

**THE BEACON SERIES
STUDENT GROUP TRAVEL
MEDICAL PLAN
WORLD STUDY- BRAZIL**

Distributed and Administered by:
Azimuth Risk Solutions, LLC
1 North Pennsylvania, Suite 600
Indianapolis, Indiana 46204
Telephone Number (888) 201-8850 / (317) 644-6291
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Going Your Way





EVIDENCE OF INSURANCE

THE BEACON SERIES GROUP TRAVEL MEDICAL PLAN

This Evidence of Insurance is issued by the Master Policy on behalf of the Master Policyholder, as so authorized by Certain Underwriting Members at Lloyd's who have hereunto subscribed their Names ("The Underwriters") to this Evidence of Insurance and the Master Policy; the **Beacon/Axis Series Group Insurance Trust (Anguilla)**. As such certain Underwriters at Lloyd's authorize Azimuth Risk Solutions, LLC. as the ("Scheme Administrator") of the Master Policy and all Evidence(s) of Insurance issued by the Master Policy.

THIS DOCUMENT (EVIDENCE OF INSURANCE) IS ISSUED AS NOTICE OF INSURANCE FOR INFORMATION ONLY. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A LEGAL CONTRACT OF INSURANCE. THE CONTRACT IS THE MASTER POLICY (HELD BY THE MASTER POLICYHOLDER), THE APPLICATION, AND ANY APPLICABLE RIDER(S). THIS EVIDENCE OF INSURANCE IS FURNISHED IN ACCORDANCE WITH, AND IN ALL RESPECTS IS SUBJECT TO, THE TERMS AND CONDITIONS OF THE MASTER POLICY. THIS EVIDENCE OF INSURANCE REPLACES ANY OTHER EVIDENCE OF INSURANCE PREVIOUSLY ISSUED COVERING THE INSURANCE DESCRIBED HEREIN. PLEASE REFER TO YOUR APPLICATION FOR DETAILS ON THE SELECTED COVERAGE AMOUNTS AND DEDUCTIBLES.

This insurance is provided under the Master Policy and is in accordance with the Terms and Conditions of the Master Policy. The Master Policy is available upon request at any time by contacting the Scheme Administrator at service@azimuthrisk.com or by calling us by us at (317)644-6291 (we accept collect calls) or (888)201-8850.

1. Master Policy Number: A92355005
2. Name of Master Policyholder: **Beacon/Axis Series Group Insurance Trust (Anguilla)**.
3. Participating Member: All participants enrolled in the **Beacon/Axis Series Group Insurance Trust (Anguilla)**; under the **Beacon Series Travel Medical Insurance Plan**.
4. Scheme Administrator: Azimuth Risk Solutions, LLC, 1 North Pennsylvania Street, Suite 600, Indianapolis, Indiana 46204, United States of America.
5. Coverage Period: The coverage period will be that in which is shown on the Declaration Page issued at the time of approval.
6. Cancellation: All cancellation requests must be submitted in writing to the Scheme Administrator. To be eligible for a full refund, the request must be received prior to the requested effective date of coverage. Cancellation requests received after the requested effective date will be subject to the following:
 - g. A \$25.00 cancellation fee; and
 - h. Only the unused portion of the premium cost will be refunded; and
 - i. No claims to be eligible for premium refund.
7. Filing a Claim: Notice of Claim should be submitted to: Korak Healthsource, Inc. c/o Azimuth Risk Solutions, LLC. P.O. Box 206, Forest Hill, MD 21050. The following items must be submitted to be considered a complete Proof of Claim eligible for consideration of payment:
 - h. A duly completed and signed Claim Form; and
 - i. All original itemized bills from all Physicians, Hospitals and other healthcare or medical service providers involved with respect to the claim; and
 - j. All original receipts for any expenses that have been incurred or paid by or on behalf of the Participating Member(s) with respect to the claim(s).

The Participating Member shall have ninety (90) days from the date the claim is incurred to submit a complete Proof of Claim to the Scheme Administrator. The Scheme Administrator may deny coverage for any Proof of Claim submitted thereafter or for Incomplete Proofs of Claims. All Claim decisions made by the Scheme Administrator or on behalf of the Scheme Administrator are with the express consent of the Underwriters

Schedule of Benefits/Limits:

Subject to the Terms of this insurance, including without limitation the Deductible and Coinsurance (unless otherwise expressly set forth to the contrary), and various limits and sub-limits set forth below, the Scheme Administrator promises to provide the Participating Member the following benefits and coverage arising out of Injury or Illness incurred while this Evidence of Insurance is in effect:

The Beacon Series Group Travel Medical Plan

| World Study- Brazil Schedule of Benefits for Coverage Including the US & Canada | | | |
|--------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | Beacon Gold Plan | Beacon Silver Plan | Beacon Bronze Plan |
| Maximum Limits | \$1,000,000 | \$250,000 | \$50,000 |
| Deductibles | \$0 or \$100 per Coverage Period | \$0 or \$100 per Coverage Period | \$0 or \$100 per Coverage Period |
| Benefit Period | 6 months | 6 months | 6 months |
| Coinsurance (Subject to the Deductible) | The plan pays 80% of next \$5,000 of Eligible Expenses, then 100% to the Overall Maximum Limit for claims incurred in the US or Canada. (The Coinsurance is waived if incurred in the US and within the Multi-Plan PPO). Plan pays 100% for claims incurred outside the US & Canada. | The plan pays 80% of next \$5,000 of Eligible Expenses, then 100% to the Overall Maximum Limit for claims incurred in the US or Canada. (The Coinsurance is waived if incurred in the US and within the Multi-Plan PPO). Plan pays 100% for claims incurred outside the US & Canada. | The plan pays 80% of next \$5,000 of Eligible Expenses, then 100% to the Overall Maximum Limit for claims incurred in the US or Canada. (The Coinsurance is waived if incurred in the US and within the Multi-Plan PPO). Plan pays 100% for claims incurred outside the US & Canada. |
| Pre-Certification Penalty | 50% | 50% | 50% |
| Hospital Indemnity | \$150 per night; Inpatient Hospitalization (Outside the US and Canada) | \$50 per night; Inpatient Hospitalization (Outside the US and Canada) | \$25 per night; Inpatient Hospitalization (Outside the US and Canada) |
| Hospital Room and Board | Average Semi-private room rate. | Average Semi-private room rate. | Average Semi-private room rate. |
| Intensive Care Unit | Usual, Reasonable, and Customary to selected Policy Maximum Limit. | Usual, Reasonable, and Customary to selected Policy Maximum Limit. | Usual, Reasonable, and Customary to selected Policy Maximum Limit. |
| Local Ambulance | Usual, Reasonable, and Customary charges. When covered Illness or Injury results in Hospitalization as Inpatient. | Usual, Reasonable, and Customary charges. When covered Illness or Injury results in Hospitalization as Inpatient. | Usual, Reasonable, and Customary charges. When covered Illness or Injury results in Hospitalization as Inpatient. |
| Physical Therapy | \$60 Maximum Limit per visit. Maximum 15 visits | \$30 Maximum Limit per visit. Maximum 10 visits | \$20 Maximum Limit per visit. Maximum 5 visits |
| Sudden Onset of pre-existing Condition | \$20,000 Maximum Limit for Eligible Medical Expenses. Including Emergency Medical Evacuation (US citizens only). \$1,000 Maximum Limit for Eligible Medical Expenses (all others). | \$10,000 Maximum Limit for Eligible Medical Expenses. Including Emergency Medical Evacuation (US citizens only). \$1,000 Maximum Limit for Eligible Medical Expenses (all others). | \$10,000 Maximum Limit for Eligible Medical Expenses. Including Emergency Medical Evacuation (US citizens only). \$1,000 Maximum Limit for Eligible Medical Expenses (all others). |
| All Other Medical Expenses | Usual, Reasonable and Customary charges, | Usual, Reasonable and Customary charges, | Usual, Reasonable and Customary charges, |
| Dental (Injury as result of Accident) Only available for Policies purchased for 90 days or more. | \$350 Maximum Limit per Coverage Period | \$100 Maximum Limit per Coverage Period | \$50 Maximum Limit per Coverage Period |
| Emergency Medical Evacuation | \$150,000 Maximum Limit | \$50,000 Maximum Limit | \$25,000 Maximum Limit |
| Emergency Reunion | \$15,000 Limit per Coverage Period | \$10,000 Limit per Coverage Period | \$1,000 Limit per Coverage Period |
| Return of Mortal Remains | \$30,000 per Coverage Period | \$10,000 per Coverage Period | \$1,000 per Coverage Period |
| Return of Minor Children | \$5,000 Limit per Coverage Period | \$1,000 Limit per Coverage Period | \$500 Limit per Coverage Period |
| Quick Trip Home Country Coverage | 14 days cumulative Home Country Coverage (as defined in Policy). Subject to a Minimum 3 month purchase. | 10 days Cumulative Home Country Coverage (as defined in Policy). Subject to a Minimum 3 month purchase. | 5 days Cumulative Home Country Coverage (as defined in Policy). Subject to a Minimum 3 month purchase |
| Home Country Coverage(End of Trip) | Free 15 days with a 6 month purchase, or Free 30 days with a 12 month purchase per Coverage Period. | Free 10 days with a 6 month purchase, or Free 30 days with a 12 month purchase per Coverage Period. | Free 5 days with a 6 month purchase, or Free 30 days with a 12 month purchase per Coverage Period. |
| Lost Checked Luggage | \$250 per Coverage Period (not subject to Deductible or Coinsurance). As defined In the Policy. | \$100 per Coverage Period (not subject to Deductible or Coinsurance). As defined In the Policy. | \$50 per Coverage Period (not subject to Deductible or Coinsurance). As defined In the Policy. |

| | | | |
|---------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| Accidental Death and Dismemberment (AD&D) | \$30,000 for Insured or Insured spouse and \$6,000 for Dependent Child (ren) | \$10,000 for Insured or Insured spouse and \$6,000 for Dependent Child (ren) | \$5,000 for Insured or Insured spouse and \$1,000 for Dependent Child (ren) |
| Common Carrier Accidental Death and Dismemberment | \$50,000 per Member (age 18 and over) \$30,000 per Member (under age 18) | \$50,000 per Member (age 18 and over) \$30,000 per Member (under age 18) | \$50,000 per Member (age 18 and over) \$30,000 per Member (under age 18) |
| Terrorism | \$50,000 Maximum Limit. Medical expenses only. | \$30,000 Maximum Limit. Medical expenses only. | \$15,000 Maximum Limit. Medical expenses only. |
| Trip Delay/Missed Connection | Maximum Limit of \$100 a day after a minimum of 12 hour delay period. As Defined in the Policy. | Maximum Limit of \$50 a day after a minimum of 12 hour delay period. As Defined in the Policy. | Maximum Limit of \$25 a day after a minimum of 12 hour delay period. As Defined in the Policy. |
| Third Party Liability-Personal Liability | \$500.00 per Coverage Period | \$100.00 per Coverage Period | \$50.00 per Coverage Period |
| Third Party Liability-Damage to property | \$150,000 Maximum Limit personal liability and damage to property | \$25,000 Maximum Limit personal liability and damage to property | \$15,000 Maximum Limit personal liability and damage to property |
| The Aggregate Limit for the Personal Liability Coverage per participating Member equals the above Limit | | | |

With regard to the forgoing Schedule of Benefits/Limits, the references to scintuous coverage mean continuous unbroken coverage under the Beacon/Axis Series Group Insurance Trust (Anguilla). The applicable benefits described will become first available to the Participating Member only at the end of the continuous Coverage Period so specified.

| World Study-Brazil Schedule of Benefits for Coverage Excluding the US & Canada | | | | |
|-------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | Beacon Platinum Plan | Beacon Gold Plan | Beacon Silver Plan | Beacon Bronze Plan |
| Maximum Limits | \$2,000,000 | \$1,000,000 | \$250,000 | \$50,000 |
| Deductibles | \$0 or \$100 per Coverage Period | \$0 or \$100 per Coverage Period | \$0 or \$100 per Coverage Period | \$0 or \$100 per Coverage Period |
| Benefit Period | 6 months | 6 months | 6 months | 6 months |
| Coinsurance (Subject To The Deductible) | The plan pays 80% of next \$5,000 of Eligible Expenses, then 100% to the Overall Maximum Limit for claims incurred in the US or Canada. (the Coinsurance is waived if incurred in the US and within the Multi-Plan PPO) Plan pays 100% for claims incurred outside the US & Canada. | The plan pays 80% of next \$5,000 of Eligible Expenses, then 100% to the Overall Maximum Limit for claims incurred in the US or Canada. (the Coinsurance is waived if incurred in the US and within the Multi-Plan PPO) Plan pays 100% for claims incurred outside the US & Canada. | The plan pays 80% of next \$5,000 of Eligible Expenses, then 100% to the Overall Maximum Limit for claims incurred in the US or Canada. (the Coinsurance is waived if incurred in the US and within the Multi-Plan PPO) Plan pays 100% for claims incurred outside the US & Canada. | The plan pays 80% of next \$5,000 of Eligible Expenses, then 100% to the Overall Maximum Limit for claims incurred in the US or Canada. (the Coinsurance is waived if incurred in the US and within the Multi-Plan PPO) Plan pays 100% for claims incurred outside the US & Canada. |
| Pre-Certification Penalty | 50% | 50% | 50% | 50% |
| Hospital Indamrntny | \$150 per night; Inpatient Hospitalization (Outside the US and Canada) | \$150 per night; Inpatient Hospitalization (Outside the US and Canada) | \$50 per night; Inpatient Hospitalization (Outside the US and Canada) | \$25 per night; Inpatient Hospitalization (Outside the US and Canada) |
| Hospital Room and Board | Average Semi-private room rate. | Average Semi-private room rate. | Average Semi-private room rate. | Average Semi-private room rate. |
| Intensive Care Unit | Usual, Reasonable. and Customary to selected Policy Maximum Limit. | Usual, Reasonable. and Customary to selected Policy Maximum Limit. | Usual, Reasonable. and Customary to selected Policy Maximum Limit. | Usual, Reasonable. and Customary to selected Policy Maximum Limit. |
| Local Ambulance | Usual, Reasonable. and Customary charges, when covered Illness or Injury results In Hospitalization as Inpatient | Usual, Reasonable. and Customary charges, when covered Illness or Injury results In Hospitalization as Inpatient | Usual, Reasonable. and Customary charges, when covered Illness or Injury results In Hospitalization as Inpatient | Usual, Reasonable. and Customary charges, when covered Illness or Injury results In Hospitalization as Inpatient |
| Physical Therapy | \$60 Maximum Limit per visit. Maximum 15 visits. | \$60 Maximum Limit per visit. Maximum 15 visits. | \$30 Maximum Limit per visit. Maximum 10 visits. | \$20 Maximum Limit per visit. Maximum 5 visits. |
| Sudden Onset of Preexisting Condition | \$20,000 Maximum Limit for Eligible Medical Expenses. including Emergency Medical Evatuatium (US citizens only). \$1,000 Maximum Limit for Eligible Medical Expenses (all others). | \$20,000 Maximum Limit for Eligible Medical Expenses. including Emergency Medical Evatuatium (US citizens only). \$1,000 Maximum Limit for Eligible Medical Expenses (all others). | \$10,000 Maximum Limit for Eligible Medical Expenses. including Emergency Medical Evatuatium (US citizens only). \$1,000 Maximum Limit for Eligible Medical Expenses (all others). | \$1,000 Maximum Limit for Eligible Medical Expenses. including Emergency Medical Evatuatium (US citizens only). \$500 Maximum Limit for Eligible Medical Expenses (all others). |

| | | | | |
|----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| All Other Medical Expenses | Usual, Reasonable and Customary charges | Usual, Reasonable and Customary charges | Usual, Reasonable and Customary charges | Usual, Reasonable and Customary charges |
| Dental (Injury as result of Accident) Only available for Policies purchased for 90 days or more. | \$350 Maximum Limit per Coverage Period. | \$350 Maximum Limit per Coverage Period. | \$100 Maximum Limit per Coverage Period. | \$50 Maximum Limit per Coverage Period. |
| Emergency Medical Evacuation | \$150,000 Maximum Limit | \$150,000 Maximum Limit | \$50,000 Maximum Limit | \$25,000 Maximum Limit |
| Emergency Reunion | \$15,000 Limit per Coverage Period | \$15,000 Limit per Coverage Period | \$10,000 Limit per Coverage Period | \$1,000 Limit per Coverage Period |
| Return of Mortal Remains | \$30,000 Limit per Coverage Period | \$30,000 Limit per Coverage Period | \$10,000 Limit per Coverage Period | \$1,000 Limit per Coverage Period |
| Return of Minor Children | \$5,000 Limit per Coverage Period | \$5,000 Limit per Coverage Period | \$1,000 Limit per Coverage Period | \$500 Limit per Coverage Period |
| Quick Trip Home Country Coverage | 14 days cumulative Home Country Coverage (as defined in Policy), Subject to a Minimum 3 month purchase | 14 days cumulative Home Country Coverage (as defined in Policy), Subject to a Minimum 3 month purchase | 10 days cumulative Home Country Coverage (as defined in Policy), Subject to a Minimum 3 month purchase | 5 days cumulative Home Country Coverage (as defined in Policy), Subject to a Minimum 3 month purchase |
| Quick Trip Home Country Coverage (End of Trip) | Free 15 days with a 6 month purchase, Or Free 30 days with a 12 month purchase per Coverage Period. | Free 15 days with a 6 month purchase, Or Free 30 days with a 12 month purchase per Coverage Period. | Free 10 days with a 6 month purchase, Or Free 30 days with a 12 month purchase per Coverage Period. | Free 12 days with a 6 month purchase, Or Free 30 days with a 12 month purchase per Coverage Period. |
| Lost Checked Luggage | \$250 per Coverage Period (not subject to Deductible or Coinsurance) As defined in the Policy. | \$250 per Coverage Period (not subject to Deductible or Coinsurance) As defined in the Policy. | \$100 per Coverage Period (not subject to Deductible or Coinsurance) As defined in the Policy. | \$50 per Coverage Period (not subject to Deductible or Coinsurance) As defined in the Policy. |
| Accidental Death and Dismemberment(AD&D) | \$30,000 for Insured or Insured spouse \$6,000 for Dependent Child(ren) | \$30,000 for Insured or Insured spouse \$6,000 for Dependent Child(ren) | \$10,000 for Insured or Insured spouse \$6,000 for Dependent Child(ren) | \$5,000 for Insured or Insured spouse \$1,000 for Dependent Child(ren) |
| Common Carrier Accidental Death and Dismemberment | \$50,000 per Member (age 18 and over) \$30,000 per Member (under age 18) | \$50,000 per Member (age 18 and over) \$30,000 per Member (under age 18) | \$30,000 per Member (age 18 and over) \$10,000 per Member (under age 18) | \$15,000 per Member (age 18 and over) \$000 per Member (under age 18) |
| Terrorism | \$50,000 Maximum Limit. Medical expenses only. | \$50,000 Maximum Limit. Medical expenses only. | \$30,000 Maximum Limit. Medical expenses only. | \$15,000 Maximum Limit. Medical expenses only. |
| Trip Delay/Missed Connection | Maximum Limit of \$100 a day after a minimum of 12 hour delay period. As Defined in the Policy. | Maximum Limit of \$100 a day after a minimum of 12 hour delay period. As Defined in the Policy. | Maximum Limit of \$50 a day after a minimum of 12 hour delay period. As Defined in the Policy. | Maximum Limit of \$25 a day after a minimum of 12 hour delay period. As Defined in the Policy. |
| Third Party Liability-Personal Liability | \$500.00 per Coverage Period | \$500.00 per Coverage Period | \$100 per Coverage Period | \$50 per Coverage Period |
| Third Party Liability-Damage to property | \$150,000 Maximum Limit personal liability and damage to property | \$150,000 Maximum Limit personal liability and damage to property | \$25,000 Maximum Limit personal liability and damage to property | \$15,000 Maximum Limit personal liability and damage to property |
| The Aggregate Limit for the Personal Liability Coverage per participating Member equals the above Limit. | | | | |

With regard to the forgoing Schedule of Benefits/Limits, the references to continuous coverage mean continuous unbroken coverage under the Beacon/Axis Series Group Insurance Trust (Anguilla). The applicable benefits described will become first available to the Participating Member only at the end of the continuous Coverage Period so specified.

The Beacon Series Group Travel Medical Plan Details

Beacon Series Group Travel Plan

The Beacon Series Group Travel Medical Plan offers offers the most comprehensive series of benefits available in today's travel medical insurance market all at an affordable price. However, the real value of an insurance plan exists in the company behind the plan and its ability to respond in a time of need. Azimuth Risk Solutions takes exceptional pride in Its ability to professionally serve our clients no matter where they are in the world and at any time of the day or night. Azimuth stands ready to provide solutions to travelers 24 hours a day, 7 days a week staffed by people who enjoy helping other people.

Who is Eligible to purchase the Beacon Series Group Travel Plan?

Mission sending organizations, Student groups, Corporate groups and many other Organizations with a minimum of five (5) travelers who are at least 14 days old, who travels outside of their home country. Coverage is available for a period of five (5) days up to 24 months!

When Does Coverage Become Effective and When Does Coverage End?

Coverage becomes effective on the latest of: the moment we receive your Application and correct premium (if Application and payment is made online or by fax), 12:01 am US Eastern Standard Time (EST) on the date we receive your Application and payment (if Application and payment is made by mail), the moment the member departs from his or her Home Country or 12:01 am EST on the date you request on your Application. Coverage will end on the earliest of: 12:01 am EST on the last day of the period for which you have paid a premium, 12:01 EST on the date requested on your Application or the moment of the member's arrival upon return to their Home Country (unless the member has started a Benefit Period or is eligible for Home Country Coverage.)

Who Insures This Plan?

The preeminent name in international insurance is Lloyd's, London. This largest, oldest and most respected insurance market is the insurer on all Azimuth Risk plans. You will have the security of knowing that you are working with an insurer who has paid every eligible claim for more than 320 years. Lloyd's is 'A' rated by AM Best and Standard & Poor's for their superior ability to pay claims.

Who Is Azimuth Risk Solutions, LLC?

Headquartered in Indianapolis, Indiana, Azimuth Risk Solutions, LLC (Azimuth) is a service-first organization formed by professionals with nearly 30 years in the international insurance industry to provide simply the finest in product offering, administration and support before and after the sale of international health, travel and life insurance products. If it's important to you to do business with an organization that is committed both to service excellence and to ethical conduct as well as philanthropic pursuits, Azimuth is the choice to meet your requirements. Azimuth is a Managing Agency for our insurer, London and the administrator for the Beacon Series Group Travel Plan.

What If I have a Claim?

The claim process is quite simple. In the event that you have a claim for eligible expenses you have already incurred, simply complete our Claim Form, which is included in your plan fulfillment or you, may download one at AzimuthRisk.com and return completed to Azimuth with your original receipts and your eligible expenses will be promptly refunded.

As with every aspect of Azimuth's operations, if you have any difficulty, simply Contact Azimuth and we will gladly help you with completing the process. In the event that you have a large or ongoing claim your precertification through Azimuth will in many cases allow us to arrange for your care and payment directly to your healthcare provider.

What Does the Beacon Series Group Travel Medical Plan Cover?

Sudden Onset of Preexisting Condition:

If you have a prior health condition which suddenly and unexpectedly asserts itself during your travel, the Beacon Series Group Travel Medical Plan does provide a limited amount of coverage to help mitigate this unpleasant surprise. If you are a US citizen, you have coverage up to \$20,000 (including emergency medical evacuation). As a non-US citizen you have up to \$1,000 of coverage for medical expenses only. Enjoy peace of mind, even if your past health history has a few blemishes with this powerful benefit.

Trip Delay/ Missed Connection: Exclusive Azimuth Benefit!

As we all know, travel can sometimes lead to frustration and trip delays are a big part of that frustration. In the event your travel is significantly delayed, the Beacon Series provides \$100 a day to help defray unexpected expenses as a result of such a delay.

Quick Trip Home Coverage:

Longer trips may require that you return home for a brief time to manage your affairs. Perhaps it is important to be home for the holidays; if so, the Beacon Series has you Covered. If you purchase at least 3 months of coverage, the Beacon Series provides coverage in your home country for up to 14 days in your home country for a quick visit home, after which you would then complete your international travel.

Home Country Coverage at End of Trip: Exclusive Azimuth Benefit!

A long time away from home requires a little time to get acclimated to life back home. That is why we provide 15 days free with a 6 month purchase or 30 days free with a 12 month purchase.

Terrorism:

Today's headlines provide a regular reminder of the challenging environment in which we live. Terrorism, by its very nature is to take advantage of the unaware and unprepared. While we cannot stop these events from occurring, the Beacon Series is prepared to help with covering the expenses for medical care in case you are injured in such an attack.

Lost Checked Luggage:

Subject to the benefits and Limits set forth in the SCHEDULE OF BENEFITS AND LIMITS in Section 24, the Scheme Administrator will consider paying for the replacement of clothing and hygiene items not to exceed \$100 for any one item if the following provisions are met;

Emergency Medical Evacuation:

It is likely that the most significant financial and personal risk you face abroad is the need for an emergency medical evacuation. In the case of a life threatening injury or illness, the Beacon Series provides Coverage to transport you to the nearest facility which can properly care for you. We know it's important not to feel alone at a time of crisis, so the Beacon Series provides coverage to transport an immediate family member or friend to your bedside in the event you are evacuated.

What Is Not Covered?

Charges related to:

- Preexisting Conditions - Except for Sudden Onset of Pre-existing Condition, charges resulting directly or indirectly from or relating to any Pre-existing Condition are excluded from coverage under this insurance.
- Pregnancy - Charges related to Pregnancy, including but not limited to pre-natal care, child birth, post-natal care, false labor, edema, proionged labor and/or prescribed rest during the period of pregnancy, including newborn care.
- Experimental treatments or surgery
- Weight modification treatment, plastic surgery unrelated to restoration after a covered injury or illness or sex-change surgery
- Injuries as a result of engaging in Hazardous Sports without the purchase of the optional Sports rider
- Any injury or illness as a result of the consumption of alcohol or drugs; or for the treatment of substance abuse

This is a partial list and description of exclusions. For a full description, please contact Azimuth Risk Solutions, LLC for a copy of the Evidence of Insurance.

For additional information regarding benefits as well as how you can take advantage of this program, please contact your Agent/ Broker of record or Azimuth Risk Solutions, LLC Services Representative.

Going Your Way

