

**GLOBAL**<sup>®</sup>

EMERGENCY TRAVEL SERVICE

**Membership Service Agreement**

MSA1509GLO





## GLOBAL Emergency Travel Services Member Services Agreement

### What to do in an emergency:

1. Call 911 or have someone take you to a hospital
2. Always have a designated family member or friend to be your spokesperson should you or a loved one become Critically Ill Or Injured.
3. Always have this spokesperson contact GLOBAL ETS immediately should you become hospitalized by calling

**1-800-475-9633 or call collect to 1-480-946-5188**

**Exclusively Spanish: 602-548-3820.**

Your collect call will be accepted 24 hours a day, 365 days a year.

## TRIP PROGRAM

### TRAVEL ASSISTANCE PLAN DESCRIPTION

A comprehensive program providing "WHEREVER YOU ARE BENEFITS" and "WHILE YOU ARE AWAY BENEFITS" including emergency medical assistance, worldwide emergency evacuation/repatriation and other travel assistance services.

### PROGRAM DESCRIPTION

How To Access the ASSISTANCE COMPANY Services 24 hours a day, 7 days a week, 365 days a year

YOUR program identification card is YOUR key to travel security. If YOU have a medical or travel problem simply call the ASSISTANCE COMPANY for assistance. OUR toll-free and collect-call telephone numbers are printed on YOUR ID card. YOU may either call the toll-free number of the country YOU are in, or call the Assistance Center collect when YOU are in another country.

An English-speaking assistance coordinator will ask for YOUR name, YOUR company or group name, and a description of YOUR situation. WE will immediately begin assisting YOU. A full listing of services follows.

If the condition is an emergency, YOU should go immediately to the nearest physician or hospital without delay and then contact the ASSISTANCE COMPANY. WE will then take the appropriate action to assist YOU and monitor YOUR care until the situation is resolved.

The ASSISTANCE COMPANY provides YOU with Medical Assistance Services, Medical Evacuation and Repatriation Services, Travel Assistance Services, and Personal Security Services as described below. These services are subject to certain Conditions, Limitations, and Exclusions also described below.

### The following benefits are covered:

WHEREVER YOU ARE: (benefits apply from any location whether at home or away)

### MEDICAL ASSISTANCE SERVICES

**Worldwide Medical and Dental Referrals:** At the MEMBER's request, the ASSISTANCE COMPANY shall provide medical referrals to medical professionals in a given geographic area including, to the extent possible, western-style medical facilities and English-speaking doctors, dentists, and other health care providers in an area served by the ASSISTANCE COMPANY.

**Deposits, Advances and Guarantees:** Deposits, advances and guarantees will be provided to, medical facilities, hotels, airlines, ground and air ambulances and other like providers in order to secure service for MEMBERS. Any advances of funds on behalf of the MEMBER shall be charged to the MEMBER's credit card at the time of service.

### TRAVEL ASSISTANCE SERVICES

**Pre-Travel Information:** Upon YOUR request, WE will provide you with destination intelligence regarding weather, travel, health, inoculations, travel restrictions and special events.

**Lost Luggage Assistance:** The ASSISTANCE COMPANY shall assist a MEMBER with the tracking of luggage lost in transit.

**Security Evacuation Services:** In the event of a threatening situation, the ASSISTANCE COMPANY will assist YOU in making evacuation arrangements, including flight arrangements, securing visas, and logistical arrangements such as ground transportation and housing. In more complex situations, WE will assist YOU in making arrangements with providers of specialized security services.



Please note the ASSISTANCE COMPANY is not responsible for any fees incurred under the Security Evacuation Service. Any fees incurred under this benefit will be billed to the MEMBER's credit card at the time of service.

**THE FOLLOWING BENEFITS ARE COVERED:**  
**WHILE YOU ARE AWAY:** (benefits apply when TRAVELING AWAY FROM HOME. Expenses incurred without the intervention of the ASSISTANCE COMPANY are not covered.)

### **MEDICAL ASSISTANCE SERVICES**

**Monitoring of Treatment:** In an emergency, the ASSISTANCE COMPANY will continually monitor a hospitalized MEMBER's condition and provide ongoing updates to the MEMBER's family. Depending upon the medical and/or geographic situations, the ASSISTANCE COMPANY may retain the services of licensed consulting physicians/nurses and/or other medical professionals with relevant areas of expertise to assist in the monitoring of MEMBER's condition.

**Transfer of Insurance Information to Medical Providers:** To help prevent delays or denials of medical care, the ASSISTANCE COMPANY will assist YOU with hospital admission, such as relaying insurance benefit information. WE will also assist with discharge planning.

**Medication and Vaccine Delivery:** At the MEMBER's request, and with authorization of the prescribing physician, WE shall dispatch prescription medicine or vaccines when unavailable locally and legally permissible. YOU are responsible for any expenses incurred in this regard including, but not limited to, the cost of the pharmaceuticals, shipping cost, taxes or other import/export duties. These expenses will be billed to the MEMBER's credit card prior to shipping.

**Replacement of Corrective Lenses and Medical Devices:** WE will coordinate the replacement of corrective lenses or medical devices if they are lost, stolen, or broken during travel. These expenses will be billed to the MEMBER's credit card prior to shipping.

**Dispatch of Doctors/Specialists:** If a MEMBER is Hospitalized, the ASSISTANCE COMPANY may dispatch a physician or other health care professional to assist in determining the medical condition and MEMBER's suitability to travel.

**Medical Records Transfer:** Upon YOUR consent, WE will assist with the transfer of medical information and records to YOU or the treating physician. Any fees will be billed to YOUR credit card.

**Continuous Updates to Family, Employer, and Physician:** With YOUR approval, WE will provide case updates to appropriate individuals YOU designate in order to keep them informed.

**Hotel Arrangements for Convalescence:** WE will assist YOU with the arrangement of hotel stays and room requirements before or after hospitalization. Any fees will be billed to YOUR credit card.

### **EMERGENCY MEDICAL TRAVEL ASSISTANCE SERVICES**

The services below are covered services up to a combined single limit of \$250,000 (\$100,000 for the Short Term Product). Claim reimbursements are not provided under the Emergency Medical Travel Assistance Services. All Services must be arranged and provided by the ASSISTANCE COMPANY otherwise your costs are your sole responsibility.

**Emergency Medical Evacuation:** If YOU or YOUR TRAVELING COMPANION suffers an INJURY or ILLNESS and in the professional opinion of both the ASSISTANCE COMPANY's Medical Director and the attending physician the INJURED or ILL party is:

- 1) Not receiving adequate treatment from the facility they are at;
- 2) The medical condition and situation requires immediate emergency medical treatment,

without which there would be significant risk of death or serious impairment; The ASSISTANCE COMPANY will provide an emergency evacuation (under medical supervision, if necessary) by whatever means necessary to the nearest facility capable of providing adequate care. Services include that the ASSISTANCE COMPANY will:

- 1) Arrangement and payment of the transportation;
- 2) Arrangement and payment of any necessary medical services; i.e. cost of a medical escort.

**Medically Necessary Repatriation:** The ASSISTANCE COMPANY will transfer YOU or YOUR TRAVELING COMPANION, by whatever means necessary, to a medical facility near HOME or directly to HOME for continuing Care provided:

- 1) YOU have been Evacuated under the "Emergency Medical Evacuation" benefit as described Above; or
- 2) YOU or YOUR TRAVELING COMPANION have become stabilized from treatment for an INJURY or ILLNESS at an adequate facility, it has been deemed necessary by both the ASSISTANCE COMPANY's Medical Director and the attending physician that the INJURED or ILL party can not continue their trip and must return home immediately to recover,

Services include that the ASSISTANCE COMPANY will:

- 1) Arrange and pay for the transportation;
- 2) Arrange and pay for any necessary medical services, i.e. cost of a medical escort;

**Repatriation of Mortal Remains:** In the event of YOUR'S or YOUR TRAVELING COMPANION'S death, the ASSISTANCE COMPANY will render assistance and provide for the return of mortal remains. Services include arranging and paying for:

- 1) Locate a funeral home to perform the service of sending the body home;
- 2) Transportation of the body from the site of death to the sending funeral home and then to the airport;
- 3) Minimally necessary casket or air tray for transport;
- 4) Coordination of consular services (in the case of death overseas);
- 5) Procuring death certificates (maximum of three (3)); and
- 6) Transport of the remains from the airport to the receiving funeral home.

Other services that might be performed in conjunction with those listed above include: making travel arrangements for any traveling companions; identification and/or notification of next of kin.

**The services below are subject to certain sub-limits:**

**Transportation of a Traveling Companion:** If YOU or YOUR TRAVELING COMPANION are traveling Away from Home and YOU or YOUR TRAVELING COMPANION require a "Medical Emergency Evacuation", "Medically Necessary Repatriation" or "Repatriation of Mortal Remains" as outlined above, the ASSISTANCE COMPANY will arrange and pay for one (1) "one-way" economy class ticket to return YOU or YOUR TRAVELING COMPANION Home up to a maximum of \$5,000.

**Return of Dependent Children:** If YOU are hospitalized or expected to be hospitalized for more than seven (7) days and YOU are traveling with YOUR DEPENDENT Children or Grandchildren who are under nineteen (19) years of age and are left unattended as the result of YOUR INJURY or ILLNESS, the ASSISTANCE COMPANY will arrange and pay for the return of YOUR minor children or grandchildren to their home, and if necessary, accompany them with an traveling attendant up to a maximum of \$5,000.

**Visit by Family Member or Friend:** If YOU are hospitalized or expected to be hospitalized for more than seven (7) days and are traveling alone, the ASSISTANCE COMPANY will arrange and pay for one (1) economy class round-trip ticket for a family member or friend of

YOUR choice to join YOU up to a maximum of \$5,000.

The ASSISTANCE COMPANY will arrange suitable hotel arrangements for that individual and provide an allowance for that individual of up to \$100 a day to a maximum of ten (10) days for boarding and meals.

**Vehicle Return:** The ASSISTANCE COMPANY will return YOUR VEHICLE to YOUR Home or place of rental, up to a maximum of \$5,000, provided: 1) the ASSISTANCE COMPANY has transported YOU under either the "Medically Necessary Repatriation" or "Repatriation of Mortal Remains" benefits; and 2) no one in YOUR traveling party is capable of driving YOUR VEHICLE. The VEHICLE must be in good condition and capable of being safely driven on the highway in compliance with local laws. The ASSISTANCE COMPANY will also return any additional VEHICLE that is legally hitched to YOUR VEHICLE at the time of YOUR "Medically Necessary Repatriation" or "Repatriation of Mortal Remains" to the destination of the pulling VEHICLE. YOU will be responsible for any costs incurred during the return of the VEHICLE to maintain the safe operation of the VEHICLE.

Alternatively, YOU may choose to have YOUR VEHICLE returned by a friend or family member. In such instance, and provided the return has been approved by the ASSISTANCE COMPANY and the VEHICLE is returned directly and expediently to YOUR Home, the ASSISTANCE COMPANY will arrange and pay for transportation of that person to the location of the vehicle, and will also reimburse YOU for gas and tolls during the return. In addition, the ASSISTANCE COMPANY will provide up to a \$100 per day benefit, up to a max of five (5) days for incidental expenses while driving.

The ASSISTANCE COMPANY must arrange and approve the VEHICLE return. If YOU choose to have a friend or family member perform the VEHICLE return, the ASSISTANCE COMPANY will not pay more than what it would have cost to have them arrange the VEHICLE return.

**Emergency Pet Housing and/or Pet Return:** If

YOU transported under either the "Medically Necessary Repatriation" or "Repatriation of Mortal Remains" benefits and YOU are traveling alone with YOUR PET which is left unattended as the result of YOUR Injury or Sickness, the ASSISTANCE COMPANY will arrange and pay up to \$1,000 for YOUR PET to be either returned to YOUR Home or to a boarding facility near YOUR Home. While YOU are hospitalized the ASSISTANCE COMPANY will make arrangements to have YOUR Pet temporarily boarded. Any fees associated with the boarding of your pet while you are hospitalized will be YOUR responsibility.

#### **TRAVEL ASSISTANCE SERVICES**

**Emergency Travel Arrangements:** In an emergency, the ASSISTANCE COMPANY shall help YOU change airline, hotel or car rental reservations as necessary.

**Emergency Cash Advance Assistance:** In an emergency, the ASSISTANCE COMPANY shall provide assistance to YOU by arranging for the forwarding of funds from YOUR account, credit cards or family members. All fees associated with the transfer of funds will be billed to the MEMBER's credit card at the time of service.

**Replacement of Lost or Stolen Travel Documents**

**Assistance:** The ASSISTANCE COMPANY shall provide assistance to YOU by arranging for the replacement of passports, visas, airline documents, birth certificates and other travel-related documents. All fees associated with the acquisition or forwarding of these documents will be billed to the MEMBER's credit card at the time of service. Administrative Note: Some of these services may be subject to the United States Patriot Act and limited services may be realized depending upon the request.

**Legal Referrals:** If a MEMBER is TRAVELING AWAY FROM HOME and is arrested, is involved in an accident, or otherwise requires the services of an attorney, the ASSISTANCE COMPANY shall arrange for an initial telephone consultation with an attorney, without charge. The ASSISTANCE COMPANY shall also assist with the securing of a bail bond, if needed. If further legal assistance is needed, MEMBER will be referred to an attorney in the appropriate geographic area. Fees and costs charged by the referred attorney shall be the responsibility of the MEMBER.

**Translation Services:** The ASSISTANCE COMPANY shall, without charge, provide foreign language assistance over the telephone or up to one-page translations submitted via fax. If necessary, the ASSISTANCE COMPANY shall also provide referrals to translators and interpreters. All fees for such services Global Emergency Travel Services Trip Program DoCS are the responsibility of the MEMBER.

**Emergency Message Forwarding Assistance:** In the event a MEMBER is unable to reach an employer, family member or traveling companion, the ASSISTANCE COMPANY shall forward a message via telephone or email to the intended party.

**PROGRAM DEFINITIONS**

**The following definitions apply:**

"Assistance Company" "WE," "US," "OUR," means the program's service provider.

"Coverage" means the period of time for which YOU are validly enrolled for the ASSISTANCE COMPANY and for whom WE have received the appropriate enrollment fee.

"Dependent" means the MEMBER's spouse (to include legally recognized domestic partner), unless they are legally separated; the MEMBER's unmarried children from

birth and under age 19; or under age 23, if enrolled as a full-time student in an accredited college, university, vocational or technical school; and children whose support is required by a court decree. Children include natural children, stepchildren, legally adopted children and grandchildren. With the exception of grandchildren, all children must be primarily dependent on the MEMBER for support and maintenance and must live in a parent-child relationship with the MEMBER. Family coverage includes any and all legal dependents of the MEMBER at the time of service.

"Home" shall mean your PERMANENT PRIMARY RESIDENCE.

"Illness" means a sudden and unexpected sickness that manifests itself during YOUR Coverage Period.

"Injury" means an identifiable accidental injury caused by a sudden, unexpected, unusual, specific event that occurs during YOUR Coverage Period.

"Permanent Primary Residence" means where YOU have YOUR true, fixed and permanent home and principal establishment.

"Pet" shall mean any domestic animal under 150 pounds that is a member of one of the following species and is kept for pleasure and companionship rather than utility: cat; chinchilla; cockatiels; dog; ferret; gerbil; guinea pig; hamster; mouse; parakeets; rat; or reptile. A Reptile shall not mean (1) any reptile on the Federal Endangered or Threatened Species list or on the Convention on International Trade in Endangered Species List; (2) Any venomous reptile, including front- or rear-fanged reptiles; (3) Any python of a species which naturally exceeds twelve feet in length; (4) All crocodylians, including alligators, caimans, and crocodiles; (5) Monitor lizards; (6) Anacondas; (7) Any reptile of a species native to India; or (8) Any reptile protected by state or federal law.

"Physician" means any physician retained by the ASSISTANCE COMPANY to provide US with consultative and advisory services, including the review and analysis of the quality of medical care YOU are receiving.

"Traveling Away From Home" means being on a vacation or business trip 100 miles or more away from YOUR PERMANENT PRIMARY RESIDENCE (by car, plane, or other mode of travel), with a maximum trip duration of 90 days.

"Traveling Companion" shall mean Your Dependent or friend who has accompanied YOU on YOUR trip and are utilizing the same accommodations.

"Vehicle" shall mean a motor vehicle that is; 1) registered with the Bureau of Motor Vehicles in the state of YOUR

PERMANENT PRIMARY RESIDENCE and; 2) has been appropriately titled in YOUR name and; 3) has been issued a license plate with the classification of a non-commercial: recreational vehicle, automobile, truck, motorcycle or trailer.

“YOU”, “YOUR” and “MEMBER” means a person validly enrolled for this program and for whom WE have received the appropriate enrollment fee.

### **CONDITIONS AND LIMITATIONS**

The services described are available to YOU only during YOUR Coverage Period and medical assistance services are available only when YOU are Traveling Away From Home.

Expenses for the WHILE YOU ARE AWAY BENEFITS will only be covered if WE have given OUR prior approval or if those services are coordinated by US.

The ASSISTANCE COMPANY has sole discretion in making the coverage determination for your TRANSPORTATION AFTER STABILIZATION. OUR determination will be based on YOUR medical inability to return in YOUR vehicle or previously booked transportation. WE will not return YOU to YOUR PERMANENT PRIMARY RESIDENCE for the sole sake of YOUR convenience. In the event WE are arranging transportation by commercial air under the EMERGENCY MEDICAL EVACUATION benefit, and YOU hold an original return airline ticket, WE may use that ticket and are only responsible for any applicable change fees. The ASSISTANCE COMPANY has sole discretion in making the determination as to whether WE will cover the cost of EMERGENCY MEDICAL EVACUATIONS and RV/VEHICLE RETURNS. OUR decision will be based on medical considerations, including the recommendations of the treating physicians, OUR ASSISTANCE COMPANY PHYSICIANS and OUR Medical Director with respect to YOUR condition and ability to travel. WE will determine the appropriate method, destination, and timing of any evacuation. The destination will be the nearest facility capable of providing appropriate care as determined by US.

WE will only direct-pay any transportation costs under the EMERGENCY MEDICAL EVACUATION and RETURN OF MORTAL REMAINS to the transportation providers, unless otherwise approved by US in advance.

WE are not responsible for the availability, quality, results of, or failure to provide any medical, legal or other care or service caused by conditions beyond OUR control. This includes YOUR failure to obtain care or service or where the rendering of such care or service is prohibited by U.S. law, local laws, or regulatory agencies.

YOUR legal representative shall have the right to act for YOU and on YOUR behalf if YOU are incapacitated or deceased.

All legal actions arising under this Agreement shall be barred unless written notice thereof is received by US within one (1) year from the date of the event giving rise to such legal action. MEMBER may be required to release US or any health care provider from liability during emergency evacuation and/or repatriation.

Without limiting the foregoing, OUR actions and obligations under this Agreement are ministerial in nature, and all medical care is provided by medical professionals ultimately selected by a MEMBER and in no event is this the responsibility of the ASSISTANCE COMPANY. The ASSISTANCE COMPANY is not liable for any malpractice performed by a local doctor, healthcare provider, or attorney. The ASSISTANCE COMPANY retains the medical discretion to limit one Medically Necessary Evacuation and/or Medically Necessary Repatriation attributable to any single medical condition of the MEMBER.

### **PROGRAM COSTS**

Once enrolled in this program, YOU cannot be singled out for fee increase nor can YOUR benefits be changed, unless the program costs or benefits are changed for all MEMBERS of the group. If rates and benefits are changed for the group, individual participant rates will only change upon YOUR renewal date and with proper notification. Annual program rates are earned as paid after the initial money back review period and YOUR program costs are guaranteed for the remaining annual period.

### **EXPENSES NOT COVERED**

WE shall not be responsible for any costs or expenses arising from:

1. Hospital or medical expenses of any kind or nature;
2. Travel arrangements that were neither coordinated by nor approved by US in advance;
3. Anyone traveling against the advice of a physician, traveling with a life-threatening illness, or traveling for the purpose of obtaining medical treatment;
4. Suicide, attempted suicide, or willful self-inflicted injury;
5. Taking part in military or police service operations or traveling in a country in which the U.S. State Department has issued travel restrictions;
6. The commission of, or attempt to commit, an unlawful act;
7. Injury or illness caused by or contributed to by use of drugs or alcohol;
8. Pregnancies, except in the case of a major, vital complication during the first two trimesters of pregnancy which presents a clear and significant risk of death or imminent serious injury or harm to the mother or fetus;
9. Mountaineering or rock climbing necessitating the use of guides or ropes, spelunking, skydiving, parachuting,



ballooning, hang gliding, deep sea diving utilizing hard helmet with air hose attachment, flying in an experimental aircraft, racing of any kind other than on foot, bungee jumping, operating a vehicle when not properly licensed, or participating in professional sports unless otherwise agreed in writing by US prior to YOUR Coverage Period;

10. Psychiatric, psychological, or emotional disorders;
  
11. Unless specifically listed herein, incidental expenses, including but not limited to accommodations, local transportation, meals, telephone, and facsimile charges;
12. Subsequent evacuations for the same or related medical condition, regardless of location;
13. Services covered by other valid and collectible insurance, including Medicare;
14. Services not otherwise shown as covered;
15. MEMBERS who enroll in this plan while hospitalized.

### **REIMBURSEMENT TO US AND RIGHTS OF SUBROGATION**

YOU or a responsible party on YOUR behalf shall either pay the cost of medical care and treatment, including hospital expenses, directly or shall reimburse US upon demand for all such costs and expenses which may be imposed upon US by health care providers for the cost of medical care and treatment, including hospital expenses, or related assistance services either authorized by YOU or deemed to be advisable and necessary by US under urgent medical circumstances, to the extent that such expenses are not OUR responsibility. Such reimbursement shall be without regard to the specific terms, conditions, or limitations of any insurance policies or benefits available to YOU.

WE shall be fully and completely subrogated to YOUR rights against parties who may be liable for the payment of, or a contribution toward the payment of, the costs and expenses of assistance services provided by the ASSISTANCE COMPANY or medical care and treatment, including hospital expenses, in the event that WE pay or contribute to the payment of them. YOU must assign to US any and all rights of recovery under any such insurance plans, including any occupational benefit plan, health insurance, Medicare, or other insurance plan or public assistance program, up to the sum of any payments by US.

The MEMBER or their representative must contact the ASSISTANCE COMPANY to arrange for any services provided herein. Failure to contact the ASSISTANCE COMPANY and failure to utilize the ASSISTANCE COMPANY to make arrangements for services shall render the expenses ineligible. When contacting the ASSISTANCE COMPANY, please include your membership number in correspondences or have it available when you call.

The MEMBER, or their representative, must contact the ASSISTANCE COMPANY by utilizing the following Global Emergency Travel Services phone numbers:

800-475-9633 within the United States;  
Or from outside the United States  
call (collect) 480-946-5188











**EMERGENCY CALLS**

1-800-475-9633

1-480-946-5188 collect

General Member Services

1-800-679-2020 (8:30am to 5pm, Arizona Time, Monday through Friday)

Send faxes to: 602-357-6873



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