

SUMMARY OF INSURANCE

PLAN: **ANNUAL MULTI-TRIP ACCIDENT & SICKNESS INSURANCE PLAN**

POLICYHOLDER: Sun Trust Bank as Trustee of the AIG Group Insurance Trust (District of Columbia)
1445 New York Avenue, N.W.
Washington, DC 20005-2105

PARTICIPATING ORGANIZATION: **Travel Risk Insurance Programs, LLC**
1776 "I" Street NW, 9th Floor
Washington, DC 20006

PLAN NUMBER: **GLB 910 9206**

PLAN EFFECTIVE DATE: July 1, 2006
12:01 a.m. Eastern Standard time

PLAN ANNIVERSARY DATE: July 1, 2007
12:01 a.m. Eastern Standard time

The Company has issued a Master Policy, identified above, to the Policyholder. The Plan insures persons who qualify under its terms. The provisions of the Plan which are important to you as an eligible participant are set forth in this Summary of Insurance. The Master Policy is the only contract under which payment will be made. Any difference between the Master Policy and this Summary of Insurance will be settled according to the provisions of the Master Policy. The Master Policy may be inspected at the office of the Participating Organization.

Underwritten By:

The Insurance Company Of The State Of Pennsylvania
A member company of American International Group, Inc.
(except for Travel Assistance Services provided by AIG International Services)

Plan Designed and Administrated by:

Safe Passage International, LLC*
3609 South Wadsworth Blvd., Suite 565
Lakewood, CO 80235 USA
Toll Free: 1-800-777-7665
Phone: 1-303-988-9626
Fax: 1-303-988-9666
Email: info@spibrokers.com
www.spibrokers.com/multitrip

*In California, Safe Passage International Insurance Services

Rev. 10/3/06

OVERVIEW

The Master Policy provides for the following benefits and services (please refer to this brochure for additional details):

- Medical Expense Coverage for Accident and Sickness
- Emergency Evacuation Benefit
- Repatriation of Remains Benefit
- Coma Benefit
- Accidental Death and Dismemberment Benefit

In addition, the following Travel Assistance Services are provided separately from the Master Policy (details are described elsewhere in this brochure):

- Medical Assistance
- Medical Evacuation
- Repatriation
- Legal Assistance
- Financial and General Assistance
- Emergency Family Travel Arrangements
- Return of Companion
- Return of Minor Children
- Return of Vehicle
- Transportation of Companion
- Family Reunion

IMPORTANT: EXCESS COVERAGE PROVISION

All coverages under this Plan, except Accidental Death and Dismemberment, shall be in excess of all other valid and collectible insurance the Insured Person may have, and shall apply only when such benefits are exhausted.

Other valid and collectible insurance includes but is not limited to: a) group, blanket or franchise insurance; b) group Hospital, medical services, or pre-payment plan; c) labor-management trustee, union welfare, employer organization, or employee benefit organization plan; d) governmental insurance plans or governmental health care programs, or coverage provided by any law, statute, rule or regulation; e) automobile insurance medical benefit plans or automobile reparations insurance (no fault); and f) Workers Compensation or similar law.

ELIGIBILITY

This Plan is available to Eligible Participants, which means employees, volunteers, contractors, subcontractors, consultants and members of participating companies, organizations and groups, while taking part in Trips, and whose names are on file with the Participating Organization, and for whom premium has been paid for coverage under this Plan.

PERIOD OF COVERAGE

Effective Date: Your coverage will be effective under the Plan on the later to occur of:

- a) the Plan Effective Date;
- b) 12:01 a.m. Standard Time on the date indicated on the enrollment form (if applicable);
- c) 12:01 a.m. Standard Time on the date of receipt of premium by the Company or its authorized representative;
- d) the date you become an Eligible Participant under this Plan (as defined herein).

No coverage is effective unless the required premium has been paid.

Termination: Your coverage ceases on the earliest to occur of:

- a) 12:01 a.m. Standard Time on the last day for which Your premium has been paid;
- b) 12:01 a.m. Standard Time on the date You cease to be eligible for this insurance;
- c) 12:01 a.m. Standard Time on the date the Plan is cancelled.

INSURANCE COST

Premium is payable monthly or as otherwise indicated by the insurance Company. Premium includes the Travel Assistance Services.

SCOPE OF COVERAGE

This Plan provides annual insurance coverage for loss due to Injury or Illness, and is effective 24 hours a day while on a Trip, as defined herein. Maximum length of any one Trip is 60 days. Injury and Illness coverage applies worldwide, except in the United States where coverage is for Injury only.

Such insurance includes Injury sustained during such Trip while the Insured Person is riding as a passenger (but not as a pilot, operator or member of the crew) in or on, boarding or alighting from:

- (1) any civilian aircraft having a current and valid Airworthiness Certificate, and piloted by a person who then holds a valid and current certificate of competency of a rating authorizing him to pilot such aircraft; or
- (2) any transport type aircraft operated by the Military Airlift Command (MAC) of the United States, or by the similar air transport service of any duly constituted governmental authority of any other recognized country;

provided that this insurance shall not apply while such Insured Person is riding in any civilian or military aircraft other than as expressly described herein, unless previously consented to in writing by the Company. Please refer to Exclusion 22 of this brochure for additional details.

DESCRIPTION OF COVERAGE

PART I – MEDICAL BENEFITS

INJURY & ILLNESS MEDICAL EXPENSE COVERAGE

The Company will pay benefits with respect to covered expenses described below, resulting from a Disablement. Coverage is limited to covered expenses incurred subject to the Exclusions described below. Treatment of an Injury or Illness must occur during the period of coverage.

SCHEDULE OF BENEFITS

Medical Expense: When a Disablement due to a covered Injury or covered Illness results, the Company will pay for (after satisfaction of a \$100 deductible):

In Hospital Medical Services: 100% of covered expenses

In Hospital Surgical Services: 100% of covered expenses

Out of Hospital Medical Expenses: 100% of covered expenses

In no event shall the Company's maximum liability exceed \$250,000 as to covered expenses during any one period of individual coverage. The deductible is the dollar amount of covered expenses which must be incurred as an out-of-pocket expense by each Insured, for any one Disablement due to Injury or Illness.

COVERED EXPENSES

Only the following expenses incurred as the result of and within 26 weeks from a Disablement, and which are not excluded, shall be considered as covered expenses:

- (1) Charges made by a Hospital for room and board, floor nursing and other services, including charges for professional services, except personal services of a non-medical nature, provided, however, that expenses do not exceed the Hospital's average charge for semi-private room and board accommodation;
- (2) Charges made for diagnosis, treatment and surgery by a Physician;
- (3) Charges made for the cost and administration of anesthetics;
- (4) 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;
- (5) Charges for physiotherapy, if recommended by a Physician for the treatment of a specific Disablement and administered by a licensed physiotherapist;
- (6) Hotel room charge, when the Insured, 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 Insured;
- (7) Dressings, drugs, and medicines that can only be obtained upon a written prescription of a Physician or surgeon.

The charges enumerated above shall in no event include any amount of such charges which are in excess of regular and customary charges. A charge incurred by an Insured shall be deemed a regular and customary charge for the services and supplies for which the charge is made if it is not in excess of the average charge for such services and supplies in the locality where received, considering the nature and severity of the bodily injury or sickness in connection with which such services and supplies are received. If the charge incurred is in excess of such average charge such excess amount shall not be recognized as covered expenses.

LIMITATIONS AND EXCLUSIONS

(Applicable to Part 1)

No benefits shall be payable for medical expenses provided, or other coverages in Part 1 of this Plan, with respect to expenses incurred or arising from:

- (1) Illness first occurring while the Insured Person is on a Trip within the United States.
- (2) For Pre-Existing Conditions, defined as an Injury or Illness which was contracted or which manifested itself, or for which treatment or medication was prescribed prior to the effective date of this insurance;
- (3) For services, supplies or treatment, including any period of Hospital confinement, which were not recommended, approved and certified as necessary by a Physician;
- (4) For suicide or any attempt thereat while sane or self-destruction or any attempt thereat while insane;
- (5) Declared or undeclared war or any act thereof;
- (6) For injury sustained while participating in professional athletics;
- (7) For sickness resulting from pregnancy, childbirth, or miscarriage;
- (8) For miscarriage resulting from accident;
- (9) For routine physical or other examinations where there are no objective indications or impairment in normal health, and laboratory diagnostic or x-ray examinations except in the course of a disability established by the prior call or attendance of a Physician;
- (10) For cosmetic or plastic surgery, except as the result of an accident;
- (11) For elective surgery which can be postponed until the Insured returns to his/her country of residence;
- (12) For any mental and nervous disorders or rest cures;
- (13) For dental care, except as the result of Injury to natural teeth caused by accident;
- (14) For eye refractions or eye examinations for the purpose of prescribing corrective lenses for eyeglasses or for the fitting thereof, unless caused by accidental bodily Injury incurred while insured hereunder; (15) In connection with alcoholism and drug addiction, or use of any drug or narcotic agent;
- (16) For congenital anomalies and conditions arising out of or resulting therefrom;
- (17) For expenses which are non-medical in nature;
- (18) For the ordinary cost of a one-way airplane ticket used in the transportation back to the insured's country where an air ambulance benefit is provided;
- (19) For expenses as a result of or in connection with intentionally self-inflicted injury;
- (20) For expenses as a result of or in connection with the commission of a felony offense;
- (21) For specific named hazards: Motorcycle driving, scuba diving, skiing, mountain climbing, sky diving, professional or amateur racing, and piloting an aircraft;
- (22) 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;
- (23) For loss caused by or resulting from Injury sustained while the Insured Person is flying in any of the following aircraft: (a) any aircraft being used for or in connection with acrobatic or stunt flying, racing or endurance tests; (b) any rocket-propelled aircraft; (c) any aircraft being used for or in connection with crop dusting or seeding or spraying, fire fighting, exploration, pipe or power line inspection, any form of hunting bird or fowl herding, aerial photography, banner towing or any test or experimental purpose, unless previously consented to in writing by the Company; or (d) any aircraft which is engaged in any flight which requires a special permit or waiver from the authority having jurisdiction over civil aviation, even though granted, unless previously consented to in writing by the Company. Please refer to the Scope of Coverage section of this brochure for a description of aircraft related activities that are not excluded under this Plan.

PART 2 – EMERGENCY EVACUATION AND REPATRIATION OF REMAINS BENEFITS

EMERGENCY EVACUATION BENEFIT

The Company will pay benefits for covered expenses incurred up to a maximum of **\$100,000** if any Injury or Illness commencing during the course of a Trip results in the necessary Emergency Evacuation of the Insured Person. An Emergency Evacuation must be ordered by a legally licensed Physician who certifies that the severity of the Insured Person's Injury or Illness warrants the emergency evacuation of the Insured Person.

Covered Expenses are expenses, up to the maximum, for transportation, medical services and medical supplies necessarily incurred in connection with Emergency Evacuation of the Insured Person. All transportation arrangements made for evacuating the Insured Person must be by the most direct and economical route. Expenses for special transportation must be: (a) recommended by the attending Physician or (b) required by the standard regulations of the conveyance transporting the Insured Person. Expenses for medical supplies and services must be recommended by the attending Physician. Transportation means any land, water or air conveyance required to transport the Insured Person during an Emergency Evacuation. Special transportation includes, but is not limited to, air ambulances, land ambulances, and private motor vehicles.

REPATRIATION OF REMAINS BENEFIT

The Company will pay the reasonable covered expenses incurred to return the Insured Person's body home (to his/her Home Country) if he or she dies, not to exceed the maximum of **\$25,000**.

Covered expenses include, but are not limited to, expenses for embalming, cremation, coffins and transportation.

LIMITATIONS AND EXCLUSIONS

(Applicable to Part 2)

With respect to coverages in Part 2, this Plan does not cover any loss, fatal or non-fatal, caused by or resulting from:

- (1) suicide or any attempt thereat by the Insured Person while sane or insane or self-destruction or any attempt thereat by the Insured Person while insane;
- (2) injury sustained in consequence of riding as a passenger or otherwise in any vehicle or device for aerial navigation except as provided in the Scope of Coverage section of this brochure;
- (3) declared or undeclared war or any act thereof;
- (4) service in the military, naval or air service of any country;
- (5) the Insured Person being under the influence of drugs or intoxicants, unless taken under the advice of a Physician.
- (6) For loss caused by or resulting from Injury sustained while the Insured Person is flying in any of the following aircraft: (a) any aircraft being used for or in connection with acrobatic or stunt flying, racing or endurance tests; (b) any rocket-propelled aircraft; (c) any aircraft being used for or in connection with crop dusting or seeding or spraying, fire fighting, exploration, pipe or power line inspection, any form of hunting bird or fowl herding, aerial photography, banner towing or any test or experimental purpose, unless previously consented to in writing by the Company; or (d) any aircraft which is engaged in any flight which requires a special permit or waiver from the authority having jurisdiction over civil aviation, even though granted, unless previously consented to in writing by the Company. Please refer to the Scope of Coverage section of this brochure for a description of aircraft related activities that are not excluded under this Plan.

PART 3 – SPECIAL BENEFITS

Principal Sum: \$100,000

ACCIDENTAL DEATH AND DISMEMBERMENT

If an Insured Person's covered Injury results in any of the following losses within 365 days after the date of a covered accident, we will pay the sum shown opposite the loss. If more than one Loss is sustained by an Insured person as a result of the same accident, only one amount, the largest, will be paid.

For Loss of:

Life	Principal Sum
Both Hands or Both Feet or Sight of Both Eyes	Principal Sum
One Hand and One Foot	Principal Sum
Either Hand or Foot and Sight of One Eye	Principal Sum
Either Hand or Foot	One-Half the Principal Sum
Sight of One Eye	One-Half the Principal Sum
Quadriplegia	Principal Sum
Paraplegia	Three-Quarters of the Principal Sum
Hemiplegia	One-Half of the Principal Sum
Uniplegia	One-Quarter of the Principal Sum

Loss means with regard to:

- a) hands and feet, actual severance through or above wrist or ankle joints;
- b) eye, entire and irrecoverable loss of sight;
- c) hearing, total and irrecoverable loss of the entire ability to hear in that ear;
- d) speech, total and irrecoverable loss of the entire ability to speak; and
- e) thumb and index finger, complete severance through or above the metacarpophalangeal joint of both digits.

"Quadriplegia" means the complete and irreversible paralysis of both upper and both lower limbs. "Paraplegia" means the complete and irreversible paralysis of both lower limbs. "Hemiplegia" means the complete and irreversible paralysis of the upper and lower limbs of the same side of the body. "Uniplegia" means the complete and irreversible paralysis of one limb. "Limb" means entire arm or entire leg.

If more than one Loss is sustained by an Insured Person as a result of the same accident, only one amount, the largest, will be paid.

If the body of an Insured Person has not been found within one year of the disappearance, forced landing, stranding, sinking or wrecking of a conveyance in which such person was an occupant, then it shall be deemed, subject to all other terms and provisions of the policy, that such Insured Person shall have suffered loss of life within the meaning of the Policy.

Reduction for Age: The amount payable for a loss will be reduced if an Insured Person is age 70 or older on the date of the accident causing the loss with respect to any Benefit provided by this Plan where the amount payable for the loss is determined as a percentage of his or her Principal Sum. The amount payable for the Insured Person's loss under that Benefit is a percentage of the amount that would otherwise be payable, according to the following schedule:

AGE ON DATE OF ACCIDENT	PERCENTAGE OF AMOUNT OTHERWISE PAYABLE
70-74	65%
75-79	45%
80-84	30%
85 and older	15%

Premium for an Insured Person age 70 or older is based on 100% of the coverage that would be in effect if the Insured Person were under age 70.

"Age" as used above refers to the age of the Insured Person on the Insured Person's most recent birthday, regardless of the actual time of birth.

Beneficiary Designation and Change: The beneficiary or beneficiaries of an Insured Person shall be that person or those persons designated by the Insured Person and filed with the Company. Any Insured Person who has not made an irrevocable designation of beneficiary may designate a new beneficiary at any time, without the consent of the beneficiary, by filing with the Company a written request for such change but such change shall become effective only upon receipt of such request at the Executive Office of the Company. When such request is received by the Company, whether the Insured Person be then living or not, the change of beneficiary shall relate back to and take effect as of the date of execution of the written request, but without prejudice to the Company on account of any payment theretofore made by it.

COMA BENEFIT

If Injury renders an Insured Person Comatose within 90 days of the date of the accident that caused the Injury, and if the Coma continues for a period of 30 consecutive days, the Company will pay a monthly benefit of 1% of the Principal Sum. No benefit is provided for the first 30 days of Coma. The benefit is payable monthly as long as the Insured Person remains Comatose due to that Injury, but ceases on the earliest of: (1) the date the Insured Person ceases to be Comatose due to that Injury; (2) the date the Insured Person dies; or (3) the date the total amount of monthly Coma benefits paid for all Injuries caused by the same accident equals 100% of the Principal Sum. The Company will pay benefits calculated at a rate of 1/30th of the monthly benefit for each day for which the Company is liable when the Insured Person is Comatose for less than a full month. Only one benefit is provided for any one month of Coma, regardless of the number of Injuries causing the Coma.

The Company reserves the right, at the end of the first 30 consecutive days of Coma and as often as it may reasonably require thereafter, to determine, on the basis of all the facts and circumstances, that the Insured Person is Comatose, including, but not limited to, requiring an independent medical examination provided at the expense of the Company.

Aggregate Limit Of Benefits: In the event more than one Insured Person sustains loss for which Accidental Death and Dismemberment and Coma benefits are payable, the maximum aggregate benefit limit payable to all such Insureds shall not exceed **\$1,500,000** as the result of any one accident. If the total of such indemnity exceeds said maximum aggregate benefit limit, the Company shall not be liable to any one such Insured Person for a greater proportion of such Insured Person's indemnity afforded by the Accidental Death and Dismemberment and Coma Benefit than said maximum aggregate benefit limit bears to the total indemnities afforded by this Accidental Death and Dismemberment and Coma Benefit to all such Insured Persons.

EXCLUSIONS AND LIMITATIONS

(Applicable to Part 3)

With respect to coverages in Part 3, this Plan does not cover any loss, fatal or non-fatal, caused by or resulting from:

- (1) suicide or any attempt thereat by the Insured Person while sane or insane or self-destruction or any attempt thereat by the Insured Person while insane;

- (2) disease or illness of any kind;
- (3) bacterial infection except pyogenic infection which shall occur through an accidental cut or wound;
- (4) hernia of any kind;
- (5) injury sustained in consequence of riding as a passenger or otherwise in any vehicle or device for aerial navigation except as provided in the Scope of Coverage section of this brochure;
- (6) declared or undeclared war or any act thereof;
- (7) service in the military, naval or air service of any country;
- (8) the Insured Person being under the influence of drugs or intoxicants, unless taken under the advice of a Physician.
- (9) For loss caused by or resulting from Injury sustained while the Insured Person is flying in any of the following aircraft: (a) any aircraft being used for or in connection with acrobatic or stunt flying, racing or endurance tests; (b) any rocket-propelled aircraft; (c) any aircraft being used for or in connection with crop dusting or seeding or spraying, fire fighting, exploration, pipe or power line inspection, any form of hunting bird or fowl herding, aerial photography, banner towing or any test or experimental purpose, unless previously consented to in writing by the Company; or (d) any aircraft which is engaged in any flight which requires a special permit or waiver from the authority having jurisdiction over civil aviation, even though granted, unless previously consented to in writing by the Company. Please refer to the Scope of Coverage section of this brochure for a description of aircraft related activities that are not excluded under this Plan.

PART 4 – TRAVEL ASSISTANCE SERVICES

Certain Travel Assistance Services are available when You are on a Trip, as defined in this Summary. These services are separate from the Master Policy and are provided through AIG International Services, which includes an extensive network encompassing 140 countries and jurisdictions. AIG International Services issues an information brochure which includes a generic Identification Card. Eligible Participants under this Plan will have access to the following Travel Assistance Services by calling AIG International Services (the “Company”) at its toll free number (800-626-2427 from the U.S. or Canada), or collect (1-713-267-2525 from outside the U.S. or Canada) while on a Trip 24 hours a day any time of the year:

MEDICAL ASSISTANCE

As soon as the Company is notified of a medical emergency resulting from an accident or sickness of an eligible person(s), the Company's medical panel will contact the medical facility or location where the eligible person(s) is located and confer with the physician at that location to determine the best course of action to be taken. If possible and if appropriate the eligible person's family physician will be contacted to help arrive at a decision as to the best course of action to be taken. The Company will then organize a response to the medical emergency, doing whatever is appropriate, including but not limited to recommending or securing the availability of services of a local physician, and arranging hospital confinement of the eligible person where, in its discretion the Company deems such confinement appropriate.

MEDICAL EVACUATION

When in the opinion of the Company's medical panel it is judged medically appropriate to move the eligible person to another location for treatment or return the eligible person to his/her residence or country of domicile, the Company will arrange the evacuation utilizing the means best suited to do so based on the medical evaluation of the seriousness of the eligible person's condition, and these means may include air ambulance, surface ambulance, regular airplane, railroad or other appropriate means. All decisions as to the means of transportation and final destination will be made by the Company's medical panel and will be based solely upon medical factors.

REPATRIATION

The Company agrees to make the necessary arrangements for the return of the remains of an eligible person to the country of domicile in the event the eligible person dies while this Service Agreement is in effect as to the eligible person.

LEGAL ASSISTANCE

If an eligible person is arrested or is in danger of being arrested as the result of any non-criminal action resulting from responsibilities attributed to him/her, the Company will, if requested, provide the eligible person with the name of an attorney who can represent him/her in any necessary legal matters.

FINANCIAL AND GENERAL ASSISTANCE

The Company will provide assistance in replacing lost traveler's checks; processing claims for lost or stolen property or for Trip delays, interruptions or cancellation, handling language problems and arranging travel for emergencies back home.

EMERGENCY FAMILY TRAVEL ARRANGEMENTS

The Company will coordinate emergency travel arrangements for the eligible person's family members who need to join the eligible person when hospitalized.

RETURN OF COMPANION

When the eligible person is hospitalized or medically evacuated and a traveling companion's air ticket is no longer valid, the Company will arrange and pay one way economy air transportation for the companion to return to their original departure point.

RETURN OF MINOR CHILDREN

If a dependent child is left unattended, as the result of the eligible person's accident or illness, the Company will arrange and pay for one way economy air fare for them to be returned to their place of residence, a designated family member or friend. Qualified attendants will also accompany them when required.

RETURN OF VEHICLE

In the event of the eligible person's hospitalization or medical evacuation, the Company will arrange to have your unattended vehicle returned to the rental agency or the eligible person's current principal residence.

TRANSPORTATION OF COMPANION

If an eligible person is traveling alone and is hospitalized for more than seven (7) days, economy round Trip air fare to the place of hospitalization will be arranged and paid for a person chosen by the eligible person; or,

FAMILY REUNION

If it becomes necessary to evacuate the eligible person and the attending physician deems it beneficial for a family member to be by the side of the eligible person, economy round Trip air fare to the place of hospitalization will be arranged and paid for.

DEFINITIONS

Certain terms used in this brochure are capitalized, and have the following meanings:

Airworthiness Certificate – means the “Standard” airworthiness certificate issued by the Federal Aviation Agency of the United States or its foreign equivalent issued by the governmental authority having jurisdiction over civil aviation in the country of its registry.

Claims Administrator – means American International Companies Accident & Health Claims, P.O. Box 15701, Wilmington, DE 19850-5701; Tel.: 1-800-551-0824, or 302-761-3700.

Coma/Comatose - means a profound state of unconsciousness from which the Insured Person cannot be aroused to consciousness, even by powerful stimulation, as determined by a Physician.

Company – means The Insurance Company of the State Of Pennsylvania.

Disablement – means for purposes of the Medical Expense Benefits section of this Plan, an Injury or Illness necessitating medical treatment by a physician as defined in this Plan. All Injuries sustained in any one accident shall be considered one Disablement, and all bodily disorders existing simultaneously which are due to the same or related causes shall be considered one disablement. If a Disablement is due to causes which are the same or related to the cause of a prior Disablement (including complications arising therefrom), the Disablement shall be considered a continuation of the prior Disablement and not a separate Disablement.

Emergency Evacuation – means: a) the Insured Person's medical condition warrants immediate transportation from the place where the Insured Person is injured or ill to the nearest hospital where appropriate medical treatment can be obtained; or b) after being treated at a local hospital, the Insured Person's medical condition warrants transportation to his/her then current place of residence to obtain further medical treatment or to recover; or c) both a) and b) above.

Hospital – means 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.

Illness - means sickness or disease of any kind contracted and commencing after the effective date of the Policy and causing loss covered by the Policy.

Injury - means bodily injury caused solely and directly by violent, accidental, external, and visible means occurring while the Policy is in force and resulting directly and independently of all other causes in loss covered by the Policy.

Insured Person/Insured – means a person who has met the eligibility requirements of this Plan, has paid his or her premium, and for whom coverage is in force under this Plan.

Participating Organization – means **Travel Risk Insurance Programs, LLC**, 1776 “I” Street NW, 9th Floor, Washington, DC 20006 including approved organizations with which an Insured Person is affiliated.

Physician – means a doctor of medicine or a doctor of osteopathy licensed to render medical services or perform surgery in accordance with the laws of the state where such professional services are performed, however, such definition will exclude chiropractors and physiotherapists.

Plan or Policy – means Master Policy number **GLB 910 9206** issued to the Policyholder and underwritten by the Company.

Policyholder – means the Participating Organization and related entities c/o Sun Trust Bank, as Trustee of the AIG Group Insurance Trust, Washington, DC.

Principal Sum – means the amount shown under the Accidental Death & Dismemberment Benefit section of this Brochure, and as may be referred to in other benefit sections of this Brochure.

Trip – means a Trip taken by an Insured of more than 100 miles from the Insured’s residence or place of regular employment. Such Trip begins when the Insured leaves his or her residence or place of regular employment for the purpose of going on the Trip (whichever occurs last), and is deemed to end when the Insured returns from the Trip to his or her residence or place of regular employment (whichever occurs

first). "Trip" does not include the Insured's Trip to a location that extends for more than 60 days. Such a Trip will be deemed to change the Insured's residence or place of regular employment to the new location.

12:01 A.M. Standard Time – means the actual time at the Insured Person's temporary place of residence in the United States of America or Place of Delivery in the case of the Plan Effective and Expiration Date stated on the face page of this brochure.

We, ours or us – means the insurance Company and/or the Claims Administrator.

You/Your - means an Insured Person as defined in the Plan while he or she is covered under the Plan.

CLAIMS

Notice of Claim: Written notice of claim must be given to the Company within 20 days after the occurrence of commencement of any loss covered by the Plan, or as soon thereafter as is reasonably possible. Notice given by or on behalf of the claimant to the Claims Administrator, or to any authorized agent of the Company, with information sufficient to identify the Insured Person shall be deemed notice to the Company.

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 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 loss for which claim is made.

Proof of Loss: Written proof of loss must be furnished to the Claims Administrator in case of claim for loss for which this Plan provides any periodic payment contingent upon continuing loss within 90 days after the termination of the period for which the Company is liable, and in case of claim for any other loss within 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.

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 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.

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.

Physical Examination and Autopsy: The Company at its own expense shall have the right and opportunity to examine the person of any individual whose injury or sickness 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.

Legal Actions: No action at law or in equity shall be brought to recover on the policy prior to the expiration of 60 days after written proof of loss has been furnished in accordance with the requirements of this Plan. No such action shall be brought after the expiration of 3 years after the time written proof of loss is required to be furnished.

Conformity with State Statutes: Any provision of the policy which, on its effective date, is in conflict with the statutes of the state in which the policy was delivered or issued for delivery is hereby amended to conform to the minimum requirements of such statutes.

ADDITIONAL PROVISIONS

Policy Period: The Policy shall become effective upon the Policy Effective Date at 12:01 A.M. standard time at the address of the Policyholder stated in the Policy and shall continue in force until the Policy Expiration Date stated in the Policy.

Premium: Premiums due for the policy shall be remitted to the company by an officer of the Policyholder or by any other person designated by the Policyholder to remit such premiums. The premium bases and rates are stated in the Policy.

(a) **Estimated Annual Premium Subject To Audit:** If premium is set opposite Estimated Annual Premium, Subject to Audit, in the Policy, such premium is to be an estimated premium only. Upon conclusion of the first and each renewal policy year, or upon termination of the policy, the Company shall audit such of the Policyholder's records as have a bearing on this insurance to determine the earned premium for the insured afforded.

(b) **Annual Premium Not Subject To Audit:** If premium is set opposite Annual Premium, Not Subject to Audit in the Policy, such premium shall be the total earned premium for all such insurance as is afforded by the Policy for the first policy year and shall not be subject to any adjustment.

(c) **Change Of Premium Rate:** Subject to the Renewal provisions, on the first renewal of the policy and one each renewal thereafter, the company may, by notifying the Policyholder, change the rate at which further premiums, including the once then due, shall be computed.

(d) **Payment of Premium:** Estimated Annual Premiums-Subject to Audit, or Annual Premium - Not Subject to Audit, for the policy shall become due and payable on the effective date of the policy and on any renewal date thereof, provided that such premiums may be paid in installments in accordance with and if so designated in the Policy.

(e) **Grace Period:** A grace period of thirty-one 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 Policyholder shall be liable to the company for the payment of the premium accruing for the period the policy continues in force.

Effective Date And Termination Dates Of Individual Insurance: The persons eligible for inclusion as Insured Persons hereunder shall be all persons denoted in the Policy. Commencing on the date any such eligible person comes within any classification established therein, such person shall automatically become an Insured Person with respect to such insurance as is afforded by the policy as applicable to such person's class.

Any change in the insurance afforded an Insured Person, which results from a change of class of such person, shall become effective on the date such person's class changes, provided that, if such person is absent from active full-time work because of injury on the date such changes in coverage would otherwise become effective, such change in coverage shall become effective upon the date such person returns to active full-time work.

Coverage with respect to any Insured Person shall immediately terminate on the termination date of the policy or at the time such person ceases to come within any such classification, whichever is earlier; provided however, that such termination shall be without prejudice to any claim originating prior thereto.

Data Furnished By Policyholder: If requested to do so by the company the Policyholder shall furnish the Company with the names of all persons initially Insured, of all new persons who become Insured, and of all Insured Persons whose Insurance is canceled, together with the data necessary for the calculation of premium. Failure on the part of the Policyholder to furnish the name of an Insured Person to the company shall not invalidate his insurance; nor shall failure on the part of the Policyholder to report termination of insurance of a person such insurance in force beyond the date of termination determined in accordance with Additional Provision 3 of this Section.

Assignment: The insurance provided hereunder is not assignable, but benefits may be assigned in accordance with Payment of Claims.

Renewal: The policy may be renewed for further consecutive terms by the payment, prior to the expiration of the Grace Period as provided in the Premium provision.

Not In Lieu Of Worker's Compensation: The policy is not in lieu of and does not affect any requirement for coverage by Worker's Compensation insurance.

HOW TO FILE A CLAIM

1. If you have an accident or illness on a Trip, call the assistance company (AIG International Services) at its toll free number (800-626-2427 from the U.S. or Canada), or collect (1-713-267-2525 from outside the U.S. or Canada). When calling, simply identify yourself as “an insured under Policy No. GLB 910 9206 issued to Travel Risk Insurance Programs.” AIG International Services provides the travel services outlined in Part 4 of this Brochure, including assistance with claim forms. AIG International Services will NOT be able to verify your eligibility until AFTER they have begun providing the assistance services you need.
2. To obtain a claim form, contact The Claims Administrator, American International Companies Accident & Health Claims, P.O. Box 15701, Wilmington, DE 19850-5701, toll free at 1-800-551-0824 from within the US. or Canada, or from outside the U.S. or Canada call collect at 1-302-761-3700.
3. To confirm your eligibility for insurance benefits or assistance services under this Plan, or to obtain a replacement ID Card, call the Participating Organization at 303-988-9626 or 800-777-7665.
4. The insurance under this Plan (Parts 1 through 3 of this Brochure) is excess of primary insurance you might have. If you have an accident or illness and you have other insurance, you will need to file your claim first with your other insurance company. For any expenses not paid by your other insurance, contact The Claims Administrator or the Participating Organization for a claim form under this Plan. If you have an accident or illness and you have no other insurance, contact The Claims Administrator or the Participating Organization for a claim form under this Plan. If a doctor or hospital needs to verify your coverage under this Plan, have them call the Participating Organization at 303-988-9626 or 800-777-7665.
5. To complete a claim form:
 - a) Answer all the questions on the claim form and be sure to sign the Medical Authorization.
 - b) If you already paid the doctor or hospital, include a paid receipt or a copy of your canceled check.
 - c) Attach itemized bill to completed claim form. An itemized bill must include:
 1. patient's name
 2. your name
 3. your local address
 4. diagnosis
 5. date of service(s)
 6. Description of treatment (i.e., chest x-ray, office visit, blood test, etc.)
 7. Doctor's/Hospital's name, address and telephone number.
6. If you have other bills, such as medicines, x-rays or laboratory charges, be sure to attach these itemized bills to the claim form. **KEEP COPIES OF ALL CLAIM FORMS, BILLS AND**

CORRESPONDENCE FOR YOUR OWN RECORDS UNTIL YOUR CLAIM HAS BEEN PAID. Send your claim form and all of the itemized bills to The Claims Administrator. Attach all of your bills for each Injury or accident to the same claim form.

- a) The Claims Administrator must have a properly completed claim form for each Injury or covered loss.
 - b) Please do not send bills without a completed claim form. The Company will not pay the bills until it has all the information required on the claim form;
7. It will take from two to four weeks to process your claim after it has been received. Claim processing will be delayed if information/claim form is not complete.