

FRAUD NOTICE PLEASE READ CAREFULLY

Any person who knowingly and with intent to defraud or deceive any insurance company submits an insurance application or statement of claim containing any false, incomplete or misleading information may be subject to civil or criminal penalties, depending upon state law.

For your protection, California requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

In Florida, any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an insurance application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

In Kentucky, any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime. Any application for insurance in writing by the applicant shall be altered solely by the applicant or by his written consent except that insertions may be made by the insurer for administrative purposes only in such manner as to indicate clearly that such insertions are not to be ascribed to the applicant.

In New Jersey, any person who includes any false or misleading information on an application for insurance is subject to criminal and civil penalties.

Applicants applying for accident and health insurance in New York: Any person who knowingly and with intent to defraud or deceive any insurance company submits an insurance application or statement of claim containing any false, incomplete or misleading information may be subject to civil or criminal penalties, depending on state law.

In Ohio, any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

In Oklahoma, **WARNING:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

In Pennsylvania, any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

All other cancellations will only be allowed only if one of the following requirements are met: 1) proof of ineligibility is provided; or 2) cancellation occurs within the first 10 days from the effective date or most recent renewal date; or 3) the Covered Member requests cancellation in writing. If cancellation is after 10 days, premium will be refunded in whole months only for any unused portion of the enrollment period.

This brochure describes the benefits under the plan of insurance. This is not a contract of insurance. Coverage is governed by an insurance policy issued to Global Citizen Association underwritten by HM Life Insurance Company, Pittsburgh, PA, NAIC # 0812-93440 or HM Life Insurance Company of New York, New York, NY, NAIC # 0812-60213 under policy form HM207-SI, HM207-TH or HM207-EH GC. The coverage requested may not be available in all states. Complete information on the insurance is contained in the Certificate of Insurance, which will be provided to you as evidence of coverage under the policy.

Any provision of this plan as described that may be in conflict with the laws of the state where the purchaser is located will be administered to conform with the requirements of that state's laws, including mandated state benefits. Therefore, Participants may be entitled to additional benefits.

POLICY EXCLUSIONS*

The Insurer does not pay benefits for loss due to a Pre-Existing Condition during the first one (1) year of coverage. Pre-Existing Conditions will be covered after the Covered Person's coverage has been in force for one (1) year. This limitation does not apply to the Medical Evacuation Benefit, the Repatriation of Remains Benefit and to the Bedside Visit Benefit. Unless specifically provided for elsewhere under the Policy, the Policy does not cover loss caused by or resulting from, nor is any premium charged for, any of the following:

1. Preventative medicines, routine physical examinations or any other examination where there are no objective indications of impairment in normal health, including routine care of a newborn infant
2. Services and supplies not Medically Necessary for the diagnosis or treatment of a Sickness or Injury
3. Surgery for the correction of refractive error and services and prescriptions for eye examinations, eyeglasses or contact lenses or hearing aids, except when Medically Necessary for the Treatment of an Injury
4. Plastic or cosmetic surgery, unless they result directly from an Injury which necessitated medical treatment within 24 hours of the Accident
5. For diagnostic investigation or medical treatment for infertility, fertility or birth control
6. Expenses incurred in excess of Reasonable Expenses
7. Expenses incurred for Injury resulting from the Covered Person's being legally intoxicated or under the influence of alcohol as defined by the jurisdiction in which the Accident occurs. This exclusion does not apply to the Medical Evacuation Benefit, to the Repatriation of Remains Benefit and to the Bedside Visit Benefit
8. Voluntarily using any drug, narcotic or controlled substance, unless as prescribed