

## Jewelry Importers & Manufacturers

### Accident Insurance Plan Summary

Policy #US023417

*Underwritten by United States Fire Insurance Company, Morristown, New Jersey*

#### SCHEDULE OF MAXIMUM BENEFITS

\$25,000 Emergency Medical Evacuation      \$200,000 Accidental Death & Dismemberment - \$400,000 Aggregate Limit  
\$10,000 Return of Mortal Remains

**Accidental Death & Dismemberment Covered** - Benefits of \$200,000 will be paid to You if You sustain an accidental Injury. The Injury must occur during the Period of Coverage and death or dismemberment as a result of that Accident must occur within 365 days from the date of Accident.  
\$400,000 Aggregate Limit

**Emergency Medical Evacuation Covered up to \$25,000 (pre-approval required)** We will pay the Eligible Expenses for emergency evacuation required by the Covered Person; while he is outside his home following a covered Injury.  
The Covered Person's Physician must determine that adequate medical treatment is not locally available.

Benefits are payable for:

- (1) Usual, Reasonable and Customary charges for medical services required for evacuation to the nearest adequate medical facility; and
- (2) Usual, Reasonable and Customary charges for escort services required by the Covered Person, if he is disabled and an escort is recommended in writing by his Physician; and
- (3) Ambulance services to the nearest airport and air ambulance upon departure; and
- (4) Special air transportation costs to return the Covered Person to his home country, if his Physician recommends in writing that his condition requires a stretcher, oxygen or other special medical arrangements; and
- (5) Expenses above the cost of a return airfare ticket held by the Covered Person or in the absence of a ticket, the cost of an economy airfare ticket.

**Repatriation Covered up to \$25,000 (pre-approval required)** - We will pay the Eligible Expenses, subject to the Deductible Amount and Coinsurance Percentage shown in the Schedule of Benefits, if any, for returning a Covered Person to his place of residence in his home country if he dies as a result of a covered Injury.

Repatriation Expenses that are covered include, but are not limited to:

- (1) The cost of embalming and coffin; and
- (2) Transportation of the body.

#### **EXCLUSIONS**

Benefits will not be paid for a Covered Person's loss which:

- (1) Is proximately caused by the Covered Person's own:
  - (a) Intentionally self-inflicted Injury, suicide or any attempt thereat. (In Missouri this applies only while sane.);
  - (b) Voluntary self-administration of any drug or chemical substance not prescribed by, and taken according to the directions of, a doctor (Accidental ingestion of a poisonous substance is not excluded.);
  - (c) Commission or attempt to commit a felony;
  - (d) Participation in a riot or insurrection;
  - (e) Injury caused by, contributed to or resulting from the Covered Person's use of alcohol, illegal drugs or medicines that are not taken in the dosage or for the purpose as prescribed by the Covered Person's Physician.
- (2) Is proximately caused by:
  - (a) Declared or undeclared war or act of war;
  - (b) Aviation, except as specifically provided in this Certificate;
  - (c) Sickness, disease, bodily or mental infirmity or medical or surgical treatment thereof, bacterial or viral infection, regardless of how contracted. This does not include bacterial infection that is the natural and foreseeable result of an accidental external bodily injury or accidental food poisoning.

#### **ADDITIONAL EXCLUSIONS**

Benefits will not be paid for:

1. Normal health checkups;
2. Dental care or treatment other than care of sound, natural teeth and gums required on account of Injury resulting from an Accident while the Covered Person is covered under this Certificate, and rendered within 6 months of the Accident;
3. Services or treatment rendered by a Physician, nurse or any other person who is:
  - (a) Employed or retained by the Certificateholder; or

- (b) Who is the Covered Person or a member of his immediate family;
- 4. Charges which:
  - (a) The Covered Person would not have to pay if he did not have insurance; or
  - (b) Are in excess of Usual, Reasonable and Customary charges.
- 5. An Injury that is caused by flight in:
  - (a) An aircraft, except as a fare-paying passenger;
  - (b) A space craft or any craft designed for navigation above or beyond the earth's atmosphere; or
  - (c) An ultra light, hang-gliding, parachuting or bungi-cord jumping;
- 6. Travel in or upon:
  - (a) A snowmobile;
  - (b) Any two or three wheeled motor vehicle;
  - (c) Any off-road motorized vehicle not requiring licensing as a motor vehicle;
- 7. Any Accident where the Covered Person is the operator of a motor vehicle and does not possess a current and valid motor vehicle operator's license;
- 8. That part of medical expense payable by any automobile insurance policy without regard to fault. (Does not apply in any state where prohibited);
- 9. Injury that is:
  - (a) The result of the Covered Person being Intoxicated. ("Intoxicated" will have the meaning determined by the laws in the jurisdiction of the geographical area where the loss occurs); or
  - (b) Caused by any narcotic, drug, poison, gas or fumes voluntarily taken, administered, absorbed or inhaled, unless prescribed by a physician;
- 10. Any Sickness, except infection which occurs directly from an Accidental cut or wound or diagnostic tests or treatment, or ingestion of contaminated food,
- 11. An Injury resulting from participation in or practice for non-School sponsored skiing, ice hockey, lacrosse, soccer or football;
- 12. Expenses to the extent that they are paid or payable under other valid and collectible group insurance or medical prepayment plan;
- 13. Blood or Blood plasma, except for charges by a Hospital for the processing or administration of blood;
- 14. Elective treatment or surgery, health treatment, or examination where no Injury is involved;
- 15. Eyeglasses, contact lenses, hearing aids, braces, appliances, or examinations or prescriptions therefore;
- 16. Treatment in any Veterans Administration or Federal Hospital, except if there is a legal obligation to pay;
- 17. Treatment of temporomandibular joint (TMJ) disorders involving the installation of crowns, pontics, bridges or abutments, or the installation, maintenance or removal of orthodontic or occlusal appliances or equilibration therapy;
- 18. Cosmetic surgery, except for reconstructive surgery on a diseased or injured part of the body;
- 19. Any loss which is covered by state or federal worker's compensation, employers liability, occupational disease law, or similar laws;
- 20. The repair or replacement of existing artificial limbs, orthopedic braces, or orthotic devices;
- 21. Rest cures or custodial care (Custodial care is care that does not require the regular services of trained medical or health professionals and that is designed primarily to assist in activities of daily living. Custodial care includes, but is not limited to, help in walking, getting in and out of bed, bathing, dressing, preparation and feeding of special diets, and supervision of medications which are ordinarily self-administered.
- 22. The repair or replacement of existing dentures, partial dentures, braces or fixed or removable bridges;
- 23. Expenses incurred for an Accident after the Benefit Period shown in the Schedule of Benefits;
- 24. Orthopedic appliances which are used mainly to protect an Injury so that a covered student can take part in interscholastic or intercollegiate sports;
- 25. Services and supplies furnished by the Policyholder's infirmary, its employees, or doctors who work for the Policyholder's;
- 26. Hernia of any kind; or any bacterial infection that was not caused by an Accidental cut or wound;
- 27. Prescription medicines unless specifically provided for under this Certificate.

Administered by:



**WORLD WIDE ASSISTANCE SERVICES**

**Provided by AXA Assistance USA**

**Within the US and Canada: 888-647-3105**

**Anywhere in the World: 630-766-7731 (collect)**

All claim forms must be completed, signed and mailed to:

Global Claims Administrators  
 3195 Linwood Rd, Suite 201  
 Cincinnati OH 45208

***For claims status call: 800-513-2981 Toll free in the USA***

*The claims must be received within 90 days of treatment and accompanied by original medical receipts.*

**DISCLAIMER:** This is a summary of the policy benefits only and does not cover all the terms, conditions and limitations of the Master Policy. The Master Policy (on file with Global Underwriters) contains the actual terms, conditions, and limitations, of the coverage to be provided. If there is any conflict between this summary and the Master Policy the Master Policy will govern in all cases.