

**INEXT PROGRAM  
SUPPLEMENTAL PREMIUM PLAN  
SUMMARY OF COVERAGE**

**Notice:** This Plan Description is a summary of the travel insurance benefits underwritten by Nationwide Mutual Insurance Company, herein referred to as the Company. This document contains confidential information and is intended solely for the use of Licensed Agents for marketing & training purposes only. This document is not to be distributed after the insurance is purchased. If you are not the intended recipient of this Plan Description, you are notified that disclosing, copying and distributing is strictly prohibited.

If you are a resident of one of the following states (FL, GA, IN, KS, LA, MI, MN, OR, SD, TX or UT), Your coverage is provided on an individual policy form under Form #SRTC 2000 (CW) 07/04. If you are a resident of NY and WA, your coverage is provided under Form # SRTC 2500 NY and SRTC 2000 WA respectively. If you are a resident of NH, your coverage is provided under Form #'s SRTC 2500 and SRTC 2000 NH. If you live in any other state your coverage is provided via a certificate under form SRTC 2500. A complete copy of any of these forms are available by calling 855-578-6398 or visiting the following website <http://www.inext.com/insurance-policies/index.aspx>

**Eligibility:**

Students, Faculty, Scholars, or other persons enrolled in a named Program of iNext with a current passport or student visa, who are temporarily residing outside the United States on an education program.

**Territory Restrictions:**

- United States: *The U.S. is defined as the 50 United States and the District of Columbia*
- Cuba: Unless prior approval is obtained by the Company.

**Effective Date:** Means the 12:01 a.m. local time, at your location on the day after the required premium for such coverage is received by the company or its authorized representative.

**When Your Coverage Begins:** All coverage will take effect on the later of the effective date, or upon your departure from your Home Country.

**Note:** All premium is non-refundable after a ten (10) day review period from the date of purchase in the event You have not incurred any claims during that time. In the event the premium paid for coverage is less than the required premium for coverage, benefits will be paid in direct proportion of the actual amount paid to the required premium due.

**When Your Coverage Ends:** The annual coverage provided under this certificate will end at 11:59 p.m. local time three hundred sixty-five (365) days after the Effective Date. Your coverage per Trip will end at 11:59 P.M. local time on the date that is the earliest of the following:

- a) the Scheduled Return Date as stated on the travel tickets;
- b) Your return to Your Home Country;
- c) the date Your Trip is cancelled.

**Excess Insurance Limitation:**

The insurance provided by this certificate shall be in excess of all other valid and collectible insurance or indemnity. If at the time of occurrence of any Loss there is other valid and collectible insurance or indemnity in place, the Company shall be liable only for the excess of the amount of Loss, over the amount of such Other Insurance or indemnity and applicable Deductible.

**Schedule of Benefits:**

Emergency Accident Medical Expense	\$100,000
Maximum Benefit for Dental Expenses	\$500
Emergency Sickness Medical Expense	\$20,000
Maximum for Mental Health Benefits	\$0
Accident/Sickness Deductible	\$0
Accidental Death & Dismemberment	\$10,000
Emergency Evacuation	
Return of Dependent Children	\$1,000,000
Emergency Reunion Benefit	
Repatriation of Remains	\$50,000
Trip Delay	\$200 – Per Trip

Baggage/Personal Effects:	
Maximum Benefit	\$2,000
Maximum Benefit for jewelry, furs, watches, personal computers and cameras	\$500
Per Article Limit	\$250
Baggage Delay	\$200
24-Hour Travel Assistance – provided by Europ Assistance	Included

**DESCRIPTION OF BENEFITS**

**Emergency Accident Medical Expense:**

The Company will pay benefits up to the maximum shown on the Schedule of Benefits, subject to any deductible if You incur Covered Medical Expenses for Emergency Treatment of an Accidental Injury that occurs during the Covered Trip.

Emergency Treatment means necessary medical treatment, including services and supplies, which must be performed during the Covered Trip due to the serious and acute nature of the Accidental Injury.

Covered Medical Expenses are necessary services and supplies that are recommended by the attending Physician. They include, but are not limited to:

- a) the services of a Physician;
- b) charges for Hospital confinement and use of operating rooms;
- c) charges for anesthetics (including administration); x-ray examinations or treatments, and laboratory tests;
- d) ambulance service; and
- e) drugs, medicines, prosthetic and therapeutic services and supplies.

The Company will not pay benefits in excess of the reasonable and customary charges. Reasonable and customary charges means charges commonly used by Physicians in the locality in which care is furnished. The Company will not cover any expenses provided by another party at no cost to You or already included within the cost of the Trip.

The Company will pay benefits, up to the maximum shown on the Schedule of Benefits, for emergency dental treatment for Accidental Injury to sound natural teeth.

If You are hospitalized due to an Accidental Injury which first occurred during the course of the scheduled Trip beyond the date of the Scheduled Return Date, coverage will be extended until You are released from the Hospital or until maximum benefits under the Policy have been paid.

**Emergency Sickness Medical Expense:**

The Company will pay benefits up to the maximum shown on the Schedule of Benefits subject to any deductible, if You incur Covered Medical Expenses as a result of Emergency Treatment of a Sickness that first manifests itself during the Covered Trip.

Emergency Treatment means necessary medical treatment, including services and supplies, which must be performed during the Covered Trip due to the serious and acute nature of the Sickness.

Covered Medical Expenses are necessary services and supplies that are recommended by the attending Physician. They include but are not limited to:

- a) the services of a Physician;
- b) charges for Hospital confinement and use of operating rooms;
- c) charge for anesthetics (including administration); x-ray examinations or treatments, and laboratory tests;
- d) ambulance service; and
- e) drugs, medicines, prosthetics and therapeutic services and supplies.

The Company will not pay benefits in excess of the reasonable and customary charges. Reasonable and customary charges means charges commonly used by Physicians in the locality in which care is furnished. The Company will not cover any expenses provided by another party at no cost to You or already included within the cost of the Trip.

If You are hospitalized due to a Sickness which first occurred during the course of the scheduled Trip) beyond the date of the Scheduled Return Date, coverage will be extended until You are released from the Hospital or until maximum benefits under the Policy have been paid.

**Accidental Death and Dismemberment:**

The Company will pay the percentage of the Principal Sum shown in the Table of Losses when You, as a result of an Accidental Injury occurring during the Covered Trip, sustain a loss shown in the Table below. The loss must occur within 180 days after the date of the Accident causing the loss. The Principal Sum is shown on the Schedule of Benefits. If more than one

loss is sustained, as the result of an Accident, the amount payable shall be the largest amount of a sustained loss shown in the Table of Losses.

<b>TABLE OF LOSSES</b>	
Loss of:	Percentage of Principal Sum:
Life	100%
Both hands or both feet	100%
Sight of both eyes	100%
One hand and one foot	100%
Either hand or foot and sight of one eye	100%
Either hand or foot	50%
Sight of one eye	50%
Speech and hearing in both ears	100%
Speech	50%
Hearing in both ears	50%
Thumb and index finger of same hand	25%

"Loss" with regard to:

1. hand or foot, means actual complete severance through and above the wrist or ankle joints; and
2. eye means an entire and irrecoverable loss of sight;
3. speech or hearing means entire and irrecoverable loss of speech or hearing of both ears; and
4. thumb and index finger means actual severance through or above the joint that meets the finger at the palm.

**EXPOSURE**

The Company will pay benefits for covered losses that result from Your being unavoidably exposed to the elements due to an Accident. The loss must occur within 365 days after the event that caused the exposure.

**DISAPPEARANCE**

The Company will pay benefits for loss of life if Your body cannot be located one year after Your disappearance due to an Accident.

**Emergency Evacuation:**

The Company will pay benefits for Covered Expenses incurred, up to the maximum shown on the Schedule of Benefits, if an Accidental Injury or Sickness commencing during the course of the Covered Trip results in Your necessary Emergency Evacuation. An Emergency Evacuation must be ordered by a Physician who certifies that the severity of Your Accidental Injury or Sickness warrants the Your Emergency Evacuation.

Emergency Evacuation means:

- a) Your medical condition warrants immediate transportation from the place where You are injured or sick to the nearest Hospital where appropriate medical treatment can be obtained;
- b) after being treated at a local Hospital, Your medical condition warrants transportation to the United States where You reside, to obtain further medical treatment or to recover; or
- c) both (a) and (b), above.

Covered Expenses are reasonable and customary expenses for necessary transportation, related medical services and medical supplies incurred in connection with Your Emergency Evacuation. All transportation arrangements made for evacuating You must be by the most direct and economical route possible. Expenses for transportation must be:

- a) recommended by the attending Physician;
- b) required by the standard regulations of the conveyance transporting You; and
- c) authorized in advance by the Company or its authorized representative.

Transportation of Dependent Children: If the Insured is in the Hospital for more than seven (7) consecutive days following a covered Emergency Evacuation, the Company will return the Insured's dependents, who are under eighteen (18) years of age and accompanying him/her on the scheduled Trip, to their home, with an attendant if necessary.

Transportation to Join the Insured: If the Insured is traveling alone and is in a Hospital alone for more than seven (7) consecutive days, upon request the Company will bring a person, chosen by the Insured, for a single visit to and from the Insured's bedside.

Transportation services are provided if authorized in advance by the assistance provider, and are limited to necessary economy fares less the value of applied credit from unused travel tickets, if applicable.

Transportation means any Common Carrier, or other land, water or air conveyance, required for an Emergency Evacuation and includes air ambulances, land ambulances and private motor vehicles.

The Company will not cover any expenses provided by another party at no cost to the Insured or already included within the cost of the Trip.

**Repatriation of Remains:**

The Company will pay the reasonable Covered Expenses incurred to return Your body to the United States if You die during the Trip. This will not exceed the maximum shown on the Schedule of Benefits.

Covered Expenses include, but are not limited to, expenses for embalming, cremation, casket for transport and transportation.

**Trip Delay:**

The Company will reimburse the Insured for Covered Expenses on a one-time basis, up to the maximum shown on the Schedule of Benefits, if the Insured is delayed en route to or from the Covered Trip for twelve (12) or more hours due to a defined Hazard.

Covered Expenses Include:

- a) Any reasonable additional expenses incurred;
- b) An Economy Fare from the point where the Insured ended his/her Covered Trip to a destination where the Insured can catch up to the Covered Trip; or
- c) A one-way Economy Fare to return the Insured to his/her originally scheduled return destination.

**Baggage/Personal Effects:**

The Company will reimburse the Insured up to the maximum shown on the Confirmation of Coverage, for loss, theft or damage to baggage and personal effects, provided the Insured has taken all reasonable measures to protect, save and/or recover his/her property at all times. The baggage and personal effects must be owned by and accompany the Insured during the Covered Trip.

This coverage is secondary to any coverage provided by a Common Carrier and all other valid and collectible insurance indemnity and shall apply only when such other benefits are exhausted.

There will be a per article limit shown on the Schedule of Benefits.

There will be a combined maximum limit shown on the Schedule of Benefits for the following: jewelry; watches; articles consisting in whole or in part of silver, gold or platinum; furs; articles trimmed with or made mostly of fur; personal computers, cameras and their accessories and related equipment.

The Company will pay the lesser of the following:

Actual Cash Value at time of loss, theft or damage to baggage and personal effects, less depreciation as determined by the Company; or the cost of repair or replacement.

Extension of Coverage: If an Insured has checked his/her property with a Common Carrier and delivery is delayed, coverage for Baggage/ Personal Effects will be extended until the Common Carrier delivers the property.

**Baggage Delay (Outward Journey Only):**

The Company will reimburse the Insured for the expense of necessary personal effects, up to the maximum shown on the Schedule of Benefits, if the Insured's Checked Baggage is delayed or misdirected by a Common Carrier for more than twenty-four (24) hours, while on a Covered Trip. The Insured must be a ticketed passenger on a Common Carrier.

Additionally, all claims must be verified by the Common Carrier who must certify the delay or misdirection and receipts for the purchases must accompany any claim.

**PLAN DEFINITIONS**

**Accident** means a sudden, unexpected, unusual, specific event that occurs at an identifiable time and place, but shall also include exposure resulting from a mishap to a conveyance in which You are traveling.

**Accidental Injury** means Bodily Injury caused by an accident (of external origin) being the direct and independent cause in the loss.

**Actual Cash Value** means purchase price less depreciation.

**Additional Expense** means any reasonable expenses for meals and lodging which were necessarily incurred as the result of a Hazard and which were not provided by the Common Carrier or other party free of charge.

**Bodily Injury** means identifiable physical injury which: (a) is caused by an Accident, and (b) solely and independently of any other cause, except illness resulting from, or medical or surgical treatment rendered necessary by such injury, is the direct cause of Your death or dismemberment within twelve months from the date of the Accident.

**Checked Baggage** means a piece of baggage for which a claim check has been issued to You by a Common Carrier.

**Common Carrier** means any land, sea, and/or air conveyance operating under a valid license for the transportation of passengers for hire.

**Company** means Nationwide Mutual Insurance Company.

**Covered Expenses** shall mean expenses incurred by You which are for medically necessary services, supplies, care, or treatment; due to Illness or Injury; prescribed, performed or ordered by a Physician; reasonable and customary charges; incurred while insured under this Policy; and which do not exceed the maximum limits shown in the Schedule of Benefits, under each stated benefit.

**Covered Trip** means any class of scheduled trips, tours or cruises You request coverage and remit the required premium.

**Economy Fare** means the lowest published rate for an economy ticket.

**Family Member** means the Insured's legal or common law spouse, parent, legal guardian, step-parent, grandparent, parents-in-law, grandchild, natural or adopted child, step-child, children-in-law, brother, sister, step-brother, step-sister, brother-in-law, sister-in-law, aunt, uncle, niece or nephew, who reside in the United States, Canada or Mexico.

**Home Country** means the country where You have Your true, fixed and permanent home and principal establishment.

**Hazard** means:

- a) Any delay of a Common Carrier (including Inclement Weather);
- b) Any delay by a traffic accident en route to a departure, in which the Insured is not directly involved;
- c) Any delay due to lost or stolen passports, travel documents or money, quarantine, hijacking, unannounced strike, natural disaster, civil commotion or riot.

**Hospital** means a facility that:

- a) holds a valid license if it is required by the law;
- b) operates primarily for the care and treatment of sick or injured persons as in-patients;
- c) has a staff of one or more Physicians available at all times;
- d) provides 24 hour nursing service and has at least one registered professional nurse on duty or call;
- e) has organized diagnostic and surgical facilities, either on the premises or in facilities available to the hospital on a prearranged basis; and
- f) is not, except incidentally, a clinic, nursing home, rest home, or convalescent home for the aged, or similar institution.

**Inclement Weather** means any severe weather condition which delays the scheduled arrival or departure of a Common Carrier.

**Insured** means the person who has enrolled for and paid for coverage under the Policy.

**Land/Sea Arrangements** means any activities undertaken by You while in the Individual Coverage Term.

**Loss** means injury or damage sustained by You in consequence of happening of one or more of the occurrences against which the Company has undertaken to indemnify You.

**Physician** means a licensed practitioner of medical, surgical or dental services acting within the scope of his/her license. The treating Physician may not be You, a Traveling Companion or a Family Member.

**Pre-Existing Condition** means an illness, disease, or other condition during the sixty (60) day period immediately prior to the Effective Date for which You: 1) exhibited symptoms that would have caused one to seek care or treatment; or 2) received or received a recommendation for a test, examination, or medical treatment; or 3) took or received a prescription for drugs or medicine. Item (3) of this definition does not apply to a condition that is treated or controlled solely through the taking of prescription drugs or medicine and remains treated or controlled without any adjustment or change in the required prescription throughout the sixty (60) day period before the Effective Date.

**Scheduled Departure Date** means the first day of any Trip taken while coverage is in effect.

**Scheduled Return Date** means the last day of any Trip taken while coverage is in effect.

**Sickness** means an illness or disease of the body that: 1) requires a physical examination and medical treatment by a Physician and 2) commences while Your coverage is in effect. An illness or disease of the body that begins prior to the Effective Date of coverage is not a Sickness as defined herein and is not covered by this Certificate unless it suddenly worsens or becomes acute after the Effective Date.

**Sound Natural Teeth** means teeth that are whole or properly restored and are without impairment, periodontal or other conditions and are not in need of the treatment provided for any reason other than an Accidental Injury. For purposes of this Certificate, teeth previously restored with a crown, inlay, onlay, or porcelain restoration or treated by endodontics, except amalgam or composite resin fillings, are not considered Sound Natural Teeth.

**Traveling Companion** means a person or persons with whom the Insured has coordinated travel arrangement and intends to travel with You during the Covered Trip.

**Trip** means a trip or class of trips outside Your Home Country not to exceed 365 days.

**Unforeseen** means not anticipated or expected and occurring after the Effective Date of Your coverage.

**You or Your** refers to the Insured.

**Exclusions and Limitations: The following exclusions apply to Accidental Death & Dismemberment, Emergency Sickness Medical Expense, Emergency Accident Medical Expense and Trip Delay:**

**Loss caused by or resulting from:**

1. Pre-Existing Conditions, as defined in the Definitions section (except emergency Evacuation and Repatriation of Remains);
2. suicide, attempted suicide or any intentionally self-inflicted injury while sane or insane;
3. intentionally self-inflicted injuries;
4. war, invasion, acts of foreign enemies, hostilities between nations (whether declared or not), civil war;
5. participation in any military maneuver or training exercise;
6. piloting or learning to pilot or acting as a member of the crew of any aircraft;
7. mental or emotional disorders, unless Hospitalized;
8. participation as a professional in athletics;
9. participation in underwater activities;
10. being under the influence of drugs or intoxicants, unless prescribed and used in accordance with the instructions provided by a Physician;
11. commission or the attempt to commit a criminal act;
12. participating in bodily contact sports; hang-gliding; mountaineering; any race; bungee cord jumping; speed contests (speed contest shall not include any of the regatta races); spelunking or caving; heliskiing;
13. dental treatment except as a result of an injury to sound natural teeth up to the maximum as shown on the Schedule of Benefits;
14. any non-emergency treatment or surgery, routine physical examinations, hearing aids, eye glasses or contact lenses;
15. pregnancy and childbirth (except for complications of pregnancy);
16. curtailment or delayed return for other than covered reasons;
17. traveling for the purpose of securing medical treatment;
18. services not shown as covered;
19. Care or treatment that is not medically necessary;
20. Care or treatment for which compensation is payable under Worker's Compensation Law, any Occupational Disease law; the 4800 Time Benefit plan or similar legislation;
21. Care or treatment that is payable under any Insurance policy that does not require deductible and/or coinsurance payments by You;
22. Injury or Sickness when traveling against the advice of a Physician;
23. Cosmetic surgery except for: reconstructive surgery incidental to or following surgery for trauma, or infection or other covered disease of the part of the body reconstructed, or to treat a congenital malformation of a child;
24. The Policy does not insure against loss or damage (including death or injury) and any associated cost or expense resulting directly or indirectly from the discharge, explosion or use of any device, weapon or material employing or involving nuclear fission, nuclear fusion or radioactive force, or chemical, biological, radiological or similar agents, whether in time of peace or war, and regardless of who commits the act, regardless of any other cause or event contributing concurrently or in any other sequence thereto.
25. Any expenses incurred in the Home Country.

**The following exclusions apply to Baggage/Personal Effects and Baggage Delay:**

**The Company will not provide benefits for any loss or damage to:**

1. animals;
2. automobiles and automobile equipment;
3. boats or other vehicles or conveyances;
4. trailers;
5. motors;
6. motorcycles;
7. aircraft;
8. bicycles (except when checked as baggage with a Common Carrier);
9. household effects and furnishing;
10. antiques and collector's items;
11. eye glasses, sunglasses or contact lenses;
12. artificial teeth and dental bridges;
13. hearing aids;
14. prosthetic limbs;
15. prescribed medications;
16. keys, money, stamps, securities and documents;
17. tickets;
18. credit cards;
19. professional or occupational equipment or property, whether or not electronic business equipment;
20. telephones, computer hardware or software;
21. sporting equipment if loss or damage results from the use thereof.

**Any loss caused by or resulting from the following is excluded:**

1. breakage of brittle or fragile articles;
2. wear and tear or gradual deterioration;
3. insects or vermin;
4. inherent vice or damage while the article is actually being worked upon or processed;
5. confiscation or expropriation by order of any government;
6. radioactive contamination;
7. war or any act of war whether declared or not;
8. theft or pilferage while left unattended in any vehicle;
9. mysterious disappearance;
10. property illegally acquired, kept, stored or transported;
11. insurrection or rebellion;
12. imprudent action or omission;
13. property shipped as freight or shipped prior to the Scheduled Departure Date.

## **PLAN PROVISIONS**

### **Refund of Plan Cost:**

All premium is non-refundable after a ten (10) day review period from the date of purchase in the event You have not incurred any claims during that time. In the event the premium paid for coverage is less than the required premium for coverage, benefits will be paid in direct proportion of the actual amount paid to the required premium due.

### **Notice of Claim:**

Written notice of claim(s) must be given to Seven Corners, Inc. within thirty (30) days after the occurrence or commencement of any Disablement, or as soon thereafter as is reasonably possible. Notice given by someone on your behalf to Compass, with information sufficient to identify you shall be deemed sufficient notice to Seven Corners.

### **Claim Forms:**

Upon receipt of a notice of claim, claim forms shall be furnished to you for filing Proof of Loss.

### **Payment of Claims:**

Indemnity for loss of life will be payable in accordance with the beneficiary designation and the provisions respecting such payment which may be prescribed herein and effective at the time of payment. If no such designation or provision is then effective, such indemnity shall be payable to your estate. If any indemnity of the Plan shall be payable to a minor, or one otherwise not competent to give a valid release, the Plan shall pay such indemnity, up to an amount not exceeding \$1,000, to any Relative by blood or connection by marriage to you who is deemed to be equitably entitled thereto. Any payment made by the Plan in good faith pursuant to this provision shall fully discharge the Plan to the extent of such payment. Subject to any written direction by you all or a portion of any indemnities provided by this Plan on account of Hospital, nursing, medical or Surgical service may, at the Plan's option and unless you request otherwise in writing not later than the time for filing proof of such loss, be paid directly to the Hospital or person rendering such services, but is not required the service be rendered by a particular Hospital or person.

In the event of Injury or Sickness, the Student should:

- 1) Contact the Student Health Center for Treatment, or contact your private Healthcare provider or hospital. **In an Emergency, Report Directly to the Nearest Emergency Room for Treatment.**
- 2) Mail to the address below all medical and hospital bills along with patient's name and Insured student's name, address, social security number (if applicable) and name of the University or Program under which the student is insured. A Company claim form is required for filing a claim. Claim forms are available by calling Seven Corners at (800) 683-1427.
- 3) File claims within thirty (30) days of Injury or first Treatment for a Sickness. Bills should be received by the Company within ninety (90) days of service. Bills submitted after one year will not be considered for payment except in the absence of legal capacity.

Submit all claims or inquiries to: Seven Corners, Inc.  
303 Congressional Blvd.  
Carmel, IN 46032  
Fax: 317-575-2256

### **Excess Benefits:**

All coverages, except Accidental Death and Dismemberment, shall be in excess of all other valid and collectible Insurance Indemnity, and shall apply only when such benefits are exhausted. Other valid and collectable Insurance Indemnity, for which benefits may be payable, are Insurance programs provided by:

- (a) Individual, group or blanket Insurance or coverage;
- (b) Other pre-payment coverage provided on a group or individual basis;
- (c) Any coverage under labor management trusted plans, union welfare plans, employer organizational plans, employee benefit organization plans, or other arrangement of benefits for individuals of a group;
- (d) Any coverage required or provided by any state or socialized Insurance program;
- (e) Any no-fault automobile Insurance;
- (f) Any third party liability Insurance.

### **Monetary Limits:**

The monetary limits stated in this Plan and the Plan Cost shall be in U.S. dollars. For service outside of the territorial limits of the United States, the exchange rate date used to determine the amount of U.S. dollars to be paid is the exchange rate effective for the date the claims expense was incurred.



**Subrogation:**

To the extent the Plan pays for a loss suffered by you, the Plan will take over the rights and remedies you had relating to the loss. This is known as subrogation. You must help the Plan to preserve its rights against those responsible for the loss. This may involve signing any papers and taking any other steps the Plan may reasonably require. If this Plan takes over your rights, you must sign an appropriate subrogation form supplied to you.

**Underwriter:**

Products underwritten by: Nationwide Mutual Insurance Company.

**Important Notice:**

Please keep this document as a general summary of the Insurance. This Summary of Coverage is a brief summary of the filed Nationwide Travel Policy which contains complete details of the coverage. To obtain a copy of the complete policy for your state of residence, please visit the iNext website link as provided on your welcome e-mail, or as outlined at the beginning of this Summary of Coverage.

**Renewal:**

Coverage under this Plan is not renewable. If additional coverage time is needed, a new application must be completed and correct Premium submitted to iNext. A new Deductible, Coinsurance, and Pre-existing Condition Exclusion will apply at each succeeding or subsequent Period of Coverage.

# Nationwide<sup>®</sup> Privacy Statement

## Thank you for choosing Nationwide

Our privacy statement explains how we collect, use, share, and protect your personal information. So just how do we protect your privacy? In a nutshell, we respect your right to privacy and promise to treat your personal information responsibly. It's as simple as that. Here's how.

## Confidentiality and security

We follow all data security laws. We protect your information by using physical, technical, and procedural safeguards. We limit access to your information to those who need it to do their jobs. Our business partners are legally bound to use your information for permissible purposes.

## Collecting and using your personal information

We collect personal information about you when you ask about or buy one of our products or services. The information comes from your application, business transactions with us, consumer reports, medical providers, and publicly available sources. Please know that we only use that information to sell, service, or market products to you.

We may collect and use the following types of information:

- Name, address, and Social Security number
- Assets and income
- Account and policy information
- Credit reports and other consumer report information
- Family member and beneficiary information
- Public information

## Sharing your information for business purposes

We share your information with other Nationwide companies and business partners. When you buy a product, we share your personal information for everyday purposes. Some examples include mailing your statements or processing transactions that you request. You cannot opt out of these. We also share your information where federal and state law requires.

## Sharing your information for marketing purposes

We don't sell your information for marketing purposes. We have chosen not to share your personal information with anyone except to service your product. So there's no reason for you to opt out. If we change our policy, we'll tell you and give you the opportunity to opt out before we send your information.

## Using your medical information

We sometimes collect medical information. We may use this medical information for a product or service you're interested in, to pay a claim, or to provide a service. We may share this medical information for these business purposes if required or permitted by law. But we won't use it for marketing purposes unless you give us permission.

## Accessing your information

You can ask us for a copy of your personal information. Please call the number on your insurance ID card if applicable, contact your customer service representative, or send a letter to the address below and have your signature notarized. This is for your protection so we may prove your identity. We don't charge a fee for giving you a copy of your information now, but we may charge a small fee in the future.

We can't update information that other companies, like credit agencies and third parties, provide to us. So you'll need to contact these other companies to change and correct your information.

Send your privacy inquiries to the address below. Please include your name, address, and policy number. If you know it, include your agent's name and number.

Seven Corners  
Attn: James Krampen  
303 Congressional Boulevard  
Carmel, IN 46032

## A parting word...

These are our privacy practices. They apply to all current and former clients of Nationwide Specialty Health. They also apply to joint policy or contract holders. This includes the following companies:

Nationwide Life Insurance Company  
Nationwide Mutual Insurance Company  
National Casualty Company  
Allied Property and Casualty Insurance Company