

RESIDE[®] BLUE GROUP

WORLDWIDE

MARINE MEDICAL COVERAGE
NO MATTER WHERE YOU SAIL



SPECIALTY RISK
INTERNATIONAL

Coverage that makes it through customs.[®]

2006



Specialty Risk International, Inc. (SRI)



Specialty Risk International, Inc. (SRI) began offering international medical insurance to the worldwide community in 1993. The company was founded by international insurance professionals, with a strong commitment to customer service and a belief that the public deserved reliability when purchasing international insurance.

Who are we...

Within the insurance industry, SRI is considered a Managing General Underwriter. We administer applications, process claims, pay agent commissions, etc on behalf of various insurance companies. Our dedication to providing our clients with the best coverage has led us to secure the services of four different insurance companies to underwrite our programs. To this end, our insureds receive the best coverage available from a selection of the best insurance companies in the industry

- **Customer Service / Assistance Services** - Our Customer Service unit, staffed with professionals knowledgeable in SRI's products, is prepared to answer questions about any one of our more than 7 programs. These individuals are trained to assist you in choosing a product. The Assistance department is available to help you during your trip. Multilingual professionals are there 24 hours a day, 365 days a year to assist you with such important services as locating a physician and performing an emergency evacuation.
- **Claims** - When the unexpected does occur overseas, our staff is prepared to address those medical claims submitted to us efficiently and directly as possible. When dealing with a medical situation while outside of your home country, you don't want to rely on a company whose primary objective is delay and mislead. SRI attempts to ensure that your requests for claim reimbursements are dealt with as quickly as possible.

Privacy Policy...

Your right to privacy is a concern to us. At SRI, we work to maintain your privacy while providing competitive international insurance products. At no time will SRI sell or give your personal information or email address to an outside company for marketing purposes.

We currently offer a full line of International coverage including; Worldwide Major Medical, Marine Crew Medical, Travel Medical and Trip Cancellation.

Reside Blue Group



Professional Mariners require a medical program that they can depend on to protect them throughout the world. Regardless of the type of vessel, Mariners require coverage that provides security, flexibility and benefits unique to today's Marine Industry demands. Sail and travel anywhere with the confidence that you are protected with comprehensive, marine specific coverage providing the safety that you deserve. You have a true universal policy created for the Mariner Lifestyle.

Reside Blue Group provides coverage onboard the vessel and when signed off or on personal leisure time.

Reside Blue Group acts primary to a vessel's Protection and Indemnity insurance. Protection & Indemnity or P & I insurance policy is not designed nor intended to offer comprehensive medical protection. It does not act as a benefit to the employee rather it is a necessary risk management tool for the owner.

Program Advantages for Employers and Employees

- Decreased crew exposure for Vessel Owners
- A positive impact on vessel's P & I insurance
- By safeguarding your employees you will attract the best employees in the industry and retain these well qualified Crewmembers
- Meet the Marine Industry's increasing international legislation in the form of employee qualification compliance standards
- Marine Crew of all nationalities eligible
- Valid Worldwide Protection
- Continuous coverage, 24 hours a day, 365 days a year
- 24 hr Worldwide Travel assistance including Emergency Medical Evacuation Coverage
- Optional coverage for employee dependants
- Each Insured person receives a personal insurance ID card including dependants
- Coverage for Amateur Sailboat Racing, SCUBA
- Coverage for common sports including winter sports
- \$10,000 Accidental Death & Dismemberment included with optional increased amounts

Commonly Asked Questions



Who is eligible for this coverage?

The Participating Organization must be an ocean going vessel currently employing a minimum of three full time Employees. These vessels must expect to sail outside of the United States for a significant period of time each year. This requires the Participating Organization to seek coverage that is not available or provided through domestic U.S. insurance companies.

How do I begin the application process?

To receive a quote for your crew please complete the Reside Blue Group "Request for Proposal" (RFP). If you currently have group crew coverage and would like to receive a "take over" quote please provide your group claims history and or premium history with the RFP. Your agent will assist with this process.

Who is SRI Administrators or Specialty Risk International, Inc. (SRI)?

SRI is the Program Administrator. Properly serving the medical needs of international citizens requires specialization. Most companies are not prepared to meet the unique needs of these customers. An organization must be equipped to address foreign currencies, international doctors and hospitals, as well as unusual claim forms and documents. The Reside Blue Group Medical Plan is administered worldwide by SRI Administrators, Inc. The professionals at SRI Administrators have over 150 years of experience in claim processing and administration. SRI currently serves the needs of thousands of policyholders throughout the world.

Who is the Underwriter?

Reside Blue Group is underwritten by Certain Underwriters at Lloyd's, London and is rated A "Excellent" by A.M. Best and an A+ (Strong) rating from Standard and Poors. In addition to being one of the largest insurance entities in the world, Lloyd's has over 300 years of experience in the international insurance business.

Will this insurance cover me anywhere in the world?

Yes, there are no geographic restrictions on the Reside Blue Group coverage. You may travel worldwide with the entire range of comprehensive benefits offered by this plan.

What materials do we receive from SRI?

Crewmembers will receive an insurance kit that contains an insurance identification card for themselves and each dependant, a declaration of insurance page attached to the policy wording, a claim form, and a copy of their enrollment form (when applicable).

How do I use my coverage around the world?

So that you receive the best care possible, Reside Blue Group requires that the Insured Person (or someone on the Insured Person's behalf) contact SRI Assist for notification prior to all hospital admissions worldwide and any medical expenses incurred within the United States. The methods of contacting SRI Assist will appear on the back of your ID Card. SRI will directly bill the provider whenever possible, regardless of the location you incurred your claim. Once you inform SRI they will contact the provider and arrange for billing, however, it is ultimately the provider's choice to accept direct billing. If SRI cannot secure direct billing with a provider, they will reimburse the insured directly for all eligible medical expenses incurred. SRI Assist will also be able to assist you in locating the approved SRI medical care providers in the United States.

How do I use my coverage in the United States?

Utilize an approved PPO Service Provider within the United States

Services and Treatment in the United States must be received at an approved PPO Service Provider facility, if one exists within a 50-mile radius of where the Insured Person is located. To obtain a list of approved PPO Service Providers contact the Administrator or visit the approved PPO Service Provider website at: www.specialtyrisk.com/ppo

If Services and Treatment eligible for coverage under this Certificate are received directly from an approved PPO Service Provider while the Insured Person is in the United States: (a) the Company will reduce by 50% any part of the Deductible applicable to such Eligible Benefits, and (b) the Company will waive any and all Coinsurance applicable to such Eligible Benefits.

Failure to follow the Pre-Notification Program and to utilize an approved PPO Service Provider will result in a 25% reduction of the Eligible Benefits stated in the Schedule of Benefits.

How do my crew file a claim?

Regardless of where in the world medical expenses are incurred, it is important for SRI to begin processing your claim as soon as possible. In order to be considered for processing, claim forms and receipts for medical expenses must be **submitted to SRI within 90 days** after the date of service.

For Claim Submission/Inquiry, contact SRI at:

9200 Keystone Crossing, Ste 300 - Indianapolis, IN 46240 USA

800-335-0477 or 317-575-2656 or fax 317-575-2256; claims@specialtyrisk.com

How do I add and remove crew from this plan?

To remove currently insured crewmember's please provide, in writing, the crewmembers full name and the date that they are no longer employed with the vessel. You will receive written confirmation from the company and this crewmember will be removed from the following invoice.

To add a new crewmember once the group is effective SRI must receive an enrollment form completed by each applicant, including their signature and a signature date. Once SRI underwrites the application and determines that coverage should be issued, we will send the new crewmember an ID Card and a Certificate of Coverage by mail.

How do we pay for this coverage?

You have the choice of a monthly, quarterly, semi-annual or annual invoice, this may be paid by check, credit card, wire transfer or money order.

How does the geographical rating work?

SRI provides group quotes with rating based on the location of the vessel. With the cost of medical care greater inside the US and Canada rating is dependent upon the vessel's location inside US and Canadian waters and outside US and Canadian waters. The rate is specifically based on the location of the vessel with regard to the single crewmember. The rate for a crewmember with a single dependent or family is based on the location of the family, also subject to their location inside or outside the US and Canada. This form of rating allows SRI to pass the lower risk exposure onto our clients in total premium savings.

If the vessel's itinerary is known, we also offer a composite rate for all single coverage members which allows for further ease of administration and the same premium savings.

What additional services and security are provided with this plan?

When Unpronounceable Diseases Occur In Unpronounceable Countries

SRI Assist is a leading provider of customized emergency assistance services to international organizations, corporations, government entities, insurance companies and individual travelers. Regardless of the location, SRI Assist provides valuable assistance in locating the best possible medical treatment.

Foreign Country – Familiar Service

In today's world, companies and international citizens must operate in strange lands and challenging environments. In some situations, individuals must travel to developing regions where the quality of care is in question. No matter where you travel SRI Assist will help direct you to the highest quality medical care in the region.

Quality of Care

With access to a network of emergency room physicians, SRI Assist is able to effectively evaluate the quality of care available locally. The SRI assist physician will consult with the attending physician (if available) to review local standards and discuss the proposed course of treatment. Should the quality of care be in question, SRI Assist arranges medical transportation to a location where appropriate care is available.

Schedule of Benefits



THIS SCHEDULE OF BENEFITS IS A BRIEF OUTLINE OF THE BENEFITS PAYABLE UNDER THIS POLICY. ALL BENEFITS ARE SUBJECT TO THE DEFINITIONS, CONDITIONS, LIMITATIONS, EXCLUSIONS, AND PROVISIONS OF THIS POLICY. CONSULT THE MASTER POLICY FOR SPECIFICS

Lifetime Maximum Benefit	\$5,000,000 per Insured Person.
Policy Period Deductible Options	Options: \$0 \$100 \$250 \$500 \$1000 \$2500 \$5000 \$10,000 \$25,000
Outside of the United States	After the deductible, the policy pays 100% of eligible expenses to the policy maximum. Hospital admissions must be pre-Notified using SRI's pre-notification program.
Inside of the United States	After the deductible, the policy pays 80% of the next \$5,000 of eligible expenses, then 100% up to the policy maximum. Expenses incurred inside the United States must be pre-notified using SRI's pre-notification program.
Hospital Expenses	Average semi-private room and board, usual, reasonable, and customary (URC) physician charges, prescription medications, durable medical equipment, nursing services and x-Rays up to the policy maximum.
Intensive Care	Intensive care room and board, usual, reasonable, and customary physician charges, prescription medications, durable medical equipment, nursing services and x-rays up to the policy maximum.
Surgery	URC charges for surgery, physician and anesthetics up to the policy maximum.
Hospital Daily Indemnity Benefit	\$50 per day (\$1,000 maximum per policy period), for every medically necessary night spent in a hospital (hospital admission) outside of the United States and Canada.
Outpatient Treatment	URC charges for emergency treatment, surgery, and prescription medication up to the policy maximum.
Physiotherapy, Chiropractic	Up to \$75 per visit (\$10,000 lifetime maximum), when referred in advance by a physician.
Medical Supplies	URC charges up to policy maximum.
Ambulance	URC charges up to policy maximum.
Well Child Care	Up to \$200 policy period maximum for checkups and routine visits after 12-month waiting period. Up to age 18.
Maternity	URC charges up to \$7500 per pregnancy, must be pre-notified within the first 90 days of pregnancy. Waiting period of 12 months before maternity benefit begins.
Mental & Nervous	URC charges up to a maximum of \$10,000 per policy period after 12 month waiting period. Lifetime maximum of \$30,000.
Newborn Benefit	\$25,000 lifetime maximum for the first 31 days after birth.
Diagnostic, Preventative & Orthodontic Dental Rider	Diagnostic & Preventative Services 100%. Basic Dental Services 80%. Major & Orthodontics Services 50%. Maximum \$1000 per policy period subject to an Annual Deductible of \$50 per insured person. Orthodontic Lifetime Maximum \$1000.
Emergency Medical Evacuation	\$250,000 limit per occurrence; \$1,000,000 lifetime maximum When adequate medical facilities and/or treatment are not available. (pre-approval required).

Repatriation of Remains	\$25,000 limit - when traveling outside your current country of residence. (pre-approval required).
Emergency Medical Reunion	\$10,000 limit - when traveling outside your current country of residence. (pre-approval required).
Preventive Benefits	Females and males up to \$250 policy period maximum for checkups, routine physical exams, inoculations and vaccinations, female preventative exams and mammograms after 12 month waiting period. Not subject to deductible or coinsurance.
Accidental Death & Dismemberment (AD&D)	\$10,000 standard principal sum for insured or insured spouse; \$2,000 for dependent child Upgrade Options: \$25,000 \$50,000 \$100,000 \$250,000 \$500,000
Supplemental Accident Benefit	Up to \$300 reimbursement per covered injury due to accident before applying any deductible
Amateur Sailboat Racing Benefit	Up to \$15,000 per year for covered accidents or illness subject to a \$60,000 Lifetime Maximum. An additional deductible of \$1,500 shall apply per Coverage Period
Lifetime Transplant Benefit	Up to \$1,000,000 per insured person.

Limitations and Exclusions



CONSULT THE MASTER POLICY FOR COMPLETE SPECIFICS OF THE LIMITATIONS AND EXCLUSIONS OF THIS POLICY.

A. Medical Benefit Exclusions

This Insurance does not cover any Treatment, Medication, charges or the consequences thereof, related to the following Exclusions, unless specifically included or modified on the Schedule of Benefits numbers I through XI in this Certificate. With regards to Medical Benefits this Insurance does not cover expenses from, related to or in connection with:

1. Pre-Existing Conditions, which are any Injury or Illness which meets the following criteria: 1) A condition that would have caused a person to seek medical advice, diagnosis, care or Treatment prior to the Individual Effective Date of Coverage under this Certificate; 2) A condition for which medical advice, diagnosis, care or Treatment, including Medication, was sought, recommended or received prior to the Individual Effective Date of Coverage under this Certificate; 3) the symptoms which occurred prior to the Individual Effective Date of the Coverage under this Certificate would have allowed a person trained in medicine to make a diagnosis of the condition producing the symptoms; 4) a condition which manifested prior to the Individual Effective Date of Coverage under this Certificate; 5) Expenses for Pregnancy within twelve (12) months after the Individual Effective Date of Coverage under this Certificate. Exclusionary Riders may be issued by the Administrator, for certain Pre-Existing Conditions.
2. Charges for treatment of the following illnesses or surgeries, which manifest themselves or are recommended, or symptoms occur during the first 180 days of coverage hereunder beginning on the initial effective date: any condition of the breast, any condition of the prostate, disorders of the reproductive system, gall stones or kidney stones, any acne diagnosis or acne related condition, or any surgery that is not emergency in nature, as emergency is defined hereunder. Note: coverage for such illnesses or surgeries may be further limited under the pre existing condition exclusion and definition contained herein, or other exclusions contained herein;
3. Injury or Illness which is not presented to the Company for payment within ninety (90) days immediately following the Incident, which gave rise to the expenses.
4. Treatment which is not Medically Necessary.
5. Services provided at no cost to the Insured Person.
6. Treatment which exceed Reasonable and Customary charges.
7. Surgeries or Treatments which are Investigational, Experimental, or for Research purposes.
8. Services, supplies or Treatment, including any period of Hospital confinement, which were not recommended, approved and certified as Medically Necessary and reasonable by a Physician.
9. Suicide or any attempt there at whether the Insured Person committing them is sane or insane;
10. War, hostilities or warlike operations (whether war be declared or not), Invasion, Act of an enemy foreign to the nationality of the insured person or the country in, or over, which the act occurs, Civil war, Riot, Rebellion, Insurrection, Revolution, Overthrow of the legally constituted government, Civil commotion assuming the proportions of, or amounting to, an uprising, Military or usurped power, Explosions of war weapons, Utilization of Nuclear, Chemical or Biological weapons of mass destruction howsoever these may be distributed or combined, Murder or Assault subsequently proved beyond reasonable doubt to have been the act of agents of a state foreign to the nationality of the insured person whether war be declared with that state or not, Terrorist activity.

For the purpose of this Exclusion ;

- i) Terrorist activity means an act, or acts, of any person, or group(s) of persons, committed for political, religious, ideological or similar purposes with the intention to influence any government and/or to put the public, or any section of the public, in fear. Terrorist activity can include, but not be limited to, the actual use of force or violence and/or the threat of such use. Furthermore, the perpetrators of terrorist activity can either be acting alone, or on behalf of, or in connection with any organisation(s) or governments(s).
- ii) Utilization of Nuclear weapons of mass destruction means the use of any explosive nuclear weapon or device or the emission, discharge, dispersal, release or escape of fissile material emitting a level of radioactivity capable of causing incapacitating disablement or death amongst people or animals.
- iii) Utilisation of Chemical weapons of mass destruction means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing incapacitating disablement or death amongst people or animals.
- iv) Utilisation of Biological weapons of mass destruction means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) micro-organism(s) and/or biologically produced

toxin(s) (including genetically modified organisms and chemically synthesised toxins) which are capable of causing incapacitating disablement or death amongst people or animals.

Also excluded hereon is any Loss or expense of whatsoever nature directly or indirectly arising out of, contributed to, caused by, resulting from, or in connection with any action taken in controlling, preventing, or suppressing any, or all, of the situations described above. In the event any portion of this exclusion is found to be invalid or unenforceable, the remainder shall remain in full force and effect.

11. Injury sustained while participating in organized, professional, amateur, or interscholastic athletics sponsored by a school or organization; unless otherwise covered under this Certificate
12. Vaccinations, inoculations, routine physicals or other examinations where there are no objective indications of impairment in normal health, and laboratory diagnostic or x-ray examinations, except in the course of a Covered Event established by a prior call or attendance of a Physician; unless otherwise covered under this Certificate;
13. Treatment of the Temporomandibular Joint (TMJ) or for maxillary and/or mandibular hypoplasia and/or hyperplasia.
14. Vocational, occupational, speech, recreational, or music therapy.
15. Services performed or supplies or treatment recommended or rendered by a Relative of the Insured Person or any person who ordinarily resides with the Insured Person. This exclusion includes any treatment as the result of a referral to or by a Relative of the Insured Person or any person who ordinarily resides with the insured, to another physician.
16. Cosmetic or plastic Surgery and any related Hospital admission, except as the result of a covered Injury. For the purposes of this Insurance, Treatment of a deviated nasal septum shall be considered a cosmetic condition.
17. Treatment, purchase and fitting of false teeth or dentures and hearing aids;
18. Eye refractions or eye examinations for the purpose of prescribing corrective lenses or eye glasses or for the fitting thereof and radial keratotomy, unless caused by Accidental bodily Injury incurred while insured hereunder;
19. Injury sustained while under the influence of or disablement due to 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 for a condition which is covered hereunder, but not for the treatment of drug addiction.
20. Telephone consultations or failure to keep a scheduled appointment.
21. Treatment while confined primarily to receive Custodial Care, educational or rehabilitative care and nursing services in a long term care facility, spa, hydroclinic, weight loss clinic, sanatorium, nursing home or similar facilities.
22. Congenital abnormalities and conditions arising out of or resulting there from; unless otherwise covered under this Certificate;
23. Services and supplies which are non-medical in nature.
24. The Insured Person's unused airline ticket for the transportation back to the Insured Person's Home Country, where an Emergency Medical Evacuation or Repatriation and/or Return of Mortal Remains benefit is provided.
25. Intentionally self-inflicted Injury or Illness whether the Insured Person committing them is sane or insane;
26. Commission or attempt to commit a felony offense or from the Insured Person being engaged in an illegal occupation or activity;
27. Injury sustained while taking part in mountaineering where ropes or guides are normally used, hang gliding, parachuting, bungee jumping, racing by horse, motor or motorcycle, scuba diving, involving underwater breathing apparatus - unless PADI, NAUI, YMCA, SSI or PDIC certified; and i) diving without properly maintained, appropriate, working diving equipment; ii) any diving below 40 meters; iii) any type of cave diving; iv) solo diving; v) any air travel within 24 hours of diving or any diving within 10 hours of any air travel; vi) diving by any insured person under the age of 12 or over the age of 65; vii) diving while suffering any illness causing an obstruction to the sinuses or ears or diving while medically unfit to dive; viii) treatment of any condition that worsens or requires additional treatment due to diving.
28. Treatment paid for or furnished under any other individual or group policy or other service or medical pre-payment plan arranged through the employer to the extent so furnished or paid, or under any mandatory government program or facility set up for Treatment without cost to any individual; with the exception of eligible marine P&I coverage to which this insurance is primary;
29. Injuries for which benefits are payable under any no-fault automobile insurance policy;
30. Treatment of venereal disease, sexually transmitted disease, or expenses for a sex change;
31. Routine Dental Treatment and services for Dental care of the teeth or periodontium or the surrounding tissue or structure, except as the result of Injury to sound, natural teeth caused by Accident; unless otherwise covered under this Certificate;
32. Pregnancy expenses incurred by a Dependent Child;
33. Treatments, Medications or procedures that either promotes or prevents conception, or prevents childbirth, including but not limited to: artificial insemination, in vitro fertilization, gamete intra fallopian transfer (GIFT), Treatment for infertility or impotency, sterilization or reversal thereof, or abortion.
34. Treatment in connection with alcoholism and drug addiction, or use of any drug or narcotic agent and caffeine withdrawal;
35. Any Mental and Nervous disorders or rest cures, unless otherwise covered in this Certificate.

36. Treatment which is incurred by Insured Persons who were HIV Positive at the time of Application for this Insurance, or testing for the following: HIV, seropositivity to the AIDS virus, AIDS related Illnesses, ARC Syndrome, or AIDS.
37. Treatment for the AIDS virus, AIDS related Illness, ARC Syndrome, AIDS, and/or any Illness arising as complications from these conditions.
38. Treatment for Chronic Fatigue Syndrome, including but not limited to diagnostic workups.
39. Service or Treatment for any form of food supplement or augmentation or for any program for weight control, whether for obesity or any diagnosis, by diet, injection of any fluid, or use of any Medications or Surgery of any kind including but not limited to gastric bypass, gastric stapling or gastroplasty procedures whether or not in connection with morbid obesity. Additionally, procedures for removal of excess skin are considered cosmetic and are excluded from coverage.
40. Chiropractic care, unless otherwise covered under this Certificate.
41. Purchase or rental of durable medical equipment outside of a Hospital, including but not limited to wheelchairs, oxygen tanks and walkers.
42. Land and/or sea rescues.
43. Occupational Diseases, including but not limited to diseases related to asbestos exposure, and the complications thereof, including asbestosis and mesothelioma related to asbestos exposure.
44. Treatment, services and supplies for flat feet, fallen arches, corns, bunions, callouses and care of toenails.
45. Treatment, services and supplies for Convalescent, Hospice and Home Health Care which exceed 30 days in duration for any one Incident.
46. Newborn children who are not Approved by the Administrator and covered under the Pregnancy Benefit.

B. Accidental Death and Dismemberment Benefit Exclusions

This Insurance does not cover any Loss or the consequences thereof, related to the following Exclusions, unless specifically included or modified on the Schedule of Benefits number XII in this Certificate. With regards to Accidental Death and Dismemberment, this Insurance does not cover:

1. Suicide, attempted suicide or intentionally self-inflicted Injuries whether the Insured Person committing them is sane or insane;
2. Disease or sickness of any kind;
3. Bacterial infections except pyogenic infection which shall occur through an accidental cut or wound;
4. Hernia of any kind;
5. Injury sustained while the Insured Person is riding as a pilot, student pilot, operator or crew member (including in or on, boarding or alighting, from any type of aircraft);
6. Injury sustained while the Insured Person is riding as a passenger in any aircraft (a) not having a current and valid Airworthy Certificate and (b) not piloted by a person who holds a valid and current certificate of competency for piloting such aircraft; or in any aircraft that is not on a commercially scheduled flight.
7. War, hostilities or warlike operations (whether war be declared or not), Invasion, Act of an enemy foreign to the nationality of the insured person or the country in, or over, which the act occurs, Civil war, Riot, Rebellion, Insurrection, Revolution, Overthrow of the legally constituted government, Civil commotion assuming the proportions of, or amounting to, an uprising, Military or usurped power, Explosions of war weapons, Utilization of Nuclear, Chemical or Biological weapons of mass destruction howsoever these may be distributed or combined, Murder or Assault subsequently proved beyond reasonable doubt to have been the act of agents of a state foreign to the nationality of the insured person whether war be declared with that state or not, Terrorist activity.

For the purpose of this Exclusion #7;

i) Terrorist activity means an act, or acts, of any person, or group(s) of persons, committed for political, religious, ideological or similar purposes with the intention to influence any government and/or to put the public, or any section of the public, in fear. Terrorist activity can include, but not be limited to, the actual use of force or violence and/or the threat of such use. Furthermore, the perpetrators of terrorist activity can either be acting alone, or on behalf of, or in connection with any organisation(s) or governments(s).

ii) Utilisation of Nuclear weapons of mass destruction means the use of any explosive nuclear weapon or device or the emission, discharge, dispersal, release or escape of fissile material emitting a level of radioactivity capable of causing incapacitating disablement or death amongst people or animals.

iii) Utilisation of Chemical weapons of mass destruction means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing incapacitating disablement or death amongst people or animals.

iv) Utilisation of Biological weapons of mass destruction means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) micro-organism(s) and/or biologically produced toxin(s) (including genetically modified organisms and chemically synthesised toxins) which are capable of causing incapacitating disablement or death amongst people or animals.

Also excluded hereon is any Loss or expense of whatsoever nature directly or indirectly arising out of, contributed to, caused by, resulting from, or in connection with any action taken in controlling, preventing, or suppressing any, or all, of the situations described above. In the event any portion of this exclusion is found to be invalid or unenforceable, the remainder shall remain in full force and effect.

8. Service in the military, naval or air service of any country.
9. Flying in any aircraft being used for or in connection with acrobatic or stunt flying, racing, endurance tests, rocket-propelled aircraft, crop dusting or seeding or spraying, fire fighting, exploration, pipe or power line inspection, any form of hunting or herding, aerial photography, banner towing or any experimental purpose.
10. Being under the influence of alcohol or having taken drugs or narcotics unless prescribed by a legally qualified physician or surgeon.
11. Injury occasioned or occurring while the Insured Person is committing or attempting to commit a felony or from the Insured Person being engaged in an illegal occupation or activity.
12. While riding or driving in any kind of competition; unless otherwise covered under this Certificate;
13. Pregnancy, childbirth, miscarriage or abortion.
14. Injury arising out of a Preexisting Condition. However, an injury for which the treatment has not been rendered or treatment medically recommended for the past thirty consecutive months shall not be considered a Preexisting Condition unless otherwise specifically excluded.

CONSULT THE MASTER POLICY FOR COMPLETE SPECIFICS OF THE LIMITATIONS AND EXCLUSIONS OF THIS POLICY.

Reside® is a registered trademark of Specialty Risk International, Inc.



Continuation of Coverage Option

If selected, the Continuation of Coverage option allows for an insured person of the RESIDE Blue Group plan to continue their coverage for up to 6 months after they resign employment or are terminated from the Group Health Plan. The insured may also select the Transfer Option for the RESIDE Blue individual plan while utilizing the Continuation of Coverage option.

How do I select this option?

Indicate that you would like this option to be quoted when completing the Request for Proposal. The premium rates quoted will include the Continuation of Coverage benefit.

Who is eligible for Continuation of Coverage?

The primary insured employee and any dependents that are covered by the Group at the time employment ends. Eligible dependants must continue to meet all Group eligibility requirements.

How does the employee pay for this Continuation of Coverage?

Once SRI has been notified the insured is no longer employed with the company we will send notification to the former employee. The former employee has thirty days from the time they receive notification to choose the Continuation of Coverage. The employee is responsible to return the completed notification form and pay the appropriate premium due each month. The Insured Group is no longer required to pay any premium for this employee.

What is the premium amount due for the former employee to continue their coverage?

The premium is 105% of the according geographical rate. The geographical rate is based on the former employees location inside the US or Canada or Outside the US or Canada. If the former employee had dependent coverage, the rate is based on the location of the dependant. The additional 5% is required for the administration of their policy.

Are there any benefit differences the former employees should be aware of?

Like the RESIDE Blue Group benefits, the Continuation of Coverage is not primary to any other vessel's P&I insurance. The Continuation of Coverage excludes Treatment paid for or furnished by any other individual policy or group policy.

D. Continuation

How to continue coverage upon becoming Ineligible:

As an Insured Person of the (Group Name) Group Health Plan they have the right to choose continuation of coverage as provided under this Certificate, if one loses their group health coverage because of termination of their employment (for reasons other than gross misconduct on your part).

Spouses:

The spouse of the (Group Name) Insured Person covered by the (Group Name) Group Health Plan has the right to choose continuation of coverage if group health coverage is lost for any of the following four (4) reasons:

1. The death of the Insured Person
2. The termination of the Insured Person's employment (for reasons other than gross misconduct)
3. Divorce or legal separation from the Insured Person
4. The Insured Person becomes covered under Medicare while continuing coverage through the Group Health Plan

Continuation qualifying events / Notification requirements:

The Insured Person or a family member has the responsibility to inform the (Group Name) Group Health Plan Administrator of termination, divorce, legal separation, or a child losing dependent status under the (Group Name) Group Health Plan within thirty (30) days after the event. (Group Name) has the responsibility to notify the (Group Name) Group Health Plan Administrator of the Insured Person's death and/or termination of employment.

When the (Group Name) Group Health Plan Administrator is notified that one of the events has happened, they will in turn notify one that they have the right to choose continuation of coverage. Their notification of continuation will be sent to their last known address that was recorded at their work location. If one moves after their employment terminates, it will be their responsibility to notify the (Group Name) Group Plan Administrator of a change in address. If they have not received their notification within thirty (30) days after termination of employment please contact the (Group Name) Group Health Plan Administrator.

They have thirty (30) days from the date the notification is sent to inform the (Group Name) Group Health Plan Administrator that you want continuation of coverage.

Continuation length of coverage:

If one does not choose continuation of coverage, their group health coverage will end on the earlier of their date of termination or the date that their eligibility for coverage ceases under the Plan.

If one chooses continuation of coverage, (Group Name) is required to give you coverage which, as of the time coverage is being provided, is identical to the coverage provided under the Group Health Plan. One can maintain continuation of coverage for up to six (6) months if they lose coverage because of termination of employment. Continuation of coverage may be chosen for a period not to exceed twelve (12) months if coverage was lost due to the death of the Insured Person, or divorce or legal separation from the Insured Person.

However, your continuation of coverage may be terminated for any of the following four (4) reasons:

1. (Group Name) no longer provides group health coverage to any of its members.
2. The premium for their continuation of coverage is not paid within thirty (30) days of the due date.
3. They become covered, as an Employee or as a dependent, under another group health plan, unless that other plan excludes or limits coverage for a condition from which you suffered at the time you became covered under that plan.
4. They become eligible for Medicare.

They do not have to show that they are insurable to choose Continuation of Coverage. However, they will be required to pay the premium corresponding to their Employee status at the time of termination and their premium rate will be 105% of the Group Health Plan's according geographical rate. If the premium rate changes for Insured Persons of the group health plan, their premium rate for continuation of coverage will also be changed.



Transferring from the Reside Blue Individual to the Reside Blue Group plan is subject to the following requirements:

- 1.) A current insured must complete a Marine Transfer Form and a group enrollment form.
- 2.) The Groups current Underwriting requirements are applied to the insured requesting transfer.
- 3.) If accepted by Underwriting to be eligible for transfer to the group plan then the length of time spent covered by the individual plan may be applied toward the waiting periods of the group plan.

Transferring from the Reside Blue Group to the Reside Blue Individual plan is subject to the following requirements:

New Business Transfer

- 1.) The Transfer Application must be completed with in 30 days of termination from group policy.
- 2.) The applicant must have been insured on the group policy for a minimum of six months prior to applying for transfer to the individual plan.
- 3.) The applicant must meet the individual eligibility requirements.
- 4.) The applicant must provide a completed Transfer Form and the Reside Blue Individual Application.

Waiting Period Credit Transfer

- 1.) The Transfer Application must be completed with in 30 days of termination from group policy
- 2.) The applicant must have been insured on the group policy for a minimum of six months prior to applying for transfer to the individual plan.
- 3.) The applicant must meet the individual eligibility requirements.
- 4.) The applicant must provide a completed Transfer Form and the Reside Blue Individual Application.
- 5.) The applicant must Receive written confirmation of Underwriting approval that you are eligible for a Waiting Period Credit.

If you are eligible for a Waiting Period Credit and you would like to select this option, you will be required to pay Premium for your personal equivalent Class and Renewal Year.