Life BULSTRAD VIENNA INSURANCE GROUP

BULSTRAD VIENNA INSURANCE GROUP

GBG Insurance Without Borders℠

TRIP CANCELLATION INSURANCE POLICY

DR-WALTER

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COVERNOTE	
Policyholder	DR-WALTER Versicherungsmakler GmbH
Participating Organization	
Insurer	Bulstrad Life Vienna Insurance Group JSC and ZAD Bulstrad Vienna Insurance Group
Law & Jurisdiction	This insurance shall be governed by the Laws of Bulgaria and subject to the exclusive Jurisdiction of the courts of Bulgaria.
Product	Trip Cancellation
Area of Coverage	Worldwide
Policy Number	TBD
Policy Period	From: To: Both days inclusive, any time zone
Policy Currency	EUR
Rate	4.50% of Trip Cost
Special Terms of Conditions/Riders	N/A

SCHEDULE OF BENEFITS

This Schedule of Benefits and Face Page form part of the insurance Policy and are a summary outline of the benefits payable. All benefits described are subject to the definitions, limitations, exclusions, and provisions of the Policy.

POLICY BENEFITS	
Area of Coverage	Worldwide
Cancellation and Curtailment • EUR 100 Deductible per Event	Maximum Benefit per Policy Period: EUR 10,000

1.0 GENERAL PROVISIONS

The company, whose name is indicated on the Policy Face Page as **Policyholder**, hereinafter shall be referred to as the Policyholder, domiciled for the execution of the present Policy at the address indicated on the Policy Face Page.

The **Insurer,** the Second party, Bulstrad Life Vienna Insurance Group JSC and ZAD Bulstrad Vienna Insurance Group, hereinafter shall be referred to, sometimes collectively, as the "Insurer", "We" "Us", or "Company".

The declarations of the Policyholder and the Insured Person in the application serve as the basis for the Policy. If any information is incorrect or incomplete, or if any information has been omitted, the insurance coverage may be rescinded or terminated. Any references in this Policy to the Insured Person are expressed in the masculine gender shall be interpreted as including the feminine gender whenever appropriate**.**

No change may be made to this Policy unless it is approved by an Officer of the Insurer. A change will be valid only if made by a Rider signed by an Officer of the Insurer. No agent or other person may change this Policy or waiver any of its provisions.

This insurance is underwritten by Bulstrad Life Vienna Insurance Group JSC authorized and regulated by the Financial Conduct Authority (company number 628779) 6 Sveta Sofia Street, 1000 Sofia, Bulgaria and ZAD Bulstrad Vienna Insurance Group subject to limited regulation by the Financial Conduct Authority (company number 602489) 5 Pozitano Circus,1000 Sofia, Bulgaria.

In the Event of any conflict between the Master Policy and the Schedule of Benefits, the Schedule of Benefits will govern.

2.0 ELIGIBILITY

2.1 Eligible Classes

Individuals enrolled in and attending a study abroad program. Study abroad students must actively attend classes. Home study, correspondence, and online courses do not fulfill the eligibility requirements that the student actively attend class.

The Insurer has the right to investigate eligibility status and attendance records to verify eligibility requirements are met. If it is discovered the eligibility requirements are not met, the insurance coverage will be terminated.

2.2 Persons Eligible to be an Insured Person

Insured Persons are those Insured Person's described as an Eligible Class:

- Minimum age is 5 years and maximum is 50 years,
- Must be travelling outside their Home Country.

Note:

1. Coverage for a dependent spouse or child is not available
2. Cancellation coverage is not available for U.S. citizens and residents living in the United States.

2.3 Policy Period

The Policy Period must be the entire duration the Insured Person is enrolled in the program.

2.4 Application and Effective Date

The Insured Person's coverage becomes effective on the effective date shown on the Face Page. Coverage under the Policy ends on the earlier of:

- On the expiration date of the insurance coverage. However, if an Insured Person's return is delayed due to unforeseeable circumstances beyond their control, the insurance coverage will be extended until such trip can be completed, but no later than seven days from the original insurance coverage expiration, or
- If medical evacuation was necessary, upon the Insured Person's evacuation to the Home Country.

Note: Coverage must be purchased at least 48 hours prior to the start date of your trip for edibility of this benefit.

3.0 PREMIUM, CANCELLATION, AND POLICY PROVISIONS

3.1 Premium Payment

All premiums are payable before coverage is provided.

3.2 Cancellation

The Insurer reserves the right to cancel any Policy as described below:

- This Policy will be canceled automatically upon nonpayment of the Premium, although the Insurer may at their discretion reinstate the coverage if the Premium is subsequently paid.
- If any Premium due from the Policyholder remains unpaid, the Insurer may in addition defer or cancel payment of all or any claims for expenditures incurred during the period it remains unpaid.
- While the Insurer shall not cancel this Policy because of eligible claims made by any Insured Person, it may at any time terminate an individual coverage to different terms if the Insured Person has at any time:
  a. Misled the Insurer by misstatement or concealment;
  b. Knowingly claimed benefits for any purpose other than the ones which are provided for under this Policy;
  c. Agreed to any attempt by a third party to obtain an unreasonable pecuniary advantage to the Insurer's detriment;
  d. Failed to observe the terms and conditions of this Policy or failed to act with utmost good faith.
- If the Insurer decides to cancel this Policy, they shall give 30-day notice.
- When a claim has been filed, the insurance can be terminated with one month's notice by the Insured Person or by the Insurer within 14 days after the reimbursement has been effected or rejected by the Insurer.

3.3 Rate Modifications

The insurance coverage term begins on the Effective Date as shown on the Face Page and ends at midnight on the date shown, but no longer than 365 days later. The coverage is not subject to guaranteed issuance or renewal.

3.4 Duration of Coverage

Benefits are paid to the extent that an Insured Person receives any of the treatments covered under the Schedule of Benefits following the Effective Date, including any additional waiting periods and up to the date such individual no longer meets the definition of Insured Person, or their last date of coverage as listed on the Face Page.

3.5 Compliance with the Policy Terms

The Insurer's liability will be conditional upon each Insured Person complying with its terms and conditions.

3.6 Fraudulent/Unfounded Claims

If any claim is in any respect fraudulent or unfounded, all benefits paid and/or payable in relation to that claim shall be forfeited and, if appropriate, recoverable.

3.7 Privacy

The confidentiality of information is of paramount concern to Bulstrad Life Vienna Insurance Group JSC, ZAD Bulstrad Vienna Insurance Group, Global Benefits Group Gsellschaft m.b.H. Fillgradergasse 7/8 1060 Vienna, Austria complies with Data Protection Legislation, Medical Confidentiality Guidelines, and Privacy Shield. Bulstrad Life Vienna Insurance Group JSC, ZAD Bulstrad Vienna Insurance Group and Global Benefits Group Gsellschaft m.b.H., does not share information unless it pertains to the administration of the benefits for Insured Persons. For more detailed information, our privacy policy can be viewed on Our websites at: http://www.bulstradlife.bg/privacy.php and https://www.gbg.com/#/AboutGBG/PrivacyPolicy.

3.8 Waiver

Waiver by the Insurer of any term or condition will not prevent us from relying on such term or condition thereafter.

3.9 Denial of Liability

The Insurer is not responsible for the quality of care received from any institution or individual. This insurance coverage does not give the Insured Person any claim, right, or cause of action against the Insurer based on an act of omission or commission of a Hospital, Physician, or other provider of care or service. Unless specified, this insurance does not cover anything caused directly or indirectly through bankruptcy/ liquidation of any tour operator, travel agent, and transportation company or accommodation supplier.

3.10 Jurisdiction

This insurance shall be governed by the Laws of Bulgaria and subject to the exclusive Jurisdiction of the Courts of Bulgaria. This Policy does not cover United States citizens residing in the United States. As such, the insurance is not subject to, and is not administered as a PPACA (Patient Protection and Affordable Care Act) insurance Policy and is not subject to guaranteed issuance or renewal.

4.0 BENEFIT DESCRIPTION

4.1 Cancellation and Curtailment

The Insurer will provide cover for the Insured Person's for loss of travel and accommodation for any unused expenses paid or contracted to be paid as a result of the journey/holiday being necessarily and unavoidably cancelled. The reasons accepted for cancellation or curtailment are listed below. The Insurer shall only provide cover for cancellations commencing and occurring during the Policy Period provided such expenses are not recoverable from any other source. Future travel credits issued by providers for future use

are considered compensation and are not reimbursable under this Policy except for reimbursement of fees at the time of rebooking from original cancellation. All claims are limited to the maximum stated in the Schedule of Benefits regardless of the amount of Trips taken during the Policy Period.

Illness, serious Injury or death of:

a. The Insured Person or person with whom he/she is travelling or had arranged to travel;
b. The spouse, domestic partner, parent, parent-in-law, child, grandchild, brother, sister, or fiancé such person being resident in the Home Country, of the Insured Person, or of the person with whom the Insured Person is travelling or had arranged to travel;
c. Any person with whom the Insured Person had arranged to temporarily reside during the Policy Period. If the Insured Person elects to continue with their pre-arranged travel, this Policy will pay for accommodation class change from double occupancy to single.

Other Events:

a. Financial default of an airline, cruise line, or tour operator provided the Financial Default occurs more than 14 days following an Insured Persons effective date. There is no coverage for the financial default of any person, organization, agency, tour operator or firm from whom the Insured Person purchased travel arrangements. This coverage applies only if insurance was purchased within 15 calendar days of Initial Trip Payment;
b. Strike or Industrial Action resulting in complete cessation of travel services at the point of departure or Destination;
c. Insured Person or Insured Person's traveling companion's principal place of residence or destination being rendered uninhabitable by fire, flood, burglary or other Natural Disaster within 10 days of departure; The Insurer will only pay benefits for losses occurring within 30 calendar days after a named storm makes the Insured Person's destination uninhabitable. "UNINHABITABLE" is defined as the dwelling is not suitable for human occupancy in accordance with local public safety guidelines.
d. The Insured Person being subpoenaed, required to serve on a jury, hijacked, or quarantined;
e. The Insured Person is called to active military service or military leave is revoked or reassigned;
f. Terrorist incident in a city listed on the Insured Person's itinerary within 30 days of the Insured Person's schedule of arrival;
g. The Insured Person or traveling companion is involuntarily terminated or laid off through no fault of his or her own, provided that he or she has been an active employee for the same employer for at least two years. Termination must occur following the effective date of coverage. This provision is not applicable to temporary employment, independent contractor or self-employed persons.
h. Performance at the school deteriorates subsequent to admission into the exchange program/language course and if the Trip is not embarked upon due to the resulting obligation to repeat a year.
i. The Trip cannot be embarked upon due to failure to pass an examination.

Conditions:

a. Injury or Illness of an Insured Person, Traveling Companion or Family Member traveling with the Insured Person must be so disabling as to reasonably cause a Trip to be cancelled or interrupted, or which results in medically imposed restrictions as certified by a Physician at the time of Loss preventing continued participation in the Trip.
b. If the Insured Person must cancel or interrupt his/her Trip due to Injury or Illness of a family member not traveling with the Insured Person, it must be because their condition is life-threatening, as certified by a Physician, or they are the sole caretaker.

c. In the event of a failure by the Insured Person to notify the travel agent, tour operator or provider of transport/accommodation immediately it is found necessary to cancel the journey/holiday, the Insurer's liability shall be restricted to the cancellation charges that would have applied at that time.
d. This coverage must be purchased at least 48 hours prior to the start date of the trip.
e. Cancellation coverage is not available for U.S. citizens and residents living in the U.S.

The vendor policies relating to the Cancellation may be required at time of claim to ascertain if there are any travel credits or compensation offered by the vendor. These will be deducted from the final settlement hereunder.

5.0 HOW TO FILE A CLAIM

5.1 Excess Insurance Provision

The coverage provided under this policy shall:

a. Be in excess of all other valid and collectable insurance or indemnity, and
b. Apply only when such other benefits are exhausted.

In the event no other insurance coverage exists, this Policy becomes primary.

5.2 Subrogation

When the Policy pays for expenses that were either the result of the alleged negligence, or which arise out of any claim or cause of action which may accrue against any third party responsible for Injury or death to the Insured Person by reason of their eligibility for benefits under the Policy, the Insurer has a right to equitable restitution. The Insurer will subrogate with any coverage whether known or unknown to the Insured Person.

5.3 Claims Filing

Claims must be filed within **90 days** of treatment/loss to be eligible for reimbursement of Covered Expenses. Claim forms should be submitted only when the medical service provider does not bill the Insurer directly, and when you have Out-of-Pocket expenses to submit for reimbursement. All claims worldwide are subject to Usual, Customary, and Reasonable charges as determined by the Insurer and are processed in the order in which they are received.

In order for claims to be considered under this Policy claims must be:

1. In a form acceptable to the Insurer, and
2. Contain complete supporting documentation. If the Insurer requests additional information from either the Insured Person, Physician, or other party to evaluate the claim and such information is not submitted, the claim will be denied.
3. The Insured Person must declare total Trip cost at time of claim and provide proof of purchase.
4. Cost of Trip may include airfare, accommodations and any other pre-paid or booked expense related to the journey.

5.4 Claims Procedure

Please visit the administrator's website at: *www.gbg.com*, to access the *Travel Claim Form*. Required documentation for all claims:

1. A signed and fully completed claim form must be submitted with each claim,
2. All claims must be submitted with proof of travel including flight records,

3. Medical Records: Physicians' Notes Reports, Bills, Receipts including names and addresses,
4. Proof of loss and detailed description of loss,
5. Police Reports (if applicable),
6. Any additional documentation requested by the Insurer to support your claim.

Submit claims or claims appeal by:

Web:	**Mail:**	**Email:**
www.gbg.com	Global Benefits Group Gsellschaft m.b.H. Bulevar Zorana Djindjica 81/VI/17 11000 Beograd, Serbia	eclaims@gbg.com

5.5 Reimbursement Options

Claims reimbursements will be made by:

- Electronic Direct Deposit for Insured Person where the receiving bank is located in the U.S.,
- Wire Transfer for members and overseas providers where the receiving bank is located outside of the U.S., or
- Check sent to member or provider where electronic payment is not possible.

5.6 Settlement of Claims

When claims are presented to the Insurer, the Allowable Charges will be applied towards the Deductible. Once the Deductible has been satisfied, all Allowable Charges will be paid at the percentage listed on the Schedule of Benefits, up to the listed benefit maximum. Note the amount of Allowable Charges applied towards the Deductible also reduces the applicable benefit maximum by the same amount.

If the Policy has an Out-of-Pocket Maximum, once it is met the Policy will begin paying 100% of Allowable Charges for the remainder of insurance coverage, subject to the benefit maximums. The Out-of-Pocket Maximum does not apply to any expenses covered under the Prescription Benefit.

5.7 Status of Claims

Insured Person's wishing to request the status of a claim or have a question about a reimbursement received, please submit the status request form via our website at *www.gbg.com* or e-mail customer service at *customerservice@gbg.com*. Inquiries regarding the status of past claims must be received within 12 months of the date of service to be considered for review.

5.8 Releasing Necessary Information

It may be necessary for the Insurer to request a complete medical file on a Insured Person for purpose of claims review or administration of the Policy. It may also be necessary to share such information with a medical or utilization review board, or a reinsurer. The release of such confidential medial information will only be with written consent of the Insured Person.

6.0 CLAIMS APPEAL

6.1 Level One Appeal

If you are not satisfied with an administrative, eligibility, rescission of coverage, denial or reduction of benefit or if a health care determination for pre-service or current care coverage has been denied; the Insured Person or your appointed representative has the right to file an appeal within 90 days.

Your appeal will be reviewed, and the decision made by a member of the claims staff who was not included in the original decision. Appeals involving Medical Necessity, clinical appropriateness, or experimental and investigational treatments will be considered by a health care professional.

For Level One Appeals regarding required pre-service or concurrent care coverage decision, GBG will respond with a decision within 15 calendar days. We will respond within 30 calendar days for appeals regarding a post service coverage decision. If more time or information is needed to make the decision, GBG will notify you to request an extension of up to 15 calendar days and to specify any additional information needed to complete the review.

6.2 Level Two Appeal

If you are dissatisfied with the Level One appeal decision, you may request a Level Two Appeal. To start, follow the same process required for a Level One appeal.

Most requests for a second review will be conducted by the Appeals Committee, which consists of at least three people. Anyone involved in the prior decisions may not vote on the committee. For appeals involving Medical Necessity, clinical appropriateness, or being experimental or investigational, the Committee will consult with at least one Physician reviewer in the same or similar specialty as the care under consideration, as determined by our medical review agent.

For Level Two appeals we will notify you that we have received your request and schedule a Committee Review. For required pre-service and concurrent care coverage determinations, the Committee review will be completed within 15 calendar days. For post-service claims, the Committee Review will be completed within 30 calendar days. If more time or information is needed to make the determination, we will notify you in writing to request an extension of up to 15 calendar days and to specify any additional time needed by the committee to complete the review. You will be notified in writing of the decision within five working days of the meeting, and within the Committee Review time frames.

6.3 Independent Review Procedure

If you are not satisfied with the final decision of the Level Two appeal review, you may request that your appeal be referred to an Independent Review Organization. The Independent Review Organization is composed of persons who are not employed by us, our administrator, or any of our affiliates. A decision to use this external level of appeal will not affect the claimant's rights to any other benefits under the Policy.

There is no charge for you to initiate this Independent Review process. The Insurer will abide by the decision of the Independent Review Organization.

In order to request a referral to an Independent Review Organization, certain conditions apply. The reason for the denial must be based on a Medical Necessity or clinical appropriateness determination or because it is considered to be experimental or investigational by our medical review agent. Administrative, eligibility, or benefit coverage reductions or exclusions are not eligible for appeal under this process.

To request a review, you must notify the Appeals Coordinator within 180 days of your receipt of the Insurer's final adverse benefit determination. The Insurer will then forward the file to the Independent Review Organization. The Independent Review Organization will render an opinion within 30 days of request.

6.4 Expedited Appeals

You may request that the appeal process be expedited if, the time frames under this process would seriously jeopardize your life, health, ability to regain maximum function or, in the opinion of your Physician, would cause you severe pain which cannot be managed without the requested services; or your appeal involves non-authorization of an admission or continuing inpatient stay. GBG Medical Review Agent in consultation with the treating Physician will decide if an expedited review is necessary. When an appeal is expedited, GBG will respond within 72 hours, followed up in writing or electronically within five days.

6.5 Complaints Procedure

If you are not satisfied with the outcome of the Appeals process as described above, you may file a formal complaint. The complaints procedures are listed at GBG's website:
https://www.gbg.com/#/AboutGBG/ComplaintsProcedures.

7.0 EXCLUSIONS AND LIMITIATIONS

The Insurer shall not be liable for any claim made for compensation or payment for damage or expenses caused by or as a result of the following:

1. An Insured Person is aware of any medical condition or set of circumstances, which could reasonably be expected to give rise to a claim.
2. Any person, including those who are not travelling, has an existing condition which may give rise to a claim.
3. An Insured Person is suffering or has suffered from any previously diagnosed psychiatric disorder, anxiety or depression.
4. An Insured Person is receiving, is on a waiting list, or has the knowledge of the need for inpatient treatment at a Hospital or nursing home.
5. An Insured Person is expected to give birth before or within eight weeks of the date of arrival home.
6. An Insured Person is travelling against the advice of a Physician or for the purpose of obtaining medical treatment abroad.
7. An Insured Person has been given a terminal prognosis.
8. A Natural Disaster occurs before the Effective Date of the Insured Person's Trip Cancellation coverage.
9. Suicide or attempted suicide, intentional Self-Injury, the effect of intoxicating liquors or drugs.
10. Motorcycling, of any kind, as either driver or passenger.
11. Any circumstance manifesting itself before the date of issue of this Policy, before each Trip abroad.
12. Disinclination to travel.

8.0 DEFINITIONS

Please note certain words used in this document have specific meanings.

Accident: A sudden, unexpected and unintended Event where the Insured Person has sustained bodily Injury caused by Accidental, external, violent and visible means which shall solely and independently of any other cause.

Automobile: A self-propelled, private passenger motor vehicle with four or more wheels that is a type both designed and required to be licensed for use on the highway of any state or country. Automobile includes, but is not limited to, a sedan, station wagon, sport utility vehicle, or a motor vehicle of the pickup, van, camper, or motor-home type. Automobile does not include a mobile home or any motor vehicle that is used in mass or public transit.

Covered Accident: An Accident that occurs while coverage is in force for a Insured Person and results in a loss or Injury covered by the Policy for which benefits are payable.

Covered Expenses: Expenses actually incurred by or on behalf of an Insured Person for treatment, services and supplies covered by the Policy. Coverage under the Policy must remain continuously in force from the date of the Illness or Accident until the date of treatment, services or supplies are received for them to be a Covered Expense. A Covered Expense is deemed to be incurred on the date such treatment, service or supply, that gave rise to the expense or the charge, was rendered or obtained.

Covered Loss or Covered Losses: An Accidental death, dismemberment or other Injury covered under the Policy.

Covered Trip: A period of round-Trip travel away from the Insured Person's Home Country; the Trip has defined departure and return dates specified when the Insured Person enrolls.

Common Carrier: An individual, a company, or public utility which is in the regular business of transporting people and for which a fair has been paid.

Deductible: The dollar amount of Covered Expenses that must be incurred as an out of-pocket expense by each Insured Person on a per Policy Term basis before Medical Expense Benefits and/or other Additional Benefits paid on an expense incurred basis are payable under the Policy.

Effective Date: The date upon which the Insured Person's coverage will commence under this Policy.

Eligibility: The requirements that an Insured Person must meet at all times in order to be covered under this group Policy.

Family Member: Means a spouse, parent, parent-in-law, child, brother or sister of the Insured Person.

Home Country: A country from which the Insured Person holds a passport. If the Insured Person holds passports from more than one country, his Home Country will be that country which the Insured Person has declared on the application.

Hospital: An institution that: 1. operates as a Hospital pursuant to law for the care, treatment, and providing of inpatient services for sick or injured persons; 2. provides 24-hour nursing service by Registered Nurses on duty or call; 3. has a staff of one or more licensed Physicians available at all times; 4. provides organized facilities for Diagnosis, treatment and surgery, either: (i) on its premises; or (ii) in facilities available to it, on a pre-arranged basis; 5. Is not primarily a nursing care facility, rest home, convalescent home, or similar establishment, or any separate ward, wing or section of a Hospital used as such; and 6. Is not a place solely for drug addicts, alcoholics, or the aged or any separate ward of the Hospital.

Host Country: The country or countries other than the Home Country that the Insured Person is traveling to/in.

Illness: A physical Illness, disease, pregnancy and complications of pregnancy. This does not include mental Illness.

Insured Person: An insured enrolled for and entitled to coverage under this Policy and for whom the required Premium has been paid.

Injury: Accidental bodily harm sustained by an Insured Person that results directly and independently from all other causes from a Covered Accident. All injuries sustained by one person in any one Accident, including all related conditions and recurrent symptoms of these injuries are considered a single Injury/event.

Insurer: Bulstrad Life Vienna insurance Group JSC and ZAD Bulstrad Vienna Insurance Group.

Master Policy: The agreement between the Insurer and the Policyholder.

Maximum Benefit: The payment specified in the Schedule of Benefits, for specific services, which is the maximum amount payable by the Insurer for the Insured Person, per Policy Period regardless of the actual or Allowable Charge. This is after the Insured Person has met his obligations of Deductible, Coinsurance, Copayments and any other applicable costs.

Medically Necessary: A treatment, service or supply that is: 1. required to treat an Illness or Injury; prescribed or ordered by a Physician or furnished by a Hospital; 2. performed in the least costly setting required by the Insured Person's condition (usual, reasonable and customary); and 3. Consistent with the medical and surgical practices prevailing in the area for treatment of the condition at the time rendered.

Missing Person: An Insured Person who disappeared for an unknown reason and whose disappearance was reported to the Appropriate Authorities.

Natural Disaster: Storm (wind, rain, snow, sleet, hail, lightning, dust or sand) earthquake, flood, volcanic eruption, wildfire or other similar Event that: 1. is due to natural causes; and 2. results in such severe and widespread damage that the area of damage is officially declared a disaster area by the government in which the Insured Person's Trip occurs and the area is deemed to be uninhabitable or dangerous.

Necessities: Personal hygiene items and clothing.

Physician: A licensed health care provider acting within the scope of his license and rendering care or treatment to an Insured Person that is appropriate for the conditions and locality. It will not include a Insured Person or a member of the Insured Person's immediate family or household.

Policy: The document provided to the Insured Person that includes the Schedule of Benefits and the terms of the Master Policy issued to the Policyholder.

Policy Effective Date: The date that this Policy is first implemented, without regard to renewals thereafter.

Policy Period: The start and end date for which insurance coverage is in effect as shown on the Face Page. When multiple Policies are issued during a School Year, the Maximum Benefit is an accumulation of all Policies issued during the School Year.

Insured Person: A person eligible for coverage as identified in the application form, a Non-United States Citizen traveling outside their Home Country and has his true, fixed and permanent home and principal establishment outside of the United States and holds a current and valid passport, and for whom proper Premium payment has been made when due, and who is therefore an Insured Person under the Policy.

Related Costs: Food, lodging and, if necessary, physical protection for the Insured Person during the Transport to the Nearest Place of Safety.

Schedule of Benefits: The summary description of the benefits, payment levels and maximum benefits, provided under this plan.

Strike or Industrial Action: Any form of industrial action taken by employees, which is carried on with the intention of preventing, restricting or otherwise interfering with the production of goods.

Subrogation: Circumstances under which the Insurer may recover expenses for a claim paid out when another party should have been responsible for paying all, or a portion of that claim.

Traveling Companion: A person or persons with whom you have coordinated travel arrangements, shares the same accommodations as you and intend to travel with during the Trip.

Trip: Travel by air, land, or sea from the Insured Person's Home Country.

Usual, Customary and Reasonable: The lower of: 1) the provider's usual charge for furnishing the treatment, service or supply; or 2) the charge determined by the Insurer to be the general rate charged by the others who render or furnish such treatments, services or supplies to persons: 1) who reside in the same geographical area; and 2) whose Illness or Injury is comparable in nature and severity.

The Usual, Customary, and Reasonable charge for a treatment, service or supply that is unusual, or not often provided in the area, or that is provided by only a small number of providers in the area, will be determined by the Insurer. The Insurer will consider such factors as: 1) complexity; 2) degree of skill needed; 3) type of specialist required; 4) range of services or supplies provided by a facility; and 5) the prevailing charge in other areas.

Valuables/Electronics: Cellular phones, satellite phones, photographic equipment, tablet PC's, computers, iPods, CD players and personal music and stereo equipment, CD's, computers, computer games and associated equipment, hearing aids, telescopes and binoculars, antiques, jewelry, watches, furs, and articles made of or containing gold, silver or other precious metals or animal skins or hides. Any item of value to be evaluated on a case by case basis.

Insured By:

BULSTRAD LIFE VIENNA INSURANCE GROUP JSC and ZAD BULSTRAD VIENNA INSURANCE GROUP

Administered By:
Global Benefits Group Gsellschaft m.b.H.
Fillgradergasse 7/8
1060 Vienna, Austria