

**Lifeboat Worldwide Medical Plan
Certificate of Insurance
Underwritten by:
Certain Underwriters at Lloyd's, London**

MODIFICATIONS

Section 1: CERTIFICATE DEFINITIONS, the following shall be added:

The term “**Aggregate Limit of Indemnity**” shall mean the total limit of the Company’s liability for all indemnities payable under the Accidental Death & Dismemberment Benefit with respect to all Class(es) of Insured Person(s) arising out of Injury(ies) sustained by two or more Insured Person(s) as the result of any one Accident.

If the total of such indemnity exceeds said Aggregate Limit, the Company shall not be liable to any one such Insured Person(s) for a greater proportion of such Insured Person(s)’s indemnity afforded by the Accidental Death & Dismemberment Benefit than their equal share as divided by the total of all indemnities afforded by this benefit to all such Insured Person(s).

The following section located on the last two pages of the Certificate, shall be deleted in its entirety and replaced with the following:

SECTION 7: SENIOR PROVIDER

The following SECTION 2 shall replace in its entirety Section 2 contained previously in this Certificate and apply for Insured Person(s) who apply and are accepted for Coverage prior to their 65th birthday and remain continuously insured for ten consecutive years under this program, the Insured Person(s) will automatically be converted to the following schedule of benefits upon the renewal date after their 75th birthday. This conversion is contingent upon the Insured Person(s) continuing to meet the Eligibility Requirements.

SECTION 2: SCHEDULE OF BENEFITS

A. Deductible and Coinsurance

When a covered Illness(es) or Injury(ies) is incurred by the Insured Person(s), the Company will pay for the Eligible Benefits in excess of the Deductible and Coinsurance as stated below.

Medical Benefits Deductible for each

Period of Coverage:	Per Insured Person(s):	\$5,000
	Per Insured Family Unit:	3x per person (or max. 3 per family)

Eligible Benefit Percentage Payable after Deductible has been satisfied:

Eligible Benefits Incurred Worldwide:	The Company pays 80% of the next \$5,000 of Eligible Benefits and then 100% up to the Medical Maximum. All Hospital admissions and expenses above \$1,000 must utilize the Pre-Notification Program, see Section 4, J. Pre-Notification Program. Each Insured Person(s) is responsible for the Coinsurance amount.
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If the Insured Person(s) follows Pre-Notification Program the maximum out of pocket expenses that an Insured Person(s) in the United States will be required to pay after satisfying their Individual Deductible is \$1,000. The maximum out of pocket expenses that a family unit in the United States will be required to pay after satisfying their Family Deductible is \$3,000.

B. Eligible Benefits and Maximum Limits

Subject to the Deductible and Coinsurance as described in SECTION 2, A, the Eligible Benefits and Maximum Limits for the following Benefits shall be as follows:

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| I. | Lifetime Maximum Benefit | \$250,000 Lifetime each Insured Person(s) |
| | Sublimits | |
| | a. Hospital Room and Board, including miscellaneous | \$950 per day, 30 day maximum |
| | b. Surgical Treatment(s) (Inpatient and Outpatient) | \$2,500 per Coverage Period |

Subject to the Deductible and Coinsurance as described within Benefits II through V, the Eligible Benefits and Maximum Limits for Benefits II through V shall be as follows:

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| II. | Mental and Nervous Benefit | \$10,000 Coverage Period maximum after a 12 month waiting period.
Inpatient limited to a maximum of 45 days per Coverage Period.

Outpatient Benefit limited to a maximum of 40 visits per Coverage Period at 70% (separate from overall Coinsurance) of Eligible Benefits. |
| III. | Chiropractic / Physiotherapy Benefit | \$10,000 Lifetime benefit combined, limited to 12 visits per Coverage Period and \$75 per visit. There is a 12 month waiting period for these benefits. |
| IV. | Dental Benefit (due to Accident only) | \$500.00 per Coverage Period subject to a \$50.00 per occurrence Deductible. |
| V. | Transplant Benefit | \$50,000 Lifetime Maximum. To cover Bone Marrow, Liver, Heart, Pancreas, Heart/Lung, Kidney/Pancreas, Lung |

Benefits VI through IX are not subject to a Deductible or Coinsurance, the Eligible Benefits and Maximum Limits for Benefits VI through IX shall be as follows:

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| VI. | Emergency Medical Evacuation Benefit | \$50,000 per Coverage Period |
| VII. | Return of Mortal Remains Benefit | \$20,000 |
| VIII. | Emergency Medical Reunion Benefit | \$10,000 per occurrence |
| IX. | Accidental Death and Dismemberment | |
| | 24 Hour Accidental Death and Dismemberment | |
| | Insured and Spouse | \$10,000 Principal Sum |
| | Dependent Child(ren) | \$2,000 Principal Sum |
| | Common Carrier Accidental Death and Dismemberment | |
| | Insured and Spouse | \$40,000 Principal Sum |
| | Dependent Child(ren) | \$8,000 Principal Sum |