

Tramont Insurance Company Limited  
(Herein called the Company)

Tramont Insurance Company Limited, herein referred to as "the Company" hereby insures all persons whose Application has been Approved, by Seven Corners, Inc., herein referred to as "the Administrator" on behalf of the Company and whose name is identified on the ID Card and/or recorded with the Administrator, subject to all of the Exclusions, Limitations and Provisions as set forth herein and in the Certificate of Insurance issued by the Company to the Policyholder. Coverage is afforded only with respect to the named Insured Person(s), Coverage, amounts and limits specified herein and as identified in the Schedule of Benefits for the Insurance requested on the Application and for which the specified Premium has been paid to the Administrator.

### Volunteering Solutions Program Summary

Administered By:  
Seven Corners, Inc.  
303 Congressional Boulevard  
Carmel, IN 46032 USA

#### Quick Contacts

**Hospital and Doctor Network in the U.S.** - To locate a network facility in the United States, search online at [www.sevencorners.com/ppo](http://www.sevencorners.com/ppo) or contact Seven Corners Assist at 800-690-6295. Advise Seven Corners Assist once you have established an appointment. Use of the network does not guarantee benefits. Please see PreNotification / Referral section for additional details and requirements.

**Claims** – It is important to submit your claims to Seven Corners, Inc. quickly. To be considered, all claims must be submitted to the Seven Corners, Inc.. Claim Department within 90 days after the date of service.

The Company hereby insures all persons eligible for coverage under the **Volunteering Solutions** Plan and whose name and information is submitted on the Group Application which has been accepted by the Administrator, Seven Corners, Inc., on behalf of the Company, subject to all of the exclusions, limitations and provisions as set forth herein and in the Master Policy of insurance issued by the Company. Coverage is afforded only with respect to **Volunteering Solutions**, Eligible Person, coverage, amounts and limits specified herein and as may be identified on the ID Card for the insurance requested on the Group Application and for which their specified plan costs has been paid to the Administrator.

Note: All coverage and benefit amounts herein are in United States Dollars.

## Part I - INDIVIDUAL INSURANCE PROVISIONS

### Eligibility

Eligible Persons shall be participants, employees or members of **Volunteering Solutions**, while traveling outside of their Home Country whose name and travel dates have been submitted on the Group Application and have been accepted by the Administrator. Dependents are considered to be the Primary Insured Person's spouse and natural or legally adopted unmarried children over 14 (fourteen) days and under 19 years of age while traveling outside of their Home Country. Home Country is defined as - The country where an Insured person(s) has his/her true, fixed and permanent home and principal establishment. **Coverage shall apply worldwide excluding the United States.**

### Effective Date of Individual Insurance

Coverage will become effective upon the latest of the following: (1) Moment of departure from Home Country; or (2) The date and time the Group Application and full premium are received and accepted by Seven Corners, Inc.; or (3) The date requested on the Group Application.

### Termination Date of Individual Insurance

Individual coverage will end on the earlier of the following: 1) Your return to your Home Country \*; or 2) The date shown on the ID Card, for which plan cost has been paid; 3) The date you are no longer eligible under this plan. \*See Home Country Coverage Section.

### Home Country Coverage

**Incidental Trips to Your Home Country:** This benefit covers you for incidental trips to your Home Country (60 days per 12 months of purchased coverage or pro rata thereof - example: approximately 5 days per month of purchased coverage). Maximum benefit is reduced to \$50,000 for any illness or injury occurring while on an incidental trip to your Home Country. **Follow Me Home Coverage:** This plan shall pay for Covered Expenses incurred in your Home Country up to \$5,000 for conditions first diagnosed outside Your Home Country (Does not apply for Emergency Evacuation or Repatriation).

### Refund of Premium

Refund of total plan cost will only be considered if written request is received by Seven Corners, Inc. prior to the Effective Date of Coverage. If written request is received after the Effective Date of coverage, the unused portion of the plan cost may be refunded minus a cancellation fee, provided no claim has been submitted to SEVEN CORNERS, INC. for reimbursement.

## PART II - DESCRIPTION OF BENEFITS

### MEDICAL EXPENSE BENEFITS

**If the Insured Person is traveling inside the United States and Canada:** When a covered Injury or Illness is incurred by the Insured Person, the Company will pay 80% of the first \$5,000 of Reasonable and Customary medical charges for Covered Expenses, excess of the Policy Period Deductible as stated on the ID Card. Thereafter, the Company will pay 100% of Reasonable and Customary medical charges for Covered Expenses up to the medical maximum as stated on the ID Card. **If the Insured Person is traveling outside the United States and Canada:** the Company will pay 100% of Reasonable and Customary medical charges for Covered Expenses, excess of the Policy Period Deductible as stated on the ID Card, up to the medical maximum as stated on the ID Card. In no event shall the Company's maximum liability exceed the medical maximum as stated on the ID Card. The Deductible and Coinsurance amount consists of Covered Expenses which would otherwise be payable under this Policy. These expenses must be borne by each Insured Person. A maximum of 3 Policy Period deductibles per family under the same application will apply.

Only such expenses, incurred as the result of and within twenty-six (26) weeks from a Disablement, which are specifically enumerated in the following list of charges, and which are not excluded in PART IV - EXCLUSIONS, shall be considered as Covered Expenses:

1. Charges made by a Hospital for room and board, floor nursing and other services inclusive of charges for professional service and (with the exception of personal services of a non-medical nature); charges made for an operating room.
2. Charges made for Intensive Care or Coronary Care charges and nursing services.
3. Charges made for diagnosis, treatment and Surgery by a Physician; charges made for the cost and administration of anesthetics.
4. Charges made for Outpatient treatment, same as any other treatment covered on an Inpatient basis. This includes ambulatory Surgical centers, Physicians' Outpatient visits/examinations, clinic care, and Surgical opinion consultations.
5. Charges for medication, x-ray services, laboratory tests and services, the use of radium and radioactive isotopes, oxygen, blood transfusions, iron lungs, and medical treatment; dressings, drugs, and medicines that can only be obtained upon a written prescription of a Physician or Surgeon.
6. Charges for physiotherapy, if recommended by a Physician for the treatment of a specific Disablement and administered by a licensed physiotherapist.
7. Ground ambulance (within the metropolitan area) to and from the nearest Hospital with facilities for required treatment. If the Insured Person is in a rural area, then licensed ground ambulance transportation to the nearest metropolitan area shall be considered a Covered Expense.
8. Hotel room charge, when the Insured Person, otherwise necessarily confined in a Hospital, shall be under the care of a duly qualified Physician in a hotel room owing to unavailability of a Hospital room by reason of capacity or distance or to any other circumstances beyond control of the Insured Person.
9. Charges made for artificial limbs, eyes, larynx, and orthotic appliances, but not for replacement of such items.

The charges enumerated herein shall in no event include any amount of such charges which are in excess of Reasonable and Customary charges. If the charge incurred is in excess of such average charge, such excess amount shall not be recognized as a Covered Expense. All charges shall be deemed to be incurred on the date such services or supplies which give rise to the expense or charge are rendered or obtained.

PreNotification / Referral – Seven Corners Assist must be contacted prior to: (1) any medical treatment being received in the United States; or (2) hospital admissions worldwide; or (3) inpatient or outpatient surgeries worldwide. Additionally, the Company's appointed network provider must be utilized for medical expenses incurred inside the United States (when available – contact Seven Corners Assist with questions). A listing of network facilities can be found at [www.sevencorners.com/ppo](http://www.sevencorners.com/ppo) on the world wide web. Pre-notification does not guarantee that benefits will be paid. Failure to follow PreNotification / Referral will result in a 20% reduction of Eligible Benefits. (For Emergency admissions and situations, Seven Corners Assist must be contacted within 48 hours, or as soon as reasonably possible.)

### HOSPITAL INDEMNITY

Should the Insured Person be hospitalized while traveling outside the United States or Canada, and the hospitalization is considered a Covered Expense, the Company will indemnify the Insured \$150 for each night spent in the hospital.

### EMERGENCY MEDICAL EVACUATION/REPATRIATION

The Company shall pay benefits for Covered Expenses incurred up to **\$25,000**, if any covered Injury or Illness commencing during the Period of Coverage results in the Medically Necessary Emergency Medical Evacuation or Repatriation of the Insured Person. The Emergency Medical Evacuation or Repatriation must be ordered by the Assistance Company in consultation with the Insured Person's local attending Physician.

Emergency Medical Evacuation or Repatriation means: (a) the Insured Person's medical condition warrants immediate transportation from the place where the Insured Person is located to the nearest adequate medical facility where medical treatment can be obtained; or (b) after being treated at a local medical facility as a result of a Emergency Medical Evacuation, the Insured Person's medical condition warrants transportation with a qualified medical attendant to his/her Home Country to obtain further medical treatment or to recover; or (c) both (a) and (b) above. All transportation arrangements must be by the most direct and economical route.

### EMERGENCY MEDICAL REUNION

When Emergency Medical Evacuation or Repatriation occurs, the Company will arrange and pay, up to **\$50,000**, for round trip economy-class transportation for one individual selected by the Insured Person, from the Insured Person's Home Country to the location where the Insured Person is hospitalized and return to the Home Country. Emergency Medical Reunion must be recommended by the attending Physician. The benefits payable will include: (1) The cost of a round trip economy air fare; (2) Reasonable travel and accommodation expenses (not to exceed \$200 per day) incurred in relation to the maximum of **\$50,000**. (3) The period of Emergency Medical Reunion is not to exceed 10 days, including travel.

### RETURN OF MINOR CHILDREN(REN)

Should the Insured Person be traveling alone with a Minor Child(ren) and is hospitalized because of a covered Illness or Injury and the Minor Child(ren), under age 19, is left unattended, the Company will arrange and pay, up to **\$50,000**, for one way economy fares to their Home Country. These arrangements will be made at no cost to the

Insured Person. Meals and lodging are the responsibility of the Insured Person. If an attendant/escort is necessary to insure the safety and welfare of Minor Child(ren), the Company will arrange and pay for these services to the limit stated in the Schedule of Benefits.

#### INTERRUPTION OF TRIP

If the Insured is unable to continue the Trip due to the death of a parent, spouse, sibling or child; or due to serious damage to the Insured's principal residence from fire, flood or similar natural disaster (tornado, earthquake, hurricane, etc.), the program will reimburse, (up to \$5,000), the Insured for the cost of economy travel, less the value of applied credit from an unused return travel ticket, to return home to their area of principal residence.

#### LOSS OF CHECKED LUGGAGE

If the Insured's checked luggage is permanently lost by the airline, the program will reimburse the Insured for the replacement of clothing and personal hygiene items lost to a maximum per article limit of \$50. This benefit is secondary to any other (including airline) coverage available. The Insured must furnish proof to the Company that full reimbursement has been obtained from the airline. This policy will reimburse the Insured up to a maximum benefit of \$250 under this provision.

#### DENTAL - EMERGENCY ONLY

Emergency Dental treatment necessary to resolve acute, spontaneous and unexpected inception of pain to natural teeth (up to a maximum of \$100) or Dental treatment necessary to restore or replace sound natural teeth lost or damaged in an Accident which is covered under the program (up to a maximum of \$500). The Deductible and Coinsurance amounts apply to the dental benefit. \*Only available to programs purchased for 1 month or more.

**NOTE:** In the event of an Emergency Medical Evacuation/Repatriation, Return of Mortal Remains, Emergency Medical Reunion, Return of Minor Child(ren), Interruption of Trip, or Loss of Checked Luggage benefit is needed, arrangements must be made by the Assistance Company. **Failure to utilize the Assistance Company (Seven Corners, Inc) for these benefits will void any payment by the Company.** Complete details about required notification of the Assistance Company are listed below.

### PART III - DEFINITIONS

The term "Accident" or "Accidental" shall mean an event, independent of Illness or self inflicted means, which is the direct cause of bodily Injury to an Insured Person.

The term "Airworthiness Certificate" shall mean the "Standard" Airworthiness Certificate issued by the Federal Aviation Agency of the United States or its foreign equivalent issued by the government authority having jurisdiction over civil aviation in the country of its registry.

The term "Company" shall mean Tramont Insurance Company Limited.

The term "Coinsurance" shall mean the percentage amount of eligible Covered Expenses, after the Deductible, which are the responsibilities of the Insured Person and must be paid by the Insured Person. The Coinsurance amount is stated in Section II, Schedule of Benefits, under each stated benefit.

The term "Common Carrier" shall mean any public air conveyance operating under a valid license providing for the transportation of passengers for hire.

The term "Covered Expense" shall mean "Eligible Benefit".

The term "Deductible" shall mean the amount of eligible Covered Expenses which are the responsibility of each Insured Person and must be paid by each Insured Person before benefits under the Policy are payable by the Company.

The term "Disablement" as used with respect to medical expenses shall mean an Illness or an Accidental bodily Injury necessitating medical treatment by a Physician as defined in this Policy.

The term "Eligible Benefit(s)" shall mean benefits payable by the Company to reimburse expenses which are for Medically Necessary services, supplies, care, or treatment; due to Illness or Injury; prescribed, performed or ordered by a Physician; Reasonable and Customary charges; incurred while insured under this program and which do not exceed the maximum benefit.

The term "Emergency" shall mean a medical condition manifesting itself by acute signs or symptoms which could reasonably result in placing the Insured Person's life or limb in danger if medical attention is not provided within 24 hours.

The term "Experimental / Investigational" means all services or supplies associated with: 1) treatment or diagnostic evaluation which is not generally and widely accepted in the practice of medicine in the United States of America or which does not have evidence of effectiveness documented in peer reviewed articles in medical journals published in the United States. For the treatment or diagnostic evaluation to be considered effective such articles should indicate that it is more effective than others available; or if less effective than other available treatments or diagnostic evaluations, is safer or less costly; 2) A drug which does not have FDA marketing approval; 3) A medical device which does not have FDA marketing approval; or has FDA approval under 21 CFR 807.81, but does not have evidence of effectiveness for the proposed use documented in peer reviewed articles in medical journals published in the United States. For the device to be considered effective, such articles should indicate that it is more effective than other available devices for the proposed use; or if less effective than other available devices, or is safer or less costly. The company will make the final determination as to whether a service or supply is Experimental/Investigational.

The term "Hospital" as used in this Policy shall mean except as may otherwise be provided, a Hospital (other than an institution for the aged, chronically ill or convalescent, resting or nursing homes) operated pursuant to law for the care and treatment of sick or Injured persons with organized facilities for diagnosis and Surgery and having 24-hour nursing service and medical supervision.

The term "Home Country" shall mean the country where an Insured Person has his or her true, fixed and permanent home and principal establishment.

The term "Host Country" shall mean any country other than the country where an Insured Person has his or her true, fixed and permanent home and principal establishment.

The term "Illness" wherever used in this Policy shall mean sickness or disease of any kind.

The term "Injury" wherever used in this Policy shall mean bodily Injury caused solely and directly by violent, Accidental, external, and visible means occurring while this Policy is in force and resulting directly and independently of all other causes in Disablement covered by this Policy.

The term "Insured" or "Insured Person" shall mean a person eligible for benefits under the Policy who has applied for coverage and is named on the application and for whom the company has accepted premium.

The term "Intensive Care" shall mean a cardiac care unit or other unit or area of a Hospital which meets the required standards of the Joint Commission on Accreditation of Hospitals for Special Care Units.

The term "Loss" in reference to quadriplegia, paraplegia, hemiplegia, and uniplegia, shall mean the complete and irreversible paralysis of such limbs and with regard to hands and feet, actual severance through and above the wrist or ankle joints, and with regard to eyes, entire irrecoverable Loss of sight.

The term "Medically Necessary" shall mean services and supplies received while insured that are determined by the Company to be: (1) appropriate and necessary for the symptoms, diagnosis, or direct care and treatment of the Insured Person's medical conditions; (2) within the standards the organized medical community deems good medical practice for the Insured Person's condition; (3) not primarily for the convenience of the Insured Person, the Insured Person's Physician or another Service Provider or person; (4) not Experimental/Investigational or unproven, as recognized by the organized medical community, or which are used for any type of research program or protocol; and (5) not excessive in scope, duration, or intensity to provide safe and adequate, and appropriate treatment. For Hospital stays, this means that acute care as an Inpatient is necessary due to the kinds of services the Insured Person is receiving or the severity of the Insured Person's condition, in that safe and adequate care cannot be received as an Outpatient or in a less intensified medical setting. The fact that any particular Physician may prescribe, order, recommend, or approve a service, supply, or level of care does not, of itself, make such treatment Medically Necessary or make the charge of a Covered Expense under this Policy.

The term "Mental Illness" shall mean any condition or disease listed in the most recent edition of the International Classification of Diseases as a mental disorder, which clinically significant behavioral or psychological disorder marked by a pronounced deviation from a normal healthy state and associated with a present painful symptom or impairment in one or more important areas of functioning. This disease must not be merely an expectable response to a particular stimulus. Mental Illness does not mean learning disabilities, attitudinal disorders or disciplinary problems.

The term "Outpatient" shall mean an Insured Person who receives care in a Hospital or another institution, including: ambulatory surgical center; convalescent/skilled nursing facility; or Physician's office, for an Illness or Injury, but who is confined and is not charged for room and board.

The term "Policy Period or Period of Coverage" shall mean the period of coverage issued by the Company to the Insured Person, typically beginning with the Effective Date and ending with the Termination Date or the date coverage is renewed by the Company.

The term "Physician" as used in this Policy shall mean a doctor of medicine or a doctor of osteopathy licensed to render medical services or perform Surgery in accordance with the laws of the jurisdiction where such professional services are performed, however, such definition will exclude chiropractors and physiotherapists.

The term "Reasonable and Customary" shall mean the maximum amount that the Company determines is Reasonable and Customary for Covered Expenses the Insured Person receives, up to but not to exceed charges actually billed. The Company's determination considers: (1) amounts charged by other Service Providers for the same or similar service in the locality where received, considering the nature and severity of the bodily Injury or Illness in connection with which such services and supplies are received; (2) any usual medical circumstances requiring additional time, skill or experience; and (3) other factors the Company determines are relevant, including but not limited to, a resource based relative value scale. For a Service Provider who has a reimbursement agreement, the Reasonable and Customary charge is equal to the amount that constitutes payment in full under any reimbursement agreement with the Company.

The term "Relative" shall mean spouse, parent, sibling, Child, grandparent, grandchild, step-parent, step-child, step-sibling, in-laws (parent, son, daughter, brother and sister), aunt, uncle, niece, nephew, legal guardian, ward, or cousin of the Insured Person.

The term "Service Provider" shall mean a Hospital, convalescent/skilled nursing facility, ambulatory surgical center, psychiatric Hospital, community mental health center, residential treatment facility, psychiatric treatment facility, alcohol or drug dependency treatment center, birthing center, Physician, Dentist, chiropractor, licensed medical practitioner, nurse, medical laboratory, assistance service company, air/ground ambulance firm, or any other such facility that the Company approves.

The term "Surgery" shall mean an invasive diagnostic procedure; or the treatment of Illness or Injury by manual or instrumental operations performed by a Physician while the patient is under general or local anesthesia.

The term "Traveling Companion" shall mean spouse, parent, sibling, child, grandparent, grandchild, step-parent, step-child, step-sibling, in-laws (parent son, daughter, brother, or sister), aunt, uncle, niece, nephew, legal guardian, ward, or business partner of the Insured Person.

#### PART IV - EXCLUSIONS

For **Medical benefits**, this Insurance does not cover:

1. Any Injury or Illness which meets the following criteria: a) condition(s) that would have caused a person to seek medical advise, diagnosis, care or treatment during the 36 months prior to the Effective Date of coverage under this Policy; b) condition(s) for which manifestation, medical advise, diagnosis, care or treatment was recommended, received, or noticed during the 36 months prior to the Effective Date of coverage under this Policy; For Insured Persons traveling outside the United States and Canada, the period is 12 months instead of 36 months. If the Insured Person is a United States citizen, this exclusion is waived for the first \$20,000 in eligible medical expenses incurred outside the United States and Canada (for persons age 65 and over, the amount is \$2,500). This waiver does not include coverage for known, scheduled, required, or expected medical care, drugs, or treatments existent or necessary prior to the effective date of this program.
2. Treatment that is not Medically Necessary.
3. Services provided at no cost to the Insured Person.
4. Treatment that exceed Reasonable and Customary charges.
5. Surgeries or Treatments which are Investigational, Experimental, or for Research purposes.
6. Services, supplies or Treatment, including any period of Hospital confinement, which were not recommended, approved and certified as Medically Necessary and reasonable by a Physician.
7. Suicide or any attempt there at whether the Insured Person committing them is sane or insane;
8. War, hostilities or warlike operations (whether war be declared or not), Invasion, Act of an enemy foreign to the nationality of the insured person or the country in, or over, which the act occurs, Civil war, Riot, Rebellion, Insurrection, Revolution, Overthrow of the legally constituted government, Civil commotion assuming the proportions of, or amounting to, an uprising, Military or usurped power, Explosions of war weapons, Utilization of Nuclear, Chemical or Biological weapons of mass destruction howsoever these may be distributed or combined, Murder or Assault subsequently proved beyond reasonable doubt to have been the act of agents of a state foreign to the nationality of the insured person whether war be declared with that state or not, Terrorist activity.  
For the purpose of this Exclusion:
  - i) Terrorist activity means an act, or acts, of any person, or group(s) of persons, committed for political, religious, ideological or similar purposes with the intention to influence any government and/or to put the public, or any section of the public, in fear. Terrorist activity can include, but not be limited to, the actual use of force or violence and/or the threat of such use. Furthermore, the perpetrators of terrorist activity can either be acting alone, or on behalf of, or in connection with any organization(s) or governments(s).
  - ii) Utilization of Nuclear weapons of mass destruction means the use of any explosive nuclear weapon or device or the emission, discharge, dispersal, release or escape of fissile material emitting a level of radioactivity capable of causing incapacitating disablement or death amongst people or animals.
  - iii) Utilization of Chemical weapons of mass destruction means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing incapacitating disablement or death amongst people or animals.
  - iv) Utilization of Biological weapons of mass destruction means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) micro-organism(s) and/or biologically produced toxin(s) (including genetically modified organisms and chemically synthesised toxins) which are capable of causing incapacitating disablement or death amongst people or animals.Also excluded hereon is any Loss or expense of whatsoever nature directly or indirectly arising out of, contributed to, caused by, resulting from, or in connection with any action taken in controlling, preventing, or suppressing any, or all, of the situations described above. In the event any portion of this exclusion is found to be invalid or unenforceable, the remainder shall remain in full force and effect.
9. Injury sustained while participating in professional, sponsored and/or organized Amateur or Interscholastic Athletics;
10. Vaccinations, inoculations, routine physicals or other examinations where there are no objective indications of impairment in normal health;
11. Treatment of the Temporomandibular Joint (TMJ) or for maxillary and/or mandibular hypoplastic and/or hyperplastic.
12. Vocational, occupational, speech, recreational, or music therapy.
13. Services performed or supplies or treatment recommended or rendered by a Relative of the Insured Person or any person who ordinarily resides with the Insured Person. This exclusion includes any treatment as the result of a referral to or by a Relative of the Insured Person or any person who ordinarily resides with the insured, to another physician.
14. Cosmetic or plastic Surgery and any related Hospital admission, except as the result of a covered Injury. For the purposes of this Insurance, Treatment of a deviated nasal septum shall be considered a cosmetic condition.
15. Treatment, purchase and fitting of false teeth or dentures;
16. Eye refractions or eye examinations for the purpose of prescribing corrective lenses or eye glasses or for the fitting thereof and radial keratotomy, unless caused by Accidental bodily Injury incurred while insured hereunder;
17. Injury sustained while under the influence of or disablement due to wholly or partly to the effects of intoxicating liquor or drugs;
18. Telephone consultations or failure to keep a scheduled appointment.
19. Treatment while confined primarily to receive Custodial Care, educational or rehabilitative care and nursing services in a long term care facility, spa, hydro clinic, weight loss clinic, sanatorium, nursing home or similar facilities.

20. Congenital abnormalities and conditions arising out of or resulting there from.
21. Services and supplies, which are non-medical in nature.
22. The Insured Person's unused airline ticket for the transportation back to the Insured Person's Home Country, where an Emergency Medical Evacuation or Repatriation and/or Return of Mortal Remains benefit is provided.
23. Intentionally self-inflicted Injury or Illness whether the Insured Person committing them is sane or insane;
24. Commission or attempt to commit a felony offense or from the Insured Person being engaged in an illegal occupation or activity;
25. Injury sustained while taking part in mountaineering where ropes or guides are normally used, hang gliding, parachuting, bungee jumping, racing by horse or motor vehicle or motorcycle, snowmobiling, motorcycle / motor scooter riding, scuba diving involving underwater breathing apparatus (unless PADI or NAUI certified), water skiing, snow skiing and snow boarding;
26. Treatment paid for or furnished under any other individual or group policy or other service or medical pre-payment plan arranged through the employer to the extent so furnished or paid, or under any mandatory government program or facility set up for Treatment without cost to any individual;
27. Injuries for which benefits are payable under any no-fault automobile insurance policy;
28. Treatment of venereal disease, sexually transmitted disease, or expenses for a sex change;
29. Routine Dental Treatment and services for Dental care of the teeth or periodontium or the surrounding tissue or structure, except as the result of Injury to sound, natural teeth caused by Accident;
30. Treatments, Medications or procedures that either promotes or prevents conception, or prevents childbirth, including but not limited to: artificial insemination, in vitro fertilization, gamete intra fallopian transfer (GIFT), Treatment for infertility or impotency, sterilization or reversal thereof, or abortion.
31. Treatment in connection with alcoholism and drug addiction, or use of any drug or narcotic agent and caffeine withdrawal;
32. Any Mental and Nervous disorders or rest cures;
33. Treatment which is incurred by Insured Persons who were HIV Positive at the time of Application for this Insurance, or testing for the following: HIV, seropositivity to the AIDS virus, AIDS related illnesses, ARC Syndrome, or AIDS.
34. Treatment for the AIDS virus, AIDS related illness, ARC Syndrome, AIDS, and/or any illness arising as complications from these conditions.
35. Treatment for Chronic Fatigue Syndrome, including but not limited to diagnostic workups.
36. Service or Treatment for any form of food supplement or augmentation or for any program for weight control, whether for obesity or any diagnosis, by diet, injection of any fluid, or use of any Medications or Surgery of any kind including but not limited to gastric bypass, gastric stapling or gastroplasty procedures whether or not in connection with morbid obesity. Additionally, procedures for removal of excess skin are considered cosmetic and are excluded from coverage.
37. Chiropractic care;
38. Land and/or sea rescues.
39. Treatment for Illness or Injury resulting from or in the course of any employment for wage or profit by the Insured Person. Occupational Diseases, including but not limited to diseases related to asbestos exposure, and the complications thereof, including asbestosis and mesothelioma related to asbestos exposure.
40. Treatment, services and supplies for flat feet, fallen arches, corns, bunions, calluses and care of toenails.
41. Treatment, services and supplies for Convalescent, Hospice and Home Health Care.
42. Pregnancy expenses or Illness resulting from pregnancy, childbirth, or miscarriage; or for miscarriage resulting from Accident.
43. Expenses incurred for which travel was undertaken to seek medical treatment for a condition; or incurred after the Insured Person's physician has limited or restricted travel.
44. **Expenses incurred in the United States unless the expenses pertain to the Home Country Coverage Benefit.**

With regards to Accidental Death and Dismemberment, Emergency Medical Evacuation/Repatriation, Return of Mortal Remains, Emergency Medical Reunion, and Return of Minor Child, this Insurance does not cover:

1. Suicide or attempt thereof by the Insured Person while sane or self destruction or any attempt thereof by the Insured Person while insane;
2. Disease or sickness of any kind; (only applicable to AD&D)
3. Bacterial infections except pyogenic infection which shall occur through an accidental cut or wound; (only applicable to AD&D)
4. Hernia of any kind; (only applicable to AD&D)
5. Injury sustained while the Insured Person is riding as a pilot, student pilot, operator or crew member, in or on, boarding or alighting, from any type of aircraft;
6. Injury sustained while the Insured Person is riding as a passenger in any aircraft (a) not having a current and valid Airworthy Certificate and (b) not piloted by a person who holds a valid and current certificate of competency for piloting such aircraft;
7. War, hostilities or warlike operations (whether war be declared or not), Invasion, Act of an enemy foreign to the nationality of the insured person or the country in, or over, which the act occurs, Civil war, Riot, Rebellion, Insurrection, Revolution, Overthrow of the legally constituted government, Civil commotion assuming the proportions of, or amounting to, an uprising, Military or usurped power, Explosions of war weapons, Utilization of Nuclear, Chemical or Biological weapons of mass destruction howsoever these may be distributed or combined, Murder or Assault subsequently proved beyond reasonable doubt to have been the act of agents of a state foreign to the nationality of the insured person whether war be declared with that state or not, Terrorist activity. For the purpose of this Exclusion: i) Terrorist activity means an act, or acts, of any person, or group(s) of persons, committed for political, religious, ideological or similar purposes with the intention to influence any government and/or to put the public, or any section of the public, in fear. Terrorist activity can include, but not be limited to, the actual use of force or violence and/or the threat of such use. Furthermore, the perpetrators of terrorist activity can either be acting alone, or on behalf of, or in connection with any organization(s) or governments(s). ii) Utilization of Nuclear weapons of mass destruction means the use of any explosive nuclear weapon or device or the emission, discharge, dispersal, release or escape of fissile material emitting a level of radioactivity capable of causing incapacitating disablement or death amongst people or animals. iii) Utilization of Chemical weapons of mass destruction means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing incapacitating disablement or death amongst people or animals. iv) Utilization of Biological weapons of mass destruction means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) micro-organism(s) and/or biologically produced toxin(s) (including genetically modified organisms and chemically synthesized toxins) which are capable of causing incapacitating disablement or death amongst people or

animals. Also excluded hereon is any Loss or expense of whatsoever nature directly or indirectly arising out of, contributed to, caused by, resulting from, or in connection with any action taken in controlling, preventing, or suppressing any, or all, of the situations described above. In the event any portion of this exclusion is found to be invalid or unenforceable, the remainder shall remain in full force and effect;

8. Service in the military, naval or air service of any country;
9. Flying in any aircraft being used for or in connection with acrobatic or stunt flying, racing, endurance tests, rocket-propelled aircraft, crop dusting or seeding or spraying, fire fighting, exploration, pipe or power line inspection, any form of hunting or herding, aerial photography, banner towing or any experimental purpose;
10. Being under the influence of alcohol or having taken drugs or narcotics unless prescribed by a legally qualified physician or surgeon;
11. Injury occasioned or occurring while the Insured Person is committing or attempting to commit a felony or to which a contributing cause was the Insured Person being engaged in an illegal occupation;
12. Riding or driving in any kind of competition;
13. Pregnancy, childbirth, miscarriage or abortion;
14. Covered Expenses incurred after the Insured Person's physician has limited or restricted travel; or Covered Expenses incurred as a result of a change in prescribed treatment during, or within the three months prior to the effective date of coverage.

For Interruption of Trip, this insurance does not cover: (1) war or any act of war, whether declared or not; participation in a felony, riot or insurrection; participation in contests of speed; a Pre-existing Condition existing prior to the Insured's departure from their Home Country that has the likelihood of causing death; the Insured Person or Traveling Companion or Traveling Companion's family making changes to personal plans; having business or contractual obligations; being unable to obtain necessary travel documents (passports, visas, etc.); being detained or having property confiscated by customs authorities; carrier caused delays (including bad weather); prohibition or regulatory by any government; default of yacht charter companies; default of the organization from which the Insured Person purchased their trip arrangements.

For Lost of Checked Luggage, this insurance does not cover: animals; automobiles or automobile equipment; boats; motors; motorcycles; other conveyances or their appurtenances (except bicycles while checked as baggage with a Common Carrier); household furniture; eye glasses or contact lenses; artificial teeth or dental bridges; hearing aids; prosthetic limbs; musical instruments; money or securities; tickets or documents; or sporting equipment if loss or damage results from the use thereof.

**PreNotification / Referral** – Seven Corners Assist must be contacted prior to: (1) any medical treatment being received in the United States; or (2) hospital admissions worldwide; or (3) inpatient or outpatient surgeries worldwide. Additionally, the Company's appointed network provider must be utilized for medical expenses incurred inside the United States (when available – contact Seven Corners Assist with questions). A listing of network facilities can be found at [www.sevencorners.com/ppo](http://www.sevencorners.com/ppo) on the worldwide web. Pre-notification does not guarantee that benefits will be paid. Failure to follow PreNotification / Referral will result in a 20% reduction of Eligible Benefits. (For Emergency admissions and situations, Seven Corners Assist must be contacted within 48 hours, or as soon as reasonably possible.)

Please be aware that this is not a general health insurance policy, but an interim travel medical program intended for use while away from your Home Country or Country of Residence. Seven Corners, Inc. does not guarantee payment to a facility or individual for medical expenses until the Company determines that it is an eligible expense.

## PART V - POLICY PROVISIONS

1. **Notice of Claim:** Written notice of claim must be given to the Company within 90 (ninety) days after the occurrence or commencement of any Disablement covered by the Policy, or as soon thereafter as is reasonably possible. Notice given by or on behalf of the claimant to the Administrative Offices of the Company, or to any authorized agent of the Company, with information sufficient to identify the Insured Person shall be deemed notice to the Company.
2. **Claim Forms:** The Company, upon receipt of a notice of claim, will furnish to the claimant such forms as are usually furnished by it for filing Proofs of Loss. If such forms are not furnished within fifteen (15) days after the giving of such notice the claimant shall be deemed to have complied with the requirements of the Policy as to Proof of Loss upon submitting, within the time fixed in the Policy for filing Proofs of Loss, written proof covering the occurrence, the character and the extent of the Disablement for which claim is made.
3. **Proof of Loss:** Written Proof of Loss must be furnished to the Company at its said office in case of claim for loss for which this Policy provides any periodic payment contingent upon continuing loss within 90 (ninety) days after the termination of the period for which the Company is liable and in case of claim for any other loss within ninety (90) days after the date of such loss. Failure to furnish such proof within the time required shall not invalidate nor reduce any claim if it was not reasonably possible to give proof within such time, provided such proof is furnished as soon as reasonably possible.
4. **Time of Payment of Claims:** Indemnities payable under the Policy for any loss other than loss for which the Policy provides any periodic payment will be paid immediately upon receipt of due written proof of such loss. Subject to due written Proof of Loss, all accrued indemnities for loss for which the Policy provides periodic payment will be paid at the expiration of each four (4) weeks during the continuance of the period for which the Company is liable, and any balance remaining unpaid upon the termination of liability will be paid immediately upon receipt of due written proof.
5. **Payment of Claims:** Indemnity for loss of life will be payable in accordance with the beneficiary designation and the provisions respecting such payment which may be prescribed herein and effective at the time of payment. If no such designation or provision is then effective, such indemnity shall be payable to the estate of the Insured Person. Any other accrued indemnities unpaid at the Insured Person's death may, at the option of the Company, be paid either to such beneficiary or to such estate. All other indemnities will be payable to the Insured Person.

If any indemnity of the Policy shall be payable to the estate of an Insured Person, or to an Insured Person who is a minor or otherwise not competent to give a valid release, the Company may pay such indemnity, up to an amount not exceeding \$1,000, to any Relative by blood or connection by marriage of the Insured Person who is deemed by the Company to be equitably entitled thereto. Any payment made by the Company in good faith pursuant to this provision shall fully discharge the Company to the extent of such payment.

Subject to any written direction of the Insured Person all or a portion of any indemnities provided by this Policy on account of Hospital, nursing, medical or Surgical service may, at the Company's option and unless the Insured Person requests otherwise in writing not later than the time for filing proof of such loss, be paid directly to the Hospital or person rendering such services, but it is not required that the service be rendered by a particular Hospital or person.

6. **Physical Examination and Autopsy:** The Company at its own expenses shall have the right and opportunity to examine the person of any individual whose Injury or Illness is the basis of claim when and as often as it may reasonably require during the pendency of a claim hereunder and to make an autopsy in case of death, where it is not forbidden by law.
7. **Legal Actions:** No actions at law or in equity shall be brought to recover on the Policy prior to the expiration of sixty (60) days after written proof of loss has been furnished in accordance with requirements of this Policy. No such action shall be brought after expiration of three (3) years after that time written Proof of Loss is required to be furnished.
8. **Grace Period:** A Grace Period of thirty-one (31) days will be granted for the payment of each Premium falling due after the first Premium, during which Grace Period the Policy will continue in force, but the Insured Person(s) and Assured Group shall be liable to the Company for the payment of the Premium accruing for the period the Policy continues to be in force. Failure to submit outstanding Premium within the thirty-one (31) day Grace Period shall result in termination of Coverage upon the end of the period for which Premium has been paid by the Insured Person(s) or Assured Group.
9. **Effective Date of Individual Insurance:** Coverage will become effective upon the latest of the following: (1) Moment of departure from Home Country; or (2) The date and time the Group Application and full premium are received and accepted by Seven Corners, Inc.; or (3) The date requested on the Group Application.
10. **Termination Date of Individual Insurance:** Individual coverage will end on the earlier of the following: 1) Your return to your Home Country \*; or 2) The date shown on the ID Card, for which plan cost has been paid; 3) The date you are no longer eligible under this plan. \*See Home Country Coverage Section.
11. **Cancellation:** The Policy is annually renewable for the Assured Group or until the Termination Date of Individual Insurance. The Company may cancel Coverage for the Assured Group, for which the individual Insured Person(s) is an employee, participant or member, by giving the Assured Group 30 days notice, in writing, prior to the Assured Groups Renewal Date. The Company may cancel Coverage for the Assured Group by giving notice in writing to the Assured Group due to non-payment of Premium as provided in Provision 8. Grace Period. The Assured Group may cancel the Policy by giving the Company 30 days notice, in writing, at which time the Company shall make a short rate calculation on the remaining Premium (if any) and reimburse the Assured Group accordingly.
12. **Renewal of Group Insurance:** The Policy can be renewed each year on the anniversary of the Effective Date of the Assured Group, subject to the provisions of the Policy in force at the time of the renewal. The Company reserves the right to adjust Premiums and make benefit modifications to the Policy of an Assured Group based upon the Assured Group's prior year(s) experience. Additionally, the Company can cancel an Assured Group, if the Assured Group's renewal submission does not meet the Company's underwriting criteria, or if the Assured Group's Coverage is Rescinded or Voided for misrepresentations. The renewal Period of Coverage may not total more than twelve (12) months. Renewal(s) will be contingent upon the Assured Group submitting the applicable renewal Premiums, as determined by the Company.

### Subrogation

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

### Pre-Notification and Network Information

Many facilities inside the U.S. are not familiar with travel medical insurance and this creates unnecessary problems for insureds. **Seven Corners Assist must be contacted and Seven Corners, Inc.'s provider network must be utilized for treatment received in the United States.** When contacted properly, Seven Corners Assist is able to notify the network provider of benefits, coverage, and conditions in advance of the insured's arrival. While utilizing the network does not guarantee benefits or that the treating facility will bill Seven Corners, Inc. directly, it saves the insured from many administrative hassles and places the facility in contact with the Seven Corners, Inc. claims department.

While Seven Corners, Inc. does not have network facilities outside the United States, the quality of medical attention available is important to us. Outside of the United States, the insured must pre-notify Seven Corners Assist for any hospital admissions or any inpatient / outpatient surgeries.

Contact information for Seven Corners Assist is below and on the back of your ID Card. A listing of network providers can be found at [www.sevencorners.com/ppo](http://www.sevencorners.com/ppo) on the web. Following these procedures are very important, failure to do so will result in a 20% reduction of eligible benefits.

### How to obtain travel assistance

To receive assistance worldwide, call Seven Corners Assist at the numbers below and provide them with your ID Number.  
 For Emergency Medical Evacuation, Return of Remains, Emergency Reunion, Return of Minor Child, Assistance Services, call:  
 if in the United States or Canada: 1-800-690-6295 or if outside the United States or Canada: 1-317-818-2808 (collect)  
 email: [assist@sevencorners.com](mailto:assist@sevencorners.com)

### Claims Services

**Important Note:** Claim forms and receipts for medical expenses must be sent to Seven Corners, Inc. quickly. Claim submissions must be made within 90 (ninety) after the Date of Service. Should they be received after 90 (ninety) days, they may be considered ineligible.

To report claims or verify eligibility, send the original bills and claim forms to Seven Corners, Inc. or call or fax to the numbers below. Be certain to include your ID# shown on the ID Card with all correspondences:

Seven Corners, Inc.  
 303 Congressional Boulevard; Carmel, IN 46032  
 800-335-0477 or 317-575-2656 FAX 317-575-2256 email: [claims@sevencorners.com](mailto:claims@sevencorners.com) [www.sevencorners.com](http://www.sevencorners.com)

**Insurance Company**

This Insurance, under Policy **VSC08-081118-01TM**, is underwritten by Tramont Insurance Company Limited

# INJURY AND ILLNESS CLAIM FORM

**Seven Corners, Inc.**

303 Congressional Boulevard

Carmel, IN 46032

800-335-0477 or 317-575-2656 Fax: 317-575-2256

Insurance Carrier: Tramont Insurance Company Limited

Name of Group: **Volunteering Solutions**

ID Number: \_\_\_\_\_

**To be considered, claim form and receipts for expenses must be submitted within 90 days of the date of service!!!**

**Instructions:**

1. This form is to be used when filing a claim for reimbursement of Medical Expenses and **must** be completed by the Insured in full.
2. Fully itemized bills including Claimant's Name, Nature of Illness/Injury, must be included with this claim form.
3. Description and Charge for each service provided.
4. This form must be signed and dated in all applicable sections. In most cases, two signatures are required.
5. This form and all attached bills must be submitted to the address indicated above.

**The furnishing of this form, or its receipt by the Company, must not be construed as an admission of any liability on the Company, nor a waiver of any of the conditions of the insurance contract. Any person who knowingly and/or with intent to injure, defraud, or deceive an insurance company or other person files a statement of claim containing false, incomplete or misleading information, may be guilty of insurance fraud and subject to criminal and substantial civil penalties.**

Coverage Effective Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Coverage Termination Date \_\_\_\_/\_\_\_\_/\_\_\_\_

ID Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

1.) Name of Insured: \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: \_\_\_Male \_\_\_ Female

2.) Name of Claimant: \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: \_\_\_Male \_\_\_ Female

3.) Current Residence Address: \_\_\_\_\_

Date of Arrival in U.S.: \_\_\_\_/\_\_\_\_/\_\_\_\_ Daytime Phone Number: (\_\_\_\_) \_\_\_\_\_

4.) Permanent Address (In Home Country): \_\_\_\_\_

Date scheduled to return to Home Country: \_\_\_\_/\_\_\_\_/\_\_\_\_

5.) If Injury, provide details, i.e., how when and where injury occurred: \_\_\_\_\_  
\_\_\_\_\_

6.) If Illness, advise when and where symptoms first occurred and nature of illness: \_\_\_\_\_  
\_\_\_\_\_

7.) Name and address of Consulting or Treating Physicians: \_\_\_\_\_  
\_\_\_\_\_

8.) Have you ever been treated for this Illness before? Yes\_\_\_ No\_\_\_ If Yes, when? \_\_\_\_\_

9.) Provide Name and Address of your Regular Physician in your Home Country: \_\_\_\_\_  
\_\_\_\_\_

10.) Please advise names of any prescription medications you are presently taking: \_\_\_\_\_  
\_\_\_\_\_

11.) Indicate other Insurance coverage, include name, address, policy number and certificate number of Insurer: \_\_\_\_\_  
\_\_\_\_\_

I, the undersigned authorize any hospital or other medical-care institution, physician or other medical professional, pharmacy, insurance support organization, governmental agency, group policyholder, insurance company, association, employer, relative or benefit plan administrator to furnish to Seven Corners, Inc. any and all information with respect to any injury or illness suffered by, the medical history of, or any consultation, prescription or treatment provided to, the person whose death, injury, illness or loss is the basis of the claim and copies of all that person's hospital or medical records, including information relating to mental illness and use of drugs and alcohol, to determine eligibility for benefit payments under the policy identified above. I authorize the group policyholder, employer or benefit plan administrators to provide Seven Corners, Inc. with financial and employment related information and documents. I agree that I will provide Seven Corners, Inc. with any medical records, or other records, requested by Seven Corners, Inc. to

process the claim. I understand that my failure to provide requested documents to Seven Corners, Inc. may result in denial of the claim. I understand that failure by any of the above referenced entities or individuals to provide information or documents to Seven Corners, Inc. may result in denial of the claim. In addition, I hereby certify that the above information is true and correct to the best of my knowledge and belief. I understand that any false statements made on this form or omissions of information requested by this form may result in denial of the claim.

\_\_\_\_\_  
Signature of Claimant or Parent, If Claimant is a Minor

\_\_\_\_\_  
Date