

J Visa Compliance
Travel Medical Insurance

COVERAGE FOR J-2 VISA HOLDERS AND THEIR DEPENDENTS

Covers trips to the United States

SEVEN CORNERS
TRAVEL INSURANCE

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Words shown with Capitalization have a particular defined meaning in Section 8. You should refer to the Definitions to obtain the full meaning of such terms.

Also, where the context requires:

a. *words in the singular will include the plural and vice versa;*
b. *words expressed in one gender shall include all genders;*
c. *references to 'a person' shall include any individual, company, partnership, or any other legal entity; and*
d. *references to a statute, regulation or trade terms of contract will be construed to include all its amendments or replacements.*

POLICYHOLDER:	**Fairmont Specialty Trust**
POLICYHOLDER ADDRESS:	ITA Global Trust, Ltd. Suite 4210, 2nd Floor Canella Court 48 Market St. Camana Bay P.O. Box 32203 Grand Cayman KY1-1208 Cayman Islands
PARTICIPATING ENTITY:	**J Visa Compliance Medical Insurance**
POLICY NUMBER:	**FSG22-220927-01TM**
POLICY EFFECTIVE DATE:	**04/14/2026**
POLICY EXPIRATION DATE:	**04/13/2027**

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 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.
Medical Provider Network	See Section 1.7 for Network Procedures. To locate a network provider, visit sevencorners.com/help/find-a-doctor.
Pre-Certification Requirements	Pre-certification applies while inside the United States. See Section 1.8 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)
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
Policy 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.

PRE-EXISTING CONDITIONS

This insurance policy excludes medical coverage for Pre-Existing Conditions. This policy defines a Pre-Existing Condition.

Section 1. Certificate Provisions

1.1 AGREEMENT. The Company insures all persons whose Application has been accepted by Us on behalf of the Company and whose name is identified on the ID card subject to the exclusions, limitations, and provisions 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 Us.

1.2 ELIGIBILITY. You are eligible for coverage on this Plan if You meet the following criteria:

a. You are an Insured Person;
   i. You are at least fourteen (14) days old and under the age of sixty (60) years on Your Effective Date;
   ii. You hold a valid and active J-2 Visa;
   iii. You have applied for coverage and are named on the Plan;
   iv. The Company has accepted premium for You;

b. You are traveling outside Your Home Country.
   i. Your Home Country is where You have Your Primary Residence as provided in Your Application;

c. Your Destination Country is the United States;

d. You do not hold a United States green card; and

e. You are traveling with a Family Member who holds a valid and active J-1 Visa and is engaged in Full-Time Educational or Research Activities in the United States.

If You are an eligible Insured Person, You may also purchase coverage for Your Child(ren). It is Your responsibility to maintain all records regarding eligibility including, but not limited to, enrollment in Full-Time Educational Activities, travel history and age, and to provide any documents to Us as necessary to verify eligibility requirements.

1.3 PERIOD OF COVERAGE. Period of Coverage and Maximum Period of Coverage are defined in Section 8. The minimum Period of Coverage under this 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. The date Your coverage begins under the terms of the Certificate, which is the latest of the following:

a. 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;

b. The moment You depart Your Home Country; or

c. 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 Insured Person will begin from the moment of birth. You must give Us notice within thirty (30) days of the birth of the Child and pay appropriate premium 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.

Adopted Child(ren): Coverage for an adopted Child of an Insured Person will begin from the date of placement in the Insured 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 Us within thirty (30) days of the placement and pay appropriate premium 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.

1.5 EXPIRATION DATE. The date Your coverage ends under the terms of the Certificate, which is the earliest of the following:

a. The moment You return to Your Home Country;

b. 11:59 p.m. United States Eastern Time on the date of attainment of the Maximum Period of Coverage;

c. 11:59 p.m. United States Eastern Time on the date shown on Your ID card;

d. 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

e. 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. 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 will be extended to the new Expiration Date. The original Effective Date will continue to be used to determine whether maximum coverage amounts 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.

1.7 NETWORK PROCEDURES. Subject to the benefits outlined in Section 3, 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 Service Provider will bill Us directly.***

Outside the United States, We maintain 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 Service Provider will bill Us directly.***

1.8 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, We 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.

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 the Deductible and/or Copay and Coinsurance. 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 in the Schedule of Benefits. Additionally, Usual, Reasonable and Customary (URC) is defined in Section 8.

BENEFIT OR SERVICE	
Benefit Period	180 days
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
MEDICAL	
Medical Maximum *Per Insured Person, per Occurrence*	$100,000
Deductible Options (You pay) *Per Insured Person, per Occurrence*	$100, $250, $500
Coinsurance (the Plan pays) *Per Insured Person, per Period of Coverage*	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

MEDICAL	
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 Us within the first 90 days of Pregnancy will result in a 25% reduction in Covered Expenses.
Routine Newborn Care	$500 per Newborn Child
DENTAL	
Dental – Sudden Relief of Pain	$200 per Period of Coverage
Dental – Accident	$500
EMERGENCY SERVICES AND ASSISTANCE	
Emergency Medical Evacuation and Repatriation	$50,000 (separate from Medical Maximum)
Emergency Medical Reunion	$200 per day, 10-day limit $10,000 maximum
Return of Child(ren)	$5,000
Return of Mortal Remains	$25,000
Local Burial or Cremation	$5,000
OTHER COVERAGES AND SERVICES	
24/7 Travel Assistance Services	Included

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 in the Schedule of Benefits.

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

Copay: The Copays are in the Schedule of Benefits. They are separate from and do 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 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, sutures, casts, splints, drugs, and medicines that can only be administered by a Physician or Surgeon or obtained through a written prescription;

f. Medically Necessary rental of a non-motorized wheelchair, crutches, or a basic hospital bed up to the purchase price;

g. Physiotherapy and Chiropractic Care if recommended by a Physician for the Treatment of a specific Occurrence and administered by a physical therapist;

h. 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;

i. Artificial limbs, eyes, larynx, and orthotic appliances other than for replacement of such items;

j. Home Health Care in bed if recommended by the attending Physician, provided by a Home Health Care agency upon direct transfer from an acute care Hospital and only in lieu of Medically Necessary Inpatient hospitalization; and

k. 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. If initial Treatment does not occur within thirty (30) days, and the delay in Treatment increases the severity of the Injury or Illness, the Company will only be responsible for Expenses it would have incurred had You sought Treatment immediately.

The Deductible, Copay, and Coinsurance in Section 3.1 apply to this coverage and will be Your responsibility. The exclusions in Section 7 apply to the coverage provided under this section.

3.3 LOCAL AMBULANCE. The Company will reimburse You up to the amount in the Schedule of Benefits for the Period of Coverage for local ambulance service from within the metropolitan area to the nearest Hospital having facilities required for Medically Necessary Treatment. Licensed air ambulance transportation may be substituted for a ground ambulance if You are in a rural area and unreachable by ground ambulance. This benefit does not cover search and rescue operations or evacuation from remote areas with inherent heightened risk. Only Expenses which are deemed Medically Necessary and cost appropriate will be considered.

The Deductible and Coinsurance in Section 3.1 apply to this coverage and will be Your responsibility. The exclusions in Section 7 apply to the coverage provided under this section.

3.4 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 in the Schedule of Benefits, for Medically Necessary Treatment incurred by an Insured 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).

Reproductive Exclusion 7(pp) is waived for this benefit. All other exclusions in Section 7 apply to the coverage provided under this section.

The Insured 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 Insured 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 Insured 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 Insured 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.)

3.5 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 in the Schedule of Benefits, for Routine Newborn Care provided to Your Newborn Child resultant of a Covered Pregnancy.

The exclusions in Section 7 apply to the coverage provided under this section.

Section 4. Dental

4.1 DENTAL EMERGENCY – SUDDEN RELIEF OF PAIN. The Company will reimburse You up to the amount in the Schedule of Benefits for Covered Expenses for emergency Treatment for the relief of pain to teeth and surrounding areas. Treatment must occur within seventy-two (72) hours of onset of pain. Coverage begins thirty (30) days after the Effective Date.

The Deductible and Coinsurance in Section 3.1 apply to this coverage and will be Your responsibility. The exclusions in Section 7 apply to the coverage provided 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 in the Schedule of Benefits for Covered Expenses for emergency Treatment to repair or replace teeth damaged as the result of an Accidental Injury caused by external contact with a foreign object. Coverage does not apply to Your Injury from eating or biting into a foreign object.

The Deductible and Coinsurance in Section 3.1 apply to this coverage and will be Your responsibility. The exclusions in Section 7 apply to the coverage provided under this section.

Section 5. Emergency Services and Assistance

We will make good faith efforts to provide the services and assistance in this Section 5. However, if We are unable to do so due to circumstances beyond Our control or due to circumstances that make it unsafe for persons to provide such services and assistance, then We will provide the services and assistance to the extent reasonable and possible. If We are 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 Us 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 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:

a. Emergency Medical Evacuation; and/or

b. Emergency Medical Repatriation.

All transportation arrangements must be by the most direct and economical route.

The Emergency Medical Evacuation and/or Emergency Medical Repatriation must be arranged by Seven Corners Assist in consultation with Your local attending Physician. In the event You do not contact Seven Corners Assist, this benefit will be limited to the amount the Company would have paid if Seven Corners Assist was utilized. Only Expenses which are Medically Necessary and cost appropriate will be considered.

Pre-Existing Conditions Exclusion 7(ii) is waived for this benefit. All other exclusions in Section 7 apply to the coverage provided 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 in the Schedule of Benefits for:

a. 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

b. Reasonable travel and accommodation Expenses.

The period of Emergency Medical Reunion cannot exceed ten (10) days, including travel days.

The Emergency Medical Reunion must be arranged by Seven Corners Assist. In the event You do not contact Seven Corners Assist, this benefit will be limited to the amount the Company would have paid if Seven Corners Assist was utilized. Only Expenses which are Medically Necessary and cost appropriate will be considered.

Pre-Existing Conditions Exclusion 7(ii) is waived for this benefit. All other exclusions in Section 7 apply to the coverage provided 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 in the Schedule of Benefits for:

a. One-way economy class airfare(s) for the Child(ren) to his or her Home Country; and

b. 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.

The Return of Child(ren) must be arranged by Seven Corners Assist. In the event You do not contact Seven Corners Assist, this benefit will be limited to the amount the Company would have paid if Seven Corners Assist was utilized. Only Expenses which are Medically Necessary and cost appropriate will be considered.

Pre-Existing Conditions Exclusion 7(ii) is waived for this benefit. All other exclusions in Section 7 apply to the coverage provided 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 in the Schedule of Benefits for the additional Expenses incurred if You die during Your Period of Coverage from an Injury or Illness which is not excluded, while outside Your Home Country.

You are covered for:

a. Return of intact remains, including expenses incurred for Your transfer to and from a funeral home, embalming, a minimally necessary container appropriate for transportation, shipping costs, death certificate, and the necessary government authorizations to return Your remains to a location inside Your Home Country designated by Your representative.

This benefit does not cover funeral costs, including but not limited to, religious practitioners, visiting hours or services, flowers, music, food and beverages, or the cost of a coffin, urn, burial plot, or grave marker above that which is minimally necessary.

Pre-Existing Conditions Exclusion 7(ii) is waived for this benefit. All other exclusions in Section 7 apply to the coverage provided 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 in the Schedule of Benefits for the additional Expenses incurred if You die during Your Period of Coverage from an Injury or Illness which is not excluded, while outside Your Home Country.

You are covered for:

a. Return of cremated remains, including expenses incurred for Your transfer to and from a funeral home, cremation in the Destination Country, a minimally necessary container appropriate for transportation, shipping costs, death certificate, and the necessary authorizations to return Your remains to a location inside Your Home Country designated by Your representative; or

b. Your local in-ground burial of intact or cremated remains, including expenses for Your transfer to and from a funeral home, embalming or cremation but not both, a minimally necessary container appropriate for burial, up to $1,000 for a burial plot, a minimally necessary flat grave marker, death certificate, and the necessary government authorizations for burial in Your Destination Country.

This benefit does not cover funeral costs, including but not limited to, religious practitioners, visiting hours or services, flowers, music, food and beverages, or the cost of a coffin, urn, burial plot, or grave marker above that which is minimally necessary.

Pre-Existing Conditions Exclusion 7(ii) is waived for this benefit. All other exclusions in Section 7 apply to the coverage provided under this section.

Section 6. Other Coverages 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 under Sections 3.2 through 3.6, 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. **Against Medical Advice Exclusion:** You are not covered for Expenses incurred after you go against medical advice of a Physician, which shall begin the earlier of the following:

   i. The date You are discharged from a Hospital against medical advice; or

   ii. The date You stop Treatment or medication against medical advice.

b. **Aircraft Pilot or Crew Exclusion:** You are not covered for 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.

c. **Airworthy Exclusion:** You are not covered for Injury sustained while You are riding as a passenger in any aircraft which:

   i. Does not have a current and valid Airworthy Certificate; or

   ii. Not piloted by a person who holds a valid and current certificate of competency for piloting such aircraft.

d. **Athletics Exclusion:** You are not covered for Athletics.

e. **Cancer Exclusion:** You are not covered for any form of cancer or neoplasm.

f. **Competition Exclusion:** You are not covered for Injury while participating in contests of speed or riding or driving in any type of competition.

g. **Congenital Exclusion:** You are not covered for Congenital abnormalities and conditions arising out of or resulting therefrom.

h. **Contributory Negligence Exclusion:** You are not covered for Injury if the proximate cause of the Injury is due to Your failure to take reasonable care with Your own safety, including but not limited to following applicable laws, safety regulations, and/or signed waivers.

i. **Cosmetic Exclusion:** You are not covered for cosmetic or plastic Surgery including deviated nasal septum or breast reduction, or modifications of Your physical body intended to improve Your psychological, mental, or emotional well-being including, but not limited to, gender reassignment Surgery and related Treatment.

j. **Dental Exclusion:** You are not covered for:

   i. Cleaning or wellness exams;

   ii. Repair of normal wear and tear to teeth, which includes without limitation fillings, crowns, and root canals, except as covered under Section 4.1;

   iii. Tooth extraction, implant, or x-rays unless related to a traumatic dental Injury;

   iv. New or replacement orthodontia or retainers; or

   v. New or replacement bridges, dentures, false teeth, or other dental appliances.

k. **Durable Medical Equipment Exclusion:** You are not covered for Durable Medical Equipment.

l. **Exercise Exclusion:** You are not covered for exercise programs whether prescribed or recommended by a Physician or therapist.

m. **Extreme Activities Exclusion:** You are not covered for Extreme Activities.

n. **Financial Risk Exclusion:** You are not covered for financial guarantee, financial default, bankruptcy, or insolvency risks.

o. **Foot-Related Exclusion:** You are not covered for:

   i. Treatment of weak, strained, flat, unstable, or unbalanced feet;

   ii. Metatarsalgia, bone spurs, hammer toes, or bunions;

   iii. Treatment of corns, calluses, or toenails; or

   iv. Orthopedic shoes or devices, whether or not prescribed by a Physician, unless related to a covered Injury.

p. **Genetic Medicine Exclusion:** You are not covered for Genetic Medicine.

q. **Hair-Related Exclusion:** You are not covered for:

   i. Hair loss, including alopecia;

   ii. Any medicine, transplant, or Treatment which intends to promote hair growth; or

   iii. Wigs, toupees, or other products or devices intended to conceal hair loss.

r. **Hearing Exclusion:** You are not covered for:

   i. Routine ear or hearing tests; or

   ii. New or replacement hearing aids or implants or the examination or fitting related to these devices.

s. **HIV/AIDS Exclusion:** You are not covered for Acquired Immune Deficiency Syndrome (AIDS), AIDS-Related Complex (ARC), or the Human Immunodeficiency Virus (HIV), or any Illness resulting therefrom.

t. **Home Country Exclusion:** You are not covered while in Your Home Country.

u. **Homeopathic Exclusion:** You are not covered for Treatment which includes acupuncture, biofeedback, dry needling, massage, or Reiki.

v. **Hospice Exclusion:** You are not covered for hospice care, whether Inpatient or Outpatient.

w. **Illegal Activity Exclusion:** You are not covered for Injury or Illness resulting from the commission of a criminal offense or any other criminal or illegal activity as defined by the local governing body.

x. **Long-Term Disability Exclusion:** You are not covered for long-term disability.

y. **Loss of Life Exclusion:** You are not covered for loss of life.

z. **Medical Supervision Exclusion:** You are not covered for 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.

aa. **Medical Tourism Exclusion:** You are not covered for conditions for which travel was undertaken to seek Treatment.

bb. **Mental Illness Exclusion:** You are not covered for Mental Illness or Rest Cures.

cc. **Military Exclusion:** You are not covered while engaging in military activities in service of any country, including while using or discharging a weapon, while responding to local civil unrest, at any time while You are stationed in a country or territory with an armed conflict, or while actively training for the aforementioned, or while on active duty as a member of a police force or unit.

dd. **Missed Appointment Exclusion:** You are not covered for Expenses incurred due to Your failure to keep a scheduled appointment.

ee. **No Cost Exclusion:** You are not covered for Treatment paid for or furnished under any other individual, government, or group policy or Expenses incurred at no cost to You.

ff. **Occupational Risk Exclusion:** You are not covered for Occupational Risk. This exclusion only applies during instances of Occupational Risk and shall not change or nullify coverage during instances where no Occupational Risk exists.

gg. **Pandemic Exclusion:** You are not covered for any Illness incurred in the Destination Country or Home Country as a result of an Epidemic, Pandemic, public health emergency, or other disease outbreak that may affect Your health, except for charges resulting from COVID-19/SARS-CoV-2.

hh. **Period of Coverage Exclusion:** You are not covered for Expenses for any Treatment or supplies which are incurred or obtained outside Your Period of Coverage.

ii. **Pre-Existing Conditions Exclusion:** You are not covered for Pre-Existing Condition(s). This exclusion is waived for Sections 5.1 through 5.5.

jj. **Prosthesis Exclusion:** You are not covered for replacement of artificial limbs, eyes, larynx, and orthotic appliances.

kk. **Proximity Exclusion:** You are not covered for services, supplies, medications, testing, or Treatment prescribed, performed, or provided by a Relative, Family Member, or a person whom You directly supervise at Your place of employment.

ll. **Psychological Assessment Exclusion:** You are not covered for testing which attempts to measure aptitude, competency, intelligence, personality, or stress management.

mm. **Quarantine Exclusion:** You are not covered for Expenses associated with Quarantine, isolation, or other confinement outside of a Hospital setting; including without limitation: lodging, meals, or other incidentals.

nn. **Radiation Exclusion:** You are not covered for exposure to non-medical nuclear radiation or radioactive materials.

oo. **Reckless Endangerment Exclusion:** You are not covered for Injury if You unreasonably fail or refuse to depart a country or location following the date a warning to leave is issued and such failure causes or contributes to Your Injury. Applicable warnings include those issued by the United States government, the appropriate authorities of either Your Destination Country or Your Home Country, or by a global governing body.

pp. **Reproductive Exclusion:** You are not covered for Pregnancy, 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, circumcision, or sterilization or reversal thereof. This exclusion is waived for Section 3.4.

qq. **Restricted Travel Exclusion:** You are not covered for travel after Your Physician has limited or restricted travel.

rr. **Routine Exclusion:** You are not covered for routine and preventative care, vaccinations, sports or school-required physicals, the issue of medical certificates or attestations, examinations for the purposes of employment or travel, or other examinations or tests conducted when there are no objective indications or impairments in normal health.

ss. **Self-Harm Exclusion:** You are not covered for suicide, attempted suicide, self-destruction, or any attempt thereof, or any intentionally self-inflicted Injury or Illness.

tt. **Sexually Transmitted Infection (STI) Exclusion:** You are not covered for sexually transmitted infections, sexually transmitted diseases, venereal diseases, and conditions and any consequences thereof.

uu. **Skin Exclusion:** You are not covered for acne, hypertrophic scars, moles/nevus, pigmentation disorder, pityriasis alba, Psoriasis, seborrhea or dandruff, skin atrophy, skin tags, xerosis cutis, vitiligo or any cosmetic procedures that are not Medically Necessary.

vv. **Sleep Disorder Exclusion:** You are not covered for sleep apnea or other sleep disorders.

ww. **Specialty Aircraft Exclusion:** You are not covered for Injury while 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, professional aerial photography, banner towing, or any experimental purpose.

xx. **Specialty Care Exclusion:** You are not covered for Custodial Care, Educational or Rehabilitative Care, or any Treatment in any establishment for the care of the aged.

yy. **Substance Exclusion:** You are not covered for:

    i. Substance Abuse; or

    ii. Your Injury while impaired by a Substance. One or more of the following circumstances shall be considered proof of impairment:

        1. Your own admission to Us, in writing or through verbal communication;

        2. Your admission to a Physician or other medical professional, as documented in the medical records We receive;

        3. A police report which cites Your Blood Alcohol Content (BAC) as above the legal limit at Your location at the time of the Injury; or

        4. The statement or report of a witness, including without limitation a police officer, an attending emergency medical technician (EMT), or a third-party present at the time of the Injury.

zz. **Temporomandibular Joint (TMJ) Exclusion:** You are not covered for Treatment of the Temporomandibular joint.

aaa. **Terrorist Activity and War Exclusion:** You are not covered for Terrorist Activity or War, Hostilities, and War-like Operations.

bbb. **Therapy Exclusion:** You are not covered for art, music, occupational, recreational, sleep, speech, or vocational therapy.

ccc. **Timely Filing Exclusion:** You are not covered for claims which are not received by the Company or Us within fifteen (15) months of the date of service.

ddd. **Transplant Exclusion:** You are not covered for human organ transplants, marrow procedures, or tissue transplants.

eee. **Travel Accommodations Exclusion:** You are not covered for travel accommodations.

fff. **Usual, Reasonable, and Customary Exclusion:** You are not covered for Treatment which:

    i. Exceeds Usual, Reasonable, and Customary Expenses;

    ii. Is Experimental/Investigational, or for research purposes; or

    iii. Is received in a Hospital emergency room visit that is not a Medical Emergency.

ggg. **Vision Exclusion:** You are not covered for:

i. Eye examinations without an underlying Illness or Injury, including examinations for prescribing corrective lenses or eyeglasses;

ii. The cost of new or replacement corrective lenses or eyeglasses;

iii. Orthoptics, visual therapy, or visual eye training; or

iv. Eye Surgery when the primary purpose is to correct nearsightedness, farsightedness, or astigmatism.

hhh. **Weight Reduction Exclusion:** You are not covered for 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.

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.

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, practices, training camps, or any related activity engaged in by athletes which meets one or more of the following criteria:

a. It is sanctioned or sponsored by the International Olympic Committee, the National Collegiate Athletic Association, or a similar organization;

b. It is performed for a wage, profit, reward, or potential prize;

c. There is a fee associated with participation;

d. There are regular or scheduled practices, games, or competitions; or

e. It is organized or sanctioned by a school or club at any level.

Traditional foot races up to 10K, recreational activities, pick-up games, and activities undertaken for individual fitness are not Athletics.

Benefit Period: The amount of time You have 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.

Chiropractic Care: Treatment which is prescribed by a Physician and performed by a licensed chiropractor for the relief of pain.

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 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.

Complications of Pregnancy: Conditions whose diagnoses are distinct from Pregnancy but are adversely affected by Pregnancy or are caused by Pregnancy.

These conditions include but are not limited to: acute nephritis, cardiac decompensation, eclampsia, ectopic Pregnancy which is terminated, gestational diabetes, gestational hypertension, hyperemesis gravidarum, missed abortion, nephrosis, non-elective cesarean section, preeclampsia, and spontaneous termination of Pregnancy which occurs during a period of gestation in which a viable birth is not possible.

These conditions do not include: elective abortion, false labor, morning sickness, occasional spotting, Physician-prescribed rest during the period of Pregnancy except due to conditions noted above, and similar conditions associated with the management of a difficult Pregnancy, not constituting a categorically distinct complication of Pregnancy.

Congenital: Physical abnormality or condition that is present at birth. For the purposes of this Certificate, allergies, asthma, and diabetes shall not be Congenital.

Copay: The fixed amount of Covered Expenses for specific services or supplies 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:

a. For Medically Necessary services, supplies, care, or Treatment;
b. Due to Injury or Illness;
c. Prescribed, performed, or ordered by a Physician;
d. Usual, Reasonable, and Customary Expenses;
e. Incurred during the Period of Coverage; and
f. Which do not exceed the applicable amount in the Schedule of Benefits.

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

Custodial Care: The 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 Us for and on behalf of the Company to You contemporaneously with the Certificate evidencing Your insurance.

Deductible: The amount of Covered Expenses 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.

Destination Country: The country(ies) or geographical location(s) You are traveling to, which may not include Your Home Country.

Durable Medical Equipment: Medical equipment used to improve the quality of living associated with a permanent medical condition. Durable Medical Equipment includes but is not limited to: Glucometers or other diabetic supplies, purchase or long-term rental of wheelchairs, scooters, or hospital beds, oxygen tanks, nebulizers, appliances that alter the temperature, humidity, or purity of the air, exercise equipment, elevators, lifts, whirlpools, saunas, handrails, bathroom inserts or fixtures, 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: The date Your coverage begins under the terms of the Certificate, which is the latest of the following:

a. 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;

b. The moment You depart Your Home Country; or

c. 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 Insured Person will begin from the moment of birth. You must give Us 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.

Adopted Child(ren): Coverage for an adopted Child of an Insured Person will begin from the date of placement in the Insured 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 Us 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.

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.

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.

Epidemic: An outbreak of a contagious disease that spreads rapidly and widely and that is or has been identified as an Epidemic by The United States Centers for Disease Control and Prevention (CDC) or World Health Organization (WHO).

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

Experimental/Investigational: All services or supplies associated with:

a. Diagnostics or Treatments that are not widely accepted in the practice of medicine in the United States or that do not have evidence of effectiveness documented in peer reviewed articles in medical journals published in the United States; or

b. Medication or medical devices that do not have United States Food and Drug Administration (FDA) marketing approval.

The Company will make the final determination as to whether a service or supply is Experimental/Investigational.

Expiration Date: The date Your coverage ends under the terms of the Certificate, which is the earliest of the following:

a. The moment You return to Your Home Country;

b. 11:59 p.m. United States Eastern Time on the date of attainment of the Maximum Period of Coverage;

c. 11:59 p.m. United States Eastern Time on the date shown on Your ID card;

d. 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

e. 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.

Extreme Activities: Any activity undertaken:

a. Which exposes You to an abnormal or extreme risk for Injury;

b. Is undertaken against the advice, direction, or recommendation of any local authority, qualified instructor, or recognized governing body; or

c. In disregard of the recommendations, Treatment programs, or medical advice of a Physician or other health care provider.

This includes, but is not limited to: 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; free diving; 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; Micromobility Vehicle(s); mountain biking; Mountaineering; Offshore Boating; Parachuting; paragliding; parasailing; parascending; polo; racing by any animal, motor vehicle, motorcycle, or conveyance of any kind; rappelling; rock climbing; rodeo activity; running in a foot race above 10K in length; scuba diving; ski jumping; Sky Diving; snow skiing and snowboarding except for recreational downhill and/or cross country snow skiing or snowboarding on prepared and marked inbound territories; snowmobiling; spelunking; surfing; wakeboard riding; water skiing; whitewater rafting; wildlife safaris or game drives; windsurfing; zip lining; any attempt to make or set sporting records; and any practice or training in preparation for any excluded activity.

Family Member: Your Spouse, parent, stepparent, legal guardian, natural or adopted child(ren), brother, sister, stepsibling, grandparent, grandchild(ren), or in-laws and includes an individual who lives in Your household.

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 Our 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.

Genetic Medicine: The study of the etiology, pathogenesis, and natural history of diseases and disorders that are fully or partially genetic in origin and the application of genetics to medicine or to medical practice, including the prevention, screening, diagnosis, surveillance, and Treatment of these diseases.

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.

Home Health Care: Medically Necessary health care provided in the patient's home by health care professionals at the direction of a licensed Physician. Services or supplies:

a. Must be required as the result of a medical condition that is eligible under the Certificate;

b. Must be those You are physically unable to obtain on an Outpatient basis;

c. Must be in lieu of hospitalization or confinement in an Extended Care Facility;

d. Must be monitored by a licensed Physician who is required to provide updates to Us;

e. Must be provided primarily for therapeutic value and not to assist in activities of daily living or Custodial Care;

f. May include part-time or intermittent nursing care provided under the supervision of a Registered Nurse;

g. May include physical therapy, laboratory services, administering medication, and/or a home health aide;

h. May not be provided by a Family Member or Relative; and

i. May not include Expenses for food, housing, homemaker services, home delivered meals, or Durable Medical Equipment.

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.

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.

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: Your confinement in a Hospital and charged for room and board.

Insurance: Coverage under the Certificate.

Insured Person(s):

a. You are at least fourteen (14) days old and under the age of sixty (60) years on Your Effective Date;

b. You hold a valid and active J-2 Visa;

c. You have applied for coverage and are named on the Plan; and

d. The Company has accepted premium for You.

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 this Plan, one thousand ninety-two (1,092) days in total from the original Effective Date.

Medical Emergency: Occurrence of an Illness, Injury, or Mental Illness, 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:

a. Placing the health of the person afflicted with such condition in serious jeopardy or, in the case of a Mental Illness, placing the health of such person or others in serious jeopardy;

b. Serious impairment to such person's bodily functions;

c. Serious dysfunction of any bodily organ or part of such person; or

d. Serious disfigurement of such person.

Additionally, a Medical Emergency will include visits where the only option for necessary immediate care is a Hospital emergency room.

Medical Maximum: The total maximum of Covered Expenses payable in 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:

a. Appropriate and necessary for the symptoms, diagnosis, or direct care and Treatment of Your medical conditions;

b. Within the standards the organized medical community deems good medical practice for Your condition;

c. Not primarily for the convenience of You, Your Physician, or another Service Provider or person;

d. Not Experimental/Investigational; and

e. 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 a 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: Any mental, behavioral, or emotional Illness which results in significant changes in thinking, emotion, or behavior. Mental Illness includes but is not limited to: Attention Deficit Disorder (ADD) or Attention Deficit Hyperactivity Disorder (ADHD); antenatal and postnatal mental health; anxiety; bipolar disorder; dementia; depression; dissociative disorders; eating disorders; HIV-associated neurocognitive disorder (HAND); mood disorders; panic disorders; paranoia; personality disorders; post-traumatic stress disorder; psychosis; schizophrenia or social phobias. Mental Illness does not include autism spectrum disorder (ASD), Cerebral Palsy, Down Syndrome, or Substance Abuse.

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

Micromobility Vehicle(s): A mode of transportation using lightweight electric vehicles that are borrowed or rented for short-term use, exclusive to the following list: electric bicycle, electric standing scooter, electric seated scooter other than a mobility aid, electric self-balancing or hover board, electric skateboard, electric segway, or powered skates.

Mountaineering: Sport, hobby, or profession of Trekking or climbing mountains:

a. Utilizing harnesses, ropes, crampons, or ice axes;

b. Bouldering; or

c. Ascending 4,500 meters or above.

Indoor rock climbing and bouldering, hiking, and walking are not considered Mountaineering.

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

Occupational Risk: Injury or Illness resulting from Your exposure to increased risk in the course of any employment for wage or profit, including, but not limited to:

a. Asbestos exposure and the complications thereof, including asbestosis and mesothelioma;

b. Injury in any location not open to the public or with increased safety procedures, including without limitation construction sites, mines, or other locations where explosives or heavy machinery are used; or

c. Inherent risks associated with Your type of employment, including without limitation aerial stunts, wrestling, the execution of pyrotechnics, stunt maneuvers, or face-to-face contact with wild animals without barriers.

If the general public has exposure to the same risk without employment, the risk shall not be considered an Occupational Risk.

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 twenty-five (25) miles from land, regardless of the type of boat. The Insured Person will likely not be able to see land for most of their Trip. An excursion that starts from land and reaches more than twenty-five (25) miles offshore will be considered Offshore Boating for the duration of the excursion, not just while the boat is more than twenty-five (25) miles offshore. Offshore Boating may be determined based on the vessel's classification for use. This definition does not apply to commercial cruise ships.

Outpatient: Your medical care received at a Hospital or other Service Provider for Treatment of an Injury or Illness, but not as an Inpatient.

Pandemic: An outbreak of a contagious disease that has spread globally and that is or has been identified as a Pandemic by The United States Centers for Disease Control and Prevention (CDC) or World Health Organization (WHO).

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

Participating Entity: 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 and ending on the Expiration Date.

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 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 Plan as 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 Injury or Illness, including Mental Illness, which meets one or more of the following criteria within the last twelve (12) months prior to Your original Effective Date:

a. You were diagnosed;

b. You received Treatment;

c. Treatment was recommended to You;

d. There is reasonable medical certainty that the Injury or Illness existed, whether or not previously manifested, symptomatic, known, diagnosed, treated, or disclosed.

This includes any chronic, subsequent, consequences related thereto or resulting therefrom, or recurring complications of an Injury or Illness which meets the above criteria.

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.

Quarantine or **Quarantined:** Your strict isolation imposed by a government authority or Physician to prevent the spread of disease. An embargo preventing You from entering a country is not a Quarantine.

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, natural or adopted 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 for Mental Illness, consisting of complete rest and often with special diet, massage, etc., especially at a spa or sanitorium.

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 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.

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

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(s): A mood, behavior, or mind-altering substance, including but not limited to:

a. Alcoholic beverages of any kind;

b. Illegal drugs or controlled substances as defined by federal, state, or local law;

c. Prescription medications when used without a valid prescription from a treating Physician or not in accordance with prescribed directions;

d. Cannabis, marijuana, THC, hemp-derived products and any related compounds, regardless of legal status, unless prescribed by a Physician;

e. Synthetic, semi-synthetic or chemically modified cannabinoids, including but not limited to Delta-8 THC, Delta-9 THC, Delta-10 THC, HHC, THCP, and similar substances;

f. Kratom (Mitragyna speciosa) and any derivatives, extracts, or compounds thereof;

g. Designer drugs, analogs, substitutes, or newly developed substances intended to mimic the effects of controlled substances; and

h. Any substance, whether legal or illegal, that is used or intended to be used for the purpose of intoxication, stimulation, sedation, hallucination, or impairment of physical or mental faculties.

Substance Abuse: The psychological and/or physical dependence on a Substance that results in addiction, dependency, or diminished physical health and/or mental well-being.

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 health-related services and information, Treatment of Injury or Illness, or 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.

Trekking: Sport, hobby, or profession of traveling by foot through rough terrain to or from a specific location, frequently undertaken over the course of several days and requiring more preparation than hiking.

Trip: A period of scheduled travel outside of Your Home Country, for which coverage for travel arrangements is requested and the premium is paid.

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 an Injury or Illness which requires prompt attention but is typically not of such seriousness as to require the services of a Hospital emergency room. The nature of this care would also not allow for a scheduled Outpatient office visit.

Usual, Reasonable, and Customary (URC): The 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:

a. Reimbursement agreements between the Service Provider and the Company, in which case, Usual, Reasonable, and Customary shall constitute payment in full under the agreement;

b. 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;

c. Any usual medical circumstances requiring additional time, skill, or experience; and

d. Other factors the Company determines are relevant including, but not limited to, a resource-based relative value scale.

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:

a. "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);

b. "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);

c. "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).

We, Us or **Our:** Seven Corners, Inc.

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 a 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 We have 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 body 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 Us 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. We hope You are satisfied with the coverage provided under this Plan. However, if this insurance does not meet Your requirements, please notify Us in writing prior to the Effective Date to obtain a full refund. If a written request is received after the Effective Date, the unused portion of the Plan cost may be refunded minus a cancellation fee of $25.00, provided no claim has been submitted to Us for reimbursement. If We receive a claim for Your Certificate, Your premium is considered fully earned and cannot be refunded, regardless of whether Your claim is paid or denied. Upon refund, neither the Company nor You shall have any further rights, liabilities, or obligations under this Certificate.

10.6 OTHER INSURANCE. All coverages 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 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 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 affect 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 Us 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. Any enquiry or complaint relating to this insurance should be referred to Seven Corners, Inc. in the first instance.

Claims Quality Manager
303 Congressional Boulevard
Carmel, Indiana 46032
USA
complaints@sevencorners.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 Us to enforce Your obligation hereunder is not a waiver. No statement made by an agent, employee, or representative of the Company or Us will be deemed or construed as a modification, waiver, actionable representation, promise, or an estoppel or will create any liability against the Company or Us.

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 Us 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 we shall have liability whatsoever for an insured person's failure to obtain PPACA-compliant coverage.

10.17 SURPLUS LINES. 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 sevencorners.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 sevencorners.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@sevencorners.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, you become a member of the ITA Global Trust, Ltd.