

Pan-American Life Insurance Company

Business Travel Accident Insurance with Out of Country Medical and Security Evacuation



Insuring employees for travel has never been easier!

FAST QUOTE


Underwritten by Pan-American Life Insurance Company

Created For:

Presented by:

US Accident Division

PROPOSAL TERMS & CONDITIONS This blanket accident insurance policy is issued by Pan-American Life Insurance Company. It provides accident insurance only. The information herein is solely an illustration of the requested benefits. This serves as a proposal of coverage and is not a contract of insurance. Coverage may not be available in all states or certain terms may be different if required by state law. Full details of the coverage are contained within the Policy. If there are any conflicts between this document and the Policy, the Policy shall govern.



Business Travel Accident Insurance with Out of Country Medical and Security Evacuation

Introduction

FAST QUOTE is an easy and simple plan that covers various types of medical emergencies and accidents quickly with little to no administration. Simply review the coverage, pick the plan that meets your needs and fill in the application.

Why is this coverage Important?

This coverage addresses the needs of U.S. Citizens who need medical insurance while traveling to international destinations anywhere outside the United States. The plan offers excellent benefits and services to meet global travel needs. This simple manner of covering employees has the following advantages:

1. Coverage is easy and quick: Simply identify who you would like to cover, the number of persons and the plan desired.
2. Simple Administration: Company-wide coverage without the need to notify the insurance company of additional travel exposure or specific trips.
3. Valuable complement to Workers Compensation: It covers a risk that workers compensation insurance may not cover when traveling outside the workplace.
4. Coverage is economical: Cover a large group of employees for little cost
5. It provides valuable Assistance Services to all groups.

How to apply for this important coverage

Applying for this coverage can be accomplished in 3 simple steps.

All you have to do is:

- 1 Step One:**
Review the plan designs and select the plan best suited for you
- 2 Step Two:**
Fill out the application
- 3 Step Three:**
Send document along with payment to:
Palig-accident@palig.com



Pan-American Life will send confirmation and a welcome kit.

Coverage can start right away!



Covered Activities

Who is Covered?

Class

1. All active full time employees.
2. Accompanying Family Members of the Insured Person.

When does Coverage apply? Hazards that apply:

24 hour business travel – provides worldwide 24 hour coverage for those in the class that travel for business regardless of distance from home or work. Includes travel for sales calls, overnight trips internationally and other incidental travel related to business.

Out of Country Medical Coverage - Provides 24 hour worldwide emergency sickness coverage for those in the class that travel for business as long as travel is outside of their country of residence. Includes travel for sales calls, overnight trips internationally and other incidental travel related to business.

Security Evacuation – we will arrange for and cover the cost for, the transport and related costs (including hotel/lodging, meals and, if necessary, physical protection) of the Covered Person to the nearest place of safety. We will also arrange for and cover the cost for, the transport and related costs (including hotel/lodging, meals and, if necessary, physical protection) of the Covered Person in the event of a Storm (wind, rain, snow, sleet, hail, lightning, dust or sand), earthquake, flood, volcanic eruption, wildfire or other similar event that results in such severe and widespread damage that the area of damage is officially declared a disaster area by the appropriate government authority(ies) of the location in which the Covered Person is traveling and such area is deemed to be uninhabitable or dangerous.

Exposure and Disappearance is included with the Business Travel hazard.

This includes exposure to the elements after the forced landing, 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 Trip covered by the Policy; and
2. The body is not found within one year of the Covered Accident.

The Out of Country Travel Medical Insurance Benefit will apply to the following:

Out of Country Travel Medical Insurance Schedule			
Benefit	Maximum Benefit	Deductible	Co-Insurance
Medical Expense Benefit	Plan A - \$50,000 Plan B - \$100,000 Plan C - \$250,000	\$0	100% for services rendered outside the U.S.

Medical Expense Benefit Sub-limits:			
Ambulance	The maximum benefit amount shown in the medical expense benefit	Deductible shown in the Medical Expense Benefit	100% for services rendered outside the U.S.
Daily Hospital Room and Board	The average semi-private room rate per day up to the maximum shown in the medical expense benefit	Deductible shown in the Medical Expense Benefit	100% for services rendered outside the U.S.
Daily Intensive Care Unit	Two (2) times the average semi-private room rate per day up to the maximum shown in the medical expense benefit	Deductible shown in the Medical Expense Benefit	100% for services rendered outside the U.S.
Dental	The maximum benefit amount shown in the medical expense benefit	Deductible shown in the Medical Expense Benefit	100% for services rendered outside the U.S.

Pan-American Life or our Assistance provider will pay the Usual, Customary and Reasonable Charge expenses incurred by the Insured for Medically Necessary medical services or treatments resulting from a Covered Accident or an Illness while such Insured is traveling outside his or her country of Principal Residence or citizenship while on the Business of the Policyholder.

Pan-American Life or our Assistance provider will pay up to the Maximum Benefit Amount for the Medical Expense Benefit, subject to any Medical Expense Sub-limits as shown in the Out of Country Travel Medical Insurance Schedule above.

Coverage under this benefit is conditional upon notification as soon as reasonably possible by the Insured or Policyholder to Us or Our Assistance Provider, of the need for medical treatment. Our Assistance Provider, in conjunction with the local attending Doctor, shall coordinate the most suitable medical care including emergency evacuation or repatriation, if necessary.

Not available in policies situated in AK, CA, CO, CT, DC, ID, KY, ME, MD, MO, MT, NH, NM, NY, ND, OH, OR, RI, SC, VT, WA.



Additional Services

Pan-American Life has partnered with UnitedHealthcare Group, a leading assistance services provider to offer the insured a wide array of services.

All these services will be at the disposal of the Insured:

Transportation Services

- a. Emergency Medical Evacuation
- b. Medical Repatriation
- c. Transportation of a hospitalized Patient
- d. Escort of Dependent Children
- e. Return of Mortal remains
- f. Vehicle return services
- g. Return of traveling companion
- h. Bereavement Reunion
- i. Return of Personal Belongings

Assistance Services

- a. Medical and Dental Referrals
- b. Coordination of Hospital Admission
- c. Critical Care Monitoring
- d. Transportation of Travel Companion
- e. Vaccination recommendation /Insect precaution
- f. Dispatch of Physician
- g. Dispatch of prescription medications

Travel Services

- a. General Travel Services/Information services
- b. Lost Document and Luggage Assistance
- c. Legal Referrals in foreign countries
- d. Hotel Convalesces Arrangements
- e. Emergency Ticket Replacement Assistance
- f. Translator referrals
- g. Pre-trip and cultural information
- h. Emergency cost and Bail assistance
- i. Pet housing and return
- j. Urgent Message Relays

UnitedHealthCare services are non-insurance services.



General Limitations on Coverage

Limitation on Multiple Covered Losses: If a Covered Person suffers more than one Covered Loss as a result of the same Accident, We will pay only one benefit, the largest benefit.

Limitation on Multiple Covered Activities: If a Covered Person suffers a Covered Loss while participating in more than one Covered Activity, We will pay only one benefit, the largest benefit unless there is a specific written exception in this Policy.

Limitation on Multiple Benefits: If a Covered Person can recover benefits under more than one of the Benefits stated in the Schedule of Benefits, as a result of the same Accident, We will pay only one benefit, the largest benefit.

Excluded Industries

Certain Industries are excluded from this plan, but may be eligible for a custom-made plan. The following are those industries:

- Agriculture
- Airlines
- Amusement Parks
- Construction
- Logging
- Mining
- Taxi/Limo/Livery
- Bus Companies
- Utility Companies
- Carpentry/Construction & other Site based industries
- Police
- Fishermen
- Piloting
- Roofers
- Sanitation
- Mining



What is not covered

We will not pay Benefits under the Policy for any Injury that is caused by, or results from:

1. Intentionally self-inflicted Injury;
2. Suicide or attempted suicide;
3. War or any act of war, whether declared or not;
4. Service in the military, naval or air service of any country;
5. Illness, disease, bodily or mental infirmity, bacterial or viral infection or medical or surgical treatment thereof, except for any bacterial infection resulting from an accidental external cut or wound or accidental ingestion of contaminated food;
6. Piloting or serving as a crewmember or riding in any aircraft except as a fare-paying passenger on a regularly scheduled or charter airline;
7. Commission of, or attempt to commit, a felony;
8. Injury sustained while voluntarily taking drugs which federal law prohibits dispensing without a prescription, including sedatives, narcotics, barbiturates, amphetamines, or hallucinogens, unless the drug is taken as prescribed or administered by a licensed Doctor;
9. Injury sustained as a result of the Insured being legally intoxicated from the use of alcohol. An Insured is conclusively determined to be legally intoxicated by alcohol if a test, including but not limited to a chemical or breath test, administered in the jurisdiction where the Injury occurred is at or above the legal limit set by that jurisdiction.

For the purposes of out of country medical, the following exclusions apply

1. Emergency evacuation expenses without the prior approval of Our Assistance Provider;
2. In-patient hospital treatment unless the Covered Person has notified Our Assistance Provider in advance of the planned admission and allowed them to coordinate care or, in the case of an emergency admission, notified Our Assistance Provider as soon as reasonably possible, of said admission;
3. Non-emergency medical expenses unless prior notice is given to Our Assistance Provider;
4. Any medical expenses incurred by the Covered Person after the date that We or Our Assistance Provider, based on the advice of a Medical Practitioner, had recommended the repatriation of the Covered Person to his or her country of Principal Residence, citizenship or permanent assignment;
5. Any medical expenses incurred if the travel was undertaken for the purpose of obtaining medical treatment;
6. Medical expenses incurred more than twelve (12) months from the date of the Covered Injury or onset of Illness;
7. Medical expenses resulting from the Covered Person engaging in aviation as a pilot of a fixed wing or rotary propelled aircraft;
8. Medical expenses resulting from pregnancy, child birth, or elective abortion or medical expenses relating to travel while in the third trimester of pregnancy, unless such expenses are incurred as a result of an emergency;
9. An injury or sickness for which the Covered Person is entitled to benefits under Workers Compensation, Employer Liability, or similar law;
10. Expenses which are more than Reasonable and Customary;
11. Expenses for travel against the advice of a Physician;
12. Medical expenses incurred within the Covered Person's country of Principal Residence, citizenship or permanent assignment;
13. Eyeglasses, contact lenses, hearing aids, wheelchairs, braces, appliances, examinations or prescriptions for them, or repair or replacement of existing artificial limbs, orthopedic braces, or orthotic devices;
14. Routine physical examinations;
15. Mental health care;
16. Cosmetic surgery, other than reconstructive surgery when necessary due to an Injury as a result of a Covered Accident while coverage is in effect;
17. Medical expenses resulting from suicide or any attempt at suicide or intentionally self-inflicted Injury or any attempt at intentionally self-inflicted Injury;
18. Medical expenses resulting from war or any act of war, whether declared or not;
19. Medical expenses resulting commission of, or attempt to commit, a felony, an assault or other illegal activity;
20. Medical expenses resulting from Injury sustained as a result of the Insured being legally intoxicated from the use of alcohol. An Insured is conclusively determined to be legally intoxicated by alcohol if a test, including but not limited to a chemical or breath test, administered in the jurisdiction where the Injury occurred is at or above the legal limit set by that jurisdiction;
21. Medical expenses resulting from the intentional use of illegal drugs or intentional misuse of prescription or over the counter drugs (not takes as directed);
22. Personal comfort or convenience items, including but not limited to telephone charges, television rental, or guest meals.

Exclusions may vary by state. Refer to the policy for all the exclusion details.

Group - Business Travel Accident with Out of Country Medical and Security Evacuation

In order to purchase the **Pan-American Business Travel Accident Plan** for a group all you have to do is follow a few easy steps:

Step 1 Choose your Plan Design

	PLAN A	PLAN B	PLAN C	NUMBER OF INSURED
Annual Cost per Employee	\$25.00	\$34.00	\$47.50	

Annual Premium Calculations

Choose One Plan			# of Eligible Insured		Cost of insured		Premium
A	B	C		X		=	

Step 2 Complete the application on the following page

Step 3 Send the filled out application to:

Palig-accident@palig.com

Approval

Pan-American Life will review the completed application and chosen plans, and notify you if coverage will be provided, or of there are any issues, miscalculations or omissions that would prevent us from issuing the coverages.



Blanket Accident Insurance
Group Master Application (the "Application")

This Application is made for a plan of Blanket Insurance, based upon the following statements and representations:

Applicant Information

Name of Applicant (legal name of entity)
DBA (if applicable)
Nature of Entity, SIC Code, Tax ID (if applicable)
Street Address, City, State, Zip
Mailing Address (if different)
Contact Person, Title
Telephone, Fax, E-mail

Agent Statement

I certify that all information in this application is correct to the best of my knowledge. I also certify that: This firm is a bona-fide business establishment. All participation requirements have been met. Coverages, enrollment provisions, eligibility requirements, benefits, limitations, and exclusions have been fully explained and understood by the applicant or employer. I know of no reason why the Plan coverage should not be offered, and I recommend that such coverage be offered.

Printed Name of Applicants Authorized Representative, Signature, Address, Date, Email, Phone

Applicant's Acceptance of Terms

- Any insurance provided pursuant to this Application shall be subject to all terms and conditions of the Policy issued.
To the best of my knowledge and belief, all statements and answers given in this Application are true and complete.
I understand no insurance shall take effect until all underwriting requirements of the Company have been met.
I understand that any insurance provided shall take effect on the effective date approved by the Company and that I should not cancel any predecessor policy or plan until notified by the Company that this Application has been approved.
I understand and agree that:
No agent may change or waive any of the provisions of this application or of any plan of insurance;
Any change or waiver may be made only by an officer of the Company; and
This Application will be accepted or declined partly on the basis of the statements and answers given in the Application.
It is understood that any Covered Person, if coverage is elected, is not actively at work on the date this coverage is scheduled to become effective, shall not be covered until the individual returns to work.
I request a Policy effective date of: I acknowledge that this desired effective date must comply with the description contained in the Policy.

IMPORTANT FRAUD NOTICE

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.

Printed Name of Applicant
Date

Authorized Signature of Applicant
Title