**DESCRIPTION OF SERVICES AND COVERAGE**

**Executive / Admin Office:**

P. O. Box 668

Millersville, Maryland 21108

410-987-6233

**Operation Center / Claims Administration):**

Seven Corners, Inc.

303 Congressional Boulevard

Carmel, IN 46032

800-335-0477

317-575-2656

Fax: 317-575-2256

**Assistance Center:**

Seven Corners Assist

800-643-5525

Outside North America, call collect: 317-818-2098

**Renewals**: 800-821-2828

***The following Services and Coverage are provided only if the required fee has been paid.***

All services and coverage are provided when the members are at least 100 miles from their principal residence. Emergency Accident & Emergency Sickness Medical Expenses Benefits under this product are reduced by 50% for individuals over 74 years of age.

Customer Service and Claims for Travel Assistance International (“TAI”) is provided by Seven Corners, Inc.

For claim assistance and submissions, call 317-575-2656 or 800-335-0477; FAX 317-575-2256; email: claims@sevencorners.com

For customer service, call 317-818-2099 or 800-821-2828

Service for TAI is provided by Seven Corners Assist. For Emergency Assistance, call Seven Corners Assist’s operations center at:

800-643-5525 or call collect at 317-818-2098.

**SUMMARY OF BENEFITS**

**SECTION I**

Worldwide Emergency Assistance Services are available through Seven Corners Assist. These are not insurance benefits, but rather a service to assist you in case of an emergency.

**SECTION II**

The following Plan Benefits are provided under an insurance policy underwritten by The Insurance Company of the State of Pennsylvania, a member of AIU Holdings. Emergency Evacuation and Related Coverages, Emergency Accident & Sickness Medical Expenses and 24 Hour Accidental Death & Dismemberment (coverage as shown on Membership Confirmation Letter);

**SECTION III**

The following Plan Benefits are provided under an insurance policy underwritten by The Insurance Company of the State of Pennsylvania, a member of AIU Holdings: Accidental Death & Dismemberment, Common Carrier (Air Only) (coverage as shown on Membership Confirmation Letter);

**SECTION IV**

Exclusions, Definitions, Claims Procedures, Term of Coverage, Beneficiary

**SECTION V**

Subrogation

**SECTION I: WORLDWIDE EMERGENCY ASSISTANCE SERVICES**

A 24-hour emergency telephone assistance service is available for Your benefit so that, in the event of an emergency while on the Trip, English speaking help and advice may be furnished to You.

**PART I - TRAVELER'S ASSISTANCE**

Seven Corners Assist’s multilingual staff can assist You in solving a variety of unexpected complications during the Trip such as lost tickets or belongings. If necessary, Seven Corners Assist may also help locate legal counsel. Pre-Trip information such as cultural, visa requirements and exchange rates can also be provided.

**PART II - MEDICAL ASSISTANCE**

If a medical emergency arises during travel, Seven Corners Assist may help You find local medical care. Physicians and hospitals worldwide can contact Seven Corners Assist to confirm coverage. If required, Seven Corners Assist will help You arrange immediate settlement of medical expenses resulting from an Illness or Injury during Your Trip. Please note that You may be required to pay for medical expenses up front and claim reimbursement afterwards. This may be the case where the medical provider requires immediate payment and does not accept Your insurance coverage available through this plan. Seven Corners Assist will coordinate emergency medical situations, with Your home Physician and arrange Emergency Evacuation services.

**PART III - EMERGENCY CASH TRANSFER**

Seven Corners Assist can help arrange a fund transfer through Your credit cards, family, friends, employer or similar source if You need cash while on the Trip.

***NOTE:*** *Problems of distance, information and communication make it impossible for TAI Acquisition Company, The Insurance Company of the State of Pennsylvania, Seven Corners, Inc., to assume any responsibility for the availability, quality, use or result of any emergency service. In all cases, You are still responsible for obtaining, using and paying for Your own required services of all types.*

**SECTION II: EXPLANATION OF PLAN BENEFITS**

These benefits are provided only if the required fee has been paid and when members are at least 100 miles from their principal residence. Your Membership Confirmation Letter indicates which of the following described coverages You have purchased.

**Excess Insurance Provision:** The insurance, for benefits provided below, shall be in excess of all other valid and collectible insurance or indemnity and shall apply when such other benefits are exhausted.

**Emergency Evacuation/Medically Necessary Repatriation:** The Insurer will pay benefits up to the maximum shown for Covered Expenses if an Injury or Sickness commencing during the course of the covered Trip results in Your necessary Emergency Evacuation. Emergency Evacuation/Medically Necessary Repatriation means:

1. Your medical condition warrants immediate Transportation from the place where You are injured or sick to the nearest hospital or facility where appropriate medical treatment can be obtained;
2. After being treated at a local hospital or medical facility, Your medical condition warrants transportation, to where You reside to obtain further medical treatment or to recover;
3. All of the above.

**Covered Expenses:** are reasonable and customary expenses for medically necessary Transportation, medical services, and medical supplies incurred in connection with Your Emergency Evacuation. All Transportation arrangements made for Your evacuation must be by the most direct and economical route possible. Expenses for Your Emergency Evacuation must be:

1. Recommended by the attending Physician in conjunction with Seven Corners Assist’s designated Physician;
2. Required by the standard regulations of the conveyance transporting You;
3. Transportation must be arranged, authorized, verified and approved in advance by Seven Corners Assist.

**Transportation:** means any land, water, or air conveyance required to transport You during an Emergency Evacuation/Repatriation. Transportation includes, but is not limited to, air ambulances, commercial and regularly scheduled airlines, land ambulances, and private motor vehicles. TAI will not pay for any expenses covered by another party at no cost to You or already included in the cost of the scheduled Trip. Note that if You are transported home, You must return Your original travel tickets to Seven Corners Assist.

**Repatriation of Remains:** The Insurer will pay benefits up to the maximum shown for reasonable covered expenses incurred to return Your body to Your place of residence if You die during the covered Trip. Covered expenses include expenses related to: Embalming, cremation, minimally necessary container for transport, and transportation. All services must be arranged and approved in advance by Seven Corners Assist.

**Visit by Family Member or Friend:** When You are traveling alone, and are hospitalized for more than seven (7), consecutive days, the Insurer will pay benefits up to the maximum shown for the cost of transportation, up to $1,000, to the place of hospitalization for one person chosen by You, provided medical repatriation is not imminent. Covered expenses are limited to the cost of the most direct economy round-trip common carrier ticket to the place of hospitalization. All services must be arranged and approved in advance by Seven Corners Assist.

**Return of Dependent Children/Grandchildren:** When Dependent Children traveling under this plan are with You, and if they are left unattended as a result of Your hospitalization, the Insurer will reimburse Your expenses for the cost of transport, up to $1,000, for such minors to the domicile of a person nominated by You or next of kin. Covered expenses are limited to a one-way Common Carrier economy ticket by the most direct route. Expenses for attendants will be provided if necessary. All services must be arranged and approved in advance by Seven Corners Assist.

**Return of Traveling Companion:** If You are hospitalized outside the United States and it is necessary for Your Traveling Companion(s) to remain with You, thereby interrupting a pre-arranged travel itinerary, and causing the original ticket(s) to be invalid, the Insurer will pay up to the maximum shown for the lesser of the following: the airfare paid less the value of applied credit from an unused return travel ticket to return Traveling Companion(s) to the original return destination, rejoin the original tour, or charges incurred to change the original ticket to a new return date. All services must be arranged and approved in advance by Seven Corners Assist.

**Vehicle Return Service:** Any non-commercial vehicle (i.e., auto, motor home, rental cars etc.) left unattended or which You are physically unable to operate as a result of Your medical emergency, will be returned to Your residence or place of rental. The vehicle must be in good driving condition and capable of being driven on the highway in compliance with local laws. You will not be reimbursed for services provided to You at no cost. Limit: $1,000. All services must be arranged and approved in advance by Seven Corners Assist.

**Meals and Accommodations:** If Your Traveling Companion is hospitalized outside the United States, the Insurer will pay for expenses incurred by You, up to $100 per day to a maximum of 10 days, for reasonable additional accommodation and transportation expenses incurred to remain near Your Traveling Companion. All services must be arranged and approved in advance by Seven Corners Assist.

**Access to Emergency Blood Supply:** If You are traveling more than 100 miles from Your primary residence and You become involved in an accident and require blood and/or resuscitation fluids, Seven Corners Assist,(having determined, following consultation with the local attending medical provider, that an adequate supply of blood, screened to standards set by the American Association of Blood Banks, is not available) will coordinate the delivery of blood to Your location. A trained technician and sterile transfusion equipment may accompany the delivery of blood and/or resuscitation fluid. (NOTE: Access to emergency blood supplies is not underwritten by The Insurance Company of the State of Pennsylvania.)

**Emergency Accident & Emergency Sickness Medical Expenses:** The Insurer will pay benefits, up to the maximum shown on the Membership Confirmation Letter, subject to a $100 deductible per person, per occurrence, if You incur Covered Medical Expenses for a Sickness or an accidental Injury occurring during the course of the scheduled Trip. You must receive the Emergency Treatment during the course of the scheduled Trip and upon recommendation of the attending Physician. If You are hospitalized outside of the United States (due to a Sickness or an accidental Injury which first occurred during the course of the scheduled Trip) beyond the date of Your scheduled return, coverage will be extended until You are released from the hospital or until maximum benefits under the policy have been paid.

**Covered Medical Expenses:** are medically necessary services and supplies which are recommended by the attending Physician. They include the services of a legally qualified Physician, surgeon, graduate nurse, dentist, or osteopath; charges for semi-private hospital confinement and use of operating rooms; charges for anesthetics (including administration), x-ray examinations or treatments, and laboratory tests; ambulance service, drugs, medicine, therapeutic services and supplies. The Insurer will not pay benefits in excess of the reasonable and customary charges commonly used by providers of medical care in the locality in which the care is furnished.

**24-Hour Accidental Death & Dismemberment:** The Insurer will pay benefits for (below) that occur during the covered Trip. The loss must occur within 180 days after the dates of the accidental Injuries resulting in a loss, as described in the table of losses accident causing the loss. The principal sum is shown on the schedule. If more than one loss is sustained as the result of an accident, the amount payable shall be the largest amount shown in the table of losses.

**TABLE OF LOSSES**

Loss of:

* Life 100%
* Both Hands or Both Feet 100%
* Entire Sight of Both Eyes 100%
* One Hand and One Foot 100%
* Either Hand or Foot & Entire Sight of One Eye 100%
* Speech plus Hearing in Both Ears 100%
* One Hand or One Foot 50%
* Speech 50%
* Hearing in Both Ears 50%
* Entire Sight of One Eye 50%
* Thumb and Index Finger of the Same Hand 25%

Loss with regard to hand or foot means actual severance through or above the wrist or ankle joints; eye means entire and irrecoverable loss of sight; speech or hearing means entire and irrecoverable loss of speech or hearing of both ears; thumb and index finger means actual severance through or above the joint that meets the finger at the palm.

**Exposure:** The Insurer will pay benefits for covered losses which result from You being unavoidably exposed to the elements due to an accident.

**Disappearance:** The Insurer will pay benefits for loss of life if Your body cannot be located one year after the disappearance of the conveyance in which You were a passenger due to forced landing, stranding, sinking, or wrecking.

**Section III: Optional Coverage**

***Optional Coverage:*** *Coverage is provided only if stated on Your Membership Confirmation Letter. In the event of a claim, You* ***must*** *advise SEVEN CORNERS as soon as possible. The Insurer will not pay benefits for any additional charges incurred that would not have been charged had You notified SEVEN CORNERS as soon as reasonably possible.*

**Accidental Death & Dismemberment, Common Carrier (Air Only)**: The Insurer will pay benefits for accidental Injuries resulting in a loss as described in the table of losses below, that occurs while You are riding as a passenger in or on, boarding or alighting from, any air conveyance operated under a license for the transportation of passengers for hire during the covered Trip; or being struck or run down by an aircraft. The loss must occur within 180 days after the dates of the accident causing the loss. The principal sum is shown on the schedule.

If more than one loss is sustained as the result of an Accident, the amount payable shall be the largest amount shown in the Table of losses.

TABLE OF LOSSES
Loss of:

Life 100%
Both Hands or Both Feet 100%
Entire Sight of Both Eyes 100%
One Hand and One Foot 100%
Either Hand or Foot & Entire Sight of One Eye 100%
Speech plus Hearing in Both Ears 100%
One Hand or One Foot 50%
Speech 50%
Hearing in Both Ears 50%
Entire Sight of One Eye 50%
Thumb and Index Finger of the Same Hand 25%

Loss with regard to hand or foot means actual severance through or above the wrist or ankle joints; eye means entire and irrecoverable loss of sight; speech or hearing means entire and irrecoverable loss of speech or hearing of both ears; thumb and index finger *means* actual severance through or above the joint that meets the finger at the palm.

**Exposure**: The Insurer will pay benefits for covered losses which result from You being unavoidably exposed to the elements due to an accident. Disappearance: The Insurer will pay benefits for loss of life if Your body cannot be located one year after the disappearance of the conveyance in which You were a Passenger due to forced landing, stranding, sinking, or wrecking.

**SECTION IV: EXCLUSIONS, DEFINITIONS, CLAIMS PROCEDURES, TERM OF COVERAGE, BENEFICIARY**

**Exclusions:** The following apply to Services & Coverages in Sections I, II & III. This plan does not cover any loss caused by or resulting from:

1. Pre-Existing Conditions;
2. Suicide or attempted suicide;
3. Intentionally self-inflicted injuries;
4. War, invasion, acts of foreign enemies, hostilities between nations (whether declared or not), civil war:
5. Participation in any military maneuver or training exercise;
6. Piloting or learning to pilot or acting as a member of the crew of any aircraft;
7. Mental or emotional disorders, unless hospitalized;
8. Participation as a professional in athletics or underwater activities;
9. Being under the influence of drugs or intoxicants unless prescribed by a Physician;
10. Commission or the attempt to commit a criminal act;
11. Participating in bodily contact sports; skydiving; hang gliding; parachuting; mountaineering; any race; bungee cord jumping; and speed contest;
12. Spelunking or caving, heliskiing, extreme skiing;
13. Dental treatment except as a result of accidental Injury to sound, natural teeth;
14. Any non-emergency treatment or surgery, routine physical examinations, hearing aids, eyeglasses or contact lenses;
15. Pregnancy and childbirth (except for complications of pregnancy);
16. Curtailment or delayed return for other than covered reasons;
17. Traveling for the purpose of securing medical treatment;
18. Traveling against the recommendation of a physician.
19. Traveling for the purpose of adopting a child.
20. Services not shown as covered.

**Definitions:** The following is a listing of definitions used in this Description of Services and Coverage:

1. "**Common Carrier":** means any land, sea or air conveyance operating under a valid license for the transportation of passengers for hire.
2. **"Dependent Children":** means Your child (or children) who is an unmarried child, stepchild, legally adopted child or foster child, who is less than age 19 or less than age 23 if a full-time student in actual attendance at an accredited school or college, and primarily dependent on You for support and maintenance.
3. "**Emergency Treatment":** means necessary medical treatment which must be performed immediately due to the serious and acute nature of the Sickness or Injury.
4. **"Immediate Family Member":** means any children, adopted children, stepchildren, children-in-law, parents, stepparents, parents-in-law, siblings, siblings-in-law, grandparents, grandchildren, legal spouse, aunts, uncles, nieces, and nephews of Yourself.
5. **"Injury":** means bodily injury caused by an accident occurring while this policy is in force, and resulting directly and independently of all other causes in loss covered by the policy. The Injury must be verified by a Physician.
6. "**Membership Confirmation Notice":** notice which details the coverages You have purchased. This notice also lists the term of coverage You have purchased, with a listing of all benefits and limits along with the applicable deductible.
7. **"Physician":** means a licensed practitioner of the healing arts acting within the scope of his/her license. The treating Physician may not be Yourself, or an Immediate Family Member, or a Traveling Companion.
8. **"Pre-Existing Conditions":** means the Insurer will not pay for claims arising from an Injury, Sickness, or other condition (including any condition from which death ensues) of Yourself, within the 60 day period before Your coverage became effective under this membership plan which: (a) first manifested itself or exhibited symptoms which would have caused one to seek diagnosis, care or treatment; (b) required taking prescribed drugs or medicine unless the condition for which the prescribed drugs or medicine is taken remains controlled without any change in the required prescription; (c) required medical treatment or treatment was recommended by a Physician. NOTE: Each time you purchase coverage you will be subject to a new Pre-Existing Conditions period.
9. **"Sickness":** means illness or disease which is diagnosed and treated by a Physician on or after the effective date of Your plan and while You are covered under this policy.
10. **"The Insurer":** means the Insurance Company of the State of Pennsylvania, a member of AIU Holdings. This applies to Sections II and III only.
11. **"Traveling Companion":** means a person with whom You are booked to share the same itinerary, to a maximum of four persons including yourself.
12. **"Trip":** means the coverage dates of travel shown on Your Membership Confirmation Letter for which You purchased this plan. Travel must be more than 100 miles from Your principal residence. Maximum Trip duration for the Per Trip Plan is 12 months. For the Frequent Traveler Plan, the maximum number of days for any one Trip is 90.
13. **"You or Your":** means a person who has purchased a Trip and who has paid the required fee for the plan provided herein.

**Claims Procedures:** To facilitate prompt claims settlement: Please note that all claims must be submitted within 90 days of the date of loss. Claims for loss due to Accidental Death & Dismemberment must be submitted within 180 days of the date of loss.

1. **Medical Expenses:** Obtain receipts from the providers of service, etc., stating the amount paid and listing the diagnosis and treatment; submit these first to other medical plans. Provide a copy of their final disposition of Your claim.
2. **Accidental Death & Dismemberment:** Contact Seven Corners immediately to report the incident. Seven Corners will forward the appropriate forms for completion.

**Term of Coverage:** The period of time coverage is in effect is as follows:

1. All other services and coverage take effect at 12:01 AM Eastern Standard Time (EST) on the departure date of Your Trip.
2. All coverage shall terminate on the earlier of the following dates: (a) Your return to the origination point as specified in the travel tickets; (b) 11:59 PM EST on the date Your Trip is completed.

**Beneficiary:** The Beneficiary is Your estate, unless written notice of a designated beneficiary is provided to the Plan Administrator.

**Plan Administrator:** For plan inquiries or information on filing a claim, PLEASE CONTACT THE PLAN ADMINISTRATOR AT:

Seven Corners, Inc.

303 Congressional Boulevard

Carmel, IN 46032

317-818-2099 or 800-821-2828, FAX 317-575-2256

email: claims@sevencorners.com

Mon - Fri 8:00 am - 5:00 pm (EST)

**Underwriter:** The Insurance for benefits noted above, under Policy GLB-9126515 is underwritten by the Insurance Company of the State of Pennsylvania, a member of AIU Holdings.

**Master Policy:** Policy terms and conditions are briefly outlined in this Description of Coverage. Complete provisions pertaining to this insurance are contained in the Master Policy on file with the trustee. In the event of any conflict between this Description of Coverage and the Master Policy, the Policy will govern.

**SECTION V: SUBROGATION**

When we pay any benefits or provide any services under this Agreement to or on behalf of any covered individual, we have the right to recover the value of those payments from a party legally liable to pay You for the injury or injuries for which benefits have been paid and/or services have been provided. The source for such payments may be a third party or third party insurer, uninsured or underinsured motorist's benefits, or benefits under a no fault automobile policy that may be available to you.

This right extends to and includes the right to initiate legal action if that is necessary to recover the value of payments made or services provided on your behalf under this Agreement.

In this regard, the following conditions prevail:

•You hereby assign to us all subrogation rights which You or Your dependents have or may have by virtue of the payment of any claim for benefits or services that we have contractually obligated to provide.

•We are hereby authorized to pursue subrogation as stated above to the extent of any payments made and/or for the value of any services provided to You or on Your behalf from any source, including third party tortfeasors or other insurance or health or welfare benefits plans, that may be available in whole or in part to pay for or to reimburse the value of benefits and services that we have provided to You.

•We are authorized, in our discretion, to present claims and initiate, compromise, settle, discontinue and end legal proceedings to recover the value of benefits/services paid to You or on Your behalf; and to sign and endorse any documents, drafts, checks, releases and/or pleadings as deemed necessary for this purpose with the same force and effect as though Your personal authorization appears thereon.

•You shall cooperate fully with us in our subrogation efforts. You shall sign and timely deliver such documentation or legal process as us and/or our attorneys or recovery agent deem is reasonably necessary to represent and protect our subrogation rights. You agree to present such testimony as we and/or our attorneys or recovery agent may determine is necessary for this purpose.

•You agree to do nothing which would prejudice our subrogation rights in any manner.

•We have the right to retain counsel of our choice to represent our recovery and subrogation rights. If You or anyone authorized to act on Your behalf or on behalf of Your estate retains an attorney to represent You or Your interests in a claim arising out of the same incident for which we have paid benefits and/or provided services, You hereby acknowledge that we are not obligated to allow that attorney to represent our subrogation interests.

In our pursuit of its subrogation rights, the following shall apply:

•We assume responsibility for our costs associated with our efforts and hereby expressly warrants that at no time will You be assessed or become responsible for any cost associated solely with said subrogation activities.

•We acknowledge that You may have personal claims as the result of any incident giving rise to subrogation rights under this agreement and agree not to prejudice Your rights to pursue personal claims for any injuries giving rise to subrogation rights under this Agreement.

***TAI reserves the right to amend any provision in this document without prior notice or approval of its members.***