

ELIGIBILITY, EFFECTIVE DATE, PREEXISTING CONDITION AND TERMINATION PROVISIONS

Policy Effective Date

We agree to provide **Accident** Insurance Benefits described in this policy in consideration of the **policyholder's** application and payment of the initial and subsequent premiums when due. Insurance begins on the policy Effective Date shown in the Schedule of Benefit.

Eligibility

A person is eligible for insurance under this policy when they meet the definition of an eligible person shown in the Schedule of Benefits. An eligible person may be insured under only one Covered Class, even though they may be eligible under more than one Covered Class. An eligible person is an individual who meets all the requirements of one of the covered classes shown below:

Class 1 all registered full-time students of the **policyholder** who are active participants in the **covered activity** listed in the Schedule of Benefit.

The **policyholder** provides this coverage for individuals who:

1. are enrolled with the **policyholder**; and
2. are an active participant in the **covered activity** listed in the Schedule of Benefit.

Effective Date for Individuals

Insurance becomes effective for the eligible person on the latest of the following dates:

1. the policy Effective Date; or
2. the date the person becomes eligible.

In no instance will insurance for the eligible person become effective before the policy Effective Date.

PRE-EXISTING CONDITION LIMITATIONS

No benefits for any one claim will be payable for the insured's **pre-existing conditions**. They are defined as an Injury sustained for which the insured was medically treated or advised by a **physician** within the 12 months immediately prior to his/her Effective Date of Coverage under the policy.

TERMINATION OF INSURANCE

Insurance for the **Insured Person** will end on the earliest of:

1. the date the person is no longer in an Eligible Class; and
2. the end of the period for which the last premium is made; and
3. the date coverage for the Eligible Class of which the **Insured Person** is a member end; and
4. the date this policy ends.

Termination does not affect a claim for a **covered loss** due to a **covered accident** that occurs before the termination date. However, in no instance will benefits extend beyond the earliest of:

1. the date benefits equal to any applicable Benefit Limit, as shown in the Schedule of Benefits, have been paid.
2. the date benefits equal to any applicable policy aggregate maximum, as shown in the Schedule of Benefits, have been paid.

DEFINITIONS

In the **policy**, certain words have specific meanings. The words defined below within the text of this **policy** 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**.

College or University means the participating **college or university** where the **Insured Person** is enrolled or employed. The **college or university** must be licensed or accredited, as applicable, by the jurisdiction where it is located, to provide the care, education or training for which the **Insured Person** is enrolled.

Company or We, Us, Our means Triple-S Vida, Inc.

Covered Accident means a sudden, unforeseeable event that results, directly and independently of all other causes, in a **covered injury** or **covered loss** and meets all of the following conditions:

1. occurs while the **Insured Person** is insured under this **policy**;
2. is not contributed to by disease, **sickness**, or mental or bodily infirmity;
3. is not otherwise excluded under the terms of this **policy**.

Covered Activity means any recurring activity or event that is shown in the Schedule of Benefits and is sponsored, organized, scheduled or otherwise provided by the **policyholder**. The activity must be under sole direct supervision of **policyholder** authorities and may.

Covered Injury means any bodily harm that results, directly and independently of all other causes, from a **covered accident** and occurs while such a person is participating in a **covered activity**. A **covered injury** does not include aggravation of an injury sustained before the **covered accident**.

Covered Loss means a loss:

1. which is the result of a **covered injury** to an **Insured Person**;
2. for which benefits are payable under this **policy**; and
3. which is not otherwise excluded under the terms of this **policy**.

Hospital means an establishment which meets all of the following requirements:

1. holds a license as a hospital, if licensing is required in the country or governmental jurisdiction in which the hospital is located;
2. operates primarily for the reception, care and treatment of sick, ailing or injured persons as in-patients;
3. provides 24- hours a day nursing service by registered or graduate nurse;
4. has a staff of one or more physicians available at all times;
5. provides organized facilities for diagnosis and major surgical procedures;
6. is not primarily a clinic, nursing, rest or convalescent home or similar establishment and is not, other than incidentally, a place for alcoholics or drug addicts; and
7. maintains X-ray equipment and operating room facilities.

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

Incurred or Incurs means an obligation to pay for a **covered expense** for treatment, service or purchase of supplies deemed to be the date it is provided to the **Insured Person**.

Injury means accidental bodily injury occurring while this coverage is in force as to the Insured Person whose injury is the basis of claim, and resulting, directly and independently of all other causes, in loss covered by the policy, under the circumstances and in the manner described in the Description of Coverage and Schedule of Benefits sections of the Policy.

Inpatient means a person is confined in a Hospital as a resident patient and who is charged at least one (1) day's room and board in the Hospital.

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

Physician means a person legally licensed to practice medicine and/or surgery other than the Insured Person or a member of the Insured Person's immediate family.

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

Pre-existing Condition means a disease or physical condition for which the **Insured Person** received medical advice or treatment in the 12-month period before the **Insured Person's** coverage became effective under the **policy**.

Principal Sum means the amount payable for each Insured within a plan year as shown in the Schedule of Benefits.

School means the participating **school** where the **Insured Person** is enrolled or employed. The **school** must be licensed or accredited, as applicable, by the jurisdiction where it is located, to provide the care, education, or training for which the **Insured Person** is enrolled.

Sickness means a physical or mental illness, including pregnancy.

War means a state or period of declared or undeclared **war** whether civil or international, any substantial armed conflict with organized forces of a military nature between nations, states, or parties.

DESCRIPTION OF BENEFITS

The Company agrees with the Policyholder to insure each Insured Person against losses due to Accidental Death, Accidental Dismemberment and Medical Expenses resulting from accidental bodily injury occurring while this insurance is in force. The accident must occur while the Insured Person is in the University premises, or away from the school premise attending a University sponsor activity, or while traveling to University to attend class or leaving the school on their way home. Subject to the conditions, limitations and exclusions in this policy.

ACCIDENTAL DEATH

We agree to pay the accidental death benefit provided by this contract with respect to each Insured Person of the Policyholder. Each Insured Person becomes entitled to this insurance in accordance with the application, and to the terms and conditions of the policy and certificate. The benefits will be paid to the designated beneficiary, if any, upon receipt of due proof of the death of the Insured Person occurred while the individual coverage is in full force.

If the Insured Person sustains more than one covered loss as a result of the same covered accident, the total of benefits We will pay will not exceed the Principal Sum.

If a covered accident causes the Insured Person's death, the total of all benefits We will pay for Accidental Death and any other covered losses will not exceed the Principal Sum of the largest benefit payable for a covered loss.

If a covered injury results in loss of life of an Insured Person within one hundred eighty (180) days after the date of the Injury, the Company will pay the Principal Sum applicable to such Insured Person in accordance with the Classification of Insured Persons outlined in the Schedule of Benefits.

ACCIDENTAL DISMEMBERMENT

We agree to pay the accidental dismemberment benefit provided by this contract with respect to each Insured Person. Each Insured Person becomes entitled to this insurance in accordance with the application, and to the terms and conditions of the policy and certificate. The benefits will be paid to the Insured Person, upon receipt of due proof of the accidental dismemberment while the individual coverage is in full force.

We will pay the Dismemberment Benefit specified in the schedule, subject to the limitations listed in the Exclusions Section.

If the Insured Person sustains more than one covered loss as a result of the same covered accident, the total of benefits We will pay will not exceed the Principal Sum.

If a covered accident causes the Insured Person's death, the total of all benefits We will pay for Accidental Death and any other covered losses will not exceed the Principal Sum of the largest benefit payable for a covered loss.

If a covered injury does not result in dismemberment of the Insured Person but does result within one hundred eighty (180) days in any one of the Specific Losses shown in the schedule below, the Company will pay the scheduled percentage of the Principal Sum applicable to such Insured Person in accordance with Classification of Insured Persons in the Schedule of Benefits of the policy. However, under no circumstances we will payment be made for more than one such loss, the greatest, sustained by any one Insured Person as a result of any one accident.

Specific losses definitions

Loss of a Hand or Foot means complete severance through or above the wrist or ankle joint.

Loss of a Thumb and Index Finger of the Same Hand or Loss of Four Fingers of the Same Hand means complete severance through or above the metacarpophalangeal joints of the same hand (the joints between the fingers and the hand).

Loss of Hearing means total and permanent loss of ability to hear any sound in both ears which is irrecoverable by natural, surgical or artificial means.

Loss of Sight means the total, permanent loss of sight of one or both eyes. The loss of sight must be irrecoverable by natural, surgical or artificial means.

Loss of Speech means total and permanent loss of audible communication which is irrecoverable by natural, surgical or artificial means.

Loss of Toes means complete severance through the metatarsal phalangeal joint.

Loss of Use of a Hand or Foot means total loss of all ability to move the hand or foot, within one hundred eighty (180) days of a covered accident and is expected to continue for the remainder of the Insured Person's lifetime.

Specific Limitation

This policy does not cover any dismemberment arising from or related to a sickness.

MEDICAL EXPENSE BENEFIT

We agree to pay the medical expense benefit provided by this policy with respect to each Insured Person. Each Insured Person becomes entitled to this insurance in accordance with the application, and to the terms and conditions of the policy and certificate. The benefits will be paid to the Insured Person, upon receipt of due proof of the medical expenses while the individual coverage is in full force. If the Insured Person sustains more than one covered loss as a result of the same covered accident, the total of benefits We will pay will not exceed the Principal Sum.

We will pay the Medical Expense Benefit specified in the schedule, if those medical expenses arisen from a covered accident or sickness while the policy is in force and subject to the aggregate limit per accident specified in the schedule.

If the Insured Person receives more than one medical expense as a result of the same covered accident, the total of benefits We will pay will not exceed the Medical Expense Principal Sum.

If, as the result of a covered Injury or sickness, and commencing within thirty (30) days after the date of the Injury or sickness diagnosis, the Insured Person shall require treatment the Company will pay the necessary medical expenses incurred within fifty-two (52) weeks from the date of the Injury or sickness diagnosis for such treatments, in excess of the Deductible if any, but not to exceed the maximum Benefit Amount payable as stated in the Schedule of Benefits of this policy as the result of any one accident or sickness diagnosis.

Sickness Medical Expense Reimbursement

The Company will pay, up to the limit stated in the Policy Specifications Page, all medical expenses which are reasonable and customary, as a consequence of an illness that starts during the time which the insured person has been covered.

Ambulance

If due to a covered accident or sickness a ground ambulance transports the Insured Person, we will pay the expense incurred not exceeding the sub limit. The Covered Person must choose between 2 ground round trips or 4 ground single trips.

Anesthesia Indemnification

If due to a covered accident or sickness the Insured Person undergoing anesthesia in relation to a covered surgical procedure, we will pay an indemnification equal to the 40% of the benefit paid for the covered surgery procedure, not exceeding the sub limit.

CT. Scan or MRI

If due to a covered accident or sickness the Insured Person undergoing CT Scan or MRI, we will pay the expense incurred not exceeding the sub limit. for one (1) CT. Scan or MRI procedure per accident specified in the schedule.

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Dental Services

If due to a covered accident or sickness the Insured Person undergoing dental services, we will pay the applicable indemnification for the dental visits. If an Insured Person's tooth is damaged due to a covered accident, we will pay the expense incurred related to the damaged tooth not exceeding the sub limit specified in the schedule.

Emergency Medical Room Services

If due to a covered accident or sickness the Insured Person receives medical treatment in an emergency room within the first 24 hours of the accident, we will pay the expense incurred not exceeding the sub limit specified in the schedule.

Hospital Confinement Expense

If due to a covered accident or sickness an Insured Person is admitted to a hospital as inpatient for a minimum period of 24 consecutive hours, we will pay the expense incurred subject to the sub limit specified in the schedule.

Medical Materials

If due to a covered accident or sickness the Insured Person is prescribed medical material as anti-tetanus injection, crutches, splint elastic, plaster cast, or wheelchair, we will pay the expense incurred for medical materials not exceeding the sub limit specified in the schedule.

Nursing Service

If due to a covered accident or sickness the Insured Person receives nursing care at the hospital or at home, we will pay the expense incurred for the nursing service not exceeding the sub limit specified in the schedule. The service must be provided by a graduate, registered or practitioner nurse other than You or Insured's immediate family member.

Physician Visits Indemnification

If due to a covered accident or sickness the Insured Person visits a physician, we will pay the applicable indemnification for the physician visit benefit specified in the schedule, subject to the sub limit specified in the schedule.

Physiotherapy, Diathermia and Application of Heat

If due to a covered accident or sickness the Insured Person receives physiotherapy, diathermia or application of heat we will pay the expenses incurred for these therapies not exceeding the sub limit specified in the schedule. The service must be provided by a graduate therapist other than You or Insured's immediate family member.

Surgery

If related to a covered accident or sickness the Insured Person undergoing a surgery, we will pay the expense incurred for surgery according to the benefit and specified in the schedule, subject to the sub limit specified in the schedule.

X-Ray

If due to a covered accident or sickness the Insured Person undergoing x-rays, we will pay the expense incurred not exceeding the sub limit specified in the schedule.

DESCRIPTION OF HAZARDS

This insurance includes Injury sustained during a trip while the Insured Person is riding as a passenger (but not as a pilot, operator or member of the crew) in or on, boarding or alighting from:

1. any commercial aircraft for hire the specific purpose of carrying passengers having a current and valid airworthiness certificate, and piloted by a person who then holds a valid and current certificate of competency of a rating authorizing him to pilot such aircraft; and/or
2. any transport type aircraft operated by the Military Airlift Command (MAC) of the United States, or by the similar air transport service of any duly constituted governmental authority of any other recognized country;

The term "*airworthiness certificate*" as used in this Hazard shall mean the "*Standard Airworthiness Certificate*" issued by the Federal Aviation Agency of the United States or its foreign equivalent issued by the governmental authority having jurisdiction over civil aviation in the county of its registry.

GENERAL EXCLUSIONS

This policy does not cover any loss or expense caused by or resulting from:

1. intentionally self-inflicted injury, suicide or any attempt there at while sane or insane; nor
2. war, invasion, act of foreign enemy, hostilities or warlike operations (whether war be declared or not), mutiny, riot, civil commotion, strike, civil war, rebellion, revolution, insurrections, conspiracy, political or military usurpation, martial law, or state of siege; or any of the events or causes which determine the proclamation of or enforcement of martial law or state of siege, except to the extent coverage is extended herein to include certain war risks; nor
3. any period an Insured Person is serving in the Armed Forces of any country or international authority, whether in peace or war, and in such an event the Company, upon written notification by the Policyholder, shall return the pro rata premium for any such period of serve; nor
4. any loss sustained or contracted in consequence of an Insured Person being intoxicated or under the influence of any narcotic or drug unless administered on the advice of a physician; nor
5. any loss of which a contributing cause was the Insured Person's attempted commission of, or willful participation in, an illegal act or any violation or attempted violation of the law or resistance to arrest by the Insured Person; nor
6. any loss sustained while flying in any aircraft or device for aerial navigation except as specifically provided herein; nor
7. congenital anomalies and conditions arising out of or resulting therefrom, hernia or dental treatment except to sound natural teeth as occasioned by a covered Injury; nor
8. flying in any aircraft owned, leases or operated by or on behalf of: (a) the Policyholder or any subsidiary or affiliate of the Policyholder; or (b) an Insured Person or any member of an Insured Person's household; except as specifically provided herein; nor
9. driving or riding as a passenger in or on (a) any vehicle engaged in any race, speed test or endurance test or (b) any vehicle being used for acrobatic or stunt driving or (c) for smashing, such as in "demolition derby" or (d) for any other purposes except transportation; nor
10. any accidental medical expenses which are covered under a Worker's compensation plan or similar law except as specifically provided herein; nor
11. flying in any rocket-propelled aircraft; nor
12. flying 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, unless previously consented to in writing by the Company; nor
13. flying in an aircraft which is engaged in any flight which requires a special permit or waiver from the authority having jurisdiction over civil aviation, even though granted unless previously consented to in writing by the Company.
14. flying in or on, boarding or alighting from any commercial aircraft for hire the specific purpose of carrying passengers having a current and valid airworthiness certificate, and piloted by a person who then holds a valid and current certificate of competency of a rating authorizing him to pilot such aircraft; and/or any transport type aircraft operated by the Military Airlift Command (MAC) of the United States, or by the similar air transport service of any duly constituted governmental authority of any other recognized country;

15. an opportunistic infection, a malignant neoplasm if at the time of loss, the Insured Person had an Acquired Immune Deficiency syndrome;
16. a) The term "Acquired Immune Deficiency Syndrome shall have the meanings assigned to it by the World Health Organization.
 - b) Opportunistic infection shall include but not be limited to pneumocystis carinii pneumonia, organism of chronic enteritis, virus and/or disseminated fungi infection.
17. In addition to the exclusions listed in this policy, this policy shall not cover:
 - a) Hernia (except traumatic hernia), heat prostration;
 - b) Pregnancy and resulting childbirth, miscarriage or disease of organs of reproduction;
 - c) Routine physical examinations;
 - d) Cosmetic or plastic surgery, except as a result of injury;
 - e) Bacterial infections (except Phylogenic infections which shall occur through an accidental cut or wound) or any other kind of disease;
 - f) Medical or surgical treatment except as may be necessary solely as the result of Injury;
 - g) Medical, surgical treatment or nursing care provided by any person employed or retained by the Policyholder and supplies, prescriptions, or medicines provided by such person.
 - h) Malignant neoplasm shall include but not be limited to Kaposi sarcoma, central nervous system lymphoma and/or other malignancies now known, or which become known as immediate causes of death in the presence of acquired immune deficiency.
 - i) Acquired Immune Deficiency Syndrome shall include H.I.V. (Human Immune Deficiency Virus) encephalopathy (dementia) and H.I.V. (Human Deficiency Virus) Wasting Syndrome.
 - j) Any mental or nervous disorder.

GENERAL PROVISIONS

ADDITION OF NEW PARTICIPANTS: All Participants added to one of the Classes of Covered Classes in the Schedule of Benefits are eligible for insurance under this policy, in accordance with its Effective Date provisions.

AGGREGATE LIMIT OF LIABILITY: The Company shall not be liable for any amount in excess of the Aggregate Limit Liability stated in the Schedule of Benefits page. If the aggregate amount of all indemnities otherwise payable by reason of coverage provided under this policy exceeds such Aggregate Limit of Liability, the maximum total of all indemnities payable to any one Insured Person shall not exceed, in conjunction with any other liability under this policy, the Aggregate Limit of Liability for any one indemnifiable event.

Upon the occurrence of such an indemnifiable event, the maximum payable to any individual covered under this policy shall be an appropriate percentage of the Aggregate Limit of Liability, which takes into account all other losses suffered by other persons covered under this policy.

Where appropriate this clause shall modify, as described in the first paragraph of this clause, any other clause defining the Company's liability to indemnity.

ASSIGNMENT: No assignment of this policy shall be binding on us until it is filed with us at our Home Office. We will assume no responsibility for the validity or sufficiency of any assignment. Non-transferable Certificates – the certificate is non-transferable. Any transfer, pledge or assignment, shall be void.

BENEFICIARY DESIGNATION: The Covered Person can change the beneficiary designation at any time upon request in writing at the insurer's main office. The beneficiary change will not be effective until it has been registered at the insurer's main office. Once the change is approved, it will be effective on the date the writing request was signed, subject to the policy's terms and conditions, if received and registered at insurer's main office while the Covered Person is alive. This change will not apply to any payment made by the insurer before the beneficiary designation has been registered.

BENEFICIARY: any payable amount due to the Covered Person's death will be paid to the beneficiary designated. If there is no eligible beneficiary, or if the Covered Person do not name one then the payment, we will pay such benefits in a lumpsum to one of the following group of persons, in equal shares and in this order: (1) spouse, if living; or (2) surviving children; (3) surviving parents; (4) surviving brothers and sisters; (5) Executor or administrators.

CHANGE OF BENEFICIARIES AND OTHER CHANGES

You alone have the right to change the beneficiary and no beneficiary's consent is needed to award or cede this policy or to make any changes in beneficiaries or make any other changes in this policy.

CANCELLATION: The Policyholder may cancel this policy at any time by providing at least thirty (30) days to the notice to the Company.

The Company may cancel this policy at any time by providing notice of the cancellation to the Policyholder by either actual delivery or certified mail delivered to the Policyholder or mailed to the last address as shown by the records of the Company, stating when, no less than forty-five (45) days thereafter such cancellation shall be effective.

The Policyholder is required to provide Certificateholders with written notice of the cancellation, by either actual delivery or certified mail, at least thirty (30) days prior to the effective date of the cancellation of the policy, when the policy is cancelled by the Company.

In the event of cancellation upon receipt of written notice delivered to the **Policyholder** the **Company** will return promptly the pro rata unearned portion of any premium actually paid by the Policyholder. Such cancellation shall be without prejudice to any valid claim originating prior thereto.

CERTIFICATES OF COVERAGE: We will furnish to you for delivery to each Covered Person under this policy, an individual certificate of the coverage he is entitled, and to whom the benefits are payable. It is hereby understood that the terms of this Master Policy will prevail in case any of the terms on the certificate appears to be in conflict with the ones herein provided.

CHANGE IN PREMIUM RATES AT POLICY ANNIVERSARY: Each year, as of the anniversary of the Effective Date of the policy, the Company may change the premium rates for this policy, by advance written notice delivered to the Policyholder, or mailed to his last address as shown on the records of the Company, not later than 15 days prior to such anniversary of the Effective Date of the policy.

CHANGE OF OCCUPATION: If the Insured Person sustains a loss after having changed occupation to one classified by the company as more hazardous than that for which premium was paid or while doing, for compensation, anything pertaining to an occupation so classified, the Company will pay only such portion of the indemnities provided in this policy as the premium paid would have purchased at the rates and within the limits fixed by the Company for such more hazardous occupation.

CLERICAL ERROR: Inadvertent Clerical errors or omissions on our part, or your part, in the keeping of records or in furnishing of information required will not invalidate any Covered Person coverage otherwise validly to be in force, nor will extend any Covered Person's coverage otherwise validly terminated under the terms of this policy.

CIVIL ACTIONS: No civil action shall be brought to recover this policy within 60 days after written proof of the loss has been given as required by this Policy. No such action shall be brought after 3 years from the time written proof of loss is required to be given.

CONFORMITY WITH STATE STATUTES: Any provision of this policy, which on its Effective Date is in conflict with the laws of the U.S. Virgin Islands are hereby amended to meet the requirements of such laws.

EFFECTIVE DATE FOR CHANGES: Any change in benefits or coverage which results from a change of salary or classification shall become effective on the first day of the insurance month coinciding with or next following the date of such change of salary or classification. If, on the date the change would otherwise be effective, the Insured Person is absent from active full-time work as a result of injury or sickness, then the change will become effective 7 days from the date such person returns to active full-time work.

EFFECTIVE DATE OF INDIVIDUAL INSURANCE: Insurance will become effective for any eligible person on the first day of the insurance month coinciding with or next following the date the person comes within any classification shown in the Classification of Insured Persons as outlined in the Schedule of Benefits page of this policy. If, on the date insurance would otherwise be affected, such person is absent from active full-time work as a result of injury or sickness, then the insurance will become effective 7 days from the date such person returns to active full-time work.

ELIGIBILITY: Individual eligible to become an Insured Person under this policy must meet the conditions outlined in the Eligibility and the Classification of Insured Persons sections of the Schedule of Benefits page.

ENTIRE CONTRACT CHANGES: This policy, including your application, the individual applications, and the endorsements and attached papers, if any, constitutes the entire contract of insurance. No change in this policy will be valid until approved in writing by our President, and provided such endorsement is attached hereto. No Authorized Representative has the authority to change this policy or waive any of its provisions.

EVIDENCE OF INSURABILITY: We may require proof satisfactory to Us; when an employee or member decline coverage during his/her initial eligibility period and then want coverage at a later date; when an employee or member applies for contributory coverage more than 31 days after they first become eligible; or when an employee, or member applies for insurance amounts which are greater or different to the insurance amount the group was offered.

GOVERNING LAW: Notwithstanding the provisions of this policy and its attachments, if any, it is hereby understood and agreed that the policy and its attachments shall be construed and applied in accordance with the governing law of the jurisdiction of the place of residence of the Policyholder at the time the Policy was issued.

GRACE PERIOD: You have a grace period of thirty-one (31) days for the payment of any premium due after the first, during which grace period this policy continues in force, unless the policyholder shall have given the insurer written notice of discontinuance in advance and in accordance with the terms of the policy.

In the event the policy is cancelled by the Policyholder and such written notice is received by the Company, the earned premium shall be computed in accordance with the short rate table used by the company at the time of cancellation.

INCONTESTABLE: No claim for loss incurred after two (2) years from the Effective Date of this policy will be reduced or denied with respect to statements made in the application for this insurance, except for the non-payment of premiums. No statement made by any individual with regard to his insurability shall be used to contest the insurance or deny a claim for a period of 2 years during his lifetime, unless the statement was made fraudulently. A copy of your application, if any, is attached to this policy. All statements made by you or by any Covered Person will be deemed representations and not warranties, and no statement made by any Covered Person will be used in any contest even though a copy of the instrument containing the statement is or has been furnished to such Covered Person or to his beneficiary.

INCONTESTABILITY AFTER REINSTATEMENT: If this Policy is reinstated, it will only be contested due to fraud or misrepresentation of material facts in relation to the reinstatement and only for two years following the reinstatement date.

MISSTATEMENT OF AGE: If the age of the Insured Person has been misstated, all amounts payable under this policy shall be such as the premium paid would have purchased at the correct age. If, according to the correct age of the Insured Person, the coverage provided by the policy would not have become effective or would have ceased prior to the acceptance of such payment of premiums, the liability of the Company during the period the Insured Person is not eligible for coverage shall be limited to the refund, upon written request, of premiums paid for the period not covered by the policy.

OTHER INSURANCE WITH US: If the Insured has coverage in force under one or more policies that are similar to this Policy, we will pay benefits under the Policy of Your choosing and will return the premiums paid for all other policies.

PREMIUMS: All premiums due under the policy shall be remitted by the by the policyholder, or by some other designated person acting on behalf of the group insured, to the insurer on or before the due date.

All premiums and applicable taxes are payable by the Policyholder on the basis indicated in the Policy specifications page, on or before the date they become due; however, unless official notice of termination has been given, a grace period of thirty-one days will be granted for the payment of any premium falling due after the first premium, subject to the terms of the General Policy Provision entitled Grace Period. The premium for this policy is based on exposures declared by the Policyholder as outlined in the Schedule of Benefits page of this Policy. Additional subsidiary or affiliated companies may be included for coverage under this policy if approved by the Company and any additional premium as calculated by the Company is paid.

POLICY EFFECTIVE DATE: The policy is effective for the Policyholder on the Effective Date of this Policy from which date all policy months and anniversaries shall be calculated.

RECORDS AND REPORTS: You will keep and furnish us such data, as we may require, regarding the Covered Person's actual or previous eligibility and coverage hereunder, including inception and termination dates. Such data is to be furnished to us upon request. You will give us the opportunity at any reasonable time to examine all such pertinent records with respect to the terms and conditions of this policy.

REPORTING REQUIREMENTS: The **policyholder** or its authorized agent must report all the following to **Us** by the premium due date:

1. the names of all persons insured on the policy Effective Date;
2. the names of all persons who are insured after the policy Effective Date;
3. the names of those persons whose insurance has terminated;
4. additional information required by **Us**.

RENEWAL CONDITIONS: The policy may be renewed with the consent of the Company from term to term by payment of the premium in advance at the company's rate in force at the time of renewal.

TERMINATION DATE OF INDIVIDUAL INSURANCE: Insurance on any Insured Person shall terminate immediately on the earliest of: (1) the date the master policy is terminated; (2) the date the Insured Person is no longer eligible as stated in the Eligibility and the Classification of Insured Persons sections of this Policy; (3) the premium due date if the required premiums are not paid subject to the Grace Period; (4) the date the Insured person attains age seventy (70), unless otherwise provided. Any such termination shall be without prejudice to any valid claim originating prior to the date of termination.

TERMINATION OF POLICY: We may terminate a contributory insurance if less than 75% eligible employees or members are Covered Person under the terms of this policy. We may terminate a noncontributory insurance if less than 100% eligible employees or members are Covered Person under the terms of this policy.

Such termination will be effective forty-five (45) by providing notice of the termination of the Policyholder by either actual delivery or certified mail delivered to the Policyholder or mailed to the last address on records.

The Policyholder is required to provide Certificateholders with written notice of the termination, by either actual delivery or certified mail, at least thirty (30) days prior to the effective date of the cancellation of the policy.

You are responsible for all the premiums due and unpaid on the date of termination on a noncontributory insurance. The Policyholder may terminate this policy notifying to the insurer written notice of discontinuance and in accordance with the terms of the policy in which case the policyholder is responsible for the payment of a prorata premium for the time the policy was in force during such grace period.

WORKER'S COMPENSATION: This policy is not in lieu of and does not affect any requirements for coverage under a Worker's Compensation or similar law of the jurisdiction of the domicile of the policyholder.

CLAIM PROVISIONS

CLAIM FORMS: The Company, upon receipt of a notice of claim, will furnish to the Policyholder or claimant such forms as are usually required by the Company filing proofs of loss.

FACILITY OF PAYMENT: Any sum becoming due by reason of death of the Covered Person benefit will be payable to the beneficiary upon the Covered Person death and subject to the provision of the policy and certificate. In the event there is no designated beneficiary, as to all or any part of such sum, living at the time of the death of the Covered Person we reserved our right to pay an amount not exceeding five hundred dollars (\$500) to any person appearing to the insurer to be equitably entitled thereto by reason of having incurred in funeral expenses.

NOTICE: All matters related to this Policy that require notice must be made in writing and sent to our Main Office. We will issue a receipt for any claim notice within 15 days of receipt.

NOTICE AND PROOF OF LOSS

1. Notice of Claim: We must receive, at our Main Office, claim notice, in writing, within 20 days after any loss covered by the Policy has occurred or begun, if possible. If it is not possible, We must receive the notice as soon as reasonably possible.

2. Claim Forms: After we received written notice of claim, we will furnish forms for filing Proofs of Loss. If such forms are not furnished within fifteen (15), the claimant will be deemed to have complied with the proof of claim requirements by giving us written proof covering the occurrence, character and extent of the loss within the time limit stated in the Proof of Loss provision.

3. Proof of Loss: Written proof of loss must be given to us within ninety (90) days after the date of loss. However, failure to furnish such proof within the time required shall not invalidate nor reduce any claim if it was not reasonably possible to give proof within such time, provided such proof is furnished as soon as reasonably possible and in no event, except in the absence of legal capacity, later than one year (1) from the time proof is otherwise required.

PAYMENT OF CLAIMS: Compensation for loss of life of the Primary Insured, as well as other compensation earned and not paid upon his/her death will be paid to the designated beneficiary, if there is one, or otherwise, to the Primary Insured's estate. All other compensation will be paid to the Primary Insured.

If any other compensation were payable to the Primary Insured's estate, to an underage child or a person otherwise legally incompetent to execute a valid release, We may pay said benefit, up to an amount not exceeding \$1,000 to any relative of the Primary Insured or the beneficiary who is deemed by Us to be entitled thereto. We will be discharged to the extent of any such payment made in good faith according to this provision.

PHYSICAL EXAMINATIONS AND AUTOPSY: We will have the right and opportunity to examine, at our expense, any person insured under the Policy when and as frequently as needed while she/he is pending a claim in accordance to the Policy provisions and to perform an autopsy upon the death of the insured when is it not prohibited by law.

MEDICAL EXAMINATION: The Company, at its own expense, shall have the right and opportunity to examine the Insured Person when and as often as the Company may reasonably require during the pendency of a claim hereunder, and also shall have the right and opportunity to make an autopsy in case of death where it is not forbidden by law.

MISSTATEMENT OF AGE: If the age of the Insured Person has been misstated, all amounts payable under this policy shall be such as the premium paid would have purchased at the correct age. If, according to the correct age of the Insured Person, the coverage provided by the policy would not have become effective or would have ceased prior to the acceptance of such payment of premiums, the liability of the Company during the period the Insured Person is not eligible for coverage shall be limited to the refund, upon written request, of premiums paid for the period not covered by the policy.

PAYMENT OF PREMIUMS: Each premium is payable by you at our Home Office in San Juan, Puerto Rico, on or before its due date. Failure to pay a premium as requested will result in termination of this policy, subject to the Grace Period and Termination of Policy provision.

PAYMENT OF CLAIMS: All benefits will be paid to the **Insured Person**. Benefits for loss of life will be paid to the beneficiary named in our records and in accordance with the Claim Provisions in effect at the time of payment. All other proceeds payable under this policy, unless otherwise stated, will be payable to the **Insured Person** or to their estate. If any payee of benefits is a minor or otherwise legally incompetent, **we** will pay benefits to the person designated as the legal guardian or conservator. If there is no named beneficiary or surviving beneficiary, a Covered Person's loss of life benefits will be paid in one sum to the first surviving class of following in the order shown below:

1. the beneficiary named to receive a Covered Person's proceeds;
2. spouse;
3. child or children;
4. mother or father;
5. sisters or brothers; or
6. the estate of a Covered Person.

TIME FOR FILING CLAIM FORMS: Completed claim forms and written proof of loss must be furnished to the Company within ninety (90) days after the date of such loss. Failure to furnish such proof within ninety (90) days shall not invalidate nor reduce any claim if it was not possible to give proof within such time. However, in no event shall any claim be honored if proof of loss is not received within eighteen (18) months from the date of loss.

TIME OF PAYMENT OF CLAIM: Benefits payable under this policy for any loss, other than loss for which this policy provides any periodic payment, will be paid immediately upon receipt of due written proof of such loss. Subject to due written proof, all accrued benefits for loss for which this policy provides periodic payment, will be paid monthly and any balance remaining unpaid upon the termination of liability will be paid immediately upon receipt of due written proof.

TO WHOM BENEFITS ARE PAID: Any payment for Accidental Death becoming due hereunder shall be payable to the beneficiary of record, who shall be the legal beneficiary designated in writing and on file with the Company. If no such designation is then effective, such indemnity shall be payable to the estate of the Insured Person. Any other accrued indemnities, may, at the option of the Company, be paid either to the Insured Person, if living, or the estate of the Insured Person. Any payment made by the Company in good faith pursuant to this provision shall fully discharge the Company to the extent of the payment.