

For benefits listed for Accident & Sickness Medical, Maternity and Pre-Natal Care, Mental and Nervous - Alcohol and Drug Abuse, Dental, Spinal Manipulation, Emergency Medical Evacuation/Repatriation, Return of Mortal Remains or Cremation, Emergency Medical Reunion, this Insurance does not cover:

1. Pre-Existing Conditions, as defined in the Definitions section;
2. Injury or Illness which is not presented to the Company for payment within 6 months immediately following the Incident or Benefit Period;
3. Charges for treatment which is not Medically Necessary;
4. Charges provided at no cost to the Insured Person;
5. Charges incurred for Surgery or treatments which are, Experimental, Investigational, or for research purposes;
6. Suicide or any attempt thereof, while sane or self destruction or any attempt thereof, while sane;
7. Any consequence, whether directly or indirectly, proximately or remotely occasioned by, contributed to by, or traceable to, or arising in connection with:
 - a) war, invasion, act of foreign enemy hostilities, warlike operations (whether war be declared or not), or civil war.
 - b) mutiny, riot, strike, military or popular uprising insurrection, rebellion, revolution, military or usurped power.
 - c) any act of any person acting on behalf of or in connection with any organization with activities directed towards the overthrow by force of the Government de jure or de facto or to the influencing of it by terrorism or violence.
 - d) martial law or state of siege or any events or causes which determine the proclamation or maintenance of martial law or state of siege (hereinafter for the purposes of this Exclusion called the "Occurrences").Any consequence happening or arising during the existence of abnormal conditions (whether physical or otherwise), whether directly or indirectly, proximately or remotely occasioned by, or contributed to by, traceable to, arising in connection with, any of the said Occurrences will be deemed to be consequences for which the Company will not be liable under this Policy except to the extent that the Insured Person will prove that such consequence happened independently of the existence of such abnormal conditions.
8. Injury sustained while participating in professional athletics;
9. Injury sustained while participating in Amateur or Interscholastic Athletics; unless otherwise covered under this Policy
10. Routine physicals, immunizations 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 Disablement established by a prior call or attendance of a Physician unless otherwise covered under this Policy;
11. Services or supplies performed or provided by a Relative of the Insured Person, or anyone who lives with the Insured Person;
12. Cosmetic or plastic Surgery, except as the result of a covered Accident; for the purposes of this Policy, treatment of a deviated nasal septum will be considered a cosmetic condition;
13. 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 hereunder;
14. Congenital abnormalities and conditions arising out of or resulting therefrom, unless otherwise covered under this Policy;
15. Expenses as a result or in connection with intentionally self-inflicted Injury or Illness;
16. Expenses as a result or in connection with the commission of a felony offense;
17. 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;

18. Injuries for which benefits are payable under any no-fault automobile Insurance Policy;
19. Dental care, except as the result of Injury to natural teeth caused by Accident, unless otherwise covered under this Policy;
20. Drug, treatment or procedure that either promotes or prevents conception, or prevents childbirth, including but not limited to: artificial insemination, treatment for infertility or impotency, sterilization or reversal thereof, or abortion;
21. Duplicate services actually provided by both a certified nurse-midwife and a Physician;
22. Injury sustained as the result of the Injured Person operating a motor vehicle while not properly licensed to do so in the jurisdiction in which the motor vehicle accident takes place;
23. Private-duty nursing services;
24. Sex change operations, or for treatment of sexual dysfunction or sexual inadequacy;
25. Weight reduction programs or the surgical treatment of obesity;

DEFINITIONS

"Home Country" means the country where an Insured Person has his or her true, fixed and permanent home and principal establishment.

"Hospital" as used in this Policy means except as may otherwise be provided, a Hospital (other than an institution for the aged, chronically ill or convalescent, resting or nursing homes) operated pursuant to law for the care and treatment of sick or Injured persons with organized facilities for diagnosis and Surgery and having 24-hour nursing service and medical supervision.

"Sickness" means illness or disease contracted and causing loss commencing while the policy is in force as to the Insured Person whose Sickness is the basis of claim. Any complication or any condition arising out of a Sickness for which the Covered Person is being treated or has received Treatment will be considered as part of the original Sickness.

"Injury" wherever used in this Policy means Accidental bodily Injury or Injuries caused by an Accident. The Injury must be the direct cause of the Loss, independent of disease or bodily infirmity. Any loss due to Injury must begin after the Effective Date of this Policy.

"Pre-existing Condition" for the purposes of this Policy means Any Injury or Illness which meets the following criteria

1) A condition that would have caused a person to seek medical advice, diagnosis, care or treatment during the 12 months prior to the Effective Date of coverage under this Policy; 2) a condition for which manifestation, medical advice, diagnosis, care or treatment was recommended, received or noticed during the 12 months prior to the Effective Date of coverage under this Policy; 3) expenses for a Pregnancy within 10 months of the Effective Date of coverage under this Policy, except as specified below:

a. If the Insured Person does not receive medical care or services, including prescription drugs or other medical supplies, and is not under the care of a Physician with respect to the Pre-Existing Condition or related condition(s), for a period of 18 consecutive months beginning on or after the first day of coverage, the preexisting condition exclusion will no longer apply and any eligible charges incurred after the treatment free period will be considered for reimbursement; or b. If the Injured Person is covered under the Policy for 12 consecutive months, the Pre-Existing Condition exclusion will no longer apply and any eligible expenses incurred thereafter will be considered for reimbursement.

NO REFUNDS OF PREMIUM

CLAIM PROCEDURE

Paying and reimbursement for medical expenses Charges for doctor office visits, prescription drugs and some outpatient procedures may need to be paid by you in advance directly to the provider (i.e. doctor or pharmacist). You must submit a completed claim form for each separate Injury or Illness in order for your medical expense to be considered. Initial treatment of an Injury must occur within 90 days of the Accident. When your expenses are approved, they will be sent in the form of a check to you at the address you gave them on the claim form. Although you must also submit a claim form in situations involving hospitalization, you may not need to pay hospital expenses in advance. Any receipts sent in without the claim form will cause a delay in processing. The claims must be received within 90 days of treatment and accompanied by original medical receipts.

Your policy certificate number is **on the ID card**.

PLEASE MAIL ORIGINAL RECEIPTS AND CLAIM FORM TO:

Global Underwriters
3195 Linwood Road
Suite 201
Cincinnati, OH 45208
Phone number 513-533-1300
800-633-1860 Toll free in USA
Fax number 513-533-9416

For claim status please call:
800-633-1860 In the USA

For Travel Assistance or in case of an emergency please call:
866-509-7715 (in the USA)
or
603-898-9159 (collect outside the USA)

Insurance Administrator:
Please Send Premium and Application To:



Trawick International, Inc.
2370 G Hillcrest Road, #237
Mobile, AL 36695
PH: 1-888-301-9289
FX: 251-666-1809

Underwritten by:
United States Fire Insurance Company
by Fairmont Specialty, a division of Crum and Forster.

NOTE

PLEASE BE SURE TO RETAIN THIS BROCHURE, AS IT OUTLINES THE PROVISIONS OF THE MASTER POLICY WHICH IS ON FILE AT LIBERTY UNIVERSITY. ANY DISCREPANCY BETWEEN THIS BROCHURE AND THE MASTER POLICY WILL BE GOVERNED BY THE MASTER POLICY.

NO INDIVIDUAL POLICIES WILL BE ISSUED

ACCIDENT & SICKNESS INSURANCE PLAN

Designed Especially for the
International Students of

LIBERTY
UNIVERSITY
Lynchburg, Virginia

2006 - 2007

Underwritten and Administered By:

UNITED STATES FIRE
Insurance Company
Morristown, New Jersey

FP002114

ELIGIBILITY

All International students/scholars in educational or research related activities through the Liberty University are required to participate in this insurance program, unless proof of comparable coverage is furnished. If the Company discovers that the Policy eligibility requirements have not been met, the Company's only obligation is a refund of premium. Eligibility requirements must be met each time a premium is paid to continue coverage. Students who enroll in the plan may secure spouse or child coverage. Eligible dependents are the spouse residing with the Insured Student and unmarried children.

EFFECTIVE AND TERMINATION DATES

08/09/06 - 08/09/07

An eligible person will become an Insured under the Policy, provided proper premium is made, at 12:01 A.M. Standard time at the Policyholder's address; on the latest of the following:

- a) The date of an Insured Person's departure from their Home Country;
- b) The date the premium with respect to the Insured Person is received by the Company or its designated representative; or
- c) The date requested in the Census for the Insured Person's coverage and accepted by the administrator.

Coverage will end on the earliest of the following:

- a) The date of an Insured Person's return to their Home Country; or
- b) At midnight on the last date of the Insured Person's coverage for which premium has been paid; or
- c) the date he leaves Amity Institute and cancels his coverage. Termination will not affect a claim for a covered Injury or Sickness which occurred while coverage was in effect.

EMERGENCY MEDICAL EVACUATION

If an insured Person becomes Ill or Injured during the Period of Coverage and an Emergency Medical Evacuation is required to the nearest medical facility where appropriate medical treatment can be obtained or to the Insured Person's Home Country or Country of Residence, all eligible expenses up to \$100,000 are covered. An Emergency Medical Evacuation must be recommended by a legally licensed Physician who certifies that the severity of the Injury or Illness necessitates such an Emergency Medical Evacuation, and must be approved in advance by The Insurance Company.

RETRUN OF MORTAL REMAINS OR CREMATION

If an Injury or Illness commencing during the period of coverage results in death, all Reasonable expenses incurred for preparation of the bodily remains and return of bodily remains to the Insured Person's Home Country or Country of Residence are covered up to \$15,000.00 and must be approved in advance by The Insurance Company.

EMERGENCY MENTAL REUNION

In the event of an Emergency Medical Evacuation due to a covered injury or illness, where the physician feels that it would be beneficial for you to have a family member at your side during transport, you will be reimbursed for travel and lodging expenses, for that relative up to \$1,000.00. Benefits payable include economy air ticket, lodging and other travel related expenses. All Emergency Reunion expenses must be coordinated in advance with the assistance provider.

SCHEDULE OF BENEFITS

Maximum Medical Expense Benefit - \$100,000.00 per person, per occurrence. If an Injury or Illness occurs during the period of coverage and the Insured Person requires medical or surgical treatment; this plan will pay, subject to the Deductible and Co-insurance, Reasonable and Customary (R&C) charges for the following covered expenses, up to the policy maximum. The covered charges shall in no event include any amount that is in excess of Reasonable and Customary charges for the geographic area where the services are rendered, as determined by The Insurance Company.

Deductible(s) \$100.00 - all Causes-per policy year, per each insured person.

Co-insurance - After you pay the Deductible, the plan pays 100% R&C of Eligible Charges up to the policy maximum.

Physician Office Visit Expense - Covered – at R&C Charges made by a physician for the necessary diagnosis treatment or surgery, of a covered injury or illness.

Hospital Expenses - Covered – at R&C 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 that expenses do not exceed the hospital's average for semi-private room and board accommodations. Also, charges made for the diagnosis, treatment and surgery by a Physician; cost of administration of anesthetics; prescriptions and medication, x-ray services, laboratory tests and services, the use of radium and radioactive isotopes, oxygen, blood transfusion, iron lungs, and medical treatment.

Outpatient Treatment - Covered – at R&C Up to the policy maximum, per person, per policy period.

Intensive Care - Covered – at R&C Two times the average semi-private room charge made by the servicing hospital if confinement to an intensive care unit is required, or the average charge for intensive care unit made by the servicing hospital, whichever is less.

Surgery - Covered – at R&C Surgery/Operations by a Physician.

Mental/Nervous/Drug/Alcohol - Covered – Inpatient 50% of R&C to a maximum of \$1,000 per policy year. Maximum 45 days Inpatient. /Outpatient 50% of R&C to a maximum of \$1,000 per policy year for the first 20 visits.

Maternity - Covered – at R&C Up to the policy maximum for Covered Student. Up to \$50,000 for Covered Spouse. Waiting period: 30 days. Requires 9 months of continuous coverage before any benefit payment.

Physiotherapy - Covered – at R&C Charges for physiotherapy, if recommended by a Physician for treatment of a specific Disablement and administered by a licensed physiotherapist are included. Up to \$1000 benefit for Inpatient and up to \$1000 Outpatient.

Dressings, Prescription Drugs and Medicines. Covered – at R&C Charges are included for dressings, prescription drugs and medicines, are covered only if prescribed by a Physician **and in relation to a covered Injury or Illness.** Prescriptions must be paid for at the Pharmacy and then receipts must be submitted with a claim form, in order for you to be reimbursed.

Chiropractic Care - Covered – at R&C up to \$50 per visit and a maximum of 20 visits per Injury or Illness. \$1,000 maximum.

Ground Ambulance - Covered – at R&C

Emergency Eye conditions - Covered. – at R&C Routine Eye Examinations, Eyeglasses and Contact Lenses are *Not covered*.

Sports Injury - Covered – Injuries resulting for participation in non-intercollegiate, on campus sports activity, will be covered as any other condition.

Dental - if Caused by an Accident - Covered – at R&C Charges for repair and replacement of sound, natural teeth damaged as a result of an Accident are covered. \$100 per tooth, to a maximum of \$250. (Routine dental examinations, routine x-rays, and other dental procedures that are not the result of an Accident are *Not covered*). **Dental if caused by a sickness -** \$100 maximum.

Home Country Benefit per Policy Period - \$1,000. Home country coverage benefit period: 30 days.

EXCLUSIONS

For expenses for Accidental Death and Dismemberment, this Insurance does not cover:

1. Suicide or attempt thereof by the Insured Person while sane or self destruction or any attempt thereof by the Insured Person while insane;
2. Injury sustained while the Insured Person is riding as a pilot, student pilot, operator or crew member, in or on, boarding or alighting from, any type of aircraft;
3. Injury sustained while the Insured Person is riding as a passenger in any aircraft (a) not having a current and valid Airworthy Certificate and (b) not piloted by a person who holds a valid and current certificate of competency for piloting such aircraft;
4. Any consequence, whether directly or indirectly, proximately or remotely occasioned by, contributed to by, or traceable to, or arising in connection with:

a) war, invasion, act of foreign enemy hostilities, warlike operations (whether war be declared or not), or civil war.

b) mutiny, riot strike, military or popular uprising insurrection, rebellion, revolution, military or usurped power.

c) an act of any person acting on behalf of or in connection with any organization with activities directed towards the overthrow by force of the Government de jure or de facto or to the influencing of it by terrorism or violence.

d) martial law or state of siege or any events or causes which determine the proclamation or maintenance of marital law or state of siege (hereinafter for the purposes of the Exclusion called the "Occurrences").

Any consequence happening or arising during the existence of abnormal conditions (whether physical or otherwise), whether directly or indirectly, proximately or remotely occasioned by, or contributed to by, traceable to, or arising in connection with, any of the said Occurrences will be deemed to except to the extent that the Insured Person will prove that such consequence happened independently of the existence of such abnormal conditions.

5. Service in the military, naval or air service of any country;
6. Flying in any aircraft being used for or in connection with acrobatic or stunt flying, racing or endurance tests;
7. Being under the influence of alcohol or having taken drugs or narcotics unless prescribed by a legally qualified Physician or surgeon;
8. Injury occasioned or occurring while the Insured Person is committing or attempting to commit a felony or to which a contributing cause was the Insured Person being engaged in an illegal occupation;
9. While riding or driving in any kind of competition.

ACCIDENTAL DEATH AND DISMEMBERMENT

\$10,000.00 Principal Sum. If an Insured Person's Injury results in any of the following losses within 365 days after the date of accident; The Insurance Company will pay the sum shown opposite the loss. We will not pay more than the Principal Sum for all losses due to the same accident.

TABLE OF LOSSES

<u>For Loss of:</u>	<u>Indemnity</u>
Life.....	100 % of Principal Sum
Both Hands or Both Feet	
or Sight of Both Eyes.....	100 % of Principal Sum
One Hand and One foot.....	100 % of Principal Sum
Either Hand or Foot50% of the Principal Sum
Sight of One Eye.....	.50% of the Principal Sum