

**WorldMark Travel Secure (SM) Protection Plan
Schedule of Benefits
Underwritten by International Insurance Company of Hannover**

Section I: Emergency Medical Evacuation and Repatriation	COVERED / NOT COVERED	Applies any time an Insured Person is more than 100 miles from their Permanent Primary Residence.
Benefit		Sum Insured (USD)
Evacuation Costs	Covered	\$500,000 aggregate per plan, per annum
Repatriation of Remains or Burial Hibernation Costs	Covered	\$500,000 aggregate per plan, per annum
Visit By Family Member or Friend:	Covered	Up to \$2,500 per plan
Section II: Travel Accident Protection		Applies only when an Insured Person is on a Trip that is booked by WorldMark or its affiliates.
Trip Delay	Covered	Up to \$200/day;\$600 annual aggregate per plan
Emergency Medical Expenses	Covered	Up to \$5,000 annual aggregate per plan
Loss of Luggage/Personal Effects	Covered	Up to \$1,000 annual aggregate per plan
Luggage Delay	Covered	Up to \$100 annual aggregate per plan
Accidental Death & Dismemberment Common Carrier (Air Only)	Covered	Up to \$10,000 annual aggregate per plan

Signed on behalf of International Insurance Company of Hannover SE UK Branch	
Date:	

Endorsements and Additional Conditions	None
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TERMS AND CONDITIONS

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The Contract of Insurance

This is Your Medical Expenses, Evacuation and Repatriation Insurance Policy, which with the application form and/or declaration made by Insured Person and The Policy Schedule should be read together and forms the contract of Insurance between Insured Person and Us, International Insurance Company of Hannover SE, UK Branch but it is only valid if the Insured Person has paid the premium.

Insured Person premium has been based upon the information shown in The Policy Schedule and recorded in the written application Insured Person have signed and/or declaration Insured Person have made. Please read them carefully to make sure that they meet Insured Person requirements and that the details on The Policy Schedule are correct. If after reading Insured Person Policy and The Policy Schedule Insured Person have any questions, please contact Insured Person insurance adviser.

In return for Insured Person having paid the premium for the Period of Insurance, We will indemnify Insured Person by payment in respect of the Evacuation or Repatriation of the Insured Persons to the extent of and subject to the terms contained in or endorsed on the Policy.



Nick Parr, Managing Director, UK Branch
Signed on behalf of International Insurance Company of Hannover
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IMPORTANT

This Policy is a legal contract. Insured Person must tell Us about any facts or changes which affect Insured Person insurance and which have occurred either since the Policy started or since the last renewal date.

If Insured Person are not sure whether certain facts are relevant please ask Insured Person adviser. If Insured Person do not tell Us about relevant changes, Insured Person Policy may not be valid or the Policy may not cover Insured Person fully.

Insured Person should keep a written record (including copies of letters) of any information Insured Person give Us or Insured Person insurance adviser when Insured Person renew this Policy.

Choice of Law

The laws of New Hampshire apply and in any suit or legal action the courts of United States of America shall have jurisdiction unless We agree with Insured Person otherwise.

International Insurance Company of Hannover SE, UK Branch

Branch Office: 10 Fenchurch Street, London EC3M 3BE

Registered Office: Roderbruchstraße 26, 30655 Hannover, Germany.

Registered in Germany, Registration No. HRB 211924

Authorised by the Bundesanstalt für Finanzdienstleistungsaufsicht and authorised and subject to limited regulation by the Financial Conduct Authority. Details about the extent of our authorisation and regulation by the Financial Conduct Authority are available from us on request.

Our Commitment to Insured Person

Each of Our customers is important to Us, and We believe Insured Person have the right to a fair, swift and courteous service at all times. We acknowledge receipt of Insured Person complaint and We will deal with it promptly and provide a response as quickly as possible.

Complaints Procedure

1. We will acknowledge Insured Person complaint in writing within five working days of receipt.
2. We will endeavour to send a final response to Insured Person within eight weeks of receipt of Insured Person complaint. If We are unable to provide Insured Person with a final response within this time frame, We will write to Insured Person explaining the delay and advise Insured Person when Insured Person can expect a final response.
3. If more than eight weeks from the date of Insured Person complaint have elapsed and Insured Person have not received a final response, or Insured Person are dissatisfied with the final response Insured Person have received from Us, Insured Person may choose to refer Insured Person complaint to:

Financial Ombudsman Service (FOS)
South Quay Plaza
183 Marsh Wall
London
E14 9SR

Financial Ombudsman Service

If Insured Person are disappointed with any aspect of the handling of Insured Person insurance We would encourage Insured Person, in the first instance, to contact the complaints department of Insured Person insurance adviser. Insured Person can write or telephone, whichever suits Insured Person, and ask Insured Person contact to review the problem.

If Insured Person are dissatisfied with the final response from the complaints department, Insured Person may be entitled to refer the matter to the Financial Ombudsman Service (FOS).

Full contact details of the FOS will be provided at the same time as Insured Person complaint is acknowledged.

Note that the FOS will only consider Insured Person complaint if Insured Person have given Insured Person insurance adviser the opportunity to resolve it and Insured Person are a private Policyholder, a business with a group turnover of less than €2 million, a charity with an annual income of less than €2 million, or a Trustee of a trust with a net asset value of less than €2 million. If, however, Insured Person complaint is not resolved within 40 working days, the FOS will accept a direct referral.

Whilst We are bound by the decision of the FOS, Insured Person are not. Following the complaint procedure does not affect Insured Person right to take legal action.

Financial Services Compensation Scheme

For risks located within the EEA We are covered by the UK Financial Services Compensation Scheme (FSCS). Insured Person may be entitled to compensation from the scheme if We cannot meet Our obligations. This depends on the type of business and the circumstances of the claim. Most insurance contracts are covered for 90% of the claim with no upper limit. Insured Person can learn more about this scheme at www.fscs.org.uk or by phoning 0800 678 1100 or 0207 741 4100 or writing to Financial Services Compensation Scheme, 10th Floor, Beaufort House, 15 St Botolph Street, London, EC3A 7QU.

Useful Telephone Numbers and Websites

Emergency Medical Assistance Provider: +1 603-328-1755
or within the United States and Canada: +1 866-816-2019

Crisis Management Company Call Centre: + 1 603-328-1755
Claims Administrator: +1-855-464-8976

Foreign Office Travel advice: www.fco.gov.uk/en/travel-and-living-abroad/travel-advice-by-country/
Inter Hannover: www.inter-hannover.com

Who to contact in the event of Claim

All claims should be notified to Our Claims Administrator:

On Call International
11 Manor Parkway, Salem, NH 03079
Tel: 866-816-2087 or 603 328 1753 / | Fax: 603 893-5264
www.oncallinternational.com/oncalltravelprotection

Claims Procedure

As soon as possible after the occurrence of any Accidental Bodily Injury or Illness the Insured Person must obtain and follow the advice of a Qualified Medical Practitioner. We shall not be liable for any consequences arising due to the Insured Person's failure to obtain and follow such advice or use such appliance or remedies as may be prescribed.

If in relation to any claim under this Policy Insured Person must contact the Claims Administrator as soon as reasonably possible after any event or occurrence which may result in a claim and in any event no later than 60 days after the occurrence of such event.

You must immediately pass on to the Claims Administrator unanswered, all communications from third parties in relation to any event that may result in a claim under this Policy. You must not admit or repudiate liability, nor offer to settle, compromise, make payment or pay any claim under this Policy without their written agreement.

In the event of a claim Our Claims Administrator will ask for the completion of a claim form and for the claimant to provide them all reasonable and necessary evidence to support Your claim which will include receipts and invoices as applicable, medical certificates, police evidence or in the case of Bodily Injury evidence to show that this was caused as a result of an Accident. If the information supplied is insufficient, they will identify the further information required. If they do not receive this information they may reject the claim or withhold payment until the information they may reasonably require is received.

The claimant must give the Claims Administrator permission to obtain any medical reports or other records needed from any Qualified Medical Practitioner who has treated them otherwise We may not pay the claim,

The claimant must grant our Claims Administrator permission to transfer personal information outside their Country of Domicile where necessary to enable them to provide the services described in Your policy documents (such as dealing with claims or providing Security or Medical Assistance). Failure to grant such permission may result in Our inability to provide such services or pay claims where the payment is of a claim is reliant on such information.

The Claims Administrator may ask the claimant to attend one or more medical examinations. If they do We will pay the cost of the examination(s) and for any medical reports and records (and the reasonable costs of any person required to travel with them provided these costs have been agreed by our Claims Administrator first) If the claimant to attend such examinations without reasonable cause We may reject their Claim.

If the claimant or Insured Person dies We have the right to request a post-mortem examination at our own expenses. If this is refused We may not pay the claim.

The Claims Administrator may also contract third parties who have or who were to provide services to You for example airlines or hotels to verify the information provided to them to support a claim.

If the claimant or You do not comply with any reasonable request made by Our Claim Administrator or US under this Claims Procedure We may not pay the claim.

All claims payments under this Policy we be made to You the Policyholder. We or the Claims Administrator will not pay the Insured Person or any other person directly unless You the Policyholder requests it.

The payment of a claim in full will fully discharge our liability under this Policy.

Data Protection

Please read this notice carefully as it contains important information about Our use of Your personal information. Your personal information means any information We hold about You and the Insured Person(s) . You should show this notice to anyone else insured or proposed to be insured under Your policy as it will also apply to them. It explains how We use all the information We have about You and the other people insured under Your policy.

Please note that if You give Us false or inaccurate information this could give Us the right to void Your policy or it could impact Your ability to claim.

Sensitive information:

Some of the personal information that We ask You to provide is known as “sensitive personal data”. This will include information relating to Your health or medical condition(s) and may also include, race, religion and any criminal convictions. We need to use sensitive personal data to provide You with quotes, arrange and manage Your policy and to provide the services described in Your policy documents (such as dealing with claims).

How We use Your personal information:

We will use Your personal information to arrange and manage Your insurance policy, including handling underwriting and claims and issuing renewal documents and information to You. We may have to share Your personal information with other insurers, statutory bodies, regulatory authorities, Our business partners or agents providing services on Our behalf and other authorised bodies.

We will share Your personal information with others:

To manage Your policy including settling claims or Medical Assistance if the claim or assistance relates to an incident which occurs outside Your Country of Domicile We may transfer Your personal information outside Your Country of Domicile.

We will only do this;

- if You have given Us Your permission.
- for underwriting purposes, such as assessing Your application and arranging Your policy;
- for management information purposes;
- to prevent or detect crime, including fraud (see below);
- if We are required or permitted to do this by law (for example, if We receive a legitimate request from the police or another authority including to legal authorities outside Your Country of Domicile ; and/or if required.

You can ask for further information about Our use of Your personal information. If You require such information, please write to the Data Protection Officer at the address set out below.

Preventing and detecting crime:

We may use Your personal information to prevent crime.

In order to prevent crime We may:

- check Your personal information against Our databases;
- share it with fraud prevention agencies. Your personal information will be checked with and recorded by a fraud prevention agency. Other companies within the financial services industry may also search such fraud prevention agencies when You make an application to them for financial products (including credit, savings, insurance, stockbroking or money transmission services). If such companies suspect fraud, We will share Your relevant personal information with them. The information We share may be used by those companies when making decisions about You. You can find out which fraud prevention agencies are used by Us by writing to Our Data Protection Officer at the address set out below; and/or if required:
- share it with operators of registers available to the insurance industry to check information and prevent fraud. We may pass information relating to Your insurance policy and any incident (such as an accident, theft or loss) to the operators of these registers, their agents and suppliers.

Dealing with others on Your behalf:

To help You manage Your insurance policy, subject to answering security questions, We will deal with You or Your husband, wife or partner or any other person whom We reasonably believe to be acting for You if they contact Us on Your behalf in connection with Your policy or a claim relating to Your policy. For Your protection only You can cancel Your policy or change the contact address.

Data Protection Rights

Individuals have certain rights under the Data Protection Act 1998 including the right to ask for a copy of the information We hold about them. We may make a small charge for this. Individuals also have the right to ask Us to correct their information if it is inaccurate.

Marketing:

We will not use Your personal information and information about Your use of Our products and services to carry out research and analysis for marketing.

Further information:

You are entitled to receive a copy of any of Your personal information We hold. If You would like to receive a copy, or if You would like further information on, or wish to complain about, the way that We use personal information, please write to the Data Protection Officer at 10 Fenchurch Street, London EC3M 3BE UK giving Your name, address and insurance policy number. We may make a small charge for this.

If We change the way that We use Your personal information, We will write to You to let You know. If You do not agree to that change in use, You must let Us know as soon as possible.

You have the right to complain to Us at any time if You object to the way We use Your personal information. Please write to Us at International Insurance Company of Hannover SE 10 Fenchurch Street, London EC3M 3BE, UK

Policy Definitions

Each time We use one of the words or phrases listed below, it will have the same meaning wherever it appears in Insured Person Policy unless We state otherwise. A defined word or phrase will start with a capital letter each time it appears in the Policy, except for headings and titles. Each Section of the Policy contains Definitions which apply to that particular Section and they must be read in conjunction with the following Policy Definitions.

Accident

Means a sudden, unexpected, unusual, specific event, which occurs at an identifiable time and place.

Accidental Injury

Means Bodily Injury caused by an Accident (of external origin) occurring during the Trip being the direct and independent cause in the loss.

Benefit Period

The total period, after the expiry of any Excess period stated in the Schedule of Benefits, for which We will pay benefits for Temporary Total Disablement and/or Temporary Partial Disablement in respect of any one Accident to or Illness of any Insured Person.

Bodily Injury

Means identifiable physical injury which: (a) is caused by an Accident, and (b) solely and independently of any other cause, except illness resulting from, or medical or surgical treatment rendered necessary by such injury, is the direct cause of death or dismemberment of Insured Person within twelve months from the date of the Accident.

Common Carrier

Means any air conveyance operating under a valid license for the transportation of passengers for hire.

Covered Expenses

Means any expenses which are for medically necessary services, supplies, care, or treatment; due to Sickness or Injury; prescribed, performed or ordered by a physician; reasonable and customary charges; incurred while covered under this plan; and which do not exceed the maximum limits shown in the schedule of benefits, under each stated benefit.

Covered Vehicle

Means any vehicle registered or rented to Insured Person and used while Insured Person are more than 100 miles from Insured Person Permanent Primary Residence on Insured Person scheduled Trip.

Country of Domicile

The country in which the Insured Person resides in and/or the country to which the Insured Person shall return to when repatriated or country in which they hold a valid passport.

Death

Means death caused as a result of Accidental Bodily Injury.

Dependant(s)

The natural or legally adopted children or legal wards of an Insured Person (and/or Insured Person's Partner where applicable) living at the same address who are no older than 18 years of age or 23 years of age if in full time education at the time a claim occurs.

Emergency Treatment

Necessary medical treatment, including services and supplies, which must be performed during the covered Trip due to the serious and acute nature of the Accidental Injury or Sickness.

Family Member

Means children, step-children, children-in-law, parents, step-parents, parents-in-law, siblings, siblings-in-law, grandparents, grandchildren, legal or common law spouse, aunts, uncles, nieces, nephews, of Insured Person or Insured Person Traveling Companion.

Guest

Means a person who is scheduled to travel on an Trip, and has been provided: Owner's Credit by a Owner AND is occupying the Owner's unit, and whose Owner's Credit has been applied to a Trip.

Hospital

Any establishment which is registered or licensed as a full time facility for surgical and medical diagnosis and treatment of injured and ill persons by and under the supervision of a Qualified Medical Practitioner continuously providing a 24 hours a day nursing

service supervised by State Registered Nurses or nurses with equivalent qualifications and is not primarily a mental institution or a place of rest for the aged, for drug addicts or alcoholics.

Illness

Means illness or disease (not resulting from Accidental Bodily Injury) contracted anywhere in the world that declares itself during the Period of Insurance and occasions the total disablement of the Insured Person during the Period of Insurance.

Injury

Means Bodily Injury caused by an Accident (of external origin) occurring during the Trip being the direct and independent cause in the loss.

Insured Person(s)/You

Any person who owns a timeshare property at Wyndham Vacation Club, or is an Insured Person's Traveling Companion or nominated Guest at a Wyndham Vacation Club and has applied for insurance via WorldMark Travel Secure and who has paid the appropriate premium.

Insured Person's Partner

The spouse or civil partner of an Insured Person living at the same address as the Insured Person for the last 12 months and sharing financial and where applicable responsibility for their Dependents.

Operative Time of Cover

For the Insured Person:

Section I: Applies any time an Insured Person is more than 100 miles from their Permanent Primary Residence.

Section II: Applies only when an Insured Person is on a Trip that is booked by WorldMark or its affiliates.

For the Travelling Companion:

Under Section I and Section II applies only when the Travelling Companion is on a Trip as defined herein

Owner

Any person who owns a Timeshare property at Wyndham Vacation Club.

Pre-Existing Medical Condition

We will not pay for any claims arising from any Injury, Sickness, or other condition (including a condition from which death ensues) affecting Insured Person, a Traveling Companion, or a Family Member which, within a twelve month period before Insured Person coverage began under this Protection Plan: (a) first manifested itself, or exhibited symptoms which would have caused one to seek diagnosis, care, or treatment; (b) required taking prescribed drugs or medicine unless the condition for which the prescribed drug or medicine taken remained controlled without any change in the required prescription; or (c) required treatment or treatment was recommended by a physician.

Once Insured Person initial twelve month plan term is completed and the plan is renewed, the Pre-Existing exclusion is waived for the remainder of Insured Person coverage under this annual protection plan. If there is any lapse in coverage at any time in Insured Person plan term, the Pre-Existing exclusion is reactivated and applies once again for a new twelve month period prior to the new effective date of coverage under this plan.

Period of Insurance

From the effective date until the expiry date shown in the Policy Schedule.

Permanent Primary Residence

The locale of the address as shown on Insured Person state driver's license or state-issued identification card.

Policyholder

WorldMark Travel Secure whom act on behalf of Wyndham Vacation Club.

Policy Schedule

The document which specifies details of the Policy Holder, the Policy Period, the Operative Time of Cover and benefits covered, sums insured and any Excesses, Endorsements and Conditions applying to the Policy.

Qualified Medical Practitioner

A doctor or specialist who is registered or licensed to practice medicine under the laws of the country they practice in other than an Insured Person, Partner of an Insured Person, and a member of the immediate family of Insured Person or the Insured Person or an employee of Insured Persons.

Reasonable and Customary Charges

Charges commonly used by Qualified Medical Practitioners in the locality in which care is furnished.

Serious Medical Condition

A medical condition that in the opinion of the Emergency Medical Assistance Provider's physician requires immediate emergency medical treatment to avoid certain death or serious impairment to the Insured Person's health and such emergency medical treatment is not available or is not adequate in the Insured Person's Host Country to avoid death or serious impairment of health.

Schedule of Benefits

The document which specifies details of the benefits covered, sums insured and any Excesses, Endorsements and Conditions applying to the Policy.

Timeshare

A formal agreement between an owner of a timeshare vacation property at a Wyndham Vacation Club and a property management company whereby a confirmed scheduled use of their owner occupied timeshare or transfer of a timeshare takes place.

Traveling Companion

Means up to a maximum of six (6) additional travelling companions booked to accompany Insured Person on a Trip.

Trip

Section I: Any time an Insured Person is travelling more than 100 miles from their Permanent Primary Residence and does not exceed more than 90 days in total during the Policy Period.

Section II: Only when an Insured Person is on a Trip that is booked by WorldMark or its affiliates and does not exceed more than 90 days in total during the Policy Period.

We/Us/Our

International Insurance Company of Hannover SE, UK Branch.

Wyndham Vacation Club

The Vacation clubs (a) for which the club now or hereafter serves as the manager, reservation agent, or owner; and/or (b) which may be used by an Insured Person as a result of an exchange of an Insured Person's time at resort managed, reserved, owned or otherwise designated by Wyndham Vacation Club.

Policy Conditions

Each Section of the Policy contains Conditions. They must be read in conjunction with the following Policy Conditions which apply to all Sections unless otherwise stated.

Aggregate Limit

If the aggregate amount of all benefits payable exceeds the stated Aggregate Limit the benefits payable to an Insured Person shall be proportionately reduced until the total of all Benefits does not exceed the Aggregate Limit.

Alteration of Risk

We will at Our option void the Policy from the inception of this insurance where there has been any alteration to The Business and/or the occupation or pursuits of any Insured Person after the effective date of this insurance which increases the risk of loss, liability, destruction, damage, accident, injury or illness or where Insured Person interest ceases except by will or operation of law unless We have accepted the alteration.

Assignment

Insured Person may not assign the benefits under this Policy. We shall not be bound to accept or be affected by any notice of any trust charge, lien, purported assignment or other dealing with or relating to this Policy.

Cancellation

We may cancel this Policy by sending Insured Person 30 days written notice to Insured Person last known address and We will return any unearned proportion of the premium paid.

Insured Person may cancel this Policy at any time by sending us 30 days written notice and any unearned premium shall be returned to Insured Person provided that We have not made any claims payment under this policy or have any claims for consideration or Insured Person are not aware of any claims that have not been reported to Us. Any claim payments made or under consideration shall be deducted from the amount of unearned premium due to be returned.

Contribution

If at the time of an event giving rise to a claim there is any other insurance Policy in force in Insured Person name which covers Insured Person or the Insured Person for the same expense, loss or liability We will only pay a proportion of the claim being determined by reference to the cover provided by each of the relevant policies with the exception of Personal Accident benefits which will be payable in full.

Currency

The monetary limits and premiums stated in the Policy and any Certificate issued hereunder are in USD

Eligibility Criteria

To be eligible for cover under this Policy the Insured Person must satisfy the following criteria (the Eligibility Criteria):

- a) The Insured Person must have paid the appropriate premium for the Insured Person.
- b) The Insured Person must be on a Trip as defined herein

Excess Insurance Limitation

The insurance provided by this plan shall be in excess of all other valid and collectible insurance or indemnity. If at the time of the occurrence of any loss there is other valid and collectible insurance or indemnity in place, We shall be liable only for the excess of the amount of loss, over the amount of such other insurance or indemnity, and applicable deductible.

Force Majeure

We shall not be liable for failure to provide Services and/or delays caused by acts of God, strikes or other conditions beyond our reasonable control, including but not limited to flight conditions or situations where the performance of this Policy is prohibited or delayed by local laws, regulations or regulatory agencies. We shall notify Insured Person immediately of any Force Majeure event.

In the event of such Force Majeure lasting longer than 7 days Insured Person will have the right to cancel this Policy immediately and We shall return any premium paid by Insured Person less any amount for claims paid or due to be paid.

Fraud

If a claim made by Insured Person or anyone acting on Insured Person behalf, or any person claiming to be indemnified is fraudulent or exaggerated, whether ultimately material or not or if a false declaration or statement is made or if a fraudulent device is used in support of a claim We may at Our option void the Policy from the inception of this insurance or cancel the Policy from the date of the claim or alleged claim and repudiate the claim.

Identification

The Policy and The Policy Schedule will read as one contract. A particular word or phrase which is not defined will have its ordinary meaning.

Measures Outside Our Control

We and Our Emergency Assistance Company will use Our best efforts to arrange any Emergency Medical Evacuation or Repatriation of Remains within the least amount of time possible. The timeliness of Emergency Medical Evacuation or Repatriation of Remains can be affected by circumstances which are not within Our or their control, such as delays of or restrictions on flights caused by mechanical problems, government officials, telecommunications problems and weather and other acts of God. We and Our Emergency Assistance Company shall not be liable for any delays that are not within Our or their direct and immediate control.

Medical Advice

Insured Person cannot undertake a Trip from Insured Person Country of Domicile either against the advice of Insured Person physician or after Insured Person have received a terminal prognosis or if Insured Person are travelling purely for the purpose of medical treatment. If Insured Person choose to do so all Our liability under this Policy shall cease.

Misdescription

We will void this Policy if there has been any misrepresentation, misdescription or failure to disclose any material fact by Insured Person or anyone acting for Insured Person.

Payment of non-covered expenses or services

If We incur costs as a result of advice or assistance being provided or the settlement of any expenses being made in good faith by the Emergency Medical Assistance Provider to any person who is not insured under this Policy, Insured Person shall reimburse us in respect of such costs and expenses.

Pre-Authorization Requirements For Treatments, Costs Charges Or Expenses.

All Inpatient Hospital treatments or care, Surgery or Surgical Procedure, computerized tomography (CAT Scan) and Magnetic Resonance Imaging (MRI), Emergency Medical Evacuations and Repatriations, Repatriation of Remains and Burial, Emergency Reunions and Trip Interruption must be pre-authorized by Our Emergency Assistance Company,

If the Insured Person does not comply with this pre-authorization requirement We will be unable to pay for their treatments or costs, charges or expenses that Insured Person incur.

To comply with the pre- authorization requirements, The Insured Person or a third party must:

1. Contact the Emergency Assistance Company at the telephone number contained in Insured Person Certificate as soon as possible before the expense is to be incurred; and
2. Comply with the reasonable instructions of the Emergency Assistance Company and submit any information or documents they may reasonably require; and
3. Take reasonable steps to notify Insured Person treating Physicians, Hospitals and other providers that this Policy contains pre-authorization requirements and ask them to fully cooperate with Our Emergency Assistance Company.

If in an emergency it is not reasonably possible for the Insured Person to obtain pre-authorization from Our Emergency Assistance Company for Inpatient Hospital treatments or care, Surgery or Surgical Procedure or Emergency Medical Evacuations and Repatriations , Insured Person or a third party must notify them as soon as reasonably practicable of admission as an Inpatient in which case all their charges will be paid by Us subject to the terms and conditions, benefit limits, restrictions and exclusions contained in this Policy.

Reasonable Precautions

The Insured Person must take all reasonable precautions to avoid Accident, injury or illness to any person, or loss, destruction or damage to their property, and they must comply with all legal requirements and safety regulations and conduct themselves in a lawful manner. If in relation to any claim they have failed to fulfil any of these conditions, they will lose Insured Person right to indemnity or payment for that claim.

Right of Recovery

If any benefit paid to the Insured Person or on their behalf under this Policy is in excess of the amount allowed in the Benefit Table, or if a payment is made to them due to clerical or administrative error, then We reserve the right to recover such payment from them or any institution, insurer or other organisation or party to whom such payment has been made.

Recovery from third parties

In the event that a third party is held liable for all or part of any claim paid under this policy We may exercise Our legal right to peruse the third party to recover Our outlay. You or the Insured person will upon Our request agree to and permit Us to do such acts and things as may be necessary or reasonably required for the purpose of exercising this right. We will pay the costs and expenses involved in exercising the right against third parties.

Right of Repatriation

In the event of the Insured Person requiring any medical treatment or Hospital or medical services, We may at our sole discretion arrange for the Insured Persons Repatriation to their Country of Domicile either before or after Insured Person receive medical treatment or Hospital or medical services, if in the opinion of Our Emergency Assistance Company and Insured Person treating Physician Insured Person are medically fit to travel and it is safe for Insured Person to do so. If Insured Person refuses to return when declared medically fit to do so We will not pay for any continuing medical treatment or Hospital or medical services or any recurrence or complications arising from or directly or indirectly related thereto.

Sanction Limitation and Exclusion Clause

We shall not provide cover or pay or be liable for any claims or provide any benefit under this Policy if by providing any cover, paying any claims or providing any benefit under this Policy would expose Us to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, United Kingdom or United States of America.

Subrogation

Under the law applicable to this Policy, We have the legal right to stand in Insured Person shoes in the event that Insured Person make a claim under this policy and another party is responsible for causing the loss or damage. This is called Subrogation. We will be entitled to pursue Our rights of Subrogation in Insured Person name and in doing so Insured Person will give Us reasonable information, documentation, co-operation and assistance to allow Us to do so. Insured Person agree not to make any payment, admit liability, offer or promise to make any payment without written consent from us.

Termination of Cover:

Cover under this Policy terminates on the earlier of:

1. 12:01am EST on the last day of the Policy Period for which premium has been paid; or
2. Once the Insured Person has travelled on a Trip for more than 90 days.
3. The maximum amount of benefits payable under this Policy as set out in the Benefits Table has been paid;
4. The date the Insured Person returns to their Permanent Primary Residence in their Country of Domicile
5. The date Insured Person cease to be an Eligible Person.

The Contracts (Rights of Third Parties) Act 1999

The Contracts (Rights of Third Parties) Act 1999 or any amendment thereto does not apply to this Policy. Only We and the Policyholder can enforce the terms of this Policy. No other party may benefit from this contract as of right. The Policy may be varied or cancelled without the consent of any third party.

Policy Exceptions (Applicable to Section I and II)

This Policy does not cover any loss caused by or resulting directly or indirectly from:

1. Any Pre-existing Medical Condition as Defined above.
2. Participation in a declared or undeclared act of war, civil disturbance, or insurrection, or an accident occurring while You are serving on full-time or active duty in the Armed Forces of any country.
3. Participation in an international authority flight in aircraft being used for experimental purpose, or in military aircraft (except the Military Aircraft Command of the United States or similar air transport Services Account of other), or while serving as a member of the crew of any aircraft.
4. Any claims as a direct or indirect result of war whether declared or not or act of terrorism.
5. Flying other than in a fixed wing licensed passage carrying aircraft.
6. Participation in any professional, semi-professional, or inter-scholastic team sports or participating in bodily contact sports (Bodily contact sports includes lacrosse, soccer, football, rugby, field hockey, ice hockey, wrestling, basketball, martial arts and boxing);
7. Any expense incurred related to accident or injury occurring while the Insured Person is engaged in any hazardous activity, pastime or pursuit including but not limited to caving, mountaineering or rock climbing necessitating the use of guides or ropes, potholing, skydiving, parachuting, bungee-jumping, ballooning, hang gliding, martial arts, contest of speed, winter sports and scuba diving (unless accompanied by a dive master and not deeper the 30 feet).
8. Being under the influence of drugs or intoxicants unless prescribed by a duly licensed Physician other than for the treatment of drug addiction
9. Suicide or attempted suicide while sane or insane
10. Intentionally self-inflicted injuries.
11. Sickness or disease except as provided for in the plan.
12. Any expenses incurred as a direct or indirect result of elective surgery or cosmetic surgery.
13. Participation in any felonious act or attempt thereat
14. Mental or nervous disorders, unless hospitalized and admitted as an inpatient
15. Any elective surgery
16. Any dental treatment except as a result of Injury to sound natural teeth

17. Any elective abortion or normal pregnancy
18. Any Losses incurred by Insured Person or the Insured Person if Insured Person or they fail to follow the advice of Our Emergency Medical Assistance Provider.

Section I – Policy Benefits

Emergency Medical Evacuation and Repatriation

Definitions

The following definitions apply to this Section and shall keep the same meaning wherever they appear in the Section, unless an alternative definition is stated to apply. Please also refer to the Policy Definitions at the front of this Policy document.

Emergency Treatment

Necessary medical treatment, including services and supplies, which must be performed during the covered Trip due to the serious and acute nature of the Accidental Injury or Sickness.

Emergency Travel Expenses

Reasonable and necessary additional costs of transport incurred in respect of the Insured Person or any one relative or friend who has to travel to remain with or escort the Insured Person home to the Insured Person's Country of Domicile.

Emergency Medical Evacuation

Upon the advice of Our Emergency Medical Assistance Service the reasonable and necessary costs of transporting the Insured Person to the nearest suitable Hospital.

Cover

We will pay up to the amount stated in the Benefits Table if the Insured Person or Insured Person's Travelling Companions or Insured Person's Family Members travelling with Insured Person during Insured Person's Trip sustain an Injury or suffer from an Illness which results in Insured Person requiring Emergency Medical Evacuation or Repatriation.

1. Emergency Medical Evacuation

The cost of transporting the Insured Person by air and/or surface transportation If the Insured Person's medical condition warrants immediate transportation (due to inadequate medical facilities) by Our Emergency Medical Assistance Provider from the place where the Insured Person is located to the nearest adequate medical facility where medical treatment can be obtained, including the costs of all medical care and ancillary costs associated with that transportation.

2. Emergency Transportation of Family Member

If the Insured Person is hospitalized for more than seven (7) days following a covered Emergency Medical Evacuation, Our Emergency Medical Assistance Provider will return dependents of the Insured Person, who are under 18 years of age and accompanying the Insured Person, to their home, with an attendant if necessary. If the Insured Person is hospitalised alone for more than seven (7) consecutive days, upon request, Our Emergency Medical Assistance Provider will bring a person, chosen by the Insured Person, for a single visit to and from bedside. A maximum of \$150 per day for up to 5 days will also be paid for reasonable meals and/or additional accommodations.

3. Repatriation

After being treated at a local medical facility, for a medical condition which occurs while on a Trip and following the advice of Our Emergency Medical Assistance Provider and if the Insured Person's medical condition warrants it the costs of transporting the Insured Person by air and/or surface transportation and with a qualified medical attendant to their Country of Domicile to obtain further medical treatment or to recover, or both.

4. Repatriation of Remains or Burial

Following Insured Person death on a Trip and with the agreement of Insured Person executors or administrators We will pay up to the amount stated in the Schedule of Benefits for the Repatriation of Insured Person remains following Insured Person death, including costs of preparation of the remains necessary for transportation, or for the cost of preparing Insured Person remains for cremation or burial.

Exceptions

This Policy does not cover any loss caused by or resulting directly or indirectly from:

- 1) Any expense incurred for Emergency Medical Evacuation or Repatriation if the Insured Person is not suffering from a Serious Medical Condition, and/or in the opinion of Our Emergency Medical Assistance Provider's physician, the Insured Person can be adequately treated locally, or treatment can be reasonably delayed until the Insured Person returns to their Country of Domicile.
- 2) Any expenses incurred for a qualified medical escort if, in the opinion of Our Emergency Medical Assistance Provider's physician, the Insured Person can travel as an ordinary passenger on an economy seat.
- 3) Any expenses incurred while traveling within 100 miles of Your Permanent Primary Residence.

Section II – Policy Benefits

Medical Expenses and Hospitalization

Definitions

The following definitions apply to this Section and shall keep the same meaning wherever they appear in the Section, unless an alternative definition is stated to apply. Please also refer to the Policy Definitions at the front of this Policy document.

Emergency Treatment

Necessary medical treatment, including services and supplies, which must be performed during the covered Trip due to the serious and acute nature of the Accidental Injury or Sickness.

Medical Expenses

Reasonable and necessary emergency medical, surgical, hospital and nursing home charges or emergency dental (for the relief of pain and suffering) fees, including the cost of rescue services to take the Insured Person to Hospital.

Reasonable and Customary Charges

Charges commonly used by Qualified Medical Practitioners in the locality in which care is furnished.

Cover

We will pay up to the amount stated in the Benefits Table, if You or Your Travelling Companions or Your Family Members travelling with You during Your scheduled Trip sustain an Injury or suffer from an Illness which results in You being charged by a Hospital for services that are Usual, Reasonable and Customary and relate to services and supplies that are Medically Necessary for:

1. A semi private room and board including daily room and board and nursing services in an Intensive Care Unit, and other necessary services and supplies whilst confined in a Hospital for medical reasons.
2. Surgery at an Outpatient surgical facility, including services and supplies, the use of operating, treatment or recovery room, dressings, sutures, casts or other supplies which are Medically Necessary and administered by or under the supervision of a Physician.
3. Charges made by a Physician for professional services, including Surgery and reconstructive Surgery when it is directly related to Surgery which is covered hereunder.
4. Artificial limbs, eyes or larynx, breast prosthesis or basic functional artificial limbs, but not the replacement or repair thereof.
5. Prescription drugs which require prescription by a Physician for treatment of a covered Injury or Illness, but not for the replacement of lost, stolen, damaged, expired or otherwise compromised drugs, for a maximum supply of 60 days per prescription.
6. Care in a licensed Extended Care Facility upon direct transfer from an acute care Hospital.
7. Home Nursing Care provided by a qualified licensed professional, provided by a Home Health Care Agency upon direct transfer from an acute care Hospital and only in lieu of Medically Necessary Inpatient hospitalization.
8. Emergency local ambulance transport necessarily incurred in connection with Your Accidental Bodily Injury or Illness.

Exceptions

This Policy does not cover any loss caused by or resulting directly or indirectly from:

1. Expenses incurred if the original or ancillary purpose of the Your Trip is to obtain medical treatment.
2. Services provided for You for which no charge is normally made.
3. Benefits' in excess of the Reasonable and Customary Charges for medical care.

Trip Delay

Definitions

The following definitions apply to this Section and shall keep the same meaning wherever they appear in the Section, unless an alternative definition is stated to apply. Please also refer to the Policy Definitions at the front of this Policy document.

Scheduled Departure Date

The date You are scheduled to leave Your Permanent Primary Residence to depart on a Trip.

Trip Delay Hazard

- a) Any delay of a Common Carrier (including inclement weather);
- b) Any delay by a traffic accident en route to a departure, in which You or Your Traveling Companion is not directly involved;
- c) Any delay due to lost or stolen passports, travel documents or money, quarantine, hijacking, unannounced strike, natural disaster, civil commotion or riot.;
- d) A closed roadway causing cessation of travel to Your destination (substantiated by the department of transportation, state police, etc.)

Cover

We will reimburse You and Your Travelling Companions for the following Covered Expenses on a one-time basis, up to the maximum shown in the Schedule of Benefits, if You are delayed en route to or from the covered Trip for twelve (12) or more hours due to a defined Trip Delay Hazard.

Covered Expenses

- a. Any prepaid, unused, non-refundable land and water accommodations;
- b. Any reasonable additional expenses incurred;
- c. An economy fare from the point where You ended Your covered Trip to a destination where You can catch up to the covered Trip; or
- d. A one-way economy fare to return You to Your originally scheduled return destination.

Exceptions

This Policy does not cover any loss caused by or resulting directly or indirectly from:

1. Your failure to check in for departure before the scheduled departure time and in accordance with their itinerary.
2. Your departure or arrival was delayed as a result of strike or industrial action that was public knowledge when the travel arrangements were booked.
3. Your failure to obtain written confirmation from the carriers or their handling agents of the number of hours delay and the reason for such delay
4. Your failure to accept alternative equivalent means of transport within the period of delay where this is offered on reasonable terms in lieu of the original mode of conveyance.
5. Any delay where compensation is recoverable from the airline or other carrier

Lost Luggage

Definitions

The following definitions apply to this Section and shall keep the same meaning wherever they appear in the Section, unless an alternative definition is stated to apply. Please also refer to the Policy Definitions at the front of this Policy document.

Valuables

Cameras, photographic, audio, video, computer, telecommunications and electrical equipment, telescopes, binoculars, spectacles, sunglasses, antiques, watches, jewellery, furs and articles made of precious stones and metals.

Luggage

The personal articles, which are Your property for which You are responsible and which are taken or acquired whilst travelling.

Money

Coins, bank notes, postal or money orders, signed travellers cheques and other cheques, letters of credit, travel tickets, petrol coupons or other prepaid coupons which belong to or are in the custody and control of You and are intended for travel, meals, accommodation and personal expenditure only.

Unattended

Outside of Your custody, care and control and beyond the reasonable prospect of You being able to prevent unauthorized interference with it.

Cover

We will pay up to the amount stated in the Benefits Table during Your scheduled Trip, for loss, theft, or damage to Your or Your Travelling Companions' Luggage. We will pay the lesser of the following: original cash value of the items less depreciation as determined by Us; or cost of repair or replacement. The maximum benefit per article is \$200. There will be a combined maximum of \$400 for the following: jewellery; watches; articles consisting in whole or in part silver, gold or platinum; furs, articles trimmed with or made mostly of fur; and cameras and their related equipment.

For benefits to be payable under this section:

1. You must report the theft of Your Luggage to the Police within 24 hours of its Loss or theft and an original written report is obtained from them and provided to Us.
2. You must provide proof of ownership of Valuables.
3. You must provide proof of purchase of replacement items of clothing or toiletries.
4. Any loss or damage occurring in the custody of an airline or other transport carrier must be reported immediately upon discovery and in the case of an airline a Property Irregularity Report obtained.
5. You must take all reasonable precautions for the safety of any insured article.
6. We are entitled to take and keep possession of any valuable and to manage all aspects of any salvage in a reasonable manner for any article we have paid a benefit to You under this Section.
7. We will decide, based on our own opinion, whether we repair or replace any valuable for which a benefit it paid to You under this section.

Exceptions

This Policy does not cover any loss or damage to:

1. Any Personal Belongings stolen from an Unattended vehicle unless
 - a. They were In the locked boot of the vehicle or concealed by a parcel shelf in the fixed position in a hatchback or estate vehicle or in the case of campervans and motorhomes locked away and out of public view.
 - b. There is evidence that entry was affected by violent and forcible means.
 - c. Other than between the hours of 8.00pm and 8.00am.
2. Any Valuables stolen from an Unattended vehicle.

3. Loss or Damage to Money.
4. Loss of or damage to Valuables contained in luggage whilst such luggage is in the custody of an airline or other carrier and outside Your control.
5. Loss or corruption of or damage to software, information or data contained in any computer, tapes or recording equipment or any consequential loss arising there from
6. Loss or damage to animals.
7. Loss or damage to household effects and furnishing
8. Loss or damage due to:
 - a. Moth, vermin, wear and tear, atmospheric or climatic conditions or gradual deterioration.
 - b. Inherent mechanical or electrical failure, breakdown or derangement.
 - c. Any process of cleaning, restoring, repairing or alteration.
9. More than a reasonable proportion of the total value of a pair or set where the lost or damaged article is part of a pair or set.
10. Loss of or damage to automobiles and automobile equipment , pedal or motor cycles, watercraft, prams, buggies, boats or other vehicles or conveyances, pushchairs and wheelchairs. trailers; motors; motorcycles; aircraft;
11. Loss of or damage to stamps, documents (other than Passports), contact or corneal lenses, dentures or artificial teeth and dental bridges , hearing-aids, fragile articles or business goods and samples, animals,
12. Loss due to confiscation or detention by customs or any other authority.
13. Loss of or damage to sports equipment whilst in use.
14. Any article more specifically insured or recoverable under any other insurance.
15. Loss or damage to mobile phones or lap tops or tablets or other similar devices arising from any coverage under the manufacturer's warranty or, unexplained disappearance or, any loss of airtime or, loss or damage due to moisture or, superficial damage due to chipping or cracking screen or damage due to any theft not reported to the police within 24 hours.

Luggage Delay

Cover

We will pay up to the amount stated in the Benefits Table if during Your scheduled Trip the common carrier on which You are booked to travel on Your outward or return Trip has delayed Your or Your Travelling Companions' Luggage due to strike, industrial action, adverse weather conditions, traffic flow congestion or mechanical breakdown for at least 24 hours. Prior to payment by Us, You must provide original written details from the airline, shipping company, coach or train operators detailing the length of and reason for the delay or, in respect of mechanical breakdown, a garage or motoring organization report confirming the date, cause and time of the breakdown.

Exceptions

This Policy does not cover any loss caused by or resulting directly or indirectly from:

- 1) Your failure to check in for departure before the scheduled departure time and in accordance with the travel operator's ticket itinerary.
- 2) Your departure or arrival was delayed as a result of strike or industrial action that was public knowledge when Your travel arrangements were first booked.
- 3) Your failure to obtain written confirmation from Your carriers or the handling agents of the total time of the Luggage delay and the reason for such delay
- 4) Compensation is recoverable from the Common Carrier

Accidental Death & Dismemberment

Definitions

The following definitions apply to this Section and shall keep the same meaning wherever they appear in the Section, unless an alternative definition is stated to apply. Please also refer to the Policy Definitions at the front of this Policy document.

Common Carrier

Means any air conveyance operating under a valid license for the transportation of passengers for hire.

Cover

Accidental Death & Dismemberment Common Carrier (Air Only)

We will pay up to the amount stated in the Benefits Table if You and Your Traveling Companions during Your scheduled Trip sustain an Injury as a result of an Accident while riding as a passenger in or on, boarding or alighting from, any air conveyance operated under a license for the transportation of passengers for hire during the Trip, which results in loss of life; actual severance of limb; or entire and irrecoverable loss of: eyesight, speech, or hearing; within 180 days of the date of the Accident, We will pay the largest applicable amount as follows: the full benefit amount is paid for loss of life, two hands or two feet, speech and hearing in both ears, one hand and one foot, sight in both eyes, one hand or one foot and sight in one eye. One half of the benefit amount is paid for loss of one hand or one foot, speech or hearing in both ears, sight of one eye. One fourth of the benefit is paid for loss of the thumb and index finger of the same hand. In no event will We pay more than the maximum amount shown on the Schedule of Benefits for all losses due to the same Accident.

EXPOSURE: We will pay benefits for covered losses, which result from You being unavoidably exposed to the elements due to an Accident.

DISAPPEARANCE: We will pay benefits for loss of life if Your body cannot be located one year after Your disappearance due to forced landing, stranding, sinking, or wrecking of an air conveyance operated under a license for the transportation of passengers for hire during the covered Trip in which You were a passenger.

Exceptions

This Policy does not cover any loss caused by or resulting directly or indirectly from:

- 1) Gradually operating cause or any naturally occurring condition or degenerative process.
- 2) Illness or disease (unless resulting directly from Accidental Bodily Injury).