expenses after the Deductible and/or Copay as set forth in the Schedule of Benefits that is Your responsibility and must be paid by You before the remainder of Covered Expenses will be paid by the Company.

Coma or Comatose: Profound state of unconsciousness from which You cannot be aroused to consciousness, even by powerful stimulation, as determined by a Physician.

Company: Crum & Forster Segregated Portfolio Company (SPC) Captive.

Congenital: Physical abnormality or condition that is present at birth.

Copay: The fixed amount of Covered Expenses for specific services or supplies as set forth in the Schedule of Benefits that is Your responsibility and must be paid by You before the remainder of Covered Expenses will be paid by the Company. The Copay is separate from the Deductible and Coinsurance.

Covered Expense(s): Amounts considered eligible by the Company to reimburse You for Your Expenses that are (i) for Medically Necessary services, supplies, care, or Treatment; (ii) due to Injury or Illness; (iii) prescribed, performed, or ordered by a Physician; (iv) Usual, Reasonable, and Customary Expenses; (v) incurred during the Period of Coverage; and (vi) which do not exceed the applicable amount shown in the Schedule of Benefits.

Covered Pregnancy: A Pregnancy for which conception occurred at least thirty (30) days after the Effective Date of Coverage, to an Insured Person and was not the result of in vitro fertilization.

Custodial Care: That type of care or service, wherever furnished and by whatever name called, that is designed primarily to assist You in performing the activities of daily living. Custodial Care includes non-acute care for the Comatose, semi-Comatose, paralyzed, or Mentally Incompetent patients.

Declaration: The document issued by the Administrator for and on behalf of the Company to You contemporaneously with the Certificate evidencing Your insurance.

Deductible: The amount of Covered Expenses as set forth in the Schedule of Benefits that is Your responsibility and must be paid by You before the remainder of Covered Expenses will be paid by the Company. The Deductible is separate from the Copay and Coinsurance.

Displaced: Your status when You are required to depart a destination due to an evacuation ordered by prevailing authorities.

Durable Medical Equipment: A requirement that is: (a) medically necessary; (b) made for and mainly used in the Treatment of an Injury or an Illness; (c) not useful in the absence of an Illness or Injury; (d) made to withstand repeated use over an extended period of time; (e) suited for use in the home; and (f) used to improve a permanent medical condition. Durable Medical Equipment does not include: Glucometers; motor driven wheelchairs or beds; comfort items such as telephone arms and over-bed tables; items used to alter air quality or temperature such as air conditioners, humidifiers, dehumidifiers, and purifiers (air cleaners); disposable supplies such as exercycles, more wheels, sun or heat lamps, heating pads, bidets, toilet seats, bathtub seats, sauna baths, elevators, whirlpool baths, exercise equipment; and similar items.

Educational or Rehabilitative Care: Care for or restoration by education or training of Your ability to function in a normal or near normal manner following an Injury or Illness. This type of care includes, but is not limited to, vocational or occupational therapy and speech therapy.

Effective Date of Coverage: The date coverage for You begins under the terms of the Certificate, which begins at the latest of the following times:

- (i) 12:00 a.m. United States Eastern Time on the date after the Company receives Your Application and correct premium payment if Application and payment are made online;
- (ii) The moment You depart Your Home Country; or
- (iii) 12:00 a.m. United States Eastern Time on the date You request on Your Application.

Newborn Child(ren): Coverage for a Newborn Child of an Eligible Person will begin from the moment of birth. You must give the Administrator notice within thirty (30) days of the birth of the Child and pay appropriate premium in order for benefits to continue beyond the 30th day. If notice is not given and payment received within thirty (30) days, coverage of the Newborn Child will terminate at 11:59 p.m. United States Eastern Time on the 31st day following the initial thirty (30) day period. After the 31st day the child may still be added to the Plan; however, any Pre-existing Conditions would be calculated from their Effective Date of Coverage.

Adopted Child(ren): Coverage for an adopted Child of an Eligible Person will begin from the date of placement in the Eligible Person's home for the purpose of adoption or the date of an entry of an interim court order granting temporary custody of the Child, whichever comes first. A notice of placement for adoption must be submitted to the Administrator within thirty (30) days of the placement and pay appropriate premium in order for benefits to continue beyond the 30th day. If notice is not given within thirty (30) days and payment received, coverage for the adopted Child will terminate at 11:59 p.m. United States Eastern Time on the 31st day following the initial thirty (30) day period. After the 31st day the child may still be added to the Plan; however, any Pre-existing Conditions would be calculated from their Effective Date of Coverage.

Eligible Person: Persons meeting the following requirements are eligible for coverage and may purchase coverage for their Child(ren) provided:

- (i) They hold a valid J-2 Visa;
- (ii) They temporarily reside outside of their Home Country;
- (iii) Their Home Country is not the United States; and
- (iv) Their related J-1 Visa holder is engaged in Full-Time Educational Activities or Research Activities outside of their Home Country during the Period of Coverage and remains in official status.

Emergency Medical Evacuation: Your evacuation because Your medical condition warrants immediate transportation from the medical facility where You are located to the nearest adequate medical facility where Medically Necessary Treatment can be obtained.

Emergency Medical Repatriation: Your transportation to Your Home Country, with a qualified medical attendant if necessary, to obtain further Treatment or to recover after You were treated for an Injury or Illness at a local medical facility following a covered Emergency Medical Evacuation.

Emergency Medical Reunion: Your reunion with an individual from Your Home Country, as recommended by Your attending Physician, selected by You to travel to and from the location where You are hospitalized when an Emergency Medical Evacuation is occurring or has occurred, or when an Emergency Medical Repatriation is to occur.

Expenses: Your expenses, costs, charges, and losses.

Experimental/Investigational: All services or supplies associated with (i) Treatment or diagnostic evaluation that is not generally and widely accepted in the practice of medicine in the United States of America or that does not have evidence of effectiveness documented in peer reviewed articles in medical journals published in the United States; (ii) a drug that does not have United States Food and Drug Administration (“FDA”) marketing approval; or (iii) a medical device that does not have FDA marketing approval or has FDA approval under 21 CFR 807.81 but does not have evidence of effectiveness for the proposed use documented in peer reviewed articles in medical journals published in the United States. The Company will make the final determination as to whether a service or supply is Experimental/Investigational.

Expiration Date of Coverage: The date coverage for You terminates, which is the earliest of the following:

- (i) The moment You return to Your Home Country;
- (ii) 11:59 p.m. United States Eastern Time on the date of attainment of the Maximum Period of Coverage;
- (iii) 11:59 p.m. United States Eastern Time on the date shown on Your ID card;
- (iv) 11:59 p.m. United States Eastern Time on the date that is the end of the period for which the Plan premium has been paid; or
- (v) The moment You fail to be eligible.

Extended Care Facility: Institution or a distinct part of an institution that is licensed as a Hospital, Extended Care Facility, or rehabilitation facility by the state in which it operates; is regularly engaged in providing 24-hour skilled nursing care under the regular supervision of a Physician and the direct supervision of a Registered Nurse; maintains a daily record on each patient; provides each patient with a planned program of observation prescribed by a Physician; and provides each patient with active Treatment of an Injury or Illness. Extended Care Facility does not include a facility primarily for rest, the aged, Substance Abuse Treatment, Custodial Care, nursing care, or for care of Mental Illness or the Mentally Incompetent.

Full-Time Educational Activities: You are enrolled in at least twelve (12) credit hours of study per semester at an accredited school or college. For the purposes of this definition, taking summer semester or similar off-season semesters off will not disqualify You from full-time status if You have not graduated or otherwise completed Your program. You may be required to prove intent to return at time of claim, at the Administrator's discretion. Programs including on-the-job training courses, correspondence schools, or programs only offered through the internet do not qualify as Full-Time Educational Activities.

Home Country: For Non-United States Citizens, it is the country where You have Your Primary Residence. For United States Citizens, including those with dual citizenship, it is always the United States.

Hospital: Institution operated pursuant to law for the care and Treatment of sick or injured persons with organized facilities for diagnosis and Surgery and having 24-hour nursing service and medical supervision, excluding resting or nursing homes and institutions for the aged, chronically ill, or convalescent.

Host Country: Any country to which or in which You are traveling other than Your Home Country.

Illness(es): Sickness, disorder, Illness, pathology, abnormality, malady, morbidity, affliction, disability, defect, handicap, deformity, birth defect, Congenital defect, symptomatology, syndrome, malaise, infection, infirmity, ailment, disease of any kind, or any other medical, physical, or health condition provided, however, that Illness does not include learning disabilities or attitudinal or disciplinary problems. All Illnesses that exist simultaneously or which arise subsequent to a prior Illness and which directly or indirectly relate to or result or arise from the same or related causes or as a consequence thereof or from one another are considered to be one (1) Illness. Further, if a subsequent Illness results or arises from causes or consequences that are the same as or related to the causes or consequences of a prior Illness, the subsequent Illness will be deemed to be a continuation of the prior Illness and not a separate Illness.

Immediate Family Member: Your Spouse, parent, stepparent, child(ren), brother, sister, grandchild(ren), or in-laws and includes an individual who lives in Your household.

Injury: Bodily Injury caused solely and directly by violent, Accidental, external, and visible means occurring while this Certificate is in force and resulting directly and independently of all other causes in an Occurrence covered by this Certificate.

Inpatient: You confined in an institution and charged for room and board.

Insurance: Coverage under the Certificate.

Insured Person(s): Individual person eligible for benefits under the Certificate who has applied for coverage, is named on the Application, and for whom the Company has accepted premium. To be eligible for benefits under the Certificate, the person must be at least fourteen (14) days old and under the age of sixty (60) years.

Intensive Care: Cardiac care unit or other unit or area of a Hospital that meets the required standards of the Joint Commission on Accreditation of Hospitals for Special Care Units.

Master Policy of Insurance: That certain group insurance policy issued to Fairmont Specialty Trust.

Maximum Period of Coverage: For J Visa Compliance, one thousand ninety-two (1,092) days in total from the original Effective Date of Coverage.

Medical Emergency: Occurrence of a Sickness, Illness, Injury, or behavioral condition, the onset of which is sudden, that manifests itself by symptoms of sufficient severity, including severe pain that an individual could reasonably expect the absence of immediate medical attention to result in (i) placing the health of the person afflicted with such condition in serious jeopardy or, in the case of a behavioral condition, placing the health of such person or others in serious jeopardy; (ii) serious impairment to such person's bodily functions; (iii) serious dysfunction of any bodily organ or part of such person; or (iv) serious disfigurement of such person. Additionally, a Medical Emergency will include visits where the only option for necessary immediate care is an emergency room.

Medical Maximum: The total maximum of Covered Expenses payable as set forth the Schedule of Benefits per Insured Person, per Occurrence.

Medically Necessary or Medical Necessity: Services and supplies received while insured that are determined by the Company to be (i) appropriate and necessary for the symptoms, diagnosis, or direct care and Treatment of Your medical conditions; (ii) within the standards the organized medical community deems good medical practice for Your condition; (iii) not primarily for the convenience of You, Your Physician, or another Service Provider or person; (iv) not Experimental/Investigational or unproven as recognized by the organized medical community or which are used for any type of research program or protocol; and (v) not excessive in scope, duration, or intensity to provide safe, adequate, and appropriate Treatment. For Hospital stays, this means that acute care as an Inpatient is necessary due to the kinds of services You are receiving or the severity of Your condition in that safe and adequate care cannot be received as an Outpatient or in a less intensified medical setting. The fact that any particular Physician may prescribe, order, recommend, or approve a service, supply, or level of care does not, of itself, make such Treatment Medically Necessary or make the charge of a Covered Expense under this Certificate.

Mental Illness and Mental and Nervous Disorder: Any mental, nervous, or emotional Illness that generally denotes an Illness of the brain with predominant behavioral symptoms; an Illness of the mind or personality, evidenced by abnormal behavior; or an Illness or disorder of conduct evidenced by socially deviant behavior. Mental and Nervous Disorders include, without limitation, psychosis; depression; schizophrenia; bipolar affective disorder; any disease or condition, regardless of whether the cause is organic, that is classified as a Mental Disorder in the current edition of the International Classification of Diseases as published by the United States Department of Health and Human Services; and those psychiatric and other Mental Illnesses listed in the current edition of the Diagnostic and Statistical Manual for Mental Disorders published by the American Psychiatric Association. Mental Illness and Mental and Nervous Disorder does not mean or include learning disabilities, attitudinal disorders or disciplinary problems. For the purpose of this definition, Mental Illness and Mental and Nervous Disorder do not include Substance Abuse.

Mentally Incompetent: The inability of a person to make or carry out important decisions regarding his or her affairs.

Mountaineering: Sport, hobby or profession of hiking and climbing up mountains (i) utilizing harnesses, ropes, crampons, or ice axes; (ii) bouldering; or (iii) ascending 4,500 meters or above. Indoor rock climbing and bouldering are not considered Mountaineering.

Newborn Child(ren): An infant from the moment of birth through the first thirty-one (31) days of life.

Occupational Disease: Injury or Illness resulting from or in the course of any employment for wage or profit by You including, but not limited to, those related to asbestos exposure and the complications thereof including asbestosis and mesothelioma. Occupational Disease is not a contagious disease resulting from exposure to fellow employees or from a hazard to which the workman would have been equally exposed outside of his employment. An Occupational Disease is also not an ordinary disease of life to which the general public is equally exposed unless such disease follows as a complication and a natural incident of an Occupational Disease or unless there is a constant exposure peculiar to the occupation itself that makes such disease a hazard inherent in such occupation.

Occurrence: Illness or an Accidental bodily Injury necessitating Treatment by a Physician as defined in this Certificate. All bodily disorders existing simultaneously that are due to the same or related causes shall be considered one (1) Occurrence. If an Occurrence is due to causes that are the same or related to the cause of a prior Occurrence, the Occurrence shall be considered a continuation of the prior Occurrence and not a separate Occurrence. The initial Treatment of an Injury or Illness must occur within thirty (30) days of the date of Injury or onset of Illness.

Offshore Boating: Boating on a water vessel more than 25 miles from land, but under 150 miles, regardless of type of boat. The Insured Person will likely not be able to see land for the majority of their Trip. An excursion that starts from land and reaches 25 miles offshore will be considered Offshore Boating for the duration of the Trip, not just while the boat is in the 25-150 mile range. Offshore Boating may be determined based on the vessel's classification for use. This definition does not apply to commercial cruise ships.

Outpatient: You receiving care in a Hospital or another institution including ambulatory; surgical center; convalescent/skilled nursing facility; or Physician's office for an Injury or Illness but not as an Inpatient.

Parachuting: The sport or activity of jumping from an aircraft and immediately deploying a parachute.

Participating Organization: An entity or organization that provides applications for individuals to obtain Insurance under the Plan.

Period of Coverage: The Period of Coverage issued by the Company to You beginning with the Effective Date of Coverage and ending on the Expiration Date of Coverage.

Physician(s): 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.

Physiotherapy: Physical therapy, recommended by a Physician as Medically Necessary for the Treatment of a specific Injury or Illness. It must be administered by a licensed physical therapist and be intended to improve, adapt, or restore functions which have been impaired or permanently lost as a result of a covered Injury or Illness and involve goals an individual can reach in a Reasonable Period of Time.

Plan: Your J Visa Compliance Plan as set forth and determined by this document, the Application, the Certificate, the Declaration, the Master Policy of Insurance, and any Riders that attach during the Period of Coverage.

Pre-certification or Pre-certify: A general determination of Medical Necessity only, made by the Company in reliance and based upon the completeness and accuracy of the information provided by the Insured Person's health care or medical Service Providers. ***Pre-certification is not an assurance, authorization, pre-authorization or verification of coverage, a verification of benefits, or a guarantee of payment.***

Pre-Existing Condition(s): Any medical condition, Sickness, Injury, Illness, disease, Mental Illness or Mental or Nervous Disorder, regardless of the cause, including any Congenital, chronic, subsequent, or recurring complications or consequences related thereto or resulting therefrom, that with reasonable medical certainty existed at the time of Application or any time during the twelve (12) months prior to the Effective Date of Coverage under this Certificate, whether or not previously manifested, symptomatic, known, diagnosed, treated, or disclosed. This specifically includes, but is not limited to, any medical condition, sickness, Injury, Illness, disease, Mental Illness, or Mental or Nervous Disorder for which medical advice, diagnosis, care, or Treatment was recommended or received or for which a reasonably prudent person would have sought Treatment during the 12-month period immediately preceding the Effective Date of Coverage under this Certificate.

Pregnancy: Physical condition of being pregnant including complications of Pregnancy.

Primary Residence: Your fixed, permanent and main home for legal and tax purposes.

Principal Sum: The amount stated as such for the Insured Person on the Schedule of Benefits.

Proof of Loss: The written documentation required by the Company that You must furnish to the Company in case of claim for loss for which this Certificate provides any periodic payment contingent upon continuing loss within ninety (90) days after the termination of the period for which the Company is liable and in case of claim for any other loss within ninety (90) days after the date of such loss.

Reasonable Period of Time: Treatment that shows no documented improvement after two (2) weeks of Treatment, an alternative Treatment plan should be attempted. If no significant improvement is documented after a total of four (4) weeks, reevaluation by the referring Physician may be indicated. Treatment is necessary when the individual stops progressing toward established goals.

Registered Nurse: Graduate nurse who has been registered or licensed to practice by a State Board of Nurse Examiners or other state authority and who is legally entitled to place the letters "RN" after his or her name.

Relative: Your Spouse, parent, sibling, child(ren), grandparent, grandchild, stepparent, stepsibling, in-laws (parent, son, daughter, brother and sister), aunt, uncle, niece, nephew, legal guardian, ward, or cousin.

Research Activities: Educational, vocational, cultural exchange, Optional Practical Training ("OPT") or other training program, not including on-the-job training courses, correspondence schools, or programs only offered through the internet.

Resident(s): A person who lives somewhere permanently or on a long-term basis.

Rest Cures: Treatment, as for Nervous Disorders, consisting of complete rest and often with special diet, massage, etc., especially at a spa or sanatorium.

Rider: Any attachment, endorsement, schedule, or similar document attached to, issued in connection with, or otherwise expressly made a part of the Master Policy of Insurance, the Certificate, the Declaration of Insurance, or the Application.

Routine Newborn Care: Treatment, tests and scans that are typically routinely performed on a Newborn Child.

Schedule of Benefits: The summarized Schedule of Benefits, coverages, limits and sub-limits as set forth for ease of reference in Section 2 of this Certificate, all of which are subject to the full terms of this Insurance.

Service Provider: Hospital, convalescent or skilled nursing facility, ambulatory surgical center, psychiatric Hospital, community mental health center, residential treatment facility, psychiatric treatment facility, alcohol or drug dependency treatment center, birthing center, Physician, dentist, licensed medical practitioner, physician's assistant (PA), nurse, nurse practitioner (NP), medical laboratory, assistance service company, air or ground ambulance firm, or any other such facility that the Company approves.

Sickness: Illness, malady or disease that requires Treatment by a Physician while covered by this Certificate. All related conditions and recurrent symptoms of the same or a similar condition will be considered the same Sickness.

Sky Diving: The sport or activity of jumping from an aircraft and typically executing a prolonged free fall before deploying a parachute.

Sound Natural Tooth or Sound Natural Teeth: Tooth that is whole or properly restored; is without impairment, periodontal, or other conditions; and is not more susceptible to Injury than a virgin tooth. A tooth previously restored with a crown, inlay, or porcelain restoration or treated by endodontics is not a Sound Natural Tooth.

Spouse: If not legally separated or divorced, Your legal Spouse, legal domestic partner or legal civil partner as determined by the state or other applicable governmental jurisdiction in which the legal union is sanctioned.

Substance Abuse: Condition brought about when an individual uses alcohol, chemicals, or any other drug(s) in such a manner that his or her health or judgement is impaired or ability to control actions is lost.

Surgeon(s): 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.

Surgery(ies): Invasive diagnostic procedure or the Treatment of Injury or Illness by manual or instrumental operations performed by a Physician while the patient is under general or local anesthesia.

Telehealth Consultation or Care: The long-distance or remote distribution of (i) health-related services and information, (ii) Treatment of Injury or Illness, or (iii) other live consultations, each of which involves an Insured Person and a Physician or Nurse Practitioner at different locations using telecommunications technologies including internet, phone, video, audio, and computers.

Terrorist Activity: Act or acts including, but not limited to, the use of force or violence or the threat thereof of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organization(s) or government(s), committed for political, religious, ideological, or ethnic purposes or reasons, including the intention to influence any government or to put the public or any section of the public in fear.

Treatment: Specific in-office or Hospital physical examination, diagnostic procedures and services, consultation, Surgery, care, and medical services and supplies including medication prescribed or provided by a Service Provider for You, each of which is related to condition(s) that first manifested itself, worsened, or became acute or that had symptoms which would have prompted a reasonable person to seek such Treatment.

Trip: A period of scheduled travel outside of Your Home Country, for which coverage for travel arrangements is requested and the premium is paid prior to Your actual or originally scheduled departure date.

United States: All 50 states including the District of Columbia, and all United States held commonwealths, territories and properties.

Urgent Care Visit: A visit to a facility to receive medical care for Illness(es) or Injury(ies) which require prompt attention but are typically not of such seriousness as to require the services of an emergency room. The nature of this care would not allow for a scheduled Outpatient office visit.

Usual, Reasonable, and Customary (URC): Maximum amount that the Company determines is Usual, Reasonable and Customary for Covered Expenses You receive up to, but not to exceed, charges actually billed. The Company's determination considers (i) amounts charged by other Service Providers for the same or similar service in the locality where received, considering the nature and severity of the bodily Injury or Illness in connection with which such services and supplies are received; (ii) any usual medical circumstances requiring additional time, skill, or experience; and (iii) other factors the Company determines are relevant including, but not limited to, a resource-based relative value scale. For a Service Provider who has a reimbursement agreement, the Usual, Reasonable, and Customary charge is equal to the amount that constitutes payment in full under any reimbursement agreement with the Company.

War, Hostilities, and War-like Operations: War, Hostilities, or War-like Operations whether war be declared or not; invasion; act of an enemy foreign to the nationality of the Insured Person or the country in or over which the act occurs; civil war; riot; rebellion; insurrection; revolution; overthrow of the legally constituted government; civil commotion assuming the proportions of or amounting to an uprising; military or usurped power; explosions of war weapons; utilization of nuclear, chemical, or biological weapons of mass destruction howsoever these may be distributed or combined; murder or assault that was the act of agents of a state foreign to the nationality of the Insured Person whether war be declared with that state or not; or any action taken in controlling, preventing, or suppressing any or all of the situations described above. For the purpose of this definition (i) "utilization of nuclear weapons of mass destruction" means the use of any explosive nuclear weapon or device or the emission, discharge, dispersal, release or escape of fissile material emitting a level of radioactivity capable of causing incapacitating disablement or death amongst people or animals (including in connection with Terrorist Activity); (ii) "utilization of chemical weapons of mass destruction" means the emission, discharge, dispersal, release or escape of any solid, liquid, or gaseous chemical compound that, when suitably distributed, is capable of causing incapacitating disablement or death amongst people or animals (including in connection with Terrorist Activity); (iii) "utilization of biological weapons of mass destruction" means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) micro-organism(s) and/or biologically produced toxin(s) (including genetically modified organisms and chemically synthesized toxins) that are capable of causing incapacitating disablement or death amongst people or animals (including in connection with Terrorist Activity).

You or Your: An Insured Person.

Section 9. Claims

- 9.1 Notice of Claim.** Written notice of claim must be given to the Company within ninety (90) days after the Occurrence or commencement of any Occurrence covered by the Plan. Notice given by or on behalf of the claimant to the Administrative Offices of the Company or to any authorized agent of the Company, with information sufficient to identify You shall be deemed notice to the Company.
- 9.2 Claim Forms.** The Company, 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 Plan as to Proof of Loss upon submitting, within the time fixed in the Certificate for filing Proofs of Loss, written proof covering the Occurrence, the character, and the extent of the Occurrence for which claim is made.
- 9.3 Proof of Loss.** Proof of Loss must be provided within ninety (90) days after the date of the loss or as soon as is reasonably possible. Failure to furnish such proof within the provided period will not invalidate nor reduce any claim if it shall be shown not to have been reasonably possible to furnish such proof during that time. Proof of Loss must, however, be furnished no later than twelve (12) months from the time it is otherwise required, except in the absence of legal capacity.
- 9.4 Time of Payment of Claims.** Indemnities payable under the Certificate for any loss other than loss for which the Certificate provides any periodic payment will be paid immediately upon receipt of due written Proof of Loss. Subject to due written Proof of Loss, all accrued indemnities for loss for which the Certificate provides periodic payment will be paid at the expiration of each four (4) weeks during the continuance of the period for which the Company is liable, and any balance remaining unpaid upon the termination of liability will be paid immediately upon receipt of due written proof.
- 9.5 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 Your estate. Any other accrued indemnities unpaid at Your death may, at the option of the Company, be paid either to such beneficiary or to such estate. All other indemnities will be payable to You. If any indemnity of the Certificate shall be payable to Your estate or to an Insured Person who is under the age of eighteen (18) years or otherwise not competent to give a valid release, the Company 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 Company to be equitably entitled thereto. Any payment made by the Company in good faith pursuant to this provision shall fully discharge the Company to the extent of such payment. Subject to any written direction of You, all or a portion of any indemnities provided by this Certificate on account of Hospital, nursing, medical or Surgical service may, at the Company's option and unless You request otherwise in writing not later than the time for filing Proof of 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.
- 9.6 Appeal of Claims.** If the Company denies all or any part of a claim, You will have a maximum of two (2) appeals for review of the claim and determination, and You must file two (2) appeals before bringing any legal action hereunder. You will have sixty (60) days from the date of the notice of denial within which to file an appeal. You may submit written comments, documents, records, or other information with the notice of appeal. The Company will respond in writing to an appeal as soon as reasonably possible but, in any event, within ninety (90) days from receipt of the notice of appeal.

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

Section 10. Additional Plan Provisions

- 10.1 Severability of Interest.** This Certificate shall operate in all respects as if a separate Certificate had been issued to each Insured Person hereunder except that in no event shall the total liability of the Company or in respect of all Insured Persons hereunder exceed the limit of indemnity stated in this Certificate.
- 10.2 Selection of Providers.** You and/or Your family members, guardians, Physicians, and other health care providers are solely responsible for making decisions regarding the selections of Physicians, Hospitals, or other health care or health Service Providers and regarding any medical Treatment decisions for or on Your behalf. Neither the Company nor the Administrator has the right, obligation, or authority to make such decisions.
- 10.3 Physical Examination and Autopsy.** The Company at its own expense will have the right and opportunity to examine the person of any Insured Person whose Injury or Illness is the basis of a claim when and as often as the Company 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.
- 10.4 Cooperation.** You and Your health care and medical Services Providers and suppliers, Physicians, and Hospitals must cooperate fully with the Company and the Administrator in reviewing, investigating, adjudicating, and administering any claims under this Certificate. This includes, but is not limited to, access to all relevant, pertinent, or related records, medical documentation, medical histories, reports, lab or test results, x-rays, and other available evidence. The Company may suspend or pend adjudication of a claim or deny benefits or coverage for refusal to cooperate or delay in cooperation or for any act or omission by the above-referenced persons or entities that hinders, delays, impairs, or otherwise prejudices the performance of the Company's obligations hereunder.
- 10.5 Refund of Premium.** Refund of the premium will only be considered if written request is received by the Administrator prior to the Effective Date of Coverage. If written request is received after the Effective Date of Coverage, the unused portion of the Plan cost may be refunded minus a cancellation fee of \$25.00, provided no claim has been submitted to the Administrator for reimbursement. Additionally, no refund will be made after a claim has been denied or not paid. Upon refund, neither the Company nor You shall have any further rights, liabilities, or obligations under this Certificate.
- 10.6 Other Insurance.** All coverages except Accidental Death and Dismemberment are in excess of all other insurance or similar benefit programs and shall apply only when such benefits thereunder are exhausted. This Plan is secondary coverage to any other insurance. Such other insurance or similar benefit programs may include, but are not limited to, membership benefit; workers' compensation benefits or programs; government programs; group or blanket coverage; prepayment coverage; union, labor, or employee plans; socialized insurance program or program otherwise required by law or statute; automobile insurance; or third-party liability insurance.

10.7 Misrepresentation and Fraud. The Company explicitly relies on Your Application and the information contained in it in order to determine whether such individual meets the eligibility requirements for the issuance of a Certificate. Any misstatement, misrepresentation, concealment, omission, or fraud in Your Application will render Insurance for each Insured Person null and void from issuance, and no coverage will be afforded to such Insured Person under any circumstances.

The Company explicitly relies on statements made You in connection with all claims under this Certificate in order to determine whether or not and to what extent benefits under this Insurance are payable. Any misstatement, misrepresentation, concealment, omission, or fraud by You relating to any claim hereunder shall render the Insurance for each Insured Person null and void from issuance, and no coverage will be afforded to such Insured Person under any circumstances.

Nothing in this section shall in any way effect any other remedies available to the Company with respect to any misstatement, misrepresentation, concealment, omission, or fraud by an Insured Person.

10.8 Legal Actions. No actions at law or in equity shall be brought to recover on the Certificate prior to the expiration of sixty (60) days after written Proof of Loss has been furnished in accordance with requirements of this Certificate. All legal actions, whether in law or equity, arising under this Certificate shall be barred unless written notice thereof is received by the Company or the Administrator within one (1) year from the date of the event giving rise to such legal action. No such action shall be brought after expiration of three (3) years after that time written Proof of Loss is required to be furnished. You further agree that no such actions will be taken to recover under the Certificate until after You have complied with Section 9.6.

You and the Company irrevocably agree and submit to the exclusive jurisdiction and venue of the state and federal courts located in the State of Indiana for any action brought under the Certificate. The Court will be the trier of fact for any dispute under this Certificate, and the parties expressly waive their rights to a jury trial.

10.9 Coverage Intent. This is not a general health insurance policy, but an interim travel medical program intended for use while You are away from Your Home Country or country of residence.

10.10 Complaints. Initial inquiries or complaints are to be addressed to the Administrator below:

Claims Quality Manager
303 Congressional Blvd.
Carmel, Indiana 46032
USA
complaints@sevendcorners.com

10.11 Modification and Waiver. No modification to or waiver of the terms of the Master Policy of Insurance, this Certificate, the Declaration, or the Plan is binding unless expressly set forth in writing and signed by an authorized agent or representative of the Company. Failure of the Company or the Administrator to enforce Your obligation hereunder is not a waiver. No statement made by an agent, employee, or representative of the Company or the Administrator will be deemed or construed as a modification, waiver, actionable representation, promise, or an estoppel or will create any liability against the Company or Administrator.

10.12 Assignment. No transfer or assignment of any of Your rights, benefits, or interests under this Certificate will be valid, binding upon, or enforceable against the Company unless agreed to in writing by the Company.

- 10.13 Termination.** The Plan may be terminated at any time by either the Company or the Administrator by giving at least thirty (30) days written notice to the group and to the Insured Person(s). Such termination will have no effect on this Plan, or the benefits provided hereunder prior to the date of the termination. No Applications will be accepted, and no additional Certificates will be issued following termination.
- 10.14 Entire Agreement.** The Master Policy of Insurance, the Application, the Certificate, the Declaration, and any Riders constitute the entire Agreement between the Company and You. The coverage evidenced by this Certificate is subject to all the terms and conditions of the Master Policy of Insurance, the Application, the Declaration, and any Riders.
- 10.15 Office of Foreign Assets Control and Other Denied Party Lists.** Coverage will be immediately null and void if any Insured Person (i) appears on the like of Specially Designated Nationals and Blocked Persons administered by the UNITED STATES Treasury Department's Office of Foreign Assets Control ("OFAC") or other denied party lists maintained by the UNITED STATES Government, the European Union ("EU"), United Nations ("UN"), or the United Kingdom ("UK"); (ii) is resident or physically present in a country or territory subject to sanctions, prohibitions, or restrictions administered by OFAC, the EU, the UN, or the UK; or (iii) is a person who is otherwise the target of UNITED STATES, EU, UN, or UK sanctions, laws, or regulations such that the Company cannot deal or otherwise engage in business transactions with such person. Whenever any coverage provided hereunder would be in violation of any UNITED STATES, EU, UN, or UK sanctions, prohibitions, or restrictions, such coverage shall be immediately null and void. The Company may be compelled by law to seize premiums, deny services, or withhold claims payments if an Insured Person becomes subject to UNITED STATES, EU, UN, or UK sanctions while this Certificate is in effect. Any payment for services will only be made in full compliance with all United States' economic or trade sanction laws or regulations including, but not limited to, sanctions, laws, and regulations administered and enforced by the OFAC. For more information, consult the OFAC website at www.treas.gov/offices/enforcement/ofac/.
- 10.16 Patient Protection and Affordable Care Act ("PPACA").** THE INSURANCE PROVIDED HEREUNDER IS NOT SUBJECT TO, IS NOT INTENDED TO COMPLY WITH, AND DOES NOT PROVIDE ALL BENEFITS REQUIRED BY PPACA. THIS INSURANCE IS NOT QUALIFYING HEALTH COVERAGE ("MINIMUM ESSENTIAL COVERAGE") THAT SATISFIES THE HEALTH CARE COVERAGE REQUIREMENT OF PPACA. IF AN INSURED PERSON DOES NOT HAVE MINIMUM ESSENTIAL COVERAGE, HE OR SHE MAY OWE AN ADDITIONAL PAYMENT WITH HIS OR HER TAXES. INSURED PERSONS ARE RESPONSIBLE FOR DETERMINING IF AND HOW PPACA IS APPLICABLE TO HIM OR HER AND SHOULD CONSULT HIS OR HER OWN TAX ADVISORS. NEITHER THE COMPANY NOR THE ADMINISTRATOR SHALL HAVE LIABILITY WHATSOEVER FOR AN INSURED PERSON'S FAILURE TO OBTAIN PPACA-COMPLIANT COVERAGE.
- 10.17** THIS INSURANCE IS ISSUED PURSUANT TO APPLICABLE SURPLUS LINES LAW. PERSONS INSURED BY SURPLUS LINES CARRIERS DO NOT HAVE THE PROTECTION OF STATE INSURANCE GUARANTY LAWS TO THE EXTENT OF ANY RIGHT OF RECOVERY FOR THE OBLIGATION OF AN INSOLVENT UNLICENSED INSURER.

DISCLOSURES

Notice: For further information on this Plan, visit sevendcorners.com

Note: 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 US citizens or US 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 U.S. 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 the policy meets any obligations you may have under PPACA.

Privacy Statement: We know that your privacy is important to you and we strive to protect the confidentiality of your non-public personal information. We do not disclose any non-public personal information about our insureds or former insureds to anyone, except as permitted or required by law. We maintain appropriate physical, electronic and procedural safeguards to ensure the security of your non-public personal information. You may obtain a detailed copy of our privacy policy by calling us at 1-800-335-0611 (toll-free) or 317-575-2656 (worldwide) or by visiting us at sevendcorners.com/about/legal/privacy-policy.

Complaints: In the event that you remain dissatisfied and wish to make a complaint you can do so to the Complaints team at:

Seven Corners, Inc.
303 Congressional Boulevard
Carmel, Indiana 46032
USA
complaints@sevendcorners.com

Data Protection: Please note that sensitive health and other information that you provide may be used by us, our representatives, the insurers and industry governing bodies and regulators to process your insurance, handle claims and prevent fraud. This may involve transferring information to other countries (some of which may have limited, or no data protection laws). We have taken steps to ensure your information is held securely. Where sensitive personal information relates to anyone other than you, you must obtain the explicit consent of the person to whom the information relates both to the disclosure of such information to us and its use as set out above. Information we hold will not be shared with third parties for marketing purposes. You have the right to access your personal records.

By purchasing this insurance provided by Crum & Forster SPC, under the jurisdiction of the Cayman Islands, you become a member of the Fairmont Specialty Trust.