TravelConnect℠ is a comprehensive Global Assistance Services program providing 24/7 emergency medical, security and travel assistance services when you are traveling more than 100 miles from your Permanent Primary Residence.

How to Reach the 24/7 TravelConnect℠ Global Response Center:
Call collect from anywhere in the world: +1 603-328-1955
Call toll free from US or Canada: 1-866-525-1955
Email: mail@oncallinternational.com

You will be connected directly with an Assistance Coordinator ready to assist you with your inquiry or problem. TravelConnect℠ provides you with a resource experienced in navigating through any crisis and making sure you can continue your trip, or get home safely. TravelConnect℠ assists during critical emergencies such as illness or injury that may require an evacuation or during a political or natural disaster event that may threaten your safety. TravelConnect℠ also assists with smaller problems you may not realize you have a resource for. Review a listing of available services on the following pages.

All arrangements must be coordinated and provided by the TravelConnect℠ service provider, On Call International, in order to be eligible for coverage; no claims for reimbursement will be considered.

If you are experiencing a medical emergency, you should proceed immediately to the nearest hospital or emergency department and then contact TravelConnect℠ as soon as you or a companion can safely do so.

The following Plan Description is a summary of coverage for insured participants. This is not a contract of insurance. Coverage is governed by an insurance policy issued to Lincoln Financial Group, including its subsidiaries, affiliates and related entities. The policy is underwritten by International Insurance Co. of Hannover Ltd. Complete information on the insurance is contained in the Certificate of Insurance on file with Lincoln Financial Group. If there is a difference between this program description and the certificate wording, the certificate controls.

TravelConnect℠ is made available by Lincoln Financial Group. TravelConnect℠ services are provided by On Call International, LLC.
GLOBAL ASSISTANCE PROGRAM  
TravelConnect℠

Summary of Coverage* Available to Participants:

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<thead>
<tr>
<th>Payable Benefits:</th>
<th>Sum Insured:</th>
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<tr>
<td>Medical Emergency Evacuation and Repatriation</td>
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<td>Medical Emergency Travel Expenses</td>
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</tr>
<tr>
<td>Political and Natural Disaster Expenses</td>
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</tr>
</tbody>
</table>
| **All Payable Benefits listed above are subject to a Combined Single Limit (CSL) of $1,000,000 per Participant, per event and a $10,000,000 aggregate, per event. Refer to Section II. Terms and Conditions for full details.**  

<table>
<thead>
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<th>Assistance Only Services:</th>
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<td>Travel Pre-Trip Information</td>
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<td>Travel Legal Consultation and Referral</td>
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<td>Security Travel Risk Brief</td>
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<tr>
<td>Security 24/7 Global Security Specialist Assistance</td>
<td>Assistance Only</td>
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</table>
| **This is only a summary of coverage. Terms, conditions, limitations, and exclusions are outlined in Section II. Terms and Conditions.**  

Lincoln Financial Group  
You’re In Charge®

On Call International  
11 Manor Parkway  
Salem, NH 03079

A member of the Tokio Marine HCC group of companies
I. GLOBAL ASSISTANCE SERVICES

1. MEDICAL ASSISTANCE SERVICES

The Global Assistance Services Program includes access to the services described in this section. Services which have a third party cost associated with them will be the responsibility of the Participant.

a. **Pre-Trip Plan** TravelConnect℠ shall provide up-to-date information either by e-mail, fax or over the phone regarding required vaccinations, health risks, travel restrictions and weather conditions for destinations worldwide.

b. **Medical Monitoring** TravelConnect℠ shall, via telephone, email and fax, monitor the Participant’s conditions when hospitalized. TravelConnect℠ shall maintain an appropriate level of contact with the treating physician and nursing staff as well as obtain relevant medical, surgical and treatment plan reports and information. TravelConnect℠ will use information obtained to assess the available level of care in relation to the patient’s condition and geographical location where treatment is being performed.

c. **24 Hour Nurse Help Line** TravelConnect℠ shall provide, at the Participant’s request, clinical assessment, education and general health information. This service shall be performed by a Registered Nurse counselor to assist in identifying the appropriate level and source(s) of care for Participants (based on symptoms reported and/or health care questions asked by or on behalf of Participants). Nurses shall not diagnose a Participant’s ailments.

d. **Prescription Replacement Assistance** If a Participant requires prescription medication, eyeglasses, or medical devices, TravelConnect℠ will consult with the prescribing physician and locate and arrange to send the prescription medication, eyeglasses or medical devices when it is possible and legally acceptable or arrange an appointment with a local medical provider. *Third party costs will be the Participant’s responsibility.*

e. **Guarantee of Payment** Guarantees shall be made by TravelConnect℠ for which a Participant advances payment to TravelConnect℠.

f. **Medical, Dental and Pharmacy Referrals** TravelConnect℠ shall provide, at the Participant’s request, referrals to medical and/or dental professionals and pharmacies in the given geographic area locations of western style medical facilities and English-speaking doctors, dentists and other healthcare providers in an area served by TravelConnect℠ to the extent possible.

g. **Coordination of Benefits** TravelConnect℠ shall request primary health insurance information and/or any supplemental travel/secondary insurance from the Participant and attempt to coordinate benefits during an active assistance case. Coordination includes attempt to facilitate direct payment of covered expenses from the insurer to the medical provider and facilitating assistance with claims documentation by notifying the insurance carrier and requesting a pre-certification of medical expenses.
2. BEHAVIORAL HEALTH SERVICES

a. Referrals TravelConnect℠ will provide Participant with a referral and, if possible, set an appointment with a behavioral health specialist from TravelConnect℠'s vetted, global referral network of 2,000 Masters-prepared behavioral health professionals in 140 countries, as well as over 10,000 professionals throughout North America.

3. MEDICAL TRANSPORTATION SERVICES

The Program includes coverage as shown in Section II for the services described in this section. Terms, conditions and limitations included in Section II apply to services described in this section.

a. Emergency Medical Evacuation If a Participant suffers an accident, injury or sickness while traveling that results in a serious medical condition which in the opinion of the TravelConnect℠ physician requires transportation to be treated adequately, TravelConnect℠ shall coordinate and provide air and/or surface transportation and medical care during transportation from an initial medical facility to the nearest hospital where appropriate medical care is available.

Following a medical evacuation, if the Participant is discharged and deemed fit to travel unescorted, TravelConnect℠ shall arrange transportation to return the Participant to the original location or to the Participant’s home if the reason for travel has ended.

b. Medical Repatriation After being treated at a medical facility, TravelConnect℠ shall coordinate and provide the transport of the Participant with a qualified medical attendant to their residence or home hospital for further medical treatment or recovery should it be deemed medically necessary by the TravelConnect℠ physician.

c. Transportation of Remains In the event of a Participant’s death, TravelConnect℠ shall make the arrangements to coordinate and provide a basic casket or air tray, preparation and transportation of his/her remains to his/her place of residence or to the place of burial.

4. EMERGENCY (COMMERCIAL) TRAVEL SERVICES

The Program includes coverage as shown in Section II for the services described in this section. Terms, conditions and limitations included in Section II apply to services described in this section.

a. Emergency Travel Arrangements (Visit by Family or Friend) If the Participant is hospitalized TravelConnect℠ shall coordinate and provide travel and suitable hotel accommodations for a person of the Participant’s choice to join them.

b. Return of Dependent Children If the Participant’s Dependent(s) are present but left unattended as a result of the Participant’s medical evacuation or hospitalization, TravelConnect℠ shall coordinate and provide arrangements to return them home, including a non-medical escort as needed.

c. Return of Traveling Companion If a Participant’s traveling companion loses previously-made travel
arrangements due to a delay caused by the Participant’s medical emergency or death, TravelConnect℠ shall arrange one-way economy airfare to return the companion to his or her original departure point.

d. **Vehicle Return:** In the event of a Participant’s Emergency Medical Evacuation, Medically Necessary Repatriation, or Transportation of Remains, TravelConnect℠ will coordinate the return of the Participant’s non-commercial vehicle, which is registered to the Participant, to the Participant’s permanent primary residence if it is left unattended and the Participant and its traveling companion cannot drive it due to the Participant’s medical condition or death.

e. **Emergency Pet Boarding and/or Pet Return:** If a Participant is expected to be hospitalized for three (3) or more days, and is traveling with a pet that is left unattended as the result of the Participant’s injury or illness, TravelConnect℠ will coordinate the boarding of the pet. This benefit will be paid only until the Participant’s discharge from the hospital. In the event of the Participant’s Emergency Medical Evacuation, Medically Necessary Repatriation, or Transportation of Remains, TravelConnect℠ will coordinate the return of the pet to either the Participant’s permanent primary residence, or to a boarding facility near the Participant’s permanent primary residence.

“Pet” shall mean any domestic dog or cat less than 200 pounds and is kept for pleasure and companionship rather than utility (other than service animals).

5. **SECURITY ASSISTANCE SERVICES**

a. **Travel Risk Brief** Upon request, TravelConnect℠ will email a country or city security overview that includes intelligence on crime, civil unrest, getting around, cultural info, embassies, vaccinations, health infrastructure.

b. **Incident Briefing** Upon request, a Global Security Specialist employed by TravelConnect℠ will provide a non-emergency briefing following an incident to discuss impacts to current and future travel for an individual, group or operations in the location of the incident.

c. **24/7 Global Security Specialist Assistance** If a Participant’s safety is at risk, a Global Security Specialist employed by TravelConnect℠ is available 24 hours a day to provide immediate advice and assistance to the Participant or Customer.

6. **SECURITY TRANSPORTATION SERVICES**

The Program includes coverage as shown in Section II for the services described in this section. Terms, conditions and limitations included in Section II apply to services described in this section.

a. **Political Evacuation** If Participant requires emergency evacuation due to political or military events, TravelConnect℠ will arrange the Participant’s transportation to the nearest safe location, lodging within the safe haven and onward travel arrangements to their home or an alternate study or work location.

The method of transportation will be as deemed most appropriate to ensure the Participant’s safety. If evacuation becomes impractical due to hostile or dangerous conditions, TravelConnect℠ will maintain contact with and advise Participant until evacuation becomes viable or the political or social upheaval has resolved.
Should commercial transportation be available, but transportation to the commercial transportation departure point represents an imminent threat to the Participants safety, TravelConnectSM shall arrange secure transport to the departure point.

b. **Natural Disaster Evacuation** If Participant requires emergency evacuation due to a natural disaster, TravelConnectSM will arrange the Participant’s transportation to the nearest safe location, lodging within the safe haven and onward travel arrangements to their home or an alternate study or work location.

The method of transportation will be as deemed most appropriate to ensure Participant’s safety. If evacuation becomes impractical due to hostile or dangerous conditions, TravelConnectSM will maintain contact with and advise the Participant until evacuation becomes viable or the natural disaster situation has been resolved.

Should commercial transportation be available, but transportation to the commercial transportation departure point will represent an imminent threat to the Participant’s safety, TravelConnectSM shall arrange secure transport to the departure point.

7. **TRAVEL ASSISTANCE SERVICES**

The Global Assistance Services Program includes access to the services described in this section. Services which have a third party cost associated with them will be the responsibility of the Participant.

a. **Pre-Trip Information** TravelConnectSM shall provide to Participants pre-trip information such as visa, passport and inoculation requirements; cultural information; weather conditions; embassy and consulate referrals; foreign exchange rates; and travel advisories.

b. **24/7 Emergency Travel Arrangements** TravelConnectSM shall assist Participant once a trip has started with changing airline, hotel or car rental reservations.

c. **Translator and Interpreter Referral** TravelConnectSM shall provide the Participant with access to an interpreter via telephone 24 hours a day or referrals to local translators and interpreters in the case of communication problems which cannot be solved via telephone.

d. **Emergency Travel Funds Assistance** TravelConnectSM shall provide assistance to Participants by arranging for the forwarding of funds from Participant’s credit cards or family members.

e. **Legal Consultation and Referral** If a Participant is arrested, or requires the services of an attorney, TravelConnectSM shall arrange for an initial telephone consultation with an attorney without charge to Participant. If needed, a Participant will be referred to an attorney in the appropriate geographical area. This service applies only when a Participant is traveling internationally.

f. **Lost/Stolen Travel Documents Assistance** TravelConnectSM shall provide assistance to Participants for the replacement of passports, airline documents, birth certificates and other travel-related documents.

g. **Emergency Message Forwarding** In the event a Participant is unable to reach an employer, family member or
traveling companion, TravelConnectSM shall forward a message via telephone to the intended party.

h. **Lost Luggage Assistance** TravelConnectSM shall assist the Participant with the tracking of luggage lost in transit.

i. **ID Recovery Assistance.** TravelConnectSM shall call credit card companies with Participant on the phone, alert them that cards were stolen and could be compromised. As well as inform the three credit bureaus that the Participant’s credit cards were stolen so that the incident is reported. If needed, TravelConnectSM will assist the Participant with cash advance assistance from friends/family. In the event that a passport replacement is needed, TravelConnectSM will assist the Participant in securing an appointment with local consulate for emergency passport replacement if passport was stolen while traveling internationally. *Third party costs are the Participant’s responsibility.*

j. **Proof of Coverage Letter for Visa Applications.** Upon request and confirmation of eligibility, TravelConnectSM will generate proof of coverage letters for use during a visa application.
II. Terms, Conditions and Limitations

**INTER HANNOVER POLICY WORDING BLANKET**

The Policy will be administered on behalf of the Insurer by the Administrator: On Call International, LLC.

All benefits listed in Section A and Section B below are subject to a Combined Single Limit (CSL) of $1,000,000 per Participant, per event and a $10,000,000 Aggregate Limit, per event.

<table>
<thead>
<tr>
<th>Section A – Emergency Medical Evacuation and Repatriation</th>
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<th>SUM INSURED</th>
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<td>Transportation of Remains</td>
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<tr>
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<tr>
<th>Section B - Political and Natural Disaster Evacuation</th>
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<th>SUM INSURED</th>
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<td>Evacuation Costs</td>
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<tr>
<td>Hibernation Costs</td>
<td>Covered</td>
<td>Included in CSL</td>
</tr>
<tr>
<td>Expenses</td>
<td>Covered</td>
<td>Included in CSL</td>
</tr>
</tbody>
</table>
Evacuation and Repatriation Insurance

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

In return for You having paid the premium for the Period of Insurance, We will indemnify You 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 SE

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.
Please be aware that from 1st January 2019 International Insurance Company of Hannover SE will become HDI Global Specialty SE, and therefore your policy will be issued in that name.

Useful Telephone Numbers and Websites
Our Medical Assistance Service is operated by a specialist assistance provider who will advise on and where appropriate arrange all medical treatment, medical evacuation or repatriation, travel and accommodation.

In the event of a Medical Emergency, please contact Our Emergency Medical Assistance Provider
Emergency Medical Assistance Provider: +1 603-328-1955 or 1-866-525-1955

In the event you require a Political or Natural Disaster Evacuation, please contact Our Crisis Management Company
Crisis Management Company Call Centre: +1 603-328-1955 or 1-866-525-1955
Who to contact in the event of Claim
On Call International +1 603-328-1955
11 Manor Parkway, Salem, NH 03079

Policy Definitions
Each time We use one of the words or phrases listed below, it will have the same meaning wherever it appears in Your 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.

Appropriate Authorities
The Foreign and commonwealth Office of the United Kingdom, The United States Department of State, the Foreign Office of Canada or similar authority of the Policyholder Host Country.

Country of Domicile
The country in which the Insured Person resided in before departing on an Insured Journey and the country to which the Insured Person shall return to when repatriated. For the purposes of this Policy, the Country of Domicile is the United States of America.

Dependent
Insured Person’s civil union partner, domestic partner, or lawful spouse; the Insured Person’s unmarried child, from birth and under age 19; or under age 26 if enrolled as a full-time student in an accredited college, university, vocational or technical school. A child includes a natural child; an adopted child, beginning with any waiting period pending finalization of the child’s adoption; a child whose support is required by court decree; a civil union partner’s child, a domestic partner’s child, or a stepchild, who resides with the Insured Person or depends on the Insured Person for financial support. A child also includes any child who is disabled on the day before child’s insurance would otherwise end due to his or her age, and who continues to meet the following conditions: the child is unable to earn a living because of a physical or mental disability; and depends mainly on the Participant for support and maintenance.

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.

Emergency Travel Expenses
We will pay up to the amount stated in the Benefits Table for the following Emergency Travel Expenses

The cost of an economy round-trip air or ground transportation ticket for one relative or friend to visit You if You are or are to be hospitalized for more than 3 days; and
1. Reasonable expenses for lodging and meals for that relative or friend to remain whilst You are hospitalised, for a period not to exceed 15 days.
2. The cost of any additional Hotel charges You incur following discharge but during any convalescence period
with the relative or friend prior to Your return to Your Permanent Primary Residence, for a period not exceeding 15 days.

Evacuation Costs
The costs incurred within 30 days of an Insured Event to evacuate the Insured Person to the nearest place of safety or their Permanent Primary Residence.

If the Insured person is in imminent peril, cover will apply to the evacuation of the Insured Person by any appropriate means consistent under the circumstances with their health and safety, otherwise cover hereunder will apply to the transportation only at economy fares unless unavailable or manifestly impractical.

Expenses
The cost of accommodation, transportation and food and any other reasonable and necessary expenses.

Hibernation Costs
The costs of security and relocation if an Insured Event has occurred and at the sole discretion of the Crisis Management Company the Insured Person may remain in their Host Country, in either their current location or relocate to a site chosen by the Crisis Management Company up to a period of 14 days from the time the Insured Event first occurs.

Host Country
The Country in which the Insured Person resides in whilst on an Insured Journey.

Insured Event
1. The Insured’s Appropriate Authority issues a travel advice for a particular country or region where the Insured Person is on an Insured Journey in, recommending that certain categories of person which includes the Insured Person should leave that country or region.
   - or -
2. The recognised Government in their Host Country:
   a) Declares a state of emergency necessitating immediate evacuation or
   b) Formally recommends or instructs that the Insured Person should leave that country or region for safety or
   d) Expels the Insured Person or declares the Insured Person “persona non grata”.
3. Natural Disaster within their Host Country which has a direct impact on the Insured Person and their safety.

Insured Journey
Any time the Insured Person is traveling more than 100 miles away from the Insured Person’s Permanent Primary Residence for a purpose other than the Insured Person’s normal daily activities, commute, or routine, for a period not exceeding 12 months in duration, which begins during the Period of Insurance, and commences from the time the Insured Person leaves their Permanent Primary Residence and continues during the entire period of the journey and terminating at the time of return to the Insured Person’s Permanent Primary Residence.

Insured Person
Employees who are insured through or enrolled in one or more Lincoln Financial Group Group Life, Accidental Death & Dismemberment, and Accident Illness policies and their Dependent(s), whether named as an insured or uninsured by The Policyholder.
Operative Time of Cover
The period of time for which We will cover the Insured Person for benefits described within the The Policy Schedule.

Participating Organization
Lincoln Financial Group who is the organization that applies for coverage on Your behalf from the Plan Administrator.

Period of Insurance
From the effective date until the expiry date shown in The Policy Schedule and any subsequent period for which We accept payment for renewal of this Policy.

Permanent Primary Residence
The locale of the address as shown on the Insured Person’s valid state driver’s license or state-issued identification card.

Pet
Shall mean any domestic dog or cat less than 200 pounds and is kept for pleasure and companionship rather than utility (other than service animals).

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, Dependent of an Insured Person, and a member of the immediate family of the Insured Person or an employee of the Insured Person.

Repatriation
After being treated at a local medical facility, 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 Permanent Primary Residence to obtain further medical treatment or to recover, or both.

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 immediate location to avoid death or serious impairment of health.

The Business
Activities directly connected with The Business described in The Policy Schedule.

The Policy Schedule
The Policyholder
The Policyholder named in The Policy Schedule.

We/Us/Our/The Company
International Insurance Company of Hannover SE, UK Branch.

You/Your
The Insured Person named in The Policy Schedule

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.

Contribution
If at the time of an event giving rise to a claim there is any other insurance Policy in force in The Policyholder’s name which covers The Policyholder 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.

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

Fraud
If a claim made by an Insured Person or The Policyholder or anyone acting on The Policyholder’s 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.

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 The Policyholder must comply with all legal requirements and safety regulations and conduct The Business in a lawful manner. If in relation to any claim the Insured Person and/or The Policyholder have failed to fulfil any of these conditions, the Insured Person and The Policyholder will lose their right to indemnity or payment for that claim.
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.

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

The Policy does not cover:

1. Any expense related to the Insured Person engaging in the commission of, or the attempt to commit, an unlawful act.
2. Any expense incurred as a result of the Insured Person engaging in active service in the armed forces or police of any nation; active participation in war (whether declared or not), invasion, act of foreign enemy, hostilities, civil war, rebellion, riot, revolution or insurrection unless declared to Us and accepted by Us in writing.
3. Any losses incurred by You which are or would be, except for this insurance recoverable under any other insurance or other indemnity available to You.
4. Any losses incurred for which You are responsible under a Workmen’s Compensation Act
5. The Insured Person being under the influence of or being directly or indirectly affected by the effects of intoxicating liquor or drugs or any other condition thereby aggravated other than drugs taken in accordance with treatment prescribed and directed by a Qualified Medical Practitioner but not for the treatment of drug addiction.
6. Any loss incurred for an Insured Person who was not deemed medically suitable for travel by the Insured Person’s primary care physician prior to departing on an Insured Journey.
7. With immediate effect payment of any benefit if the Insured Person who is the subject of a claim ceases to be employed by an employer group that offers a Participating Organization’s group insurance policy unless the Insured Person exercises continuation rights.
8. Any losses incurred for an Insured Person who was traveling for the purpose of obtaining medical treatment
9. Any losses arising from or in connection with the actual or threatened use or release of any nuclear, chemical or biological weapon or device, or exposure to nuclear reaction or radiation, regardless of contributory cause.
10. Any losses arising from or in connection with any transportation that requires an Insured Person to be transported in a biohazard-isolation unit.
11. Hospital or medical treatment expenses of any kind or nature.
12. Medical Evacuations directly or indirectly related to a Natural Disaster that precedes a Participant’s arrival

SECTION A - EMERGENCY MEDICAL EVACUATION AND REPATRIATION

Cover
In the event of the Insured Person sustaining a Serious Medical Condition during the Operative Time of Cover We will pay up to the sum insured shown in The Policy Schedule for their Emergency Medical Evacuation or Repatriation or for Emergency Travel Expenses incurred by or on their behalf.
Extension
The following Extension applies if stated as being Covered in The Policy Schedule:

Transportation of Remains
In the event of the death of the Insured Person whilst on an Insured Journey Our Emergency Medical Provider will arrange for and pay up to the maximum shown in the Benefits Table for the reasonable costs incurred of transportation of the Insured Person’s body or ashes to the Insured Person’s Permanent Primary Residence.

We shall not be held liable for any delay in returning the Insured Person’s remains for any reasons that are not in our direct and immediate control.

Return of Traveling Companion
If the Insured Person’s traveling companion loses previously-made travel arrangements due to a delay caused by the Insured Person’s medical emergency or death while on an Insured Journey, We will indemnify one-way economy airfare to return the companion to his or her original departure point.

Return of Dependent Children
In the event of the death or hospitalization of the Insured Person whilst on an Insured Journey which leaves Dependent children traveling with the Insured Person unattended, We will indemnify the Insured Person’s estate for the cost for transportation, and escort as required, to return Dependent children to a designated advocate.

Vehicle Return:
In the event of the Insured Person’s Emergency Medical Evacuation or Repatriation or Transportation of Deceased Remains, We will indemnify the cost to return of the Insured Person’s non-commercial vehicle, which is registered to the Insured Person, to the Insured Person’s permanent primary residence if it is left unattended and the Insured Person and the Insured Person’s traveling companion cannot drive it due to the Insured Person’s Serious Medical Condition or death.

Emergency Pet Boarding and/or Pet Return:
If the Insured Person is expected to be hospitalised for three (3) or more days, and the Insured Person is traveling with a Pet that is left unattended as the result of the Insured Person’s Serious Medical Condition, We will indemnify the cost to board the Insured Person’s Pet. This benefit will be paid only until the Insured Person’s discharge from the hospital. In the event the Insured Person’s Emergency Medical Evacuation or Repatriation, or Transportation of Remains, We will indemnify the cost to return the Insured Person’s Pet to either the Insured Person’s Permanent Primary Residence, or to a boarding facility near the Insured Person’s Permanent Primary Residence.

Conditions
The following conditions apply to this section. Please also refer to the Policy Conditions at the front of this Policy document.

1. You must contact the Emergency Medical Assistance Provider if you require Emergency Medical Evacuation, Repatriation, Transportation of Remains, or prior to incurring Emergency Travel expenses, otherwise We will not be able to reimburse the costs incurred.

2. 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,
The Policyholder shall reimburse us in respect of such costs and expenses.

3. The Emergency Medical Assistance Provider reserves the right, at its sole discretion, to determine the location to which the Insured Person will be evacuated and the timing, means or method by which such evacuation or repatriation will be carried out. In making such arrangements the Emergency Medical Assistance Provider may consider all relevant circumstances including, but not limited to the Insured Person’s medical condition, the degree of urgency, the Insured Person’s fitness to travel, airport availability, weather conditions and travel distance and whether transportation will be provided by private medically equipped aircraft, helicopter, regular scheduled flight, rail, water or land vehicle. Transportation shall be carried out under such medical supervision, as determined by the Emergency Medical Assistance Provider.

**Exceptions**
The following exceptions apply to this Section. Please also refer to the Policy Exceptions at the front of this Policy document.

We will not be liable for any claims resulting from:

1. More than one Emergency Medical Evacuation and/or Repatriation for any single medical condition of an Insured Person during the Policy Period.
2. Any cost or expense not expressly covered in advance and in writing by The Emergency Medical Assistance Provider and/or not arranged by them. This exception shall not apply to Emergency Medical Evacuation from remote or primitive areas when Our Emergency Medical Assistance Provider cannot be contacted in advance and delay might reasonably be expected to result in loss of life or harm to the Insured Person.
3. Any expense incurred for Insured Person(s) when travelling contrary to the advice of a Qualified Medical Practitioner, or for the purpose of obtaining medical treatment or for rest and recuperation following any prior accident or illness.
4. 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 the Insured Person’s Permanent Primary Residence.
5. Any expense related to treatment performed or ordered by a non-registered practitioner not in accordance with the standard medical practice as defined in the country of treatment.
6. Any expenses incurred as a direct or indirect result of elective surgery or cosmetic surgery.
7. Suicide, attempted suicide, or wilful self-inflicted injury
8. Any losses incurred by the Insured Person if the Insured Person fails to follow the advice of Our Emergency Medical Assistance Provider.
9. Any valid claim costs that have been increased by Your or the Insured Person’s failure to follow the advice of Our Emergency Medical Assistance Provider.

**SECTION B - POLITICAL AND NATURAL DISASTER EVACUATION**

**Cover**
We will indemnify You up to the sums insured shown in The Policy Schedule if You are on an Insured Journey during the Operative Time of Cover You incur Evacuation Costs, Hibernation Costs and Expenses as a result of an Insured Event in Your Host Country.
Conditions
The following conditions apply to this Section. Please also refer to the Policy Conditions at the front of this Policy document.

1. Our Crisis Management Call Centre must be advised immediately of any situation that may give rise to a claim or as soon as reasonably possible thereafter. If the Crisis Management Call Centre is not contacted immediately Our liability to pay any subsequent claim under this section will cease.
2. You must provide Us and Our Crisis Management Company with all assistance and information requested in a timely manner.
3. The Insured Person must follow the advice of Our Crisis Management Company at all times.
4. Where an Insured Person is entitled to any refund on unused tickets or returnable deposits or advanced payments We will be entitled to deduct these from the value of any claim.
5. The Policyholder and the Insured Person shall take all reasonable and necessary steps to ensure that the existence of this Policy is not made common knowledge.
6. You must not make or attempt to make arrangements without the agreement of Our Crisis Management Company.

Exceptions
The following exceptions apply to this Section. Please also refer to the Policy Exceptions at the front of this Policy document.

We will not pay any claims resulting from:

1. Your failure to reasonably prove that there is any threat to the Insured Person’s safety.
2. You taking part in any political activity or operations of any security or armed forces unless declared to and agreed by Us.
3. Or attributable to an alleged violation of the laws of the Host Country by You or the Insured Person.
4. Your failure to maintain and possess duly authorised and issued required immigration, work, residence or similar visas or permits or other relevant documentation required in the Insured Person’s Host Country.
5. Accommodation, Evacuation Expenses or Hibernation Costs incurred more than 30 days after the Insured Event.
6. Or attributable in whole or in part to a debt insolvency, commercial failure, the repossession of any property by any title holder or lien holder, or any other financial cause.
7. Your failure to honour any contractual obligation bond or specific performance condition in a license.
8. You at inception of this policy having prior knowledge of or had received information of any specific matter, fact or circumstance which would lead to an Insured Event that has not been declared to and accepted by Us.
9. Any Losses incurred by You that have been increased by Your failure to follow the advice of Our Crisis Management Company.
10. Political or Natural Disaster transportation when the event precedes an Insured Person’s arrival in the Host Country.