

## Foundation for Sustainable Development Program Summary

Administered By:  
Seven Corners, Inc.  
303 Congressional Blvd.  
Carmel, IN 46032 USA

### Quick Contacts

**Hospital and Doctor Network in the U.S.** - To locate a network facility in the United States, search online at [www.sevencorners.com/findproviders](http://www.sevencorners.com/findproviders) or contact Seven Corners Assist at 800-690-6295. Advise Seven Corners Assist once you have established an appointment. Use of the network does not guarantee benefits. Please see Pre-Notification / Referral section for additional details and requirements.

**Claims** – It is important to submit your claims to Seven Corners quickly. To be considered, all claims must be submitted to the Seven Corners Claim Department within 90 days after the date of service.

The Company hereby insures all persons whose Application has been accepted by the Administrator, Seven Corners, Inc., on behalf of the Company and whose name is identified on the ID Card, subject to all of the exclusions, limitations and provisions as set forth herein and in the Master Policy of insurance issued by the Company. Coverage is afforded only with respect to the person, coverage, amounts and limits specified herein and as identified on the ID Card for the insurance requested on such Application and for which their specified plan costs has been paid to the Administrator.

Note: All coverage and benefit amounts herein are in United States Dollars.

**Eligibility:** Foundation for Sustainable Development plan provides coverage for individuals and families provided You are either:

- Class 1:** U.S. or Canadian citizens traveling outside the United States
- Class 2:** Non-U.S. citizens traveling to the United States
- Class 3:** Non U.S. citizens traveling outside of their Home Country (No travel inside of the U. S.)

Eligible individuals may also purchase coverage for their eligible dependents. An eligible spouse shall be defined as the Primary Insured's legal spouse. An Eligible Dependent Child shall mean the Primary Insured Person's unmarried children over fourteen (14) days and under nineteen (19) years of age.

*It is the Insured Person's responsibility to maintain all records regarding travel history, age and provide any documents to the Administrator, which would verify Eligibility Requirements.*

**Period of Coverage:** The minimum Period of Coverage under the Foundation for Sustainable Development plan is five (5) days, maximum Period of Coverage is twelve (12) months. Coverage can be purchased in a combination of monthly and/or daily periods by paying the appropriate plan Cost.

Effective Date of Coverage begins on the latest of the following:

1. The date and time the Company receives a completed application and plan cost for the Period of Coverage; or
2. The Effective Date requested on the application; or
3. The moment You depart Your Home Country; or
4. The date the Company approves the application.

Expiration Date of Coverage terminates on the earlier of the following:

1. Your return to Your Home Country (except as provided under the Home Country Coverage); or
2. The expiration of twelve (12) months from the Effective Date of Coverage; or
3. The date shown on the ID card; or
4. The end of the period for which plan cost has been paid; or
5. The date You fail to be considered an Eligible Person; or
6. The maximum benefit amount has been paid.

**Continuation of Coverage:** A continuation of coverage option is available to participants whose initial Period of Coverage is less than six (6) months. If the participant must extend their trip beyond their initial Period of Coverage, that participant may extend their Period of Coverage, but may not exceed six (6) months in total from their original effective date. The participant's original effective date will be used with regards to calculating their deductible, coinsurance, as well as determining any Pre-existing conditions. Please note that a new certificate or certificate number will not be issued. The original certificate's expiration date will be extended to the new expiration date you have requested, not to exceed six (6) months in total from your effective date. A \$5.00 Administrative Fee will be included on each notice.

### SCHEDULE OF BENEFITS:

All coverages and plan costs listed in this Evidence of Benefits are in U.S. Dollar amounts.	
Medical Maximums	\$100,000 per Period of Coverage. (age 80+, maximum limited to \$15,000)
Deductible	\$0: \$250: Deductible is per person per Period of Coverage.
Coinsurance	<i>Inside the United States and Canada: After you pay the deductible, the program pays 80% of the next \$5,000 of eligible expenses, then 100% to the selected Maximum. Outside the United States and Canada: After you pay the deductible, the program pays 100% to the selected Maximum.</i>
Hospital Indemnity**	<b>Class 1 &amp; Class 3:</b> \$150 per night, up to a maximum of 30 days
Dental (Accident Coverage)	To a maximum of \$500
Dental (Sudden Relief of Pain)**	<b>Class 1 &amp; Class 3:</b> To a maximum of \$100
Emergency Medical Evacuation/Repatriation	\$300,000 (in addition to the Medical Maximum)
Return of Mortal Remains	\$50,000
Return of Minor Child(ren)	\$50,000
Emergency Reunion	\$50,000
Local Ambulance Benefit	\$5,000
Accidental Death & Dismemberment (AD&D)	\$15,000 principal sum for Insured or Insured Spouse / \$5,000 principal sum for Dependent Child Aggregate limit of \$250,000 per family
Loss of Baggage	\$250
Interruption of Trip	\$5,000

Home Country Coverage	<i>Incidental Trips to The Home Country: Up to \$50,000 Extension of Benefits: Up to \$5,000</i>
Hospital Room & Board	Usual, reasonable and customary to the selected Medical Maximum
Intensive Care	Usual, reasonable and customary to the selected Medical Maximum
Outpatient Medical Expenses	Usual, reasonable and customary to the selected Medical Maximum
Unexpected Recurrence of a Pre-existing Condition**	<b>Class 1:</b> Up to \$15,000 (Age 65+, up to \$2,500)
Benefit Period	180 days

\*\* These benefits are only available for Class 1 and/or Class 3, as specified.

#### DESCRIPTION OF BENEFITS

**Medical Expenses: Foundation for Sustainable Development** plan shall pay Reasonable and Customary charges for Covered Expenses, excess of the chosen Deductible and Coinsurance up to the selected Medical Maximum, incurred by You due to an Accidental Injury or Illness which occurred during the Period of Coverage outside Your Home Country (except as provided under the Home Country Coverage). All bodily disorders existing simultaneously which are due to the same or related causes shall be considered one Disablement. If a Disablement is due to causes which are the same or related to the cause of a prior Disablement, the Disablement shall be considered a continuation of the prior Disablement and not a separate Disablement. The initial treatment of an Injury or Illness must occur within thirty (30) days of the date of Injury or onset of Illness.

Only such expenses which are specifically enumerated in the following list of charges are incurred within one hundred eighty (180) days from the date of accident or onset of Illness and which are not excluded, shall be considered 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; provided, however, that expenses do not exceed the Hospital's average charge for semi-private room and board accommodations.
- 2) Charges made for Intensive Care or Coronary Care charges and nursing services.
- 3) Charges made for diagnosis, Treatment and Surgery by a Physician.
- 4) Charges made for an operating room.
- 5) 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.
- 6) Charges made for the cost and administration of anesthetics.
- 7) 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.
- 8) Charges for physiotherapy, if recommended by a Physician for the Treatment of a specific Disablement and administered by a licensed physiotherapist.
- 9) Dressings, drugs, and Medicines that can only be obtained upon a written prescription of a Physician or Surgeon.
- 10) Local transportation to or from the nearest Hospital or to and from the nearest Hospital with facilities for required Treatment. Such transportation shall be by licensed ground ambulance only to a limit of \$5,000, within the metropolitan area in which You are located at that time the service is used. If You are in a rural area, then licensed air ambulance transportation to the nearest metropolitan area shall be considered a Covered Expense.

#### Pre-Notification / Referral:

In order to ensure Your claims are addressed as efficiently as possible, You or the provider of service must contact the Assistance Company for pre-notification prior to: any medical Treatment in the U.S. as well as hospital admissions and inpatient / outpatient surgeries incurred worldwide. The Assistance Company has trained personnel available twenty-four (24) hours a day, seven (7) days a week throughout the year to answer Your questions, provide assistance, and guide You to an appropriate facility if necessary. In the case of an Emergency Admission, the Assistance Company must be contacted within forty-eight (48) hours, or as soon as reasonably possible. Pre-notification does not guarantee that benefits will be paid.

**Please be aware that this is not a general health insurance policy, but an interim, limited benefit period, travel medical plan intended for use while away from Your Home Country. The Foundation for Sustainable Development plan cannot guarantee payment to an individual or a facility for medical expenses until it has been determined that it is an eligible expense and a signed agreement has been received from the appropriate medical facility.**

**Unexpected Recurrence of a Pre-Existing Condition (Class 1)** – This plan shall pay, up to \$15,000 (Age 65+, up to \$2,500) subject to the chosen Deductible and Coinsurance, for Covered Expenses resulting from a sudden, unexpected recurrence of a Pre-existing Condition while traveling outside the United States. This benefit does not include coverage for known, scheduled, required, or expected medical care, drugs or treatments existent or necessary prior to the Effective Date of coverage.

**Hospital Indemnity (Class 1 & Class 3)** – If You are confined to a Hospital as a registered Inpatient as the result of an Illness or Injury which occurs during Your Period of Coverage, this plan will pay Benefits up to \$150 per day of confinement, in addition to any other covered expense, up to a maximum of thirty (30) days.

**Dental – Accident Coverage** – This plan shall pay in excess of the chosen Deductible and Coinsurance of up to a maximum of \$500, for emergency treatment to repair or replace sound natural teeth damaged as the result of a covered accident.

**Dental – Emergency Relief of Pain (Class 1 & Class 3)** – This plan shall pay in excess of the chosen Deductible and Coinsurance up to a maximum of \$100, for emergency treatment for the relief of pain to natural teeth.

**Emergency Medical Evacuation/Repatriation** – The plan will pay Covered Expenses incurred up to a maximum of \$300,000 if any covered Injury or Illness commences during the Period of Coverage that results in the Medically Necessary Emergency Medical Evacuation or Repatriation (Your medical condition warrants immediate transportation from the medical facility where You are located to the nearest adequate medical facility where medical Treatment can be obtained). This benefit must be approved and arranged by the Assistance Company in consultation with the 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 (due to inadequate medical facilities) 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 plan will pay the reasonable Covered Expenses incurred up to a maximum of \$50,000 to return Your remains to Your Home Country, if You should die. This benefit must be approved and arranged by the Assistance Company. Covered Expenses include, but are not limited to, expenses for embalming, a minimally necessary container appropriate for transportation, shipping costs, and the necessary government authorizations.

**Return of Minor Child(ren)** – Should You be traveling alone with a Minor Child(ren) and are hospitalized because of a covered Illness or Injury and the Minor Child(ren), under age nineteen (19), is left unattended, the plan will arrange and pay up to \$50,000 for a one way economy fare to their Home Country (including the cost of an attendant/escort, if necessary to insure the safety and welfare of a Minor Child(ren)). This benefit must be approved and arranged by the Assistance Company.

**Emergency Medical Reunion** – When Emergency Medical Evacuation or Repatriation is ordered and the attending Physician recommends that a family member travel with You, the plan will arrange and pay, up to \$50,000, for a round trip economy-class transportation for one individual of Your choice, from Your Home Country, to be at Your side while You are hospitalized. This benefit must be approved and arranged by the Assistance Company. 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 \$50,000. (3) The period of Emergency Medical Reunion is not to exceed 10 days, including travel.

**Accidental Death & Dismemberment** – Benefits shall be paid to You if You sustain an Accidental Injury. The Injury must occur during the Period of Coverage and death or dismemberment as a result of that Accident must occur within 365 days from the date of Accident. Benefits payable for any such loss shall be in accordance with the following table: If You incur more than one Loss stated in the following Table as the result of one Accident, only the largest amount, shall be payable.

Description of Loss	Percent of Principal Sum
Life	100%
Both Hands or Both Feet or Sight of Both Eyes	100%
One Hand and One Foot	100%
Either Hand or Foot and Sight of One Eye	100%
Either Hand or Foot	50%
Common Carrier Accidental Death	200%

**Baggage Loss** – This plan will reimburse You for lost baggage and personal effects checked with a Common Carrier provided You have taken all reasonable measures to protect, save and/or recover his/her property at all times. The baggage and personal effects must be owned by and accompany You at all times. There will be a per article limit of \$50 to a maximum benefit limit of \$250 as per the Schedule of Benefits. The plan will pay the lesser of the following:

1. The actual cash value (cost less proper deduction for depreciation at the time of loss);
2. The cost to repair or replace the article with material of a like kind and quality; or
3. \$50 per article.

This coverage is secondary to any coverage provided by a Common Carrier. You must furnish proof to the Company that full reimbursement has been obtained from the airline.

**Interruption of Trip** – If You are 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 Your principal residence from fire, flood or similar natural disaster (tornado, earthquake, hurricane, etc.), the plan will reimburse (up to \$5,000) for the cost of economy travel, less the value of applied credit from an unused return travel ticket, to return You home to Your area of principal residence. This benefit must be approved by the Assistance Company.

**Home Country Coverage:**

*Incidental Trips to the Home Country* – This benefit covers You for incidental trips to Your Home Country (thirty (30) days per six (6) months of purchased coverage or pro rata thereof - example: approximately five (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. Please note: If You do not use Your Home Country Coverage days within Your Period of Coverage, they do not extend after Your Expiration Date.

*Home Country Extension of Benefits* – The plan shall pay up to a maximum of \$5,000 for Covered Expenses incurred in Your Home Country related to an Injury or Illness which occurred, was diagnosed and treated outside Your Home Country during Your Period of Coverage (does not apply for Emergency Evacuation or Repatriation). Only those Covered Expenses that are incurred within 180 days from the date of accident or onset of Illness and which are not excluded shall be considered eligible.

**Assistance Services** – Upon enrollment into **Foundation for Sustainable Development** plan, You are eligible to use any of the assistance services provided by the Assistance Services Provider. Additional information is contained in the plan summary. Open 24 hours/day, 365 days a year • Multi-lingual personnel • Physicians / Nurses on staff • Locate local facilities • Help with emergency situations.

**PLAN DEFINITIONS**

**Benefit Period** shall mean the allowable time period You have from the date of Injury or onset of Illness to receive Treatment for a Covered Injury or Illness. If Your plan terminates during Your Benefit Period, You will still be eligible to receive Treatment so long as the treatment is within Your Benefit Period and outside Your Home Country (except as provided under the Home Country Coverage).

**Coinsurance** shall mean the percentage amount of Covered Expenses, after the Deductible, which is Your responsibility to pay.

**Common Carrier** shall mean any land, sea, and/or air conveyance operating under a valid license for the transportation of passengers for hire.

**Company** shall mean Certain Underwriters at Lloyds, London.

**Deductible** shall mean the amount of Covered Expenses which is Your responsibility to pay before benefits under the plan are payable.

**Disablement** (as used with respect to medical expenses) shall mean an Illness or an Accidental bodily Injury necessitating medical treatment by a Physician.

**Eligible Dependent Child** shall mean Your unmarried children over fourteen (14) days and under nineteen (19) years of age.

**Eligible Spouse** shall mean Your legal spouse.

**Home Country** shall mean the country where You have Your true, fixed and permanent home and principal establishment.

**Hospital** shall mean a place that 1.) Is legally operated for the purpose of providing medical care and Treatment(s) to Sick or Injured persons for which a charge is made that the Insured Person(s) is legally obligated to pay in the absence of insurance 2.) Provides such care and Treatment(s) in medical, diagnostic, or surgical facilities on its premises, or those prearranged for its use; 3.) Provides 24-hour nursing service under the supervision of a Registered Nurse at all times; and 4.) Operates under the supervision of a staff of one or more Physician(s). Hospital also means a place that is accredited as a Hospital by the Joint Commission on Accreditation of Hospitals, American Osteopathic Association, or the Joint Commission on Accreditation of Health Care Organizations (JCAHO).

Hospital does not mean:

- A Convalescent, nursing, or rest home or facility, or a home for the aged;
- A place mainly providing Custodial, Educational, or Rehabilitative Care; or
- A facility mainly used for the Treatment(s) of drug addicts or alcoholics.

**Illness** shall mean sickness or disease of any kind contracted and commencing while this plan is in force as to the Insured Person whose Illness is the basis of claim. Any complication or any condition arising out of an Illness for which the Insured Person is being treated or has received Treatment will be considered as part of the original Illness.

**Injury** shall mean accidental bodily injury or injuries caused by an accident which occurs after the Effective Date of this policy. The Injury must be the direct cause of the loss, independent of disease or bodily infirmity.

**Inpatient** shall mean if You are confined in an institution and are charged for room and board.

**Mountaineering** shall mean the sport, hobby or profession of walking, hiking, and climbing up mountains either: 1) utilizing harnesses, ropes, crampons or ice axes; or 2) ascending 4,500 meters or above.

**Outpatient** shall mean if You receive care in a Hospital or another institution, including; ambulatory surgical center; convalescent/skilled nursing facility; or Physician's office, for an Illness or Injury, but who is confined and is not charged for room and board.

**Parachuting** shall mean an activity involving the breaking of a free fall from an airplane using a parachute.

**Period of Coverage** shall mean the Period of Coverage issued by the Company to the Insured Person, typically beginning with the Effective Date and ending with the Expiration Date or the date coverage is renewed by the Company.

**Physician(s) or Surgeon** shall mean a doctor of medicine or a doctor of osteopathy licensed to render medical services or perform Surgery(ies) in accordance with the laws of the jurisdiction where such professional services are performed.

**Reasonable and Customary** shall mean the maximum amount that the plan determines is Reasonable and Customary for Covered Expenses You receive, up to but not to exceed charges actually billed. The determination considers:

- 1) Amounts charged by other Service Providers for the same or similar service in the locality where received, considering the nature and severity of the bodily Injury or Illness in connection with which such services and supplies are received;
- 2) Any usual medical circumstances requiring additional time, skill or experience; and
- 3) Other factors included but not limited to, a resource based relative value scale.

**Treatment** means a specific in-office or Hospital physical examination of or care rendered to You, consultation, diagnostic procedures and services, Surgery, medical services and supplies including medication prescribed or provided by a Service Provider.

**You or Your** shall mean the Primary Insured Person and the Primary Insured's Spouse or Dependent.

#### EXCLUSIONS AND LIMITATIONS

No Benefit shall be payable for Accident Medical, Sickness Medical, In-Hospital Indemnity, Unexpected Recurrence, Dental, Emergency Medical Evacuation/Repatriation, Return of Mortal Remains, Return of Minor Child, Emergency Medical Reunion, as the result of:

1. Pre-existing Conditions: Any Injury or Illness which meets the following criteria (unless covered under the Unexpected Recurrence benefit): 1) a condition that would have caused a person to seek medical advice, diagnosis, care or treatment during the thirty -six (36) months prior to the Effective Date of coverage under this policy; 2) a condition for which medical advice, diagnosis, care or treatment was recommended or received during the thirty -six (36) months prior to the Effective Date of coverage under this policy. For Class 1 – U.S. or Canadian citizens traveling outside the United States, the Pre-existing Condition period is twelve (12) months instead of thirty -six (36) months. This exclusion does not apply to Emergency Evacuation/Repatriation or Return of Mortal Remains.  
*Note: Class 1 – U.S. or Canadian citizens traveling outside the United States shall receive up to \$15,000 (Age 65+, up to \$2,500) subject to the chosen Deductible and Coinsurance, for Covered Expenses resulting from a sudden, unexpected recurrence of a Pre-existing Condition while traveling outside the United States. This benefit does not include coverage for known, scheduled, required, or expected medical care, drugs or treatments existent or necessary prior to the Effective Date of coverage.*
2. Injury or Illness which is not presented to the Company for payment within 3 months of receiving Treatment;
3. Charges for Treatment which is not Medically Necessary;
4. Charges provided at no cost to You;
5. Charges for Treatment which exceeds Reasonable and Customary charges;
6. Charges incurred for Surgery or treatments which are, Experimental/Investigational, or for research purposes;
7. Services, supplies or treatment, including any period of Hospital confinement, which were not recommended, approved and certified as Medically Necessary and reasonable by a Physician;
8. Suicide, or any attempt thereof, while sane or self destruction or any attempt thereof, while sane;
9. War, hostilities or warlike operations (whether war be declared or not), Invasion, Act of an enemy foreign to the nationality of the insured person or the country in, or over, which the act occurs, Civil war, Riot, Rebellion, Insurrection, Revolution, Overthrow of the legally constituted government, Civil commotion assuming the proportions of, or amounting to, an uprising, Military or usurped power, Explosions of war weapons, Utilization of Nuclear, Chemical or Biological weapons of mass destruction howsoever these may be distributed or combined, Murder or Assault subsequently proved beyond reasonable doubt to have been the act of agents of a state foreign to the nationality of the insured person whether war be declared with that state or not, Terrorist activity. For the purpose of this Exclusion: i) Terrorist activity means an act, or acts, of any person, or group(s) of persons, committed for political, religious, ideological or similar purposes with the intention to influence any government and/or to put the public, or any section of the public, in fear. Terrorist activity can include, but not be limited to, the actual use of force or violence and/or the threat of such use. Furthermore, the perpetrators of terrorist activity can either be acting alone, or on behalf of, or in connection with any organization(s) or governments(s). ii) Utilization of Nuclear weapons of mass destruction means the use of any explosive nuclear weapon or device or the emission, discharge, dispersal, release or escape of fissile material emitting a level of radioactivity capable of causing incapacitating disablement or death amongst people or animals. iii) Utilization of Chemical weapons of mass destruction means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing incapacitating disablement or death amongst people or animals. iv) Utilization of Biological weapons of mass destruction means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) micro-organism(s) and/or biologically produced toxin(s) (including genetically modified organisms and chemically synthesized toxins) which are capable of causing incapacitating disablement or death amongst people or animals. Also excluded hereon is any Loss or expense of whatsoever nature directly or indirectly arising out of, contributed to, caused by, resulting from, or in connection with any action taken in controlling, preventing, or suppressing any, or all, of the situations described above. In the event any portion of this exclusion is found to be invalid or unenforceable, the remainder shall remain in full force and effect;
10. Injury sustained while participating in professional athletics;
11. Injury sustained while participating in amateur or interscholastic athletics; this exclusion does not apply to non-competitive, recreational or intramural activities. *Note: A sponsored and/or organized Amateur or Interscholastic Athletic event includes training camps, team sports, or any formal grouping of people participating in one or multiple events that may/may not require a fee for participation.*
12. Routine physicals, immunizations or other examinations where there are no objective indications or impairment in normal health, and laboratory diagnostic or x-ray examinations, except in the course of a disablement established by a prior call or attendance of a Physician;
13. Treatment of the temporomandibular joint;
14. Vocational, speech, recreational or music therapy;
15. Services or supplies performed or provided by a relative of Yours, or anyone who lives with You;
16. Cosmetic or plastic Surgery, except as the result of a covered Accident; for the purposes of this plan, treatment of a deviated nasal septum shall be considered a cosmetic condition;
17. Elective Surgery which can be postponed until You return to Your Home Country, where the objective of the trip is to seek medical advice, treatment or Surgery;
18. Treatment and the provision of false teeth or dentures, normal ear tests and the provision of hearing aids;
19. Eye refractions or eye examinations for the purpose of prescribing corrective lenses for eyeglasses or for the fitting thereof, unless caused by Accidental bodily Injury incurred while covered hereunder;
20. Treatment in connection with alcoholism and drug addiction, or use of any drug or narcotic agent;
21. Injury sustained or Disablement due wholly or partly to the Insured being intoxicated as defined and determined by the laws of the state where the Injury occurred; or to the Insured being under the influence of any narcotic, unless administered on the advice of a Physician;
22. Any Mental and Nervous disorders or rest cures;
23. Congenital abnormalities and conditions arising out of or resulting there from;
24. Expenses which are non-medical in nature;
25. Expenses as a result of or in connection with intentionally self-inflicted Injury or Illness;
26. Expenses as a result of or in connection with the commission of a felony offense;
27. Injury sustained while taking part in mountaineering; hang gliding; parachuting; bungee jumping; racing by horse, motor vehicle or motorcycle; snowmobiling; motorcycle/motor scooter riding (whether as a driver or passenger); scuba diving, involving underwater breathing apparatus (unless PADI or NAUI certified); water skiing; snow skiing; spelunking; parasailing and snowboarding. *Hazardous Sport Coverage: the following are covered if the required premium has been paid: motorcycle/motor scooter riding (whether as a passenger or a driver), hang gliding, parachuting, bungee jumping, water skiing, snow skiing, snowmobiling, snowboarding, and spelunking.*
28. Treatment paid for or furnished under any other individual or group policy or other service or medical pre-payment plan arranged through the employer to the extent so furnished or paid, or under any mandatory government plan or facility set up for treatment without any cost to You;

29. Treatment of venereal disease;
30. Dental care, except as the result of Injury to natural teeth caused by Accident, unless otherwise covered under this plan;
31. Routine Dental Treatment;
32. For Pregnancy or Illness resulting from Pregnancy, childbirth, or miscarriage;
33. For miscarriage resulting from Accident;
34. 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;
35. Treatment for human organ tissue transplants and their related treatment;
36. Expenses incurred while in Your Home Country, except as provided under the Home Country Coverage;
37. Expenses incurred during a Hospital emergency visit which is not of an emergency nature;
38. Covered Expenses incurred for which the Trip to the Host Country was undertaken to seek medical treatment for a condition;
39. Covered Expenses incurred during a Trip after Your Physician has limited or restricted travel;
40. This plan does not insure against loss or damage (including death or injury) and any associated cost or expense resulting directly from the discharge, explosion or use of any device, weapon or material employing or involving nuclear fission, nuclear fusion or radioactive force, or chemical, biological, radiological or similar agents, whether in time of peace or war, and regardless of who commits the act.
41. Sex change operations, or for treatment of sexual dysfunction or sexual inadequacy;
42. Weight reduction programs or the surgical treatment of obesity;
43. Expenses resulting from Acquired Immune Deficiency Syndrome (AIDS), Aids-Related Complex (ARC) or the Human Immunodeficiency Virus (HIV).
44. Expenses incurred in the United States unless the expenses pertain to the Home Country Coverage Benefit.

No Benefit shall be payable for Accidental Death and Dismemberment as the result of:

1. Suicide or attempt thereof while sane or self destruction or any attempt thereof while insane;
2. Disease of any kind; Bacterial infections except pyogenic infection which shall occur through an accidental cut or wound;
3. Hernia of any kind;
4. Injury sustained while You are riding as a pilot, student pilot, operator or crew member, in or on, boarding or alighting from, any type of aircraft;
5. Injury sustained while You are 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;
6. 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;
  7. Service in the military, naval or air service of any country;
  8. Flying in any aircraft being used for or in connection with acrobatic or stunt flying, racing or endurance tests;
  9. Flying in any rocket-propelled aircraft;
  10. Flying in any aircraft being used for or in connection with 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;
  11. Flying in any aircraft which is engaged in any flight which requires a special permit or waiver from the authority having jurisdiction over civil aviation, even though granted;
  12. Sickness of any kind;
  13. Being under the influence of alcohol or having taken drugs or narcotics unless prescribed by a legally qualified Physician or Surgeon;
  14. Injury occasioned or occurring while You are committing or attempting to commit a felony or to which a contributing cause was You being engaged in an illegal occupation;
  15. While riding or driving in any kind of competition;
  16. Pregnancy, childbirth, miscarriage or abortion;
  17. This plan does not insure against loss or damage (including death or injury) and any associated cost or expense resulting directly from the discharge, explosion or use of any device, weapon or material employing or involving nuclear fission, nuclear fusion or radioactive force, or chemical, biological, radiological or similar agents, whether in time of peace or war, and regardless of who commits the act.

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.

**Hazardous Sport Coverage** (when applicable and applicable premium paid)-To cover motorcycle/motor scooter riding (whether as a passenger or a driver), hang gliding, parachuting, bungee jumping, water skiing, snow skiing, snowmobiling, snowboarding, and spelunking.

Parachuting shall mean an activity involving the breaking of a free fall from an airplane using a parachute.

**Pre-Notification / Referral** – Seven Corners 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 Seven Corners Assist with questions). A listing of network facilities can be found at [www.sevencorners.com/findproviders](http://www.sevencorners.com/findproviders) 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, Seven Corners Assist must be contacted within 48 hours, or as soon as reasonably possible.)

Please be aware that this is not a general health insurance policy, but an interim travel medical program intended for use while away from your Home Country or Country of Residence.

**Foundation for Sustainable Development** does not guarantee payment to a facility or individual for medical expenses until the Company determines that it is an eligible expense. It is the Insured Person's responsibility to maintain all records regarding travel history and provide any documents to the Administrator which would verify the Eligibility Requirements.

**Refund of Premium:** Certain Underwriters at Lloyds, London realizes that there is uncertainty in international travel. Refund of total plan cost will only be considered if written request is received by the Administrator prior to the Effective Date of Coverage. If written request is received after the Effective Date of Coverage, the unused portion of the Plan cost may be refunded minus a cancellation fee, provided no claim has been submitted to the Administrator for reimbursement.

## PART V - 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.

### Subrogation

To the extent the Company pays for a loss suffered by an insured, the Company will take over the rights and remedies the insured had relating to the loss. This is known as subrogation. The insured must help the Company to preserve its rights against those responsible for the loss. This may involve signing any papers and taking any other steps the Company may require. If the company takes over an insured's rights, the insured must sign an appropriate subrogation form supplied by the Company.

### Pre-Notification and Network Information

Many facilities inside the U.S. are not familiar with travel medical insurance and this creates unnecessary problems for insureds. Seven Corners Assist must be contacted and Seven Corners' provider network must be utilized for treatment received in the United States. When contacted properly, Seven Corners Assist is able to notify the network provider of benefits, coverage, and conditions in advance of the insured's arrival. While utilizing the network does not guarantee benefits or that the treating facility will bill Seven Corners directly, it saves the insured from many administrative hassles and places the facility in contact with the Seven Corners claims department.

Seven Corners does not have network facilities outside the United States. Outside of the United States, the insured must pre-notify Seven Corners Assist for any hospital admissions or any inpatient / outpatient surgeries.

Contact information for Seven Corners Assist is below and on the back of your ID Card. A listing of network providers can be found at [www.sevencorners.com/findproviders](http://www.sevencorners.com/findproviders) on the web. Following these procedures are very important; failure to do so will result in a 20% reduction of eligible benefits.

### How to Obtain Travel Assistance

To receive assistance worldwide, call Seven Corners Assist at the numbers below and provide them with your ID Number.  
For Emergency Medical Evacuation, Return of Remains, Emergency Reunion, Return of Minor Child, Assistance Services, call:  
if in the United States or Canada: 1-800-690-6295, or if outside the United States or Canada: 1-317-818-2808 (collect)

### Claims Services

Important Note: Claim forms and receipts for medical expenses must be sent to Seven Corners quickly. Claim submissions must be made within ninety (90) after the Date of Service. Should they be received after ninety (90) days, they may be considered ineligible.

To report claims or verify eligibility, send the original bills and claim forms to Seven Corners, Inc., or call or fax to the numbers below. Be certain to include your ID# shown on the ID Card with all correspondences:

Seven Corners, Inc.  
303 Congressional Blvd; Carmel, IN 46032  
800-335-0477 or 317-575-2256 FAX 317-575-2659 email: [info@sevencorners.com](mailto:info@sevencorners.com) [www.SevenCorners.com](http://www.SevenCorners.com)

### Insurance Company

This Insurance, under Policy **LON09-090509-01TM**, is underwritten by Certain Underwriters at Lloyds, London, rated A "Excellent" by AM Best.

# ACCIDENT AND ILLNESS CLAIM FORM

**Seven Corners, Inc.**  
303 Congressional Blvd

Carmel, IN 46032  
800-335-0477 or 317-575-2656 Fax: 317-575-2256

Insurance Carrier: Certain Underwriters at Lloyds, London  
Name of Group: Foundation for Sustainable  
Development  
Group Number: LON09-090509-01TM  
ID #: \_\_\_\_\_

## Instructions:

1. This form is to be used when filing a claim for reimbursement of Medical Expenses and **must** be completed by the Insured in full.
2. Fully itemized bills including Claimant's Name, Nature of Illness/Injury, must be included with this claim form.
3. Description and Charge for each service provided.
4. This form must be signed and dated in all applicable sections. In most cases, two signatures are required.
5. This form and all attached bills must be submitted to the address indicated above.

**The furnishing of this form, or its acceptance by the Company, must not be construed as an admission of any liability on the Company, nor a waiver of any of the conditions of the insurance contract. Any person who knowingly and/or with intent to injure, defraud, or deceive an insurance company or other person files a statement of claim containing false, incomplete or misleading information, may be guilty of insurance fraud and subject to criminal and substantial civil penalties.**

Coverage Effective Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Coverage Termination Date \_\_\_\_/\_\_\_\_/\_\_\_\_

ID Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

- 1.) Name of Insured: \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: \_\_\_Male \_\_\_Female
- 2.) Name of Claimant: \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: \_\_\_Male \_\_\_Female
- 3.) Current Residence Address: \_\_\_\_\_  
Date of Arrival in U.S.: \_\_\_\_/\_\_\_\_/\_\_\_\_ Daytime Phone Number: (\_\_\_\_) \_\_\_\_\_
- 4.) Permanent Address (In Home Country): \_\_\_\_\_  
Date scheduled to return to Home Country: \_\_\_\_/\_\_\_\_/\_\_\_\_
- 5.) If Accident, provide details, i.e., how when and where accident occurred: \_\_\_\_\_  
\_\_\_\_\_
- 6.) If Illness, advise when and where symptoms first occurred and nature of illness: \_\_\_\_\_  
\_\_\_\_\_
- 7.) Name and address of Consulting Physicians: \_\_\_\_\_  
\_\_\_\_\_
- 8.) Have you ever been treated for this Illness before? Yes\_\_\_ No\_\_\_ If Yes, when? \_\_\_\_\_
- 9.) Provide Name and Address of your Regular Physician in your Home Country: \_\_\_\_\_  
\_\_\_\_\_
- 10.) Please advise names of any prescription medications you are presently taking: \_\_\_\_\_  
\_\_\_\_\_
- 11.) Indicate other Insurance coverage, include name, address, policy number and certificate number of Insurer: \_\_\_\_\_  
\_\_\_\_\_

I, the undersigned authorize any hospital or other medical-care institution, physician or other medical professional, pharmacy, insurance support organization, governmental agency, group policyholder, insurance company, association, employer or benefit plan administrator furnish to the Claims Administrator named above or its representatives, any and all information with respect to any injury or illness suffered by, the medical history of, or any consultation, prescription or treatment provided to, the person whose death, injury, illness or loss is the basis of claim and copies of all of that person's hospital or medical records, including information relating to mental illness and use of drugs and alcohol, to determine eligibility for benefit payments under the Policy Number identified above. I authorize the group policyholder, employer or benefit plan administrators to provide the Claims Administrator named above with financial and employment-related information. I understand that this authorization is valid for the term of coverage of the Policy identified above and that a copy of this authorization shall be considered as valid as the original. I understand that I, or my authorized representative, may request a copy of this authorization.

In addition, I hereby certify that the above information is true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
Signature of Claimant or Parent, If Claimant is a Minor

\_\_\_\_\_  
Date