

COVER NOTE

In accordance with your instructions, we have effected insurance with underwriters on the terms and conditions detailed below.

UNIQUE MARKET REFERENCE: B0755G200024

ATTACHING TO LINESLIP REFERENCE B0755G200004

POLICY HOLDER: Intercultural

Address: Rua Durval Melquiades de Souza
756/13
Florianopolis
Brazil

PERIOD: From: 1st December 2012
To: 30th November 2013
Both days inclusive at Local Standard Time at the address of the Insured

TYPE: Combined Travel Insurance

INSURED PERSONS: The Policy Holders eligible enrolled Insured Persons (members) who are studying, working or travelling overseas who participate on a voluntary basis.

INTEREST AND SUM INSURED:

Maximum Benefit of US Dollar 1,000,000 per Insured Person (member) for each Injury or Sickness

Option A

Plan Benefits	Coverage Amount
Policy Maximum	\$1,000,000
Deductible	\$0 per injury Illness
ER Deductible	\$250 for illness and not admitted Not applied to injuries
Accident / Sickness	100% up to policy maximum
Prescription Medications	100% up to policy maximum
Ambulance	100% up to policy maximum for illness when admitted 100% up to policy maximum for injuries
Dental Pain	Accident – 100% Acute onset of dental pain - \$200 limit
Medical Evacuation	\$100,000
Repatriation of Remains	\$100,000
Emergency Reunion	\$1,500
Sports Coverage	Non-contact, leisure, recreational or fitness sport
Terrorism	\$50,000
Accidental Death and Dismemberment	\$15,000 Under 18 - \$5,000
Trip Interruption	\$5,000
Worldwide Travel Assistance	Included
Maternity	Complications during the first 26 weeks only
Physical Therapy	\$50 maximum per visit
Lost Checked Luggage	\$750

Option B

Plan Benefits	Coverage Amount
Policy Maximum	\$60,000
Deductible	\$0 per injury Illness
ER Deductible	\$250 for illness and not admitted Not applied to injuries
Accident / Sickness	100% up to policy maximum
Prescription Medications	100% up to policy maximum
Ambulance	100% up to policy maximum for illness when admitted 100% up to policy maximum for injuries
Dental Pain	Accident – 100% Acute onset of dental pain - \$200 limit
Medical Evacuation	\$50,000
Repatriation of Remains	\$50,000
Sports Coverage	Non-contact, leisure, recreational or fitness sport
Terrorism	\$50,000
Accidental Death and Dismemberment	\$15,000 Under 18 - \$5,000
Trip Interruption	\$2,500
Worldwide Travel Assistance	Included
Lost Checked Luggage	\$500

TERRITORIAL LIMITS: Worldwide

CONDITIONS:

Service of Suit Clause (LSW 487).

Inter Hannover Travel Wording as attached

Several Liability clause LMA3333

Pre-existing medical and ongoing operations / treatments are excluded hereon as detailed within the attached wording.

The Plan Administrator and Emergency Assistance provided by American Assist Travel Services

Members who are engaged with activities prior to the start of the policy period will be offered continuous coverage subject to the Insured Person not knowing or notifying any losses or incidents that may give rise to a claim. Details of any Insured Persons who require continuous coverage are to be forwarded by the Policy Holder to Underwriters prior to inception. If details are not received by Underwriters prior to inception, then no continuous coverage will be offered hereon.

Premium Income Limit USD 125,000. The Policyholder is to notify Insurers when 85% of this limit is reached.

NOTICE IN THE EVENT OF LOSS:

For Emergency Assistance

AMERICAN ASSIST INTERNATIONAL

The Insured may contact the Call Centre of **AMERICAN ASSIST**, in strict accordance with the terms and conditions set forth within the Inter Hannover wording

To obtain assistance, please call the following numbers:

Argentina: 0.800.666.2984

Brazil: 0.800.891.4530

China (North) 10.800.7131166

China (South) 10.800.1301130

Colombia +571 5938795

Dominican Republic 1.888.7518475

France 0800.905030

Germany: 0.800.1859976

Italy 800.839070

Mexico 001.866.2611935

Spain (Madrid) 911.815905

Spain (other) 900.804116

UK/England: 0808.2341766

USA: 1-877-822-7386

Venezuela: 0.800.1009032

Assistance can also be requested by sending an email to **assistance@aatps.com** with details of the emergency and telephone numbers where the insured person can be reached.

If the insured person is in a country where we do not have a toll-free service, the Insured may place a collect-call through a U.S. Operator at 1-954-472-1895.

CHOICE OF LAW AND JURISDICTION:

This insurance shall be governed by and construed in accordance with the law of England and Wales and each party agrees to submit to the exclusive jurisdiction of the courts of England and Wales

**PREMIUM PAYMENT
TERMS:**

Monthly Premium Bordereaux showing Gross Premium to be provided within 15 days at the end of each month

Monthly Claims bordereaux to be provided within 15 days at the end of each month

Bannerman Rendell to settle to underwriters within 15 days thereafter.

**TAXES PAYABLE
BY INSURED AND
ADMINISTERED BY
INSURED:**

Nil

**RECORDING,
TRANSMITTING
AND STORING
INFORMATION:**

Where Bannerman Rendell Limited maintains risk and claim data/information/documents Bannerman Rendell Limited will hold data/information/documents electronically.

**INSURER
CONTRACT
DOCUMENTATION:**

This document details the contract terms entered into by the insurer(s), and constitutes the contract document.

INFORMATION

The Policy Holder provides study, work and travel programs whilst their members are overseas.

EUROPEAN SERVICE OF SUIT AND JURISDICTION CLAUSE

It is agreed that this Insurance shall be governed exclusively by the law and practice of England and Wales and any disputes arising under, out of or in connection with this Insurance shall be exclusively subject to the jurisdiction of any competent court in England and Wales.

The Underwriters hereon agree that all summonses, notices or processes requiring to be served upon them for the purpose of instituting any legal proceedings against them in connection with this Insurance shall be properly served if addressed to them and delivered to them care of

Direct to Inter Hannover

who in this instance, have authority to accept service on their behalf.

Underwriters by giving the above authority do not renounce their right to any special delays or periods of time to which they may be entitled for the service of any such summonses, notices or processes by reason of their residence or domicile in England and Wales.

04/93
LSW487

SECURITY DETAILS

(RE)INSURERS LIABILITY CLAUSE

(Re)insurer's liability several not joint

The liability of a (re)insurer under this contract is several and not joint with other (re)insurers party to this contract. A (re)insurer is liable only for the proportion of liability it has underwritten. A (re)insurer is not jointly liable for the proportion of liability underwritten by any other (re)insurer. Nor is a (re)insurer otherwise responsible for any liability of any other (re)insurer that may underwrite this contract.

The proportion of liability under this contract underwritten by a (re)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 next to its stamp. This is subject always to the provision concerning "signing" below.

In the case of a Lloyd's syndicate, each member of the syndicate (rather than the syndicate itself) is a (re)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 any other (re)insurer that may underwrite this contract. 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.

Proportion of liability

Unless there is "signing" (see below), the proportion of liability under this contract underwritten by each (re)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 next to its stamp and is referred to as its "written line".

Where this contract permits, written lines, or certain written lines, may be adjusted ("signed"). In that case a schedule is to be appended to this contract to show the definitive proportion of liability under this contract underwritten by each (re)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). A definitive proportion (or, in the case of a Lloyd's syndicate, the total of the proportions underwritten by all the members of a Lloyd's syndicate taken together) is referred to as a "signed line". The signed lines shown in the schedule will prevail over the written lines unless a proven error in calculation has occurred. Although reference is made at various points in this clause to "this contract" in the singular, where the circumstances so require this should be read as a reference to contracts in the plural.

21/6/07
LMA3333

ORDER HEREON: 100% of 100%

**BASIS OF
WRITTEN LINES:** Percentage of whole

INTER HANNOVER TRAVEL WORDING

SCHEDULE OF BENEFITS

Option A

Plan Benefits	Coverage Amount
Policy Maximum	\$1,000,000
Deductible	\$0 per injury Illness
ER Deductible	\$250 for illness and not admitted Not applied to injuries
Accident / Sickness	100% up to policy maximum
Prescription Medications	100% up to policy maximum
Ambulance	100% up to policy maximum for illness when admitted 100% up to policy maximum for injuries
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Trip Interruption	\$5,000
Worldwide Travel Assistance	Included
Maternity	Complications during the first 26 weeks only
Physical Therapy	\$50 maximum per visit
Lost Checked Luggage	\$750

Option B

Plan Benefits	Coverage Amount
Policy Maximum	\$60,000
Deductible	\$0 per injury Illness
ER Deductible	\$250 for illness and not admitted Not applied to injuries
Accident / Sickness	100% up to policy maximum
Prescription Medications	100% up to policy maximum
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Terrorism	\$50,000
Accidental Death and Dismemberment	\$15,000 Under 18 - \$5,000
Trip Interruption	\$2,500
Worldwide Travel Assistance	Included
Lost Checked Luggage	\$500

MAXIMUM BENEFIT

The aggregate amount payable by the Company for incurred Covered Medical Expenses for any one Injury or Sickness will never exceed an amount determined by subtracting from the sum of either Option A US1,000,000 or Option B USD 60,000 the following: (i) all amounts paid under this policy for any one Injury or Sickness; (ii) all amounts paid to or in respect of an Insured for any one Injury or Sickness under any other policy issued to the Policyholder by this Company, regardless of the policy period of such other policy.

The Maximum Benefit for all benefit coverage afforded under this policy is either US1, 000,000 or Option B USD 60,000 for any one Injury or Sickness. Covered Medical Expenses shall not include amounts paid by the Insured for coinsurance.

POLICY EXCESS AND CO-PAY AMOUNTS

There is US\$ 250 co-pay for emergency room for illness if you are not admitted for treatment. This does not apply to any accidental or injury treatment.

WHO ARE WE

International Insurance Company of Hannover Limited

10 Fenchurch Street London EC3M 4AD

Registered in the UK No 202640

Registered Office: 10 Fenchurch Street London EC3M 4AD

Authorised and regulated by the Financial Services Authority

JURISDICTION AND CHOICE OF LAW

This insurance shall be governed by and construed in accordance with the law of the England and Wales and shall be subject to the jurisdiction of the courts of the England and Wales

COOLING OFF PERIOD/MONEY BACK GUARANTEE

If you decide that you do not want this policy, you may cancel it within 14 days after the issue of your Certificate of Insurance and of the policy wording to you, and you will be given a full refund of the premium you paid, provided you have not started your journey and you do not want to make a claim or to exercise any other right under the policy.

After this period you can still cancel your policy but we will not refund any part of your premium if you do.

YOUR DUTY OF DISCLOSURE

Before you enter into this policy with us, the Insurance Contracts Act 1984 (Cth) requires you to provide us with the information we need to enable us to decide whether and on what terms your proposal for insurance is acceptable and to calculate how much premium is required for your policy.

You will be asked various questions when you first apply for your policy. When you answer these questions, you must:

- give us honest and complete answers;
- tell us everything you know; and
- tell us everything that a reasonable person in the circumstances could be expected to tell us.

If you vary, extend, reinstate or replace the policy your duty is to tell us before that time, every matter known to you which:

- you know; or
- a reasonable person in the circumstances could be expected to know, is relevant to our decision whether to insure you and whether any special conditions need to apply to your policy.

You do not need to tell us about any matter that:

- diminishes our risk;
- is of common knowledge;
- we know or should know as an Insurer; or
- we tell you we do not need to know.

WHO DOES THE DUTY APPLY TO?

Everyone who is insured under the policy must comply with the relevant duty.

WHAT HAPPENS IF YOU OR THEY BREACH THE DUTY?

If you or they do not comply with the duty of disclosure, we may cancel the policy or reduce the amount we pay if you make a claim. If fraud is involved, we may treat the policy as if it never existed and pay nothing.

GENERAL INSURANCE CODE OF PRACTICE

We proudly support the General Insurance Code of Practice.

The Code sets out the minimum standards of practice in the general insurance industry.

DISPUTE RESOLUTION PROCESS

OUR SERVICE TO YOU

Our goal is to give excellent service to all Our customers but We recognise that things do go wrong occasionally. We take all complaints We receive seriously and aim to resolve all of Our customers' problems promptly. To ensure that We provide the kind of service You expect We welcome Your feedback. We will record and analyse Your comments to make sure We continually improve the service We offer.

WHAT WILL HAPPEN IF YOU COMPLAIN

(1) We will acknowledge your complaint within 2 working days of receipt.

(2) We aim to resolve complaints, following assessment and investigation, within 5 working days of receipt.

Most of Our customers' concerns can be resolved quickly but occasionally more detailed enquiries are needed. If this is likely, We will contact You with an update and give You an expected date of response.

WHAT TO DO IF YOU ARE DISSATISFIED

Seek resolution by Your insurance adviser or with Us.

If You are disappointed with any aspect of the handling of Your insurance We would encourage You, in the first instance, to contact the manager concerned. You can write or telephone, whichever suits You, and ask Your contact to review the problem.

If You remain unhappy with the decision You receive from Us, You may write to the Complaints Officer.

If You are dissatisfied with Our final decision from the Complaints Officer, You maybe entitled to refer the matter to the Financial Ombudsman Service (FOS).

Full contact details of both Our Chief Executive and the FOS will be provided at the same time as We acknowledge Your complaint.

Note that the FOS will only consider Your complaint if You have given Us the opportunity to resolve it and You are a private policyholder, a business with a group turnover of less than £1 million, a charity with an annual income of less than £1 million or a Trustee of a trust with a net asset value of less than £1 million. If, however, We do not resolve Your complaint within 40 working days, the FOS will accept a direct referral.

Whilst We are bound by the decision of the FOS, You are not. Following the complaint procedure does not affect Your right to take legal action.

IN THE EVENT OF A CLAIM:

IMMEDIATE NOTICE should be given

For Emergency Assistance

AMERICAN ASSIST INTERNATIONAL

The Insured may contact the Call Centre of **AMERICAN ASSIST**, if they are situated anywhere in the world and in strict accordance with the terms and conditions set forth within the Inter Hannover wording

To obtain assistance, please call the following numbers:

Argentina: 0.800.666.2984

Brazil: 0.800.891.4530

China (North) 10.800.7131166

China (South) 10.800.1301130

Colombia +571 5938795

Dominican Republic 1.888.7518475

France 0800.905030

Germany: 0.800.1859976

Italy 800.839070

Mexico 001.866.2611935

Spain (Madrid) 911.815905

Spain (other) 900.804116

UK/England: 0808.2341766

USA: 1-877-822-7386

Venezuela: 0.800.1009032

Assistance can also be requested by sending an email to **assistance@aatps.com** with details of the emergency and telephone numbers where the insured can be reached.

If the insured is in a country where we do not have a toll-free service, the Insured may place a collect-call through a U.S. Operator at 1-954-472-1895.

CLAIMS PROCESSING

We will process your claim within 10 business days of receiving a completed claim form and all necessary documentation. If we need additional information, a written notification will be sent to you within 10 business days.

PRIVACY NOTICE

Any personal information you provide is used by us to evaluate and arrange your travel insurance. We also use it to administer and provide the insurance services and manage your and our rights and obligations in relation to the insurance services, including managing, processing and investigating claims.

We may also collect, use and disclose it for product development, marketing, research, IT systems maintenance and development, and for any other purposes with your consent.

This personal information may be disclosed to (and received from) third parties involved in the above process, such as travel consultants, travel insurance providers and intermediaries, authorised representatives, reinsurers, claims handlers and investigators, cost containment providers, medical and health service providers, legal and other professional advisers, your agents and our related companies. The use and disclosure of such personal information will be provided to third parties for the primary purposes stated above. The personal information (but not sensitive information) may also be used for a secondary purpose, but only if you would reasonably expect us to use that information for such secondary purpose.

When you give personal information about other individuals, we and our agents rely on you to have made or make them aware:

- that you will or may provide their information to us;
- the types of third parties to whom the information may be provided;
- that the relevant purposes we and the third parties will disclose it to, will use it for; and
- that how they can access it.

We rely on you to have obtained their consent on these matters.

If you have not done or will not do either of these things, you must tell us or our agents before you provide the relevant information.

You can seek access to and correct your personal information by contacting us. You may not access or correct personal information of others unless you have been authorised by their express consent or otherwise under law, or unless they are your dependants under 16 years.

If you do not agree to the above or will not provide us with personal information, we may not be able to provide you with our services or products or may not be able to process your application nor issue you with a policy. In cases where we do not agree to give you access to some personal information, we will give you reasons why.

OVERSEAS HOSPITALISATION OR MEDICAL EVACUATION

For emergency assistance anywhere in the world at any time, AATS is only a telephone call away. The team will help with medical problems, locating nearest medical facilities, your evacuation home, locating nearest embassies and consulates, as well as keeping you in touch with your family and work in an emergency.

If you are hospitalised you, or a member of your travelling party, MUST contact AATS as soon as possible. If you do not, we will not pay for these expenses or for any evacuation or airfares that have not been approved or arranged by us.

PRE-CERTIFICATION IS REQUIRED

The following expenses must always be Pre-certified:

1. Inpatient care; and
2. any Surgery or Surgical Procedure; and
3. care in an Extended Care Facility; and
4. Home Nursing Care; and
5. Durable Medical Equipment; and
6. artificial limbs; and
7. Computerized Tomography (CAT Scan); and
8. Magnetic Resonance Imaging (MRI).

To comply with the Pre-certification requirements, the Member must:

1. Contact AATS at the telephone number contained in the Member's Certificate as soon as possible before the expense is to be incurred; and
2. Comply with the instructions of AATS and submit any information or documents they require; and
3. Notify all Physicians, Hospitals and other providers that this insurance contains Pre-certification requirements and ask them to fully cooperate with AATS.

If the Member complies with the Pre-certification requirements, and the expenses are Pre-certified, the Company will pay Eligible Medical Expenses subject to all terms, conditions, provisions and exclusions herein. If the Member does not comply with the Pre-certification requirements or if the expenses are not Pre-certified:

1. Eligible Medical Expenses will be reduced by 50%; and
2. The Deductible will be subtracted from the remaining amount.

Emergency Pre-certification: In the event of an Emergency Hospital admission, Pre-certification must be made within 48 hours after the admission, or as soon as is reasonably possible. In emergency situations when pre-notification is not reasonably possible, benefits will not be reduced by 50%.

Pre-certification Does Not Guarantee Benefits – The fact that expenses are Pre-certified does not guarantee either payment of benefits or the amount of benefits. Eligibility for and payment of benefits are subject to all the terms, conditions, provisions and exclusions herein.

Concurrent Review – For Inpatient stays of any kind, AATS will Pre-certify a limited number of days of

confinement. Additional days of Inpatient confinement may later be Pre-certified if a Member receives prior approval.

EXCESS

The excess which applies to your policy is the amount shown in the Certificate of Insurance and/or as outlined in "Policy Excess" or such other amount that we tell you about in writing before the Certificate of Insurance is issued to you.

ELIGIBILITY EFFECTIVE DATE AND TERMINATION PROVISIONS

Eligibility:

Members who will be under the age of 69 when they apply and at the time of issue and who meet the minimum age requirement of the desired program, who are temporarily residing outside their Home Country, and who are engaged in activities of the Policy Holder.

Effective Date:

For each Insured Person benefits will begin on the latest of the following:

1. The Date the Company receives a completed application and premium for the Policy Period; or
2. The Effective Date requested on the application; or
3. The moment the Insured Person departs their Home Country airspace.

Termination Date:

For each Insured Person benefits will terminate on the earlier of the following:

1. The moment the Insured Person returns to their Home Country, except as provided under the Home Country Coverage benefit; or
2. The expiration of twelve (12) months from the Effective Date of Coverage; or
3. The date shown on the Certificate issued by the Company; or
4. The end of the period for which premium has been paid; or
5. The Date the Insured Person fails to be considered an Eligible Person; or
6. The maximum benefit amount has been paid.

ELIGIBLE EXPENSES

1. Charges made by a Hospital for:
 - a. Daily room and board and nursing services not to exceed the average semi-private room rate; and
 - b. Daily room and board and nursing services in Intensive Care Unit; and
 - c. Use of operating, treatment or recovery room; and
 - d. Services and supplies which are routinely provided by the Hospital to persons for use while Inpatients; and
 - e. Emergency treatment of an Injury, even if Hospital confinement is not required; and
 - f. Emergency treatment of an Illness, however, charges for use of the emergency room itself will be subject to \$250 Deductible unless the Member is directly admitted to the Hospital as Inpatient for further treatment of that Illness.
2. For Surgery at an Outpatient surgical facility, including services and supplies.
3. For charges made by a Physician for professional services, including Surgery. Charges for an assistant surgeon are covered up to 20% of the Usual, Reasonable and Customary charge of the primary surgeon, but standby availability will not be deemed to be a professional service and therefore is not covered hereunder.
4. For dressings, sutures, casts or other supplies which are Medically Necessary and administered by or under the supervision of a Physician, but excluding nebulizers, oxygen tanks, diabetic supplies, other supplies for use or application at home, and all devices or supplies for repeat use at home, except Durable Medical Equipment as herein defined.
5. For diagnostic testing using radiology, ultrasonographic or laboratory services (psychometric, intelligence, behavioral and educational testing are not included).
6. For artificial limbs, eyes or larynx, breast prosthesis or basic functional artificial limbs, but not the replacement or repair thereof.
7. For reconstructive Surgery when the Surgery is directly related to Surgery which is covered hereunder.
8. For radiation therapy or treatment and chemotherapy.
9. For hemodialysis and the charges by the Hospital for processing and administration of blood or blood components but not the cost of the actual blood or blood components.
10. For oxygen and other gasses and their administration by or under the supervision of a Physician.
11. For anesthetics and their administration by a Physician.
12. For drugs which require prescription by a Physician for treatment of a covered Injury or Illness, but not for the replacement of lost, stolen, damaged, expired or otherwise compromised drugs, and for a maximum supply of 60 days per prescription. For care in a licensed Extended Care Facility upon direct transfer from an acute care Hospital.
13. Home Nursing Care in bed by a qualified licensed professional, provided by a Home Health Care Agency upon direct transfer from an acute care Hospital and only in lieu of Medically Necessary Inpatient hospitalization.
14. Emergency Local Ambulance transport necessarily incurred in connection with Injury or Illness. Must result in inpatient hospitalization if illness.
15. Emergency Dental Treatment and Dental Surgery necessary to restore or replace sound natural teeth lost or damaged in an Accident which was covered under this insurance.
16. Emergency Dental Treatment necessary to resolve Acute Onset of Pain.
17. Medically Necessary rental of Durable Medical Equipment (consisting of a standard basic hospital bed and or a standard basic wheelchair) up to the purchase prices.
18. Physical Therapy and Outpatient Chiropractic if prescribed by a Physician who is not affiliated with the Physical Therapy practice, necessarily incurred to continue recovery from a covered Injury or Illness.

ELIGIBLE EXPENSES – EMERGENCY MEDICAL EVACUATION

Subject to the Deductible, Coinsurance and Limits set forth in SCHEDULE OF BENEFITS AND LIMITS, and subject to the Conditions and Restrictions contained in this provision, The Company will pay the following expenses arising out of Emergency Medical Evacuation:

1. Emergency air transportation to a suitable airport nearest to the Hospital where the Member will receive treatment; and
2. Emergency ground transportation necessarily preceding Emergency air transportation; and from the destination airport to the Hospital where the Member will receive treatment. Conditions and Restrictions:
3. The Member must be in compliance with all conditions and provisions of the insurance; and
 - a. The Company will provide Emergency Medical Evacuation benefits only
 - b. when the Illness or Injury giving rise to the Emergency Medical Evacuation is covered under this Insurance; and
 - c. The Company will provide Emergency Medical Evacuation Benefits only when all of the following conditions are met:
 - i. Medically Necessary treatment, services and supplies cannot be provided locally; and
 - ii. Transportation by any other method would result in loss of Member's life or limb; and

- iii. Recommended by the attending Physician who certifies to the above; and
 - iv. Agreed upon by the Member or a Relative of the Member; an
 - v. Approved in advance and coordinated by The Company; and
 - vi. The condition giving rise to the Emergency Medical Evacuation occurred spontaneously and without advance warning, either in the form of Physician recommendation or symptoms which would have caused a prudent person to seek medical attention prior to the onset of the Emergency.
- d. The Company will provide Emergency Medical Evacuation only to the nearest Hospital that is qualified to provide the Medically Necessary treatment, services and supplies to prevent the Member's loss of life or limb.
 - e. The Company will use their best efforts to arrange any Emergency Medical Evacuation within the least amount of time possible. The Member understands that the timeliness of Emergency Medical Evacuation can be affected by circumstances which are not within the control of The Company such as: availability of transportation equipment and staff, delays or restrictions on flights caused by mechanical problems, government officials, telecommunications problems, weather and other acts of God. The Member agrees to hold The Company harmless and The Company shall not be held liable for any delays that are not within their direct and immediate control.
 - f. If in the opinion of our Emergency Assistance provider and your treating Physician you are medical fit to be repatriated back to your Home Country and you refuse to accept such repatriation, all cover under this policy will cease immediate and no further liability shall attach to us under this policy

ELIGIBLE EXPENSES – REPATRIATION OF REMAINS

Subject to the Deductible, Coinsurance and Limits set forth in SCHEDULE OF BENEFITS AND LIMITS, and subject to the Conditions and Restrictions contained in this provision, The Company will pay the following Repatriation of Remains expenses arising from the death of a Member:

- 1. Air or ground transportation of bodily remains or ashes to the airport or ground transportation terminal nearest to the Principal Residence of the deceased Member; and
- 2. Reasonable costs of preparation of the remains necessary for transportation. Conditions and Restrictions:
 - a. The Member must be in compliance with all conditions and provisions of this insurance; and
 - b. Repatriation of Remains must be approved in advance and coordinated by The Company; and
 - c. The Company will provide Repatriation of Remains benefits only when the death of the Member occurs as a result of an Injury or Illness that is covered under this insurance; and
 - d. The Company will provide Repatriation of Remains benefits only when the Death of the Member occurs while this insurance is in effect; and
 - e. The Company will use their best efforts to arrange any Repatriation of Remains within the least amount of time possible. The Member understands that the timeliness of Repatriation can be affected by circumstances which are not within the control of The Company such as: availability of transportation equipment and staff, delays or restrictions on flights caused by mechanical problems, government officials, telecommunications problems, weather and other acts of God. The Member, and his/her heirs, agrees to hold The Company harmless and The Company shall not be held liable for any delays which are not within their direct and immediate control. Further, the Company are held harmless and shall not be held liable for loss of or any damage or other impairment to bodily remains incurred during the Repatriation process or otherwise.

ELIGIBLE EXPENSES - EMERGENCY REUNION (RETURN HOME)

Subject to the Deductible, Coinsurance and Limits set forth in SCHEDULE OF BENEFITS AND LIMITS, and subject to the Conditions and Restrictions contained in this provision, The Company will pay the following Emergency Reunion expenses, following a covered Emergency Medical Evacuation under this insurance:

- 1. The cost of an economy round-trip air or ground transportation ticket for one Relative of the Member for transportation to the terminal serving the area where the Member is hospitalized or is to be hospitalized following Emergency Medical Evacuation; and
- 2. Reasonable expenses for lodging and meals for the Relative, which are incurred in the area where the Member is hospitalized for a period not to exceed 15 days. Conditions and Restrictions:
 - a. The Member must be in compliance with all conditions and provisions of this insurance; and Emergency Reunion must be approved in advance and coordinated by The Company; and
 - b. The Company will provide Emergency Reunion Benefits only following an Emergency Medical Evacuation of a Member that is covered hereunder.

ELIGIBLE EXPENSES – TRIP INTERRUPTION

Subject to the Deductible, Coinsurance and Limits set forth in SCHEDULE OF BENEFITS AND LIMITS, and subject to the Conditions and Restrictions contained in this provision, The Company will pay the following Trip Interruption benefits:

1. The cost of an economy one-way air or ground transportation ticket for the Member to the terminal serving the area of the Member's Principal Residence, subject to the following Conditions and Restrictions:

Conditions and Restrictions:

- a. The Member must be in compliance with all conditions and provisions of this insurance; and
 - b. Trip Interruption benefits must be approved in advance and coordinated by The Company; and
 - c. The Company will provide Trip Interruption benefits only following receipt of proof of one or more of the following events: Destruction, after departure from Home Country, resulting from fire or weather of more than 40% of the Member's Principal Residence, or death of a parent, spouse, sibling or child.
2. The cost of an economy one-way air and/or ground transportation ticket for the Member from the area where the Member was hospitalized following an Emergency Medical Evacuation to the area where the Member was initially evacuated from or to the terminal serving the area of the Member's Principal Residence, subject to the following Conditions and Restrictions:

Conditions and Restrictions:

- a. The Member must be in compliance with all conditions and provisions of this insurance; and
- b. Trip Interruption benefits must be approved in advance and coordinated by The Company; and
- c. The Company will provide Trip Interruption benefits only following a covered Emergency Medical Evacuation when the attending Physician states that it is Medically Necessary for the Member to return to his or her Home Country or to the area from which he or she was initially evacuated for continued treatment, recuperation and recovery.

ELIGIBLE EXPENSES – LOST CHECKED LUGGAGE

Subject to the Limit set forth in – SCHEDULE OF BENEFITS AND LIMITS, and subject to the Conditions and Restrictions contained in this provision, The Company will pay the following Lost Checked Luggage expenses:

1. Replacement of clothes and personal hygiene items, not to exceed \$150 any one item.

Conditions and Restrictions:

- a. The Member must be in compliance with all conditions and provisions of this insurance; and
- b. The Lost Checked Luggage must have been checked, in accordance with routine luggage checking procedures, for transportation with the Member, on board a regularly scheduled commercial airline or cruise line, upon which the Member was a fare-paying passenger; and
- c. The Member must file a formal claim for lost luggage with the transportation provider, and follow all instructions and take all measures as directed by the transportation provider to locate and retrieve the Lost Checked Luggage; and
- d. The Member must provide The Company with copies of all documentation of the claim filed with the transportation provider, and a written statement from the transportation provider confirming that the luggage was checked and after careful search, the luggage remains missing; and
- e. The Lost Checked Luggage must be lost as of the date of payment by The Company and as of that date, must have been lost for at least 10 days.

ACCIDENTAL DEATH AND DISMEMBERMENT

Subject to the Limit set forth in SCHEDULE OF BENEFITS AND LIMITS, and subject to the Conditions and Restrictions contained in this provision, The Company will pay the following Accidental Death and Dismemberment benefit:

1. Accidental Death – The Company will pay the Principal Sum the Schedule of Benefits and Limits to the Beneficiary.
2. Accidental Dismemberment –
 - a. Loss of 2 or more Limbs or eyes – The Company will pay the Principal Sum as indicated in the Schedule of Benefits and Limits to the Member.
 - b. Loss of 1 Limb or eye – The Company will pay one-half of the Principal Sum as indicated in the Schedule of Benefits and Limits to the Member.

Conditions and Restrictions:

1. The Member must be in compliance with all conditions and provisions of this insurance; and
2. The Accident giving rise to the Accidental Death or Dismemberment must be covered under this insurance; and
3. The Accident giving rise to the Accidental Death must not be a Common Carrier Accident.

WAR, TERRORISM, BIOLOGICAL, CHEMICAL, NUCLEAR EXCLUSION

Notwithstanding any provision to the contrary within this insurance or any endorsement or rider attached hereto, 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, damage, cost or expense:

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; and
2. the use of any biological, chemical, radioactive or nuclear agent, material, device or weapon; however, this exclusion shall not apply where the Member is exposed to nuclear radioactive and/or radioactive material for the purpose of medical treatment; and
3. any Act of Terrorism, except as follows:

The Company will pay Eligible Medical Expenses for treatment of Injuries and Illnesses resulting from an Act of Terrorism, up to the limit set forth in SCHEDULE OF BENEFITS AND LIMITS, provided all of the following conditions are met:

1. The Injury or Illness does not result from the use of any biological, chemical, radioactive or nuclear agent, material, device or weapon; and
2. The Member has no direct or indirect involvement in the Act of Terrorism; and
3. The Act of Terrorism is not in a country or location where the United States government has issued a travel warning that has been in effect within the 6 months immediately prior to the Member's date of arrival; and
4. The Member has not unreasonably failed or refused to depart a country or location following the date a warning to leave that country or location is issued by the United States government.

For the purpose of this insurance, 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 insurance also excludes coverage for 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 (1), (2) or (3) above.

If The Company alleges 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 Member.

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

DEFINITIONS

Certain words within your policy have special meanings which are defined as follows:

Accident: A sudden, unintentional and unexpected occurrence caused by external, visible means and resulting in physical Injury to the Member.

Accidental Death: A sudden, unintentional and unexpected occurrence caused by external, visible means resulting in physical Injury to the Member and subsequently death of the Member. Death must occur within 30 days of the sudden, unintentional and unexpected occurrence.

Accidental Dismemberment: A sudden, unintentional and unexpected occurrence caused by external, visible means and resulting in complete severance from the body of one or more Limbs or eyes. For purposes of the Accidental Death and Dismemberment benefit provided by this insurance, the term "Limb" shall mean: the arm when the severance is at or above (toward the elbow) the wrist, or the leg when the severance is at or above (toward the knee) the ankle. Loss of eye(s) shall mean: complete, permanent, irrevocable loss of sight.

Acute Onset of Pain (Emergency Dental): A sudden and unexpected occurrence of pain which occurs spontaneously and without advance warning, either in the form of Physician or Dentist recommendation or symptoms, including pain, which would have caused a prudent person to seek medical or dental attention prior to the onset of pain.

AIDS: Acquired Immune Deficiency Syndrome as that term is defined by the United States Centers for Disease Control.

ARC: AIDS Related Complex as that term is defined by the United States Centers for Disease Control.

Amateur Athletics: A sport or other athletic activity that is organized and/or sanctioned, involving regular or scheduled practices and/or regular or scheduled games. This definition does not include athletic activities that are non-contact and engaged in by a Member solely for recreational, entertainment or fitness purposes and not for wage, reward or profit.

Application: The fully answered and signed Application which is attached to the Master Policy and the fully answered and signed Application submitted to The Company by the Member.

Assured (also known as Policy Holder): Intercultural Brazil.

Beneficiary: The individual named in the Member's Application to be the recipient of any Accidental Death or Common Carrier Accidental Death benefit. For Members who do not designate Beneficiary on the Application or on other written form, the Beneficiary is automatically as follows:

Members age 18 or older: 1. Spouse (if any), 2. Children (if any) equally, 3. Estate of the Member.

Members under age 18: 1. Custodial Parent(s) (if any), 2. Siblings (if any) equally, 3. Estate of the Member.

Certificate: The document issued to the Member or Participating Organization which provides evidence of benefits payable under the Master Policy.

Certificate Period: The period of time beginning on the date and time of this Certificate Effective Date and ending on date and time of this Certificate Termination Date. The maximum Certificate Period is 365 days.

Coinsurance: The payment by the Member of Eligible Expenses at the percentage specified in the Schedule of Benefits and Limits.

Common Carrier: An airplane, bus, train or watercraft operating for commercial purposes and carrying fare-paying passengers on regularly scheduled and published routes.

(The) Company: International Insurance Company of Hannover Limited

Complications of Pregnancy: Illnesses whose diagnoses are distinct from Pregnancy, but are adversely affected by Pregnancy or caused by Pregnancy and not associated with a normal Pregnancy. This includes: ectopic Pregnancy, spontaneous abortion, hyperemesis gravidarum, pre-eclampsia, eclampsia, missed abortion and conditions of comparable severity. Complications of Pregnancy does not include: false labor, edema, prolonged labor, prescribed rest during the period of Pregnancy, morning sickness and conditions of comparable severity associated with management of a difficult Pregnancy, and not constituting a medically distinct condition.

Contact Sports: A sport or other athletic activity that necessarily involves physical contact with opposing players as part of normal play.

Custodial Care: That type of care or service, wherever furnished and by whatever name called, that is designed primarily to assist a Member in performing the activities of daily living. Custodial Care also includes non-acute care for the comatose, semi-comatose, paralyzed or mentally incompetent patients.

Declaration: The Declaration is attached to and forms a part of the Master Policy. A Declaration is also attached to the group Certificate.

Deductible: The dollar amount of Eligible Expenses, specified in the Schedule of Benefits and Limits that the Member must pay per injury or illness

Dental Treatment: The care of teeth, gums or bones supporting the teeth, including dentures and preparation for dentures.

Desired Program This policy has specifically been designed to be purchased by a certain travel insurance sector. This insurance contract can only be purchased by youth travellers with the specific reason of travel being for schools, study abroad, language study, exchange, cultural exchange, work experience abroad (both summer and winter), internships and Au pairs. This policy may also be available to Staff and Dependents if defined herein. If your intention to travel does not fall within any of these categories then you will not be covered under this policy

Displaced: Required to depart a destination due to an evacuation ordered by prevailing authorities.

Durable Medical Equipment: A standard basic hospital bed, a standard basic wheelchair or removable cast.

Educational or Rehabilitative Care: Care for restoration (by education or training) of one's ability to function in a normal or near normal manner following an Illness or Injury. This type of care includes, but is not limited to, vocational or occupational therapy and speech therapy.

Emergency: A medical condition manifesting itself by acute signs or symptoms which could reasonably result in placing the Member's life or limb in danger if medical attention is not provided within 24 hours.

Emergency Room Deductible: The dollar amount of Eligible Expenses, specified in the Schedule of Benefits and Limits, that the Member must pay for an emergency room per Certificate Period.

Extended Care Facility: An institution, or a distinct part of an institution, which is licensed as a Hospital, Extended Care Facility or rehabilitation facility by the state in which it operates; and is regularly engaged in providing 24-hour skilled nursing care under the regular supervision of a Physician and the direct supervision of a Registered Nurse; and maintains a daily record on each patient; and provides each patient with a planned program of observation prescribed by a Physician; and provides each patient with active treatment of an Illness or Injury. Extended Care Facility does not include a facility primarily for rest, the aged, Substance Abuse treatment, Custodial Care, nursing care or for care of Mental Health Disorders or the mentally incompetent.

HIV+: Laboratory evidence defined by the United States Centers for Disease Control as being positive for Human Immunodeficiency Virus infection.

Home Country: For US Citizens, Home Country is the United States of America, regardless of the location of the Member's Principal Residence. For non-US Citizens, Home Country is the country where the Member principally resides and receives regular mail.

Home Health Care Agency: A public or private agency or one of its subdivisions, which operates pursuant to law and is regularly engaged in providing Home Nursing Care under the supervision of a Registered Nurse, and maintains a daily record on each patient, and provides each patient with a planned program of observation and treatment by a Physician.

Home Nursing Care: Services provided by a Home Health Care Agency and supervised by a Registered Nurse, which are directed toward the personal care of a patient, provided always that such care is provided in lieu of Medically Necessary Inpatient care in a Hospital.

Hospital: An institution which operates as a hospital pursuant to law, and is licensed by the State or Country in which it operates; and operates primarily for the reception, care and treatment of sick or injured persons as Inpatients; and provides 24-hour nursing service by Registered Nurses on duty or call; and has a staff of one or more Physicians available at all times; and provides organized facilities and equipment for diagnosis and treatment of acute medical conditions on its premises; and is not primarily a long-term care facility, Extended Care Facility, nursing, rest, Custodial Care or convalescent home, a place for the aged, drug addicts, alcoholics or runaways; or similar establishment.

Illness: A sickness, disorder, illness, pathology, abnormality, ailment, disease or any other medical, physical or health condition. Illness does not include learning disabilities, attitudinal disorders or disciplinary problems.

Incurred: A charge is incurred on the date the service is provided or supply is purchased.

Injury: Bodily Injury resulting from an Accident.

Inpatient: A person who is an overnight resident patient of a Hospital, using and being charged for room and board.

Intensive Care Unit: A Cardiac Care Unit or other unit or area of a Hospital that meets the required standards of the Joint Commission on Accreditation of Hospitals for Special Care Units.

Investigational, Experimental or for Research Purposes: Terms used to describe procedures, services or supplies that are by nature or composition, or are used or applied, in a way which deviates from generally accepted standards of current medical practice.

Medically Necessary: A service or supply which is necessary and appropriate for the diagnosis or treatment of an Illness or Injury based on generally accepted current medical practice as determined by The Company. A service or supply will not be considered Medically Necessary if it is provided only as a convenience to the Member or provider, and/or is not appropriate for the Member's diagnosis or symptoms, and/or exceeds in scope, duration or intensity that level of care which is needed to provide safe, adequate and appropriate diagnosis or treatment of an Illness or Injury.

Member (also known as Insured Person): An individual who is covered under this insurance and who matches the definition of the desired program.

Mental Health Disorder: A mental or emotional disease or disorder which generally denotes a disease of the brain with predominant behavioral symptoms; or a disease of the mind or personality, evidenced by abnormal behavior; or a disorder of conduct evidenced by socially deviant behavior. Mental Health Disorders include: psychosis, depression, schizophrenia, bipolar affective disorder, and those psychiatric illnesses listed in the current edition of the diagnostic and Statistical Manual for Mental Disorders of the American Psychiatric Association.

Natural Disaster: Any event or force of nature caused by environmental factors that has catastrophic consequences. Covered Natural Disasters are: avalanche, earthquake, flood, hurricane, impact event, landslides, mudslides, tornado, tsunami, tropical cyclone, typhoon, volcanic eruption, and wildfire.

Outpatient: A Member who receives Medically Necessary treatment by a Physician for Injury or Illness that does not require overnight stay in a Hospital.

Participating Organization (also known as Policy Holder): The organization specified on the Declaration of this Certificate that submits an Application to participate as a Participating Organization on a form provided by The Company, is accepted as a Participating Organization, receives a Certificate issued by The Company, and

provides each and every Participant who is covered with a Summary of Benefits, as provided by The Company.

Physician: A doctor of Medicine (MD), doctor of Dental Surgery (DDS), doctor of Dental Medicine (DDM) or a licensed Physical Therapist or Physiotherapist. Physician does not include a doctor of Chiropractic (DC), doctor of Osteopathy (DO), a doctor of Psychology (Ph.D), a doctor of Psychiatry (Psy.D) or any other degree or designation. A Physician must be currently licensed by the jurisdiction in which the services are provided, and the services provided must be within the scope of that license.

Pre-Existing Condition:

A) An ongoing medical or dental condition of which you are aware of, or related complication you have, or the symptoms of which you are aware; OR

B) A medical or dental condition that is currently being, or had been investigated, or treated by a health professional (including dentist or chiropractor); OR

C) Any condition for which you take prescribed medicine; OR

D) Any condition for which you have had surgery; OR

E) Pregnancy

Prescription Drugs: Any of the following: A drug, biological, or compounded prescription which; by law; may be dispensed only by prescription or injectable insulin; disposable needles and syringes; when prescribed and purchased at the same time as insulin; and disposable diabetic supplies.

Proof of Claim: A completed and signed Claimant's Statement and Authorization form, together with any/all required attachments, original itemized bills from Physicians, Hospitals and other medical providers, original receipts for any expenses which have already been paid by or on behalf of the Member, and any other documentation that is deemed necessary by the The Company

Registered Nurse: A graduate nurse who has been registered or licensed to practice by a State Board of Nurse Examiners or other state authority, and who is legally entitled to place the letters "RN" after his or her name.

Relative: Biological or step parent, current spouse, biological or stepsiblings.

Routine Physical Exam: Examination of the physical body by a Physician for preventative or informative purposes only, and not for the diagnosis or treatment of any condition.

Substance Abuse: Alcohol, drug or chemical abuse, overuse or dependency.

Surgery or Surgical Procedure: An invasive diagnostic procedure, or the treatment of Illness or Injury by manual or instrumental operations performed by a Physician while the patient is under general or local anesthesia.

Us, We or Our: The Company

Usual, Reasonable and Customary: The most common charge for similar services, medicines or supplies within the area in which the charge is incurred, so long as those charges are Reasonable. What is defined as Usual, Reasonable and Customary Charges will be determined by The Company. In determining whether a charge is Usual, Reasonable and Customary, The Company may consider one or more of the following factors: the level of skill, extent of training, and experience required to perform the procedure or service; the length of time required to perform the procedure or services as compared to the length of time required to perform other similar services; the severity or nature of the Illness or Injury being treated; the amount charged for the same or comparable services, medicines or supplies in the locality; the amount charged for the same or comparable services, medicines or supplies in other parts of the country; the cost to the provider of providing the service, medicine or supply; such other factors as The Company, in the reasonable exercise of discretion, determine are appropriate.

You, Your or Insured shall mean Insured Person.

EXCLUSIONS

Charges for the following treatments and/or services and/or supplies and/or conditions are excluded from coverage hereunder:

1. Charges resulting directly or indirectly from any Pre-existing Condition, as herein defined, are excluded from this insurance. Pre-existing Conditions being:

- a] An ongoing medical or dental condition of which you are aware, or related complication you have, or the symptoms of which you are aware; OR
- b] A medical or dental condition that is currently being, or has been investigated, or treated by a health professional (including dentist or chiropractor); OR
- c] Any condition for which you take prescribed medicine; OR
- d] Any condition for which you have had surgery; OR
- e] Pregnancy.

2. Routine pre-natal care, Pregnancy, child birth, and post natal care.

3. False labor, edema, prolonged labor, prescribed rest during the period of Pregnancy, morning sickness and conditions of comparable severity associated with management of a difficult Pregnancy, and all charges related to Pregnancy. Notwithstanding the foregoing, on the Standard Plan, conditions constituting a medically distinct Complication of Pregnancy, as herein defined, are covered only prior to the 26th week of Pregnancy.

4. Charges incurred by or for any child under the age of 14 days.

5. Treatment for or related to any congenital condition.

6. Charges for treatment of Mental Health Disorders, as defined herein.

7. Charges which are not incurred by a Member during his/her Certificate Period.
8. Charges for any benefit hereunder which are not presented to The Company for payment within 60 days beginning on the last day of the Certificate Period.
9. Treatment, services or supplies which are not administered by or under the supervision of a Physician.
10. Treatment, services or supplies which are not Medically Necessary as herein defined.
11. Treatment, services or supplies provided at no cost to the Member.
12. Charges which exceed Usual, Reasonable and Customary as herein defined.
13. Telephone consultations or failure to keep a scheduled appointment.
14. Surgeries, treatments, services or supplies which are Investigational, Experimental or for Research purposes.
15. All charges Incurred while confined primarily to receive Custodial Care, Educational or Rehabilitative Care.
16. Weight modification or surgical treatment of obesity, including wiring of the teeth and all forms of intestinal bypass Surgery.
17. Modifications of the physical body in order to improve the psychological, mental or emotional well-being of the Member such as sex-change Surgery.
18. Surgeries, treatments, services or supplies for cosmetic or aesthetic reasons, except for reconstructive Surgery when such Surgery is directly related to and follows a Surgery which was covered hereunder.
19. Treatment of Members who are HIV+, have AIDS or ARC.
20. Any drug, treatment or procedure that either promotes or prevents conception including but not limited to: artificial insemination, treatment for infertility or impotency, sterilization or reversal of sterilization.
21. Any drug, treatment or procedure that either promotes, enhances or corrects impotency or sexual dysfunction.
22. Abortions, except in connection with covered Complications of Pregnancy.
23. Dental Treatment, except for Emergency Dental Treatment necessary to replace sound natural teeth lost or damaged in an Accident covered hereunder or for the Emergency relief of Acute Onset of Pain.
24. Eyeglasses, contact lenses, hearing aids, hearing implants, eye refraction, visual therapy, and any examination or fitting related to these devices, and all vision and hearing tests and examinations.
25. Eye surgery, such as radial keratotomy, when the primary purpose is to correct nearsightedness, farsightedness or astigmatism.
26. Treatment of the temporomandibular joint.
27. Injury resulting from participation in the following activities:
 - a. Amateur Athletics, Contact Sports, and professional sports or athletic activities. Non-contact and non-organized/non-sanctioned amateur sports or athletic activities engaged in by the Member solely for leisure, recreational, entertainment or fitness purposes are not excluded unless they are excluded by (b) through (j) of this provision; and
 - b. mountaineering where ropes or guides are normally used or at elevations of 4,500 meters or higher; and
 - c. aviation (except when travelling solely as a passenger in a commercial aircraft); and
 - d. hang gliding, sky diving, parachuting or bungee jumping; and
 - e. snow skiing or snowboarding, except for recreational downhill and/or cross country snow skiing or snowboarding (no cover provided whilst skiing away from prepared and marked in-bound territories and/or against the advice of the local ski school or local authoritative body); and
 - f. racing by any animal or motorized vehicle; and
 - g. spelunking; and
 - h. subaqua pursuits involving underwater breathing apparatus unless PADI/NAUI certified, accompanied by a certified instructor, and at depths of less than 10 meters,
 - i. jet skiing; and
 - j. any other sport or athletic activity which is undertaken for thrill seeking and exposes the Member to abnormal or extraordinary risk of Injury; and
28. Injury sustained whilst under the influence of or due wholly or partly to the effects of intoxicating liquor or drugs other than drugs taken in accordance with treatment prescribed and directed by a Physician but not for the treatment of Substance Abuse.
29. Wilfully self-inflicted Injury or Illness.
30. Venereal disease, including all sexually transmitted diseases and conditions.
31. Immunizations and Routine Physical Exams.
32. Treatment by a chiropractor.
33. Charges resulting from or occurring during the commission of a violation of law by the Member, including without limitation, the engaging in an illegal occupation or act, but excluding minor traffic violations.
34. Treatment of Substance Abuse.
35. Speech, vocational, occupational, biofeedback, acupuncture, recreational, sleep or music therapy, holistic care of any nature, massage and Kinesitherapy.
36. Any services or supplies performed or provided by a Relative of the Member or any family member of the Member or any person who ordinarily resides with the Member.
37. Orthoptics and visual eye training.
38. Services or supplies which are not included as Eligible Expenses as described herein.
39. The following care, treatment or supplies for the feet: orthopaedic shoes, orthopaedic prescription devices

to be attached to or placed in shoes, treatment of weak, strained, flat, unstable or unbalanced feet, metatarsalgia or bunions, and treatment of corns, calluses or toenails.

40. Care and treatment for hair loss including wigs, hair transplants or any drug that promises hair growth, whether or not prescribed by a Physician.
41. Treatment of sleep disorders.
42. Exercise programs, whether or not prescribed or recommended by a Physician.
43. Treatment required as a result of complications or consequences of a treatment or condition not covered hereunder.
44. Charges for travel or accommodations, except as provided for in the Local Ambulance, Emergency Medical Evacuation, Repatriation of Remains, Emergency Reunion and Trip Interruption sections of this insurance.
45. Treatment incurred as a result of exposure to non-medical nuclear radiation and/or radioactive material(s).
46. Organ or Tissue Transplants or related services.
47. Treatment for acne, other acne, moles, skin tags, diseases of sebaceous glands, _eborrhoea, sebaceous cyst, unspecified disease of sebaceous glands, hypertrophic and atrophic conditions of skin, nevus.
48. Claims payable under any government system, including the Australian Medicare system, are excluded from coverage.

GENERAL EXCLUSIONS

Applicable to all Sections

WE WILL NOT PAY UNDER ANY CIRCUMSTANCES IF:

General

- 1 You do not act in a responsible way to protect yourself and your property and to avoid making a claim.
- 2 You do not do everything you can to reduce your loss as much as possible.
- 3 Your claim arises from consequential loss of any kind.
- 4 At the time of purchasing the policy, you were aware of something that would give rise to you making a claim under this policy.
- 5 Your claim is for a loss which is recoverable by compensation under any workers compensation or transport accident laws or by any government sponsored fund, plan, or medical benefit scheme, or any other similar type legislation required to be effected by or under a law.
- 6 Your claim is for additional expenses or fees arising from errors or omissions in your booking arrangements or your failure to obtain relevant visa or passport documents.
- 7 Your claim arises because you act illegally or break any government prohibition or regulation including visa requirements.
- 8 Your claim arises from a government authority confiscating, detaining or destroying anything.
- 9 Your claim arises from being in control of a motor cycle without a current motorcycle licence or you are a passenger travelling on a motorcycle that is in the control of a person that does not hold a current motorcycle licence valid for the country you are travelling in.
- 10 Your claim arises because you did not follow advice in the mass media of any government or other official body's warning:
 - against travel to a particular country or parts of a country;
 - of a strike, riot, bad weather, civil commotion or contagious disease;
 - of a likely or actual Epidemic or Pandemic (such as H5N1 Avian influenza);
 - of a threat of an Epidemic or Pandemic (such as H5N1 Avian influenza) that requires the closure of a country borders;
 - of an Epidemic or Pandemic that results in you being quarantined, and you did not take appropriate action to avoid or minimise any potential claim under your policy (including delay of travel to the country or part of the country referred to in the warning).
- 11 Your claim arises from any act of war, whether war is declared or not, or from any rebellion, revolution, insurrection or taking of power by the military.
- 12 Your claim arises from a nuclear reaction or contamination from nuclear weapons or radioactivity.
- 13 Your claim arises from biological and or chemical materials, substances, compounds or the like used directly or indirectly for the purpose to harm or to destroy human life and or create public fear.
14. Your Claim arises whilst participating in professional athletics;
15. Your Claim arises whilst participating in Amateur Athletics. This exclusion does not apply to non-competitive, interscholastic, recreational or intramural activities.
- 16 Your claim arises because you dive underwater using an artificial breathing apparatus, unless you hold an open water diving licence issued in the USA or you were diving under licensed instruction.
- 17 Your claim arises because you hunt, race (other than on foot), engage in Open Water Sailing, play polo, go mountaineering or rock climbing using ropes or climbing equipment (other than for hiking) or from professional sport of any kind, or from parachuting or hang gliding.
18. Your Claim arises whilst you were under the influence of due wholly or partly to the effects of intoxicating liquor or drugs other than drugs taken in accordance with
19. Your claim arises from or in connection with alcoholism and drug addiction, or use of any drug or narcotic agent, unless otherwise covered under this policy; treatment prescribed and directed by a Physician for a condition which is covered hereunder, but not for the treatment of drug addiction;
20. Your Claim arises as a result of or in connection with intentionally self-inflicted Injury or Sickness;
21. Your claim arises as a result of or in connection with the commission of a felony offense;
22. Your claim is as a result of you taking part in mountaineering where ropes or guides are normally used; hang gliding, parachuting, bungee jumping, racing by horse, motor vehicle or motorcycle, snowmobiling, motorcycle/motor scooter riding, scuba diving involving underwater breathing apparatus, unless PADI or NAUI certified, water skiing, spelunking and parasailing.
23. Your claim arises as a result of your service in the military, naval or air service of any country;
24. Your claim arises out of you flying other than as a passenger in a licensed passenger carrying aircraft or charter company.
25. Your claim is in respect of travel booked or undertaken against the advice of any medical adviser.
26. Your claim arises directly or indirectly from any terminal illness that was diagnosed prior to the policy being issued.
- 27 Any claim for Hospitalisation, Emergency Medical Evacuation/ Repatriation, Return of Mortal Remains and Emergency Medical Reunion that is not Pre-authorised by our Emergency Assistance Provider.

WRITTEN LINES:

Agree to issue 100.000% under Bulking Lineslip Reference: - B0755G200004

Inter Hannover CA0720612000 100.000%