

Standard Insurance Company
Emergency Medical Travel Assistance Service
Employee Description Of Coverage - Washington
Group #9061

As per the Master Marketing Agreement for Group #9061 on file between Standard Insurance Company ("Standard") and FrontierMEDEX, Inc. (FrontierMEDEX), FrontierMEDEX shall provide to eligible Group insurance policyholders ("Employer") and be solely responsible for certain emergency assistance services outlined in the attached FrontierMEDEX Description Of Coverage ("Services"), subject to the terms and conditions stated herein.

RESPONSIBILITY OF FRONTIERMEDEX

The Services are provided by and the sole responsibility of FrontierMEDEX, which is not affiliated in any way with Standard. The Services described herein are offered in conjunction with Standard's group insurance policies and are subject to the terms and conditions, including limitations and exclusions, outlined in the Description Of Coverage.

SERVICE PERIOD

Services will remain in effect until the earlier of the date of cancellation or termination of the Employer's group insurance policy with Standard or the termination of the Master Marketing Agreement between Standard and FrontierMEDEX. In the event of any termination, FrontierMEDEX shall complete any assistance cases that arose prior to the date of termination or the event giving rise to termination.

RESPONSIBILITY OF EMPLOYER

As a condition of obtaining Services, Employer will make a "contact person" available to FrontierMEDEX to verify an individual's eligibility for Services prior to FrontierMEDEX rendering services. Employer will provide Standard with the contact person's name and business phone.



Mike Roban
Vice President Sales and Marketing
FrontierMEDEX, Inc.

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THE STANDARD TRAVEL ASSISTANCE PROGRAM

DESCRIPTION OF COVERAGE FOR WASHINGTON RESIDENTS

FrontierMEDEX ID Number 9061

Please keep this document with you while you travel.

A comprehensive program providing you with 24/7 emergency medical, security, and travel assistance - including emergency medical evacuation and repatriation - when you are 100 or more miles away from your permanent residence in your home country. (Expatriates are eligible regardless of distance from your expatriate home.)

This Insurance is underwritten by: ACE American Insurance Company at Philadelphia, PA.

Schedule of Benefits	Maximum Benefits Per Person
Emergency Medical Evacuation	100% of Covered Expenses
Emergency Reunion	100% of Covered Expenses
Medical Repatriation	100% of Covered Expenses
Repatriation of Remains	100% of Covered Expenses
Worldwide Emergency Assistance Services	

HOW TO USE FRONTIERMEDEX SERVICES

24 hours a day, 7 days a week, 365 days a year

FrontierMEDEX is Your key to travel safety. If You have a medical or travel problem, simply call Us for assistance. Our toll-free and collect-call telephone numbers are printed on Your ID card. Either dial the toll-free number of the country you are in, or call the Emergency Response Center *COLLECT* at:

Baltimore, Maryland, USA +1-410-453-6330

An assistance coordinator will ask for Your name, Your company or group name, the FrontierMEDEX ID number shown on Your card, and a description of Your situation.

If the condition is an emergency, You should go immediately to the nearest physician or hospital without delay and then contact the 24-hour Emergency Response Center. We will then take the appropriate action to assist You and monitor Your care until the situation is resolved.

EMERGENCY MEDICAL EVACUATION BENEFIT

The Insurer will pay Emergency Medical Evacuation Benefits as shown in the *Benefit Schedule* for Covered Expenses incurred for the medical evacuation of a Covered Person. Benefits are payable up to the Maximum Limit shown in the *Benefit Schedule* if the Covered Person:

1. suffers a Medical Emergency during the course of the Trip;
2. requires Emergency Medical Evacuation; and
3. is traveling 100 miles or more away from his or her place of permanent residence in his or her Home Country.

Covered Expenses:

Medical Transport: expenses for Transportation under medical supervision to a different hospital, treatment facility or to the Covered Person's place of residence for Medically Necessary treatment in the event of the Covered Person's Medical Emergency and upon the request of the Doctor designated by the Assistance Company in consultation with the local attending Doctor.

Dispatch of a Doctor or Specialist: the Doctor's or specialist's travel expenses and the medical services provided on location, if, based on the information available, a Covered Person's condition cannot be adequately assessed to evaluate the need for transport or evacuation and a doctor or specialist is dispatched by the Assistance Company to the Covered Person's location to make the assessment.

Return of Dependent Child(ren): expenses to return each Dependent child who is under age 18 to his or her principal residence if a) the Covered Person is age 18 or older; and b) the Covered Person is the only person traveling with the minor Dependent child(ren); and c) the Covered Person suffers a Medical Emergency and must be confined in a Hospital.

Escort Services: expenses for an Immediate Family Member or companion who is traveling with the Covered Person to join the Covered Person during the Covered Person's emergency medical evacuation to a different hospital, treatment facility or the Covered Person's place of residence.

Benefits for these Covered Expenses will not be payable unless:

1. the Doctor ordering the Emergency Medical Evacuation certifies the severity of the Covered Person's Medical Emergency requires an Emergency Medical Evacuation;
2. all Transportation arrangements made for the Emergency Medical Evacuation are by the most direct and economical conveyance and route possible;
3. the charges incurred are Medically Necessary and do not exceed the charges for similar Transportation, treatment, services or supplies in the locality where the expense is incurred; and
4. do not include charges that would not have been made if there were no insurance.

Benefits will not be payable unless We authorize in writing, or by an authorized electronic or telephonic means, all expenses in advance, and services are rendered by the Assistance Company. In the event the Covered Person refuses to be medically evacuated, we will not be liable for any medical expenses incurred after the date medical evacuation is recommended.

EMERGENCY REUNION BENEFIT

In the event the Covered Person is or will be confined in a Hospital for at least 7 consecutive days due to a covered Injury or Sickness and is traveling alone, the Insurer will pay the expenses incurred for travel of a person chosen by him or her, up to the Benefit Limit shown in the *Benefit Schedule*. Covered expenses are limited to a round trip economy airline ticket. All travel arrangements must be made the Assistance Company and approved in advance.

MEDICAL REPATRIATION BENEFIT

The Insurer will pay expenses incurred for medical repatriation after a hospitalization or medical treatment for a Covered Accident or Sickness if the Covered Person is (a) unable to continue his or her Trip as recommended by the treating Doctor in consultation with Us; or (b) requires continuing follow-up treatment, within one year from his or her original Scheduled Return Date, less refunds from his or her unused transportation tickets.

The Assistance Company will coordinate with the local attending Doctor to arrange the Covered Person's return to his or her Home. We will provide the appropriate medical personnel to accompany the Covered Person during the return Trip if it is Medically Necessary.

Covered Expenses include Transportation incurred in connection with a Covered Person's repatriation. All Transportation arrangements made for repatriating the Covered Person must be by the most direct and economical route possible. Expenses for Transportation must be: (a) recommended by the local attending Doctor; (b) required by the standard regulations of the conveyance transporting the Covered Person; and (c) arranged and authorized in advance by the Assistance Company.

REPATRIATION OF REMAINS BENEFIT

The Insurer will pay Repatriation of Remains Benefits as shown in the *Benefit Schedule* for preparation and return of a Covered Person's body to his or her home if he or she dies as a result of a Medical Emergency while traveling 100 miles or more away from his or her place of permanent residence. Covered expenses include 1) expenses for embalming or cremation; 2) the minimally necessary coffin or receptacle adequate for transporting the remains; and 3) transporting the remains.

All Transportation arrangements must be made by the most direct and economical route and conveyance possible and may not exceed the Covered Expenses for similar Transportation in the locality where the expense is incurred. Benefits will not be payable unless We authorize in writing, or by an authorized electronic or telephonic means, all expenses in advance, and services are rendered by the Assistance Company.

WORLDWIDE EMERGENCY ASSISTANCE SERVICES

MEDICAL ASSISTANCE SERVICES

Worldwide Medical and Dental Referrals: FrontierMEDEX will provide referrals to help You locate appropriate treatment or care.

Monitoring of Treatment: FrontierMEDEX assistance coordinators will continually monitor Your case. In addition, Our regional medical advisors provide consultative and advisory services, including review and analysis of the quality of medical care You are receiving.

Facilitation of Hospital Payment: Upon securing payment or a guarantee to reimburse, FrontierMEDEX will either wire funds or guarantee required emergency Hospital admittance deposits. You are ultimately responsible for the payment of the cost of medical care and treatment, including hospital expenses.

Transfer of Insurance Information to Medical Providers: FrontierMEDEX will assist You with Hospital admission, such as relaying insurance benefit information, to help prevent delays or denials of medical care. FrontierMEDEX will also assist with discharge planning.

Medication, Vaccine and Blood Transfers: In the event medication, vaccines, or blood products are not available locally, or a prescription medication is lost or stolen, FrontierMEDEX will coordinate their transfer to You upon the prescribing Physician's authorization, if it is legally permissible.

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.

Dispatch of Doctors/Specialists: In an emergency where You cannot adequately be assessed by telephone for possible evacuation, or You cannot be moved and local treatment is unavailable, FrontierMEDEX will send an appropriate medical practitioner to you.

Medical Records Transfer: Upon Your consent, FrontierMEDEX will assist with the transfer of medical information and records to You or the treating physician.

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: FrontierMEDEX will assist You with the arrangement of hotel stays and room requirements before or after hospitalization.

TRAVEL ASSISTANCE SERVICES

Pre-Travel Information: Upon your request, FrontierMEDEX can provide continuously updated destination intelligence for more than 180 countries covering ten subject areas: security, health, transportation, entry/exit, finance, culture, language, communication, legal, and weather/environment.

Emergency Travel Arrangements: FrontierMEDEX will make new reservations for airlines, hotels, and other travel services in the event of an Emergency Sickness or Injury.

Transfer of Funds: FrontierMEDEX will provide You with an emergency cash advance subject to us first securing funds from You or Your family.

Replacement of Lost or Stolen Travel Documents: FrontierMEDEX will assist You in taking the necessary steps to replace passports, tickets, and other important travel documents.

Legal Referrals: Should You require legal assistance, FrontierMEDEX will direct You to an attorney and assist You in securing a bail bond.

Translation Services: FrontierMEDEX's multilingual assistance coordinators are available to provide immediate verbal translation assistance in a variety of languages in an emergency; otherwise FrontierMEDEX will provide You with referrals to local interpreter services.

Message Transmittals: You may send and receive emergency messages toll-free, 24-hours a day, through the FrontierMEDEX assistance center.

PERSONAL SECURITY SERVICES

Security Intelligence: In the event You feel threatened by political unrest, social instability, weather conditions, or health or environmental hazards, We will provide you with the latest authoritative information and guidance for over 180 countries and select cities. Our global intelligence database is continuously updated and includes destination intelligence from over 5,000 worldwide sources.

Security Evacuation Services: In the event of a threatening situation, FrontierMEDEX 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.

GENERAL EXCLUSIONS

The Policy does not cover loss caused by or results from:

1. suicide, or attempted suicide, or any intentionally self inflicted Injury while sane or insane.
2. participating in maneuvers or training exercises of an armed service.
3. the Covered Person's commission or the attempt to commit a criminal act.
4. normal childbirth, normal pregnancy (except Complications of Pregnancy) or voluntarily induced abortion.
5. mental or nervous disorders.
6. an act of declared or undeclared war.
7. the Covered Person's commission of or active participation in a civil disorder or riot.
8. any expense paid or payable by any other valid and collectible insurance.

This insurance does not apply to the extent that trade or economic sanctions or regulations prohibit Us from providing insurance, including, but not limited to, the payment of claims.

DEFINITIONS

Please note, certain words used in this document have specific meanings. These terms will be capitalized throughout the document. The definition of any word, if not defined in the text where it is used, may be found either in this Definitions section or in the *Benefit Schedule*.

"Aircraft" means any air conveyance which: a) is organized and licensed for the transportation of passengers for hire; b) is piloted by a person who has a valid and current certificate of competency or a rating which authorizes him or her to pilot the Aircraft; and c) is not operated by the militia or armed forces of any state, national government or international authority.

“Assistance Company” means FrontierMEDEX.

“Common Carrier” means a vehicle or service licensed to carry passengers for hire on a regularly scheduled basis.

“Complications of Pregnancy” means a condition requiring Hospital confinement, whose diagnosis is distinct from pregnancy but adversely affected or caused by pregnancy, such as: a) acute nephritis or nephrosis; b) cardiac decompensation; c) missed abortion; and d) similar medical and surgical conditions of comparable severity.

Complications of Pregnancy will also include: a) non-elective cesarean section; b) termination of ectopic pregnancy; and c) spontaneous termination of pregnancy, occurring during a period of gestation in which a viable birth is not possible. However, the term Complication of Pregnancy will not include: a) false labor, occasional spotting, or morning sickness; b) Doctor prescribed rest; c) hyper emesis gravidarum; d) pre-eclampsia; or any similar condition associated with the management of a difficult pregnancy not consisting of a nosologically distinct Complication of Pregnancy.

“Covered Accident” means an accident that occurs while coverage is in force for a Covered Person and results in a loss or Injury covered by the Policy for which benefits are payable.

“Covered Person” means any eligible person, including Dependents if eligible for coverage under the Policy, who applies for coverage and for whom the required Premium is paid.

“Covered Trip” means a) A period of round-trip travel away from Home to a Destination outside of the Covered Person’s city of residence; the purpose of the Trip is business or pleasure and is not to obtain health care or treatment of any kind; the Trip has defined departure and return dates specified when the Covered Person applies; the Trip does not exceed the number of days or months in the Application for which Premium payment is made; and the Covered Person’s Destination is not to another Home; travel is primarily by Common Carrier and only incidental by private conveyance; or b) A period of one-way travel that starts in the U.S. or Canada (except U.S. citizens may begin their Trip outside the U.S., if returning to the U.S.); the purpose of the Trip is business or pleasure and is not to obtain health care or treatment of any kind; the Trip has defined departure and arrival dates and defined departure and arrival places specified when the Covered Person applies; travel is primarily by Common Carrier and only incidentally by private conveyance; and the Trip does not exceed the number of days or months in the Application for which Premium payment is made.

In this Policy, Covered Trip is also referred to as “Trip”.

If Dependent coverage is selected, “Dependent” means an Insured’s lawful Spouse or Domestic Partner; or an Insured’s married or unmarried child, from the moment of birth to age 26. A child, for eligibility purposes, includes an Insured’s natural child; adopted child, beginning with any waiting period pending finalization of the child’s adoption; or a stepchild who resides with the Insured or depends on the Insured for financial support. A Dependent may also include any person related to the Insured by blood or marriage and for whom the Insured is allowed a deduction under the Internal Revenue Code.

Insurance will continue for any Dependent child who reaches the age limit and continues to meet the following conditions: 1) the child is handicapped; 2) is not capable of self-support; and 3) depends mainly on the Insured for support and maintenance. The Insured must send Us satisfactory proof that the child meets these conditions, when requested. We will not ask for proof more than once a year.

If the Insured has elected coverage for a Dependent child, any newly born child of the Insured will be covered from the moment of birth for 31 days. Coverage may be continued beyond this time period if the Insured notifies Us within 31 days of the child’s birth and pays any required Premium.

“Destination” means the place where the Covered Person expects to travel on his or her Trip, as shown on the Application.

“Doctor” means a licensed health care provider acting within the scope of his or her license and rendering care or treatment to a Covered Person that is appropriate for the conditions and locality. It will not include a Covered Person or a member of the Covered Person’s Immediate Family or household.

“Domestic Partner” means a person of the same or opposite sex of the Insured who is registered in the state which he or she resides.

The term “Spouse”, wherever used, will include a Domestic Partner.

“Home” means the Covered Person’s principle or secondary place of residence.

“Home Country” means a country from which the Covered Person holds a passport. If the Covered Person holds passports from more than one country, his or her Home Country will be that country which the Covered Person has declared to Us in writing as his or her Home Country.

“Hospital” means an institution that: 1) operates as a Hospital pursuant to law for the care, treatment, and providing of in-patient services for sick or injured persons; 2) provides 24-hour nursing service by Registered Nurses on duty or call; 3) has a staff of one or more licensed Doctors available at all times; 4) provide organized facilities for diagnosis, treatment and surgery, either: (i) on its premises; or (ii) in facilities available to it, on a pre-arranged basis; 5) is not primarily a nursing care facility, rest home, convalescent home, or similar establishment, or any separate ward, wing or section of a Hospital used as such; and 6) is not a place for drug addicts, alcoholics, or the aged.

“Immediate Family Member” means a Covered Person’s parent; grandparent; spouse or Domestic Partner; child; brother; sister; or in-laws.

“Injury” means accidental bodily harm sustained by a Covered Person that results directly and independently from all other causes from a Covered Accident. All Injuries sustained by one person in any one Covered Accident, including all related conditions and recurrent symptoms of these injuries, are considered a single Injury.

“Insured” means the person named on the individual Application for whom the required Premium is paid making insurance in effect for that person.

“Insurer” means ACE American Insurance Company.

“Medical Emergency” means a condition caused by an Injury or Sickness that manifests itself during the Covered Trip which requires immediate and emergent medical treatment not available in the Covered Person’s location and without which there would be a significant risk of death or serious impairment.

“Medical Expenses” means Usual and Customary costs of treatment for Injury or Sickness which are provided by a Doctor, dentist, or professional nurse on an emergency or urgent basis which are actually incurred by the Covered Person.

“Medically Necessary” means a treatment, service or supply that is: 1) required to treat an Injury or Sickness; 2) prescribed or ordered by a Doctor or furnished by a Hospital; 3) performed in the least costly setting required by the Covered Person’s condition; and 4) consistent with the medical and surgical practices prevailing in the area for treatment of the condition at the time rendered. Purchasing or renting 1) air conditioners; 2) air purifiers; 3) motorized transportation equipment; 4) escalators or elevators in private homes; 5) eye glass frames or lenses; 6) hearing aids; 7) swimming pools or supplies for them; and 8) general exercise equipment are not Medically Necessary. A service or supply may not be Medically Necessary if a less intensive or more appropriate diagnostic or treatment alternative could have been used. We may consider the cost of the alternative to be the Covered Expense.

“Premium” means a scheduled per person payment for insurance coverage separate from Trip costs.

“Return Destination” means the place to which the Covered Person expects to return from his or her Trip, as shown on the Individual Application.

“Scheduled Departure Date” means the date on which the Covered Person is scheduled to leave on his or her Covered Trip. This date is shown on the Covered Person’s Application.

“Scheduled Return Date” means the date on which the Covered Person is scheduled to return from his or her Covered Trip.

“Sickness” means an illness, disease or condition of the Covered Person that requires treatment by a Doctor. Sickness includes Complications of Pregnancy.

If Dependent coverage for a spouse is selected, “Spouse” means a person to whom the Covered Person is married, or with whom the Covered Person lives in a spousal relationship.

“Transportation” means any land, water, or air conveyance required to transport the Covered Person during an emergency evacuation.

“Traveling Companion” means a person who accompanies the Insured on the entire Trip and is named on the Insured’s Application for coverage.

“We”, “Our”, “Us” means the insurance company underwriting this insurance or its authorized agent.

CLAIM PROVISIONS

Notice Of Claim: A claimant must give Us or Our authorized representative written (or authorized electronic or telephonic) notice of claim within 90 days after any loss covered by the Policy occurs. If notice cannot be given within that time, it must be given as soon as reasonably possible. This notice should identify the Covered Person and the Policy Number.

Claim Forms: Upon receiving written notice of claim, We will send claim forms to the claimant within 15 days. If We do not furnish such claim forms, the claimant will satisfy the requirements of written proof of loss by sending the written (or authorized electronic or telephonic) proof as shown below. The proof must describe the occurrence, extent and nature of the loss.

Proof Of Loss: Written (or authorized electronic or telephonic) proof of loss must be sent to the agent authorized to receive it. Written (or authorized electronic or telephonic) proof must be given within 90 days after the date of loss. If it cannot be provided within that time, it should be sent as soon as reasonably possible. In no event, except in the absence of legal capacity, will proof of loss be accepted if it is sent later than one year from the time proof is otherwise required.

Claimant Cooperation Provision: Failure of a claimant to cooperate with Us in the administration of a claim may result in the termination of a claim. Such cooperation includes, but is not limited to, providing any information or documents needed to determine whether benefits are payable or the actual benefit amount due.

Time Payment Of Claims: Any benefits due will be paid within 30 consecutive days of the date We receive written (or authorized electronic or telephonic) proof of loss.

Payment Of Claims: If the Insured dies, any death benefits or other benefits unpaid at the time of the Insured's death will be paid to the beneficiary. If no beneficiary is on record with Us or Our authorized agent, payment will be made to the first surviving class of the following to the Insured's: 1. Spouse or Domestic Partner; 2. children, in equal shares (If a child is a minor, benefits will be paid to the legal guardian); 3. mother or father; 4. estate.

All other benefits due and not assigned will be paid to the Insured, if living.

Otherwise, benefits may, at our option, be paid: 1. according to the beneficiary designation; or 2. to the Insured's estate.

If a benefit due is payable to: 1. the Insured's estate; or 2. the Insured or a beneficiary who is either a minor or is not competent to give a valid release for the payment,

We may pay any amount due to some other person. The other person will be one who we believe is entitled to the payment and who is related to the Insured or the beneficiary by blood or marriage. We will be relieved of further responsibility to the extent of any payment made in good faith.

We may pay benefits directly to any Hospital or person rendering covered services, unless the Insured requests otherwise in writing. The Insured must make the request no later than the time he or she files a written proof of loss.

All benefit payments under this Policy will be made in the United States of America in the currency of the United States of America.

Benefits for accidental death or for covered expenses incurred because of an accidental injury shall be paid if the covered death occurs, or the covered services are incurred, within one year of the accident.

Beneficiary: The Insured may designate a beneficiary. The Insured has the right to change the beneficiary at any time by written (or electronic and telephonic) notice. If the Insured is a minor, his or her parent or guardian may exercise this right for him or her. The change will be effective when We or Our authorized agent receive it. When received, the effective date is the date the notice was signed. We are not liable for any payments made before the change was received. We cannot attest to the validity of a change.

The Insured is the beneficiary for any covered Dependent.

Assignment: At the Insured's request, medical benefits may be paid to the provider of service. Any payment made in good faith will end Our liability to the extent of the payment.

Physical Examinations And Autopsy: We have the right to have a Doctor of Our choice examine the Covered Person as often as is reasonably necessary. This section applies when a claim is pending or while benefits are being paid. We also have the right to request an autopsy in the case of the Covered Person's death, unless the law forbids it. We will pay the cost of the examination or autopsy.

Legal Actions: No lawsuit or action in equity can be brought to recover on the Policy: (1) before 60 days following the date proof of loss was given to Us; or (2) after 3 years following the date proof of loss is required.

Recovery of Overpayment: If benefits are overpaid or paid in error, We have the right to recover the amount overpaid or paid in error, by any or all of the following methods:

1. a request for lump sum payment of the amount overpaid or paid in error;
2. reduction of any proceeds payable under the Policy by the amount overpaid or paid in error;
3. taking any other action available to Us.

Subrogation: We may recover any benefits paid under the Policy to the extent a Covered Person is paid for the same Covered Injury or Covered Sickness by a third party, another insurer, or the Covered Person's uninsured motorists insurance. We may only be reimbursed to the amount of the Covered Person's recovery. A reimbursement from any recovery will only be made to Us from the amount of the recovery that exceeds the amount of the Covered Person's general damages. The Covered Person has the right to be fully compensated for their loss prior to reimbursing Us.

Upon request the Covered Person must complete the required forms and return them to Us or Our authorized agent. The Covered Person must cooperate fully with Us or Our authorized representative in asserting its right to recover. The Covered Person will be personally liable for reimbursement to Us to the extent of any recovery obtained by the Covered Person from any third party. We have the right to offset future benefits payable to the Covered Person under the Policy against such recovery.

If it is necessary for Us to institute legal action against the Covered Person for failure to repay Us, the Covered Person will be personally liable for all costs of collection, including reasonable attorneys' fees.

Appeal Process: If you disagree with the denial of a benefit, you have the right to a review of your claim through appeal. You can do so by sending an email to Claims@FrontierMEDEX.com or by sending a letter to the address below. Your appeal must be submitted no later than 60 days after you receive your denial. Your appeal must include your name, case ID number, explanation of your appeal, and any documentation supporting your position.

Claims Department
FrontierMEDEX
8501 LaSalle Road, Suite 200
Baltimore, MD 21286

PREMIUM PROVISION

Payment of Premium: The premium must be paid in full before coverage will start. The premium amount due is shown on the *Benefit Schedule*. If the required premium is not paid, the Policy will not take effect.

GENERAL PROVISIONS

Entire Contract; Changes: The Policy (including any endorsements or amendments) and the signed application of the Insured (if any) are the entire contract. Any statements made by the Insured will be treated as representations and not warranties. No such statement shall void the insurance, reduce the benefits, or be used in defense of a claim for loss incurred unless it is contained in a written application. A copy of the signed application will be furnished to the Insured.

Fraudulent Claims: The making by the Covered Person of any fraudulent claims intentionally made by him or her shall render this Policy null and void from the Effective Date and all claims under this Policy shall be forfeited.

Clerical Error: If a clerical error is made, it will not affect the insurance of any Covered Person. No error will continue the insurance of a Covered Person beyond the date it should end under this Policy terms.

Conformity With State Laws: On the Effective Date of this Policy, any provision that is in conflict with the laws in the state where it is delivered is amended to conform to the minimum requirements of such laws.

Not In Lieu Of Workers' Compensation: This Policy is not a Workers' Compensation policy. It does not provide Workers' Compensation benefits.

Plan is administered by MEDEX Insurance Services

This Insurance, under policy #AH-29522-WA is underwritten by: ACE American Insurance Company at Philadelphia, Pennsylvania.

Policy terms and conditions are briefly outlined in this Description of Coverage. Complete provisions pertaining to this insurance are contained in the Master Policy . In the event of any conflict between this Description of Coverage and the Master Policy, the Master Policy will govern.

TA-WA-STD-1211