

## Description of Benefits

### Accidental Death & Dismemberment (AD&D)

If an injury occurs during your Period of Coverage and results in one of the following losses within 365 days after an accident, the Plan will pay for the loss as follows:

	Insured	Spouse	Each Child
<b>Loss of life</b>	100% of Principal Sum	\$100,000	\$5,000
<b>Loss of two members</b>	100% of Principal Sum	\$100,000	\$5,000
<b>Loss of one member</b>	50% of Principal Sum	\$50,000	\$2,500
<b>Loss of speech and hearing</b>	100% of Principal Sum	\$100,000	\$5,000
<b>Loss of speech or hearing</b>	50% of Principal Sum	\$50,000	\$2,500
<b>Loss of thumb and index finger of the same hand</b>	25% of Principal Sum	\$25,000	\$1,250
<b>Quadriplegia</b>	100% of Principal Sum	\$100,000	\$5,000
<b>Paraplegia</b>	75% of Principal Sum	\$75,000	\$3,750
<b>Hemiplegia</b>	50% of Principal Sum	\$50,000	\$2,500
<b>Uniplegia</b>	25% of Principal Sum	\$25,000	\$1,250

"Member" means hand, foot or eye. The term "loss" means with regards to hands and feet, actual severance through or above wrist and ankle joints and with regard to eyes, entire irrecoverable loss of sight. With regard to speech, loss must be entire and irrecoverable, and with regard to hearing, the loss must be entire and irrecoverable in both ears. "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. Only one amount, the largest to which the Insured is entitled, is paid for all losses resulting from one accident. In the event of a loss, benefits will be paid according to the principal sum selected on the Application.

### Exclusions

For Accidental Death and Dismemberment, this insurance does **not** cover:

- Expenses incurred as a result of or in connection with a) intentionally self-inflicted injury, suicide while sane or attempted suicide while insane; b) war or any act of war, declared or undeclared, or service in the military, naval or air service of any country; or c) piloting or acting as a crew member or riding in any aircraft except as a fare-paying passenger on a scheduled airline;
- Expenses for a) illness, disease, pregnancy, childbirth, miscarriage or any bacterial infection other than one occurring from an accidental cut or wound; or b) hernia.

### Emergency Medical Evacuation Expenses

If injury or illness commencing during the Period of Coverage warrants immediate transportation to the nearest medical facility to obtain appropriate medical treatment, or if after being treated at a local hospital, the condition warrants transportation to the Home Country or Country of Residence for further medical treatment or to recover, or both, all eligible expenses incurred are covered. An emergency evacuation must be recommended by a legally licensed attending physician who certifies that the severity of injury or illness necessitates such emergency evacuation and agreed upon by you or your representative. **In the event this benefit is needed, arrangements are made by the Assistance Services provider.**

If you are hospitalized for more than 7 days following a covered emergency evacuation and are receiving care outside the Home Country or Country of Residence, the Plan will pay up to the cost of round-trip economy airfare to bring a person chosen by you to and from your bedside, if you are not accompanied by immediate family. **These transportation arrangements must be authorized in advance and arranged by the Assistance Services provider.**

### Return of Minor Child(ren)

If you are traveling alone with a Minor Child(ren) up to the age of 18 and are hospitalized because of a covered illness or injury and the minor children are left unattended, the Plan will arrange and pay for one-way economy fares (less the value of applied credit from any unused travel tickets per person) to their Home Country, not to exceed the maximum benefit of \$5,000. These arrangements will be made at no cost to you. If an attendant/escort is necessary to ensure the safety and welfare of Minor Child(ren), the Plan will arrange and pay for these services. **All arrangements must be made by the Assistance Services provider.**

### Repatriation of Remains Expenses

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 the Home Country or Country of Residence are covered. **In the event this benefit is needed, arrangements are made by the Assistance Services provider.**

### Exclusions

For Emergency Medical Evacuation and Repatriation, this insurance does **not** cover:

Expenses incurred as a result of or in connection with a) declared or undeclared war or any act thereof; b) injury sustained while participating in professional sports, sponsored scholastic or amateur athletics; c) intentionally self-inflicted injury, suicide while sane or attempted suicide while insane; commission of a felony; d) participation in contests of speed; piloting an aircraft; e) pregnancy, except complications of pregnancy.

### Political Evacuation and Repatriation (applicable to Global I Plan only)

If, due to political or military events in a Host Country, a formal recommendation from the appropriate authorities is issued for you to leave the Host Country or if you are expelled or declared persona non-grata by the Host Country, all reasonable expenses incurred for transportation to the nearest place of safety or for repatriation to your Home Country or Country of Residence are covered up to a maximum of \$10,000. Evacuation must occur within 10 days of any such event. Coverage will apply to the most appropriate and economical means consistent under the circumstances with your health and safety. Evacuation costs will be paid once per person per occurrence. **In the event this benefit is needed, arrangements must be made by the Assistance Services provider.**

### Exclusions

For Political Evacuation and Repatriation, this insurance does **not** cover:

- Losses recoverable under any other insurance or through an employer;
- Losses arising from or attributable to a) dishonest or criminal acts committed or attempted by you, b) alleged violation of the laws of the Host Country, unless the company determines such allegations to be fraudulent, or c) failure to maintain required documents and visas;
- Losses attributable to a) debt, insolvency, commercial failure or the repossession of any property, b) your non-compliance with a contract or license, or c) implementation of legally constituted exchange rates;
- Losses due to liability assumed by you under any contract.

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## Medical Expenses—Optional (applicable to Global I Plan only)

If accidental injury or emergency illness occurs during the Period of Coverage, the Plan will pay, subject to a \$300 deductible, reasonable and customary charges for Covered Medical Expenses resulting from such occurrence, up to the maximum benefit selected, \$25,000 or \$100,000. Only those expenses specifically described below which are incurred within the Maximum Benefit Period (13 weeks from the onset of an injury or emergency illness) and which are not Excluded (*see Exclusions section*) are considered Covered Medical Expenses. Initial treatment of an injury or emergency illness must occur within 72 hours of the accident or onset of emergency illness, defined as a condition requiring immediate care and/or hospitalization.

**For Medical Expense Benefit, the following represent covered charges under this option:**

1. Charges made by a hospital for room and board, floor nursing and other services, exclusive of charges for professional services and with the exception of personal services of a non-medical nature; provided, however, that expenses do not exceed the hospital's average charge for a semiprivate room and board accommodation, or intensive care when medically necessary;
2. Charges made for physician's diagnosis, treatment and surgery;
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. Dressings, drugs and medicines that can only be obtained upon the written prescription of a physician or surgeon.

### Exclusions

**For Medical Expense Benefit, this insurance does not cover:**

1. Charges for Pre-existing Conditions, defined as illness, injury or any medical condition for which symptoms manifested, or for which a licensed physician was consulted, or for which treatment or medication was prescribed within 12 months prior to the Effective Date of insurance under the Plan, except for conditions that remained controlled by prescribed medication as long as the prescribed drugs and medicine (maintenance prescriptions) did not change during the 12 months prior to the Effective Date of coverage. The costs of the maintenance prescriptions, which were required or continued during the Period of Coverage, are not a Covered Expense;
2. Services, supplies or treatment, including any period of hospital confinement, which are not recommended, approved and certified as necessary and reasonable by a physician, or expenses which are non-medical in nature;
3. Expenses incurred as a result of or in connection with a) declared or undeclared war or any act thereof; b) injury sustained while participating in professional sports, sponsored scholastic or amateur athletics; c) intentionally self-inflicted injury, suicide while sane or attempted suicide while insane; d) scuba diving, mountain climbing, sky diving, professional or amateur racing, piloting an aircraft; or e) commission of a felony;
4. Expenses for a) pregnancy, childbirth or miscarriage; b) routine physicals; c) cosmetic or plastic surgery, except as the result of an accident; d) elective surgery; e) any mental and nervous disorders or rest cures; f) dental care, except as the result of injury to natural teeth caused by accident; g) eye refractions or eye examinations for the purpose of prescribing corrective lenses for eye glasses or for the fitting thereof, unless caused by accidental bodily injury incurred while insured; h) alcoholism and drug addiction or use of any drug or narcotic agent; or i) treatment by a family member;
5. Treatment paid for or furnished under any other individual or group policy or other service or medical pre-payment plan arranged through an 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.

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## Assistance Services

Upon enrollment, you are eligible to use any of the worldwide assistance services offered in this comprehensive program. A brief outline of the assistance services appears below. Services may be accessed 24 hours a day, 7 days a week.

- ▶ **Pre-Departure Services** — information on immunization requirements, passport and visa requirements
- ▶ **Travel Medical Emergency Services** — help in obtaining local medical care, in arranging special medical services when traveling; medical case monitoring; arranging communication between patient, family, physicians, employer, consulate; health information and precautions for medically remote or underserved areas; guarantee payment for medical care using traveler's financial resources
- ▶ **Medical Evacuation** — coordinate and arrange for medical transportation if traveler becomes injured or seriously ill and needs to be evacuated to an appropriate medical treatment facility
- ▶ **Repatriation** — coordinate the return of remains to the Country of Residence if death occurs while traveling
- ▶ **Emergency Travel Assistance** — advice on handling losses and delays; help with lost passports, tickets and documents; advice on filing insurance claims; relaying emergency messages
- ▶ **Travel Emergency Legal Assistance** — arranging for traveler to obtain needed help from local attorneys, embassies and consulates

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## How to Enroll

To enroll in Gateway Global, complete the Application form in this brochure. A completed Application must include expected travel information concerning country destination(s) and duration of trip(s). Select the appropriate plan corresponding with your travel plans and calculate premium. Send your completed Application and premium to the Gateway Plan Administrator at the address contained in this brochure. If paying by credit card, you may either mail or fax your Application. (Do not mail *and* fax Application.)

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## Renewal

If enrolled in an Annual Plan, you will be sent an option to renew coverage for another 12-month term. Renewal notices are sent to the Correspondence Address on file approximately 60 days prior to the termination date of the annual term.