

Policyholder:
Address:

POLICY NO.: PM8277419

POLICY TERM:

January 1, 2019 to December 31, 2019

(Both days inclusive, local standard time at the address of the Policyholder).

SCHEDULE OF BENEFITS: Insure2Study Healthcare Insurance - Platinum

The following benefits are per Insured Person, per Policy Year unless otherwise specified.

BENEFIT	SUM INSURED/LIMIT OF INDEMNITY
Healthcare & Associated Expenses	£5,000,000
Assistance Benefits	See Section
Personal Accident	£25,000
Unused Course Fee Costs	£5,000
Baggage	£2,500
Single Article Limit	£500
Valuables/Electronic Equipment Limit	£1,000
Travel Documents	£1,000
Delayed Baggage	£200
Personal Money	£750
Cash Limit	£500
Personal Liability	£2,000,000

MSH INTERNATIONAL PRIVACY POLICY

At MSH INTERNATIONAL (CANADA) LTD., we recognize and respect every individual's right to privacy. When You apply for coverage or Benefits, we establish a confidential file of personal information.

We use the information to administer the group Benefit plan. This includes many tasks, such as:

- Determining an Insured Person's eligibility for coverage under the plan
- Enrolling Insured Persons for coverage
- Assessing an Insured Person's claims and providing them with payment
- Managing an Insured Person's claims
- Verifying and auditing eligibility and claims
- Underwriting activities, such as determining the cost of the plan, and analyzing the design options of the plan
- Providing the applicable Regulatory Forms and Tax Receipts, upon request

We limit access to information in the Insured Person's file to MSH INTERNATIONAL (CANADA) LTD. staff or persons authorized by MSH INTERNATIONAL (CANADA) LTD. who require it to perform their duties, to persons to whom the Insured Person has granted access, and to persons authorized by law. MSH INTERNATIONAL (CANADA) LTD., the Insured Person's health care provider, other insurance and reinsurance companies, and the plan administrator of the policyholder may also exchange information when the information is needed to administer the group Benefit plan.

For questions or concerns regarding the collection, use, disclosure or storage of personal information, please contact the Privacy Officer by mail or email. Concerns will be addressed within thirty (30) days.

MSH INTERNATIONAL (CANADA) LTD.
c/o Privacy Officer
Suite 300, 999 - 8th Street S.W.
Calgary, Alberta, Canada T2R 1N7
Email: privacyofficer@americas.msh-intl.com

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INSURING AGREEMENT

In consideration of the payment of the premium, the Insurers agree with the policyholder to reimburse up to the limits detailed in this policy for losses occurring during the policy term subject to all of the exceptions, limitations and provisions of this policy.

Any word explained in the Definitions section herein will have the same meaning throughout this document. The currency of this policy is expressed in Great British Pounds (£).

SANCTION LIMITATION AND EXCLUSION CLAUSE

No (re)insurer shall be deemed to provide cover and no (re)insurer shall be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose that (re)insurer to any sanction, prohibition or restriction under United Nations resolutions or the trade and economic sanctions, laws or regulation of the European Union, United Kingdom or United States of America.

LMA 3100

IMPORTANT NOTICE REGARDING THE PATIENT PROTECTION AND AFFORDABLE CARE ACT:

This insurance is not subject to, and does not provide certain of the insurance benefits required by the United States Patient Protection and Affordable Care Act (ACA). This insurance does not provide and insurers may not intend to provide minimum essential coverage under ACA. In no event will benefits be provided in excess of those specified in the policy documents. This insurance is not subject to guaranteed issuance or renewability other than as specified in the policy.

ACA requires certain US citizens and US residents to obtain ACA compliant health insurance coverage. In some circumstances penalties may be imposed on persons who do not maintain ACA compliant coverage. You should consult your attorney or tax professional to determine if ACA's requirements are applicable to you. Should the coverage provided under this plan be altered by the insurer and subsequently be deemed to be exempt from the requirements of ACA we will notify you immediately.

GEOGRAPHICAL AREA OF COVERAGE

Country of Residence only, or whilst travelling elsewhere in the world on a holiday for a period not exceeding thirty (30) days.

Coverage within Home Country: Benefits are not available within an Insured Person's Home Country.

EFFECTIVE DATE AND POLICY TERM

This policy takes effect at 12:00 a.m., local standard time on the date stated in the application for coverage or the date coverage is approved by the Insurer and from which date all insurance months shall be calculated. It continues in force for the period for which premium has been paid. Coverage may be renewed subject to approval by the Insurer for further consecutive terms, not exceeding twelve (12) months, on payment of premium at the rate and in the amount determined at the time of renewal by the Insurer.

ADMINISTRATION OF POLICY

A completed Application Form must be signed by the individual to be insured and received within thirty (30) days of the member's first day of the school semester in order for coverage(s) to become effective on this date. If an application is received after the thirty (30) day grace period, coverage(s) will be backdated a maximum of thirty (30) days from the date it is received.

HIGH RISK COVERAGE

The Insurers reserve the right to exclude or surcharge coverage in countries deemed to be locations of extreme risk. Locations of extreme risk are subject to change based on the Insurer's assessment. Advance notification of fifteen (15) days will be provided by MSH INTERNATIONAL (CANADA) LTD. to policyholders in locations deemed to be of extreme risk before any surcharge becomes applicable.

TERMINATION OF POLICY

This policy may be terminated by either party with prior notice provided at least thirty (30) days in advance of the requested termination date.

ELIGIBILITY**Primary Insured Person:**

For the purposes of this policy, the primary Insured Person shall be considered as those persons who:

- Are attending a post-secondary institution outside of their Home Country;
- Are under age forty (40);
- Have completed and signed the application form in acceptance of the policy terms and conditions;
- Have paid the required premium or had such premium paid on their behalf by the policyholder.

(Coverage is not available to spouses or dependant children of the Insured Person).

TERMINATION DATE OF INSURED PERSON'S INSURANCE

The insurance of an Insured Person shall terminate on the earliest of the following:

- The date this policy is terminated;
- The date that any premium required or due on the part of the Insured Person remains unpaid;
- The date that the Insured Person reaches age forty (40);
- The date that the Insured Person ceases to attend a post-secondary institution outside of their Home Country.

Termination of the insurance of any Insured Person either because of termination of employment or termination of this policy will not prejudice consideration of any claim that may have occurred prior to such termination.

OTHER INSURANCE

If, at the time of loss, the Insured Person has insurance from another source for Benefits provided under this policy, the policy with the earliest Effective Date will be deemed to be first payor. Any Benefits payable by the following shall not be considered as a covered cost under this policy:

- Any group or individual Hospital or medical plan.
- Any government Hospital or medical plan.
- Any Worker's Compensation Act.
- Any public or tax-supported agency.

REFUNDS

A full refund of the premium paid, less administration fees, will be made provided the Insurer receives a written request to terminate within fourteen (14) days from the issuance of this policy and subject to no claims having been paid within the requested refund period (of up to fourteen (14)).

PRE-EXISTING MEDICAL CONDITIONS

It is a condition of this insurance that the covered trip is not commenced:

- After receipt of a terminal prognosis;
- Against the advice of a registered qualified medical practitioner;
- While awaiting investigation or diagnosis or is receiving In-Patient treatment or awaiting such treatment;
- With the intention of obtaining medical treatment during the Insured Person's trip.

This insurance shall exclude any condition or set of circumstances known to an Insured Person at the time at the time of purchasing this insurance where such condition or set of circumstances could reasonably have been expected to give rise to a claim. This insurance shall however, include limited expenses covered under the Healthcare & Associated Expenses Benefit for any Mental, Nervous and Emotional Disorders occurring after 6 months from the start date of the Insured Person's policy as stated in the Insured Person's Insurance Schedule. **Please refer to the Healthcare Benefit Exclusions Section of this insurance for any specified limit in respect of Mental, Nervous and Emotional Disorders.**

This shall include a pre-existing medical condition of an Immediate Family Member or close relative prior to the purchase of this insurance and on whom the trip may depend.

DEFINITIONS

Accident: Any sudden and unforeseen event occurring during the policy term, resulting in bodily Injury, the cause or one of the causes of which is external to the victim's own body and occurs beyond the victim's control.

Benefits: Any covered expenses/services that the Insurer will pay under this policy.

Common-law Spouse: A person (opposite or same sex) with whom the Insured Person lives in a conjugal relationship and at least one of the following applies:

- the parties have cohabitated with one another throughout the previous 12 months, or
- the person is the parent of the Insured Person's child.

Country of Residence: The country in which the Insured Person resides while enrolled as a student in a post-secondary institution located outside of their Home Country.

Critical Medical Condition: The patient is acutely ill, has unstable vitals that are not normal, could be unconscious and major complications may be present. Indicators for recovery are unfavourable and death may be imminent.

Dentist or Dental Surgeon: A practitioner who holds a Doctor of Dentistry degree and is legally registered and licensed to practice dentistry in the country where services within the scope of their licence are provided.

Diagnostic Services: Laboratory tests and x-ray services, radiographs and nuclear medicine procedures used to diagnose and treat medical conditions.

Elective Treatment: A non-essential non-Emergency treatment or procedure or surgery or any test including exploratory test or diagnostic service that is Elected (chosen) by the patient or Physician.

Emergency: A sudden and unexpected medical condition or Injury that requires immediate medical treatment. The condition or injury must have manifested itself while this policy is in force as to the Insured Person.

Experimental: Medical procedures that are regarded to be either:

- Not proven by scientific evidence to be effective;
- Not generally accepted by the medical community as being effective;
- Not recognized by professional medical organizations as conforming to accepted medical practice;
- In clinical trials or need further study; or
- Rarely used, novel, or unknown and lack authoritative evidence of safety and efficacy.

Healthcare Expenses: Those medical and related expenses for which coverage is provided under the Healthcare Benefits section of this policy which are necessarily incurred as a result of Injury or Sickness while coverage is in force under this policy as to the Insured Person.

Home Country: The country for which the Insured Person holds a passport. Where the Insured Person holds more than one passport, the Home Country will be taken to mean the country that the Insured Person has declared on the application form.

Hospital: Any medical or surgical institution which is legally licensed in the country in which it is located and whose main activities are not those of a rehabilitation centre, spa, hydro clinic, sanatorium, nursing home or home for the aged. It must be under the constant supervision of a resident Physician.

Immediate Family Member: Refers to spouse, son, daughter, father, mother, brother, sister, son-in-law, daughter-in-law, brother-in-law, sister-in-law, father-in-law, mother-in-law, grandson, granddaughter, grandfather or grandmother of the Insured Person.

Injury: Any harm to the body caused by an Accident resulting, directly and independently of all other causes, in the Insured Person incurring Healthcare Expenses.

Inpatient: A patient who occupies a Hospital bed for more than twenty-four (24) hours for medical treatment and for which admission was recommended by a Physician or Surgeon.

Insurance Schedule: The Schedule attaching to this policy which contains all necessary enrolment details and premiums for Insured Person's covered under this policy.

Insured Person/You/Your: An eligible person as defined in the eligibility section of this policy.

Insurer: MSAMLIN Syndicate number 3210, Tokio Marine HCC Syndicate Number 4141, and Aspen Re Insurance Syndicate Number 4711, who provide this insurance.

Legal Personal Representative: A person who is either an executor of the Insured Person's will or is the administrator of the Insured Person's estate in the event that the Insured Person should die intestate.

Lifestyle Drugs: Pharmaceutical products that depict improvements to a person's way of life, style of living, function or appearance. Including but not limited to baldness, aging, acne, erectile dysfunction, and obesity, and smoking cessation.

Loss of Limbs: Mean loss by physical severance at or above the wrist or ankle or the total and permanent loss of use of an entire hand, arm, foot or leg.

Medical Assistance Provider: Allianz Global Assistance.

Medical Expenses: Those medical and related expenses for which coverage is provided under this policy which are necessarily incurred as a result of Injury or Sickness while coverage is in force under this policy as to the Insured Person.

Medically Necessary: any health care service or procedure that a qualified health provider would provide to a patient for the purpose of preventing, diagnosing or treating any Sickness, disease, Injury or its symptoms in a manner that is a) prescribed in accordance with generally accepted standards of care, b) clinically appropriate in terms of type, frequency, extent, site and duration, c) not primarily for the convenience of the patient and d) within the scope of practice of such practitioner.

Mental, Nervous and Emotional Disorders: Mental, Nervous and Emotional Disorders are any disorders that are listed in Chapter V (Mental and Behavioural Disorders) of the International Statistical Classification of Diseases and Related Health Problems 10th Revision by the World Health Organization (WHO). (<http://www.who.int/classifications/icd>).

MSH INTERNATIONAL (CANADA) LTD.: The third party administrator and claims administrator appointed by the Insurer.

Outpatient: An Insured Person who receives treatment, including Diagnostic Services at a Hospital, or other medical institution, or at a Physician's office; where the Insured Person is not admitted or confined to a Hospital bed as an Inpatient or Day Patient.

Overall Maximum Limit: The total aggregate lifetime limit that may be claimed by an Insured Person. Such limit is indicated in the wording of this policy.

Personal Money: Cash, travellers' cheques, letters of credit, travel tickets, hotel vouchers, passports and green cards held by you for social and domestic purposes.

Physician: A medical practitioner who holds a Doctor of Medicine degree and is legally registered and licensed to practice medicine in the country where services within the scope of his license are provided.

Policy Year: The Policy Term as indicated on page 1 of this policy.

Prescription Drugs: Drugs, medicines, serums and vaccines which must, by federal law or regulation in the country where incurred, be dispensed only pursuant to a prescription from a licensed Physician or Dentist. For geographical areas where there are no regulatory laws for such substances, eligibility will be determined by Canadian standards as defined by the Canadian Food and Drugs Act and Regulations.

Prosthetics: A device, external or implanted, that substitutes for, or supplements a missing or defective part of the body.

Reasonable and Customary Costs: Costs incurred for approved, eligible treatment or supplies that do not exceed the standard costs of other providers of similar standing in the same region, for the same treatment of a similar Sickness or Injury.

Sickness: Any illness or disease contracted by an Insured Person which causes the Insured Person to incur Medical Expenses.

Total Loss of Sight: Complete and irrecoverable loss of sight.

United Kingdom/UK: includes Isle of Man and Channel Islands.

POLICY EXCLUSIONS

GENERAL EXCLUSIONS

This policy does not cover expenses caused or contributed to directly or indirectly by:

- Air travel, other than as a passenger in a certified commercial aircraft that provides passenger service and complies with government regulations concerning pilot licensing and current certificates of airworthiness;
- Ionizing radiations or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel;
- The radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component of such assembly;
- Pressure waves caused by aircraft and other aerial devices travelling at sonic or supersonic speeds;
- Committing or attempting to commit any criminal act (including acts committed by the primary Insured Person's travelling companion);
- Intentionally self-inflicted Injury, suicide or self-destruction or any attempt (while sane or insane);
- Exposure to danger which is reasonably foreseeable (except in an attempt to save human life);
- Pregnancy, miscarriage, childbirth or termination of pregnancy or expenses relating thereto;
- Mountaineering, water sports, horse riding activities, violent sports such as judo, boxing, and wrestling, bungee jumping, scuba diving, rock or precipice climbing, hang gliding, paragliding, sport parachuting, or sky diving;
- Athletic or sports activities for remuneration or prize money;
- Riding or driving in or on any motorised vehicle or device in any race or speed contests;
- Misuse of medication, use of intoxicants or illegal drugs, or treatment thereof or Accidents related thereto;
- Injuries received as a direct consequence or as a result of the Insured Person having blood content of eighty (80) milligrams or more of alcohol per one hundred (100) millilitres of blood or, in the absence of a specific measurement, in the professional opinion of the attending Physician;
- A trip that has been arranged solely for the purpose of securing treatment or therapy unless it has been pre-approved by the Insurer;
- Any trip or journey within the Insured Person's Home Country;
- Services primarily for weight reduction or treatment of obesity, or any care which involves weight reduction as a main method for treatment. This includes any program, product or medical treatment for weight reduction or any expenses of any kind to treat obesity (including morbid obesity), weight control or weight reduction;
- Any claim arising from any sexually transmitted disease, HIV (Human Immunodeficiency Virus), the fear of HIV and/or any HIV-related illness including AIDS and/or any mutant derivative or variations thereof howsoever caused
- The Insured Person travelling against the advice of a Physician.

In addition to the above, Benefits will not be payable for:

- Any person aged forty (40) years or over at the date of issue of this policy
- Any payment which the Insured Person would normally have made during their travel if nothing had gone wrong.
- Any loss other than as specified in the policy.
- Any loss which has not been conclusively proven and amount thereof substantiated.
- Any cost incurred during any period for which the appropriate premium has not been paid or while the policy is not in force as to the Insured Person.
- Any charges incurred for obtaining medical records, unless requested by MSH INTERNATIONAL (CANADA) LTD.;

- Any Healthcare Expense incurred while covered under the plan but submitted after ninety (90) days following the date the expense was incurred.

HEALTHCARE BENEFIT EXCLUSIONS

The following expenses are not eligible for reimbursement under this policy:

- All expenses relating to dental treatment, dental prostheses, and orthodontic treatments, unless specifically stated in this policy;
- Domiciliary care; private nursing care; care for the sake of travelling;
- Custodial care, including:
 - Non-medical treatment services; or
 - Health related services which do not seek to improve or which do not result in a change in the medical condition of the patient.
- Services which do not require continuous administration by specialized medical personnel;
- Personal comfort and convenience items (television, barber or beauty service, guest service and similar incidental services and supplies);
- Medical services utilized for the sake of research, medically non-approved experiments and investigations and pharmacological the weight reduction regimens;
- Healthcare services that are not performed by Authorised Healthcare Service Providers, apart from Healthcare Services rendered in a Medical Emergency;
- Healthcare services, treatments & associated expenses for alopecia, baldness, hair falling, dandruff or wigs;
- Health Services and supplies for smoking cessation programs and the treatment of nicotine addiction;
- Non-medically necessary Amniocentesis;
- Treatment, services and surgeries for sex transformation, sterility and sterilization with the exception of corrective surgery;
- Treatment and services for contraception;
- Prosthetic devices and Durable Medical Equipment, unless approved by the Insurer;
- Growth hormone therapy;
- Costs associated with hearing tests, vision corrections (including eye exams), or hearing and vision aids;
- Mental, Nervous or Emotional Disorders unless the date of the first confirmed medical consultation occurs after 6 months from the start date of the Insured Person's policy as stated in their insurance schedule but shall be limited to £10,000 for any in-patient and/or out-patient treatment expenses under the Healthcare and Associated Expenses section only;
- In-patient and out-patient treatments unless it is an Emergency condition;
- Patient treatment supplies including for example: elastic stockings, ace bandages, gauze, syringes, diabetic test strips, and like products; non-Prescription Drugs and treatments, excluding such supplies required as a result of Healthcare Services rendered during a Medical Emergency;
- Allergy testing and desensitization (except testing for allergy towards medications and supplies used in treatment); any physical, psychiatric or psychological examinations or testing during these examinations;
- Services rendered by any medical provider who is a relative of the patient for example the Insured person himself or first degree relatives;
- Enteral feedings (via a tube) and other nutritional and electrolyte supplements, unless Medically Necessary during treatment;
- Chiropractic and healthcare services for adjustment of spinal subluxation, diagnosis and treatment by manipulation of the skeletal structure, by any means, except treatment of bone fractures and joint dislocations;
- Healthcare services and treatments by acupuncture; acupressure, hypnotism, massage therapy, aromatherapy, ozone therapy, homeopathic treatments, nutritionist services, and all forms of treatment by alternative medicine;
- All healthcare services & treatments for in-vitro fertilization (IVF), embryo transfer ovum and sperms transfer;
- Elective Treatment and medical treatment for correction of vision;
- Nasal septum deviation and nasal concha resection;

- All chronic conditions requiring haemodialysis or peritoneal dialysis, and related investigations, treatments or procedures;
- Healthcare services, investigations and treatments related to viral hepatitis and associated complications, except for the treatment and services related to Hepatitis A;
- Birth defects or congenital diseases;
- Healthcare services for senile dementia and Alzheimer's disease;
- Air or terrestrial medical evacuation (except for Emergency cases); and unauthorized transportation services;
- Healthcare services related to circumcision;
- Inpatient treatment received without prior approval from the Insurer including cases of medical Emergency which the Insurers are not notified within 72 hours from the date of admission;
- Any inpatient treatment, investigations or other procedures, which can be carried out on an outpatient basis without jeopardizing the Insured Person's health;
- Any investigations or health services conducted for non-medical purposes such as investigations related to employment, travel, licensing or insurance purposes;
- All supplies which are not considered as medical treatments including but not limited to: mouthwash, toothpaste, lozenges, antiseptics, milk formulas, food supplements, skin care products, shampoos and multivitamins (unless prescribed as replacement therapy for known vitamin deficiency conditions); and all equipment not primarily intended to improve a medical condition or injury, including but not limited to: air conditioners or air purifying systems, arch supports, exercise equipment and sanitary supplies;
- More than one consultation or follow up with a medical specialist in a single day unless referred by the treating physician;
- Health services and associated expenses for organ and tissue transplants, irrespective of whether the Insured Person is a donor or a recipient;
- Services and educational programs for handicaps;
- Non-Medically Necessary and/or cosmetic healthcare services and services associated with replacement of an existing breast implant. Cosmetic operations which are related to an injury, sickness or congenital anomaly when the primary purpose is to improve physiological functioning of the involved part of the body and breast reconstruction following a mastectomy for cancer are covered;
- Fertility or infertility treatment and/or drugs related to; and
- Prescription Drugs prescribed for the treatment of obesity or erectile dysfunction, and any other Lifestyle Drugs (unless specifically stated in this policy).

Benefits will not be payable for the following:

- Any pre-existing medical condition (except for Mental, Nervous or Emotional Disorders where the date of the first confirmed medical consultation occurs after 6 months from the start date of the Insured Person's policy as stated in their insurance schedule but shall be limited to £10,000 for any in-patient and/or out-patient treatment expenses under the Healthcare and Associated Expenses section only).

PERSONAL ACCIDENT & COURSE FEES EXCLUSIONS

1. The Insurers shall not make any payment in respect of a medical condition of any insured for:
 - Any expenses or fees for any in-patient treatment or repatriation which have not been notified to and authorized by insurers or the Assistance Company;
 - The cost of any Elective Treatment which is directly related to the Sickness or bodily Injury which necessitated the insured Person's admittance into Hospital;
 - Any form of treatment which in the opinion of the doctor in attendance and Insurer's medical advisers can reasonably be delayed until the Insured Person returns to the Insured Person's Home Country;
 - Cosmetic surgery;
 - Medication, which at the time of departure is known to be required or to be continued outside the Insured Person's Home Country;
 - Any additional costs arising from single or private room accommodation;

- Treatment or services provided by a health spa, convalescent or nursing home or any rehabilitation centre;
 - Mental, Nervous or Emotional Disorders;
 - Any cancellation or abandonment or unused course fees claims arising from the Sickness/infirmity of a close relative, immediate relative, travelling companion or person with whom the Insured Person have arranged to stay, who has suffered from, received medication, treatment or advice for that Sickness/infirmity in the last 12 months prior to the issue of this insurance;
2. The Insurers shall not make any payment in respect of the Insured Person's death, bodily Injury, Sickness or disablement resulting from:
- Any suicide or self- inflicted injury;
 - or the Insured Person's transportation carrier's refusal to allow them to travel for whatever reason
 - Motor cycling as a driver or passenger
 - i) on machines exceeding 125 cc engine capacity: and/or
 - ii) where the Insured Person as a driver does not hold a full motor cycle licence applicable to their Home Country;
 - Engaging in or practicing for speed or time trials, sprints or racing of any kind;
 - Manual work of any kind;
 - Winter sports or the use of dry ski slopes;
 - Participation in expeditions or the crewing of a vessel from one country to another.
3. The Insurers shall not make any payment for unused course fees arising from the failure to advise the appropriate school, college, university or appropriate education department in writing of the Insured Person's need to cancel or abandon the course immediately that the Insured Person are aware that the cancellation or abandonment of the trip is necessary;

PERSONAL EFFECTS, BAGGAGE & TRAVEL DOCUMENTS AND PERSONAL MONEY EXCLUSIONS

The policy does not insure:

- Cracking, scratching or breakage of glass (other than lenses in cameras, binoculars, telescopes or spectacles), china or similar fragile articles;
- Pedal cycles, contact lenses, medical and dental fittings, mobile phones and/or accessories;
- The wear and tear, depreciation, deterioration or damage by moth, vermin or by any process of cleaning, repairing or restoring;
- Loss of personal effects or baggage, valuables, travel documents and personal money not reported to the Police within 24 hours of discovery and a written Police report obtained;
- Breakage of sports equipment while in use;
- Household goods and anything shipped as freight;
- Delay, detention, seizure or confiscation by Customs or other officials;
- Items used in connection with the Insured Person's employment or occupation;
- Bonds, securities or documents of any kind;
- Loss, theft or damage of valuables and personal money in a suitcase while in transit and outside the Insured Person's control;
- Loss, theft of valuables, travel documents, personal money unless at all times they are attended by the Insured Person or deposited in a safe or safety deposit box where available or left in the Insured Person's locked personal trip or journey accommodation;
- Loss, theft of Personal effects or baggage (but not valuables) from an unattended vehicle unless
 - secured in the locked boot of the locked vehicle or
 - contained in the luggage space at the rear of a locked Estate car or locked Hatchback under a top cover and out of view
- Shortages due to error omission or depreciation in value;

- Any costs which are due to any errors or omissions on the Insured Person's travel documents and any costs incurred before departure or after the Insured Person return home;
- The cost of replacement travel documents and any expenses for food or drink;
- The Insured Person's failure to obtain the required passport, visa or ESTA;
- The first £50 of each claim per Insured Person under the Personal Effects or Baggage and Loss of Travel Documents, Personal Money sections except in respect of temporary loss of personal effects or baggage on the outward journey.

PERSONAL LIABILITY EXCLUSIONS

1. Punitive and exemplary damages;
2. Liability arising from:
 - Death or bodily injury of the Insured Person's employees or members of their family permanent resident with the Insured Person;
 - Loss of or damage to property which belongs to or is under the control of the Insured Person or a member of the Insured Person's family or household or a person employed by the Insured Person;
 - The Insured Person's trade, business or profession;
 - The ownership or occupation of any land or building (other than occupation only of any temporary trip accommodation)
 - The ownership, possession or use of animals (other than domestic animals), firearms (other than sporting guns), mechanically propelled vehicles, vessels (other than manually propelled watercraft) or aircraft of any description
 - Pot-holing or organized team football, engaging in or practicing for speed or time trials, sprints or racing of any kind, winter sports or the use of dry ski slopes.

This policy also includes the following exclusion:

NUCLEAR, CHEMICAL, BIOLOGICAL TERRORISM EXCLUSION

Notwithstanding any provision to the contrary within this insurance or any endorsement thereto it is agreed that this insurance excludes any losses, directly or indirectly arising out of, contributed to or caused by, or resulting from or in connection with any act of nuclear, chemical, biological terrorism (as defined below) regardless of any other cause or event contributing concurrently or in any other sequence to the loss.

For the purpose of this endorsement:

“Nuclear, chemical, biological terrorism” shall mean the use of any nuclear weapon or device or the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical agent and/or biological agent during the period of this insurance by any person or group(s) of persons, whether acting along or on behalf of or in connection with any organization(s) or government(s), committed for political, religious or ideological purposes or reasons including the intention to influence any government and/or to put the public, or any section of the public, in fear.

“Chemical agent” shall mean any compound which, when suitably disseminated, produces incapacitating, damaging or lethal effects on people, animals, plants or material property.

“Biological agent” shall mean any pathogenic (disease producing) micro-organism(s) and/or biologically produced toxin(s) (including genetically modified organisms and chemically synthesized toxins) which cause illness and/or death in humans, animals or plants.

WAR AND TERRORISM EXCLUSION

Notwithstanding any provision to the contrary within this insurance or any endorsement thereto it is agreed that this insurance excludes loss, damage, cost or expense of whatsoever nature directly or indirectly caused by, resulting from or in connection with any of the following regardless of any other cause or event contributing concurrently or in any other sequence to the loss if the assured/Insured Person takes an active part therein.

1. War, invasion, acts of foreign enemies, hostilities or warlike operations (whether war be declared or not), civil war, rebellion, revolution, insurrection, civil commotion assuming the proportions of or amounting to an uprising, military or usurped power; or
2. Any act of terrorism.

For the purpose of this endorsement an act of terrorism means an act, including but not limited to the use of force or violence and/or the threat thereof, of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organization(s) or government(s), committed for political, religious, ideological or similar purposes including the intention to influence any government and/or to put the public, or any section of the public, in fear.

This endorsement also excludes loss, damage, cost or expense of whatsoever nature directly or indirectly caused by, resulting from or in connection with any action taken in controlling, preventing, suppressing or in any way relating to one (1) and/or two (2) above.

If the Underwriters allege that by reason of this exclusion, any loss, damage, cost or expense is not covered by this insurance the burden of proving the contrary shall be upon the assured.

In the event any portion of this endorsement is found to be invalid or unenforceable, the remainder shall remain in full force and effect.

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HEALTHCARE BENEFITS**Benefits**

Notwithstanding the limits stated in the separate sections of this policy, the Overall Maximum Limit for Healthcare Expenses shall not exceed five million pounds (£ 5,000,000) per Policy Year, per Insured Person.

This Section shall reimburse the Insured Person up to but not exceeding the sums insured herein in respect of expenses necessarily incurred for medical, surgical, diagnostic or remedial treatment as a result of the Insured Person suffering from a medical Sickness or sustaining an accidental bodily Injury which requires treatment during the Insured Person's Period of Cover.

TABLE OF BENEFITS**In Patient Healthcare Services**

No	Details	Coverage
1	In-patient health care Services, subject to prior approval	Covered with 5% co-insurance
2	Tests, diagnosis, treatments and surgeries in hospitals for non-urgent medical cases, subject to prior approval	100% covered subject to the Overall Maximum Limit.
3	Healthcare services for Emergency cases	
4	Charges for licensed ground or air ambulance transportation to the nearest Hospital, or from one Hospital to another or from a Hospital to the Insured Person's residence. Air ambulance is eligible under this provision only when the emergent situation indicates that a ground ambulance cannot reach the scene easily, quickly or the terrain makes air transportation the most practical and was Medically Necessary.	(Up to semi-private room accommodation)
5	When an Insured Person is confined to a Hospital as an Inpatient in cases of a critical condition and as per recommendation of an attending Physician, the Insurer will pay the Reasonable and Customary Costs charged for one person to stay with the Insured Person in the Hospital. In the event that a Hospital bed is not available the Insurer will pay the costs of staying in a hotel up to the same maximum. Hotel costs will not be paid unless proof of no vacancy is submitted from the Hospital.	£50 per day

Outpatient Healthcare Services

No	Details	Coverage
1	Examination, diagnostic and treatment services of clinic and health centres, by general practitioners, and specialists. Follow ups are exempted from fees if made within a week from the date of first examination	Covered with 20% co-insurance.
2	Laboratory test services	Covered with 20% coinsurance.
3	X-ray Diagnostic Services, in cases of non- medical Emergencies, the Insurer's prior approval is required for MRI, CT scans and endoscopies.	Covered with 20% coinsurance.
4	Physiotherapy treatment services.	Covered up to 6 sessions per Policy Year.
5	Cost of medicine, subject to the Insurer's prior approval for prescriptions which exceed £100.	Covered with 30% coinsurance up to a maximum of £250 per prescription.
6	Examination, diagnostic and treatment services for gynaecology services in authorised health centres and clinic by general practitioners and specialist and/ or consultant by a general practitioner. Follow ups are exempted from fees if within a week the date of first examination.	Covered with 10% coinsurance. Covered up to 8 visits for low risk primiparas and 7 visits for multiparas. Care may be provided by a Specialist Obstetrician for high risk referrals only. Initial investigations to include; FBC and platelets, Blood group, RH status and antibodies, VDRL, MSU and Urinalysis, Rubella serology HIV, HEP C offered to high risk patients, GTT if high risk, FBS, random or HbA1c for all, 1 scan at hospital. Visits to include reviews, checks and tests in accordance with DHA antenatal care protocols.

Other Benefits**Emergency Dental Treatment**

When an accidental blow to the mouth or face results in Injury to an Insured Person, the Insurer will pay for the Emergency dental treatment necessary to restore or replace permanently attached artificial teeth or sound natural teeth lost or damaged in an Accident, and for which dental treatment is initiated within thirty (30) days following an Accident and completed within the policy term. Detailed medical documentation from a Physician or dentist must be provided to support an Insured Person's claim.

All indemnity payable under this section is subject to a maximum amount of two hundred and fifty pounds (£ 250) per Insured Person, per Injury.

CLAIMS PROCEDURES APPLICABLE TO HEALTHCARE BENEFITS

The Insurers will pay Benefits provided that:

- Written details of all claims (including supporting documents) must be received by the claims administrator as soon as possible and in any event not later than ninety (90) days from the beginning of the treatment;
- All documentation relating to the claim including the claim form and accounts must be provided. Copies of original documents will be accepted*. The original documents of the copies initially submitted must be retained by the Insured Person for a period of twenty-four (24) months from the date the claim was incurred during which time MSH INTERNATIONAL (CANADA) LTD. may request these documents to validate any claim at any time. The original documents must be received within thirty (30) days of the date of request. In the event the original copy cannot be produced, the Insured Person will be responsible for any claim payments made in regards to that receipt. The claim payment reimbursement made by the Insured Person must be received within sixty (60) days of the date of request. Additionally, Insured Persons who fail to provide copies of original documents to MSH INTERNATIONAL (CANADA) LTD. when requested will be required to submit original documents for all future claims submissions.
- The required premiums have been paid relative to the Insured Person making the claim.

*Invoices received directly from a provider will be considered to be an original document including but not limited to facsimiles, scans, PDF documents, direct portal submissions or digital copies.

It is understood that:

- The Insurers can ask for medical information from any Physician or Surgeon as often as required and if necessary examine the Insured Person;
- The Insurers shall be notified of any circumstances that may lead to a claim against a third party or any other insurance.

All pertinent information shall be sent to:**NORTH & SOUTH AMERICA**

MSH INTERNATIONAL
300, 999 – 8th Street S.W.
Calgary AB, T2R 1N7
CANADA

EUROPE

MSH INTERNATIONAL
82 rue Villeneuve
92587 Clichy cedex
FRANCE

MIDDLE EAST & AFRICA

MSH INTERNATIONAL
DIFC, Liberty House
Office 304
PO Box 506537
Dubai
UNITED ARAB EMIRATES

ASIA

MSH INTERNATIONAL
East Unit, 5th Floor
North Tower, Building 9
Lujiazui Software Park
No. 20, Lane 91
E Shan Road, Pudong
Shanghai P. R. CHINA 200127

Worldwide Contact Information

MSH INTERNATIONAL – **call collect - +403-538-2364**

For all general claims inquiries, please email at claimsamerica@msh-intl.com

For Emergency and claims over \$5,000 please email at precert@msh-intl.com

Visitors to the UK

MSH INTERNATIONAL – **+44 (0)-800-014-8411**

For all general claims inquiries, please email at claimsamerica@msh-intl.com

For Emergency and claims over \$5,000 please email at precert@msh-intl.com

CLAIMS CONDITIONS

- The Insured Person must notify insurers in writing as soon as possible after any bodily Injury, Sickness, incident or unemployment or on the discovery of any loss or damage which may give rise to a claim under this policy. The Insured Person must also inform the Insurers if they are aware of any writ summons or impending prosecution. Every communication relating to a claim must be sent the Insurers without delay;
- The Insured Person, or any person acting for them, must not negotiate, admit or repudiate any claim without the Insurers written consent;
- The Insured Person or the legal representative of the Insured Person must supply at their own expense information, evidence, details of household insurances and medical certificates required by Insurers;

CURRENCY FLUCTUATION

The exchange rates used to reimburse claims is determined based on the average of the monthly exchange rate in effect at the time of reimbursement. These charges are then reconciled on an annual basis and charged directly to MSH at the beginning of January. This amount will be billed to the Insurer as part of the claim fees charged by MSH to account for currency losses that may result from the exchange rate calculation process for claim payment.

24 HOUR WORLDWIDE EMERGENCY MEDICAL SERVICE

The cost of the Medical Emergency Service will be met under this insurance. The operation and availability of the service will be governed by the terms, conditions and exclusions in this policy and will be operated by the Medical Assistance Provider (as defined by this policy).

An experienced Assistance Coordinator will deal with the Insured Person's enquiry and will then ensure:

- Where necessary Hospitals are contacted;
- Necessary medical fees are guaranteed;
- Medical advisers are consulted;
- Where Medically Necessary in the opinion of our medical advisers make arrangements for repatriation to the Insured Person's Home Country and the best method of transportation to be adopted.

Conditions

Pre-Authorization: In the case of an Emergency it is required that the Insured Person contact MSH INTERNATIONAL (CANADA) LTD. or the Medical Assistance Provider within seventy-two (72) hours of the Emergency occurring.

In the event of bodily Injury or Sickness to the Insured Person, the Insurers reserve the right to:

- Repatriate the Insured Person when, in the opinion of the treating Physician and the Medical Assistance Provider, the Insured Person is fit to travel;
- Avoid further liability in the event that the Insured Person refuses repatriation when, in the opinion of the treating Physician and the Medical Assistance Provider, the Insured Person is fit to travel;
- Transfer the Insured Person to the Hospital, clinic or location of the Insurers choice when, in the opinion of the treating Physician and the Medical Assistance Provider, the Insured Person is fit to be transferred.

This is not a general health insurance. It only covers the Insured Person in the event of any sudden and unexpected Accident or the onset of a Sickness and does not cover Elective Treatment (see definition) or treatments required as a result of a pre-existing medical condition.

The Insurers will pay for private treatment only if there is no appropriate reciprocal health agreement in existence and no public service available. The Insurers reserve the right to organize a transfer from a private medical facility to a public medical facility where appropriate. If treatment becomes Medically Necessary for which reimbursement will be sought, the Insurers or MSH INTERNATIONAL may require unrestricted access to the Insured Person's medical records and information.

ASSISTANCE BENEFITS

Hospital Television Rental

When, by reason of Injury or Sickness, an Insured Person is confined to a Hospital, the Insurer will pay for rental of a hospital television up to a maximum of fifty pounds (£50) per hospitalization.

Daily Expense Allowance

A daily expense allowance of up to one hundred pounds (£100) per day is paid when treatment is received as an Outpatient of a Hospital or medical facility provided such treatment is not available within fifty (50) miles of the Insured Person's residence, as certified by an attending Physician. The daily expense allowance is limited to a maximum of one thousand pounds (£1,000) per Policy Year, per Insured Person, and will not be paid unless receipts issued by a commercial facility are submitted. Covered expenses include meals, transportation, and hotel accommodation only. Delivery charges, gratuity, and alcohol will not be reimbursed under any circumstance.

This Benefit also provides coverage for an Immediate Family Member in the event of the hospitalization of an Insured Person of a period in excess of five (5) days. The Immediate Family Member will be covered up to one hundred pounds (£100) per day to a maximum of one thousand pounds (£1,000) per Policy Year.

Emergency Medical Evacuation

When, by reason of Injury or Sickness, it is deemed Medically Necessary to evacuate an Insured Person who has a Critical Medical Condition to the nearest Hospital equipped to provide appropriate care and facilities, the Insurer will reimburse the Reasonable and Customary Cost of Emergency evacuation and medical care to such Hospital. The Insured Person's Critical Medical Condition must be such that, in the professional opinion of the Insurer or Medical Assistance Provider (as defined by this policy), the Insured Person will require immediate Emergency medical treatment, without which there would be a significant risk of death or serious impairment.

Following Emergency evacuation and stabilization, if the evacuation took place outside of the Insured Person's Home Country, the Insurer will reimburse a one-way economy airfare to the Insured Person's Home Country.

The Insurer will also reimburse Reasonable and Customary Costs of transportation costs for one other person accompanying the patient when this is deemed necessary, and will pay the cost of a one-way economy airfare back to the Insured Person's Home or Host Country. If this Benefit is provided by another Insurer or the Medical Assistance Provider (as defined by this policy) this policy becomes the second payor. Should these services be provided by a provider other than the Medical Assistance Provider, as defined in this policy, charges will not be eligible for reimbursement.

Pet Care Expenses

In the event that an Insured Person has been evacuated under the conditions stipulated under the Emergency Medical Evacuation Benefit or is required to travel to receive treatment as stipulated under the Daily Expense Allowance Benefit, the Insurer will pay transportation and accommodation expenses for the Insured Person's cat and/or dog up to a maximum of one hundred pounds (£100) per Policy Year.

Housekeeping Expenses

In the event that an Insured Person sustains an impairment that results in the Insured Person being substantially disabled from performing the essential tasks of housekeeping, as a result of Accident related Injuries, the Insurer will pay the Reasonable and Customary Charges of housekeeping services for up to ten (10) hours per impairment. Housekeeping services cannot be provided by an Immediate Family Member or an individual currently residing with the Insured Person. Benefits will not be paid unless receipts issued by a licensed business are submitted.

Early Return in Event of Family Hospitalization

In the event that an Insured Person's Immediate Family Member suffers a serious and unforeseen Injury or Sickness and has been confined to a Hospital in excess of ten (10) consecutive days, the Insurer will pay a single round-trip economy airfare for the Insured Person to attend the Immediate Family Member.

Should these services be provided by a provider other than the Medical Assistance Provider, as defined in this policy, charges will not be eligible for reimbursement. This Benefit must be pre-approved by MSH INTERNATIONAL (CANADA) LTD. Expenses that have not been pre-approved will not be eligible for reimbursement under any circumstances. The Insurer reserves the right to obtain written certification from the attending Physician that such attendance was medically appropriate.

ASSISTANCE IN THE EVENT OF DEATH

Repatriation or Local Burial

When Injury or Sickness results in loss of life of an Insured Person outside his/her Home Country, the Insurer will pay for the preparation and the transportation of the mortal remains of the Insured Person from the place of death, or the preparation and local burial of the mortal remains.

The Insurer will also provide Benefits for the following:

- The cost of a coffin or urn up to a maximum of one thousand and five hundred pounds (£1500);
- Two (2) round-trip economy airfare tickets plus one hundred pounds (£100) per night (up to a maximum of two (2) nights) for an Immediate Family Member(s) to identify the Insured Person's body and arrange for repatriation of the Insured Person's remains.

If this Benefit is provided by another Insurer this policy becomes the second payor. Should these services be provided by a provider other than the Medical Assistance Provider, as defined in this policy, charges will not be eligible for reimbursement.

Early Return in Event of Family Death

In the event of the death of an Immediate Family Member of the Insured Person, the Insurer will pay a single round-trip economy airfare for the Insured Person to attend the funeral and/or to assist in any necessary formalities.

Should these services be provided by a provider other than the Medical Assistance Provider, as defined in this policy, charges will not be eligible for reimbursement. This Benefit must be pre-approved by MSH INTERNATIONAL (CANADA) LTD. Expenses that have not been pre-approved will not be eligible for reimbursement under any circumstances.

PERSONAL ACCIDENT BENEFITS

Bodily Injury suffered by the Insured Person during the Period of Insurance caused by Accident resulting solely and independently of other causes in death or disablement. The benefits shown below will be paid to the Insured Person or the Insured Person's legal personal representative.

Item 1	Death	£25,000
Item 2	Loss of limbs (one or more limbs) and/ or total loss of sight in one or both eyes	£25,000
Item 3	Permanent total disablement after 104 weeks except when compensation is paid under Item 2	£25,000

SPECIAL CONDITIONS

1. Death or disablement must occur within one year of the bodily injury.
2. Benefit shall not be payable under more than one item and any such payment shall end this section of the policy in respect of the insured concerned.

COURSE FEE BENEFITS

Proportionate refund of the Insured Person's unused course fees that the Insured Person has paid or agreed to pay prior to any occurrence giving rise to a claim and that the Insured Person cannot recover from any other source in the event of unavoidable cancellation or abandonment of the course where it is Medically Necessary as a result of any of the following occurring after the date of issue of this insurance or after the start of the journey or trip:

- (a) The accidental bodily Injury to or Sickness or quarantine or death:
 - (i) of the Insured Person
 - (ii) of any close relative residing in the Insured Person's home country
 - (iii) of any immediate relative residing elsewhere in the World
 - (iv) of the Insured Person's Common Law Spouse

IMPORTANT All claims resulting from accidental bodily Injury, Sickness, quarantine or death must be supported by medical report(s) and/or death certificate as applicable.

LIMIT OF AMOUNT PAYABLE

The total amount payable in respect of each insured is up to the amount stated in the Schedule of Benefits section and limited to the level of policy cover purchased as stated on the Insured Person's Insurance Schedule.

PERSONAL EFFECTS, DELAYED BAGGAGE, & TRAVEL DOCUMENTS BENEFIT

1. Loss of or damage during the Period of Insurance:
 - (i) to personal effects
 - (ii) to personal baggage whilst in transit in the Insured Person's custody and control
2. If the Insured Person's baggage is temporarily lost in transit on any leg of the outward journey from their country of residence and not restored to the Insured Person within twelve (12) hours the Insurers will pay the Insured Person £20 for each full twelve (12) hours this is not restored to them for the Emergency purchase of essential replacement items, and supported by receipts in any one Period of Insurance. The Insured Person must obtain written confirmation from the Carrier of the number of hours delay. If the baggage proves to be permanently lost the overall baggage sum insured shall apply.
3. If the Insured Person's travel documents are lost or stolen during the Period of Insurance the Insurers will pay for additional travel and accommodation expenses necessarily incurred to obtain replacement travel documents whilst on their trip.

LIMIT OF AMOUNT PAYABLE

The total amount payable in respect of each insured Person is up to the amount stated in the Schedule of Benefits section and limited to the level of policy cover purchased as stated on the Insured Person's Insurance Schedule and within which the maximum sums insured stated shall apply in respect of any single article, pair or set of articles and/or overall in respect of valuables.

SPECIAL CONDITIONS

1. The Insured Person must, at all times, take reasonable precautions to ensure the safety and supervision of their property. If it is lost or damaged while in the care of a transport company, authority or hotel they must report to them, in writing, details of the loss or damage and obtain written confirmation.
If baggage is lost or damaged by an airline the Insured Person must
 - a) obtain a Property Irregularity Report (PIR)

- b) give formal written notice of the claim to the airline within the time limit contained in their conditions of carriage (and retain a copy)
 - c) keep all travel tickets and tags for submission if a claim is to be made under this policy.
2. Reasonable precautions must, at all times, be taken to ensure the safety and supervision of the Insured Person's Personal Effects and Baggage and the Insured Person should take all practicable steps to recover any property that is lost or stolen.

NOTE This policy provides cover up to the market value of the item, allowing for age, the wear and tear and does not provide cover on a 'new for old' basis.

PERSONAL MONEY BENEFITS

Loss of personal money during the Period of Insurance.

LIMIT OF AMOUNT PAYABLE

The total amount payable in respect of each insured is up to the amount stated in the Schedule of Benefits section and within which the maximum sum stated payable for cash or banknotes and limited to the level of policy cover purchased as stated on the Insured Person's Insurance Schedule.

SPECIAL CONDITIONS

Reasonable precautions must, at all times, be taken to ensure the safety and supervision of the Insured Person's personal money and the Insured Person should take all practicable steps to recover personal money lost or stolen.

PERSONAL LIABILITY BENEFITS

All sums which the Insured Person become personally legally liable to pay in the event of:

1. death or bodily injury of any person
2. loss of or damage to property arising from an accident occurring during the Period of Insurance.

LIMIT OF AMOUNT PAYABLE

The total amount payable for all claims made against the Insured Person arising from any one occurrence is the amount stated in the Schedule of Benefits section and limited to the level of policy cover purchased as stated on the Insured Person's Insurance Schedule. The Insurers will also pay any extra costs and expenses awarded against the Insured Person or incurred by the Insured Person with the Insurers written consent.

SPECIAL CONDITIONS

It is warranted that no liability shall be admitted and no admission, arrangement, offer, promise or payment shall be made by the Insured Person without the Insurers written consent. The Insurers shall be entitled, if the Insurers so desire, to take over and conduct (in the Insured Person's name) their defence of any claim or to prosecute for their own benefit any claims for compensation, damages or otherwise against any third party. The Insurers shall have full discretion in the conduct of any negotiations, proceedings, or the settlement of any claims. You shall, wherever possible, give all such information and assistance as the Insurers require.

GENERAL PROVISIONS AND LIMITATIONS

Arbitration: Any differences with respect to medical opinion will be settled between two (2) medical experts appointed by the two (2) parties. This dispute resolution will be in writing. Any differences of opinion between the two (2) medical experts shall be referred to an umpire who shall have been appointed in writing at the outset by the two (2) medical experts.

Examination of Records: The Insurer shall be permitted to examine the policyholder's records relating to this policy at any reasonable time, and from time to time, until two years after expiration of this policy or until final adjustment and settlement of all claims hereunder, whichever is later.

Grace Period: A grace period of thirty one (31) days will be granted for the payment of premiums accruing after the first premium, during which grace period the policy shall continue in force, but the policyholder shall be liable to the Insurer for the payment of the premium accruing for the period the policy continues in force.

Misrepresentation and Fraud: All Benefits under the policy shall be voidable if the Insurer determines, whether before or after the loss, the Policyholder or Insured Person has concealed or misrepresented any material fact or circumstance concerning the policy or his / her interest therein, or in the case of fraud or false swearing by the Policyholder or Insured Person or if the Policyholder refuses to disclose information or permit the use of such information, pertaining to any of the Insured Persons under the policy. Where a Policyholder or Insured Person makes a material misrepresentation on the signed application form or enrolment form, this will be a breach of the duty of fair representation. In the event of a breach by the Policyholder the Insurer's liability will be suspended. Liability may be restored if the breach is remedied. In the event that the breach is not remedied or cannot be remedied, the Insurer's liability will remain suspended. Where the breach is remedied before a loss, the Insurer will pay the claim, if eligible and according to the terms of this policy. Where the loss occurs after a breach but before the remedy, the Insurer will not be liable for that loss and the Insured Person shall be solely responsible for all expenses relating to their claim, including Emergency Medical Evacuation costs.

Where an Insured Person wilfully makes a false statement in respect of a claim under this policy, the claim by the Insured Person will be invalid and the rights of the Insured Person to recover indemnity is forfeited and the Insured Person will be terminated from the plan at the time of the fraudulent act.

Non-disclosure and Misrepresentation by the Insurer: If the Insurer fails to disclose or misrepresents a fact material to the insurance, the policy is voidable by the Policyholder, but in the absence of fraud the policy is not by reason of the failure or misrepresentation voidable after the policy has been in effect for two (2) years.

Payment of Benefits: The claims administrator will, on behalf of the Insurers, make payment to the Insured Person or legal representative or directly to the provider of treatment or services. Payment will be made in the currency selected by the Insured Person, subject to availability.

Pre-Authorization: It is recommended that Insured Persons obtain pre-authorization from MSH INTERNATIONAL (CANADA) LTD. or the Medical Assistance Provider for pre-authorization of scheduled services. These requests should be submitted at least ten (10) days prior to the anticipated service date to avoid delays.

In the case of an Emergency it is required that the Insured Person contact MSH INTERNATIONAL (CANADA) LTD. or the Medical Assistance Provider within seventy-two (72) hours of the Emergency occurring.

Subrogation: If an Insured Person suffers a loss covered under this policy, the Insurers are granted the right from the Insured Person to take action to enforce all the rights, powers, privileges and remedies of the Insured Person, to the extent of Benefits paid under this policy, against any person or organisation which caused such loss. Additionally, if no fault Benefits or other collateral sources of payment of expenses are available to the Insured Person, regardless of fault, the Insurers are granted the right to make a demand for, and recover those Benefits. If the Insurers institute an action, the Insurers may do so at their own expense, in the Insured Person's name, and the Insured Person will attend at the place of loss to assist in the action. If the Insured Person institutes a demand or action for a covered loss he or she shall immediately notify the Insurer so that it may safeguard its' rights. The Insured Person shall take no action after a loss that will impair the rights of the Insurers.

STATUTORY CONDITIONS**1. 1. The Policy**

The application, this policy, any document attached to this policy when issued, and any amendment to the policy agreed upon in writing after the policy is issued, constitute the entire policy, and no agent has authority to change the policy or waive any of its provisions.

2. Waiver

The insurer shall be deemed not to have waived any condition of this policy, either in whole or in part, unless the waiver is clearly expressed in writing signed by the insurer.

3. Copy of Application

The insurer shall, upon request, furnish to the insured or to a claimant under the policy a copy of the application.

2. Material Facts

No statement made by the insured or person insured at the time of application for this policy shall be used in defence of a claim under or to avoid this policy unless it is contained in the application or any other written statements or answers furnished as evidence of insurability.

3. Changes in Occupation

1. If after the policy is issued the Insured Person engages for compensation in an occupation that is classified by the Insurer as more hazardous than that stated in this policy, the liability under this policy is limited to the amount that the premium paid would have purchased for the more hazardous occupation according to the limits, classification of risks and premium rates in use by the insurer at the time the person insured engaged in the more hazardous occupation.
2. If the person insured changes his occupation from that stated in this policy to an occupation classified by the insurer as less hazardous and the insurer is so advised in writing, the insurer shall either,
 - a) reduce the premium rate; or
 - b) issue a policy for the unexpired term of this policy at the lower rate of premium applicable to the less hazardous occupation, according to the limits, classification of risks, and premium rates used by the insurer at the date of receipt of advice of the change in occupation, and shall refund to the insured the amount by which the unearned premium on this policy exceeds the premium at the lower rate for the unexpired term.

4. Termination by Policyholder

Please refer to the Termination of Policy section of this policy.

5. Termination by Insurer

Please refer to the Termination of Policy section of this policy.

6. 1. Notice and Proof of Claim

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The policyholder or an Insured Person, or a beneficiary entitled to make a claim, or the agent of any of them, shall,

- a) give written notice of claim to the Insurer,
 - i) by delivery thereof, or by sending it by registered mail to the head office or chief agency of the Insurer in the Province, or
 - ii) by delivery thereof to an authorized agent of the Insurer in the Province,not later than the number of days allowed, as indicated within this policy, from the date a claim arises under the policy on account of an Accident, Sickness or Disability;
- b) within the number of days allowed, as indicated within this policy, from the date a claim arises under the policy on account of an Accident, Sickness or Disability, furnish to the insurer such proof as is reasonably possible in the circumstances of the happening of the accident or the commencement of the Sickness or Disability, and the loss occasioned thereby, the right of the claimant to receive payment, his age, and the age of the beneficiary if relevant; and
- c) if so required by the Insurer, furnish a satisfactory certificate as to the cause or nature of the Accident, Sickness or Disability for which claim may be made under the policy and as to the duration of such Disability.

2. Failure to Give Notice or Proof

Failure to give notice of claim or furnish proof of claim within the time prescribed by this policy does not invalidate the claim if the notice or proof is given or furnished as soon as reasonably possible, and in no event later than one year from the date of the Accident or the date a claim arises under the policy on account of Sickness or Disability if it is shown that it was not reasonably possible to give notice or furnish proof within the time so prescribed.

7. Insurer to Furnish Forms for Proof of Claim

The Insurer shall furnish forms for proof of claim within fifteen (15) days after receiving notice of claim, but where the claimant has not received the forms within that time the claimant may submit his proof of claim in the form of a written statement of the cause or nature of the Accident, Sickness or Disability giving rise to the claim and of the extent of the loss.

8. Rights of Examination

As a condition precedent to recovery of insurance moneys under this policy,

- a) the claimant shall afford to the insurer an opportunity to examine them when and so often as it reasonably requires while the claim hereunder is pending; and
- b) in the case of death of the person insured, the Insurer may require an autopsy subject to any law of the applicable jurisdiction relating to autopsies.

9. When Money Payable Other Than for Loss of Time

All money payable under this policy, other than benefits for loss of time, shall be paid by the insurer within sixty (60) days after it has received proof of claim.

LSW1540

SEVERAL LIABILITY CLAUSE

The liability of an insurer under this policy is several and not joint with other insurers party to this policy. An insurer is liable only for the proportion of liability it has underwritten. An insurer is not jointly liable for the proportion of liability underwritten by any other insurer. Nor is an insurer otherwise responsible for any liability of any other insurer that may underwrite this policy.

The proportion of liability under this policy underwritten by an insurer (or, in the case of a Lloyd's syndicate, the total of the proportions underwritten by all the members of the syndicate taken together) is shown in this policy.

In the case of a Lloyd's syndicate, each member of the syndicate (rather than the syndicate itself) is an insurer. Each member has underwritten a proportion of the total shown for the syndicate (that total itself being the total of the proportions underwritten by all the members of the syndicate taken together). The liability of each member of the syndicate is several and not joint with other members.

A member is liable only for that member's proportion. A member is not jointly liable for any other member's proportion. Nor is any member otherwise responsible for any liability of another insurer that may underwrite this policy.

The business address of each member is Lloyd's, One Lime Street, London EC3M 7HA. The identity of each member of a Lloyd's syndicate and their respective proportion may be obtained by writing to Market Services, Lloyd's, at the above address.

Although reference is made at various points in this clause to "this certificate" in the singular, where the circumstances so require this should be read as a reference to policies in the plural.

COMPLAINT PROTOCOL

The Insurers care about the service that the Insurers provide for their customers the Insurers make every effort to maintain the highest possible standards. Although the Insurers set themselves high standards, if the Insurers do not meet the Insured Person's expectations and they are dissatisfied in some way, the Insurers would like to know. If they follow the guidelines below, the Insured Person's complaint will be dealt with in the most efficient way possible.

Any enquiry or complaint should be addressed in the first instance to:

General Manager, Insurance Consultants International Ltd
Crow Hill Drive, Mansfield, Notts NG19 7AE ENGLAND Telephone:
+44 (0)1623 631331 Email: complaints@finsconint.com

If the Insured Person is not satisfied with the way a complaint has been dealt with, they may ask the Policyholder & Market Assistance department at Lloyd's to review the Insured Person's case without prejudice to the Insured Person's rights in law. The address is:

Policyholder & Market Assistance, Market Services, Lloyd's
One Lime Street, London EC3M 7HA ENGLAND Telephone: +44 (0)20 7327 5693 Fax : +44
(0)20 7327 5225 E-mail : Complaints@Lloyds.com

Complaints that cannot be resolved by the Complaints Department at Lloyd's may be referred to the Financial Ombudsman Service. Further details will be provided at the appropriate stage of the complaints process.

This complaint procedure is without prejudice to the Insured Person's right to take legal proceedings.

FINANCIAL SERVICES COMPENSATION SCHEME

"Lloyd's insurers are covered by the Financial Services Compensation Scheme. You may be entitled to compensation from the Scheme if a Lloyd's insurer is unable to meet its obligations to the Insured Person under this contract. If the Insured Person the Insurers entitled to compensation under the Scheme, the level and extent of the compensation would depend on the nature of this contract. Further information about the Scheme is available from the Financial Services Compensation Scheme (Beaufort House, 15 St Botolph Street, London, EC3A 7QU, England) and on the website (www.fscs.org.uk).

JURISDICTION CLATHE INSURERSE

United Kingdom law allows the parties to choose the law applicable to the contract. The contract will be subject to English law unless otherwise agreed.

This Insurance is administered by Insurance Consultants International Ltd who are authorized and regulated by the Financial Conduct Authority and whose FCA registered number is 307945 This can be checked on the financial services register held on the FCA's the website (www.fca.org.uk).

This insurance is underwritten by the Association of Underwriters known as Lloyd's.