

MEMBERSHIP PLAN FOR REUNITEYOU

This document describes all of the travel and repatriation benefits issued by reuniteyou, the trading company of Kindred Travel LLC, (The **Company**) under this Membership. Please refer to the accompanying **Summary of Coverage** and **Confirmation of Benefits**, they provide specific information about the plan. The **Member** should contact the **Company** immediately if he or she believes that the **Summary of Coverage** or the **Confirmation of Benefits** are incorrect.

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SECTION I. DEFINITIONS

"Accident" means a sudden, unexpected and unforeseen bodily **Injury** to a **Close Relative**, caused by violent, visible and external means. The **Accident** must result in a **Medically Necessary** admission for the individual to a **Hospital** bed on the advice of a **Legally Qualified Physician** for a minimum of five (5) consecutive days (1 day is 24 hours).

"Additional People" means persons under 75 years of age for whom an additional Membership fee has been paid, inclusive of the **Member's** extended family, friends and/or business colleagues and for the purpose of this Membership will be treated as **Close Relatives**.

"Area of Cover" means the countries within the areas defined below in which the Country of Residence exists, as specified and for which the appropriate payment has been paid:

Europe: The following European countries: Albania, Andorra, Austria, Belarus, Belgium, Bosnia Herzegovina, Bulgaria, Channel Islands, Croatia, Czech Republic, Denmark, Estonia, Finland, France, Germany, Gibraltar, Great Britain, Greece, Greenland, Hungary, Iceland, Ireland, all islands of the Mediterranean, Isle of Man, Italy, Latvia, Liechtenstein, Lithuania, Luxembourg, Macedonia, Madeira, Malta, Moldova, Monaco, Montenegro, Netherlands, Norway, Poland, Portugal, Romania, Serbia, Slovakia, Slovenia, Spain, Sweden, Switzerland, Turkey, Ukraine, Vatican State.

USA: Domestic United States of America, North America and Mexico.

Worldwide: All countries worldwide.

"Close Relative" means persons under 75 years of age who are the **Member's** legal spouse or common-law spouse, domestic partner, same-sex spouse where legal; legal guardian; son or daughter (adopted, foster or step); son-in-law; daughter-in-law; mother, mother-in-law, father, father-in-law, brother, step-brother; sister; step-sister; brother-in-law; sister-in-law or step-parent. This includes any **Additional People** added to this Membership for whom an additional Membership Fee has been paid.

"Company" means reuniteyou, the trading company of Kindred Travel LLC.

"Covered Event" means an **Accident** or **Sickness**, or death of a **Member** or **Close Relative** during the period of coverage.

"Confirmation of Benefits" means the coverage confirmation provided to the **Member** following payment of the applicable Membership Fee.

"Country of Residence" means the country, within the **Area of Cover**, where the **Member** and **Close Relative** have their primary residences.

"Dependent Children" means a child living with the **Member** who is under 19 years of age, or a child of any age who is medically certified by a **Legally Qualified Physician** as having an intellectual disability or a physical disability and is dependent upon the **Member**.

"Economy Transportation" means the lowest published available transportation rate for a ticket on a Common Carrier.

"Effective Date" means the date the Membership becomes effective following payment of the applicable Membership Fee.

"Home" as used in this cover means a **Member's** or **Close Relative's** **Permanent Residence**.

"Hospital" means (a) a place which is licensed or recognized as a general **Hospital** by the proper authority of the state or country in which it is located; (b) a place operated for the care and treatment of resident in-patients with a registered graduate nurse (RN) always on duty and with a laboratory and X-ray

facility; (c) a place recognized as a general **Hospital** by the Joint Commission on the Accreditation of Hospitals. Not included is a **Hospital** or institution licensed or used principally: (1) for the treatment or care of drug addicts or alcoholics; or (2) as a clinic continued or extended care facility, skilled nursing facility, convalescent Home, rest Home, nursing Home or Home for the aged.

"Injury" or "Injuries" means accidental bodily **Injuries**: (a) received while a **Member** of this plan; (b) resulting in loss independently of **Sickness** and all other causes; and (c) not excluded from coverage.

"Intoxicated" mean a blood alcohol level that equals or exceeds the legal limit for operating a motor vehicle in the state or jurisdiction where you are located at the time of an incident.

"Legally Qualified Physician" means a physician (a) other than you or a family member; (b) practicing within the scope of his or her license; and (c) recognized as a physician in the place where the services are rendered.

"Maximum Coverage Amount" and **"Maximum Single Limit Amount"** means the maximum amounts payable for coverage provided as shown in the **Summary of Coverage**.

"Medically Necessary" means a service or supply which: (a) is recommended by the attending **Legally Qualified Physician**; (b) is appropriate and consistent with the diagnosis in accord with accepted standards of community practice; (c) could not have been omitted without adversely affecting your condition or quality of medical care; (d) is delivered at the most appropriate level of care and not primarily for the sake of convenience; and (e) is not considered experimental unless coverage for experimental services or supplies is required by law.

"Member" means the person(s) named on the enrollment form as the persons for which membership has been paid, including **Dependent Children** if listed.

"Permanent Residence" means the country where a **Member** and a **Close Relative** has their true, fixed and permanent residence and principle establishment.

"Sickness" means an illness or disease that is diagnosed or treated by a **Legally Qualified Physician**.

"Summary of Coverage" means the summary of the benefits and limits that are applicable per **Covered Event**.

"Travel Assistance Service Provider" means On Call International LLC.

"Waiting Period" means the 90 days from the **Member's Effective Date** where no benefits are payable.

SECTION II. COVERAGES EMERGENCY TRANSPORTATION SERVICES

If a **Covered Event** occurs, while this Membership is in force, the following benefits are payable, up to the **Maximum Coverage Amount** shown on the **Summary of Coverage**. No benefits are payable for any other services or supplies not listed herein.

Benefits are limited to 2 claims per membership year. **Members** cannot visit the same **Close Relative** more than once in a 12 month period. Any benefit under this coverage must be taken within 30 days of a **Close Relative** suffering a **Covered Event**.

1. Emergency Travel Services:

If a **Member** needs to make an unscheduled trip to the **Country of Residence** or designated **Home** of a **Close Relative** as defined, which must be a minimum of 150 miles from the **Member's Home** while this membership is in force as a result of a **Covered Event** as defined, we will pay emergency **Economy Transportation** and accommodation for a round trip to travel from their **Home** to the location where the **Close Relative** is situated in their **Country of Residence**, subject to the following:

- i. The **Member** may travel immediately upon authorization from the **Travel Assistance Service Provider**.
- ii. Benefits will be payable up to the **Maximum Coverage Amount** as shown in the **Summary of Coverage** (Emergency Travel Maximum US\$25,000 and accommodation US\$150 per night for a maximum of 10 nights).
- iii. Services must be arranged and provided through the contracted **Travel Assistance Service Provider**. Benefits will be payable for the **Member's** transportation to the **Close Relative's Country of Residence** (or if required the burial funeral home). Travel expense will be based on the cost of **Economy Transportation** and subject to the **Maximum Single Limit Amount**.
- iv. Expenses that exceed the **Maximum Coverage Amount** or that are not arranged through the contracted **Travel Assistance Service Provider** are the responsibility of the **Member** and no benefits

will be payable. Benefits are not payable for hospital stays less than five (5) consecutive days (1 day is 24 hours). This does not apply if the **Close Relative** passes away.

- v. Emergency transport services will not be payable for a **Sickness**, as defined herein, that occurs within the **Waiting Period**, defined herein.

2. Repatriation (of Mortal Remains):

The following services only apply if the Member has included Repatriation as part of their Membership and any applicable Membership fees have been paid.

In the event of a **Member's** death which occurs more than 150 miles from the **Member's Home**, benefits will be payable for services arranged through the contracted **Travel Assistance Service Provider** for the return of the **Member's** mortal remains. Services include arranging for the following: locating a sending funeral Home; transportation of the body from its location to the sending funeral home; embalming or cremation services; transporting the body from the sending funeral home to the airport and storage of the body; the minimally necessary casket or air tray for transport; transport body from the receiving airport to the receiving funeral home. The Services will include coordination of consular services (in the case of death in another country) procuring death certificates; transport of the remains from the airport to the receiving funeral home; payment of necessary permits and fees for the return of remains. Death Certificates procured are limited to three (3) Certificates.

Repatriation of Mortal Remains services are subject to the **Maximum Coverage Amount** and the **Maximum Single Limit Amount** shown on the **Summary of Coverage** (Repatriation of Mortal Remains Maximum Benefit US\$25,000). Repatriation of Remains will not be payable for death that occurs within the **Waiting Period** if the death emanates from **Sickness**, as defined herein.

SECTION III. PROVISIONS

Term of Coverage:

Coverage begins on the **Member's Effective Date** as defined herein. For any persons added after the **Effective Date** coverage will start on the date payment for any applicable Membership fee has been completed. Cover will terminate at 12:01am on the anniversary of the **Effective Date**.

SECTION IV. GENERAL EXCLUSIONS AND LIMITATIONS

It is a condition of this Membership that benefits are not payable for **Sickness, Injuries** or losses:

1. resulting from any known medical condition for which a terminal prognosis has been received prior to the **Member's Effective Date** or during the **Waiting Period**;
2. resulting from suicide, attempted suicide or any intentionally self-inflicted **Injury** while sane or insane, (where allowed by law);
3. resulting from an act of declared or undeclared war;
4. while participating in maneuvers or training exercises of an armed service;
5. received as a result or consequence of being Intoxicated, as specifically defined in the document, or under the influence of any controlled substance unless administered on the advice of a **Legally Qualified Physician**;
6. to which a contributory cause was the commission of or attempt to commit a felony or being engaged in an illegal occupation;
7. due to normal childbirth, normal pregnancy or voluntarily induced abortion;
8. which exceeds the maximum amounts as shown in the **Confirmation of Benefits**;
9. due to loss or damage (including death or Injury) loss resulting directly from the discharge, explosion or use of any device, weapon or material employing or involving chemical, biological, radiological or similar agents;
10. due to malpractice or malfeasance by a **Legally Qualified Physician** or any other person or entity not employed by the **Company** or its assigns.
11. transportation and accommodation not made by the contracted **Travel Assistance Service Provider**.
12. an appointment / arranged operation as this is not an emergency.

SECTION V. GENERAL PROVISIONS

Notice of Claim: Notice of claim must be reported within 20 days after a loss occurs or as soon as is reasonably possible. You or someone on your behalf may give the notice. The notice should be given to the **Company** or **Travel Assistance Service Provider** and should include sufficient information to identify

the insured.

Claim Forms: When notice of claim is received by the **Company** or designated representative, forms for filing proof of loss will be furnished. If these forms are not sent within 15 days, the proof of loss requirements can be met by sending a written statement of what happened. This statement must be received within the time given for filing proof of loss.

Proof of Loss: Proof of loss must be provided within 90 days after the date of the loss or as soon as is reasonably possible. Proof must, however, be furnished no later than 12 months from the time it is otherwise required, except in the absence of legal capacity.

Time of Payment of Claims: The **Company** or its designated representative will pay the claim after receipt of acceptable proof of loss.

Physician Examination and Autopsy: The **Company**, at the expense of the **Company**, may have the **Close Relative** who is the subject of the claim examined when and as often as is reasonable while the claim is pending. The **Company** may have an autopsy done (at the expense of the **Company**) where it is not forbidden by law.

Legal Actions: No legal action for a claim can be brought against us until 60 days after we receive proof of loss. No legal action for a claim can be brought against us more than 3 years after the time required for giving proof of loss. This 3 year time period is extended from the date proof of loss is filed and the date the claim is denied in whole or in part.

Concealment and Misrepresentation: The entire coverage will be void, if before, during or after a loss, any material fact or circumstance relating to this cover has been concealed or misrepresented.

Subrogation: If the **Company** has made a payment for a loss under this Membership, and the person to or for whom payment was made has a right to recover damages from the Third Party responsible for the loss, the **Company** will be subrogated to that right. The **Member** shall help the **Company** exercise the **Company's** rights in any reasonable way that the **Company** may request: nor do anything after the loss to prejudice the **Company's** rights: and in the event You recover damages from the Third Party responsible for the loss, the Member will hold the proceeds of the recovery for the **Company** in trust and reimburse the **Company** to the extent of the **Company's** previous payment for the loss.

WHERE TO REPORT CLAIMS:

CALL COLLECT - USA NUMBER: +1603-328-1964

CALL TOLLFREE: (within the USA and Canada): +1-866-930-9805

On Call International is available 24 hours a day.

Benefits will not be payable, but other services that may be performed by the contracted **Travel Assistance Service Provider** if requested by the **Member** and required in conjunction with those listed above benefits include: making travel arrangements for the **Member**; identification and/or notification of next-of-kin.

SUMMARY OF COVERAGE

This Summary completes your Membership Plan.

Maximum Single Limit per Covered Event: **US\$50,000**
 Underwritten by: United States Fire Insurance Company
 Form: TP-401
 Plan Holder Name: Kindred Travel
 Landmark Building Suite 308
 310 West Liberty Street
 Louisville K 40202

Effective Date: October 1, 2011

BENEFITS AND LIMITS PER COVERED EVENT

Emergency Transportation Services:	Maximum Coverage Amount	Accommodation Limit
Transportation Cost	US\$25,000	US\$150 per day, maximum 10 days
Repatriation of Mortal Remains	US\$25,000	