

The Insurance Company of the State of Pennsylvania

A CAPITAL STOCK COMPANY INCORPORATED 1794

Philadelphia, Pa

A member of the American International Group of Companies (AIG)

Short Term Immigrant Insurance Program Summary

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

NOTE: All coverage and benefit amounts stated are in United States Dollars.

PART I - INDIVIDUAL INSURANCE PROVISIONS

Eligibility

Any foreign national expatriate immigrating to the United States, for whom Application has been made and accepted by the Company, within twelve (12) months of their arrival in the United States. Dependents are considered to be the Insured's natural or legally adopted unmarried children over 14 days old and under 18 years of age and/or the Insured's Spouse for whom Application has been made and accepted by the Administrator. Maximum age of coverage is 79.

Effective Date of Individual Insurance

Individual coverage will become effective upon the latest of the following: (a) the moment the Insured Person arrives in the United States; or (b) the moment the Application and premium are received by the Administrator; or (c) 12:01 a.m. Local Standard Time on the date requested on the Application.

Termination Date of Individual Insurance

Individual coverage will terminate upon the earlier of the following: (a) 11:59 p.m. Local Standard Time on the date shown on the Insurance Confirmation Card, for which premium has been paid; or (b) the date the Insured Person(s) leaves the United States (except for the International Travel Coverage benefit); or (c) twenty-four (24) months after the Effective Date of Individual Insurance.

Refund of Premium

Premium for the full term of coverage will be refunded only when written request is received by the Administrator prior to the Effective Date of Individual Insurance. After the Effective Date of Individual Insurance, the premium is considered fully earned and non-refundable.

PART II - DESCRIPTION OF BENEFITS

Accidental Death & Dismemberment

The Company shall pay an indemnity determined from the Table of Losses if an Insured Person sustains a loss stated therein resulting from Injury and subject to the limitations contained in PART IV - EXCLUSIONS, provided that (a) such loss occurs within 365 days after the date of accident causing such loss; and (b) the indemnity payable for any such loss shall be the amount stated opposite such loss in the Table of Losses, and the Principal Sum states therein shall be the amount stated as the Principal Sum in the Insurance Confirmation Card, as applicable to such person and this Coverage; and (c) if more than one loss stated in the Table of Losses is sustained as the result of one accident, only one of the amounts, the largest, shall be payable.

<u>For Loss of:</u>	<u>Table of Losses</u>	<u>Each Child</u>
Life	<u>Insured or Spouse</u> Principal Sum	\$5,000
Both Hands or Both Feet or Sight of Both Eyes	Principal Sum	\$5,000
One Hand and One Foot	Principal Sum	\$5,000
Either Hand or Foot and Sight of One Eye	Principal Sum	\$5,000
Either Hand or Foot	50% of Principal Sum	\$2,500
Sight of One Eye	50% of Principal Sum	\$2,500
Quadriplegia	Principal Sum	\$5,000
Paraplegia	75% of Principal Sum	\$3,750
Hemiplegia	50% of Principal Sum	\$2,500
Uniplegia	25% of Principal Sum	\$1,250

The term "loss" as used for Accidental Death and Dismemberment herein shall mean with regard to hands and feet, actual severance through or above wrist or ankle joints, and with regard to eyes, entire irrecoverable loss of sight and for Quadriplegia, Paraplegia, Hemiplegia and Uniplegia shall mean the complete and irreversible paralysis of such limbs. The term "Principal Sum" as used herein shall mean the amount stated on the Insurance Confirmation Card.

Medical Expense Benefit

For a covered Injury or covered Illness, after the payment of the selected Deductible shown on the Insurance Confirmation Card, the Company will pay either a) If you have chosen the Traditional Program, 80% of the next \$5,000 of Covered Expenses resulting from a Disablement, then 100% thereafter, or b) If you have chosen the Cost Saver Program, 70% of Covered Expenses resulting from a Disablement, to the selected maximum Medical Benefit Amount per Coverage Period per Insured Person. In no event shall the Company's maximum liability exceed the selected maximum Medical Benefit Amount. The Deductible amount consists of Covered Expenses, which would otherwise be payable under this Policy. The Deductible and applicable coinsurance expenses must be borne by each Insured Person.

Coverage is limited to Covered Expenses incurred and subject to the limitations contained in PART IV - EXCLUSIONS and PART III - DEFINITIONS. Initial treatment of an Injury must occur within sixty (60) days of the accident. Illness must first manifest itself during the Period of Coverage.

Covered Expenses

For the purpose of this section, only such expenses, incurred as the result of and within twenty-six (26) weeks from a Disablement, which are specifically enumerated in the following list of charges, and which are not excluded in PART IV - EXCLUSIONS, shall be considered as Covered Expenses:

1. Charges made by a hospital for room and board, floor nursing and other services including charges for professional services except personal services of a nonmedical nature; provided, however, that expenses do not exceed the hospital's average charge for semi-private room and board accommodations;
2. Charges made for diagnosis, treatment and surgery by a Physician;
3. Charges made for the cost and administration of anesthetics;
4. Charges for medication, X-ray services, laboratory tests and services, the use of radium and radioactive isotopes, oxygen, blood transfusions, iron lungs, and medical treatment;
5. Charges for physiotherapy, if recommended by a Physician for the treatment of a specific Disablement and administered by a licensed physiotherapist;
6. Dressings, drugs, and medicines that can only be obtained upon a written prescription of a Physician or surgeon;
7. Hotel room charge, when the Insured Person would otherwise be confined in a Hospital, shall be under the care of a duly qualified Physician in a hotel room owing to the unavailability of a Hospital room by reason of capacity or distance or to any other circumstances beyond the Insured Person's control.

The charges enumerated above shall in no event include any amount of such charges which are in excess of regular and customary charges. A charge incurred by an Insured Person shall be deemed a regular and customary charge for the services and supplies for which the charge is made if it is not in excess of the average charge for such services and supplies in the locality where received, considering the nature and severity of the Illness or bodily Injury in connection with which services and supplies are received. If the charge incurred is in excess of such average charge, such excess amount shall not be recognized as Covered Expenses. All charges shall be deemed to be incurred on the date such services or supplies which give rise to the expense are rendered or obtained.

Emergency Medical Evacuation Expense

The Company will pay benefits for Covered Expenses incurred up to \$100,000, if an Injury or Illness commencing during the course of a trip results in the necessary Emergency Medical Evacuation of the Insured Person. An Emergency Medical Evacuation must be ordered by a legally licensed Physician who certifies that the severity of the Insured Person's Injury or Illness warrants the Emergency Medical Evacuation of the Insured Person.

Emergency Medical Evacuation means: (a) the Insured Person's medical condition warrants immediate transportation from the place where the Insured Person is injured or ill to the nearest Hospital where appropriate medical treatment can be obtained; or (b) after being treated at a local Hospital, the Insured Person's medical condition warrants transportation to his/her Home Country or Country of Residence to obtain further medical treatment or to recover; or (c) both (a) and (b) above.

Expenses for special transportation must be: (a) recommended by the attending Physician or (b) required by the standard regulations of the conveyance transporting the Insured Person. Expenses for medical supplies and services must be recommended by the attending Physician. Transportation means any land, water or air conveyance required to transport the Insured Person during an Emergency Medical Evacuation. Special transportation includes, but is not limited to, air ambulances, land ambulances, and private motor vehicles. **These and all arrangements must be made through the assistance service provider, American International Assistance Services.** Refer to the Assistance Services section of this Program Summary for details.

Repatriation of Remains

The Company will pay the reasonable Covered Expenses, (not to exceed \$20,000) incurred to return the Insured Person's body home (to his/her Home Country) if he or she dies. Covered Expenses include, but are not limited to, expenses for embalming, cremation, coffins and transportation. **These arrangements must be made through the assistance service provider, American International Assistance Services.** Refer to the Assistance Services section of this Program Summary for details.

International Travel Coverage

Coverage under the Policy is valid outside the United States, for up to sixty (60) days per twelve (12) months of coverage or pro rata thereof. The Insured Person must be covered by the policy in the United States for at least six (6) months before the International Travel Coverage benefit will apply. Covered Expenses described in PART II - DESCRIPTION OF BENEFITS, Medical Expense Benefit, which are incurred outside the United States shall be limited to a maximum of \$50,000.

PART III - DEFINITIONS

The term "Hospital" shall mean except as may otherwise be provided, a Hospital (other than an institution for the aged, chronically ill or convalescent, resting or nursing homes) operated pursuant to law for the care and treatment of sick or injured persons with organized facilities for diagnosis and surgery and having 24-hour nursing services and medical supervision.

The term "Disablement" as used with respect to medical expenses shall mean an Illness or an accidental bodily Injury necessitating medical treatment by a Physician as defined in the Program Summary.

The term "Coverage Period" shall mean the period the Insured Person is eligible for benefits under this Policy, which correlate with the Effective and Termination Dates of Individual Insurance contained in PART I - INDIVIDUAL INSURANCE PROVISIONS.

The term "Physician" shall mean a doctor of medicine or a doctor of osteopathy licensed to render medical services or perform surgery in accordance with the laws of the jurisdiction where such professional services are performed. However, such definition will exclude chiropractors and physiotherapists.

The term "Injury" shall mean bodily Injury caused solely and directly by violent, accidental, external, and visible means occurring while this Policy is in force and resulting directly and independently of all other causes in loss covered by this Policy.

The term "Illness" shall mean sickness or disease of any kind contracted and commencing after the Effective Date of this Policy and causing loss covered by this Policy.

The term "Home Country or Country of Residence" shall mean the country from which the Insured Person holds a valid passport and has his/her true, fixed and permanent residence.

The term "Host Country" shall mean the country that the Insured Person is visiting or stationed in, other than the Insured Person's Home Country or Country of Residence, as defined herein.

PART IV - EXCLUSIONS

For Medical Expense Benefits this insurance does not cover:

1. Pre-Existing Conditions, defined as any Injury or Illness which was contracted or which manifested itself, or for which treatment or medication was prescribed within three (3) years prior to the Effective Date of this insurance.
2. For services, supplies or treatment, including any period of Hospital confinement, which were not recommended, approved and certified as necessary and reasonable by a Physician;
3. For suicide or any attempt thereof while sane or self destruction or any attempt thereof while insane;
4. Declared or undeclared war or any act thereof;
5. For Injury sustained while participating in professional athletics;
6. For sickness resulting from pregnancy, childbirth, or miscarriage;
7. For miscarriage resulting from accident;

8. For routine physicals or other examinations where there are no objective indications or impairment in normal health, and laboratory diagnostic or x-ray examinations, except in the course of a Disability established by a prior call or attendance of a Physician;
9. For cosmetic or plastic surgery, except as the result of an accident;
10. For elective surgery which can be postponed until the insured returns to his/her Country of Residence;
11. For any mental and nervous disorders or rest cures;
12. For dental care, except as the result of Injury to natural teeth caused by an accident;
13. For eye infractions or eye examinations for the purpose of prescribing corrective lenses for eyeglasses or for the fitting thereof, unless caused by accidental bodily Injury incurred while insured thereunder;
14. In connection with alcoholism and drug addiction, or use of any drug or narcotic agent;
15. For congenital anomalies and conditions arising out of or resulting thereof;
16. For expenses which are non-medical in nature;
17. For the ordinary cost of a one-way airplane ticket used in the transportation back to the Insured Person's Home Country where an air ambulance benefit is provided;
18. For expenses as a result of or in connection with intentionally self-inflicted Injury;
19. For expenses as a result of or in connection with the commission of a felony offense;
20. For specific named hazards: motorcycle driving, scuba diving, skiing, mountain climbing, sky diving, professional or amateur racing, and piloting an aircraft;
21. Treatment paid for or furnished under any other individual or group policy or other service or medical pre-payment plan arranged through the employer to the extent so furnished or paid, or under any mandatory government program or facility set up for treatment without cost to any individual.

For Accidental Death and Dismemberment, Emergency Medical Evacuation and Repatriation of Mortal Remains this insurance does not cover:

1. Suicide or attempt thereof by the Insured Person while sane or self destruction or any attempt thereof by the Insured Person while insane;
2. Disease of any kind;
3. Bacterial infections except pyogenic infection which shall occur through an accidental cut or wound;
4. Hernia of any kind;
5. Injury sustained while the Insured Person is riding as a pilot, student pilot, operator or crew member, in or on, boarding or alighting from any type of aircraft;
6. Injury sustained while the Insured Person is riding as a passenger in any aircraft (a) not having a current and valid airworthy certificate and (b) not piloted by a person who holds a valid and current certificate of competency for piloting such aircraft;
7. Declared or undeclared war or any act thereof;
8. Service in the military, naval or air service of any country;
9. Flying in any aircraft being used for or in connection with acrobatic or stunt flying, racing or endurance tests;
10. Flying in any rocket-propelled aircraft;
11. Flying in any aircraft being used for or in connection with crop dusting or seeding or spraying, fire fighting, exploration, pipe or power line inspection, any form of hunting or herding, aerial photography, banner towing or any experimental purpose;
12. Flying in any aircraft which is engaged in any flight which requires a special permit or waiver from the authority having jurisdiction over civil aviation, even though granted.

With regard to Emergency Medical Evacuation and Repatriation of Mortal Remains, exclusions 2, 3 and 4 of this section shall not apply.

PART V - POLICY PROVISIONS

1. Notice of Claim: Written notice of claim must be given to the Company within twenty (20) days after the occurrence or commencement of any loss covered by the Policy, or as soon thereafter as is reasonably possible. Notice given by or on behalf of the claimant to the Administrative Offices of the Company, or as to any authorized agent of the Company, with information sufficient to identify the Insured Person shall be deemed notice to the Company.

2. Claim Forms: The Company, upon receipt of a notice of claim, will furnish to the claimant such forms as are usually furnished by it for filing proof of loss. If such forms are not furnished within fifteen (15) days after the giving of such notice the claimant shall be deemed to have complied with the requirements of the Policy as to proof of loss upon submitting, within the time fixed in the Policy for filing proofs of loss, written proof covering the occurrence, the character and the extent of loss for which claim is made.

3. Proof of Loss: Written proof of loss must be furnished to the Company at its said office in case of claim for loss for which this Policy provides any periodic payment contingent upon continuing loss within ninety (90) days after the termination of the period for which the Company is liable and in case of claim for any other loss within ninety (90) days after the date of such loss. Failure to furnish such proof within the time required shall not invalidate nor reduce any claim if it was not reasonably possible to give proof within such time, provided such proof is furnished as soon as reasonably possible.

4. Time of Payment of Claims: Indemnities payable under the Policy for any loss other than loss for which the Policy provides any periodic payment will be paid immediately upon receipt of due written proof of such loss. Subject to due written proof of loss, all accrued indemnities for which the Policy provides periodic payment will be paid at the expiration of each four (4) weeks during the continuance of the period for which the Company is liable, and any balance remaining unpaid upon the termination of liability will be paid immediately upon receipt of due written proof.

5. Payment of Claim: Indemnity for loss of life will be payable in accordance with the beneficiary designation and the provisions respecting such payment which may be prescribed herein and effective at the time of payment. If no such designation or provision is then effective, such indemnity shall be payable to the estate of the Insured Person. Any other accrued indemnities unpaid at the Insured Person's death may, at the option of the Company, be paid either to such beneficiary or to such estate. All other indemnities will be payable to the Insured Person.

If any indemnity of the Policy shall be payable to the estate of an Insured Person, or to an Insured Person who is a minor or otherwise not competent to give a valid release, the Company may pay such indemnity, up to an amount not exceeding \$1,000, to any relative by blood or connection by marriage of the Insured Person who is deemed by the Company to be equitably entitled thereto. Any payment made by the Company in good faith pursuant to this provision shall fully discharge the Company to the extent of such payment.

Subject to any written direction of the Insured Person all or a portion of any indemnities provided by this Policy on account of Hospital, nursing, medical or surgical service may, at the Company's option and unless the Insured Person requests otherwise in writing not later than the time for filing proof of such loss, be paid directly to the Hospital or person rendering such services, but it is not required that the service be rendered by a particular Hospital or person.

6. Physical Examination and Autopsy: The Company at its own expenses shall have the right and opportunity to examine the person of any individual whose Injury or Illness is the basis of claim when and as often as it may reasonably require during the pendency of a claim hereunder and to make an autopsy in case of death, where it is not forbidden by law.

7. Legal Actions: No actions of law or in equity shall be brought to recover under the Policy prior to the expiration of sixty (60) days after written proof of loss has been furnished in accordance with requirements of this Policy. No such action shall be brought after expiration of three (3) years after that time written proof of loss is required to be furnished.

ASSISTANCE SERVICES:

The travel assistance benefits described below are provided by American International Assistance Services, Inc. (AIAS, Inc.) who have travel assistance centers throughout the world and are staffed 24 hours a day, 7 days a week with multilingual representatives.

Pre-Trip Assistance Telephone information about passports, visas; Telephone information about health hazards in remote areas; Telephone information about inoculations; Help in arranging special medical treatment facilities needed while traveling.

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

Emergency Cash Transfer Arranging for transfer of funds.

Legal Assistance While Traveling 24-Hour telephone contact for travel legal emergencies; Help in locating a consulate officer or attorney; Guarantee or payment of legal bills using your available financial resources; Relaying emergency messages between family, employer and attorneys.

General Travel Assistance 24-Hour telephone contact for baggage and other travel problems; Advice on handling losses and delays; Follow-up contact with airlines regarding baggage; Help with lost passports, ticket and documents; Guarantee or payment of emergency expenses using your available financial resources; Arranging shipments of forgotten, lost or stolen items; Relaying emergency messages.

To receive assistance worldwide, call the assistance service provider, American International Assistance Services, Inc. at the numbers below and provide them with your Policy #: GLB-6370-9026771.

For Emergency Evacuation, Repatriation, Emergency Reunion and Assistance Services, Call:

If in the United States or Canada: 1-800-626-2427

If outside the United States: 0-713-267-2525 Collect

CLAIMS SERVICES:

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

Specialty Risk International, Inc.
9200 Keystone Crossing, Suite 300
Indianapolis, IN 46240
800-335-0477 or 317-575-2656
FAX 317-575-2659