

Master Policy #021920/980001
[ATLAS SERIES]
Assured: The Atlas/International Citizen Group Insurance Trust
Hamilton, Bermuda

ARTICLE 1 - INSURING

Certain Underwriters at Lloyds, London (“Underwriters”) promise to provide the benefits described in this Master Policy. Underwriters make this promise in consideration of the Assured’s Application, each Member’s Application, and payment of Premium.

MultiNational Underwriters, Inc. is hereby recognized by Underwriters as the Plan Administrator. All communications, notices and payments required under this Master Policy shall be transmitted through the Plan Administrator. Receipt by the Plan Administrator shall be considered receipt by Underwriters.

Underwriter’s agreement is subject to all terms, conditions, provisions and exclusions of this Master Policy, including any Exhibits, Schedules, Endorsements and/or Riders attached hereto.

ARTICLE 2 - EFFECTIVE DATE AND TERMINATION

This Master Policy is effective as of **January 1, 2002** and shall remain in effect until December 31, **2002**. Thereafter, this Master Policy may be renewed for successive 12 month periods. This Master Policy can be terminated at any time by either Underwriters or the Assured giving at least 30 days advance written notice to the other party. Such termination of the Master Policy will have no effect on Certificates issued to Members prior to the date of termination or on payments made or to be made by or to Underwriters under such Certificates. No Certificates will be issued after the date the Master Policy is terminated.

ARTICLE 3 – GENERAL PROVISIONS

A. ENTIRE AGREEMENT

This Master Policy, including any Exhibits, Schedules, Endorsements and/or Riders attached hereto, constitutes the entire agreement between Underwriters and the Assured. The Certificate issued to the Member, including the Member’s Application and any Exhibits, Schedules, Endorsements and/or Riders attached thereto, is an outline of the insurance provided by this Master Policy. The Certificate does not extend or change the insurance provided by this Master Policy. The insurance described in the Certificate is subject to all terms, conditions, provisions and exclusions of this Master Policy, including any Exhibits, Schedules, Endorsements and/or Riders attached hereto.

B. INSOLVENCY

The insolvency, bankruptcy, financial impairment, receivership, voluntary plan of arrangement with creditors or dissolution of the Assured or any Member shall not impose upon Underwriters any liability other than that specifically included in this insurance.

C. ARBITRATION

If any dispute shall arise as to the amount to be paid under this insurance (liability being otherwise admitted), such dispute shall be referred to arbitration in accordance with procedures of the American Arbitration Association. Where any dispute is by this provision referred to arbitration, the making of an award shall be a condition precedent to any right of action against Underwriters.

D. CURRENCY

The monetary limits and Premiums stated in this Master Policy and any Certificate issued hereunder are in U.S. dollars.

ARTICLE 4 – CONDITIONS PRECEDENT

The following are conditions precedent to Underwriter's liability under this insurance:

A. PREMIUM

1. Rates: Rates shall be as set forth in Exhibit 1 attached hereto.
2. Payment: Payment of the required Premium shall be remitted to Underwriters on or before the Due Dates(s) specified on the Declaration of this Master Policy.

B. MISREPRESENTATION AND FRAUD

Any misstatement, concealment or fraud, either in the Assured's Application, the Member's Application, or in relation to any statement or warranty made by the Assured or any Member or their authorized representative, whether in writing or otherwise, to Underwriters or their representatives, or in connection with the making of any claim hereunder shall render this insurance null and void and all claims hereunder shall be forfeited, in addition to any and all other remedies available to Underwriters. If any claim under this insurance shall be in any respect fraudulent or if any fraudulent means or devices are used by the Assured or the Member or anyone acting on their behalf, this insurance shall be null and void and all claims hereunder shall be forfeited, in addition to any and all other remedies available to Underwriters.

C. PROOF OF CLAIM

When Underwriters receive notice of claim, they will provide the Member with forms for filing Proof of Claim. The following is considered to be Proof of Claim:

1. A completed and signed Claim Form; and
2. Original itemized bills from Physicians, Hospitals and other medical providers; and
3. Original receipts for any expenses which have already been paid by or on behalf of the Member.

The Member shall have 60 days beginning on the last day of the Certificate Period to submit Proof of Claim to Underwriters.

D. TIME LIMIT FOR APPEALING A CLAIM

In the event Underwriters deny all or part of a claim under this insurance, the Member shall have 90 days from the date the notice of denial was mailed to the Member's last known address to file a written appeal with Underwriters.

E. CLAIMS COOPERATION

The Member and his/her Physician(s), Hospital(s) and other providers shall cooperate fully with Underwriters including granting full right of access to all related medical documentation, reports and evidence.

F. PATIENT ADVOCACY

Underwriters may determine that a particular claim or diagnosis occurring under this insurance may be placed under the Patient Advocacy program to ensure that Medically Necessary services and supplies are provided in the most cost effective manner. In the event Underwriters determine that a claim or diagnosis meets the Patient Advocacy program requirements, they will notify the Member, and a Patient Advocate will be assigned to the Member. Thereafter, the Patient Advocate may make recommendations of alternative treatment settings and/or procedures and/or supplies, which may be more cost effective for the Underwriters and/or the Member. Such recommendations will be made with input from the Member and the Member's Physician(s) and will be made only when it can be reasonably demonstrated that the Medically Necessary services and supplies can be provided in a more cost-effective manner to Underwriters and/or the Member. Underwriters will use best efforts to evaluate and recommend alternative treatment settings and/or procedures and/or supplies, which can reasonably be expected to result in the same or better care of the Member. The Member, in accepting the recommendations, agrees to hold Underwriters harmless and Underwriters shall not be held liable or otherwise responsible for any treatment, service, supply, procedure or care provided to the Member except for the payment of benefits under this insurance. After the Member has been notified that the claim or diagnosis meets the Patient Advocacy program requirements, Underwriters reserve the rights to:

1. Make payment for treatments, services and/or supplies which are not covered under this insurance which would be beneficial to the Member and cost effective to Underwriters; and
2. Deny payment for expenses which would otherwise be covered under this insurance which are over the amount Underwriters would have paid had the Member followed the recommendations of the Patient Advocacy program.

G. SUBROGATION

The Assured and all Members undertake to cooperate with Underwriters in the prosecution of any and all valid claims they may have against third parties arising out of any occurrence which results or may result in a loss payment by Underwriters and to account for any amounts recovered on the basis that Underwriters shall be entitled to recover first in full any sums paid by them before the Member shares in any amount so recovered. Should the Assured or Member fail to prosecute any valid claims against third parties and Underwriters thereupon become liable to make payment under this insurance, then Underwriters shall be subrogated to all rights of the Assured or Member. Any

amount recovered by Underwriters shall be used to pay the expenses of collection and reimbursement of Underwriters for any amount that it may have paid or become liable to pay under this insurance. Any remaining amounts shall be paid to the Assured or Member.

H. OTHER INSURANCE

Underwriters shall not pay any claim if there is other insurance which would, or would but for the existence of this insurance, pay such claim, except in respect of any excess beyond the amount payable under such other insurance had this insurance not been effected. Underwriters shall not pay any claim in respect to care, treatment, services or supplies furnished by any program or agency funded by any government.

I. RIGHT OF RECOVERY

In the event of overpayment of any claim hereunder because:

1. all or some of the expenses were not paid for by or on behalf of the Member or were subsequently recovered by or on behalf of the Member; or
2. any Relative of the Member or any person in the Member's family, whether or not that person is or was a Member, is repaid for all or some of those expenses by a source other than Underwriters; or
3. all or some of the expenses were not Eligible Expenses; or
4. all or some of the expenses were paid or reimbursed based on incorrect benefit application,

Underwriters have the right to recover the amount of overpayment from the Member and/or the Hospital, Physician or other provider of services or supplies. The amount of the recovery is the difference between:

- a. the amount of expenses actually paid by Underwriters; and
- b. the amount of expenses which should have been paid by Underwriters.

If the Member or the Hospital, Physician or other provider of services or supplies does not promptly make any such refund to Underwriters, Underwriters may, in addition to any other remedies available to them, either

1. reduce the amount of any future claim that is otherwise eligible for payment hereunder, to the full extent of the refund due Underwriters; or
2. cancel the Certificate issued to the Member by giving 30 days advance written notice by mail to the Member's last known address.

J. CLAIMS ASSISTANCE

Every attempt will be made to help Members understand the benefits provided by this insurance, however, any statement made by an employee of Underwriters or the Plan Administrator will be deemed a representation and not a warranty. Actual benefit payment can only be determined at the time a claim is submitted and all facts are presented in writing. If a definite answer to a specific question is required, the Member can submit a written request, including all pertinent information and a statement from the attending Physician (if applicable), and a written reply will be sent to the Member and kept on file.

**ARTICLE 5 – MEMBER ELIGIBILITY, CERTIFICATE EFFECTIVE DATE,
CERTIFICATE TERMINATION DATE, BENEFIT PERIOD AND HOME
COUNTRY COVERAGE**

A. ATLAS AMERICA

1. Eligibility – Only Non-US Citizens who are at least 14 days of age are eligible for coverage under this plan of insurance. Individuals age 70 to 79 as of the Certificate Effective Date are subject to a \$50,000 Overall Maximum. Individuals age 80 and over as of the Certificate Effective Date are subject to a \$10,000 Overall Maximum, and if the Host Country is the US, must have been in the US for less than 30 days as of the Certificate Effective Date.
2. Certificate Effective Date – Insurance hereunder is effective on the later of:
 - a. the date requested by the Member on his/her Application; or
 - b. the date Underwriters receive the completed Application from the Member and correct Premium; or
 - c. **the date the member departs from their home country.**
3. Certificate Termination Date – Insurance hereunder terminates on the earlier of:
 - a. the last day for which Premium has been paid by or on behalf of the Member; or
 - b. the date the Member returns to his/her Home Country.
4. Benefit Period – While the Certificate is in effect, the Benefit Period does not apply. Upon termination of the Certificate, in accordance with item 3 of this provision, Underwriters will pay Eligible Medical Expenses, as defined herein, for up to 180 days beginning on the first day **of diagnosis or treatment** of a covered Injury or Illness which began while **outside your Home Country and** while the Certificate was in effect. The Benefit Period applies only to Eligible Medical Expenses.
5. Home Country Coverage - In the event a Member begins a Benefit Period while the Certificate is in effect, and the Certificate terminates in accordance with item 3b of this provision (the Member returns to his/her Home Country), Underwriters will pay Eligible Medical Expenses, as defined herein, which are incurred in the Member's Home Country during the Benefit Period. Home Country Coverage applies only to Eligible Medical Expenses.

B. ATLAS INTERNATIONAL

1. Eligibility - Only US Citizens who are at least 14 days of age are eligible for coverage under this plan of insurance. Individuals age 70 to 79 as of the Certificate Effective Date are subject to a \$50,000 Overall Maximum. Individuals age 80 and over as of the Certificate Effective Date are subject to a \$10,000 Overall Maximum.
2. Certificate Effective Date – Insurance hereunder is effective on the later of:

- a. the date requested by the Member on his/her Application; or
 - b. the date Underwriters receive the completed Application from the Member and correct Premium; or
 - c. the date the Member arrives in the Host Country, except that coverage under the Common Carrier benefit shall become effective from the moment of departure from the Home Country.
3. Certificate Termination Date – Insurance hereunder terminates on the earlier of :
- a. the last day for which Premium has been paid by or on behalf of the Member, or
 - b. the date the Member returns to his/her Home Country.
4. Benefit Period – While the Certificate is in effect, the Benefit Period does not apply. Upon termination of the Certificate, in accordance with item 3 of this provision, Underwriters will pay Eligible Medical Expenses, as defined herein, for up to 180 days beginning on the first day **of diagnosis or treatment** of a covered Injury or Illness which began while **outside your Home Country and** while the Certificate was in effect. The Benefit Period applies only to Eligible Medical Expenses.
5. Home Country Coverage - In the event a Member begins a Benefit Period while the Certificate is in effect, and the Certificate terminates in accordance with item 3b of this provision (the Member returns to his/her Home Country), Underwriters will pay Eligible Medical Expenses, as defined herein, which are incurred in the Member’s Home Country during the Benefit Period. Home Country Coverage applies only to Eligible Medical Expenses.

C. ATLAS EXTRA

1. Eligibility – US Citizens and Non-US Citizens who are at least 14 days of age are eligible for coverage under this plan of insurance. Individuals age 70 to 79 as of the Certificate Effective Date are subject to a \$50,000 Overall Maximum. Individuals age 80 and over as of the Certificate Effective Date are subject to a \$10,000 Overall Maximum, and if Host Country is the US, must have been in the US for less than 30 days.
2. Certificate Effective Date – Insurance hereunder is effective on the later of:
- a. the date requested by the Member on his/her Application; or
 - b. the date Underwriters receive the completed Application from the Member and correct Premium; or
 - c. the date the Member arrives in the Host Country, except that coverage under the Common Carrier benefit shall become effective from the moment of departure from the Home Country.
3. Certificate Termination Date – Insurance hereunder terminates on the earlier of:
- a. the last day for which Premium has been paid by or on behalf of the Member, or
 - b. the date the Member returns to his/her Home Country; or

- c. 30 days following the date the Member returns to his/her Home Country if insurance under this Plan has been in effect for the Member for a continuous period of not less than 180 days immediately preceding return to Home Country.
- 4. Benefit Period – While the Certificate is in effect, the Benefit Period does not apply. Upon termination of the Certificate, in accordance with item 3 of this provision, Underwriters will pay Eligible Medical Expenses, as defined herein, for up to 180 days beginning on the first day of diagnosis or treatment of a covered Injury or Illness which began while outside your Home Country and while the Certificate was in effect. The Benefit Period applies only to Eligible Medical Expenses.
- 5. Home Country Coverage - In the event a Member begins a Benefit Period while the Certificate is in effect, and the Certificate terminates in accordance with item 3b of this provision (the Member returns to his/her Home Country), Underwriters will pay Eligible Medical Expenses, as defined herein, which are incurred in the Member’s Home Country during the Benefit Period. Home Country Coverage applies only to Eligible Medical Expenses.

Notwithstanding the foregoing, coverage under all Plans shall terminate on the date Underwriters, at their sole option, elect to cancel all Members of the same sex, age, class or geographic location, provided Underwriters give no less than 30 days advance written notice by mail to the Member’s last known address.

ARTICLE 6 – SCHEDULE OF BENEFITS AND LIMITS

Deductibles	\$100, \$250, \$500, \$1,000 or \$2,500 per Certificate Period.
Coinsurance – Claims incurred in US or Canada	For the Certificate Period, Underwriters will pay 80% of the next \$5,000 of Eligible Expenses after the Deductible, then 100% to the Overall Maximum Limit.
Coinsurance – Claims incurred outside US or Canada	For the Certificate Period, Underwriters will pay 100% of Eligible Expenses after the Deductible up to the Overall Maximum Limit.
Hospital Room and Board	Average Semi-Private room rate, including nursing services.
Intensive Care Unit	Usual, Reasonable and Customary charges.
All Other Eligible Expenses	Usual, Reasonable and Customary charges.
Acute Onset of Pre-existing Condition	Atlas Extra - \$2,500 limit. Atlas International - \$1,000 limit Atlas America – No Coverage
Emergency Dental (Acute Onset of Pain)	\$100 limit per Certificate Period
Local Ambulance	Usual, Reasonable and Customary charges, when covered Illness or Injury results in

	hospitalization.
Emergency Evacuation	Overall Maximum Limit
Return of Minor Child(ren)	\$5,000 limit
Repatriation of Remains	Overall Maximum Limit
Emergency Reunion	\$10,000 limit per Certificate Period
Trip Interruption	\$5,000 limit per Certificate Period
Lost Checked Luggage	\$250 limit per Certificate Period (not subject to Deductible or Coinsurance)
Accidental Death and Dismemberment	Death - \$25,000 Loss of 2 Limbs - \$25,000 Loss of 1 Limb - \$12,500 Benefits reduce 50% at age 70 and an additional 50% at age 75.
Common Carrier Accidental Death	\$50,000
Hospital Pre-Certification Penalty	50% of Eligible Medical Expenses.
Optional Hazardous Sports Rider	\$25,000 limit per Certificate Period
Overall Maximum Limit per Certificate Period (includes all benefits except Accidental Death and Dismemberment and Common Carrier Accidental Death)	Atlas America – Age 80 or older: \$10,000. Age 70 to 79: \$50,000. All others: \$50,000, \$250,000 or \$500,000. Atlas International – Age 80 or older: \$10,000. Age 70 to 79: \$50,000. All others: \$50,000, \$100,000, \$250,000 or \$1,000,000. Atlas Extra – Age 80 or older: \$10,000. Age 70 to 79: \$50,000. All others: \$500,000 or \$1,000,000
Physical Therapy	\$50 per visit.

ARTICLE 7 – PRE-CERTIFICATION REQUIREMENTS

- A. The following expenses must always be Pre-certified:
1. Inpatient care; and
 2. any Surgery or Surgical Procedure; and
 3. care in an Extended Care Facility; and
 4. Home Nursing Care; and
 5. Durable Medical Equipment; and
 6. artificial limbs; and
 7. Computerized Tomography (CAT Scan); and
 8. Magnetic Resonance Imaging (MRI).
- B. To comply with the Pre-certification requirements, the Member must:
1. Contact the Plan Administrator at the telephone number contained in the Member’s Certificate as soon as possible before the expense is to be incurred; and
 2. Comply with the instructions of the Plan Administrator and submit any information or documents they require; and
 3. Notify all Physicians, Hospitals and other providers that this insurance

- contains Pre-certification requirements and ask them to fully cooperate with the Plan Administrator.
- C. If the Member complies with the Pre-certification requirements, and the expenses are Pre-certified, Underwriters will pay Eligible Medical Expenses subject to all terms, conditions, provisions and exclusions herein. If the Member does not comply with the Pre-certification requirements or if the expenses are not Pre-certified:
 - 1. Eligible Medical Expenses will be reduced by 50%; and
 - 2. The Deductible will be subtracted from the remaining amount; and
 - 3. The Coinsurance will be applied.
 - D. Emergency Pre-certification: In the event of an Emergency Hospital admission, Pre-Certification must be made within 48 hours after the admission, or as soon as is reasonably possible.
 - E. Pre-certification Does Not Guarantee Benefits – The fact that expenses are Pre-certified does not guarantee either payment of benefits or the amount of benefits. Eligibility for and payment of benefits are subject to all the terms, conditions, provisions and exclusions herein.
 - F. Concurrent Review – For Inpatient stays of any kind, the Plan Administrator will Pre-certify a limited number of days of confinement. Additional days of Inpatient confinement may later be Pre-certified if a Member receives prior approval.

ARTICLE 8 – ELIGIBLE EXPENSES

- A. ELIGIBLE EXPENSES – MEDICAL
 Subject to the Deductible, Coinsurance and limits set forth in the ARTICLE 6 – SCHEDULE OF BENEFITS AND LIMITS, Underwriters will pay the following expenses incurred while this insurance is in effect:
 - 1. Charges made by a Hospital for:
 - a. Daily room and board and nursing services not to exceed the average semi-private room rate; and
 - b. Daily room and board and nursing services in Intensive Care Unit; and
 - c. Use of operating, treatment or recovery room; and
 - d. Services and supplies which are routinely provided by the Hospital to persons for use while Inpatients; and
 - e. Emergency treatment of an Injury, even if Hospital confinement is not required; and
 - f. Emergency treatment of an Illness; however, charges for use of the emergency room itself will not be covered unless the Member is directly admitted to the Hospital as Inpatient for further treatment of that Illness; and
 - 2. For Surgery at an Outpatient surgical facility, including services and supplies.

3. Charges made by a Physician for professional services, including Surgery. Charges for an assistant surgeon are covered up to 20% of the Usual, Reasonable and Customary charge of the primary surgeon, but standby availability will not be deemed to be a professional service.
4. For dressings, sutures, casts or other supplies which are Medically Necessary.
5. For diagnostic testing using radiology, ultrasonographic or laboratory services (psychometric, behavioral and educational testing are not included).
6. For artificial limbs, eyes or larynx, breast prosthesis or basic functional artificial limbs, but not the replacement or repair thereof.
7. For reconstructive Surgery when the Surgery is directly related to Surgery which is covered hereunder.
8. For radiation therapy or treatment and chemotherapy.
9. For hemodialysis and the charges by the Hospital for processing and administration of blood or blood components but not the cost of the actual blood or blood components.
10. For oxygen and other gasses and their administration.
11. For anesthetics and their administration by a Physician.
12. For drugs which require prescription by a Physician for treatment of Injury or Illness, but not for the replacement of lost, stolen, damaged, expired or otherwise compromised drugs, and for a maximum supply of 60 days per prescription; and
13. For care in a licensed Extended Care Facility upon direct transfer from an acute care Hospital.
14. Home Nursing Care in bed by a qualified licensed professional, provided by a Home Health Care Agency upon direct transfer from an acute care Hospital.
15. Emergency Local Ambulance transport necessarily incurred in connection with Injury or Illness resulting in Hospitalization.
16. Emergency Dental Treatment and Dental Surgery necessary to restore or replace sound natural teeth lost or damaged in an Accident which was covered under this insurance.
17. Emergency Dental Treatment necessary to resolve acute onset of pain.
18. Medically Necessary rental of Durable Medical Equipment (consisting of a standard basic hospital bed and or a standard basic wheelchair) up to the purchase prices.
19. Physical Therapy must be referred by a Physician for treatment of an Injury or Illness covered hereunder (maximum number of visits based on Medical Necessity).

B. ELIGIBLE EXPENSES – EMERGENCY MEDICAL EVACUATION

Subject to the Deductible, Coinsurance and Limits set forth in ARTICLE 6 – SCHEDULE OF BENEFITS AND LIMITS, and subject to the Conditions and Restrictions contained in this provision, Underwriters will pay the following expenses arising out of Emergency Medical Evacuation incurred while this insurance is in effect:

1. Emergency air transportation to a suitable airport nearest to the Hospital where the Member will receive treatment; and

2. Emergency ground transportation necessarily preceding Emergency air transportation; and from the destination airport to the Hospital where the Member will receive treatment.

Conditions and Restrictions:

1. The Member must be in compliance with all conditions and provisions of the insurance; and
2. Underwriters will provide Emergency Medical Evacuation benefits only when the condition giving rise to the Emergency Medical Evacuation is covered under this Insurance; and
3. Underwriters will provide Emergency Medical Evacuation Benefits only when all of the following conditions are met:
 - a. Medically Necessary treatment, services and supplies cannot be provided locally; and
 - b. Transportation by any other method would result in loss of Member's life or limb; and
 - c. Recommended by the attending Physician who certifies to the above; and
 - d. Agreed upon by the Member or a Relative of the Member; and
 - e. Approved in advance and coordinated by Underwriters; and
 - f. The condition giving rise to the Emergency Medical Evacuation occurred spontaneously and without advance warning, either in the form of Physician recommendation or symptoms which would have caused a prudent person to seek medical attention prior to the onset of the Emergency.
4. Underwriters will provide Emergency Medical Evacuation only to the nearest Hospital that is qualified to provide the Medically Necessary treatment, services and supplies to prevent the Member's loss of life.
5. Underwriters will use their best efforts to arrange any Emergency Medical Evacuation within the least amount of time possible. The Member understands that the timeliness of Emergency Medical Evacuation can be affected by circumstances which are not within the control of Underwriters such as: availability of transportation equipment and staff, delays or restrictions on flights caused by mechanical problems, government officials, telecommunications problems, weather and other acts of God. The Member agrees to hold Underwriters harmless and Underwriters shall not be held liable for any delays that are not within their direct and immediate control.

C. RETURN OF MINOR CHILD(REN)

Subject to the Deductible, Coinsurance and Limits set forth in ARTICLE 6 – SCHEDULE OF BENEFITS AND LIMITS, and subject to the Conditions and Restrictions contained in this provision, Underwriters will pay the following expenses: If you are the only person age 18 or older, traveling with one or more Minor Children under the age of 18 who are also covered by The Atlas Series, and you are Hospitalized for treatment of a covered Illness or Injury, resulting in the child(ren) being left unattended for a period of time expected to exceed 36 hours, The Atlas Series will provide the following benefit:

The cost of a one way economy air and/or ground transportation ticket for each covered Minor Child to the terminal serving the area of the Principle Residence of each Minor Child.

Conditions and Restrictions:

1. The Member age 18 or above must be in compliance with all conditions and provisions of the insurance; and
2. The Return of Minor Child(ren) must be agreed upon by the Member age 18 or above and/or by an authorized adult Relative of the affected, covered Minor Child(ren); and
3. The Return of Minor Child(ren) must be approved, in advance & coordinated by Underwriters; and
4. Underwriters will use their best efforts to arrange any Return of Minor Child(ren) within the least amount of time possible. The Member understands that the timeliness of Return of Minor Child(ren) can be affected by circumstances which are not within the control of Underwriters such as: availability of transportation equipment and staff, delays or restrictions on flights caused by mechanical problems, government officials, telecommunications problems, weather and other acts of God. The Member agrees to hold Underwriters harmless and Underwriters shall not be held liable for any delays that are not within their direct and immediate control.

D. ELIGIBLE EXPENSES – REPATRIATION OF REMAINS

Subject to the Deductible, Coinsurance and Limits set forth in ARTICLE 6 – SCHEDULE OF BENEFITS AND LIMITS, and subject to the Conditions and Restrictions contained in this provision, Underwriters will pay the following expenses Repatriation of Remains expenses arising from the death of a Member:

1. Air or ground transportation of bodily remains or ashes to the airport or ground transportation terminal nearest to the Principal Residence of the deceased Member; and
2. Reasonable costs of preparation of the remains necessary for transportation.

Conditions and Restrictions:

1. The Member must be in compliance with all conditions and provisions of this insurance; and
2. Repatriation of Remains must be approved in advance and coordinated by Underwriters; and
3. Underwriters will provide Repatriation of Remains benefits only when the death of the Member occurs as a result of an Injury or Illness that is covered under this insurance; and
4. Underwriters will provide Repatriation of Remains Benefits only when the Death of the Member occurs while this insurance is in effect; and
5. Underwriters will use their best efforts to arrange any Repatriation of Remains within the least amount of time possible. The Member understands that the timeliness of Repatriation can be affected by circumstances which are not within the control of Underwriters such as: availability of transportation equipment and staff, delays or restrictions on flights caused by mechanical problems, government

officials, telecommunications problems, weather and other acts of God. The Member, and his/her heirs, agree to hold Underwriters harmless and Underwriters shall not be held liable for any delays which are not within their direct and immediate control. Further, Underwriters are held harmless and shall not be held liable for loss of or any damage or other impairment to bodily remains incurred during the Repatriation process or otherwise.

E. EMERGENCY REUNION – ELIGIBLE EXPENSES

Subject to the Deductible, Coinsurance and Limits set forth in ARTICLE 6 – SCHEDULE OF BENEFITS AND LIMITS, and subject to the Conditions and Restrictions contained in this provision, Underwriters will pay the following Emergency Reunion expenses, following an Emergency Medical Evacuation under this insurance:

1. The cost of an economy round trip air or ground transportation ticket for one Relative of the Member for transportation to the terminal serving the area where the Member is Hospitalized or is to be Hospitalized following Emergency Medical Evacuation; and
2. Reasonable expenses for lodging and meals for the Relative, which are incurred in the area where the Member is Hospitalized for a period not to exceed 10 days.

Conditions and Restrictions:

1. The Member must be in compliance with all conditions and provisions of this insurance; and
2. Emergency Reunion must be approved in advance and coordinated by Underwriters; and
3. Underwriters will provide Emergency Reunion Benefits only following an Emergency Medical Evacuation of a Member that is covered hereunder.

F. ELIGIBLE EXPENSES – TRIP INTERRUPTION

Subject to the Deductible, Coinsurance and Limits set forth in ARTICLE 6 – SCHEDULE OF BENEFITS AND LIMITS, and subject to the Conditions and Restrictions contained in this provision, Underwriters will pay the following Trip Interruption expenses:

1. The cost of an economy one way air or ground transportation ticket for the Member to the terminal serving the area of the Member's Principal Residence, subject to the following Conditions and Restrictions:

Conditions and Restrictions:

- a. The Member must be in compliance with all conditions and provisions of this insurance; and
- b. Trip Interruption must be approved in advance and coordinated by Underwriters; and
- c. Underwriters will provide Trip Interruption benefits only following receipt of proof of one or more of the following events: Destruction, after departure from Home Country, resulting from fire or weather of more than 40% of the Member's Principal Residence, or death of a parent, spouse, sibling or child.

2. The cost of an economy one way air and/or ground transportation ticket for you from the area where you were hospitalized following an Emergency Evacuation to the area where you were initially evacuated from or to the terminal serving the area of your Principal Residence, subject to the following Conditions and Restrictions:

Conditions and Restrictions:

- a. The Member must be in compliance with all conditions and provisions of this insurance; and
- b. Trip Interruption must be approved in advance and coordinated by Underwriters; and
- c. Underwriters will provide Trip Interruption benefits only following a covered Emergency Evacuation when the attending Physician states that it is Medically Necessary for you to return to your Home Country or to the area from which you were initially evacuated for continued treatment, recuperation and recovery.

G. ELIGIBLE EXPENSES – LOST CHECKED LUGGAGE

Subject to the Limit set forth in ARTICLE 6 – SCHEDULE OF BENEFITS AND LIMITS, and subject to the Conditions and Restrictions contained in this provision, Underwriters will pay the following Lost Checked Luggage expenses:

1. Replacement of clothes and personal hygiene items, not to exceed \$50 any one item.

Conditions and Restrictions:

- a. The Member must be in compliance with all conditions and provisions of this insurance; and
- b. The Lost Checked Luggage must have been checked, in accordance with routine luggage checking procedures, for transportation with the Member, on board a regularly scheduled commercial airline or cruiseline, upon which the Member was a fare paying passenger; and
- c. The Member must file a formal claim for lost luggage with the transportation provider, and follow all instructions and take all measures as directed by the transportation provider to locate and retrieve the Lost Checked Luggage; and
- d. The Member must provide Underwriters with copies of all documentation of the claim filed with the transportation provider, and a written statement from the transportation provider confirming that the luggage was checked and after careful search, the luggage remains missing; and
- e. The Lost Checked Luggage must be lost as of the date of payment by Underwriters and as of that date, must have been lost for at least 10 days.

H. ACCIDENTAL DEATH AND DISMEMBERMENT

Subject to the Limit set forth in ARTICLE 6 – SCHEDULE OF BENEFITS AND LIMITS, and subject to the Conditions and Restrictions contained in this provision, Underwriters will pay the following Accidental Death and Dismemberment benefit:

1. Accidental Death – Underwriters shall pay the Principal Sum of \$25,000 to the Beneficiary designated on the Member’s Application. The Principal Sum shall reduce by 50% (to \$12,500) for Members age 70 to 74 at time of death, and an additional 50% (to \$6,250) for Members age 75 and older at time of death.
2. Accidental Dismemberment –
 - a. Loss of 2 or more Limbs or eyes – Underwriters shall pay the Principal Sum of \$25,000 to the Member.
 - b. Loss of 1 Limb or eye – Underwriters shall pay one-half of the Principal Sum (\$12,500) to the Member.
 - c. The Principal Sum(s) shall reduce by 50% for Members age 70 to 74 at Time of death or dismemberment, and an additional 50% for Members age 75 or older at time of death or dismemberment.

Conditions and Restrictions:

- i. The Member must be in compliance with all conditions and provisions of this insurance; and
- ii. The Accident giving rise to the Accidental Death or Dismemberment must be covered under this insurance; and
- iii. The Accident giving rise to the Accidental Death must not be a Common Carrier Accident.

I. COMMON CARRIER ACCIDENTAL DEATH BENEFIT

Subject to the Limit set forth in ARTICLE 6 – SCHEDULE OF BENEFITS AND LIMITS, and subject to the Conditions and Restrictions contained in this provision, Underwriters will pay the following Common Carrier Accidental Death benefit:

1. Underwriters shall pay the Principal Sum of \$50,000 to the Beneficiary designated on the Member’s Application.

Conditions and Restrictions:

- i. The Member must be in compliance with all conditions and provisions of this insurance; and
- ii. The Accident giving rise to the Death must occur while the Member is a fare paying passenger on a regularly scheduled trip on board a commercial airline or cruiseline.

ARTICLE 9 – EXCLUSIONS

War, Terrorism, Biological, Chemical, Radioactive, Nuclear: Notwithstanding any provision to the contrary within this insurance or any endorsement or rider attached hereto, it is agreed that this insurance excludes loss, damage, cost or expense of whatsoever nature directly or indirectly caused by, resulting from or in connection with any of the following regardless of any other cause or event contributing concurrently or in any other sequence to the loss, damage, cost or expense:

- A. war, invasion, acts of foreign enemies, hostilities or warlike operations (whether war be declared or not), civil war, rebellion, revolution, insurrection, civil commotion assuming the proportions of or amounting to an uprising, military or usurped power; or
- B. any act of terrorism. For the purpose of this insurance, an “act of terrorism” means an act, including but not limited to the use of force or violence and/or the threat thereof, of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organization(s) or government(s) committed for political, religious, ideological or similar purposes including the intention to influence any government and/or to put the public, or any section of the public, in fear; or
- C. the use of any biological, chemical, radioactive or nuclear agent, material, device or weapon. However, this exclusion (C) shall not apply where the Member is exposed to nuclear radioactive and/or radioactive material for the purpose of medical treatment.

This insurance also excludes loss, damage, cost or expense of whatsoever nature directly or indirectly caused by, resulting from or in connection with any action taken in controlling, preventing, suppressing or in any way relating to (A), (B) or (C) above.

If Underwriters allege that by reason of this exclusion, any loss, damage, cost or expense is not covered by this insurance, the burden of proving the contrary shall be upon the Member.

In the event any portion of this exclusion is found to be invalid or unenforceable, the remainder shall remain in full force and effect.

Charges for the following treatments and/or services and/or supplies and/or conditions are excluded from coverage hereunder:

1. Pre-existing Conditions – Charges resulting directly or indirectly from any Pre-existing Condition, as herein defined, are excluded from this insurance under Atlas America; charges resulting directly or indirectly from an Acute Onset of Pre-existing Condition, as herein defined, are covered under Atlas Extra or Atlas International, subject to the limits set forth in the Schedule of Benefits and Limits.
2. Charges related directly or indirectly to Pregnancy, including pre-mature labor or any complication of Pregnancy.
3. Charges incurred by or for any child under the age of 14 days.
4. Charges for treatment of Mental Health Disorders, as defined herein.
5. Charges which are not incurred by a Member during his/her Certificate Period.
6. Charges for any benefit hereunder which are not presented to Underwriters for payment within 60 days beginning on the last day of the Certificate Period.
7. Treatment, services or supplies which are not administered or ordered by a Physician.
8. Treatment, services or supplies which are not Medically Necessary.
9. Treatment, services or supplies provided at no cost to the Member.
10. Charges which exceed Usual, Reasonable and Customary.
11. Telephone consultations or failure to keep a scheduled appointment.

12. Surgeries, treatments, services or supplies which are Investigational, Experimental or for Research purposes.
13. While confined primarily to receive Custodial Care, Educational or Rehabilitative Care.
14. Weight modification or surgical treatment of obesity, including wiring of the teeth and all forms of intestinal bypass Surgery.
15. Modifications of the physical body in order to improve the psychological, mental or emotional well-being of the Member such as sex-change Surgery.
16. Surgeries, treatments, services or supplies for cosmetic or aesthetic reasons, except for reconstructive Surgery when such Surgery is directly related to and follows a Surgery which was covered hereunder.
17. Treatment of Members who are HIV+, have AIDS or ARC.
18. Any drug, treatment or procedure that either promotes or prevents conception including but not limited to: artificial insemination, treatment for infertility or impotency, sterilization or reversal of sterilization.
19. Any drug, treatment or procedure that either promotes, enhances or corrects impotency or sexual dysfunction.
20. **Abortions.**
21. Dental Treatment, except for Emergency Dental Treatment necessary to replace sound natural teeth lost or damaged in an Accident covered hereunder or for the Emergency relief of pain.
22. Eyeglasses, contact lenses, hearing aids, hearing implants, eye refraction, visual therapy, or for any examination or fitting related to these devices.
23. Eye surgery, such as radial keratotomy, when the primary purpose is to correct nearsightedness, farsightedness or astigmatism.
24. Treatment of the temporomandibular joint.
25. Injury sustained while taking part in the following activities:
 - a. Amateur Athletics or professional sports or athletic activities, except this does not include Amateur sports or athletic activities which are non-contact and engaged in by the Member solely for leisure, recreational, entertainment or fitness purposes unless such sports or activities are otherwise excluded by this provision; and
 - b. mountaineering where ropes or guides are normally used **or at elevations of 4,500 meters or higher**; and
 - c. aviation (except when traveling solely as a passenger in a commercial aircraft); and
 - d. hang gliding, sky diving, parachuting or bungee jumping; and
 - e. snow skiing or snowboarding, except for recreational downhill and/or cross country snow skiing or snowboarding (no cover provided whilst skiing away from prepared and marked in-bound territories and/or against the advice of the local ski school or local authoritative body); and
 - f. racing by any animal or motorized vehicle; and
 - g. spelunking; and
 - h. subaqua pursuits involving underwater breathing apparatus **unless PADI/NAUI certified, accompanied by a certified instructor, and at depths of less than 10 meters**; and

- i. jet skiing; and
 - j. any other sport or athletic activity which is undertaken for thrill seeking and exposes the Member to abnormal or extraordinary risk of Injury.
26. Injury sustained while under the influence of or due wholly or partly to the effects of intoxicating liquor or drugs other than drugs taken in accordance with treatment prescribed and directed by a Physician but not for the treatment of Substance Abuse.
 27. Willfully self-inflicted Injury or Illness.
 28. Venereal disease.
 29. Immunizations and Routine Physical Exams.
 30. Treatment by a chiropractor.
 31. Charges resulting from or occurring during the commission of a violation of law by the Member, including without limitation, the engaging in an illegal occupation or act, but excluding minor traffic violations.
 32. Treatment of Substance Abuse.
 33. Speech, vocational, occupational, biofeedback, acupuncture, recreational, sleep or music therapy.
 34. Any services or supplies performed or provided by a Relative of the Member or any family member of the Member or any person who ordinarily resides with the Member.
 35. Orthoptics and visual eye training.
 36. Services or supplies which are not included as Eligible Expenses as described herein.
 37. The following care, treatment or supplies for the feet: orthopedic shoes, orthopedic prescription devices to be attached to or placed in shoes, treatment of weak, strained, flat, unstable or unbalanced feet, metatarsalgia or bunions, and treatment of corns, calluses or toenails.
 38. Care and treatment for hair loss including wigs, hair transplants or any drug that promises hair growth, whether or not prescribed by a Physician.
 39. Treatment of sleep disorders.
 40. Exercise programs, whether or not prescribed or recommended by a Physician.
 41. Treatment required as a result of complications or consequences of a treatment or condition not covered hereunder.
 42. Charges for travel or accommodations, except as provided for in the Local Ambulance, Emergency Medical Evacuation, Repatriation of Remains, Emergency Reunion and Emergency Return sections of this insurance.
 43. Treatment incurred as a result of exposure to non-medical nuclear radiation and/or radioactive material(s).
 44. Organ or Tissue Transplants or related services.
 45. Treatment for acne, other acne, moles, skin tags, diseases of sebaceous glands, seborrhea, sebaceous cyst, unspecified disease of sebaceous glands, hypertrophic and atrophic conditions of skin, nevus.

ARTICLE 10 – DEFINITIONS

Accident: A sudden and unexpected occurrence resulting in Injury of the Member.

Accidental Death: A sudden and unexpected occurrence resulting in Injury of the Member and subsequently death of the Member.

Accidental Dismemberment: A sudden and unexpected occurrence resulting in complete severance from the body of one or more Limbs or eyes. For purposes of the Accidental Death and Dismemberment benefit provided by this insurance, the term “Limb” shall mean: the arm when the severance is at or above (toward the elbow) the wrist, or the leg when the severance is at or above (toward the knee) the ankle.

Acute Onset of Pre-existing Condition: A sudden and unexpected outbreak or recurrence of a Pre-existing Condition, which occurs spontaneously and without advance warning, either in the form of Physician recommendation or symptoms which would have caused a prudent person to seek medical attention prior to the outbreak or recurrence.

Treatment must be obtained within 24 hours of the sudden and unexpected outbreak or recurrence.

Acute Onset of Pain (Emergency Dental): A sudden and unexpected occurrence of pain which occurs spontaneously and without advance warning, either in the form of Physician or Dentist recommendation or symptoms, including pain, which would have caused a prudent person to seek medical or dental attention prior to the onset of pain.

AIDS: Acquired Immune Deficiency Syndrome as that term is defined by the United States Centers of Disease Control.

ARC: AIDS Related Complex as that term is defined by the United States Centers of Disease Control.

Amateur Athletics: A sport or other athletic activity that is organized and/or sanctioned, involving regular or scheduled practices and/or regular or scheduled games. This definition does not include athletic activities that are non-contact and engaged in by a Member solely for recreational, entertainment or fitness purposes.

Application: The fully answered and signed Application which is attached to this Master Policy and the fully answered and signed Application which is attached to the Certificate issued to the Member.

Assured: The Atlas/International Citizen Group Insurance Trust, Indianapolis, Indiana.

Beneficiary: The individual named in the Member’s Application to be the recipient of any Accidental Death or Common Carrier Accidental Death benefit.

Certificate: The document issued to the Member which provides evidence of benefits payable under this Master Policy, and which includes the Member’s Application.

Certificate Period: The period of time beginning on the Certificate Effective Date and ending on the Certificate Termination Date, both days at 12:01am at the location of the Member.

Coinsurance: The payment by the Member of Eligible Expenses at the percentage specified in the Schedule of Benefits and Limits.

Custodial Care: That type of care or service, wherever furnished and by whatever name called, that is designed primarily to assist a Member.

Declaration: The Declaration is attached to and forms a part of this Master Policy.

Deductible: The dollar amount of Eligible Expenses, specified in the Schedule of Benefits and Limits, that the Member must pay per Certificate Period.

Dental Treatment: The care of teeth, gums or bones supporting the teeth, including dentures and preparation for dentures.

Durable Medical Equipment: A standard basic hospital bed and/or a standard basic wheelchair.

Educational or Rehabilitative Care: Care for restoration (by education or training) of one's ability to function in a normal or near normal manner following an Illness or Injury. This type of care includes, but is not limited to, vocational or occupational therapy and speech therapy.

Emergency: A medical condition manifesting itself by acute signs or symptoms which could reasonably result in placing the Member's life or limb in danger if medical attention is not provided within 24 hours.

Extended Care Facility: An institution, or a distinct part of an institution, which is licensed as a Hospital, Extended Care Facility or rehabilitation facility by the state in which it operates; and is regularly engaged in providing 24 hour skilled nursing care under the regular supervision of a Physician and the direct supervision of a Registered Nurse; and maintains a daily record on each patient; and provides each patient with a planned program of observation prescribed by a Physician; and provides each patient with active treatment of an Illness or Injury. Extended Care Facility does not include a facility primarily for rest, the aged, Substance Abuse treatment, Custodial Care, nursing care or for care of Mental Health Disorders or the mentally incompetent.

HIV+: Laboratory evidence defined by the United States Centers for Disease Control as being positive for Human Immunodeficiency Virus infection.

Home Country: For US Citizens, Home Country is the United States of America, regardless of the location of the Member's Principal Residence. For non-US Citizens, Home Country is the country where the Member principally resides and receives regular mail.

Host Country: For US Citizens, Host Country is any country except the United States of America, that the Member is visiting temporarily for work or pleasure. For non-US Citizens, Host Country is the country or countries that the Member is visiting temporarily for work or pleasure.

Home Health Care Agency: A public or private agency or one of its subdivisions, which operates pursuant to law and is regularly engaged in providing Home Nursing Care under the supervision of a Registered Nurse, and maintains a daily record on each patient, and provides each patient with a planned program of observation and treatment by a Physician.

Home Nursing Care: Services provided by a Home Health Care Agency and supervised by a Registered Nurse, which are directed toward the personal care of a patient, provided always that such care is provided in lieu of Medically Necessary Inpatient care in a Hospital.

Hospital: An institution which operates as a hospital pursuant to law, and is licensed by the State or Country in which it operates; and operates primarily for the reception, care and treatment of sick or injured persons as Inpatients; and provides 24-hour nursing service by Registered Nurses on duty or call; and has a staff of one or more Physicians available at all times; and provides organized facilities and equipment for diagnosis and treatment of acute medical conditions on its premises; and is not primarily a long-term care facility, Extended Care Facility, nursing, rest, Custodial Care or convalescent home, a place for the aged, drug addicts, alcoholics or runaways; or similar establishment.

Illness: A sickness or disease. Illness does not include learning disabilities, attitudinal disorders or disciplinary problems.

Incurred: A charge is incurred on the date the service is provided or supply is purchased.

Injury: Bodily Injury resulting from an Accident.

Inpatient: A person who is an overnight resident patient of a Hospital, using and being charged for room and board.

Intensive Care Unit: A Cardiac Care Unit of other unit or area of a Hospital that meets the required standards of the Joint Commission on Accreditation of Hospitals for Special Care Units.

Investigational, Experimental or for Research Purposes: Terms used to describe procedures, services or supplies that are by nature or composition, or are used or applied, in a way which deviates from generally accepted standards of current medical practice.

Medically Necessary: A service or supply which is necessary and appropriate for the diagnosis or treatment of an Illness or Injury based on generally accepted current medical practice as determined by Underwriters. A service or supply will not be considered Medically Necessary if it is provided only as a convenience to the Member or provider, and/or is not appropriate for the Member's diagnosis or symptoms, and/or exceeds in scope, duration or intensity that level of care which is needed to provide safe, adequate and appropriate diagnosis or treatment of an Illness or Injury.

Member: An individual who is covered under this insurance.

Mental Health Disorder: A mental or emotional disease or disorder which generally denotes a disease of the brain with predominant behavioral symptoms; or a disease of the mind or personality, evidenced by abnormal behavior; or a disorder of conduct evidenced by socially deviant behavior. Mental Health Disorders include: psychosis, depression, schizophrenia, bipolar affective disorder, and those psychiatric illnesses listed in the current edition of the diagnostic and Statistical Manual for Mental Disorders of the American Psychiatric Association.

Outpatient: A Member who receives Medically Necessary treatment by a Physician for Injury or Illness that does not require overnight stay in a Hospital.

Physician: A duly licensed practitioner of the medical arts. A Physician must be currently licensed by the state in which the services are provided, and the services must be within the scope of that license.

Plan Administrator: MultiNational Underwriters, Inc., 4555 North Meridian Street, Indianapolis, Indiana 46208, Telephone (317)931-9548, Fax (317)925-4534.

Pre-existing Condition: Any Injury, physical defect, infirmity, medical condition or chronic or recurring Illness which existed at or during the 5 years immediately preceding the Certificate Effective Date. Pre-existing Condition also includes any complications or consequences associated with these conditions.

Pregnancy: The physical condition of being pregnant.

Registered Nurse: A graduate nurse who has been registered or licensed to practice by a State Board of Nurse Examiners or other state authority, and who is legally entitled to place the letters "R.N" after his or her name.

Relative: Biological or step parent, current spouse, biological or stepsiblings.

Routine Physical Exam: Examination of the physical body by a Physician for preventative or informative purposes only, and not for the diagnosis or treatment of any condition.

Substance Abuse: Alcohol, drug or chemical abuse, overuse or dependency.

Surgery or Surgical Procedure: An invasive diagnostic procedure; or the treatment of Illness or Injury by manual or instrumental operations performed by a Physician while the patient is under general or local anesthesia.

US: The United States of America including all states, districts, territories and possessions.

Usual, Reasonable and Customary: The most common charge for similar services, medicines or supplies within the area in which the charge is incurred, so long as those charges are Reasonable. What is defined as Usual, Reasonable and Customary Charges will be determined by Underwriters. In determining whether a charge is Usual, Reasonable and Customary, Underwriters may consider one or more of the following factors: the level of skill, extent of training, and experience required to perform the procedure or service; the length of time required to perform the procedure or services as compared to the length of time required to perform other similar services; the severity or nature of the Illness or Injury being treated; the amount charged for the same or comparable services, medicines or supplies in the locality; the amount charged for the same or comparable services, medicines or supplies in other parts of the country; the cost to the provider of providing the service, medicine or supply; such other factors as Underwriters, in the reasonable exercise of discretion, determine are appropriate.

ARTICLE 11 – HOW TO FILE A CLAIM

Notice of Claim, Claim Forms and Proof of Claim must be mailed to:
MultiNational Underwriters, Inc.
107 South Pennsylvania Street, 4th Floor
Indianapolis, Indiana 46204

Hazardous Sports Rider

Attaching to and forming part of Master Policy #021920/980001

Assured: The Atlas/International Citizen Group Insurance Trust

In consideration of additional Premium specified in Exhibit 1 attached hereto, ARTICLE 9 – EXCLUSIONS, #25. is deleted in it's entirety, and replaced with the following:

25. Injury sustained while taking part in Professional sports or athletic activities; and

For purposes of this Exclusion, the term “Professional” means an activity undertaken for wage or profit.

The Maximum Limit for claims under this Rider shall be **\$25,000** per Certificate Period.

The Accidental Death & Dismemberment benefit shall be deleted with respect to Accidents occurring while the Member is participating in any sport or athletic activity.

All other terms, clauses and conditions remain unchanged.