

GLOBAL ACCIDENT & SICKNESS DESCRIPTION OF COVERAGE

The Insurance Company of the State of Pennsylvania A Member Company of AIU Holding, Inc.

«Addressee»

«StreetLine1»

«City» «State» «ZipCode»

Policy Certificate Number: GLB0009«PolicyNumber»

Rider: «Series»

Primary Insured: «FirstName» «MiddleName» «LastName»

Additional Insured Name(s):

Coverage begins at 12:01a.m. on «EffectiveDate» and will terminate on _____

Destination(s):

Accidental Death Benefit Per Person: *(for children 18 and under \$25,000 maximum)*

Premium payment:

A copy of this document was faxed to «FaxPhone»

PERIOD OF COVERAGE

Coverage will begin at 12:01 A.M. Eastern Standard Time on the latest of the following:

a) Your departure from your Principle Residence; b) The date your complete application and correct premium are received by Global

Underwriters Agency; or c) The effective date requested on the enrollment form.

Coverage will end on the earlier of the following:

a) Your permanent return to your Principle Residence or b) Twelve months after your coverage's effective date
c) The termination date shown on the certificate, for which premium has been paid.

DEFINITIONS The term "**Home Country**" shall mean, the country where an eligible person(s) has his/her fixed and permanent home establishment and to which he/she has the intention of returning. The term "**Hospital**" shall mean, a facility that: (1) is operated according to law for the care and treatment of Injured people; (2) has organized facilities for diagnosis and surgery on its premises or in facilities available to it on a prearranged basis; (3) has 24 hour nursing service by registered nurses (R.N.'s); and (4) is supervised by one or more Physicians. A Hospital does not include: (1) a nursing, convalescent or geriatric unit of a Hospital when a patient is confined mainly to receive nursing care; (2) a facility that is, other than incidentally, a rest home, nursing home, convalescent home or home for the aged; nor does it include any ward, room, wing, or other section of the Hospital that is used for such purposes; or (3) any military or veterans Hospital or soldiers home or any Hospital contracted for or operated by any national government or government agency for the treatment of members or ex-members of the armed forces. The term "**Illness**" shall mean, sickness or disease of any kind first manifested, treated or diagnosed after the effective date of coverage for an Insured Person; and causing loss covered by this Plan. The term "**Injury**" shall mean, 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 of loss covered by this Plan. The term "**Physician**" shall mean, a licensed practitioner of the healing arts acting within the scope of his/her license who is not: (1) the Insured; (2) an Immediate Family Member; or (3) retained by the Policyholder. Such definition will exclude chiropractors and physiotherapists. In the event services are provided by chiropractors or physiotherapists these healthcare professionals must be licensed and acting within the scope of their license and may not be (1) the Insured; (2) an Immediate Family Member; or (3) retained by the Policyholder. The term "**Pre Existing Condition**" means any Injury or Illness which was contracted or which manifested itself, or for which treatment or medication was prescribed within the three (3) years prior to the effective date of this insurance. The term "**Immediate Family Member**" means a person who is related to the Insured in any of the following ways: spouse, brother-in-law, sister-in-law, daughter-in-law, son-in-law, mother-in-law, father-in-law, parent (includes stepparent), brother or sister (includes stepbrother or stepsister), or child (includes legally adopted or stepchild). "**Domestic Partner**" means a same or an opposite sex partner who has met all of the following requirements for at least 12 consecutive months immediately preceding the Effective Date of Coverage: (1) resides with the Insured; (2) shares financial assets and obligations with the Insured; (3) is not related by blood to the Insured. "**Common Carrier**" means any land, water or air conveyance operated under a license for the transportation of passengers for hire. "**Checked Baggage**" means a piece of baggage for which a claim check has been issued to the Insured by a Common Carrier. "**Automobile**" means a self propelled private passenger motor vehicle with four or more wheels which is a type both designed and required to be licensed for use on the highways of any state or country. Automobile includes but is not limited to a sedan, station wagon, or jeep type vehicle and a motor vehicle of the pickup, panel, van camper or motor home type. Automobile does not include a mobile home or any motor vehicle used in mass or public transit. "**Supplemental Restraint System**" means an air bag which inflates for added protection to the chest and head areas. Felonious Assault means any willful or unlawful use of force upon the Insured 1) with the intent to cause bodily injury to the Insured and 2) that results in bodily harm to the Insured and 3) that is a felony or a misdemeanor in the jurisdiction in which it occurs. "**Coma/Comatose**" means a profound state of unconsciousness from which the Insured cannot be aroused to consciousness, even by powerful stimulation, as determined by a Physician. "**Covered Home Alteration and Vehicle Modification Expenses**" - means one-time expenses that: 1. are charged for: (a)alterations to the Insured Person's residence that are necessary to make the residence accessible and habitable for a wheelchair-confined person; or (b)modifications to a motor vehicle owned or leased by the Insured Person or modifications to a motor vehicle newly purchased for the Insured Person that are necessary to make the vehicle accessible to and/or drivable by the Insured Person; and 2. do not include charges that would not have been made if no insurance existed; and 3.do not exceed the usual level of charges for similar alterations and modifications in the locality where the expense is incurred; but only if the alterations to the Insured Person's residence and the modifications to his or her motor vehicle are: 1 .made on behalf of the Insured Person; 2. recommended by a nationally-recognized organization providing support and assistance to wheelchair users;3. carried out by individuals experienced in such alterations and modifications; and 4. in compliance with any applicable laws or requirements for approval by the appropriate government authorities.

BENEFITS

Accidental Death and Dismemberment If within 365 days after the date of a covered accident, the Insured Person's Injury results in death or dismemberment, this Plan provides the following benefits for loss of:
The amount of the Principal Sum is listed above.

Description _____ of
Loss
Indemnity
Life

Principal Sum
Both Hands or Both Feet **or** Sight of Both Eyes **or** One Hand and One Foot **or** Either Hand or Foot and Sight of One Eye
Principal Sum
Eye Either Hand or Foot **or** Sight of One
One-Half the Principal Sum

The term "loss" as used herein shall mean, with regard to hands and feet, actual severance through or above wrist or ankle joint, and with regard to eyes, entire irrecoverable loss of sight.

Paralysis

If Injury to the Insured, within 365 days of the date of the accident that caused the Injury, results in any one of the types of paralysis specified below, The Company will pay the percentage of the Maximum Amount shown below for that type of paralysis:

Type of Paralysis	Based on the Percentage of the Principal Sum
Quadriplegia.....	100%
Paraplegia.....	75%
Hemiplegia.....	50%
Uniplegia.....	25%

"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 the Insured suffers more than one type of paralysis as a result of the same accident, only one amount, the largest, will be paid.

Disappearance – 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 plan, that such Person shall have suffered loss of life within the meaning of the plan.

If the Insured suffers more than one type of paralysis as a result of the same accident, only one amount, the largest, will be paid.

Coma Benefit – Maximum Benefit \$10,000 - If a covered 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 equal to 1% of the maximum amount. No benefit is provided for the first 30 days of the Coma. The benefit is payable monthly as long as the Insured remains Comatose due to that Injury, but ceases on the earliest of

- 1) the date the insured ceases to be Comatose due to the Injury; 2) the date the Insured dies; 3) the date the total amount of monthly Coma benefit paid for all Injuries caused by the same accident equals \$10,000. 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 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 is Comatose, including but not limited to, requiring an independent medical examination provided at the expense of The Company. (this benefit is in addition to any other expenses of the program).

Seat Belt Benefit – The Company will pay a benefit when the Insured Person suffers accidental death such that an Accidental Death benefit is payable under the plan and the accident causing death occurs while the Insured Person is operating, or riding as a passenger in an Automobile and wearing a properly fastened seat belt, properly installed by a factory authorized dealer. The amount payable is 10% of the Principal Sum up to \$50,000. (This benefit is in addition to any other expenses of the program).

Air Bag Benefit-The Company will pay a benefit if the Insured Person is positioned in a seat protected by a properly functioning Supplemental Restraint System, properly installed by a factory authorized dealer that inflates on impact. The additional amount payable under this benefit is the lesser of \$50,000 or 10% of the Insured Person's Principal Sum. Verification of the actual use of the seat belt at the time of the accident, and that the Supplemental Restraint System inflated properly upon impact must be part of an official report of the accident or be certified, in writing by the investigating officer(s).

Felonious Assault Benefit – The Company will pay 100% of the Principal Sum up to a Maximum benefit of \$50,000 when an Insured Person suffers one or more losses for which benefits are payable under the Accidental Dismemberment Benefit or Coma Benefit provided by the plan as a result of a Felonious Assault. (this benefit is in addition to any other expenses of the program).

Home Alteration and Vehicle Modification –if an Insured Person:

1. suffers an accidental dismemberment or paralysis for which an Accidental Dismemberment and Paralysis benefit is payable under the Policy;
2. did not, prior to the date of the Accident causing such loss(es), require the use of a wheelchair to be ambulatory; and
3. as a direct result of such loss(es) is now required to use a wheelchair to be ambulatory;

The Company will pay Covered Home Alteration and Vehicle Modification Expenses that are incurred within one year after the date of the accident causing such loss(es), up to a maximum of \$2,500 for all such losses caused by the same accident.

Covered Home Alteration and Vehicle Modification Expenses - as used in this Rider, means one-time expenses that:

1. are charged for:
 - (a) alterations to the Insured Person's residence that are necessary to make the residence accessible and habitable for a wheelchair-confined person; or
 - (b) modifications to a motor vehicle owned or leased by the Insured Person or modifications to a motor vehicle newly purchased for the Insured Person that are necessary to make the vehicle accessible to and/or drivable by the Insured Person; and
2. do not include charges that would not have been made if no insurance existed; and
3. do not exceed the usual level of charges for similar alterations and modifications in the locality where the expense is incurred;³
 - but only if the alterations to the Insured Person's residence and the modifications to his or her motor vehicle are:
 1. made on behalf of the Insured Person;
 2. recommended by a nationally-recognized organization providing support and assistance to wheelchair users;
 3. carried out by individuals experienced in such alterations and modifications; and
 4. in compliance with any applicable laws or requirements for approval by the appropriate government authorities.

Emergency Medical Evacuation - The Company will pay benefits for Covered Expenses incurred for the necessary Emergency Medical Evacuation of an Insured Person up to a \$300,000 maximum. Emergency Medical 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 their Home Country to obtain further medical treatment or to recover. Covered Expenses are expenses for the transportation, medical services and supplies recommended by the attending Physician and necessarily incurred, in connection with an Insured Person's Emergency Medical Evacuation. All transportation for an Insured Person's Emergency Medical Evacuation must be arranged by AIU Assist utilizing the most direct and economical conveyance. Covered Expenses for transportation which include but are not limited to air, water or land ambulance, and private motor vehicle, must be: a) recommended by the attending Physician; or b) required by the standard regulations of the conveyance transporting the Insured Person.

Personal Security Evacuation - up to a maximum of \$10,000 for expenses incurred for transportation to the nearest place of safety is provided AIU Assist makes all arrangements and must authorize all expenses in advance for any benefits to be payable.

Repatriation of Remains - If Injury or Illness commencing during the period of coverage results in death, all reasonable expenses incurred for preparation and return of the remains to your Home Country, are covered up to a maximum of \$20,000, must be arranged by AIU Assist utilizing the most direct and economical conveyance.

Emergency Reunion - In the event of an Emergency Medical Evacuation due to a covered Injury or Illness, where the Physician feels that it would be beneficial for the Insured to have a Family Member at his/her side during transport, the Company will reimburse the Insured for travel and lodging expenses, up to a maximum of \$10,000.00. AIU Assist must make all arrangements and must authorize all expenses in advance for any benefits to be payable. The Company reserves the right to determine the benefit payable, including reductions, if it is not reasonably possible to contact AIU Assist in advance.

Lost Baggage - Coverage is provided if a checked baggage is lost due to theft or misdirection by the Common Carrier while the Insured is a ticketed passenger on any land, water or air conveyance licensed for the transportation of passengers. Benefits will be paid only in excess of amounts paid or payable by the Common Carrier or any other valid and collectible insurance up to a maximum of \$250 for the replacement of the baggage and its contents. There is a maximum per article limit of \$50. All claims must be verified by the Common Carrier.

Trip Interruption - Coverage is provided if an Insured is unable to continue his/her trip due to a) death, occurring prior to the Insured's return to his/her Home Country, of an Insured Person's Immediate Family Member; or b) serious damage to the Insured Person's principal residence from fire, flood or similar natural disaster (tornado, earthquake, hurricane, etc.). The Company will reimburse the Insured Person for the cost of travel, less the value of applied credit from an unused return travel ticket to return to their Home Country. This benefit is limited to the cost of a one-way economy airfare or ground transportation and is subject to a maximum of \$5,000 per policy period.

In Hospital Benefit - If you are in the Hospital while traveling outside of the United States or Canada, and the Hospital is considered a Covered Expense, the program will pay the covered Insured \$100 for each night spent in the Hospital for a maximum of 10 consecutive days (this benefit is in addition to any other expenses of the program).

EXCLUSIONS AND LIMITATIONS

Unless Home Country Coverage has been purchased, no benefit shall be payable for any expenses or losses incurred for: 1) Illnesses first manifested, treated or diagnosed while you are visiting your Home Country; 2) Injuries incurred while you are visiting your Home Country; 3) treatments or services rendered in your Home Country.

For the Accidental Death and Dismemberment Benefit, Paralysis, Disappearance this Plan does not cover any loss, fatal or non-fatal; caused by or resulting from: 1) Suicide or any attempt thereof by the Insured Person while sane or self destruction or any attempt thereof by the Insured Person while insane; 2) disease of any kind; 3) bacterial infections except pyogenic infection which shall occur through an accidental cut or wound; 4) hernia of any kind; 5) flying in any aircraft being used for or in connection with acrobatic or stunt flying, racing or endurance tests; flying in any rocket propelled aircraft; flying in any aircraft being used for or in connection with crop dusting, or seeding or spraying, firefighting, exploration, pipe or power line inspection, any form of hunting bird or fowl herding, aerial photography, banner towing or any test or experimental purpose; flying any aircraft which is engaged in flight which requires a special permit or waiver from the authority having jurisdiction over civil aviation, even if granted; 6) declared or undeclared war or any act thereof; 7) service in the military, naval or air service of any country.

With respect to Medical Expense, no benefit shall be payable with respect to expenses incurred: 1) For Pre-Existing Conditions, defined as any Injury or Illness which was contracted or which manifested itself, or for which treatment or medication was prescribed within the 3 years prior to the effective date of this insurance; 2) For services, supplies or treatment, including any period of Hospital confinement, which were not recommended, approved and certified as necessary and reasonable by a

Physician; 3) For suicide or any attempt thereof while sane or self-destruction or any attempt thereof while insane; 4) Declared or undeclared war or any act thereof; 5) For Injury sustained while participating in a professional, semi-professional, amateur, club, intramural, interscholastic or intercollegiate sport; 6) For sickness resulting from pregnancy, childbirth, or miscarriage; 7) For miscarriage resulting from accident; 8) 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; 9) For cosmetic or plastic surgery, except as the result of an accident; 10) For elective surgery which can be postponed until the Insured returns to his/her Home Country; 11) For any mental or nervous disorders or rest cures; 12) For dental care, except as the result of Injury to natural teeth caused by an accident; 13) For eye refractions or eye examinations for the purpose prescribing corrective lenses for eye glasses or for the fitting thereof, unless caused by accidental bodily Injury incurred while Insured hereunder; 14) In connection with alcoholism and drug addiction, or use of any drug or narcotic agent; 15) For congenital anomalies and conditions arising out of or resulting therefrom; 16) For expenses which are non-medical in nature; 17) 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; 18) For expenses as a result of or in connection intentionally self-inflicted Injury; 19) For expenses as a result of or in connection with the commission of a felony offense; 20) For specific named hazards: motorcycle driving, scuba diving, skiing, mountain climbing, sky diving, professional or amateur racing, and piloting any aircraft; 21) 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; 22) for pregnancy or childbirth, organ transplants, marrow procedures, and chemotherapy. **For the Lost Baggage, benefits will not be provided for any loss of:** 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. **For the Trip Interruption Benefit, this plan does not cover:** 1) war or any act of war, whether declared or not; 2) participation in a felony, riot or insurrection; 3) participation in contests of speed; 4) a pre existing condition that exists prior to the Insured Person's departure for his/her Home Country that has the likelihood of causing death. **With respect to Home Alteration and Vehicle Modification, no benefit shall be payable with respect to expenses incurred** for or resulting from any condition for which the Insured Person is entitled to benefits under any Workers' Compensation Act or similar law.

Excess Benefits - All coverage, except Accidental Death and Dismemberment, shall be in excess of all other valid and collectible insurance indemnity and shall apply only when such benefits are exhausted. The policy is not in lieu of and does not affect any requirement for coverage by Worker's Compensation insurance.

WORLDWIDE ASSISTANCE SERVICES

Inside US and Canada 800-626-2427 Outside US and Canada 713-267-2525 (collect)

CLAIMS ADMINISTRATOR

Mail claims with original receipts to:

Global Claims Administration

3195 Linwood Rd Suite 201 Cincinnati OH 45208

Inside US and Canada 800-513-2981 Outside US and Canada 513-533-1330 9-4:30 Eastern Standard Time Monday through Friday

Claim Forms - The Company, upon receipt of a written 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 this Plan by submitting, within the time fixed in this Plan for filing proofs of loss, written proof showing the occurrence, nature and extent of the loss for which claim is made. **Proofs 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 plan provides any periodic payment contingent upon continuing loss within 90 days after termination of each 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 proof within the time required shall not invalidate nor reduce any claim if it is not reasonably possible to give proof within such time, provided proof is furnished as soon as reasonably possible.

Time of Payment of Claims - Indemnities payable under the plan for any loss other than loss for which the plan provides any periodic 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 plan provides periodic payment will be paid at the expiration of each four 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 without 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 \$1000 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 plan 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 at 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.

Refund of Premium - Premium will be refunded only when written request is received by the Administrator prior to the Effective Date of Individual Insurance. After the Effective Date of Individual Insurance, premium is considered fully earned and non-refundable.

Policy terms and conditions are briefly outlined in this Description of Coverage. Complete provisions pertaining to this insurance plan are contained in the Master Policy, which is on file with the Policyholder. In the event of a conflict between this Description of Coverage and the Master Policy, the Master Policy will govern.

09/08