



**POLICY AND INSURANCE
HANDBOOK
FOR
WISE FOUNDATION
PARTICIPANTS**



Insured by:
Ace USA Accident & Health
Policy # GLMN04156341

Dear WISE Program Participant,

This insurance coverage, which WISE has elected for you with Ace USA Accident Health has been especially developed to cover the insurance needs you will have as a participant in any WISE program, which involves residing abroad. The insurance covers a range of financial risks; while at the same time, our assistance partners ensure that there is always help for you if you have an accident or in need of emergency assistance.

Although we realize that insurance policy terms are not very exciting, we recommend that you read through this policy and insurance coverage handbook. You will find an overview of the scope of coverage and the amounts insured, specific guidelines about what you must do in case you have an accident, and where to file a claim. During your stay in the USA, the emergency assistance company is available 24 hours a day.

Before your departure, or shortly after your arrival, you will receive an "Insurance Identification Card" which confirms your insurance coverage.

You are welcome to call for assistance, Worldwide Assistance at 1-800-243-6124 inside U.S.A., 1-202-659-7803, outside the U.S.A. (see page 12).

We wish you a pleasant stay in the USA.

Best wishes,

WISE Foundation

POLICY AND INSURANCE HANDBOOK For WISE PARTICIPANTS

This insurance coverage handbook contains partly practical guidance, and partly the policy conditions of your insurance. Below you can get an overview of the structure of the handbook.

SECTION A - Definitions

SECTION B - Description of Coverage

SECTION C - Assistance/Claims Procedures

SECTION D - Permanent Disablement

SECTION E - Exclusions

Instructions to providers

SECTION A: DEFINITIONS

In the policy conditions a number of terms and concepts are defined in the section below. The definitions apply regardless of the word category used.

“Covered Accident” means an accident that occurs while coverage is in force for a Covered Person and results directly and independently of all other causes in a loss or injury covered by the Policy for which benefits are payable.

“Covered Activity” means any activity that the Participating Organization requires the Covered Person to attend, or that is under its supervision and control listed in the *Schedule of Benefits* and insured under the Policy.

“Covered Expenses” means expenses actually incurred by or on behalf of a Covered Person for treatment, services and supplies covered by the Policy. Coverage under the Participating Organization’s Policy must remain continuously in force from the date of the Covered Accident or Sickness until the date treatment, services or supplies are received for them to be a Covered Expense. A Covered Expense is deemed to be incurred on the date such treatment, service or supply, that gave rise to the expense or the charge, was rendered or obtained.

“Covered Loss” or “Covered Losses” means an accidental death, dismemberment or other Injury covered under the Policy.

“Covered Person” means any Insured who enrolls for coverage and for whom the required premium is paid.

“Deductible” means the dollar amount of Covered Expenses that must be incurred as an out-of-pocket expense by each Covered Person per Injury or Sickness basis before Accident Medical Expense Benefits and/or other Additional Benefits paid on an expense incurred basis are payable under the Policy.

“Doctor” means a licensed health care provider acting within the scope of his or her license and rendering care or treatment to a Covered Person that is appropriate for the conditions and locality. It will not include a Covered Person or a member of the Covered Person’s Immediate Family Member or household.

“Home Country” means a country from which the Covered Person holds a passport. If the Covered Person holds passports from more than one country, his or her Home Country will be that country which the Covered Person has declared to Us in writing as his or her Home Country.

“Hospital” means an institution that: 1) operates as a Hospital pursuant to law for the care, treatment, and providing of in-patient services for sick or injured persons; 2) provides 24-hour nursing service by Registered Nurses on duty or call; 3) has a staff of one or more licensed Doctors available at all times; 4) provides organized facilities for diagnosis, treatment and surgery, either: (i) on its premises; or (ii) in facilities available to it, on a pre-arranged basis; 5) is not primarily a nursing care facility, rest home, convalescent home, or similar establishment, or any separate ward, wing or section of a Hospital used as such; and 6) is not a place solely for drug addicts, alcoholics, or the aged or any separate ward of the Hospital.

“Immediate Family Member” means a person who is related to the Covered Person in any of following ways: spouse; parent (includes step-parent); child age 18 or older (includes legally adopted and step child); brother or sister (includes stepbrother or stepsister); parent-in-law; son- or daughter-in-law; and brother- or sister-in-law.

“Injury” means accidental bodily harm sustained by a Covered Person that results directly and independently from all other causes from a

Covered Accident. The Injury must be caused solely through external, violent and accidental means. All injuries sustained by one person in any one Covered Accident, including all related conditions and recurrent symptoms of these injuries, are considered a single Injury.

“Medical Emergency” means a condition caused by an Injury or Sickness that manifests itself by symptoms of sufficient severity that a prudent lay person possessing an average knowledge of health and medicine would reasonably expect that failure to receive immediate medical attention would place the health of the person in serious jeopardy.

“Medically Necessary” means a treatment, service or supply that is: 1) required to treat an Injury or Sickness; prescribed or ordered by a Doctor or furnished by a Hospital; 2) performed in the least costly setting required by the Covered Person’s condition; and 3) consistent with the medical and surgical practices prevailing in the area for treatment of the condition at the time.

“Pre-existing Condition” means – an illness, disease or other condition of the Covered Person that in the 24 month period before the Covered Person’s coverage became effective under this Policy: 1.) first manifested itself, worsened, became acute or exhibited symptoms that would have caused a person to seek diagnosis, care, or treatment; or 2.) required taking prescribed drugs or medicines, unless the condition for which the prescribed drug or medicine is taken remains controlled without any change in the required prescription; or 3.) was treated by a Doctor or treatment had been recommended by a Doctor.

Section B

Scope of Coverage

Primary Benefits

We will pay Covered Accident and Sickness Medical Expenses up to the Maximum Benefit after the Insured satisfies any Deductible, without regard to any other Health Care Plan benefits payable for the Insured. We will pay these benefits without regard to any Coordination of Benefits provisions in any other Health Care Plan.

Your travel insurance consists of a number of different benefits. This section is a brief overview of the various benefits and the policy maximums.

Accident and Sickness Medical Expense

Should medical treatment be required as a result of a covered injury or sickness during the trip, the company will reimburse the medical or surgical expenses incurred, based on the plan selected, subject to the \$ 50.00 deductible and \$100,000.00 maximum.

Covered Expenses

Hospital room & board charges (Hospital's average semi-private room rate per day)

Intensive Care Unit charges (up to two times the rate per day for a semi-private room).

All necessary medical and surgical services and supplies while confined in a hospital

Outpatient Surgical Expenses

Outpatient Medical Care Expenses provided by a hospital following a surgical procedure

Professional local ambulance services

Laboratory and x-ray tests and treatments

Physiotherapy, if recommended by a Physician for treatment of a specific disablement and administered by a licensed physiotherapist are included. Limit of 10 visits per injury or illness.

Chiropractic Care covered up to \$35.00 per visit, subject to a maximum of 10 visits per covered injury or illness.

Dental expenses resulting from an accidental injury or alleviation of pain up to U.S. \$500 per occurrence.

Excluded Expenses

We will not pay Medical Expense Benefits for any loss, treatment or services resulting from or contributed to by:

1. routine physicals.
2. routine dental care and treatment.
3. cosmetic surgery, except for reconstructive surgery needed as the result of an Injury.

4. mental and nervous disorders.
5. Routine nursery care.
6. Eye refractions or eye examinations for the purpose of prescribing corrective lenses or for the fitting thereof; eyeglasses, contact lenses, and hearing aids.
7. Services, supplies, or treatment including any period of Hospital confinement which were not recommended, approved and certified as necessary and reasonable by a Doctor; or expenses which are non-medical in nature.
8. Treatment or service provided by a private duty nurse.
9. Treatment by any Immediate Family Member or member of the Covered Person's household.
10. Expenses incurred during holiday travel outside of the U.S.
11. Pregnancy, childbirth, miscarriage, abortion or any complications of these conditions.
12. Injury sustained while participating in professional athletics, amateur or interscholastic athletics.
13. Injury or Sickness that occurs while the Covered Person is legally intoxicated (as determined by that state's law) or while under the influence of any drug unless administered under the advice and consent of a Doctor
14. While taking part in mountaineering where ropes or guides are normally used; hang gliding, parachuting, bungee jumping, racing by horse, motor vehicle or motorcycle, snowmobiling, motorcycle/motor scooter riding, scuba diving involving underwater breathing apparatus, unless PADI or NAUI certified, spelunking, or parasailing.
15. Expenses as the result of an Injured Covered Person operating a motor vehicle while not properly licensed to do so in the jurisdiction in which the motor vehicle accident takes place.
16. Benefits that are payable under any no-fault automobile insurance policy.
17. Commission of or attempt to commit a felony, an assault or other criminal activity.

EMERGENCY DENTAL TREATMENT \$500

Dental treatment as a result of an emergency, being the alleviation of pain or injury to sound natural teeth. The maximum amount payable for Dental Treatment during your period of coverage and not caused by the previous deteriorated state of the teeth, gums or jaw.

EMERGENCY MEDICAL EVACUATION

For insured persons who become 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 all eligible expenses 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 arranged by the Assistance Company and approved in advance by The Insurance Company.

REPATRIATION (RETURN OF MORTAL REMAINS)

The Company will pay the reasonable Covered Expenses incurred, to return the Insured Person's remains to his/her then current Home Country, if he or she dies.

Covered Expenses include, but are not limited to, expenses for embalming, a minimally necessary container appropriate for transportation, shipping costs, and the necessary government authorizations.

All Covered Expenses in connection with a Return of Mortal Remains must be pre-approved and arranged by an assistance company representative appointed by the Company.

Emergency Reunion Benefit - Up to \$1,000 per day subject to a maximum of 10 days.

In the event the Covered Person has either been: 1) confined in a Hospital for at least 7 days due to a covered Injury or Sickness, where the attending Doctor believes it would be beneficial for the Covered Person to have a Family Member at his or her side; or 2) the victim of a Felonious Assault, We will pay the expenses incurred for travel and lodging for that Family Member, up to the Benefit Maximum shown.

Covered expenses include an economy airline ticket and other travel related expenses not to exceed the Daily Benefit Maximum and the Maximum Number of Days shown. All travel arrangements must be made by the Company's assistance provider and approved in advance by Us in order for expenses to be considered eligible.

"Felonious Assault" means a violent or criminal act reported to the local authorities which was directed at the Covered Person during the course of, or an attempt of, a physical assault resulting in serious injury, kidnapping, or rape.

"Family Member" means a person who is related to the Covered Person in any of following ways: spouse; parent (includes stepparent); child (includes legally adopted and step child); brother or sister (includes stepbrother or step-sister); parent-in-law; son- or daughter-in-law; and brother- or sister-in-law.

ACCIDENTAL DEATH AND DISMEMBERMENT

BENEFITS \$5,000 maximum

If Injury to the Covered Person results, within 365 days from the date of a Covered Accident, We will pay the Benefit Amount shown below for that loss. If multiple losses occur, only one Benefit Amount, the largest, will be paid for all Covered Losses due to the same Accident.

SCHEDULE OF COVERED LOSSES

Covered Loss	Benefit Amount
Life	100% of the Principal Sum
Quadriplegia	100% of the Principal Sum
Two or more Members	100% of the Principal Sum
One Member	50% of the Principal Sum
Hemiplegia.....	75% of the Principal Sum
Paraplegia	75% of the Principal Sum
Thumb and Index Finger of the Same Hand	25% of the Principal Sum
Uniplegia	25% of the Principal Sum

Exclusions

We will not pay benefits for any loss or Injury that is caused by, or results from:

1. intentionally self-inflicted Injury; suicide or attempted suicide.

2. piloting or serving as a crewmember in any aircraft.
3. commission of, or attempt to commit, a felony, an assault or other criminal activity.
4. war or any act of war, whether declared or not.
5. sickness, disease, or infection of any kind, except bacterial infections due to an accidental cut or wound, botulism or ptomaine poisoning. (except as provided by the Policy).

Exposure and Disappearance

Coverage includes exposure to the elements, stranding, sinking, or wrecking of a vehicle in which the Insured was traveling.

An Insured is presumed dead if:

1. he or she is in a vehicle that disappears, sinks or is stranded or wrecked on a covered trip; or
2. the body is not found within sixty days of the Covered Accident.

COMA Benefit

We will pay benefits if a Covered Person becomes Comatose within 31 days of a Covered Accident and remains in a Coma for at least 31 days.

We reserve the right, at the end of the first 31 days of Coma, to require proof that the Covered Person remains Comatose. This proof may include, but is not limited to, requiring an independent medical examination at our expense.

We will pay this benefit in periodic payments. Periodic payments will end on the first of the following dates:

1. the end of the month in which the Covered Person dies;
2. the end of the 11th month for which this benefit is payable;
3. the end of the month in which the Covered Person recovers from the Coma.

At the end of the 11th month if the Covered Person has not recovered from the Coma 100% of the principal sum will be payable in a lump sum.

A person is deemed "Comatose" or in a "Coma" if he or she is in a state of complete and total unconsciousness, as the result directly and all

other causes

DISABILITY BENEFITS:

Permanent Total Disability (Benefits terminate at age 70)

We will pay the Disability Benefit of \$10,000 if a Covered Person is Permanently and Totally Disabled as a direct result of, and from no other cause but, a Covered Accident. Disability Benefits will begin when:

1. the applicable Benefit Waiting Period of 365 days from the date of Covered Accident or Sickness is satisfied; and
2. the Covered Person provides satisfactory proof of Permanent Total Disability to Us.

“Total Disability” or “Totally Disabled” means, due to an Injury from a Covered Accident or Sickness, a Covered Person:

1. if employed, cannot do any work for which he or she is, or may become, qualified by reason of education, experience or training; and
2. if not employed, cannot perform the normal and customary activities of a healthy person of like age and sex.

“Permanent Total Disability” or “Permanently Totally Disabled” means a Covered Person is Totally Disabled and is expected to remain so disabled, as certified by a Doctor, for the rest of his or her life.

Permanent Total Disability must be the result of the same Covered Accident or Sickness that caused the Total Disability.

Felonious Assault and Violent Crime Benefit

We will pay an additional benefit of \$ 2,500.00 subject to the following conditions, when the Covered Person suffers a Covered Loss resulting directly and independently of all other causes from a Covered Accident that occurs during a violent crime or felonious assault as described below. A police report detailing the felonious assault or violent crime must be reported before this benefit is payable.

To qualify for benefit payment, the Covered

Accident must occur during any of the actual following

1. actual or attempted robbery or holdup;
2. actual or attempted kidnapping;
3. any other type of intentional assault that is a crime classified as a felony by the governing statute or common law in the state where the assault occurred.

SECTION C

SUBMITTING AN ACCIDENTAL DEATH OR DISMEMBERMENT or MEDICAL CLAIM TO ACE USA CLAIMS

The first step in reporting an accidental death or dismemberment or medical claim is to contact ACE USA Claims at 1-800-336-0627. Our telephones are answered between the hours of 8:00 am and 4:30 pm Monday - Friday, Eastern Standard time. For calls after this time, please leave a message at 302-476-6194 and someone will return your call the next business day.

When reporting the claim please provide the policyholder name, policy number, claimant name and type of claim and mailing address to send the claim. This will ensure that the appropriate claim form is promptly mailed. The caller should further contact the policyholder representative and advise them of the claim.

Once you have received the claim form it must be completely filled out and remitted back to ACE USA Claims. In addition to the claim form, there will be specific information that is required which is outlined below:

Accidental Death Claims: In addition to the claim form, the following items are required:

- (1) A Certified Copy of the final death certificate;
- (2) Your enrollment benefits form and/or Beneficiary Designation;
- (3) Confirmation of Principal Sum and current premium payment;
- (4) The Police Report, any Autopsy Report, any medical records or reports, and any newspaper clippings.

Accidental Dismemberment Claims: In addition to the claim form, the following items are required:

- (1) Your enrollment benefits form.
- (2) Confirmation of coverage classification (if multiple classes) and current premium payment;
- (3) The Police Report, all Medical Records, and any eyewitness statements and complete accident details.

Medical Claims: In addition to the completed claim form, the following items should be remitted:

- (1) An itemized bill for the treating physician

Once this information is complete please mail along with the completed claim form to:

**ACE American Insurance Company
Accident & Health Claims
1 Beaver Valley Road
P.O. Box 15417 Wilmington, DE 19850**

For electronic claim submission the above information can be electronically sent to ACEAandHClaims@ace-ina.com.

ATTENTION

When you call Worldwide Assistance, please be prepared with the following information:

1. Name of caller, phone no., fax no., relationship to patient;
2. Patient's name, age, sex and policy number;
3. A description of the patient's condition;
4. Name, location, and telephone number of hospital;
5. Name and telephone numbers for the treating doctor; where and when the doctor can be reached;
6. Health insurance information, worker's compensation, or automobile insurance information if the patient had an accident.

ATTENTION Medical Personnel or Police

In the event of medical emergencies, assistance will be provided to a covered person. Call toll free 1-800-243-6124 inside the U.S.A., 1-202-659-7803 outside the U.S.A., call collect

24 hours, many languages.

Call Worldwide Assistance when:

- You require a referral to a hospital or doctor
- You are hospitalized
- You need to be evacuated or repatriated
- You need to guarantee payment for medical expenses
- You experience local communication problems

Worldwide Assistance can be reached at 1-800-243-6124 inside the U.S.A. Call collect at 1-202-659-7803 if you are outside of the U.S.A. Before you call, please have ready the information listed under ATTENTION.

TRAVEL ASSISTANCE PROGRAM

In addition to the insurance protection provided by the Insurance plan, ACE USA has arranged with Worldwide Assistance Services, Inc. to provide you with access to its travel assistance services around the world. These services include:

- **Medical Assistance** including referral to a doctor or medical specialist, medical monitoring when you are hospitalized, emergency medical evacuation to an adequate facility, medically necessary repatriation and return of mortal remains.
- **Personal Assistance** including pre-trip medical referral information and while you are on a trip: emergency medication, embassy and consular information, lost document assistance, emergency message transmission, emergency referral to a lawyer, translator or interpreter access, medical benefits verification and medical claims assistance.
- **Travel Assistance** including emergency travel arrangements, arrangements for the return of your traveling companion or dependents and vehicle return.

By requesting assistance you agree to assign to us your rights to recover from any of your responsible insurers any expenses we incurred.

This information provides you with a brief out-

line of the services available to you. These services are subject to the terms and conditions of the policy under which you are insured. A third party vendor may provide services to you. Worldwide Assistance makes every effort to refer you to appropriate medical and other service providers. It is not responsible for the quality or results of service provided by independent providers.

In all cases, the medical provider, facility, legal counsel or other professional service provider suggested by Worldwide Assistance are not employees or agents of Worldwide Assistance and the choice of provider is yours alone. Worldwide Assistance assumes no liability for the services provided to you under this arrangement, nor is it liable for any negligence or other wrongful acts or omissions of any of the legal or health care professionals providing services to you. Travel assistance services are not available if your coverage under the policy providing Insurance benefits is not in effect.

Worldwide Assistance Services Overview

Approach

- Offered on all ACE USA Accident and Health Global Medical products for insureds.
- We provide 24-hour access to assistance services to our insureds traveling anywhere in the world.

Emergency Medical Services

- Medical Referrals
- Medical Monitoring
- Emergency Medical Transport
- Repatriation of Remains
- Replacement of Medication and Eyeglasses
- Hospital Admission Deposit

Emergency Travel Services

- Emergency Message Relay
- Emergency Travel Arrangements
- Legal Assistance
- Location of Lost Items
- Interpretation/Translation

Pre-Trip Information

- Visa, Passport and Inoculation Requirements
- Cultural Information
- Temperature and Weather Conditions
- Embassy and Consular Referrals
- Foreign Exchange Rates
- Travel Advisories

Complaints board

If disagreement between the insured and The Insurance Company should arise concerning the insurance coverage, and repeated contacts by the insured to The Insurance Company do not yield a satisfying result, the insured can appeal the claim to The Insurance Company.

Remember this is a summary of your benefits. In the event of a disagreement the policy will always take precedent, and will be on file with Wise Foundation.

Notes

Notes

***INSTRUCTIONS TO
DOCTORS and/or HOSPITALS***

The bearer of this is covered for Accidents and Sicknesses that occur during the Period of Coverage. Covered expenses include those listed in **SECTION B** - Scope of Coverage. There is a \$50 deductible per cause.

To verify eligibility or benefits please call Ace USA Accident Health.

The policy number is on the patients Insurance Identification Card.

*This is an outline of coverage.
The complete list of benefit provisions
and exclusions is in the schedule
issued to the policyholder.*

Mail to: ACE American Insurance Company
 1 Beaver Valley Road
 P.O. Box 15417
 Wilmington, DE 19850

Name of Group:
Policy Number:

ACCIDENT AND SICKNESS CLAIM FORM

Instructions:

- 1) You must have SECTION A fully completed by a designated official of the Policyholder.
- 2) SECTION B is to be completed, signed and dated by the claimant or parent/guardian of claimant, if claimant is a minor.
- 3) Attach itemized bills for all medical expenses being claimed including the claimant's name, condition being treated (diagnosis), description of services, date of service(s) and the charge made for each service. PLEASE MAIL COMPLETED FORM AND BILLS TO ABOVE ADDRESS.

The furnishing of this form, or its acceptance by the Company, must not be construed as an admission of any liability on the Company, nor a waiver of any of the conditions of the insurance contract.

SECTION A - MUST BE COMPLETED AND SIGNED BY A DESIGNATED REPRESENTATIVE OF THE POLICYHOLDER

NAME and/or LOCATION OF GROUP/CLUB/SPORT/SCHOOL. ETC.

CLAIMANT'S FULL NAME (Please Print Clearly or Type)	SOCIAL SECURITY NO. (If Available)	DATE OF BIRTH	NAME OF SUPERVISOR
DATE COVERAGE BEGAN		DATE COVERAGE WILL END/HAS ENDED	
NATURE OF INJURY OR ILLNESS. (Describe Fully, Including Which Part Of Body Was Injured.)		DESCRIBE HOW, WHEN AND WHERE ACCIDENT OCCURRED (Date And Time.)	
NAME OF ACTIVITY	DID ACCIDENT OCCUR:		
INDICATE THE SPORT (If Applicable)	A. WHILE CLAIMANT WAS SUPERVISED	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	B. DURING SPONSORED ACTIVITY	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	C. DURING PROGRAMMED HOURS	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	D. WHILE TRAVELING TO OR FROM REGULARLY SCHEDULED ACTIVITY IN A SUPERVISED GROUP	<input type="checkbox"/> YES	<input type="checkbox"/> NO
DATE LAST WORKED	DATE RETURNED TO WORK	WEEKLY EARNINGS	
POLICYHOLDER REPRESENTATIVE (Please Print Or Type)	TITLE	DAYTIME TELEPHONE NUMBER ()	
SIGNATURE OF POLICYHOLDER REPRESENTATIVE		DATE	

SECTION B - MUST BE COMPLETED

LIST NAME, ADDRESS, AND PHONE # OF OTHER INSURANCE COMPANIES UNDER WHICH CLAIMANT IS INSURED	POLICY #/ACCOUNT #
IF CLAIMANT IS A MINOR, NAME OF CLAIMANT'S GUARDIAN/RELATIONSHIP TO CLAIMANT	
ADDRESS OF CLAIMANT (If Claimant Is A Minor, Name And Address Of Claimant's Guardian)	GUARDIAN'S SOCIAL SECURITY NUMBER
NAME/ADDRESS/TELEPHONE # OF EMPLOYER (If Claimant Is A Minor, Guardian's Employer)	EMPLOYER'S DAYTIME TELEPHONE # ()
BY SIGNING BELOW I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF	

AUTHORIZATION and ASSIGNMENT OF BENEFITS

I, the undersigned authorize any hospital or other medical-care institution, physician or other medical professional, pharmacy, insurance support organization, governmental agency, group policyholder, insurance company, association, employer or benefit plan administrator to furnish to the Insurance Company named above or its representatives, any and all information with respect to any injury or sickness suffered by, the medical history of, or any consultation, prescription or treatment provided to, the person whose death, injury, sickness or loss is the basis of claim and copies of all of that person's hospital or medical records, including information relating to mental illness and use of drugs and alcohol, to determine eligibility for benefit payments under the Policy Number identified above. I authorize the policyholder, employer or benefit plan administrator to provide the Insurance Company named above with financial and employment-related information. I understand that this authorization is valid for the term of coverage of the Policy identified above and that a copy of this authorization shall be considered as valid as the original.

I agree that a photographic copy of this Authorization shall be a valid as the original.

I understand that I or my authorized representative may request a copy of this authorization.

I understand that I or my authorized representative may revoke this authorization at any time by providing the insurance company with written notification as to my intent to revoke.

Signature of Insured or Authorized Representative	Dated
---	-------

Address:

Fraud Warning: "It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and / or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant."