



# INTERNATIONAL TRAVEL MEDICAL INSURANCE

Official Group Proposal organized by Specialty Risk International, Inc.

Presented to:

**STEM International**

PO Box 386001  
Minneapolis, MN 55438

Presented by:

**Good Neighbor Insurance**

620 S Winthrop Street  
Gilbert, AZ 85296

April 18, 2006

Underwritten by Virginia Surety Company, Inc.

Quote is valid for 30 days.



# INTERNATIONAL TRAVEL MEDICAL INSURANCE

## DESCRIPTION OF PROPOSED PROGRAM & PREMIUMS

### **ASSURED GROUP**

STEM International  
PO Box 386001  
Minneapolis, MN 55438

### **ELIGIBILITY**

Class 1: Eligible Persons shall be participants of the Assured Group, while traveling outside of their Home Country whose name and travel dates have been submitted on the Group Application and have been accepted by the Administrator. Home Country is defined as - The country where an Insured person(s) has his/her true, fixed and permanent home and principal establishment. Coverage shall apply worldwide excluding the United States.

### **POLICY PERIOD**

From: 12:00 a.m. Local Standard Time, Date to be Agreed  
To: 11:59 p.m. Local Standard Time, Date to be Agreed

**\*Policy Period cannot exceed 12 months.**



## SCHEDULE OF BENEFITS

<b>Medical Maximum</b>	\$50,000 Medical Maximum is per Person per Policy Period
<b>Deductible:</b>	\$500 Deductible is per Person per Occurrence
<b>Coinsurance:</b>	<i>Inside the United States and Canada:</i> After you pay the deductible, the program pays 80% of the next \$5,000 of eligible expenses, then 100% to the selected Maximum. <i>Outside the United States and Canada:</i> After you pay the deductible, the program pays 100% to the selected Maximum.
<b>Hospital Indemnity:</b>	\$100 / night (traveling outside the U.S. and Canada) In addition to any other Covered Expense.
<b>Dental (Emergency):</b>	\$100 (or \$500 for accidents)
<b>Emergency Medical Evacuation/ Repatriation:</b>	\$100,000 (in addition to the Medical Maximum)
<b>Home Country Coverage</b>	Incidental Trips to The Home Country: \$50,000 Follow Me Home Coverage: \$5,000
<b>Return of Mortal Remains:</b>	\$20,000
<b>Emergency Reunion:</b>	\$6,000
<b>Return of Minor Child(ren):</b>	\$3,000
<b>Interruption of Trip:</b>	\$2,500
<b>Loss of Checked Luggage:</b>	\$250
<b>Local Ambulance Expense:</b>	\$1,500
<b>Accidental Death &amp; Dismemberment (AD&amp;D):</b>	\$25,000 Principal Sum for Insured Aggregate Limit of five (5) times the Principal Sum applies.
<b>Terrorism</b>	Usual, reasonable and customary to the selected Policy Maximum (not covered in NY, OR, KS)
<b>Waiver of Pre-Existing Conditions:</b>	Up to \$15,000 for U.S. citizens traveling outside the United States and Canada (refer to exclusion #1 for details)



## **DESCRIPTION OF MEDICAL BENEFITS**

When a covered Injury or Illness is incurred by the Insured Person the Company will pay Reasonable and Customary medical charges for Covered Expenses, excess of the Deductible and Coinsurance as stated in the Schedule of Benefits. In no event shall the Company's maximum liability exceed the medical maximum stated in the Schedule of Benefits. The Deductible and Coinsurance amount consists of Covered Expenses which would otherwise be payable under this Policy. These expenses must be borne by the Insured Person.

Only such expenses, incurred as the result of and within twenty-six (26) weeks from a Disablement, which are specifically enumerated in the following list of charges, and which are not excluded (see Exclusions), shall be considered as Covered Expenses:

1. Charges made by a Hospital for room and board, floor nursing and other services inclusive of charges for professional service and (with the exception of personal services of a non-medical nature); charges made for an operating room.
2. Charges made for Intensive Care or Coronary Care charges and nursing services.
3. Charges made for diagnosis, treatment and Surgery by a Physician; charges made for the cost and administration of anesthetics.
4. Charges made for Outpatient treatment, same as any other treatment covered on an Inpatient basis. This includes ambulatory Surgical centers, Physicians' Outpatient visits/examinations, clinic care, and Surgical opinion consultations.
5. 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; dressings, drugs, and medicines that can only be obtained upon a written prescription of a Physician or Surgeon.
6. Charges for physiotherapy, if recommended by a Physician for the treatment of a specific Disablement and administered by a licensed physiotherapist.
7. Ground ambulance (within the metropolitan area) to and from the nearest Hospital with facilities for required treatment. If the Insured Person is in a rural area, then licensed ground ambulance transportation to the nearest metropolitan area shall be considered a Covered Expense.
8. Hotel room charge, when the Insured Person, otherwise necessarily confined in a Hospital, shall be under the care of a duly qualified Physician in a hotel room owing to unavailability of a Hospital room by reason of capacity or distance or to any other circumstances beyond control of the Insured Person.
9. Charges made for artificial limbs, eyes, larynx, and orthotic appliances, but not for replacement of such items.

The charges enumerated herein shall in no event include any amount of such charges which are in excess of Reasonable and Customary charges. If the charge incurred is in excess of such average charge, such excess amount shall not be recognized as a Covered Expense. 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.



## **HOSPITAL INDEMNITY**

The Company will indemnify the Insured \$100 for each night spent in the hospital should the Insured Person be hospitalized while traveling outside the United States and Canada and the hospitalization is considered a Covered Expense.

## **EMERGENCY MEDICAL EVACUATION / REPATRIATION**

The Company shall pay benefits for Covered Expenses incurred up to the limit as stated in the Schedule of Benefits, if any covered Injury or Illness commencing during the Period of Coverage results in the Medically Necessary Emergency Medical Evacuation or Repatriation of the Insured Person. The Emergency Medical Evacuation or Repatriation must be ordered by the Company's appointed Assistance Company in consultation with the Insured Person's local attending Physician.

Emergency Medical Evacuation or Repatriation means: a) the Insured Person's medical condition warrants immediate transportation from the place where the Insured Person is located to the nearest adequate medical facility where medical treatment can be obtained; or b) after being treated at a local medical facility as a result of a Medical Evacuation, the Insured Person's medical condition warrants transportation with a qualified medical attendant to his/her Home Country to obtain further medical treatment or to recover; or c) both a) and b) above. All transportation arrangements must be by the most direct and economical route.

## **RETURN OF MORTAL REMAINS**

The Company will pay the reasonable Covered Expenses incurred up to the limit stated in the Schedule of Benefits to return the Insured Person's remains to his/her then current Home Country, if he or she dies.

## **EMERGENCY MEDICAL REUNION**

When Emergency Medical Evacuation or Repatriation occurs, the Company will arrange and pay, up to the limit stated in the Schedule of Benefits, for round trip economy-class transportation for one individual selected by the Insured Person, from the Insured Person's Home Country to the location where the Insured Person is hospitalized and return to the Home Country. Emergency Medical Reunion must be recommended by the attending Physician. The benefits payable will include: 1. The cost of a round trip economy air fare; 2. Reasonable travel and accommodation expenses (not to exceed \$200 per day) incurred in relation to the maximum of \$10,000. 3. The period of Emergency Medical Reunion is not to exceed 10 days, including travel.



## **RETURN OF MINOR CHILD(REN)**

Should the Insured Person be traveling alone with a Minor Child(ren) and is hospitalized because of a covered Illness or Injury and the Minor Child(ren), under age 19, is left unattended, the Company will arrange and pay, up to the limit stated in the Schedule of Benefits, for one way economy fares to their Home Country. These arrangements will be made at no cost to the Insured Person. Meals and lodging are the responsibility of the Insured Person. If an attendant/escort is necessary to insure the safety and welfare of Minor Child(ren), the Company will arrange and pay for these services to the limit stated in the Schedule of Benefits.

## **INTERRUPTION OF TRIP**

If the Insured is unable to continue the Trip due to the death of an Immediate Family member (parent, spouse, sibling or child) or due to serious damage to the Insured's principal residence from fire, flood or similar natural disaster (tornado, earthquake, hurricane, etc.), the program will reimburse (up to the amount stated in the Schedule of Benefits) the Insured for the cost of travel (economy), less the value of applied credit from an unused return travel ticket, to return home to their area of principal residence.

## **LOSS OF CHECKED LUGGAGE**

If the Insured's checked luggage is permanently lost by the airline, the program will reimburse the Insured for the replacement of clothing and personal hygiene items lost to a maximum per article limit of \$50 (up to the maximum stated in the Schedule of Benefits). This benefit is secondary to any other (including airline) coverage available. The insured must furnish proof to the Company that full reimbursement has been obtained from the airline.

## **ACCIDENTAL DEATH AND DISMEMBERMENT**

Principal Sum:	See Schedule of Benefits For Primary Insured only.
Loss of Life...	The Principal sum
Loss of Two or More Members...	The Principal sum
Loss of One Member...	50% The Principal sum

"Member" Means Hand, Foot, or Eye. "Loss" means with regard to hand or foot, actual severance through or above the wrist or ankle joint, and with regard to eye, entire and irrecoverable loss of sight. Only one benefit, the largest to which you are entitled, will be paid for losses resulting from the same accident. \*Aggregate Limits may apply.



## **DENTAL (EMERGENCY ONLY)**

Emergency Dental treatment necessary to resolve acute, spontaneous and unexpected inception of pain to natural teeth (up to a maximum of \$100) or Dental treatment necessary to restore or replace sound natural teeth lost or damaged in an Accident which is covered under the program (up to a maximum of \$500). The Deductible and Coinsurance amounts apply to the dental benefit.

## **HOME COUNTRY COVERAGE**

**Incidental Trips to Your Home Country:** This benefit covers you for incidental trips to your Home Country (60 days per 12 months of purchased coverage or pro rata thereof - example: approximately 5 days per month of purchased coverage). Maximum benefit is reduced to \$50,000 for any illness or injury occurring while on an incidental trip to your Home Country.

**Follow Me Home Coverage:** This plan shall pay for Covered Expenses incurred in your Home Country up to \$5,000 for conditions first diagnosed outside Your Home Country (Does not apply for Emergency Evacuation or Repatriation).

NOTE: In the event of an Emergency Medical Evacuation Repatriation, Return of Mortal Remains, Emergency Medical Reunion, Return of Minor Child(ren), Interruption of Trip, or Loss of Checked Luggage benefit is needed, arrangements must be made by the Assistance Service Provider. Details about the Assistance Service Provider are given in the Information section below.

## **ASSISTANCE SERVICES**

The travel assistance benefits described below are provided by SRI Assist. The office is staffed 24 hours a day, 7 days a week with multilingual representatives.

### **Medical Assistance While Traveling**

24-Hour telephone contact for travel medical emergencies help in locating medical care; Arranging telephone conferences between your attending and home physicians; Arranging second medical opinions in hospital cases; Relaying emergency messages to family and employer during medical emergencies; Guarantee or payment of medical bills using your available financial resources; 24-Hour ticketing service to arrange family visits; Arranging emergency medical evacuation from medically under served areas; Arranging evacuation for catastrophic claims; Arranging medical transportation home after treatment; Arranging escorts and transportation for unaccompanied children; Arranging transfer of medical records; Arranging repatriation of remains for deceased travelers; Notify your health insurer of a claim.

### **Pre-Notification / Referral**

SRI Assist must be contacted prior to: (1) any medical treatment being received in the United States; or (2) hospital admissions worldwide; or (3) inpatient or outpatient surgeries worldwide. Additionally, the Company's appointed network provider must be utilized for medical expenses incurred inside the United States (when available – contact SRI Assist with questions). A listing of network facilities can be found at [www.specialtyrisk.com/ppo](http://www.specialtyrisk.com/ppo) on the worldwide web. Pre-notification does not guarantee that benefits will be paid. Failure to follow Pre-Notification / Referral will result in a 20% reduction of Eligible Benefits. (For Emergency admissions and situations, SRI Assist must be contacted within 48 hours, or as soon as reasonably possible.)



## **PRE-EXISTING CONDITIONS**

For Medical benefits, this insurance does not cover:

Any Injury or Illness which meets the following criteria: (a) condition(s) that would have caused a person to seek medical advice, diagnosis, care or treatment during the 36 months prior to the Effective Date of coverage under this Policy; (b) condition(s) for which manifestation, medical advice, diagnosis, care or treatment was recommended, received, or noticed during the 36 months prior to the Effective Date of coverage under this Policy; For Insured Persons traveling outside the United States and Canada, the period is 12 months instead of 36 months. If you are a United States citizen and the United States is your Home Country, this exclusion is waived for the first \$15,000 in eligible medical expenses incurred outside the United States and Canada (for persons age 65 and over, the amount is \$2500). This waiver does not include coverage for known, scheduled, required, or expected medical care, drugs, or treatments existent or necessary prior to the effective date of this program.

## **EXCLUSIONS**

For **Medical benefits**, this Insurance does not cover:

1. Any Injury or Illness which meets the following criteria: (a) condition(s) that would have caused a person to seek medical advice, diagnosis, care or treatment during the 36 months prior to the Effective Date of coverage under this Policy; (b) condition(s) for which manifestation, medical advice, diagnosis, care or treatment was recommended, received, or noticed during the 36 months prior to the Effective Date of coverage under this Policy; For Insured Persons traveling outside the United States and Canada, the period is 12 months instead of 36 months. If you are a United States citizen and the United States is your Home Country, this exclusion is waived for the first \$15,000 in eligible medical expenses incurred outside the United States and Canada (for persons age 65 and over, the amount is \$2500). This waiver does not include coverage for known, scheduled, required, or expected medical care, drugs, or treatments existent or necessary prior to the effective date of this program.
2. Charges for treatment which exceed Reasonable and Customary charges; or Charges incurred for Surgeries or treatments which are Investigational, Experimental, or for research purposes; expenses which are nonmedical in nature; expenses for Vocational, Speech, Recreational or Music Therapy;
3. Expenses which were not recommended, approved and certified as Medically Necessary and reasonable by a Physician;
4. Suicide or any attempt there at, while sane or self destruction or any attempt there at, while insane; intentionally self-inflicted Injury or Illness; or expenses as a result or in connection with the commission of a felony offense;
5. Any consequence, whether directly or indirectly, proximately or remotely occasioned by, contributed to by, or traceable to, or arising in connection with war, invasion, act of foreign enemy hostilities, warlike operations (whether war be declared or not), or civil war;
6. Injury sustained while participating in professional, sponsored and/or organized Amateur or Interscholastic Athletics;
7. Routine physicals, inoculations, or other examinations where there are no objective indications or impairment in normal health;
8. Treatment of the Temporomandibular joint;
9. Services or supplies performed or provided by a Relative of the Insured Person, or anyone who lives with the Insured Person;



10. Treatment and the provision of false teeth or dentures, normal ear tests and the provision of hearing aids, cosmetic or plastic Surgery (including deviated nasal septum), routine dental expenses, 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 hereunder;
11. Treatment in connection with alcoholism and drug addiction, or use of any drug or narcotic agent; any Mental and Nervous disorders or rest cures; Injury sustained while under the influence of or Disablement due to wholly or partly to the effects of intoxicating liquor or drugs;
12. Congenital abnormalities and conditions arising out of or resulting therefrom;
13. Expenses incurred during a hospital emergency room visit which is not of an emergency nature;
14. Injury sustained while taking part in mountaineering where ropes or guides are normally used, hang gliding, parachuting, bungee jumping, racing by horse or motor vehicle or motorcycle, snowmobiling, motorcycle / motor scooter riding, scuba diving involving underwater breathing apparatus (unless PADI or NAUI certified), water skiing, snow skiing and snow boarding;
15. Treatment paid for or furnished under any other individual, government, or group policy or charges provided at no cost to the Insured Person;
16. Treatment of venereal or sexually transmitted disease;
17. Pregnancy expenses or Illness resulting from pregnancy, childbirth, or miscarriage; or for miscarriage resulting from an Accident;
18. Drug, treatment or procedure that either promotes or prevents conception, or prevents childbirth, including but not limited to: artificial insemination, treatment for infertility or impotency, sterilization or reversal thereof;
19. Expenses incurred while the Insured Person is in their Home Country (except after approved Emergency Evacuation / Repatriation or if treatment is a follow-up to a covered disablement during coverage( see Home Country Coverage Benefit) or if the expenses pertain to the Home Country Coverage Benefit);
20. Expenses incurred for which travel was undertaken to seek medical treatment for a condition; or incurred after the Insured Person's physician has limited or restricted travel.
21. Services and supplies related to obesity or weight reduction whether surgical or non- surgical to include but not limited to gastric bypass, gastric stapling or gastroplasty procedures whether or not in connection with morbid obesity. Additionally, procedures for removal of excess skin are considered cosmetic and are excluded from coverage.
22. Expenses incurred in the United States unless the expenses pertain to the Home Country Coverage Benefit.

With regards to Accidental Death and Dismemberment, Emergency Medical Evacuation/Repatriation, Return of Mortal Remains, Emergency Medical Reunion, and Return of Minor Child, this Insurance does not cover:

1. Suicide or attempt thereof by the Insured Person while sane or self destruction or any attempt thereof by the Insured Person while insane;
2. Disease or sickness of any kind; (only applicable to AD&D)
3. Bacterial infections except pyogenic infection which shall occur through an accidental cut or wound; (only applicable to AD&D)
4. Hernia of any kind; (only applicable to AD&D)
5. Injury sustained while the Insured Person is riding as a pilot, student pilot, operator or crew member, in or on, boarding or alighting, from any type of aircraft;
6. Injury sustained while the Insured Person is riding as a passenger in any aircraft (a) not having a current and valid Airworthy Certificate and (b) not piloted by a person who holds a valid and current certificate of competency for piloting such aircraft;



7. Any consequence, whether directly or indirectly, proximately or remotely occasioned by, contributed to by, or traceable to, or arising in connection with:
  - (a) war, invasion, act of foreign enemy hostilities, warlike operations (whether war be declared or not), or civil war. (b) mutiny, riot, strike, military or popular uprising insurrection, rebellion, revolution, military or usurped power. (c) any act of any person acting on behalf of or in connection with any organization with activities directed towards the overthrow by force of the Government de jure or de facto or to the influencing of it by terrorism or violence. (d) martial law or state of siege or any events or causes which determine the proclamation or maintenance of martial law or state of siege (hereinafter for the purposes of this Exclusion called the "Occurrences"). Any consequence happening or arising during the existence of abnormal conditions (whether physical or otherwise), whether directly or indirectly, proximately or remotely occasioned by, or contributed to by, traceable to, or arising in connection with, any of the said Occurrences shall be deemed to be consequences for which the Company shall not be liable under this Policy except to the extent that the Insured Person shall prove that such consequence happened independently of the existence of such abnormal conditions;
8. Service in the military, naval or air service of any country;
9. Flying in any aircraft being used for or in connection with acrobatic or stunt flying, racing, endurance tests, rocket-propelled aircraft, crop dusting or seeding or spraying, fire fighting, exploration, pipe or power line inspection, any form of hunting or herding, aerial photography, banner towing or any experimental purpose;
10. Being under the influence of alcohol or having taken drugs or narcotics unless prescribed by a legally qualified physician or surgeon;
11. Injury occasioned or occurring while the Insured Person is committing or attempting to commit a felony or to which a contributing cause was the Insured Person being engaged in an illegal occupation;
12. Riding or driving in any kind of competition;
13. Pregnancy, childbirth, miscarriage or abortion;
14. Covered Expenses incurred after the Insured Person's physician has limited or restricted travel; or Covered Expenses incurred as a result of a change in prescribed treatment during, or within the three months prior to the effective date of coverage.

For Interruption of Trip, this insurance does not cover: (1) war or any act of war, whether declared or not; participation in a felony, riot or insurrection; participation in contests of speed; a Pre-existing Condition existing prior to the Insured's departure from their Home Country that has the likelihood of causing death; the Insured Person or Traveling Companion or Traveling Companion's family making changes to personal plans; having business or contractual obligations; being unable to obtain necessary travel documents (passports, visas, etc.); being detained or having property confiscated by customs authorities; carrier caused delays (including bad weather); prohibition or regulatory by any government; default of yacht charter companies; default of the organization from which the Insured Person purchased their trip arrangements.

For Lost of Checked Luggage, this insurance does not cover: 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.



## **POLICY PROVISIONS**

1. **Notice of Claim:** Written notice of claim must be given to the Company within 90 (ninety) days after the occurrence or commencement of any Disablement covered by the Policy, or as soon thereafter as is reasonably possible. Notice given by or on behalf of the claimant to the Administrative Offices 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 Proofs 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 Proofs of Loss, written proof covering the occurrence, the character and the extent of the Disablement 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 this Policy provides any periodic payment contingent upon continuing loss within 90 (ninety) 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 (4) 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.
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 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 \$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 this 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 not 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 expenses shall have the right and opportunity to examine the person of any individual whose Injury or Illness 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 this Policy. No such action shall be brought after expiration of three (3) years after that time written Proof of Loss is required to be furnished.
8. **Grace Period:** A Grace Period of thirty-one (31) days will be granted for the payment of each Premium falling due after the first Premium, during which Grace Period the Policy will continue in force, but the Insured Person(s) and Assured Group shall be liable to the Company for the payment of the Premium accruing for the period the Policy continues to be in force. Failure to submit outstanding Premium within the thirty-one (31) day Grace Period shall result in termination of Coverage upon the end of the period for which Premium has been paid by the Insured Person(s) or Assured Group.
  9. **Effective Date of Individual Insurance:** Coverage will become effective upon the latest of the following: (1) Moment of departure from Home Country; or (2) The date and time the Group Application and full premium are received and accepted by SRI; or (3) The date requested on the Group Application.
  10. **Termination Date of Individual Insurance:** Individual coverage will end on the earlier of the following: 1) Your return to your Home Country \*; or 2) The date shown on the ID Card, for which plan cost has been paid; 3) The date you are no longer eligible under this plan. \*See Home Country Coverage Section.
  11. **Cancellation:** The Policy is annually renewable for the Assured Group or until the Termination Date of Individual Insurance. The Company may cancel Coverage for the Assured Group, for which the individual Insured Person(s) is an employee, participant or member, by giving the Assured Group 30 days notice, in writing, prior to the Assured Groups Renewal Date. The Company may cancel Coverage for the Assured Group by giving notice in writing to the Assured Group due to non-payment of Premium as provided in Provision 8. Grace Period. The Assured Group may cancel the Policy by giving the Company 30 days notice, in writing, at which time the Company shall make a short rate calculation on the remaining Premium (if any) and reimburse the Assured Group accordingly.
  12. **Renewal of Group Insurance:** The Policy can be renewed each year on the anniversary of the Effective Date of the Assured Group, subject to the provisions of the Policy in force at the time of the renewal. The Company reserves the right to adjust Premiums and make benefit modifications to the Policy of an Assured Group based upon the Assured Group's prior year(s) experience. Additionally, the Company can cancel an Assured Group, if the Assured Group's renewal submission does not meet the Company's underwriting criteria, or if the Assured Group's Coverage is Rescinded or Voided for misrepresentations. The renewal Period of Coverage may not total more than twelve (12) months. Renewal(s) will be contingent upon the Assured Group submitting the applicable renewal Premiums, as determined by the Company.

**NOTE: *This is only a brief description of the plan benefits. The policy shall provide the only basis for coverage and claim.***



## **PREMIUM**

Class 1:

**Per Person                      \$1.04 per Day**

There is a \$1,000 minimum annual premium required for group programs. If this amount is not met throughout the policy year, your group program will not be eligible for renewal.

## **PAYMENT OF PREMIUM**

Premium should be made payable to Specialty Risk International, Inc. and can be paid either by check or credit card (Visa, MasterCard, Discover, Diners Club). Premium is due in advance, meaning that prior to the insureds departing on their international trip, payment should be sent to SRI so that is properly credited and coverage is in place.

## **GROUP ENROLLMENT (ONLINE)**

SRI offers an Online Group Enrollment System. The Online Group Enrollment System allows the group representative to immediately add enrollment and eligibility data, 24 hours a day. The group representative receives an email confirmation with each insured's Virtual ID card, a PDF link to the Program Summary and Claim form, which can be printed at any time. Contact your agent or SRI representative to receive additional information or an electronic presentation of the Online Group Enrollment System.

## **GROUP ENROLLMENT (OFF-LINE)**

In order to enroll insured persons under the group program, SRI will need to receive a group census along with the premium amount. The census can be e-mailed, faxed or mailed and would need to include the following:

1. Name of Insured
2. Effective Date
3. Expiration Date
4. Date of Birth or Age
5. Premium Amount Submitted for the Insured



## INFORMATION

1. Policy and claims administration to be provided by:  
**Specialty Risk International, Inc. (SRI)**  
303 Congressional Boulevard  
Carmel, IN 46240  
800-335-0477  
FAX 317-575-2659
  
2. International 24 hour assistance services provided by:  
**SRI Assist**  
Indianapolis, IN USA  
Refer to group number (assigned when policy is issued) when calling  
If in the United States or Canada: 1-800-690-6295  
If outside the United States or Canada: 0-317-818-2808 (collect)
  
3. PPO Network Provided by Hygeia. ([www.specialtyrisk.com/ppo](http://www.specialtyrisk.com/ppo))
  
4. Insurance Underwriter  
Virginia Surety Company, Inc. is ranked "A-" (Excellent) by AM Best.



## Group Enrollment Procedures

1. **Binding the Group Coverage.** By signing the Request To Bind Coverage page of this proposal and submitting the minimum premium and deposit of at least \$1,000, the group plan will become effective.
2. **Enrolling Individuals or Teams.** Communicate the names, birth dates, start and end dates, and plan option selection via fax, email, or regular mail or contact SRI to receive a password and log on name to utilize SRI's Online Group Enrollment System. Payment is to be included at time of enrollment for all covered members. Effective date cannot be earlier than the date received by SRI. **Note:** Binding coverage for the entire group and the initial covered travelers can be done simultaneously.
3. **What you will receive.** Upon execution of the group contract and receipt of the required items above, an instructional summary will be provided containing emergency phone numbers, claims procedures, program benefits and definitions, the group policy number, and other related information. This information can be copied and distributed by the client at their discretion. (Most commonly a single representative or group leader will retain this information and be the sole contact for the group).
4. **Flexibility.** SRI will make an effort to accommodate requests to modify these enrollment procedures to meet your group's needs. Please contact your agent or an SRI Representative to inquire about enrollment procedure modifications.



# INTERNATIONAL TRAVEL MEDICAL INSURANCE REQUEST TO BIND COVERAGE

April 18, 2006

Assured:

**STEM International**

In order to commence coverage for an international group, please be certain to review the proposal and contact Specialty Risk International (SRI) or your insurance agent with questions or modifications regarding the proposed benefits and terms. If you decide to purchase coverage, please complete this Request and forward to SRI for processing along with a census of your group and corresponding premium. Upon receipt of your authorization below, SRI shall proceed to effect the coverage summarized herein on your behalf. No insurance shall be effective until SRI notifies the Assured Group in writing.

Sincerely,

April Spradlin  
For and on Behalf of Specialty Risk International, Inc.

The proposed Assured Group accepts the proposal and authorizes Specialty Risk International, Inc. to proceed to effect the insurance summarized herein. The proposed Assured Group hereby subscribes to the American Consumer Insurance Trust and enrolls in the group coverage for which the Assured Group is eligible under the group contract issued by Virginia Surety Company, Inc.

Name: \_\_\_\_\_  
(Please Print or Type)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_