

**INTERMEDICAL - CONFIRMATION OF INSURANCE**

**THE INSURANCE COMPANY OF THE STATE OF PENNSYLVANIA**

Philadelphia, Pennsylvania

A Member Company of American International Group of Companies (AIG, Inc.)

(Herein called The Company) Having issued Policy Number 9021446

To AIG Life Trust (Herein called the Policyholder)

**INTERNATIONAL MEDICAL COVERAGE FOR TRAVEL OUTSIDE THE U.S.**

**SCHEDULE**

INSURED'S NAME/U.S. ADDRESS:

CONFIRMATION I.D. NO.:

**COPY**

TOTAL PREMIUM PAID:

**COPY**

**COPY**

Refund of premium, less a \$20 processing fee, will only be allowed if a written request is received by Travel Insurance Services prior to the effective date of coverage. Once coverage is effective, the premium is considered fully earned and non-refundable.

Refunds cannot be processed until we receive your original Confirmation of Insurance.

NAMED INSUREDS/PLAN PURCHASED/DEDUCTIBLE/EFFECTIVE DATE/EXPIRATION DATE:

11:59 p.m.

**COPY**

**LIMITS OF COVERAGE**

	<u>Medical Benefits</u>	<u>Emergency Medical Evacuation</u>	<u>Repatriation of Remains</u>	<u>AD&amp;D Principal Sum</u>	<u>Bedside Visit</u>
Plan A:	\$ 25,000	\$50,000	\$7,500	\$ 10,000	\$1,500
Plan B:	\$100,000	\$75,000	\$7,500	\$100,000	\$1,500

**EMERGENCY MEDICAL ASSISTANCE SERVICE**

TO OBTAIN ASSISTANCE IN THE EVENT OF A MEDICAL EMERGENCY OR TO FACILITATE MEDICAL CARE, contact the insurance company's 24 hour assistance service, **AIG Assist**, located in Houston, Texas. AIG Assist can recommend a local doctor or hospital, verify coverage, organize all emergency medical transportations, and provide multilingual assistance. **Call collect 0-713-267-2525. Identify yourself as an INTERMEDICAL insured and refer to Policy No. 9021446 and AIG Assist Identification No. 2040. ALL EMERGENCY MEDICAL EVACUATIONS, BEDSIDE VISITATIONS AND REPATRIATIONS ARE TO BE ARRANGED BY AIG ASSIST.**

**HOW TO FILE A CLAIM**

You will need to save copies of all receipts. All itemized bills must be submitted to the Insurance Company with a Claim Form. To request a claim form, please contact: **American International Companies, Accident & Health Claims, Travel Insurance Services Claims Unit, P.O. Box 15701, Wilmington, Delaware, 19850-5701** or call toll free in the U.S. and Canada **1-800-551-0824** or call from outside the U.S. and Canada **302-661-4176**.

Written notice of a claim must be made to the Claims Unit within twenty (20) days after the occurrence or commencement of any loss covered by the Policy, or as soon thereafter as is reasonably possible.

THE COMPANY HEREBY CERTIFIES that the person(s) named in the Schedule (herein called Insured Person) is insured under and subject to all definitions, exceptions, limitations, and provisions of said Policy to the extent provided in the Master Policy on file with The Company. The Master Policy constitutes the only agreement under which payments are made.

**DESCRIPTION OF CLASS:**

- Class I: All U.S. citizens or U.S. Legal Residents who reside in the United States, under age 70 and whose application has been accepted by the Company, for a period (original plus extension) not to exceed one year.
- Class II: All U.S. citizens or U.S. Legal Residents who reside in the United States, age 70 and older whose application has been accepted by the Company, for a period (original plus extension) not to exceed one year.
- Class III: All foreign nationals under age 70 whose application has been accepted by the Company for travel outside their home country, but excluding the United States, for a period (original plus extension) not to exceed one year.
- Class IV: All foreign nationals age 70 and older whose application has been accepted by the company for travel outside their home country, but excluding the United States, for a period (original plus extension) not to exceed one year.

**EXCESS BENEFITS:** All coverages, except Accidental Death & Dismemberment shall be in excess of all other valid and collectible insurance indemnity and shall apply only when such benefits are exhausted.

## DEFINITIONS

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

The term "**Physician**" as used herein shall mean a doctor of medicine or a doctor of osteopathy licensed to render medical services or perform surgery in accordance with the laws of the state where such professional services are performed. Charges for medical care or treatment provided by a member of the "Immediate Family" are not covered by this policy.

The term "**Injury**" wherever used herein shall mean bodily injury caused solely and directly by violent, accidental, external, and visible means occurring while this policy is in force and resulting directly and independently of all other causes in loss covered by this policy.

The term "**Illness**" wherever used herein shall mean sickness or disease of any kind contracted and commencing after the effective date of this policy and causing loss covered by this policy.

The term "**Immediate Family**" means the Insured's spouse, children, brothers, sisters, mother, mother-in-law, father, father-in-law, adopted children, grandmother, grandfather, grandchildren.

## PERIOD OF COVERAGE

1. **Effective Date of Insurance**  
Coverage will begin on the latest of the following:
  - (a) The Insured Person's departure from their home country;
  - (b) The date the application and premium are received by The Company or its designated representative; or
  - (c) The date requested on the enrollment form.
2. **Expiration Date of Insurance**  
Coverage will end on the earliest of the following:
  - (a) The Insured Person's return to their home country;
  - (b) One year after the effective date of the Insured Person's coverage under this policy; or
  - (c) The date requested on the enrollment form for which premium has been paid.

## DESCRIPTION OF COVERAGES

### MEDICAL BENEFITS

When a covered Injury or Illness results, The Company will pay:

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

\*The policy will pay 100% up to a maximum amount in Plan A (\$25,000) or Plan B (\$100,000) per incident.

**DEDUCTIBLE:** The above medical expenses are excess of a \$50 deductible paid per Injury or Illness. The deductible amount consists of covered expenses which would otherwise be payable under this policy. These expenses must be borne by the Insured Person.

Treatment of an Injury or Illness must occur within 180 days of the accident or illness. Illness must be contracted and manifest itself during the period of coverage. All benefits provided in this Confirmation will cease when an eligible Insured Person returns to their home country.

### Covered Expenses

For the purpose of this section, only such expenses of which the first expense must be incurred within 30 days of the Injury or Illness, and which are incurred outside the United States and the Insured Person's home country, and which are specifically enumerated in the following list of charges, and which are not excluded in the Exclusions Section, shall be considered covered expenses:

1. Charges made by a Hospital for room and board, floor nursing and other services, including 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 semi-private room and board accommodation, or two (2) times the average semi-private room charge made by the servicing hospital, if confinement to an intensive care unit is required, or the actual charge for intensive care unit made by the servicing hospital, whichever is less.
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. Dressings, drugs, and medicines that can only be obtained upon a written prescription of a physician or surgeon.
7. 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 the unavailability of a hospital room by reason of capacity or distance or to any other circumstances beyond the control of the insured.

The charges enumerated above shall in no event include any amount of such charges which are in excess of reasonable and customary charges. A charge incurred by an Insured Person shall be deemed a reasonable 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 sickness or bodily injury for 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. All charges shall be deemed to be incurred on the date such services or supplies which give rise to the expense or charge are rendered or obtained. All benefits provided in this policy will cease when an eligible Insured Person returns to their home country. This policy will not pay for expenses incurred in the Insured Person's home country and in the U.S.

**EMERGENCY MEDICAL EVACUATION**

The Company will pay benefits for covered expenses incurred up to the maximum stated in the Schedule of this Certificate if any Injury or Illness commencing during the course of a trip results in the necessary emergency medical evacuation of the Insured Person.

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, up to the maximum, for transportation, medical services and medical supplies necessarily incurred in connection with emergency medical evacuation of the Insured Person. All transportation arrangements made for evacuating the Insured Person must be: (a) by the most direct and economical route; (b) subject to prior approval of The Company; and (c) arranged by AIG Assist. (See section on Emergency Medical Assistance.)

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 medical evacuation. Special transportation includes, but is not limited to air ambulance, land ambulance, and private motor vehicles.

**REPATRIATION OF REMAINS**

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 stated in the Schedule of this Confirmation. Covered expenses include, but are not limited to, expenses for embalming, cremation, coffins, and transportation. All arrangements must be made by AIG Assist.

**ACCIDENTAL DEATH & DISMEMBERMENT (AD&D)**

The Company shall pay an indemnity determined from the Table of Losses if an Insured Person sustains a loss stated therein resulting from injury, provided that: (1) such loss occurs within 365 days after the date of accident causing such loss; (2) the indemnity payable for any such loss shall be the amount stated opposite such loss in said Table, and the Principal Sum stated therein shall be the amount stated as Principal Sum in the Schedule of this Confirmation, as applicable to such person and this Coverage; and (3) if more than one loss stated in said Table is sustained as the result of one accident, only one of the amounts so stated in said Table, the largest, shall be payable.

<u>Description of Loss</u>	<u>Table of Losses</u>	<u>Indemnity</u>
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

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

**BENEFICIARY:** The beneficiary or beneficiaries of an Insured Person shall be that person or those persons designated by the Insured Person on the Application. Any Insured Person who has not made an irrevocable designation of beneficiary may designate a new beneficiary at any time by writing to Travel Insurance Services.

**ESCORT FOR MINOR**

If the Insured Person is hospitalized for more than 7 days, The Company will pay to return the Insured Person’s accompanying dependent children under age 18 to their home, limited to the cost of a one-way economy airfare, less the value of applied credit from an unused return travel ticket, with an attendant if necessary. These expenses must be authorized in advance by AIG Assist.

**BEDSIDE VISIT**

The Company will pay for strictly necessary traveling costs up to a maximum of \$1,500 incurred by a friend or relative to visit the Insured Person when in the opinion of a medical practitioner acceptable to The Company, such a visit is necessary due to a bodily Injury or Illness which constitutes an immediate danger to life. These expenses must be authorized in advance by AIG Assist.

**EXCLUSIONS**

With respect to **Medical Expenses**, no benefits shall be payable with respect to expenses incurred:

1. For pre-existing conditions, defined as any Injury or any Illness which was contracted or which manifested itself, or for which a licensed Physician was consulted, or for which treatment or medication was prescribed within three (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, or expenses which are non-medical in nature;
3. For suicide or any attempt thereat while sane or self destruction or any attempt thereat while insane;
4. For declared or undeclared war or any act thereof;
5. For injury sustained while participating in professional athletics;
6. For sickness resulting from pregnancy, childbirth, or miscarriage;
7. For miscarriage resulting from accident;
8. For routine physicals or other examinations where there are no objective indications or impairment in normal health, and laboratory diagnostics 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 their 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 accident;
13. For eye refractions or eye examinations for the purpose of prescribing corrective lenses for eyeglasses or contact lenses or for the fitting thereof, unless caused by accidental bodily injury incurred while insured hereunder;
14. In connection with alcoholism or drug addiction, or use of any drug or narcotic agent;
15. For expenses as a result of or in connection with intentionally self-inflicted injury;
16. For expenses as a result of or in connection with the commission of a felony offense;
17. For specific named hazards: motorcycle driving, mountain climbing, sky diving, professional or amateur racing, and piloting an aircraft;
18. For treatment paid for or furnished under any other individual or group policy, or other medical prepayment 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;
19. For medical expenses incurred in the United States and the Insured Person's home country.

With respect to Accidental Death and Dismemberment, Emergency Medical Evacuation Expense, and Repatriation of Remains Expense, this plan does not cover any loss, fatal or non-fatal, caused by, or resulting from: (1) suicide or self-destruction or any attempt thereat while sane or 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) acting as a pilot, operator or member of the crew of any aircraft or as a passenger in any aircraft used for or in connection with acrobatic or stunt flying, racing or endurance tests, crop dusting, seeding, spraying, fire fighting, exploration, pipe or power line inspection, any form of hunting, bird or fowl herding, aerial photography, banner towing, test or experimental purposes, flying in any rocket propelled aircraft engaged in any flight requiring a special permit or waiver; (6) declared or undeclared war or any act thereof; (7) service in the military, naval or air service of any country. With regard to Emergency Medical Evacuation or Repatriation of Remains, exclusions 2, 3, and 4 above shall be deleted.

### POLICY PROVISIONS

1. **NOTICE OF CLAIM:** Written notice of claim must be given to The Company within twenty (20) days after the occurrence or commencement of any loss covered by the Policy, or as soon thereafter as is reasonably possible. Notice given by or on behalf of the claimant to the Administration Office of The Company, or to any authorized agent of The Company, with information sufficient to identify the Insured Person shall be deemed notice to The Company.
2. **CLAIM FORMS:** The Company, upon receipt of a notice of claim, will furnish to the claimant such forms as are usually furnished by it for filing proof of loss. If such forms are not furnished within fifteen (15) days after the giving of such notice, the claimant shall be deemed to have complied with the requirements of the Policy as to proof of loss upon submitting, within the time fixed in the Policy for filing proof of loss, written proof covering the occurrence, the character and the extent of the loss for which claim is made.
3. **PROOF OF LOSS:** Written proof of loss must be furnished to The Company at its said office in case of claim for loss for which the policy provided any periodic payment contingent upon continuing loss within ninety (90) days after the termination of the period for which The Company is liable and in case of claim for any other loss within ninety (90) days after the date of such loss. Failure to furnish such proof within the time required shall not invalidate nor reduce any claim if it was not reasonably possible to give proof within such time, provided such proof is furnished as soon as reasonably possible.
4. **TIME OF PAYMENT OF CLAIMS:** Indemnities payable under the Policy for any loss other than loss for which the Policy provides any periodic payment will be paid immediately upon receipt of due written proof of such loss. Subject to due written proof of loss, all accrued indemnities for loss for which the Policy provides periodic payment will be paid at the expiration of each four 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 immediately paid upon receipt of due written proof.
5. **PAYMENT OF CLAIMS:** Indemnity for loss of life will be payable in accordance with the beneficiary designation and the provisions respecting such payment which may be prescribed herein and effective at the time of payment. If no such designation or provision is then effective, such indemnity shall be payable to the estate of the Insured Person. Any other accrued indemnities unpaid at the Insured Person's death may, at the option of The Company, be paid either to such beneficiary or to such estate. All other indemnities will be payable to the Insured Person.

If any indemnity of the Policy shall be payable to the estate of an Insured Person, or 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 the 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 no later than the time for filing proof of such loss, be paid directly to the hospital or person rendering such services, but it is not required that the service be rendered by a particular hospital or person.

6. **PHYSICAL EXAMINATION AND AUTOPSY:** The Company at its own 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.
7. **LEGAL ACTIONS:** No actions at law or in equity shall be brought to recover on the Policy prior to the expiration of sixty (60) days after written proof of loss has been furnished in accordance with requirements of the Policy. No such action shall be brought after expiration of three years after the time written proof of loss is required to be furnished.

***This Confirmation of Insurance is presented for general information purposes and is not intended to replace the Master Policy on file with Travel Insurance Services and The Insurance Company of the State of Pennsylvania. In the event of a conflict between this Confirmation and the Master Policy, the Master Policy will govern.***