International Travel Accident and Sickness Insurance  
For the Employees, Students, and Chaperones of 
University of Massachusetts

Valuable Travel Accident and Sickness Insurance Coverage
The University of Massachusetts and the Accident & Health Division are pleased to provide you with Travel Accident and Sickness Insurance. As you may know, no matter how careful you are, accidents can happen.

Who’s covered?
Class I - All active Employees including Directors, Officers and Trustees traveling on behalf of the Policyholder.
Class II - All Chaperones, Volunteers and Students traveling on behalf of the Policyholder or engaged in University sponsored travel and study.
Class III - All Eligible Spouse and Dependent Children of Class I Insured’s that are not included in any other Class.

Accidental Death & Dismemberment Principal Sum
Class I - $50,000.00
Class II - $25,000.00
Class III - Spouse $10,000.00
Dependent Child(ren) $5,000.00

BENEFITS

Accidental Death, Dismemberment and Paralysis Benefit
If a covered loss occurs within 365 days after the date of the covered accident causing the loss, the Plan will pay in one sum the indicated percentage of Principal Sum as follows:

<table>
<thead>
<tr>
<th>Loss of</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Both Hands or Both Feet</td>
<td>100%</td>
</tr>
<tr>
<td>Sight of Both Eyes</td>
<td>100%</td>
</tr>
<tr>
<td>One Hand and One Foot</td>
<td>100%</td>
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<tr>
<td>One Hand and the Sight of One Eye</td>
<td>100%</td>
</tr>
<tr>
<td>One Foot and the Sight of One Eye</td>
<td>100%</td>
</tr>
<tr>
<td>Speech and Hearing in Both Ears</td>
<td>100%</td>
</tr>
<tr>
<td>Sight of One Eye</td>
<td>50%</td>
</tr>
<tr>
<td>One Hand or One Foot</td>
<td>50%</td>
</tr>
<tr>
<td>Speech or Hearing in Both Ears</td>
<td>50%</td>
</tr>
<tr>
<td>Hearing in One Ear</td>
<td>25%</td>
</tr>
<tr>
<td>Thumb and Index Finger of the Same Hand</td>
<td>25%</td>
</tr>
<tr>
<td>Quadriplegia</td>
<td>100%</td>
</tr>
<tr>
<td>Paraplegia</td>
<td>75%</td>
</tr>
<tr>
<td>Hemiplegia</td>
<td>50%</td>
</tr>
<tr>
<td>Uniplegia</td>
<td>25%</td>
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</tbody>
</table>

“Loss” of a hand or foot means complete severance through or above the wrist or ankle joint. “Loss” of sight of an eye means total and irrecoverable loss of the entire sight in that eye. “Loss” of hearing in an ear means total and irrecoverable loss of the entire ability to hear in that ear. “Loss” of speech means total and irrecoverable loss of the entire ability to speak. “Loss” of thumb and index finger means complete severance through or above the metacarpophalangeal joint of both digits. “Loss” with regard to Quadriplegia, complete and irreversible paralysis of both upper and lower limbs; with regard to Paraplegia, the complete and irreversible paralysis of both lower limbs; with regard to Hemiplegia, the complete and irreversible paralysis of the upper and lower limbs on one side of the body. If you sustain more than one Loss as a result of the same accident, only one amount, the largest, will be paid.

ADDITIONAL BENEFITS

Bereavement and Trauma Counseling Benefit
If an Insured Person suffers an accidental death or an accidental dismemberment or paralysis for which an Accidental Death or Accidental Dismemberment and Paralysis benefit is payable under the Policy, and the Covered Bereavement and Trauma Counseling Expenses are incurred within one year after the date of the accident causing such loss(es), the Company will pay up to a maximum of $150 per session for up to 10 sessions for the Insured Person and all of his or her Immediate Family Members combined with respect to all such losses caused by the same accident.
Coma Benefit
If Injury renders an Insured Person Comatose within 365 days of the date of the accident that caused the Injury, and if the Coma continues for a period of 30 consecutive days, the Company will pay a monthly benefit of 1% of the Principal Sum. No benefit is provided for the first 30 days of Coma.

Emergency Evacuation with Family Travel Benefit
If an Insured Person suffers an Injury or Emergency Sickness while outside a 100 mile radius from his or her current place of primary residence in the United States, the Company will pay up to $150,000 for a Covered Emergency Evacuation Expense.

Out-of-Country Accident Medical and Emergency Sickness Benefit
If an Insured suffers an Injury or an Emergency Sickness that within 90 days requires him or her to be treated by a Physician, the Company will pay the Usual and Customary Charges incurred for the Injury up to a maximum of $300,000 or sickness up to a maximum of $300,000 per Insured Person. The benefit is payable for charges incurred within 26 weeks after the date of the accident causing the injury or the onset of the Emergency Sickness.

Highlights of the Coverage:
- Covers pre-existing conditions
- 100% payment for eligible medical expenses
- No deductible
- Ambulance service to or from a hospital
- Covered expenses include: Semi-private hospital room and board, physician services, laboratory tests, radiological procedures, prosthetic appliance, anesthetics, blood transfusions, and durable medical equipment rental.

Out of Country and Emergency Sickness Benefit Exclusions
In addition to the Exclusions in the General Exclusions section of the Policy, Accident Medical and Emergency Sickness Expense benefits are not payable for, and Usual and Customary Charges for Covered Medical Services do not include, any expense for or resulting from:

1. repair or replacement of existing artificial limbs, artificial eyes or other prosthetic appliances or rental of existing Durable Medical Equipment unless for the purpose of modifying the item because Injury or Emergency Sickness has caused further impairment in the underlying bodily condition.

2. new, or repair or replacement of, dentures, bridges, dental implants, dental hands or braces or other dental appliances, crowns, caps, inlays or onlays, fillings or any other treatment of the teeth or gums, except for repair or replacement of sound natural teeth damaged or lost as a result of Injury or Emergency Sickness not to exceed $250 per tooth per accident.

3. new eye glasses or contact lenses or eye examinations related to the correction of vision or related to the fitting of glasses or contact lenses, unless Injury or Emergency Sickness has caused impairment of sight; or repair or replacement of existing eyeglasses or contact lenses unless for the purpose of modifying the item because Injury or Emergency Sickness has caused further impairment of sight.

4. new hearing aids or hearing examinations unless Injury has caused impairment of hearing; or repair or replacement of existing hearing aids unless for the purpose of modifying the item because Injury or Emergency Sickness has caused further impairment of hearing.

5. rental of Durable Medical Equipment where the total rental expense exceeds the usual purchase expense for similar equipment in the locality where the expense is incurred (but if, in the Company’s sole judgment, Accident Medical Expense Benefits and Emergency Sickness Medical Expense Benefits for rental of Durable Medical Equipment are expected to exceed the usual purchase expense for similar equipment in the locality where the expense is incurred, the Company may, but is not required to, choose to consider such purchase expense as a Usual and Customary Covered Medical Expense in lieu of such rental expense).

6. personal comfort or convenience items, such as but not limited to Hospital telephone charges, television rental, or guest meals.

7. any condition for which the Insured Person is entitled to benefits under any Workers’ Compensation Act or similar law.

Repatriation of Remains Benefit
If an Insured Person suffers loss of life due to Injury while outside a 100 mile radius from his or her current place of primary residence, the Company will pay for covered expenses reasonably incurred to return his or her body to his or her current place of primary residence, up to a maximum of $150,000.

Security Evacuation Benefit
If, as a result of an Occurrence that takes place during an Insured Person’s Period of Coverage and while traveling outside a 100-mile radius of his or her Home Country, an Insured Person requires a Security Evacuation, the Company will pay benefits to Transport the Insured Person to the Nearest Place of Safety up to a maximum of $100,000 per Insured Person.

Highlights of the Coverage:
- Covers costs of transportation to nearest place of safety
- Benefits may be triggered without US government warning
- May cover unique occurrences such as a natural disaster, verified physical attack, etc

A&H Ambassador Services
Travel Assistance Services are provided to you by Assist, American International Assistance Services Inc., a member company of AIU Holdings, Inc. Travel Assistance Services are provided while the covered individual is traveling a distance of 100 miles or more away from their residence or permanent place of assignment for business. For a more detailed description please call the number below.
Services included, but not limited to are:

- Pre-Departure Services
- Lost Baggage/Passport
- Insurance Coordination
- Emergency Cash
- Travel Medical Emergency Services
- Legal Assistance
- Evacuation & Repatriation
- Travel Agency
- General Assistance
- Emergency Message Center
- Concierge Services
- Identity Theft Restoration Services

You are eligible for certain Services and Benefits provided to the Group. Before obtaining medical and non-medical Assistance call AIU Assist at one of the phone numbers below. Please reference Policy Number: GTP 9126798* (Assist # 5488)

If in the United States or Canada
Call 1-877-244-6871
Email: aigtacallcentersupervisors@aiuholdings.com

If outside the United States
Call +1 713-260-5592 collect

LIMITATIONS AND GENERAL EXCLUSIONS
Please refer to the Policy for details regarding Limitations and Exclusions.

* The policy number GTP 9126798 is effective 5/1/09.