



**EVIDENCE OF INSURANCE  
THE BEACON SERIES**

This Evidence of Insurance is issued by the Master Policy on behalf of the Master Policyholder, as so authorized by Certain Underwriting Members at Lloyd's who have hereunto subscribed their Names ("The Underwriters") to this Evidence of Insurance and the Master Policy; the **Beacon/Axis Series Group Insurance Trust (Anguilla)**. As such certain Underwriters at Lloyd's authorize Azimuth Risk Solutions, LLC. as the ("Scheme Administrator") of the Master Policy and all Evidence(s) of Insurance issued by the Master Policy.

**THIS DOCUMENT (EVIDENCE OF INSURANCE) IS ISSUED AS NOTICE OF INSURANCE FOR INFORMATION ONLY. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A LEGAL CONTRACT OF INSURANCE. THE CONTRACT IS THE MASTER POLICY (HELD BY THE MASTER POLICYHOLDER), THE APPLICATION, AND ANY APPLICABLE RIDER(S). THIS EVIDENCE OF INSURANCE IS FURNISHED IN ACCORDANCE WITH, AND IN ALL RESPECTS IS SUBJECT TO, THE TERMS AND CONDITIONS OF THE MASTER POLICY. THIS EVIDENCE OF INSURANCE REPLACES ANY OTHER EVIDENCE OF INSURANCE PREVIOUSLY ISSUED COVERING THE INSURANCE DESCRIBED HEREIN. PLEASE REFER TO YOUR APPLICATION FOR DETAILS ON THE SELECTED COVERAGE AMOUNTS AND DEDUCTIBLES.**

This insurance is provided under the Master Policy and is in accordance with the Terms and Conditions of the Master Policy. The Master Policy is available upon request at any time by contacting the Scheme Administrator at [service@azimuthrisk.com](mailto:service@azimuthrisk.com) or by calling us at (317)644-6291 (we accept collect calls) or (888)201-8850.

1. Master Policy Number: **A92355005**
2. Name of Master Policyholder: **Beacon/Axis Series Group Insurance Trust (Anguilla)**.
3. Participating Member: All participants enrolled in the **Beacon/Axis Series Group Insurance Trust (Anguilla)**; under the **Beacon Series Travel Medical Insurance Plan**.
4. Scheme Administrator: Azimuth Risk Solutions, LLC. 55 Monument Circle, #1128, Indianapolis, Indiana 46204, United States of America.
5. Coverage Period: The coverage period will be that in which is shown on the Declaration Page issued at the time of approval.
6. Cancellation: All cancellation requests must be submitted in writing to the Scheme Administrator. To be eligible for a full refund, the request must be received prior to the requested effective date of coverage. Cancellation requests received after the requested effective date will be subject to the following:
  - a. A \$25.00 cancellation fee; and
  - b. Only the unused portion of the premium cost will be refunded; and
  - c. No claims to be eligible for premium refund.
7. Filing a Claim: Notice of Claim should be submitted to: Korak Healthsource, Inc. c/o Azimuth Risk Solutions, LLC. P.O. Box 206, Forest Hill, MD 21050. The following items must be submitted to be considered a complete Proof of Claim eligible for consideration of payment:
  - a. A duly completed and signed Claim Form; and
  - b. All original itemized bills from all Physicians, Hospitals and other healthcare or medical service providers involved with respect to the claim; and
  - c. All original receipts for any expenses that have been incurred or paid by or on behalf of the Participating Member(s) with respect to the claim(s).

The Participating Member shall have ninety (90) days from the date the claim is incurred to submit a complete Proof of Claim to the Scheme Administrator. The Scheme Administrator may deny coverage for any Proof of Claim submitted thereafter or for incomplete Proofs of Claims. All Claim decisions made by the Scheme Administrator or on behalf of the Scheme Administrator are with the express consent of the Underwriters.

**Schedule of Benefits/Limits:**

Subject to the Terms of this insurance, including without limitation the Deductible and Coinsurance (unless otherwise expressly set forth to the contrary), and various limits and sub-limits set forth below, the Scheme Administrator promises to provide the Participating Member the following benefits and coverage arising out of Injury or Illness incurred while this Evidence of Insurance is in effect:

<b>The Beacon Series Schedule of Benefits</b>		
<b>Benefits</b>	<b>Worldwide-Including U.S. &amp; Canada</b>	<b>Worldwide- Excluding U.S. &amp; Canada</b>
<b>Maximum Limits</b>	\$50,000; \$100,000; \$500,000; \$1,000,000, (ages 70-79 limited to \$50,000 maximum; ages 80+ limited to \$12,000)	\$50,000; \$100,000; \$500,000; \$1,000,000; \$2,000,000 (ages 70-79 limited to \$50,000 maximum; ages 80+ limited to \$12,000)
<b>Deductibles</b>	\$0; \$100; \$250; \$500; \$1,000; or \$2,500 per Coverage Period	\$0; \$100; \$250; \$500; \$1,000; or \$2,500 per Coverage Period
<b>Benefit Period</b>	6 months	6 months
<b>Coinsurance (Subject to the Deductible)</b>	The plan pays 80% of next \$5,000 of Eligible Expenses, then 100% to the Overall Maximum Limit. (The Coinsurance is waived if incurred in the US and within the PPO).	The Plan pays 100% of Eligible Expenses.
<b>Pre-Certification Penalty</b>	50%	50%
<b>Hospital Indemnity</b>	\$150 per night; Inpatient Hospitalization (Outside the US and Canada)	\$150 per night; Inpatient Hospitalization (Outside the US and Canada)
<b>Hospital Room and Board</b>	Average Semi-private room rate.	Average Private room rate. US citizens only.
<b>Intensive Care Unit</b>	Usual, Reasonable, and Customary to selected Policy Maximum Limit.	Usual, Reasonable, and Customary to selected Policy Maximum Limit.
<b>Local Ambulance</b>	Usual, Reasonable, and Customary charges, when covered illness or injury results in Hospitalization as Inpatient.	Usual, Reasonable, and Customary charges, when covered illness or injury results in Hospitalization as Inpatient.
<b>Physical Therapy</b>	\$60 Maximum Limit per visit. Maximum 15 visits.	\$60 Maximum Limit per visit. Maximum 15 visits.
<b>Sudden Onset of Pre-existing Condition</b>	\$20,000 Maximum Limit for Eligible Medical Expenses. Including Emergency Medical Evacuation (US citizens only). \$1,000 Maximum Limit for Eligible Medical Expenses (all others).	\$20,000 Maximum Limit for Eligible Medical Expenses. Including Emergency Medical Evacuation (US citizens only). \$1,000 Maximum Limit for Eligible Medical Expenses (all others).
<b>All Other Medical Expenses</b>	Usual, Reasonable and Customary charges.	Usual, Reasonable and Customary charges.
<b>Dental (Injury as result of Accident) Only available for Policies purchased for 90 days or more.</b>	\$250 Maximum Limit per Coverage Period.	\$250 Maximum Limit per Coverage Period.
<b>Emergency Medical Evacuation</b>	\$30,000 Maximum Limit	\$30,000 Maximum Limit
<b>Emergency Reunion</b>	\$15,000 Limit per Coverage Period	\$15,000 Limit per Coverage Period
<b>Return of Mortal Remains</b>	\$30,000 Limit per Coverage Period	\$30,000 Limit per Coverage Period
<b>Return of Minor Children</b>	\$5,000 Limit per Coverage Period	\$5,000 Limit per Coverage Period
<b>Quick Trip Home Country Coverage</b>	14 days cumulative Home Country Coverage (as defined in Policy). Subject to a Minimum 3 month purchase.	14 days cumulative Home Country Coverage (as defined in Policy). Subject to a Minimum 3 month purchase.
<b>Home Country Coverage (End of Trip)</b>	Free 15 days with a 6 month purchase, or Free 30 days with a 12 month purchase per Coverage Period.	Free 15 days with a 6 month purchase, or Free 30 days with a 12 month purchase per Coverage Period.
<b>Lost Checked Luggage</b>	\$250 per Coverage Period (not subject to Deductible or Coinsurance). As defined in the Policy.	\$250 per Coverage Period (not subject to Deductible or Coinsurance). As defined in the Policy.
<b>Accidental Death and Dismemberment (AD&amp;D)</b>	\$30,000 for Insured or Insured spouse and \$6,000 for Dependent Child(ren)	\$30,000 for Insured or Insured spouse and \$6,000 for Dependent Child(ren)
<b>Common Carrier Accidental Death and Dismemberment</b>	\$50,000 per Member (age 18 and over) \$30,000 per Member (under age 18)	\$50,000 per Member (age 18 and over) \$30,000 per Member (under age 18)
<b>Terrorism</b>	\$50,000 Maximum Limit, Medical expenses only.	\$50,000 Maximum Limit, Medical expenses only.
<b>Trip Delay/Missed Connection</b>	Maximum Limit of \$100 a day after a minimum of 12 hour delay period. As defined in the Policy.	Maximum Limit of \$100 a day after a minimum of 12 hour delay period. As defined in the Policy.

With regard to the foregoing Schedule of Benefits/Limits, the references to "continuous coverage" mean continuous unbroken coverage under the Beacon/Axis Series Group Insurance Trust (Anguilla). The applicable benefits described will become first available to the Participating Member only at the end of the continuous Coverage Period so specified.