



## Benefit Summary for Rotary International

You are an Insured Person eligible for coverage under one of the following Classes:

### Class 1

All individuals receiving funds from the Rotary Foundation for travel outside of the Insured Person's Home Country through:

- Global Grants** for scholarships, vocational training teams, and humanitarian projects
- District Grants** for educational and humanitarian activities
- Packaged Grants** for vocational training teams
- Rotary Peace Fellowships**

### Class 2

All individuals receiving funds from the Rotary Foundation for travel directly to, from and while attending sponsored activities of the Policyholder while in the Insured Person's Home Country through:

- Global Grants** for scholarships, vocational training teams, and humanitarian projects
- District Grants** for educational and humanitarian activities
- Packaged Grants** for vocational training teams
- Rotary Peace Fellowships**

### Period of Coverage:

Your coverage becomes effective on the latest of the following dates: 1) the Policy Effective date; 2) the date You become eligible and will terminate the earliest of: 1) the date You are no longer eligible; 2) the date You enter full time active duty in any Armed Forces the Company will refund any premium paid for any period of active duty when the Company receives proof of active duty. Active duty does not include Reserve or National Guard duty for training unless it extends beyond 31 days; 3) the end of the period for which the last premium is made; or 4) the date this Policy ends.

### Description of Benefits:

**Accidental Death Benefit (Class 1 & 2):** If You suffer an Accidental bodily injury which is sustained as a direct result of an unintended, unanticipated Covered Accident that is external to the body and that occurs while the coverage is in force and which results directly from a Covered Accident which occurs while You are participating in a Covered Activity, We will pay a \$1,000 benefit.

The Death benefit is subject to an aggregate limit of \$100,000 for all Covered Accidents suffered by All Insureds as a result of any one Covered Accident.

**Exposure & Disappearance (Class 1 & 2):** If by reason of an Accident while You are covered under the policy, if You are unavoidably exposed to the elements or if Your remains are not found within 1 year of disappearance, forced landing, stranding, sinking or wrecking of a Conveyance in which You were riding, You will be presumed deceased and the Accidental Death Benefit will be payable if this occurs as a result of a Covered Accident.

### **Medical Evacuation Benefits (Class 1 & 2):**

We will pay 100% of the Usual and Customary Charges incurred if You suffer a Covered Injury or an Emergency Sickness that warrants Emergency Evacuation while outside a 100 mile radius from Your primary residence. Emergency Evacuation transportation from the place where You suffer the Emergency Sickness or Injury to the nearest Hospital or other medical facility where appropriate medical treatment can be obtained as well as transportation back to Your place of primary residence to obtain further medical treatment or to recover.



Emergency Sickness means an illness or disease diagnosed by a Physician which causes a severe or acute symptom that if not provided with immediate treatment would reasonably be expected to result in serious deterioration of Your health or place Your life in jeopardy and manifests itself suddenly and unexpectedly while You are covered under the plan.

Covered Expenses include: 1) expenses for a Medically Necessary emergency evacuation service; 2) does not exceed the usual level of charges for similar transportation, treatment, services or supplies in the locality where the expense is incurred; 3) does not include charges that would not have been made if no insurance existed.

**For benefits to be payable, all arrangements must be made via AXIS's travel assistance services provider and they must authorize all expenses in advance.**

From the U.S. and Canada, call 1.888.870.2947

From other location, call collect 1.609.375.9190

Or email: [AXIS.travel@europassistance-usa.com](mailto:AXIS.travel@europassistance-usa.com)

Please indicate that you are a participant in the AXIS program.

Rotary International

Policy Number SRPO-50609-660

**Repatriation (Class 1 & 2):**

We will pay 100% of the Usual and Customary Charges incurred for the preparation and transportation of Your mortal remains if You perish as a result of a Covered Loss or emergency sickness while traveling 100 miles from Your primary residence. For benefits to be payable, all arrangements must be made via AXIS's travel assistance services provider and they must authorize all expenses in advance.

**Out-of-Country Medical Expense Benefit (Class 1 only):**

If you are Injured as a result of a Covered Accident or become sick during Rotary trips that are outside Your Home Country and deem you eligible for this coverage, We will pay the additional benefits shown below:

Out of Country Medical Benefit – We will pay the Usual and Customary Charges incurred for Covered Medical Services received up to a maximum of \$500,000 per injury or sickness. For benefits to be payable, the first treatment must be incurred within 90 days after the Covered Accident or in the initial onset of the Sickness. Benefits end 365 days from the date of the Covered Accident or the initial onset of the Sickness or when you return to your Home Country whichever occurs first.

Covered Medical Services include:

1. Hospital semi-private room and board (or, when Medically Necessary, room and board in an intensive care or cardiac care unit); Hospital ancillary services (including, but not limited to, use of the operating room or emergency room); or use of an Ambulatory Medical Center;
2. Services of a Physician or a registered Nurse (R.N.);
3. Ambulance service to or from a Hospital;
4. Laboratory tests;
5. Radiological procedures;



6. Anesthetics and the administration of anesthetics;
7. Blood, blood products and artificial blood products, and the transfusion thereof;
8. Physiotherapy including physical therapy and occupational therapy;
9. Rental of Durable Medical Equipment;
10. Artificial limbs, artificial eyes or other prosthetic appliances (not including the replacement of these items);
11. Casts, splints, trusses, crutches, and braces(not including replacement of these items or dental braces);
12. Oxygen or rental equipment for administration of oxygen;
13. Rental of a wheelchair or hospital type bed;
14. Rental of mechanical equipment for treatment of respiratory paralysis
15. Medicines or drugs administered by a Physician or that can be obtained only with a Physician's written prescription;
16. Dental charges for Injury to sound, natural tooth.

Out of Country Medical Benefits are not payable for, and Usual and Customary Charges for Covered Medical Services do not include, any expense for or resulting from:

1. Injury sustained while participating in professional athletics;
2. routine physical and care of any kind;
3. routine dental care and treatment;
4. Cosmetic or plastic surgery, except as the result of a Covered Injury;
5. Routine nursery or routine child care;
6. eye refractions or eye examinations for the purpose of prescribing corrective lenses or for the fitting thereof; eyeglasses, contact lenses, and/or hearing aids;
7. Services, supplies, or treatment including any period of Hospital Confinement which is not recommended, approved, and certified as Medically Necessary and reasonable by a Physician, or expenses which are non-medical in nature;
8. Charges for Covered Medical Expenses for which the Insured Person would not be responsible for in the absence of this Rider;
9. Any expense paid or payable by any Other Health Care Plan;
10. Injury or Sickness for which benefits are payable under any Worker's Compensation or occupational disease law or act, or similar legislation, whether Unites Stated federal or foreign law.
11. sky diving, professional or amateur racing, and piloting any aircraft.

If we determine the benefits paid under this Rider are eligible benefits under any Other Health Care Plan, We may seek to recover any expenses covered by the Other Health Care Plan to the extent that the Insured person is eligible for reimbursement.

***This is a Limited Policy. It is not a major medical or comprehensive medical healthcare policy.***

**Out of Country Medical Guarantee Charge Benefit (Class 1 Only):**

If You incur a Hospital Admission Guarantee Charge and/or a Medical Expense Guarantee Charge, the Company will pay the actual expenses up to \$10,000 to guarantee payment to the Hospital or the Physician.

**Emergency Reunion Benefit (Class 1 Only):**

If while traveling alone outside your home country and the Medical Evacuation benefit is payable, and you are Hospital Confined more than 100 miles for your Home Country, We will pay up to \$4,000 to have one of Your Immediate Family Members accompany You to your Home Country or Hospital where You are confined. Expenses include lodging and meals for up to 14 days.



**Home Country Extension Benefit (Class 1 Only):**

You will be covered for up to \$50,000 subject to all applicable conditions and exclusions, if You obtain medical treatment for a Covered Loss or Emergency Sickness in Your Home Country during the course of a Covered Trip for which a benefit is otherwise payable under the Out of Country Rider. Benefits will be paid for a period of 3 months from the date You return to Your Home Country.

**Checked, Lost or Stolen and Carry On Baggage Benefit (Class 1 & 2):**

We will reimburse your cost (replacement cost less depreciation) of your personal property up to \$500 for direct physical loss of checked baggage, carry-on baggage and personal property contained therein if loss (including theft) of checked baggage occurring while in the possession of a Common Carrier. Benefits are excess over any other insurance or indemnity available to You (including any reimbursements by the Common Carrier). Jewelry, watches, cameras, video recorders and electronic equipment are excluded. In no event will We pay more than \$500 in any 12 consecutive month period regardless of the number of claims made in that 12 month period.

To be eligible you must:

1. protect personal property from further loss, theft or damage;
2. report within 24 hours any loss or damage to the appropriate representative of the Common Carrier;
3. provide Us with a copy of the initial claim report submitted to the Common Carrier;
4. provide Us with the proof of submission of the loss to, and the results of any settlement by, the Common Carrier;
5. provide Us with proof of submission of the loss to, and the results of any settlement or denial by the insured's personal insurance carrier(s); and
6. provide Us with evidence that the personal property has actually been replaced.

**Trip Cancellation Benefit (Class 1 & 2):**

We will pay up to \$1500 (the non-refundable paid amount), subject to all applicable conditions and exclusions, if Your trip is cancelled because You been advised by a Physician that traveling on the Common Carrier Covered Trip is medically inadvisable.

For benefits to be payable, the following conditions apply:

1. You must immediately notify the appropriate Common Carrier of Trip Cancellation after receiving such medical advice. If such notification does not occur, our payment will not exceed the cancellation penalties imposed by the Common Carrier during the 48 hour period immediately following You being advised that travel was not advisable.
2. Cancellation provisions in effect at the time the travel supplier is notified of a Trip Cancellation.
3. In no event, will We pay more than the Trip Cancellation Benefit Amount shown in the *Schedule of Benefits*. You will relinquish rights to any unused vouchers, tickets, coupons or travel privileges for which We have reimbursed You. In no event We pay more than the Benefit Amount as shown in the *Schedule of Benefits* in any 12 consecutive month period regardless of the number of Trip Cancellation claims made in that twelve 12 month period.

This benefit does not apply to a Covered Loss Common Carrier schedule time Air caused from:

1. travel arrangements canceled or changes by the Common Carrier, Tour Operator, or any travel agents unless the cancellation is the result of inclement weather or an organized strike affecting public transportation;
2. change in plans, financial circumstances and any business or contractual obligations of You, Your Traveling Companion, Immediate Family Member, or the Immediate Family Member of the Traveling Companion;



3. financial Insolvency of a travel agency, tour operator or traveler supplier;
4. any changes in Your military orders or Your Spouse's which occurs prior to or within 2 days of when the Common Carrier Covered Trip begins; or
5. a Pre Existing Condition

**Definitions** For purposes of this coverage:

**Pre-existing Condition Means** illness or disease or accidental injury to You, Your Traveling Companion or Immediate Family Member or the Immediate Family Member of the Traveling Companion for which medical advice, diagnosis, care or treatment was recommended within a thirty ( 30) day period prior to a Common Carrier Covered Trip. The taking of prescription drugs or medication for a controlled condition throughout the thirty (30) day period will not be considered treatment of illness or disease.

**Trip Cancellation** means the cancellation of Common Carrier Covered Trip travel arrangements when You are prevented from traveling on a Common Carrier Covered Trip.

**Trip Interruption Benefit (Class 1 & 2):**

We will pay \$500 per day up to 5 days (subject to a lifetime maximum of \$2500), if You have a change in sponsored organization itinerary plans while on a Covered Trip which causes You to incur a penalty imposed by a Common Carrier or hotel or motel.

Eligible for reimbursement for Trip Interruption are:

1. the forfeited non-refundable paid Common Carrier arrangements that were missed; and/or
2. additional transportation expense incurred less any available refunds. This expense is not to exceed the cost of a economy –class Common Carrier ticket by the most direct route to:
  - a. rejoin the Covered Trip; or
  - b. return to the place of origin.

If You are forced to temporarily postpone a Covered Trip due to a Covered Loss or Emergency Sickness and a new departure date is set, We will pay the extra expenses incurred to purchase tickets for a new departure. We will only pay the difference between the original fare and the economy fare for the rescheduled trip by the most direct route.

We will also reimburse You for the unused non-refundable Common Carrier arrangements; however, in no event will the Company pay more than the maximum shown above.

Exclusions for Trip Interruption:

1. You are:
  - a. Traveling against the advice of a Physician;
  - b. Traveling while on a waiting list for a specified medical treatment;
  - c. Traveling for the purposes of obtaining medical treatment;
  - d. Traveling the third trimester (seventh month or later) of a pregnancy; or
  - e. Traveling with a Pre Existing Condition.
2. Common Carrier caused delay unless said delay is a result of an organized strike that affects public transportation;
3. Travel arrangement cancelled or changes by a Common Carrier, tour operator or any travel agent unless the cancellation is the result of inclement weather or organized strike affecting public transportation;
4. Change in plans, financial circumstances or change in any business or contractual obligation of You, or Immediate Family Member
5. Financial insolvency of a travel agency, tour operator or travel supplier; or



6. Any changes in military orders for yourself or Your Spouse which occurs prior to or within ten (10) days of a Covered Trip departure.

The Trip Change Penalty Reimbursement is excess over any other insurance or other source of reimbursement.

**Definitions** For purposes of this coverage:

**Pre –Existing Condition Means** illness or disease or accidental injury To You, Your Traveling Companion or Immediate Family Member or the Immediate Family Member of the Traveling Companion, for which medical advice, diagnosis, care or treatment was recommended within a sixty ( 60) day period prior to a Covered Trip. The taking of prescription drugs or medication for a controlled condition throughout the sixty (60) day period will not be considered treatment of illness or disease.

**Trip Interruption** means an interruption of Your Covered Trip either on the way to the point of departure or after departure of the Covered Trip.

**Exclusions & Limitations:**

In addition to any benefit or coverage specific exclusion, benefits will not be paid for any loss which is caused by or results from any of the following unless coverage is specifically provided in the Description of Benefits Section or the Conditions of Coverage Section:

1. Intentionally self-inflicted injury, suicide, or any attempt while sane or insane;
2. Commission or attempt to commit a felony or an assault;
3. Declared or undeclared war or act of war or any act of declared or undeclared war, in the US and its territories and possessions, your country of permanent residence, Afghanistan, Chad, Iraq, Libya, Pakistan, Somalia (on and offshore), Sudan and Yemen. *This is subject to change.*
4. A Covered Accident or Emergency Sickness that occurs while on active duty service in the military, naval or air force of any country or international organization. Upon Our receipt of proof of service, the Company will refund any premium paid for this time. Reserve or National Guard active duty training is not excluded unless it extends beyond 31 days;
5. Travel in any Aircraft owned, leased, operated or controlled by the Policyholder, or any of its subsidiaries or affiliates. An Aircraft will be deemed to be “controlled” by the Policyholder if the Aircraft may be used as the Policyholder wishes for more than 10 straight days, or more than 15 days in any year;
6. Medical or surgical treatment, diagnostic procedure, administration of anesthesia, or medical mishap or negligence, including malpractice;
7. Voluntary ingestion of any narcotic, drug, poison, gas or fumes, unless prescribed or taken under the direction of a Physician and taken in accordance with the prescribed dosage;
8. Operating any type of vehicle or Conveyance while under the influence of alcohol or any drug, narcotic or other intoxicant including any prescribed drug for which the Insured Person has been provided a written warning against operating a vehicle or Conveyance while taking it. Under the influence of alcohol, for purposes of this exclusion, means intoxicated, as defined by the motor vehicle laws of the state in which the Covered Loss occurred.
9. Flight in, boarding or alighting from, an Aircraft or any craft designed to fly above the Earth’s surface:
  - a. except as a fare-paying passenger on a regularly scheduled commercial airline;
  - b. being flown by the Insured Person or in which the Insured Person is a member of the crew;
  - c. being used for:



- i. crop dusting, spraying or seeding, giving and receiving flying instruction, fire fighting, sky writing, sky diving or hang-gliding, pipeline or power line inspection, aerial photography or exploration, racing, endurance tests, stunt or acrobatic flying; or
- ii. any operation that requires a special permit from the FAA, even if it is granted (this does not apply if the permit is required only because of the territory flown over or landed on);
- d. designed for flight above or beyond the earth's atmosphere;
- e. including an ultra-light or glider;
- f. being used for the purpose of parachuting or skydiving;
- g. being used by any military authority, except an Aircraft used by the air mobility command or its foreign equivalent;

In addition, benefits will not be paid for services or treatment rendered by any person who is:

1. employed or retained by the Policyholder;
2. living in Your household;
3. You, or an Immediate Family Member of either You or Your Spouse

### **Definitions**

Please note that certain words used in this Benefit Summary have specific meanings. The words defined below and capitalized within the text of this Benefit Summary have the meanings set forth below.

**Accident or Accidental** means a sudden, unexpected, specific and abrupt event that occurs by chance at an identifiable time and place while the Insured Person is covered under this Policy.

**Aircraft** means a vehicle which:

1. has a valid Airworthiness Certificate; and
2. is being flown by a pilot with a valid license to operate the Aircraft.

**Common Carrier or Public Conveyance** means: 1. a Conveyance, including Aircraft, licensed for hire to carry fare-paying passengers; or 2. a transport Aircraft operated by the Air Mobility Command of the United States of America or similar air transport service of another country.

**Conveyance** means a motorized craft, vehicle or mode of transportation licensed or registered by a governmental authority.

**Covered Accident** means an Accident that results in a Covered Loss during the Policy Term.

**Covered Activity or Covered Activities** means any activity that is shown in the *Schedule of Benefits* and: 1. takes place under one of the Conditions of Coverage specified in the *Schedule of Benefits*; and 2. is sponsored, organized, scheduled or otherwise provided by the Policyholder.

**Covered Expenses** means expenses actually incurred by or on behalf of You for treatment, services and supplies covered by this Policy. A Covered Expense is deemed to be incurred on the date treatment, service or supply that gave rise to the expense or the charge, was rendered or obtained.

**Covered Injury** means Accidental bodily injury: (1) which is sustained by You as a direct result of an unintended, unanticipated Covered Accident that is external to the body and that occurs while Your coverage under the Policy is in force, and (2) which results directly from a Covered Accident and (3) which occurs while You are participating in a Covered Activity. The Covered Injury must be caused through Accidental means. All injuries sustained by an Insured Person in any one



Covered Accident, including related conditions and recurrent symptoms of these injuries, are considered a single injury.

**Covered Loss** means a loss which meets the requisites of one or more benefits, and results from a Covered Accident, Covered Injury or Covered Activity.

**Hospital** means an institution that meets all of the following:

1. it is licensed as a Hospital pursuant to applicable law;
2. it is primarily and continuously engaged in providing medical care and treatment to sick and injured persons;
3. it is managed under the supervision of a staff of medical doctors;
4. it provides 24-hour nursing services by or under the supervision of a graduate registered Nurse (R.N.);
5. it has medical, diagnostic and treatment facilities, with major surgical facilities on its premises, or available on a prearranged basis; and
6. it charges for its services.

The term Hospital does not include a clinic, facility, or unit of a Hospital for:

1. rehabilitation, convalescent, custodial, educational or nursing care;
2. the aged, drug addicts or alcoholics; or
3. a Veteran's Administration Hospital or Federal Government Hospital unless the Insured Person incurs an expense.

**Immediate Family Member** means a person who is related to You in any of the following ways: Spouse, brother-in-law, sister-in-law, daughter -in-law, son-in-law, mother-in-law, father-in-law, parent (includes stepparent), brother or sister (includes stepbrother or stepsister), or child (includes legally adopted or stepchild).

**Insured Person** means an Eligible Person, as defined in the *Schedule of Benefits*, for whom required premium has been paid when due and for whom coverage under this Policy remains in force.

**Medically Necessary** means medical services that: (1) are essential for diagnosis, treatment or care of the Covered Injury or Covered Accident or Emergency Sickness for which it is prescribed or performed; (2) meets generally accepted standards of medical practice; and (3) are ordered by a Physician and performed under His care, supervision or order.

**Physician** means a licensed health care provider practicing within the scope of His license and rendering care and treatment to the Insured Person that is appropriate for the condition and locality, and who is not:

1. You;
2. an Immediate Family Member of either You or Spouse;
3. a person living in Your household;
4. a person employed or retained by the Policyholder; or
5. a person providing homeopathic, aroma-therapeutic, or herbal therapeutic services.

**Policyholder** means the entity, named on this Policy's face page, to which the Company issues this Policy.

**Spouse** means the Your lawful Spouse.

**Traveling Companion** means an individual or individuals who have made advance arrangements with You to travel together. Traveling Companion may include Spouse or Dependent Child.



**Usual and Customary Charge** means the average amount charged by most providers for treatment, service or supplies in the geographic area where the treatment, service or supply is provided.

**We, Us, Our** means AXIS Insurance Company.

Your insurance coverage includes access to services that can help you make traveling a little easier or provide support for you during an emergency. Have the contact information handy in case you need assistance while traveling.

**Medical and other travel emergency support**

As part of your accident coverage, you have access to AXIS Accident & Health's travel assistance program for emergencies that occur while traveling almost anywhere in the world, at least 100 miles from home.

With a local presence in more than 200 countries and territories and 40 assistance centers open 24/7 we offer pre-trip assistance and support while traveling in case of emergency. International assistance coordinators and case managers, as well as physicians and nurses are available to provide support 24 hours a day.

In the event of a life threatening emergency, call the local emergency authorities first to receive immediate assistance and then contact AXIS Accident & Health's travel assistance program with the phone number and the attached wallet card.

Make sure you know the country code of your location before traveling outside of the U.S. CountryCode.org is an easy to remember URL for a listing of country codes all over the world.

For an emergency or any other travel assistance:

From the U.S. and Canada, call 1.888.870.2947

From other location, call collect 1.609.375.9190

Or email: [AXIS.travel@europassistance-usa.com](mailto:AXIS.travel@europassistance-usa.com)

Please indicate that you are a participant in the AXIS program:

Rotary International  
Policy Number SRPO-50609-660



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