

The following exclusion applies to all coverages:

3. We will not pay for any loss under the policy, caused by, or resulting from: **a)** suicide, attempted suicide, or intentionally self-inflicted injury of you, a Traveling Companion, Immediate Family Member, or Business Partner booked to travel with you, while sane or insane (while sane in CO & MO); **b)** mental, nervous, or psychological disorders; **c)** being under the influence of drugs or intoxicants, unless prescribed by a Physician; **d)** normal pregnancy or resulting childbirth or elective abortion; **e)** participation as a professional in athletics; **f)** participation in organized amateur and interscholastic athletic or sports competition or events; **g)** riding or diving in any motor competition; **h)** declared or undeclared war, or any act of war; **i)** civil disorder; **j)** service in the armed forces of any country; **k)** nuclear reaction, radiation or radioactive contamination; **l)** operating or learning to operate any aircraft as pilot or crew; **m)** mountain climbing, bungee cord jumping, skydiving, parachuting, hang gliding, parasailing or travel on any air supported device, other than on a regularly scheduled airline or air charter company; **n)** any unlawful acts, committed by you or a Traveling Companion (whether insured or not); **o)** any amount paid or payable under any Worker's Compensation, Disability Benefit or similar law; **p)** a loss or damage caused by deletion, confiscation or destruction by customs; **q)** Elective Treatment and Procedures; **r)** medical treatment during or arising from a Trip undertaken for the purpose or intent of securing medical treatment; **s)** business, contractual or educational obligations of you, an Immediate Family Member, Business Partner, or Traveling Companion; **t)** bankruptcy, financial insolvency, default or failure to supply services by a travel supplier; **u)** failure of any tour operator, Common Carrier, or other travel supplier, person or agency, to provide the transportation for travel arrangements other than Financial Involuntary; **v)** a loss that results from an illness, disease or other condition, event or circumstance which occurs at a time when the policy is not in effect for you.

Important Note: Exclusion 3, Item v above, applies to you, an Immediate Family Member, Traveling Companion or Business Partner.

Your Duties in the Event of a Loss

In the event of a Medical or Dental Expense: You must provide us with all bills and reports for medical and/or dental expenses claimed, you must provide any requested information, including but not limited to, an explanation of benefits from any other applicable insurance, and you must sign a patient authorization to release any information required by us to investigate your claim.

Where to Present a Claim

All claims should be presented to the Program Administrator. The address and telephone number are as follows:

Trip Mate (In CA, dha Trip Mate Insurance Agency)
9225 Ward Parkway, Suite 200
Kansas City, Missouri 64114
1-800-888-7292

The Travel Insurance is Underwritten By: Stonebridge Casualty Insurance Company, Columbus, Ohio, (all states except as otherwise noted) under Policy/Certificate Form series TAHCS000. In CA, CT, HI, NE, NH, PA, TN and TX Policy/Certificate Form series TAHCS100 and TAHCS200. In IL, IN, KS, LA, OH, OR, VT, WA and WY Policy Form #s TAHCS100PFS and TAHCS200PFS.

Trip Mate/On Call

International Travelers Assistance

24-hour Telephone Service—Multi-lingual professionals are available 24 hours a day to provide help and advice with a medical or legal emergency.

International Medical Assistance—If you are in need of medical attention, ON CALL will help you locate local physicians, dentists, or medical facilities. ON CALL will also monitor your condition and contact your personal physician and family, if requested.

Nurse Helpline—Registered nurses are available 24 hours a day before and during your trip to provide general health information, clinical assessment, and health counseling to give you assistance in making appropriate healthcare decisions.

Medical Evacuation—If you need to be transported to a different hospital or treatment facility, or back home, ON CALL will arrange and pay for transportation and a special medical escort if required. Payment is available only for covered claims and up to the amount of coverage provided in the policy.

Telephone Interpretation Service—In a medical emergency, ON CALL provides interpretation services in major languages and will transmit urgent messages to family, friends, and business, if requested.

Failure to call ON CALL may invalidate your Medical Expense / Emergency Assistance claim.

HOW TO CONTACT ON CALL INTERNATIONAL

The ON CALL Assistance Network extends worldwide. If you are outside the United States or Canada, call the local telephone operator for help in placing your collect call. Within the United States and Canada, use the toll-free number. Phone answered 24 hours a day.

Within U.S.A. & Canada **Outside U.S.A. & Canada**
1-800-555-9095 1-603-894-4710*

*From outside the United States & Canada, you will instructive to enter the International Access Code of the country you are calling from.

PLAN NUMBER: 437W

PLEASE NOTE: Neither the Insurer(s) nor ON CALL INTERNATIONAL shall be responsible for the availability, quality or results of any medical treatment or your failure to obtain medical treatment.

Note: This policy contains disability/insurance benefits or health insurance benefits, or both, that apply only during a covered Trip. You may have coverage from other sources that already provides you with these benefits. You should review your existing policies. If you have any questions about your current coverage, call your insurer or health plan.

Traveler PDQ Service is provided by:

Worldwide PDQ, a division of Cargill Corporation

Notice: If you are a resident of one of the following states (IL, IN, KS, LA, OH, OR, VT, WA, WY) your coverage is provided on an individual policy form. Your policy number is your complete Name plus 437W. Additional forms complete your policy and are available at www.tripmate.com. You can also request these forms by calling Trip Mate at 1-800-888-7292.

CERTIFICATE OF INSURANCE
For Passengers of



Medical Protection Plan

Access Your Medical Records Online
With our exclusive Free Traveler PDQ Service, you can assure that your important medical records are available to you or any Physician chosen by you, at any time, anywhere in the world, quickly, wherever there is internet access available. Register at www.travelerpdq.com or call, toll free 1-800-379-9887. *It's free during your insured Trip!*

Use Program Code 437W

Please read this Insurance Certificate/prochure carefully, as it is your evidence of coverage under the policy (once you have paid the appropriate premium). If you have any questions about the coverages offered or to report a claim, please contact Trip Mate at 1-800-888-7292. Claims may also be reported online and claim forms downloaded at www.tripmate.com.

Plan Number: 437W

program designed by



Insurance Services

Summary of Coverages

Schedule: Work & Travel Abroad, Inc. Benefit Maximum Policy Benefit Amount

Accidental Death and Dismemberment	\$5,000
Medical Expense/Emergency Assistance	
Accident and Sickness Medical Expense Annual Aggregate	\$100,000*
Dental Expense	\$500
Emergency Evacuation and Repatriation	\$70,000
* Subject to a per occurrence maximum limit of \$50,000.	

Who is eligible for coverage

A person who has arranged to take a Trip and pays the required premium and is a citizen or resident of the United States of America or Canada.

When coverage begins and ends

All coverages will take effect on the later of: 1) the date the premium has been received; or 2) the date and time you start your Trip; or 3) 12:01 A.M. Standard Time on the Scheduled Departure Date of your Trip. Your coverage automatically ends on the earlier of: 1) the date the Trip is completed; 2) the Scheduled Return Date; 3) your arrival at the return destination on a round-trip, or the destination on a one-way trip; 4) cancellation of the Trip covered by the policy. All coverages under the policy will be extended if your entire Trip is covered by the policy and your return is delayed by unavoidable circumstances beyond your control. If coverage is extended for these reasons, coverage will end on the earlier of the date you reach your originally scheduled return destination or 7 days after the Scheduled Return Date.

Summary of Coverages

Accidental Death and Dismemberment

We will pay this benefit up to the amount on the Schedule if you are injured in an accident which occurs while you are on a Trip and covered under the policy, and you suffer one of the losses listed below within 365 days of the Accident. The Principal Sum is the benefit amount shown on the Schedule. We will pay 100% of the Principal Sum for loss of: life; both hands or feet; or sight of both eyes; one hand and one foot; or one hand or one foot and sight of one eye. We will pay 50% of the Principal Sum for loss of: one hand or one foot; or sight of one eye. If you suffer more than one loss from one Accident, we will pay only for the loss with the larger benefit. Loss of a hand or foot means complete severance at or above the wrist or ankle joint. Loss of sight of an eye means complete and irrecoverable loss of sight.

Medical Expense/Emergency Assistance

We will pay this benefit, up to the amount on the Schedule, for the following Covered Expenses incurred by you, subject to the following: 1) Covered Expenses will only be payable at the Usual and Customary level of payment; 2) benefits will be payable only for Covered Expenses resulting from a Sickness that first manifests itself or an Injury that occurs while on a Trip; 3) benefits payable as a result of incurred Covered Expenses will only be paid after benefits have been paid under any Other Valid and Collectible Group Insurance in effect for you. We will pay that portion of benefits payable for Covered Expenses which exceed the amount of benefits payable for such expenses under your Other Valid and Collectible Group Insurance.

Covered Expenses include: expenses for the following Physician-ordered medical services: services of legally qualified Physicians and graduate nurses; charges for Hospital confinement and services; local ambulance services; prescription drugs and medicines; and therapeutic services, incurred by you within one year from the date of your Sickness or Injury; expenses for emergency dental treatment incurred by you during a Trip; expenses incurred by you for Physician-ordered emergency medical evacuation, including medically appropriate transportation and necessary medical care en route, to the nearest suitable Hospital, when you are critically ill or injured and no suitable local care is available, subject to the Program Medical Advisors' prior approval; expenses incurred for non-emergency medical evacuation, including medically appropriate transportation and medical care en route, to a Hospital or to your place of residence in the USA or Canada, when deemed medically necessary by the attending Physician, subject to the Program Medical Advisors' prior approval; repatriation expenses for preparation and air transportation of your remains to your place of residence in the USA or Canada, or up to an equivalent amount for a local burial in the country where death occurred, if you die while outside the USA or Canada.

Policy Definitions

The words, "you", "your" and "yours" refer to the insured. "We", "us" and "our" refer to company providing the insurance. In addition certain words and phrases are defined as follows:

"Elective Treatment and Procedures" means any medical treatment or surgical procedure that is not medically necessary including any service, treatment, or supplies that are deemed by the Federal, or a State or local government authority, or by us to be research or experimental or that is not recognized as a generally accepted medical practice.

"Home" means your primary or secondary residence.

"Hospital" means an institution which meets all of the following requirements: 1) it must be operated according to law; 2) it must give 24 hour medical care, diagnosis and treatment to the sick or injured on an inpatient basis; 3) it must provide diagnostic and surgical facilities supervised by Physicians; 4) registered nurses must be on 24 hour call or duty; and 5) the care must be given either on the hospital's premises or in facilities available to the hospital on a pre-arranged basis. A Hospital is not a rest, convalescent, extended care, rehabilitation or other nursing facility; a facility which primarily treats mental illness, alcoholism, or drug addiction; or any ward, wing or other sector of the hospital used for such purposes; or a facility which provides hospice care (or wing, ward or other section of a hospital used for such purposes).

"Immediate Family Member" includes you or the Traveling Companion's spouse, child, spouse's child, son-daughter-in-law, parents, sibling(s), grandparent(s), grandchild, step brother/sister, step-parent(s), parent(s)-in-law, brother/sister-in-law, aunt, uncle, niece, nephew, guardian, Domestic Partner, foster-child, or ward.

"Injury" means bodily harm caused by an accident which: 1) occurs while your coverage is in effect under the policy; and 2) requires examination and treatment by a Physician. The injury must be the direct cause of loss and must be independent of all other causes and must not be caused by, or result from, Sickness.

"Insured" means an Eligible Person who arranges a Trip and pays any required premium.

"Insurer" means Stonebridge Casualty Insurance Company.

"Other Valid and Collectible Group Insurance" means any group policy or contract which provides for payment of medical expenses incurred because of Physician, nurse, dental or Hospital care or treatment, or the performance of surgery or administration of anesthesia. The policy or contract

providing such benefits includes group or blanket insurance policies; service plan contracts; employee benefit plans; or any plan arranged through a employer, labor union, employee benefit association or trustee; or any group plan created or administered by the Federal or a state or local government agency. In the event any other group plan provides for benefits in the form of services in lieu of monetary payment, the usual and customary value of each service rendered will be considered a Covered Expense.

"Physician" means a person licensed as a medical doctor by the jurisdiction in which he/she is resident to practice the healing arts. He/she must be practicing within the scope of his/her license for the service or treatment given and may not be you, a Traveling Companion, or an Immediate Family Member of yours.

"Policy" means the contract issued to the Policyholder providing the benefits specified herein.

"Policyholder" means the legal entity in whose name this Policy is issued as shown on the Benefit Schedule.

"Pre-Existing Condition" means an illness, disease, or other condition during the 60 day period immediately prior to your effective date for which you, your Traveling Companion, or Immediate Family Member scheduled or booked to travel with you: 1) received or received a recommendation for a diagnostic test, examination, or medical treatment; or 2) took or received a prescription for drugs or medicine. Item 2) of this definition does not apply to a condition which is treated or controlled solely through the taking of prescription drugs or medicine and remains treated or controlled without any adjustment or change in the required prescription throughout the 60 day period before coverage is effective under this policy.

"Scheduled Departure Date" means the date on which you are originally scheduled to leave on your Trip.

"Sickness" means an illness or disease of the body which: 1) requires examination and treatment by a Physician; and 2) commences while the insurance is in effect. An illness or disease of the body which first manifests itself and then worsens or becomes acute prior to the effective date of this insurance is not a Sickness as defined herein and is not covered by the policy. **"Trip"** means a scheduled trip for which coverage has been elected at the premium paid, and all travel arrangements are arranged by Work & Travel Abroad, Inc. prior to the Scheduled Departure Date of the Trip.

"Usual and Customary Charge" means those charges for necessary treatment and services that are reasonable for the treatment of cases of comparable severity and nature. This will be derived from the mean charge based on the experience in a related area of the service delivered and the MDR (Medical Data Research) schedule of fees valued at the 50th percentile.

Policy Exclusions

The following exclusion applies to the Accidental Death and Dismemberment coverage:

1. We will not pay for loss caused by or resulting from Sickness of any kind. **The following exclusion applies to the Medical Expense/Emergency Assistance coverages:**

2. We will not pay for loss or expense caused by or incurred resulting from a Pre-Existing Condition, as defined in the policy, including death that results therefrom. This Exclusion does not apply to benefits under covered expenses item #3 (emergency medical evacuation) or item #6 (repatriation of remains) of the Medical Expense/Emergency Assistance Benefits coverage.