

GatewayConnexions USA,SM
a service of Seabury & Smith, Inc.



Accident and Medical Insurance
for International Exchange Participants

MARSH



MARSH MERCER KROLL
GUY CARPENTER OLIVER WYMAN



Designed Expressly for International Exchange Activities

Participants in international exchange activities often need additional insurance coverage when existing group or individual insurance plans are not appropriate, or if their national health plan is limited beyond the Home Country.

As a solution, GatewayConnexions USA, a service of Seabury & Smith, Inc., offers insurance and services to persons who travel to the United States to participate in international business, academic, or cultural exchange programs or other similar events or activities arranged by a sponsoring organization. Coverage also applies during incidental trips to Canada, the Bahamas, Bermuda, or Mexico.

GatewayConnexions USA offers insurance for accident and medical expenses, medical evacuation and repatriation, and accidental death and dismemberment. The Plan also features important medical and travel assistance services.

Eligibility Requirements

Eligibility for GatewayConnexions USA requires the insured(s) to meet all of the following conditions:

- **Home Country** is not the United States
- **Country of Residence** is not the United States
- the primary purpose of stay in the United States is to participate in a sponsored or planned international exchange activity

Spouse and/or unmarried dependent children (over 14 days old and under the age of 18) are also eligible when they accompany the exchange activity participant **and** meet the requirements outlined above.

A child over the age of 18 is not considered a dependent child for this insurance plan. Children over the age of 18 can apply under separate Application and must meet the eligibility requirements shown above.

If the exchange activity participant has other insurance through the sponsor or host organization, accompanying dependents can apply for GatewayConnexions USA.

Home Country and Country of Residence Defined

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

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

Plan Features

Coverage	Maximum Limits ¹	
	Plan A	Plan B
Medical Insurance		
Medical Expense² Deductible \$150 per person, per Term of Insurance	\$50,000	\$100,000
Other Insurance		
Emergency Medical Evacuation	\$50,000	
Repatriation of Remains	\$20,000	
Accidental Death & Dismemberment (AD&D)	\$25,000 Principal Sum	
Services		
Worldwide Medical & Travel Assistance	Included	

¹ Medical Expense Maximum is limited to \$50,000 for Insureds age 70 through 79 and \$10,000 for Insureds age 80 and over.

² Only Covered Medical Expenses which are considered reasonable and customary are eligible expenses.

How the Medical Insurance Works

For **Covered Medical Expenses** during a **Term of Insurance**, the GatewayConnexions USA plan works like this:

- Each Insured Person must meet the \$150 Deductible. The Deductible is applied once during each new Term of Insurance. For Term of Insurance that is extended by renewal, the Deductible is applied once during every 12-month period from the original **Effective Date** of insurance.
- After the Deductible, the Plan pays 80% of the reasonable and customary charges for Covered Medical Expenses up to \$5,000. Thereafter, the Plan pays 100% of the reasonable and customary charges for remaining Covered Medical Expenses up to the **Medical Expense Maximum** or the **Maximum Coverage Period**, whichever occurs first.

- Each Insured Person is responsible for 20% of the first \$5,000 of Covered Medical Expenses during each Term of Insurance.
- The Maximum Coverage Period is 52 weeks from the date of covered injury or onset of covered illness.
- The Medical Expense Maximum and the Maximum Coverage Period apply to each separate, distinct, and unrelated condition.

The **Description of Coverage** section provides details about Covered Medical Expenses, Exclusions, and Limitations.

Effective Date and Expiration Date of Insurance

Once the Administrator receives and accepts the Application and premium, the **Effective Date** of insurance is the latest of these dates:

- arrival date in the United States
- the date Application and premium are received
- the date requested on the Application form

The **Expiration Date** of insurance is the earlier of these dates:

- the date of departure for a location outside the United States
- the date shown on the insurance documents mailed upon issuance

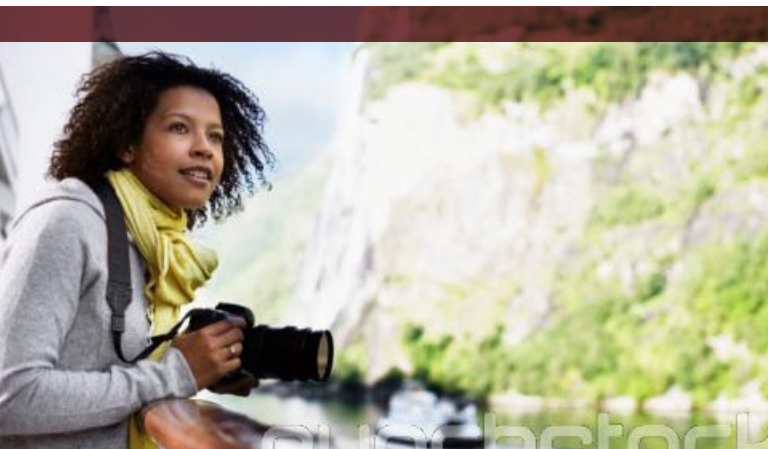
Term of Insurance

A **Term of Insurance** starts on the **Effective Date** of insurance and ends on the **Expiration Date** of insurance.

- Minimum term is 15 days
- Maximum initial or renewal term is 12 months, up to a total of 36 consecutive months

Enrollment Options

- **INITIAL enrollment** — for initial Application requesting insurance for:
 - 3 months or more (up to an initial maximum term of 12 consecutive months)** — a renewal notice is automatically sent to the U.S. mailing address on file 45 days prior to the Expiration Date.
 - Less than 3 months** — no renewal notice is sent. If additional months are needed, a new Application must be submitted for a new Term of Insurance. Each **subsequent Application** represents a new Term of Insurance, subject to all policy provisions.
- **RENEWAL** — Term of Insurance can be renewed for up to 12 months at a time to the maximum total of 36 consecutive months as long as eligibility requirements continue to be met and Administrator receives the Renewal Form with premium payment on or before the Expiration Date of insurance. Minimum renewal term is 3 months (or less if final renewal). Upon renewal, the Expiration Date of insurance is adjusted according to the number of months requested on renewal.



Description of Coverage

Medical Expenses

If an injury or illness occurs during the **Term of Insurance**, only those expenses specifically described below, and which are incurred within the **Maximum Coverage Period** (52 weeks from the date of such injury or onset of such illness), and which are not excluded (see Exclusions section) are considered **Covered Medical Expenses**. Initial treatment of an injury must occur within 60 days of the accident.

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 transfusions 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;

The charges listed shall in no event include any amount of such charges which are in excess of reasonable and customary charges.

Exclusions

For Medical Expenses, this insurance does not cover:

1. Pre-existing Conditions, defined as illness, injury or manifestation of symptoms for which a licensed physician was consulted, or for which treatment or

medication was prescribed, within 12 months prior to the Insured Person's **Effective Date** of insurance;

2. Services, supplies or treatment, including any period of hospital confinement, which are not recommended, approved and certified as necessary and reasonable by a physician, or expenses which are non-medical in nature;
3. Expenses incurred as a result of or in connection with a) declared or undeclared war, or any act thereof; b) injury sustained while participating in professional sports, sponsored scholastic or amateur athletics, which are defined as organized sports activities associated with a team, league, or similar group; c) intentionally self-inflicted injury, suicide while sane or attempted suicide while insane; d) motorcycle driving, scuba diving, mountain climbing, sky diving, professional or amateur racing, piloting an aircraft; or e) commission of a felony;
4. Expenses for a) pregnancy, childbirth or miscarriage; b) routine physicals; c) cosmetic or plastic surgery, except as the result of an accident; d) elective surgery; e) any mental and nervous disorders or rest cures; f) dental care, except as the result of injury to natural teeth caused by accident; g) eye refractions 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; h) alcoholism or drug addiction or use of any drug or narcotic agent; or i) treatment by a family member;
5. Treatment paid for or furnished under any other individual or group policy, or other service or medical pre-payment plan arranged through an 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;
6. Loss or expense caused by, contributed to, or resulting from any loss that occurs while traveling or enrolling solely for the purpose of obtaining medical treatment, while on a waiting list for a specific treatment, or while traveling against the advice of a physician.

Emergency Medical Evacuation Expenses

If injury or illness commencing during the **Term of Insurance** warrants immediate transportation to the nearest medical facility where appropriate medical treatment can be obtained, or if after being treated at a local hospital the condition warrants transportation to the Home Country/Country of Residence for further medical treatment or to recover, or both, all eligible expenses incurred are covered up to a maximum of \$50,000. An emergency evacuation must be recommended by a legally licensed attending physician who certifies that the severity of injury or illness necessitates such emergency evacuation and must be agreed upon by you or your representative. **In the event this coverage is needed, arrangements must be made by the Assistance Services provider.**

If an Insured Person is hospitalized for more than 7 days and is receiving care outside the Home Country/Country of Residence, the Plan will pay up to the cost of round-trip economy airfare to bring a person chosen by the Insured Person to and from his/her bedside, if the Insured Person is not accompanied by immediate family. **These transportation arrangements must be authorized in advance, and made by the Assistance Services provider.**

Repatriation of Remains Expenses

If injury or illness commencing during the **Term of Insurance** results in death, all reasonable expenses incurred for preparation and return of the remains to the Home Country/Country of Residence are covered up to a maximum of \$20,000.

In the event this coverage is needed, arrangements are made by the Assistance Services provider.

Exclusions

For Emergency Medical Evacuation and Repatriation, this insurance does not cover:

Expenses incurred as a result of or in connection with
a) declared or undeclared war, or any act thereof;
b) injury sustained while participating in professional sports; c) intentionally self-inflicted injury, suicide while sane or attempted suicide while insane; d) commission of a felony; e) professional racing, participation in contests of speed, or piloting an aircraft; f) pregnancy, except complications of pregnancy; g) alcoholism or drug addiction.

Accidental Death & Dismemberment Coverage (AD&D)

\$25,000 Principal Sum.....Included
\$100,000 Additional Principal Sum.....Optional

GatewayConnexions USA includes \$25,000 AD&D Principal Sum for each Insured Person and Insured Spouse, with partial coverage for each Insured Eligible Child(ren) (see the Table of Losses).

If you wish to purchase the Optional Additional Principal Sum, it must be purchased for each adult (Insured Person and Insured Spouse) listed on the Application, and additional premium must be paid at time of Application. This option is not available for Insured Persons under the age of 18. Purchase of this optional coverage does not affect the AD&D coverage amount for Insured Child(ren).

If an injury occurs during your **Term of Insurance** and results in one of the following losses within 365 days after an accident, the Plan will pay for the loss as follows:

Table of Losses	Insured or Spouse	Each Child
Loss of Life	Principal Sum	\$5,000
Loss of Two Members	Principal Sum	\$5,000
Loss of One Member	50% of Principal Sum	\$2,500

“Member” means hand, foot or eye. “Loss” means with regard to hands and feet, actual severance through or above wrist or ankle joints, and with regard to eyes, entire and irrecoverable loss of sight. Only one amount, the largest to which you are entitled, is paid for all losses resulting from one accident.

Exclusions

For Accidental Death & Dismemberment, this insurance does not cover losses resulting from:

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

Assistance Services

Assistance services are provided by AIGAssist (AIG International Services).

Eligibility for any of the assistance services outlined below is effective once insured. Services can be accessed 24 hours a day, 7 days a week.

- **Medical Assistance** — help in obtaining medical care, arranging special medical services when traveling; medical case monitoring; arranging communication between patient, family, physicians, employer, consulate; coordination and arrangement for medical transportation if the traveler becomes injured or seriously ill and needs to be evacuated to an appropriate medical treatment facility or return to the Home Country/Country of Residence.
- **Repatriation** — coordinate the return of remains to the Home Country/Country of Residence if death occurs while traveling.
- **Emergency Travel Assistance** — advice on handling losses and delays; help with lost passports, tickets and documents; advice on filing insurance claims; relaying emergency messages.
- **Travel Emergency Legal Assistance** — arranging for traveler to obtain needed help from local attorneys, embassies and consulates.

Refund of Premium

Full refund of premium is made if written request is received by the GatewayConnexions Administrator prior to the **Effective Date** of insurance. Premium is considered fully earned and is not refundable for any Term of Insurance issued for 6 months or less. If you are issued a **Term of Insurance** for 7 or more consecutive months, and must return to your Home Country/Country of Residence earlier than expected, unused premium for remaining whole months, exclusive of the first 6 months, will be refunded. Remaining whole months are calculated from the date written notice is received up to the Expiration Date of the Term of Insurance in effect.

Broker:

Barney & Barney LLC

1999 Harrison Street, Suite 1230

Oakland, CA 94612

(510)273-8888 Ph.

(510)273-8867 Fax

The GatewayConnexions Plans are underwritten by the Insurance Company of the State of Pennsylvania, a Pennsylvania insurance company, with its principal place of business at 70 Pine Street, New York, New York 10270. It is currently authorized to transact business in all states and the District of Columbia. NAIC No. 19429. The Insurance Company of the State of Pennsylvania is a member of the American International Group of Companies (AIG).

GatewayConnexions Plan Administrator

P.O. Box 14468
Des Moines, IA 50306-3468

For Customer Service and Enrollment

Toll-free in U.S./Canada: (800) 282-4495
Direct: (515) 365-6565
Fax: (515) 365-1248

Email: gateway@marshpm.com
Web: www.gatewayconnexions.com

Please ask us about our other plans.

A variety of GatewayConnexions plans are available to groups. We provide coverage for accident & health, personal property & liability, travel accident, trip protection and more. We invite group sponsors to call us for prompt service and information at: (800) 749-3930.

GatewayConnexions USASM is a service of ConsumerConnexions, provided by Seabury & Smith, Inc.

MARSH



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OFFICIAL USE ONLY: Approved _____ Eff. Date _____ Source Code 32240

Please Type or Print

Primary Insured Information

Dr. Mr. Mrs. Ms.

Last Name _____

First Name _____

Home Country Address _____

Passport Country _____ Passport No. _____ Visa Type _____

International Exchange Activity Information

Purpose of travel to the U.S. (select one):

Academic/Educational Program J Visa Exchange Visitor Program Business Travel/Work Assignment

Cultural Exchange Practical Training Spouse or Child of Program Participant Other _____

Sponsor/Host Organization Name _____

Sponsor/Host Email _____ Sponsor/Host Phone _____

Are you currently in the U.S.? (Check appropriate box and answer the questions):

NO

When will you arrive? / /
month/day/year

YES

When did you arrive? / /
month/day/year

Have you had GatewayConnexions insurance as a Primary Insured or a dependent since your arrival date?

No Yes Certificate No. _____

Have you had other insurance as a Primary Insured or a dependent since your arrival date?

No Yes If yes, provide Insurance Company Name _____

Request Effective Date and Term of Insurance

Begin my insurance on / / and continue for 15 Days only OR Months (15 days minimum, 12 months maximum).
month/day/year

U.S. Mailing Address (Insurance coverage documents and renewal notices, if applicable, are mailed here):

c/o Contact Name _____

Organization Name (if applicable) _____

Address _____

City _____ State _____ Zip Code _____

Contact Information

Day Phone _____ Fax _____

Email _____

Accidental Death & Dismemberment Benefit — Loss of Life

Beneficiary Name _____ Relationship _____

If there is no designated beneficiary or the designated beneficiary is not living after the Primary Insured's death, the AD&D benefits will be paid in equal shares to the survivors in the first surviving class of those that follow: the Primary Insured's (1) spouse; (2) children; (3) parents; or (4) brothers and sisters. If no class has a survivor, the beneficiary is the Primary Insured's estate. The Primary Insured is automatically the beneficiary for the Spouse/Child AD&D benefit(s) unless the Primary Insured has named different beneficiary(ies) for Insured Dependents.

Processed

OFFICIAL USE ONLY Cert No.

Please Type or Print

Calculating Your Premium

Select Medical Expense Maximum: Plan A: \$50,000 OR Plan B: \$100,000

Print names of person(s) to be insured

	Last Name	First Name	Date of Birth	Enter Premium Rates from Chart
Primary Insured	_____	_____	____/____/____ month/day/year	\$ _____
Spouse	_____	_____	____/____/____ month/day/year	\$ _____
Child	_____	_____	____/____/____ month/day/year	\$ _____
Child	_____	_____	____/____/____ month/day/year	\$ _____
Child	_____	_____	____/____/____ month/day/year	\$ _____
Child	_____	_____	____/____/____ month/day/year	\$ _____

Optional Benefit: \$100,000 Additional AD&D \$ _____ X _____ = \$ _____
Enter Premium Rate from Chart # of Adults on Application

Base Premium \$ _____

Multiply by Number of Months* X _____

*(Only whole numbers, no fractions of months. If 15 Day Plan, enter 1 here)

TOTAL PREMIUM DUE \$ _____

Premium Rates Per Person

Medical Expense Maximum
Plan A: \$50,000 Plan B: \$100,000

Adult Rates:

Age	15 Days only ¹	Monthly	15 Days only ¹	Monthly
18-29	\$30	\$49	\$40	\$66
30-39	\$38	\$64	\$53	\$88
40-49	\$55	\$92	\$77	\$128
50-59	\$75	\$126	\$100	\$168
60-69	\$93	\$155	\$124	\$206
70-79	\$108	\$185	N/A	N/A
80 and over ²	\$165	\$275	N/A	N/A

Child Rates (for child(ren) under age 18):

Each Dependent Child	\$16	\$26	\$20	\$34
Each Child Alone ³	\$25	\$42	\$40	\$60
\$100,000 Additional AD&D (Optional)⁴	\$9	\$14	\$9	\$14

¹ Minimum Term of Insurance is 15 days, maximum is 12 months. For any Term of Insurance more than 15 days, full Monthly rates apply.

² Medical Expense Maximum for ages 80 and over is \$100,000.

³ Use these rates for child(ren) who are insured independently and are not included with parent(s) on this Application.

⁴ Available only to persons age 18 or older. If purchased, must be included for both Insured and Spouse, if applicable.

Statement of Acknowledgment

Premium, Eligibility Criteria, and Plan Provisions including Limitations and Exclusions are subject to change. Coverage is issued according to plan specifications and rates in effect at time of Application.

In this transaction, Marsh is acting as the exclusive insurance agent and program manager for The Insurance Company of the State of Pennsylvania ("Insurer") for this type of coverage, and not as your insurance agent or broker. As the agent for Insurer, Marsh will perform all of the functions necessary to provide insurance program management services for the Plan on behalf of the Insurer. Marsh & McLennan Companies, Inc. and its subsidiaries own equity interests in certain insurers and have contractual arrangements with certain insurers and wholesale brokers. Information regarding such interests and contracts is available at <http://global.marsh.com/about/Transparency.php>. Marsh earns and retains interest income on premium held by Marsh on behalf of insurers during the period between receipt of such payments from clients and the time such payments are remitted to the applicable insurer, where permitted by law. The premium quoted includes thirty-eight and a half percent commission payable to Marsh. Your premium payment indicates your consent to this commission for this policy period and subsequent renewals, including any changes in commission rates at any such renewals.

I acknowledge that I have read, understand, and agree to the terms and conditions of this insurance coverage as it has been presented to me in this brochure.

_____/_____/_____
Signature of Primary Insured or Other Third Party (Required)

_____/_____/_____
Date month/day/year

Method of Payment

Total premium due for the Term of Insurance requested must be paid in U.S. dollars at the time of Application. Purchase by credit card is subject to validation and acceptance by credit card company.

Check Money Order American Express MasterCard VISA

Card No. _____ Expiration Date ____/____/____
month/year

Name on Card _____

Cardholder's Email _____

Daytime Phone _____

My signature authorizes the GatewayConnexions Plan Administrator to charge my credit card (if selected above) for the total premium due for the Term of Insurance requested.

Signature of Cardholder _____ Date ____/____/____
(Required if paying by credit card) month/day/year

How to Apply

Print, sign and date the completed Application form. Submit with premium payment to the GatewayConnexions Plan Administrator.

Payment by Credit Card:

Fax Application form to (515) 365-1248 or mail to address shown below.

Payment by Check:

Make check or money order payable to GatewayConnexions Plan Administrator and mail with Application form.

Mailing Address:

GatewayConnexions Plan Administrator
P.O. Box 14468
Des Moines, IA 50306-3468