

VISIT Travel and Health Insurance Plan B

DECLARATION OF COVERAGE

Insured Person:

**Certificate No.
Policy No. 9110156**

Period of Coverage:

Schedule of Benefits:

AD&D Principal Sum	\$ 15,000
Maximum Medical Benefit	\$100,000
Deductible	\$ 100
Emergency Medical Evacuation	\$ 50,000
Repatriation of Remains	\$ 10,000

Medical Expense Benefit: After Deductible, and subject to policy limitations and exclusions, benefits are paid @ 80% of the first \$5000 of Covered Expenses. Thereafter, benefits are paid @ 100% of Covered Expenses up to the Maximum Medical Benefit amount.

Pregnancy/Childbirth/Miscarraige: Maximum of \$25,000 per policy year

Dental Treatment: 80% of the usual & reasonable charges to a maximum of \$1,000 per policy year.

Prescription Drugs: 80% of the usual & reasonable charges to a maximum of \$1,000 per policy year.

Physiotherapy: Accident only, when prescribed by the attending physician, limited to one visit per day, \$25 per visit, to a maximum of \$500 per policy year.

Psychotherapy: The treatment of mental disorders, nervous disorders, alcoholism, and drug addiction, up to \$30 per visit, one visit per day, to a maximum of \$5,000 all charges combined.

Organ transplant, bone marrow transplant, skin grafts, kidney dialysis or similar treatments limited to \$10,000 all charges combined.

Refer to the Insurance Plan Summary form (attached) which contains important information about your coverage, including details on covered expenses, exclusions and plan limitations.

EMERGENCY MEDICAL EVACUATION AND REPATRIATION: Arrangements must be made by American International Assistance Services, Inc. Call (800) 626-2427. Identify yourself as an Insured enrolled under Group No. 999-9110156 and the Certificate No. shown above.

SUBMIT CLAIMS TO: AIGCS
Accident & Health Claims Dept.
P.O. Box 15701
Wilmington, DE 19850-5701

COMPLETED CLAIM FORM OR OTHER CLAIM DOCUMENTATION MUST INCLUDE THE POLICY AND CERTIFICATE NUMBER ABOVE.

For general Information concerning your coverage contact:

VISIT Program Administrator
1-800-247-5575

VISIT Travel and Health Insurance Plan

Policy No. 9110155, 9119156, 9110157 and 9110158
Policyholder: The AIG Group Insurance Trust

Administrator: VISIT Travel and Health Insurance
P.O. Box 20069
Alexandria, Virginia 22320-9804

PLAN DESCRIPTION

The Company hereby insures all persons whose Application has been accepted by the Administrator on behalf of the Company and whose name is identified on the attached Declaration of Coverage page, subject to all of the exceptions, limitations and provisions as set forth herein and in the Master Policy of insurance issued by this Company. Coverage is afforded only with respect to the person, coverage, amounts and limits specified herein and as identified on the Declaration of Coverage page for the insurance requested on such Application and for which the specified premium has been paid.

NOTE: All coverage, benefits and premiums are in U.S. Dollar amounts.

PART I - INDIVIDUAL INSURANCE PROVISIONS

Eligibility

Any citizen of a country other than the U.S., age 69 and under, who is visiting the U.S., and any citizen of the U.S. who are traveling outside the U.S., for whom Application has been made and accepted by the Company.

Effective Date of Individual Insurance

Once the Administrator receives and accepts your Application and premium, individual coverage will become effective upon the latest of the following: (a) the moment of arrival in the United States; (b) the date the Application and premium are received; or (c) the date requested in the Application.

Termination Date of Individual Insurance

Individual coverage will terminate upon the earlier of the following: (a) the date shown on the Declaration of Coverage page, (b) the date such person ceases to be eligible for participation: provided however that such termination shall be without prejudice to any claim originating prior thereto.

Refund of Premium

Full refund of premium is made if written request is received by the Administrator prior to the Effective Date of coverage. Premium is considered fully earned and is not refundable for any term of coverage issued.

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 (l') the indemnity payable for any such loss shall be the amount stated opposite such loss in the Table of Losses, and the Principal Sum stated therein shall be the amount stated as the Principal Sum in the Declaration of Coverage page, 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.

Table of Losses

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	50% Principal Sum
Sight of One Eye	50% Principal Sum

The term "loss" as used 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. The term "Principal Sum" as used herein shall mean the amount stated in the Declaration of Coverage page.

Medical Expense Benefit

For injury or illness occurring during the Period of Coverage, the Company will pay 80% of reasonable and customary charges for Covered Medical Expenses resulting from a disablement, up to the coinsurance payment limit and after the payment of the Deductible amount identified on the Declaration of Coverage page. Thereafter, the Company will pay 100% of reasonable and customary charges for Covered Medical Expenses up to the Maximum Medical Benefit Amount selected. The Deductible and Medical Expense Maximum are applied to Covered Medical Expenses for each separate, distinct and

unrelated condition. The coinsurance is applied only once during any Period of Coverage. In no event shall the Company's maximum liability exceed the Maximum Medical Benefit Amount identified in the Declaration of Coverage page. The Deductible is an amount of Covered Medical Expenses for which no benefit is paid.

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

Covered Medical Expenses

For the purpose of this section, only such expenses incurred as the result of and within 26 weeks from a disablement, which are specifically enumerated in the following list of charges, and which are not excluded in Part III of this rider, entitled Exclusions, shall be considered as covered expenses:

1. Charges made by a hospital for room and board, floor nursing and other services exclusive of charges for professional service 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 semiprivate room and board accommodation or intensive care when 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, 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.

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 sickness of bodily injury in connection with which such 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 or charge are rendered or obtained.

Emergency Medical Evacuation Expense

The Company will pay benefits for Covered Expenses incurred up to the maximum stated in the Declaration of Coverage page if any injury or illness commencing during the course of a trip results in the necessary emergency evacuation of the Insured Person. An emergency 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 evacuation of the Insured Person.

Emergency 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/Country of Residence to obtain further medical treatment or to recover; or (c) both (a) and (b) above.

Covered Expenses are expenses, up to the maximum, for transportation, medical services and supplies necessarily incurred in connection with emergency evacuation of the Insured Person. All transportation arrangements made for evacuating the Insured Person must be by the most direct and economical route.

Expenses for special transportation must be: (a) recommended by the attending physician; or (h) 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 evacuation. Special transportation includes, but is not limited to, air ambulances, land ambulances and private motor vehicles. These arrangements are made through the Assistance Services provider.

Repatriation of Remains

The Company will pay the reasonable Covered Expenses incurred to return the Insured Person's body home (to his/her Home Country/ Country of Residence) if he or she dies, not to exceed the maximum stated in the Declaration of Coverage page.

Covered Expenses include, but are not limited to, expenses for embalming, cremation, coffins and transportation. It is further understood and agreed that with respect to Emergency Evacuation and Repatriation of Remains only:

- (a) Insurance to which this applies shall apply only to expenses which are incurred by an Insured Person while outside a 150 mile radius from his/her home or regular place of employment and which are coordinated through AIG Assist.

- (b) Exclusions 2, 3, & 4 of Section IV of the Policy shall be deleted.
- (c) The term 'Sickness' as used above means sickness or disease which causes loss covered herein for which symptoms are manifested while the policy is in force as to the Insured Person whose sickness is the basis for claim.

PART III- DEFINITIONS

Definitions

Hospital - as used in this Rider or any rider attached hereto, means a facility that: (1) is operated according to law for the care and treatment of injured people; (2) has organized facilities for diagnosis and surgery on its premises or in facilities available to it on a prearranged basis; (3) has 24 hour nursing service by registered nurses (R.N.'s); and (4) is supervised by one or more Physicians. A Hospital does not include: (1) a nursing, convalescent or geriatric unit of a hospital when a patient is confined mainly to receive nursing care; (2) a facility that is, other than incidentally, a rest home, nursing home, convalescent home or home for the aged; nor does it include any ward, room, wing, or other section of the hospital that is used for such purposes; or (3) any military or veterans hospital or soldiers home or any hospital contracted for or operated by any national government or government agency for the treatment of members or ex-members of the armed forces.

Immediate Family Member – means a person who is related to the Insured in any of the following ways: spouse, brother-in-law, sister-in-law, son-in-law, daughter-in-law, mother-in-law, father-in-law, parent (includes stepparent), brother or sister (includes stepbrother or stepsister), or child (includes legally adopted or stepchild).

Illness – means sickness or disease of any kind contracted and commencing after the effective date of this policy and causing loss covered by this policy.

Injury - means bodily injury caused by an accident that: (1) occurs while this Policy is in force as to the person whose injury is the basis of claim; (2) occurs while such person is participating in a Covered Activity; and (3) results directly and independently of all other causes in a covered loss.

Physician - means a licensed practitioner of the healing arts acting within the scope of his or her license who is not: 1) the Insured; 2) an Immediate Family Member; or 3) retained by the Policyholder. Such definition will exclude chiropractors and physiotherapists.

Home Country - means the country from which the Insured Person holds a passport.

Country of Residence - means the location or country where the Insured Person maintains his or her primary permanent residence.

PART IV – EXCLUSIONS

For Accidental Death and Dismemberment, this insurance does not cover:

1. suicide or any attempt thereat by the Insured Person while sane or self destruction or any attempt thereat 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 in consequence of riding as a passenger or otherwise in any vehicle or device for aerial navigation, except as provided in Part B of Section II, Definition of Injury and Scope of Coverage;
6. declared or undeclared war or any act thereof;
7. service in the military, naval or air service of any country;
8. piloting or acting as a crew member or riding in any aircraft except as a fare paying passenger in a scheduled airline.

For Medical Expense Benefit, 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 a licensed physician was consulted, or for which treatment or medication was prescribed 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 thereat while sane or self-destruction or any attempt thereat while insane;
4. Declared or undeclared war or any act thereof;
5. For injury sustained while participating in professional athletics;
6. For pregnancy, childbirth, miscarriage or abortion, unless specifically provided by the plan;
7. For routine physical 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 the prior call or attendance of a physician;
8. For cosmetic or plastic surgery, except as the result of an accident;
9. For elective surgery which can be postponed until the insured returns to his/her country of residence;
10. For any mental or nervous disorders or rest cures;
11. For dental care, except as the result of injury to natural teeth caused by an accident;
12. For eye refraction's or eye examinations for the purpose prescribing corrective lenses for eye glasses or for the fitting thereof, unless caused by accidental bodily injury incurred while insured hereunder;
13. In connection with alcoholism and drug addiction, or use of any drug or narcotic agent;
14. For congenital anomalies and conditions arising out of or resulting therefrom;
15. For expenses which are non-medical in nature;
16. For the ordinary cost of a one-way airplane ticket used in the transportation back to the insured's country where an air ambulance benefit is provided;
17. For expenses as a result of or in connection intentionally self-inflicted injury;
18. For expenses as a result of or in connection with the commission of a felony offense;
19. For specific named hazards: motorcycle driving, scuba diving, skiing, mountain climbing, sky diving, professional or amateur racing, and piloting any aircraft;
20. 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.

PART V - POLICY PROVISIONS

1. NOTICE OF CLAIM: Written notice of claim must be given to the Company within twenty 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 to any authorized agent of the Company, with information sufficient to identify the Insured Person shall be deemed notice to the Company.

2. CLAIMS 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 proofs of loss. If such forms are not furnished within fifteen 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 the loss for which claim is made.

3. PROOF OF LOSS: Written proof of loss must be furnished to the Company at its aid office in case of claim for loss for which this policy provides any periodic payment contingent upon continuing loss within ninety days after the termination of the period for which the Company is liable and in case of claim for any other loss within ninety 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 will be paid immediately upon receipt of due written proof of such loss. Subject to due written proof of loss, all accrued indemnities for loss for which the policy provides periodic payment will be paid at the expiration of each four 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 CLAIMS: 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 sickness 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 action at law or in equity shall be brought to recover on the policy prior to the expiration of sixty days after written proof of loss has been furnished in accordance with the requirements of this policy. No such action shall be brought after the expiration of three years after the time written proof of loss is required to be furnished.

8. CONFORMITY WITH STATE STATUTES: Any provision of the policy which, on its effective date, is in conflict with the statutes of the state in which the policy was delivered or issued for delivery is hereby amended to conform to the minimum requirements of such statutes.

VISIT Plan Administrator
1-800-247-5575
1-703-991-9164 Fax
WEBSITE – www.visitinsurance.com



THE INSURANCE COMPANY OF THE STATE OF PENNSYLVANIA

A CAPITAL STOCK COMPANY INCORPORATED 1794

Philadelphia, Pa.

(Herein called the Company)

GLB 9110156

In consideration of the payment of premium in the manner and at the time stated in Item 6 of Section I, Declarations, agrees with the Policyholder named in the Declarations (herein called Policyholder) to insure eligible persons of the Policyholder (herein individually called Insured Person), to the extent herein provided and subject to all of the exceptions, limitations and provisions of the Policy.

Section I

DECLARATIONS

1. Name of Policyholder: SunTrust Bank as Trustee for the AIG
Group Insurance Trust (District of Columbia),
VISIT Travel and Health Insurance Plan B

Address: 1445 New York Avenue, NW
Washington, DC 20005-2108

2. Policy Effective Date: July 1, 2006
Policy Expiration Date: July 1, 2007

3. Eligible Persons

The following persons shall be eligible for insurance hereunder:

<u>Class</u>	<u>Description of Class</u>
I	All participants of a Participating Organization, age 69 and under, who are traveling to the United States.
II	All participants of a Participating Organization, age 69 and under, who are traveling outside the United States.

Coverage is applicable while on a Trip to the United States or while traveling on a Trip to an International Destination.

A *Trip* begins when you depart from your Home Country/Country of Permanent Residence, and ends when you return.

Home Country is the country from which the Insured Person holds a passport.

Country of Permanent Residence is the location or country where the Insured Person maintains a primary permanent residence.

4. Schedule of Benefits:

The insurance afforded hereunder is only with respect to such and so many of the Indemnities as are indicated by a specific amount set below each such indemnity listed in this Schedule and is only with respect to Insured Persons in the classes designated herein. Indemnities not afforded hereunder are so indicated by the word "Nil" set below each such indemnity listing.

		Weekly Accident Indemnity	Accidental Medical Treatment Benefit
Class	Principal Sum	Weekly Amount	Maximum No. of Weeks Payable
I & II	\$15,000	Nil	Nil - See Rider #1

5. Aggregate Limit of Indemnity Per Accident: \$250,000

6. Premium:

The premium for this policy shall be determined as follows:

Unit of Exposure: (each Insured Person, travel expenses, payroll or other):

<u>Class</u>	<u>Rate Per Unit of Exposure</u>	<u>Estimated Units of Exposure</u>	<u>Premiums</u>
I & II	1 - 14 days	per person	\$54.00
	15 - 31 days	per person	\$92.00
	up to 3 months	per person	\$264.00
	up to 6 months	per person	\$524.00
	up to 12 months	per person	\$1,047.00

Premium - Subject to Audit: \$ To Be Determined
Exposure and Premium to be reported on a monthly basis.

7. Policy At Issue:

The following forms constitute the entire policy at issue:

AIU-GTA -1 through AIU-GTA-10, Hazard H-15A, Rider #1, Rider #2,
Travel Assistance Service Agreement

Section II

DEFINITION OF INJURY AND SCOPE OF COVERAGE

Part A

“Injury” wherever used in the policy means bodily injury caused by an accident and resulting directly and independently of all other causes in loss covered by the policy, provided such injury is sustained by the Insured Person:

- (1) while the policy is in force with respect to such person, and
- (2) under the circumstances and in the manner described in the Hazard of Part B of this Section II, which is applicable to such person, provided that:
 - (a) if an entry is stated herein, the Hazard applicable to all Insured Persons shall be Hazard ;
 - or
 - (b) if entries are stated herein, the Hazard applicable to an Insured Person’s class shall be as stated herein.

Class	Hazard Applicable to Class
I & II	H-15A

If by reason of an accident covered by the policy an Insured Person is unavoidably exposed to the elements and as a result of such exposure suffers a loss for which indemnity is otherwise payable hereunder such loss will be covered under the terms of the policy.

Section II

DEFINITION OF INJURY AND SCOPE OF COVERAGE

Part B

Hazard H-15A

24 HOUR ACCIDENT PROTECTION WHILE ON A SPECIFIC TRIP

The Hazards described in this Hazard H-15A apply only to those Insured Person who are within a class to which this Hazard applies as stated in Part A of this Section II.

DESCRIPTION OF HAZARDS

Such insurance as is afforded to an Insured Person to which this Hazard H-15A applies, shall apply only to injury, as defined in Part A of this Section II, sustained by such person during the course of a trip sponsored by the Policyholder.

Such trip shall be deemed to have commenced when the Insured Person leaves his country of permanent residence for the purpose of going on such trip, and shall continue until such time as he returns to his country of permanent residence.

Such insurance includes such injury sustained during such trip while the Insured Person is riding as a passenger (but not as a pilot, operator or member of the crew) in or on, boarding or alighting from:

- (1) any civilian aircraft having a current and valid airworthiness certificate, and piloted by a person who then hold a valid and current certificate of competency of a rating authorizing him to pilot such aircraft;

or

- (2) any transport type aircraft operated by the Military Airlift Command (MAC) of the United States, or by the similar air transport service of any duly constituted similar air transport service of any duly constituted governmental authority of any other recognized country;

provided that this Hazard H-15A shall not apply while such Insured Person is riding in any civilian or military aircraft other than as expressly described herein, unless previously consented to in writing by the Company.

Hazard H-15A
(Continued)

EXCLUSIONS

Such insurance as is afforded an Insured Person to which this Hazard H-15A applies, does not apply to any loss, fatal or non-fatal, caused by or resulting from injury sustained while the Insured Person is:

- (1) flying in any aircraft being used for or in connection with acrobatic or stunt flying, racing or endurance tests;
- (2) flying in any rocket-propelled aircraft;
- (3) 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, bird or fowl herding, aerial photography, banner towing or any test or experimental purpose, unless previously consented to in writing by the Company;
- (4) 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, unless previously consented to in writing by the Company.

DEFINITION

The term "airworthiness certificate" as used in this Hazard shall mean the "Standard" airworthiness Certificate issued by the Federal Aviation Agency of the United States or its foreign equivalent issued by the governmental authority having jurisdiction over civil aviation in the country of its registry.

Section III

COVERAGE

Accidental Death and Dismemberment Indemnity

The Company shall pay an indemnity determined from the Table of Losses if an Insured Person sustains a loss stated therein resulting from injury, provided that:

- (a) such loss occurs (1) within 365 days after the date of accident causing such loss; or (2) if Weekly Accident Indemnity is provided under the Policy with respect to an Insured Person, within a period of continuous total disability resulting from such injury and for which indemnities are payable with respect to such person under such provision, but within fifty-two weeks 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 said Table and the Principal Sum stated therein shall be the amount stated as Principal Sum in Item 4 of Section I, Declarations, as applicable to such person and this Coverage; and
- (c) if more than one loss stated in said Table is sustained as the result of one accident, only one of the amounts so stated in said Table, the largest, shall be payable.

Table of Losses

For Loss of:	Indemnity
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

The term "loss" as used 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.

Disappearance

If the body of an Insured Person has not been found within one year of the disappearance, forced landing, stranding, sinking or wrecking of a conveyance in which such person was an occupant, then it shall be deemed, subject to all other terms and provisions of the policy, that such Insured Person shall have suffered loss of life within the meaning of the Policy.

Section III

COVERAGE (continued)

Beneficiary Designation and Change

The beneficiary or beneficiaries of an Insured Person shall be that person or those persons designated by the Insured Person and filed with the Company.

Any Insured Person who has not made an irrevocable designation of beneficiary may designate a new beneficiary at any time, without the consent of the beneficiary, by filing with the Company a written request for such change but such change shall become effective only upon receipt of such request at the Executive Office of the Company. When such request is received by the Company, whether the Insured Person be then living or not, the change of beneficiary shall relate back to and take effect as of the date of execution of the written request, but without prejudice to the Company on account of any payment theretofore made by it.

Aggregate Limit of Indemnity

The Aggregate Limit of Indemnity stated in Item 5 of the Declarations shall be the total limit of the Company's liability for all indemnities payable under Accidental Death and Dismemberment Indemnity with respect to all classes of Insured Persons arising out of injury sustained by two or more Insured Persons as the result of any one accident.

If the total of such indemnity exceeds said Aggregate Limit of Indemnity, the Company shall not be liable to any one such Insured Person for a greater proportion of such Insured Person's Indemnity afforded by the Accidental Death and Dismemberment Indemnity than said Aggregate Limit of Indemnity bears to the total Indemnities afforded by this Accident Death and Dismemberment Indemnity to all such Insured Persons.

EXCESS BENEFITS

All coverages, except Accidental Death and Dismemberment, shall be in excess of all other valid and collectible insurance indemnity and shall apply only when such benefits are exhausted.

Section IV

EXCLUSIONS

The policy does not cover any loss, fatal or non-fatal, caused by or resulting from:

1. suicide or any attempt thereat by the Insured Person while sane or self destruction or any attempt thereat 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 in consequence of riding as a passenger or otherwise in any vehicle or device for aerial navigation, except as provided in Part B of Section II, Definition of Injury and Scope of Coverage;
6. declared or undeclared war or any act thereof;
7. service in the military, naval or air service of any country;
8. piloting or acting as a crew member or riding in any aircraft except as a fare paying passenger in a scheduled airline.

Section V

POLICY PROVISIONS

1. ENTIRE CONTRACT; CHANGES: The policy, including the endorsements and the attached papers, if any, constitutes the entire contract of insurance. No change in the policy shall be valid until approved by an executive officer of the Company and unless such approval be endorsed hereon. No agent has authority to change this policy or to waive any of its provisions.

2. NOTICE OF CLAIM: Written notice of claim must be given to the Company within twenty 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 to any authorized agent of the Company, with information sufficient to identify the Insured Person shall be deemed notice to the Company.

3. CLAIMS 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 proofs of loss. If such forms are not furnished within fifteen 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 the loss for which claim is made.

4. PROOFS OF LOSS: Written proof of loss must be furnished to the Company at its aid office in case of claim for loss for which this policy provides any periodic payment contingent upon continuing loss within ninety days after the termination of the period for which the Company is liable and in case of claim for any other loss within ninety 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.

5. TIME OF PAYMENT OF CLAIMS: Indemnities payable under the policy for any loss other than loss for which the policy provides any periodic will be paid immediately upon receipt of due written proof of such loss. Subject to due written proof of loss, all accrued indemnities for loss for which the policy provides periodic payment will be paid at the expiration of each four 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.

6. PAYMENT OF CLAIMS: 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.

Section V

POLICY PROVISIONS

(continued)

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.

7. **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 sickness 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.

8. **LEGAL ACTIONS:** No action at law or in equity shall be brought to recover on the policy prior to the expiration of sixty days after written proof of loss has been furnished in accordance with the requirements of this policy. No such action shall be brought after the expiration of three years after the time written proof of loss is required to be furnished.

9. **CONFORMITY WITH STATE STATUTES:** Any provision of the policy which, on its effective date, is in conflict with the statutes of the state in which the policy was delivered or issued for delivery is hereby amended to conform to the minimum requirements of such statutes.

Section VI

ADDITIONAL PROVISIONS

1. **POLICY PERIOD:** The Policy shall become effective upon the Policy Effective Date shown in Item 2 of Section I, at 12:01 A.M. standard time at the address of the Policyholder stated in Item 1 thereof and shall continue in force until the Policy Expiration Date stated in Item 2 of Section I, Declarations.

2. **PREMIUM:** Premiums due for the policy shall be remitted to the company by an officer of the Policyholder or by any other person designated by the Policyholder to remit such premiums. The premium bases and rates are as stated in Item 6 of Section I, Declarations.

(a) **ESTIMATED ANNUAL PREMIUM SUBJECT TO AUDIT:** If premium is set opposite Estimated Annual Premium, Subject to Audit, in Item 6 of Section I, such premium is to be an estimated premium only. Upon conclusion of the first and each renewal policy year, or upon termination of the policy, the Company shall audit such of the Policyholder's records as have a bearing on this insurance to determine the earned premium for the insured afforded.

(b) **ANNUAL PREMIUM NOT SUBJECT TO AUDIT:** If premium is set opposite Annual Premium, Not Subject to Audit in Item 6 of Section I, such premium shall be the total earned premium for all such insurance as is afforded by the Policy for the first policy year and shall not be subject to any adjustment.

(c) **CHANGE OF PREMIUM RATE:** Subject to the provisions of Additional Provision 7 of this section, on the first renewal of the policy and on each renewal thereafter, the company may, by notifying the Policyholder, change the rate at which further premiums, including the once then due, shall be computed.

(d) **PAYMENT OF PREMIUM:** Estimated Annual Premiums-Subject to Audit, or Annual Premium - Not Subject to Audit, for the policy shall become due and payable on the effective date of the policy and on any renewal date thereof, provided that such premiums may be paid in installments in accordance with and if so designated in Item 6 of Section I, Declarations.

(e) **GRACE PERIOD:** A grace period of thirty-one days will be granted for the payment of each premium falling due after the first premium, during which grace period the policy will continue in force, but the Policyholder shall be liable to the company for the payment of the premium accruing for the period the policy continues in force.

3. **EFFECTIVE DATE AND TERMINATION DATES OF INDIVIDUAL INSURANCE:** The persons eligible for inclusions as Insured Persons hereunder shall be all persons denoted in Item 3 of Section I, Declarations. Commencing on the date any such eligible person comes within any classification established therein, such person shall automatically become an Insured Person with respect to such insurance as is afforded by the policy as applicable to such person's class.

Section VI

ADDITIONAL PROVISIONS

(continued)

Any change in the insurance afforded an Insured Person, which results from a change of class of such person, shall become effective on the date such person's class changes, provided that, if such person is absent from active full-time work because of injury on the date such changes in coverage would otherwise become effective, such change in coverage shall become effective upon the date such person returns to active full-time work.

Coverage with respect to any Insured Person shall immediately terminate on the termination date of the policy or at the time such person ceases to come within any such classification, whichever is earlier; provided however, that such termination shall be without prejudice to any claim originating prior thereto.

4. **CERTIFICATE OF INSURANCE:** The Company shall issue to the Policyholder for delivery to each Insured Person an individual certificate which shall state the essential features of insurance to which such person is entitled and to whom benefits are payable if required to do so by the laws of the estate in which the Insured Person resides when his insurance becomes effective.

5. **DATA FURNISHED BY POLICYHOLDER:** If requested to do so by the company the Policyholder shall furnish the Company with the names of all persons initially Insured, of all new persons who become Insured, and of all Insured Persons whose Insurance is canceled, together with the data necessary for the calculation of premium. Failure on the part of the Policyholder to furnish the name of an Insured Person to the company shall not invalidate his insurance; nor shall failure on the part of the Policyholder to report termination of insurance of a person continue such insurance in force beyond the date of termination determined in accordance with Additional Provision 3 of this Section.

6. **ASSIGNMENT:** The insurance provided hereunder is not assignable, but benefits may be assigned in accordance with Section V, Policy Provision 6, Payment of Claims.

7. **RENEWAL:** The policy may be renewed for further consecutive terms by the payment, prior to the expiration of the Grace Period as provided in Additional Provision 2, of the premium as provided in Additional Provision 2.

8. **NOT IN LIEU OF WORKER'S COMPENSATION:** The policy is not in lieu of and does not affect any requirement for coverage by Worker's Compensation insurance.

IN WITNESS WHEREOF, THE INSURANCE COMPANY OF THE STATE OF PENNSYLVANIA, THROUGH ITS AGENT, AMERICAN INTERNATIONAL UNDERWRITERS, HAS CAUSED THE POLICY TO BE ISSUED BUT IT SHALL NOT BE BINDING UPON THE COMPANY UNLESS COUNTERSIGNED BY A LICENSED RESIDENT AGENT OF THE COMPANY.

COUNTERSIGNED BY: _____
(LICENSED RESIDENT AGENT)

POLICY AMENDMENT RIDER #1 (page 1 of 4)

It is understood and agreed that Section III, Coverage is amended to include the following:

MEDICAL EXPENSES

It is hereby understood and agreed that Section III, Coverage is amended to include the following:

The Company will pay benefits, as defined in Part I of this rider, entitled Schedule of Benefits, with respect to covered expenses as defined in Part II of this rider, entitled Covered Expenses, resulting from disablement. Coverage is limited to covered expenses incurred subject to the limitations contained in Part III of this rider, entitled Exclusions. 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 this policy. All bodily injuries sustained in any one accident shall be considered one disablement, all bodily disorders existing simultaneously which are due to the same or related causes shall be considered one disablement. If a disablement is due to causes which are the same or related to the cause of a prior disablement (including complications arising therefrom), the disablement shall be considered a continuation of the prior disablement and not a separate disablement.

Initial treatment of an injury must occur within 60 days of the accident or during the period of coverage, whichever is earlier. Illness must first manifest itself during the period of coverage.

Part I Schedule of Benefits

When a covered injury or illness results, the Company will pay for:

In Hospital Medical Services	80% of covered expenses
In Hospital Surgical Services	80% of covered expenses
Out of Hospital Medical Expenses	80% of covered expenses Excess of a <u>\$100.00</u> deductible

- Pregnancy/Childbirth/Miscarriage: Maximum of \$25,000 per policy year
- Dental Treatment: 80% of the usual & reasonable charges to a maximum of \$1,000 per policy year.
- Prescription Drugs: 80% of the usual & reasonable charges to a maximum of \$1,000 per policy year.
- Physiotherapy: Accident only, when prescribed by the attending physician, limited to one visit per day, \$25 per visit, to a maximum of \$500 per policy year.
- Psychotherapy: The treatment of mental disorders, nervous disorders, alcoholism, and drug addiction, up to \$30 per visit, one visit per day, to a maximum of \$5,000 all charges combined.
- Organ transplant, bone marrow transplant, skin grafts, kidney dialysis or similar treatments limited to \$10,000 all charges combined.

In no event shall the Company's maximum liability exceed \$100,000 as to covered expenses per any one period of individual coverage.

The policy will pay 80% of the first \$5,000 of covered medical expenses incurred. Excess of \$5,000, the policy will pay 100% up to the maximum amount stated above.

The deductible is the dollar amount of covered expenses which must be incurred as an out-of-pocket expense by each Insured, for any one disablement.

POLICY AMENDMENT RIDER #1 (page 2 of 4)

Part II

Covered Expenses

For the purpose of this section, only such expenses incurred as the result of and within 26 weeks from a disablement, which are specifically enumerated in the following list of charges, and which are not excluded in Part III of this rider, entitled Exclusions, shall be considered as covered expenses:

1. Charges made by a hospital for room and board, floor nursing and other services exclusive of charges for professional service 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 semiprivate room and board accommodation or intensive care when 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, 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.

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 sickness or bodily injury in connection with which such 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 or charge are rendered or obtained.

POLICY AMENDMENT RIDER #1 (page 4 of 4)

- (17) For expenses as a result of or in connection intentionally self-inflicted injury;
- (18) For expenses as a result of or in connection with the commission of a felony offense;
- (19) For specific named hazards: motorcycle driving, scuba diving, skiing, mountain climbing, sky diving, professional or amateur racing, and piloting any aircraft;
- (20) 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.

Definitions

Hospital - as used in this Rider or any rider attached hereto, means a facility that: (1) is operated according to law for the care and treatment of injured people; (2) has organized facilities for diagnosis and surgery on its premises or in facilities available to it on a prearranged basis; (3) has 24 hour nursing service by registered nurses (R.N.'s); and (4) is supervised by one or more Physicians. A Hospital does not include: (1) a nursing, convalescent or geriatric unit of a hospital when a patient is confined mainly to receive nursing care; (2) a facility that is, other than incidentally, a rest home, nursing home, convalescent home or home for the aged; nor does it include any ward, room, wing, or other section of the hospital that is used for such purposes; or (3) any military or veterans hospital or soldiers home or any hospital contracted for or operated by any national government or government agency for the treatment of members or ex-members of the armed forces.

Immediate Family Member – as used in this Rider or any rider attached hereto, means a person who is related to the Insured in any of the following ways: spouse, brother-in-law, sister-in-law, son-in-law, daughter-in-law, mother-in-law, father-in-law, parent (includes stepparent), brother or sister (includes stepbrother or stepsister), or child (includes legally adopted or stepchild).

Illness – as used in this Rider or any rider attached hereto, means sickness or disease of any kind contracted and commencing after the effective date of this policy and causing loss covered by this policy.

Injury - as used in this Rider or any rider attached hereto, means bodily injury caused by an accident that: (1) occurs while this Policy is in force as to the person whose injury is the basis of claim; (2) occurs while such person is participating in a Covered Activity; and (3) results directly and independently of all other causes in a covered loss.

Physician - as used in this Rider or any rider attached hereto, means a licensed practitioner of the healing arts acting within the scope of his or her license who is not: 1) the Insured; 2) an Immediate Family Member; or 3) retained by the Policyholder. Such definition will exclude chiropractors and physiotherapists.

This rider takes effect on July 1, 2006 12:01 A.M. Standard Time at _____ Washington, DC and it expires concurrently with the policy and is subject to all of the provisions, definitions, limitations and conditions of the policy not inconsistent herewith.

Attached to and made a part of Policy No. GLB 9110156 issued to SunTrust Bank as Trustee for the AIG Group Insurance Trust (District of Columbia), VISIT Travel and Health Insurance Plan B by the Insurance Company of the State of Pennsylvania.

POLICY AMENDMENT RIDER #2 (page 1 of 2)

It is hereby understood and agreed that Section III, Coverage, is amended to include the following:

EMERGENCY EVACUATION

The Company will pay benefits for covered expenses incurred up to a maximum of **\$50,000** if an injury or sickness commencing during the course of a trip results in the necessary emergency evacuation of the Insured Person. An emergency evacuation must be ordered by a legally licensed physician who certifies that the severity of the Insured Person's injury or sickness warrants the emergency evacuation of the Insured Person.

Emergency Evacuation means:

- a) the Insured Person's medical condition warrants immediate transportation from the place where the Insured Person is injured or sick 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 or her then current place of primary residence to obtain further medical treatment or to recover; or
- c) both a) and b) above.

Covered expenses are expenses, up to the maximum, for transportation, medical services and medical supplies necessarily incurred in connection with emergency evacuation of the Insured Person.

All transportation arrangements made for evacuating the Insured Person must be by the most direct and economical route. 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 services and supplies must be recommended by the attending physician.

Transportation means any land, water or air conveyance required to transport the Insured Person during an emergency evacuation.

Special Transportation includes, but is not limited to, air ambulance, land ambulance, and private motor vehicles.

REPATRIATION OF REMAINS

The Company will pay the reasonable covered expenses incurred to return the Insured Person's body home if he or she dies, not to exceed the maximum of **\$10,000**.

Covered expenses include, but are not limited to, expenses for embalming, cremation, coffins and transportation.

It is further understood and agreed that with respect to Emergency Evacuation and Repatriation of Remains only:

- (a) Insurance to which this applies shall apply only to expenses which are incurred by an Insured Person while outside a 150 mile radius from his/her home or regular place of employment and which are coordinated through AIG Assist.
- (b) Exclusions 2, 3, & 4 of Section IV of the Policy shall be deleted.
- (c) The term 'Sickness' as used above means sickness or disease which causes loss covered herein for which symptoms are manifested while the policy is in force as to the Insured Person whose sickness is the basis for claim.

This rider takes effect on July 1, 2006 12:01 A.M. Standard Time at _____ Washington, DC and it expires concurrently with the policy and is subject to all of the provisions, definitions, limitations and conditions of the policy not inconsistent herewith.

Attached to and made a part of Policy No. GLB 9110156 issued to SunTrust Bank as Trustee for the AIG Group Insurance Trust (District of Columbia), VISIT Travel and Health Insurance Plan B by the Insurance Company of the State of Pennsylvania.