

## DEFINITIONS

**Illness:** means sickness or disease of any kind which is contracted and commences after an Insured Person's effective date of coverage, which is covered under the terms of the Policy.

**Injury:** means bodily injury caused solely and directly by violent, accidental, external and visible means, which occurs while an Insured Person's coverage is in force, which is not related to any other causes of loss covered by the Policy.

**Please keep this brochure for future reference. If you have any questions concerning this coverage, please call the numbers below.**

**OFFERED BY**



**INTERNATIONAL BENEFITS DIVISION**

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Marietta, Georgia 30061  
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Fax: (770) 429-0638  
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**INSURED BY:**

**ACE American Insurance Company**



**ace usa**

ACE USA is the U.S. domestic operating division of ACE Limited. Insurance products and services are provided by the U.S. insurance underwriting companies and not by ACE Limited.

## ELIGIBILITY

This Plan provides insurance for Individuals while traveling outside their Home Country to any other country except the United States. Insured individuals may also purchase coverage for their eligible dependents. Eligible dependents include the insured's lawful spouse and unmarried children age 14 days to 19 years old who are traveling with the insured and are chiefly dependent on the insured for maintenance and support. This Plan may be purchased for a period of not less than 15 days to a maximum of 365 days.

## PERIOD OF COVERAGE

Coverage will begin 12:01 a.m. Eastern Standard Time on the latest of the following: a) The date of an Insured Person's departure from their home country; b) The date the Application and premium with respect to the Insured Person are received by the Company or its designated administrator; or c) The date requested in the Application for the Insured Person's coverage to begin.

Coverage will end on the earlier of the following: a) The date of an Insured Person's return to their home country or country of residence; b) The date requested in the Application for the Insured Person's coverage to end; or c) The expiration of twelve months from the Insured Person's effective date of coverage.

## ACCIDENTAL DEATH & DISMEMBERMENT

If an Insured Person's injury results in any of the following losses within 365 days after the date of accident, the Company will pay the sum shown opposite the loss. The Company will not pay more than the Principal Sum for all losses due to the same accident. **The Principal Sum is \$25,000 for Insured Adults and \$10,000 for Dependent Children.**

For Loss of:

Life	Principal Sum
Both Hands or Both Feet or	
Sight of Both Eyes	Principal Sum
One Hand and One Foot	Principal Sum
Either Hand or Foot and Sight of One Eye	Principal Sum
Either hand or Foot	One Half the Principal Sum
Sight of One Eye	One Half the Principal Sum
Speech or Hearing	One Half the Principal Sum
Thumb and Index Finger of either Hand	One Quarter the Principal Sum

The term "loss" as used herein shall mean, with regard to hands and feet, actual severance through or above wrist or ankle joint, and with regard to eyes, entire irrecoverable loss of sight.

## MEDICAL BENEFITS

If Injury or Illness occurs outside the Insured Person's Home Country during the Period of Coverage and you or your insured dependent require medical or surgical treatment; this Plan will pay, after a deductible of \$100, 80% of the first \$5,000 and 100% thereafter to the Plan maximum of \$100,000 (PLAN 1) or \$500,000 (PLAN 2) for reasonable and customary charges for the expenses listed below under the heading **Covered Expenses**. Benefit Maximums will be reduced to \$50,000 at age 70 and \$10,000 at age 80.

## COVERED EXPENSES

Only such expenses incurred as the result of and within 180 days of a disablement, which are specifically included in the following list of charges and which are not excluded shall be considered as covered expenses:

1. Charges made by a hospital for room and board, floor nursing and other services inclusive of charges for professional services and with the exception of personal services of a non-medical nature; provided, however that expenses do not exceed the hospital's average charge for semi-private room and board accommodation, unless confinement in an intensive care unit is medically necessary.
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 transfusion, and medical treatment.
5. Charges for physiotherapy, if recommended by a physician for the treatment of a specific disablement; and administered by a licensed professional. Out-patient therapy will be limited to a maximum of \$300 except following surgery when the maximum amount shall be \$2,000.
6. Dressings, drugs and medicines that can only be obtained upon a written prescription of a physician.
7. Charges for dental expenses due to an accident originating outside the mouth up to \$2,000 maximum.
8. Professional ambulance charges.
9. Chiropractic care shall be limited to 80% of eligible charges up to \$35 per visit and a maximum of 10 visits per illness or injury.

Covered Expenses shall in no event include any amount which is in excess of the usual, reasonable and customary charges for the geographic area where the services are rendered as determined by the company.

## SUPPLEMENTAL ACCIDENT BENEFIT

In the case of an accident requiring medical treatment, the deductible will be waived and covered expenses will be paid at 100% to a maximum of \$1,000 for expenses incurred within 30 days of the date of the accident. After the first \$1,000 of expense or after 30 days, whichever comes first, the deductible and the co-insurance will apply and benefits will be paid according to the plan.

## EXCLUSIONS

For the Medical Expense, Emergency Evacuation and Repatriation of Remains benefits, no benefit shall be payable with respect to expenses incurred:

- For pre-existing conditions defined as an injury or any illness which was contracted or which manifested itself, or for which a licensed physician was consulted; or for which treatment or medication was prescribed prior to the effective date of the Insured Person's coverage under this policy. (This pre-existing condition exclusion does not apply to the Emergency Medical Evacuation or Repatriation of Remains benefits).
- 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; or expenses which are non-medical in nature;
- For suicide or attempted suicide; while sane or insane;
- For loss incurred as a result of declared or undeclared war; or any act thereof;
- For injury sustained while participating in professional, club, interscholastic or intercollegiate sports;
- For loss incurred as a result of pregnancy, childbirth, or miscarriage; for treatment relating to birth defects and congenital conditions, or complications arising from those conditions.
- For routine physicals; for elective surgery;
- For cosmetic or plastic surgery, except as a result of a covered accident;
- For any mental or nervous disorder or rest cares;
- For dental care, except as the result of injury to natural teeth caused by accident originating outside the mouth;
- For eye refraction or eye examinations for the purpose of prescribing corrective lenses for eye glasses or for the fitting thereof; unless caused by accidental bodily injury incurred while insured hereunder;
- In connection with alcoholism or drug addiction; or use of any drug or narcotic agent except as prescribed by a physician;
- For expenses as a result of or in connection with intentionally self-inflicted injury;
- For expenses as a result of or in connection with the Insured's commission of a felony offense;
- For specific named hazards: motorcycling, scuba diving, jet, snow and water skiing, mountain climbing, sky diving, motor sport or bicycle racing, piloting an aircraft, white water rafting, surfing, spelunking and parasailing;
- For treatment furnished under any other individual or group Policy, or other service or medical pre-payment Policy to the extent so furnished; or under any government program or facility set up for treatment without cost to any individual; for treatment by a family member.

## EXCLUSIONS CONTINUED

For the Accidental Death and Dismemberment Benefit, the Policy does not cover any loss caused by or resulting from;

- intentionally self-inflicted injury;
- suicide or attempted suicide; while sane or insane;
- war or any act of war; declared or undeclared;
- service in the military, naval, or air service of any country;
- illness, disease, pregnancy, childbirth, miscarriage or any bacterial infection other than bacterial infection occurring from an accidental cut or wound;
- piloting or acting as a crew member or riding in any aircraft; except as a fare paying passenger on a scheduled airline.

## WORLDWIDE TRAVEL ASSISTANCE

Included in this health insurance program is access to a 24-hour worldwide assistance network for emergency assistance anywhere in the world. Simply call the assistance center toll-free or collect. The telephone numbers from around the world are included with your I.D. card and materials. The multilingual staff will answer your call and immediately provide reliable, professional and thorough assistance.

The following services are included in the program:

1. Referral to the nearest, most appropriate medical facility, and/or provider.
2. Medical monitoring by board-certified emergency physicians in the United States.
3. Urgent message relay between family, friends, personal physician, school, and insured.
4. Guarantee of payment to provider and assistance in coordinating insurance benefits.
5. Arranging and coordinating emergency medical evacuations and repatriations.
6. Emergency travel arrangements for disrupted travel as the consequence of a medical emergency.
7. Referral to legal assistance.
8. Assistance in locating lost or stolen items including lost ticket application processing.

## EMERGENCY MEDICAL EVACUATION

The Company will pay benefits for covered expenses incurred up to the maximum of \$50,000 for the necessary 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 becomes ill to the nearest hospital where appropriate medical treatment can be obtained; or b) after treatment at a local hospital; the Insured Person's medical condition warrants transportation to the Insured's home country to obtain further medical treatment or to recover.

Covered Expenses are expenses, up to the maximum; for transportation, medical services and medical supplies necessarily incurred in connection with the emergency evacuation of the Insured Person. All transportation arrangements made for evacuating the Insured Person must be: a) by the most direct and economical conveyance; b) approved in advance by the Company. 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. Special transportation includes, but is not limited to; air ambulance, land ambulance, and private motor vehicle. Expenses for medical supplies and services must be recommended by the attending physician. **In addition the Company will pay the airfare and up to \$1,000 for lodging expenses for a family member or designated person to help oversee the evacuation.** All expenses must be approved in advance by the Company.

## REPATRIATION BENEFIT

The Company will pay the reasonable covered expenses up to a maximum of \$25,000 to return the Insured Person's body home, if he or she dies. Covered expenses include, but are not limited to, expenses for embalming, cremation, coffins and transportation. **In addition the Company will pay the airfare and up to \$1,000 for lodging expenses for a family member or designated person to help oversee the evacuation.** All expenses must be approved in advance by the Company.

## FAMILY ASSISTANCE BENEFIT

In the event the Insured participant or spouse requires hospitalization exceeding 7 days, the company will pay the round trip airfare and up to \$1,000 for room and board expenses for a family member to provide assistance. All expenses must be approved in advance by the Company.

## EMERGENCY DENTAL BENEFIT

Emergency dental care will be covered as any other expense to a maximum of \$250.00. "Emergency Dental Care" means bona fide emergency services provided after the sudden onset of a medical condition which manifests itself by acute symptoms of sufficient severity, including severe pain, such that the absence of immediate medical care could be reasonably expected to result in: 1) placing the Covered Person's health in serious jeopardy; 2) serious impairment to bodily function or; 3) serious dysfunction of any bodily organ or part.

## MONTHLY PREMIUMS

PREMIUMS		
Participant Age	PLAN1	PLAN 2
	\$100,000 Max.	\$500,000 Max.
Thru 39	\$2.00 per day	\$2.50 per day
40 - 49	\$3.00 per day	\$3.50 per day
50 - 64	\$4.00 per day	\$5.00 per day
65 +*	\$6.00 per day	Not Available

\*Maximum benefit reduces to \$50,000 at age 70  
and to \$10,000 at age 80.

## OPTIONAL BENEFITS

For an additional premium, coverage can be expanded to cover the following hazardous activities: motorcycling, scuba diving, jet, snow and water skiing, mountain climbing, sky diving, motor sport or bicycle racing, piloting an aircraft, white water rafting, surfing, spelunking and parasailing.

The additional Premium for this Optional Coverage is .50¢ per day.

## SUBROGATION PROVISION

If the Insured Person is injured or becomes ill through the act or omission of another person, and if benefits are paid due to that injury or illness; then to the extent an Insured Person recovers for the same injury or illness from a third party, its insurer, or the Insured Persons uninsured motorist insurance; the Company will be entitled to a refund of all benefits it has paid as a result of that injury or illness.

**APPLICATION FOR INSURANCE**

**Seven Stones Outbound**

<b>FOR OFFICIAL USE ONLY</b>	CERT#:	DOC:	TD:
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MR.  MS.  DR. Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  Male  Female  
Mon/Day/Year

Work Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Passport Number: \_\_\_\_\_ Country of Issue: \_\_\_\_\_

Countries You will be Visiting on this Trip: \_\_\_\_\_

Begin insurance on this date \_\_\_\_\_ End insurance on this date \_\_\_\_\_  PLAN1  PLAN2

Do You wish to add Hazardous Activity Coverage (.50¢ a Day)?  Yes  No

Name of Spouse and Children to be insured, if applicable	Date of Birth	Daily Premium (Include Optional Hazardous Activity Premium if Applicable)
Applicant _____	_____	_____
Spouse _____	_____	_____
Child _____	_____	_____
Child _____	_____	_____
Child _____	_____	_____
	<small>Mon/Day/Year</small>	<small>Total Daily Premium</small>

Beneficiary (For AD&D): \_\_\_\_\_ Relationship: \_\_\_\_\_

Address of Beneficiary: \_\_\_\_\_

**METHOD OF PAYMENT**  Check  Money Order  MasterCard  American Express  Visa

If credit card, I authorize T.W. Lord & Associates to bill my account for the Total Premium.

Card Number: \_\_\_\_\_ Total Daily Premium \_\_\_\_\_

Expiration Date: \_\_\_\_\_ **X** \_\_\_\_\_ (# of Days Requested) \_\_\_\_\_

Cardholder Name: \_\_\_\_\_ (Including Travel Days)

Billing Address: \_\_\_\_\_

**== Total Premium to be Remitted** \_\_\_\_\_

Policy must be purchased for a minimum of 15 days.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I hereby apply for coverage to the ACE Accident and Health Insurance Trust. I certify that I and my dependents (if applicable) meet the eligibility requirements described in this brochure. Make checks payable and mail to T.W. Lord & Associates, P.O. Box 1185 Marietta, Georgia 30061. Total Premium for the Full Term of coverage requested must be paid in U.S. Dollars at the time application for coverage is made. Coverage purchased by credit card is subject to validation and acceptance by the credit card company.