

EXCLUSIONS - DIPLOMAT AMERICA

For the Medical Expense benefits, no benefit shall be payable with respect to expenses incurred:

1. For Pre-Existing Conditions, defined as any Injury or Illness which was contracted or which manifested itself, or for which treatment or medication was prescribed 3 years prior to the effective date of this insurance;
2. For services, supplies, or treatment; including any period of Hospital confinement, which were not recommended, approved and certified as necessary and reasonable by a Physician;
3. For suicide or any attempt thereat while sane or self-destruction or any attempt thereat while insane;
4. Due to declared or undeclared war; or any act thereof;
5. For Injury sustained while participating in professional athletics;
6. For sickness resulting from pregnancy, childbirth, or miscarriage;
7. For miscarriage resulting from an accident;
8. For routine physicals 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 disability established by the prior call or attendance of a Physician;
9. For cosmetic or plastic surgery; except as the result of an accident;
10. For elective surgery which can be postponed until the Insured returns to his/her Home Country;
11. For any mental or nervous disorders or rest cures;
12. For dental care; except as the result of Injury to natural teeth caused by an accident;
13. For eye refractions or eye examinations for the purpose of prescribing corrective lenses or for the fitting thereof; unless caused by accidental bodily Injury incurred while insured hereunder;
14. In connection with alcoholism or drug addiction; or the use of any drug or narcotic agent;
15. For congenital anomalies and conditions arising out of or resulting therefrom;
16. For expenses which are non-medical in nature;
17. For the ordinary cost of a one-way airplane ticket used in the transportation back to the Insured's country where an air ambulance benefit is provided;
18. As a result of or in connection with any intentionally self-inflicted Injury;
19. As a result of or in connection with the commission of a felony offense;
20. For specific named hazards: motorcycle driving, scuba diving, skiing, mountain climbing, sky diving, professional or amateur racing, and piloting any aircraft;
21. 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.

ACCIDENTAL DEATH AND DISMEMBERMENT

The amount of the Principal Sum is \$25,000

If Injury to the Insured results, within 365 days of the date of the accident that caused the Injury, in any one of the types of losses specified below, the Company will pay the percentage of the Principal Sum shown below for that type of loss:

<u>Description of Loss/Indemnity</u>	<u>Percentage of the Principal Sum</u>
Life	100%
Both Hands or Both Feet or Sight of Both Eyes	100%
One Hand and One Foot	100%
Either Hand or Foot and Sight of One Eye	100%
Either Hand or Foot	50%
Sight of One Eye	50%

The term "loss" as used herein shall mean, with regard to hands and feet, actual severance through or above wrist or ankle joint, and with regard to eyes, entire irrecoverable loss of sight.

Paralysis Benefit

If Injury to the Insured results, within 365 days of the date of the accident that caused the Injury, in any one of the types of paralysis specified below, the Company will pay the percentage of the Principal Sum shown below for that type of paralysis:

<u>Type of Paralysis</u>	<u>Percentage of the Principal Sum</u>
Quadriplegia	100%
Paraplegia	75%
Hemiplegia	50%
Uniplegia	25%

"**Quadriplegia**" means the complete and irreversible paralysis of both upper and both lower limbs.

"**Paraplegia**" means the complete and irreversible paralysis of both lower limbs.

"**Hemiplegia**" means the complete and irreversible paralysis of the upper and lower limbs of the same side of the body.

"**Uniplegia**" means the complete and irreversible paralysis of one limb.

"**Limb**" means entire arm or entire leg.

If the Insured suffers more than one type of paralysis as a result of the same accident, only one amount, the largest, will be paid.

Excess Benefits

All Coverage, except Accidental Death & Dismemberment, shall be in excess of all other valid and collectible insurance.

For Accidental Death and Dismemberment Indemnity this plan does not cover any loss caused by or resulting from:

1. For suicide or any attempt thereat by the Insured Person while sane or self-destruction or any attempt thereat by the Insured Person while insane;
2. Disease of any kind;
3. Bacterial infections except pyogenic infection which shall occur through an accidental cut or wound;
4. Hernia of any kind;
5. Flying in any aircraft being used for or in connection with acrobatic or stunt flying, racing or endurance tests; flying in any rocket propelled aircraft; flying in any aircraft being used for or in connection with crop dusting, or seeding or spraying, firefighting, exploration, pipe or power line inspection, any form of hunting bird or fowl herding, aerial photography, banner towing or any test or experimental purpose; flying any aircraft which is engaged in flight which requires a special permit or waiver from the authority having jurisdiction over civil aviation, even if granted;
6. Declared or undeclared war or any act thereof;
7. Service in the military, naval, or air service of any country.

OPTIONAL RIDERS

Hazardous Activity Coverage

Motorcycling, scuba diving, jet, snow, and water skiing, mountain climbing, sky diving, amateur racing, piloting any aircraft, bungee jumping, spelunking, whitewater rafting, surfing, and parasailing coverage.

Athletic Coverage

For participation in amateur, club, intramural, interscholastic or intercollegiate tennis, swimming, cross country, track, baseball, softball, volleyball and golf sports only. All other sports must be approved in advance by the Company.