



**SOCIETY OF THE VENTURES & INVESTMENTS PROGRAMME
(VIP)**

Success & Wellness Lifestyle Management Contract
(Primary Contract)

For The

Community Provider Benefit Plan

Which Is One Of Three Subsets Of The VIP's

Community Benefit Plan



Benefits Are Managed By Mediserv International Ltd.

Member, Trustee, Manager, Service Provider & Third-Party Administrator of the VIP

YOU MAY WRITE YOUR NOTES HERE

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Success & Wellness Lifestyle Management Contract

Preamble

Don't smoke; eat right; engage in regular physical activity and maintain normal weight; and see your doctor for normal checkups.

Enjoy life!

**Without Health; Life is Dead!
Adopt Salubrious Living!**

Executive Summary

This version of the **Primary Contract** is approved in commemoration of **Founders Day 2022** and the **Incorporation** of the **VIP**.

The **VIP** is a group of progressive people just like you. They cooperate, collaborate and share their time, talents and treasures, amongst one another; to solve common problems. Members teach valuable life-skills to their children and grandchildren, who learn how to survive and thrive in any future changing world environment; providing income security to future generations. When you join the **VIP**, you become part of the solution!

The **VIP** is a registered **Non-profit Company** which is in the **Wellness Lifestyle Management Business and Wellness Coaching Business**.

Mediserv International Ltd., the Company, is a limited liability company which is in the **Wellness Lifestyle Management Business and Wellness Coaching Business**.

The **VIP** and its Members have asked, and the Company has agreed, to provide its expertise towards **Assistance** with fulfilling the **Objectives of the VIP** as they attempt to achieve their **Wellness Goals**.

The **Objective of the VIP**, as outlined within the **VIP Bye Laws**, is to **Assist its Members to achieve objectives which none can achieve on his own**.

Therefore, by way of the **VIP Bye Laws**, the Company was appointed and was given the powers of **Trustee** to manage the **VIP's Medical Plan**, which is the given name of its **Trust**, as a means to deliver the Company's **Wellness Lifestyle Management Business and Wellness Coaching Expertise** to the **Beneficiaries**.

a) The **Trust** is structured as a **Benefit Plan** which takes its inspiration from the well-loved **Employee Benefit Plan**, which is enjoyed by Government workers as well as the employees of better employers, and which has been improved and expanded quite substantially, to better serve the eclectic **Wellness Lifestyles and Need Profiles** of Members of the **VIP**, the common man and their communities.

b) To better serve the diverse **Need Profiles** of Members of the **VIP**, those whom they love, their **Institutions** and the **Communities** in which Members live, work or recreate, the benefits of the **Trust** have been constructed with **VIP Infrastructures** which possess the capability and capacity to distribute benefits which significantly exceed the best **Employee Benefit Plan**.

c) Therefore, as a collective, these **VIP Infrastructures** adopt the brand or label, **Community Benefit Plan**. This name boldly proclaims the fact that the **Trust** is established to equitably distribute its **Wellness Lifestyle**

Benefits amongst worthy **Beneficiaries** who live, work or recreate within participating **Communities**.

d) In that stead, **Beneficiaries** include natural persons, legal persons and unincorporated entities; and also include their friends, colleagues, families, institutions and communities.

e) The Company is a Member of the **VIP**, a **Service Provider** and a **Beneficiary**.

f) The Company's authority, powers and responsibilities as **Trustee** to the **Medical Plan**, are merely incidental to the delivery of the Company's expertise and the benefits to be derived from the Company's business activities.

g) The Company's business remains the **Wellness Lifestyle Management Business and Wellness Coaching Business**.

h) The authority and powers of the Company, as **Trustee**, are merely convenient means towards the delivery and execution of its **Wellness Lifestyle Management and Wellness Coaching Expertise** to the **VIP** and its Members.

i) To improve the convenience, efficacy and efficiency of the delivery and execution of the Company's life-changing expertise and benefits to **Beneficiaries**, the **VIP** chose to facilitate this activity by way of the **VIP Bye Laws**.

j) To this end, the **VIP** and its **Trustees**, which include the Company, have agreed to develop and promote a **National Wellness Lifestyle Management Programme (NWLM)**, with its **Community Benefit Plan** and respective subsets, all deployed to **Assist** worthy **Beneficiaries** with achieving their **Wellness Goals**.

k) In satisfaction of the **Need Profiles** of **Beneficiaries**, their **Institutions**, **Communities** and the **Nation**, into perpetuity, the **National Wellness Lifestyle Management Programme (NWLM)** is configured to use **Social Automation** to produce a **Culture of Success** amongst worthy Members, known as **Elite Activists**, who develop formidable **Life-skills** and are able to survive and thrive in any future changing world environment.

l) Many of these **Elite Activists** are products of the **Community Entrepreneurial Cooperatives (CEC)**. These are **Institutions of the VIP** which are established by the **VIP** and its Members to produce swarms of astute **Leaders and Entrepreneurs**, who engage in the **Culture of Success** from childhood, and continue with this practice well into retirement; while providing **Mentorship** which transitions that **Culture of Success** onto their grandchildren, protecting future generations.

m) These **Elite Activists** are the world's pragmatic critical-thinkers, innovators, leaders, entrepreneurs, problem-solvers, preferred providers of Entrepreneurship, labour, goods and services to the world. They develop formidable expertise at **Social Networking**. They cooperate, collaborate and form beneficial alliances with the Diaspora and others, worldwide, in their **Entrepreneurial** pursuits. In this manner, they shall sharply focus their collective energies towards diversifying the economy into a **Medical & Wellness Economy**; providing **Income Security** to future generations.

n) If only to bring home the point and to establish clarity on the matter, the **Medical Plan**, as constructed within the **VIP Bye Laws**, is the

given name for an **Express, Irrevocable, Non-exhaustive Discretionary, Charitable Trust**.

o) This **Trust** is a binding legally enforceable agreement which has been established by interested parties, which include **Settlers, Donors, Beneficiaries**, and **Trustees**, with **Trust Instruments** comprised of the **VIP Bye Laws, Primary Contracts** and respective **Attachments**.

p) The **Trust Instruments** bestow discretionary powers and authority upon the Company, as **Trustee**, to establish, administer and to manage a **Community Benefit Plan**, with three (3) subsets, which provide diverse benefits to the **VIP** and its **Beneficiaries**.

q) The subsets include the **Community Provider Benefit Plan**, the **Corporate Employee Benefit Plan** and the **Corporate Protector Benefit Plan**, and their respective subsets, all established for the Company to manage and distribute the collectively owned **Trust Property** of the **VIP** amongst worthy **Beneficiaries**, for their equitable benefit; either as individuals or as a collective.

r) This requires the Company to develop, configure and maintain relevant **Institutions of the VIP** and **VIP Infrastructures**, in any such manner as it determines within its discretionary powers, to create **Ventures of the VIP** which provide **Assistance to Beneficiaries** in their desire to practise **Salubrious Living** directed towards managing their **Sovereign Risks**, based upon terms and conditions in which each **Beneficiary** is allowed to take as much or as little as he needs, to add to what he can do for himself, to achieve his **Wellness Goals of Success, Health, Wealth and Happiness**; to his measure throughout his lifecycle, and achieve **Self-actualization**.

s) In conclusion, the arrangement amongst the parties who have established and or who participate in the **Medical Plan**, being a **Trust**, does not involve any **Commercial Activity**, such as **Buying or Selling**.

t) It involves the business activity and practice of a **Non-profit Company**. Such practice is a **Non-profit Activity**. It is a **Charitable Activity**, which is the very nature of the common practice of all **Non-profit Entities**. As a **Non-profit Company**, its activity and practice include Members and **Beneficiaries** who **Share** equitably amongst one another, in an environment where no pecuniary interests exist, because no proprietary rights exist upon any **Trust Property**. Therefore, in managing the **Sovereign Risks** of the **Beneficiaries**, it includes the practice of **Self-insurance**. This is **Philanthropy**. **Philanthropy** is **Good Public Policy**. **Philanthropy** is **VIP Currency**.

Nobody Tell Me That!

As an institution and as a community, the **VIP** has its own language which is used to express certain concepts related to its **Culture of Success**. As the saying goes, when in Rome one should do as the Romans. In other words, when one becomes a Member of the **VIP**, one should aspire to quickly adopt its **Culture of Success**; both in language, and more importantly, in actions.

The headline above, screams out the favourite refrain of those of us who seem to take macabre delight in willful ignorance.

Give the facts in one word, they complain: "**Too little information!**" Give two, they complain: "**Too much information!**" What is one to do?

They never take the time to properly inform themselves. They prefer to disingenuously perch themselves upon the moral high-ground to vaingloriously claim victory as virtuous victims; as they proudly wave the **get-out-of-jail-free** offence card, with total absence of any compunction.

This practice is so widespread, that it has become the prevailing **Culture of Ignorance, Intellectual Dishonesty** and **Moral Dishonesty** displayed by a special class of losers, which shall be known within the **VIP** as **Victicrats**. Unfortunately, these include the old, the young and the in-between. It is not the **Culture of Success** which is diligently practised by Members of the **VIP**; **Elite Activists**.

What a vain claim for moral superiority? A vile strategy of pretense to gain victory in arguments with unsuspecting opponents! Nobody gains from this **Intellectually** and **Morally Dishonest** approach to conversations and relationships!

This document, which contains the **Primary Contract**, is detailed and is self-explanatory. It is constructed in a manner which permits the reader to quickly and easily find any information which he needs for any given purpose.

One merely needs to look-up the **Table of Contents** above. Also, any expression which is highlighted in **bold**, is of importance and is likely to be found within the **Definition Section** of the **VIP Bye Laws, Primary Contract and Attachment**. Please look it up! Familiarize yourself with the language of the **VIP** community of **Elite Activists**.

Much of the content of this document may seem to concentrate the narrative upon the protection, preservation, maintenance and recovery of good health; meaning its focus is mainly upon the **Wellness Goal of Health**.

This is because without **Health** life is dead!

However, the **Attachment** situated at the end of the **Primary Contract** is the foundational document which inspires and serves to introduce the other **Attachments** which are genealogical subsets to the **Community Benefit Plan** and which provide **Assistance** to such Members and **Beneficiaries** who desire to achieve their **Wellness Goals of Success, Health, Wealth and Happiness**.

Now, it is a well-known fact, that whenever a people gather together to collaborate, cooperate and to share their resources of time, talents and treasures, to become self-sufficient, independent and interdependent to overcome life's challenges and emerge from their miseries, to survive and thrive, not everyone will be pleased.

Therefore, eternal vigilance is absolutely necessary!

There are those who pretend to support the cause, they smile in your face while stabbing you in the back!

There is the **Enemy Within**. These are quite pernicious. They live among us but are agents of those who hide behind the curtain. By their works ye shall know them!

Then, there are the **Megalomaniacal Power Brokers**. They pull the strings! They fight a war of attrition, misinformation and economic deprivation. They weaponize the law, the courts, financial institutions especially the banks, the education system, the media and institutions of the state, to wield unbridled power and influence to disempower you, your leaders, your institutions and defeat your interests. They always conduct themselves ruthlessly and unconscionably, to always gain the advantage. They create mischief and propagate negative propaganda. They apply their powers to create and influence an abundance of **Enemies Within**. They remain hidden behind

the curtain, as they pull the strings in any ruthless manner intended to hold onto power over you and your interest. With formidable expertise in stealth and semantics, they cause you to lose confidence in your own institutions; even to the point where you gleefully and happily make decisions and perform self-defeating actions which are directed against your own best interest.

Beware! Act! Or thou shalt be acted upon!

What should you do? Resist! Your lives and livelihoods are at stake. Band together. Stay the course. Pull back the curtains. Let the light shine in! What shall be revealed to the whole congregation? The **Emperor** has no clothes! You win!

Now you know! Krew Love!

Onboarding Information

A perfect **Benefit Plan** for you, is one that is a **Perfect Fit** for your **Needs, Wants and Budget!**

Your **Benefit Plan** should help you to prevent sickness, access emergency medical care and pay for treatment when you need it.

Your **Benefit Plan** should help you to live the lifestyle that keeps you fit, healthy and happy!

Life is a journey that should be enjoyed until you reach your destination; success!

Why should you have to wait until you succeed to enjoy the adventures that make up your life? By that time, it will be too late!

Without proper support and systems, you might trade away your health for success! Because; without health, life is dead!

Not what you want!

To enjoy the journey of life, what you need at minimum, is expert **Assistance** to enhance and preserve your good health. This includes nurturing and preserving your peace of mind.

To be a **Perfect Fit** for you, your **Benefit Plan** should help you to live the lifestyle that makes you stay fit, healthy and happy.

This means that it must be available everyday of your life and should actively work with you, to help you to enjoy your adventures as you undertake the one-way journey that is your life.

Your **Community Provider Benefit Plan** is that **Perfect Benefit Plan** that is the **Perfect Fit** to your **Needs, Wants and Budget**. You can customize it as you want.

It helps you to prevent sickness, access emergency medical care and pay for the treatment you need, when you need it. It **Assists** you to achieve your **Wellness Goals of Success, Health, Wealth and Happiness**.

It is always there for you, every day, providing the tools, support, opportunities and relationships which help you to live the lifestyle that will keep you fit, healthy, happy and active long after you retire!

Your life is a fully paid one-way ticket for a lifetime journey on this planet called earth. You have the right to decide upon the quality of your trip.

You have two major options. Either one can get you to your life's destination!

Will you choose the ticket that models your lifestyle in the pattern of life on a jet plane? Here the emphasis is merely to get you there quickly! You are stressed out! Worried! And can crash and burn!

Or will you choose the ticket that models your lifestyle in the pattern of life on a cruise ship? Here, the emphasis is on the quality of your journey! Everything is crafted to ensure that you enjoy a **Superlative Experience!**

Of course, you want your life to be a **Superlative Experience!** Therefore, you will choose to model your lifestyle in the pattern of life on a cruise ship! You deserve it! Enjoy health! Enjoy life!

You chose your **Community Provider Benefit Plan** as your **Personal Coach** to help you to be fit, healthy and happy; so you enjoy your life during your journey to success! The focus here is on your experience!!

Without health; life is dead! Enjoy your life!

Why Choose Your Community Provider Benefit Plan?

1. Overview

a) Do you want to be well? What is **Wellness**?

Wellness is the state of feeling well in the body and mind. **Wellness** involves the process of learning about, and engaging in behaviours that are likely to result in optimal health; that means you are fit, healthy and happy. **Wellness** also involves exercising, weight control, maintaining good nutrition, stress-control, as well as good personal and familial social relationships. **Wellness** cannot be bought, sold, given or received. **Wellness** must be earned by your own efforts and activities; especially in collaboration and cooperation with others of similar **Minds and Objectives**.

b) Your **Community Provider Benefit Plan** is designed to offer you the option of selecting from among any of several **Base Plans** to more perfectly fit your **Wellness Lifestyle**, including your always-changing needs, circumstances and financial ability.

c) Additionally, you have the option to select and add benefits to enhance and to customize your **Base Plan** to meet your taste and satisfaction. With this arrangement you will get the **Plan** that is the most **Perfect Fit** for you.

d) To understand how you can get the most **Perfect Plan** that is a **Perfect Fit** to your **Needs, Wants and Budget**, you can use the very successful model that currently exists in the automotive industry. There, when purchasing your car, you can purchase a basic car which can be a sports car, station wagon, sedan, SUV; or even a very expensive and luxurious stretch limousine!

e) Then you can customize your basic car with accessories. Examples of accessories include, but are not limited to: security systems, bucket seats, wood grain finish, mag-rims, crystal lights, flare kits, spoilers, audio-visual systems, etc., etc.

f) In a manner that is very similar to the automobile industry, your **Community Provider Benefit Plan** has a wide range of useful accessories, called **Enhancement Benefits**, for you to add to your **Base Plan**. You can subscribe to any amounts of many of these **Enhancement Benefits** to create the most **Perfect Benefit Plan** that is a **Perfect Fit** for you.

2. Your Supreme Benefits

a) You get all your needs and wants satisfied.

b) You will develop fulfilling lifelong relationships with nice people who will support you and help you to acquire and preserve your wealth, good health, fitness, peace of mind, joy and happiness.

c) You get a **Superlative Experience** during your relationship with your fellow Members and within your Communities.

3. You get what you want

a) You get a **Benefit Plan** that you can use to keep you fit, healthy and happy. You do not have to get sick and make a claim to enjoy benefits.

i. You get a **Benefit Plan** that gives you

lifetime support in numerous ways; where you will always meet nice helpful people; and with whom you will make lifelong friends; and build fulfilling relationships while always encouraging you to stay engaged in many healthy, rewarding and enjoyable activities.

b) You get to choose from among multiple options to customize your **Plan**, to keep yourself physically and emotionally well, long-term; and especially to help you to stay happy!

c) You get encouragement, tools and support to live the **Wellness Lifestyle** of your choice!

d) Throughout your relationship within your **Benefit Plan**, you get attractive rewards and recognition for keeping yourself fit, healthy, active and happy, long into your old age.

4. You get what you need

a) You get help to prevent sickness and death!

b) You and each Member of your family get an ID card, with your photograph on it. This helps you to get immediate access to the Hospital bed in your medical emergencies!

c) You get prompt access to money that pays your expenses or reimburses you generously if you do get sick.

5. You get multiple options to acquire coverage to fit your always changing circumstances; (Consider your current and future always changing lifestyle, economic and family circumstances. For easy understanding of what you get and how to choose, please consider how our various **Plan Genres** match the following very familiar system of automobile ranking).

a) The Luxurious Stretch Limousine

- i. Triumph Plan Genre
- ii. WellCare Plan Genre

b) The Versatile Sports Utility Vehicle (SUV)

- i. Major Medical Plan Genre.

c) The Reliable Sedan; or Station Wagon

- i. Hospitalization & Surgery Plan Genre

d) The Powerful Sports Car

- i. Energic Sports Plan Genre (Xtreme Sports, Organize Sports, Athletica Health & Fitness).

e) The Affordable Economy Car

- i. Scholarship Plan Genre (for students age eighteen (18) and over, studying at home or abroad).

6. Use the automobile analogy to compare your Community Provider Benefit Plans versus the Common Archaic Sickness-Focused Benefit Plans.

a) Your Community Provider Benefit Plans are like your advanced low-maintenance modern automobiles!

- i. Comes installed with standard modern features such as fuel injection, automatic transmission, air condition, radio, air bags, diagnostics, etc.
- ii. Also, you get to choose from among numerous advanced options to customize your selection according to your circumstance, taste and budget.

b) Archaic Sickness-Focused Benefit Plans are like your Antiquated Outmoded high maintenance cars.

- i. You have to pay separately for standard modern features such as automatic transmission, air condition, radio, etc; and that is only if you can get it!
- ii. Note that many of these options may not even be available for those outmoded troublesome cars.

7. Conclusion

a) Medical coverage for reimbursement of claims is but merely one of the numerous valuable lifesaving benefits routinely available in your **Community Provider Benefit Plan**.

i. This **Plan** is for you if you want a **Perfect Plan** that is a **Perfect Fit** for yourself.

ii. You are special! Your **Perfect Plan** is a **Perfect Fit** for your **Needs, Wants** and **Budget**.

iii. You want to live your life more abundantly!

How Do I Know If This Plan Is Good For Me?

8. Welcome to a most comprehensive **Benefit Plan** that you can make become a **Perfect Fit** for you. This document in your possession is a **User Manual for Salubrious Living**. It is for persons who desire to get results; enjoyment of unsurpassed **Quality of Life**.

9. Firstly, in deciding upon the merits of your choice of any **Benefit Plan**, you need to evaluate it against some simple questions that do not need the input of any expert for the answers. If your answers to all or most of the following is "Yes" then this **Plan** is likely to be a **Perfect Fit** for you. However, if you are unsure of the answers or if the answers are "No", then this **Plan** is likely not a good fit for you.

10. We are human and cannot promise absolute perfection, though it is an objective to which We strive. However, we can help you to get a **Plan** that is a **Perfect Fit** for you. So We want you to determine whether the **Plan** is a **Perfect Fit** for you.

11. It is critical for the **Plan's** success that it is populated with Members who are comfortable with one another and who trust the **Plan**; and also who accept its objectives as their own and who are committed to realizing those objectives.

12. Therefore, here are some questions that you need to consider during and after reading this document:

a) Are the objectives of the **Plan** acceptable to me and supportive of my own objectives and self-interest? (In other words, in a general sense, do the **Plan's** objectives coincide with mine?)

b) If Members and I were to participate in the **Plan**, is its design capable of delivering upon its promised objectives? (In other words, can I trust this **Plan** to deliver?)

c) Is management inclined to diligently and consistently implement the principles of the **Plan's** design? (In other words, can I trust management to perform according to the contract? What is their history and culture in this regard?)

d) Am I inclined to consistently pursue the results of my own objectives by diligently employing the principles of the **Plan's** design? (In other words, if given the chance and resources, am I committed to satisfying my own objectives?)

e) Is the **Plan** designed to maintain its viability and affordability over the long-term? (In other words, does the **Plan** provide me with long-term security of tenure; i.e. **Health Security**?)

Purpose Of The Plan And This Document

13. It is rare for any member in a **Group Benefit Plan** to see a copy of their group contract. You are different! As a member of the **VIP**, you are fortunate to have your copy! These are very technical documents and are written more for the **Plan Administrators** and their staff, who need to use them every day for managing the **Plan**. They are really technical reference manuals. They do not read with excitement as a novel. Therefore, you should read your copy selectively using the **Table of Contents** to guide you to sections of interest to you, until you read the whole document. If you have trouble understanding a point, please feel free to call the **Plan Administrator**! He will be only too happy to help!

14. Read slowly and apply its principles meticulously. The Preamble is very frank and

forthright about what happens within a **Benefit Plan**, and also what is supposed to happen in a **Benefit Plan**. It will discuss the good the bad and the ugly. The truth is a great liberator. It opens the door for long-term harmony to prosper.

15. You are about to benefit from a radical paradigm shift in how **Wellness Lifestyle Risks** are managed in a **Benefit Plan**. With our **Modern Wellness Lifestyle** approach to healthcare and **Wellness**, greater possibilities exist to serve you with benefits.

16. Please note the difference between **Archaic Sickness-Focused Thinking** and **Modern Wellness Lifestyle** thinking:

a) **Archaic Sickness-Focused Thinking**: - Manage medical risk by seeking to avoid paying ineligible claims. The **Primary Management Objective**? Exclusion of ineligible persons.

i. Only the Risk-Managers can determine the outcome.

ii. There is virtually no opportunity for you to make input to favourably influence or determine the outcome.

iii. You are virtually abandoned to yourself until you either have to make payments or make a claim, unfortunately after getting sick.

iv. Nothing meaningful is done to help you to prevent sickness.

b) **Modern Wellness Lifestyle Thinking**: - Manage medical risk by helping to prevent you from getting sick. The **Primary Management Objective**? Inclusion of all persons. Even otherwise ineligible person, who practise **Salubrious Living**.

i. The Risk-Managers design facilities and activities targeting your personal interests, to get you excited and involved in the preservation of your health. Thus, you become a willing participant, empowered and influential enough to favourably determine your outcome. (I.e. you enjoy healthy, happier living; you avoid sickness, you get increased ability to benefit from claims, including opportunities to redeem yourself from past errors). You get empowerment!

ii. You can evaluate yourself to determine your **Health Compliance Rating**. This **Rating** reflects your excellent attitude towards your health and other results after evaluating your compliance with the tenets of **Salubrious Living**.

iii. In this ethos, suitable benchmarks are developed to provide you, a diligent Member, with a favourable **Health Compliance Rating**, to redeem yourself from past mistakes and benefit from a claim which otherwise would have been ineligible or unavailable under **Archaic Sickness-Focused Thinking**.

17. In **Archaic Sickness-Focused Thinking**, the primary focus is on sickness and claims; while in **Modern Wellness Lifestyle Thinking**, the primary focus is on your good health, vitality and happiness.

a) Focusing on claims is focusing on the past; something about which you can do absolutely nothing! Here, the Risk-Manager has overwhelming advantages over you, as he attempts to satisfy his professional responsibility to keep the **Plan** viable. Since the primary focus is on claims, nothing meaningful is done to help you to prevent yourself from getting sick, this increases your need to access the **Fund** to pay your bills; and the Risk-Manager has a need to conserve the money in the **Fund** to keep the **Plan** viable, to pay claims. This breeds an adversarial and unproductive

relationship in which both parties are suspicious of the intentions of the other; as you and the Risk Manager compete for the financial resources in the **Fund**.

b) On the other hand, focusing primarily on your health, welfare and well-being is focusing on the future; something of which you have almost limitless control! Here, both parties communicate regularly and cooperate for your best interest. You do not need to compete against the Risk Manager! You now have common shared objectives, towards which you can cooperate in a sustainable, rewarding, lifelong partnership devoid of suspicion. The following is a list of some shared objectives:

- Maintenance of your good health,
- Maintenance of a viable **Benefit Plan**,
- Your access to valuable benefits long-term.
- You can redeem yourself of past infractions, to become eligible for benefits, otherwise unavailable.
- Optimization of your **Health Security** via an affordable **Plan** that provides generous coverage throughout your natural life!

18. Historically **We** have established an enviable track record of successfully managing very high medical risks. **Our Jewel Plan**, designed for retirees age sixty (60) and over, is but one example.

a) **We** sincerely believe that retirees are persons who served this current working generation faithfully when young. Retirees are not high risks to be disregarded or discarded. They are precious **Jewels** to be cherished and need protection, as much as can be afforded, to provide access to an effective **Benefit Plan**.

19. **We** have used **Our** experiences with understanding human nature to enhance your **Plan**, and have provided supporting documentation plus infrastructure to educate and manage your attitude, (a critical component of any successful **Plan**), provide transparency as with a detailed contract document including transparency in **Our** claims processes, plus the rules associated with viability, to design a **Plan** that is results-oriented.

20. **We** are motivated by a passionate desire to produce results that serves your best interest and your **Quality of Life**. To produce these life-enhancing results, it is necessary for **Us** to be disciplined, vigilant, fair and stern in observing the rules of your **Plan**. It is also **Our** policy to keep rates of **Contribution** stable and affordable.

a) **Our Claims Management System** is detailed and explanatory, for the benefit of Members. If declined, **We** provide reasons that relate to your contract. The system to determine eligibility is very easy upon the uninitiated. Ultimately, **We** consider you to be an important participant in your claim. Therefore, in writing, **We** always invite your full participation in the result.

21. **Our** motivations are not driven by arrogance or any lack of empathy. This is why since 1999, **We** did not increase rates of **Contribution** in any manner which forced any Member, especially retirees, to make larger **Contributions**. Members were offered newer **Base Plans** with better **Plan Packages** with richer **Benefit Profiles** and with options to either add **Enhancement Benefits** or to subscribe to the newer **Base Plans** or to remain in their chosen **Base Plan** and **Plan Package**.

22. **Mediserv International** has established a track record of successfully applying fiscal and administrative resources, and discipline, to a powerfully effective blend of passion, creativity, innovativeness and dedication, to secure your **Plan's** success in a high-risk environment.

23. This document is a textbook for educating you on your relationship with the Company and your responsibility to yourself, in terms of your

health, **Wellness** and the objectives of your **Plan**.

24. **We** have used incentives to enlist you as a willing partner, happily fulfilling the long-term objectives of your **Plan**; which are:

a) to improve your **Quality of Life**

b) to maintain a viable **Fund**:

- long-term; serving successive generations,
- at affordable rates,
- providing you with superior coverage which
- delivers richer **Reimbursements** that encourages you to pay for the expenses that you normally can afford to bear; thus conserving financial resources to pay handsomely against the enormous cost escalation associated with **Services** that you normally cannot afford to bear; as when illness strikes.

25. This document is a very detailed document because it is necessary to include certain details and explanatory texts to:

a) reduce the number of documents with which you may have to peruse and refer, to understand a point, as well as to;

b) provide easy access to explanatory or educational references with which you can educate or update yourself on any point.

c) eliminate the knowledge gap between you and the Company, thus making **Us** more accountable to you, the Member, particularly if **We** were to deny you of a benefit!

- The imbalance in understanding the rules of coverage is caused because the public domain is polluted with unlimited volumes of dogma and misinformation plus the public is not educated on correct concepts behind the design, management and administration of **Benefit Plans**. This document gives you power to overcome that disadvantage.*

26. **We** educate you on the nature of your relationship with the **Fund** and the Company, the obligations of the Company, as well as your innate responsibilities to yourself.

27. Your **Plan** is designed for you. It **Assists** you if you desire to live a healthy lifestyle and want protection against the cost escalation of treating illness if an illness was incurred in spite of your best efforts at **Salubrity**. In this stead, your **Plan** is exceptionally generous when you experience cost escalations due to illness.

a) *It is not for persons who do not take responsibility for their health, then seek to access the resources of other Members (via the **Fund**) as a quick-fix to return to good health.*

b) *After all, is it fair or reasonable to permit persons who either neglect or endanger their health, to have their cost-escalations financed by Members of the **VIP**; Members like you, who are diligent about your health?*

28. **Our** epoch-making **Wellness Lifestyle Management Programme** is designed to assure the long-term viability of your **Plan**, at affordable rates, whilst protecting your good health.

29. The success of your **Benefit Plan** does not depend upon an ability to extract from you excessive rates of **Contribution** towards the **Fund**, but on the nature of the relationship between you and **Us**, the manager and administrator of your **Plan**. Both of us must understand that we have individual and common responsibilities towards its success. This requires a very structured approach to the management and utilization of all available resources, human, financial and otherwise; plus exercising unwavering discipline and faithful long-term commitment that keeps you active and healthy.

30. **We** hope that this document and **Our** intimate engagement with you, will assist in forming productive attitudes. Management is

highly responsive to your request for dialogue on any point. **We** encourage you to take the approach of dialogue with **Us**. **We** will respect your views and respond promptly, after researching the issue if necessary. With dialogue most problems can be resolved in an atmosphere that is conducive to reason and respect. **We** can meet in person or **We** can communicate in writing. Depending on the complexity of the situation, **We** suggest communicating in writing, since the issues will be quickly and more clearly identified and resolved.

31. **We** feel confident that you will appreciate the valuable store of information presented herein and if necessary, you will want to use the information as you communicate with **Us** for the purpose of addressing and or eradicating the following unfortunate occurrences:

a) You may not be aware that whenever there is any restriction in your **Benefit Plan**, it does not imply any overriding intent to deny your access to benefits, but represents an overriding need to preserve your access to benefits. In other words there are always reasonable justifications for any restriction. The following are some examples of such justifications:

- Protection of your **Plan's** viability
- Maintenance of respect for authority, rule and order; mainly by managing attitudes and informing expectations.
- Fairness and balance among interested, but sometimes competing parties.
- Maintenance of the capacity to control the outcome of the **Plan's** performance. (**Benefit Plans** are not democratic in the management of their responsibilities. They are autocratic. This is because the managers have a fiduciary responsibility to keep their **Plans** viable and affordable for the long-term benefit of all contributors into their funds. **The managers do not have the luxury of blaming others if failure occurs**).

b) Persons who tend to relinquish their control and responsibility for their own affairs, often preferring to use the excuse of victim-hood to blame others for their unfavorable outcomes.

c) Persons who, after their application have been accepted and have successfully enrolled into the **Plan**, simply sit back passively, and wait, paying little or no attention to their health, until sickness strikes. In far too many cases no amount of money can recover their lost health.

d) Persons whose prevailing attitude suggests that **We** should fastidiously honour the contract when they are eligible; but quickly disregard the rules if they are ineligible.

e) The misguided attitude that suggests that once accepted into the **Plan**, and **Contributions** are made, the Company becomes hostage to any unreasonable demands of the Member; regardless of the rules. It is not unusual for such persons to employ liberal doses of threats, anger, impatience and maledictory statements, as if the contract suggests that emotionalism is a viable condition in the contract to justify eligibility to demand a benefit.

f) Persons not reading the contract, or otherwise becoming agitated when a benefit is denied, even though the **Declined Claim Letter** showed cogent reasons, based on contract, that justifies the decision to deny the benefit.

g) Persons ill-advisedly attempting to discourage others from participating in the **Plan** merely because they felt hurt after being rightfully denied a benefit. However, they misguidedly and selfishly decide to avenge themselves by discouraging others from either joining or remaining in the **Plan**. Such persons may not realize that they are committing a life-threatening injustice to the persons whom they

are trying to influence, since they are really putting such friends or family into a disadvantageous and potentially fatal position, if their victims were to follow their advice, and a deadly expensive illness was to strike! Especially an illness in which the affected person otherwise would have been eligible. The **Plan** is never adversely affected by such self-defeating actions. Unfortunately, only the victim suffers.

h) Persons leaving a Plan for the wrong reasons. Often reflective of a type of pernicious "Get Vex" culture. Such emotional reaction is usually devoid of analysis, reason or a willingness to even listen and evaluate the point of view of the other side. This self-righteous attitude often results in unwise, unproductive, rash and self-defeating decisions. Only the perpetrator suffers!

i) Persons ill-advisedly believing that medical professionals, particularly doctors, are knowledgeable authorities on matters of Risk-Management in relations to the operations of Benefit Plans; especially since, in the unchallenged privacy of their offices, those few errant doctors would behave as if they are knowledgeable authorities, able to dictate how a particular Plan should be run. The fact is that Plan Administrators do not know how to be doctors and a doctor does not know how to be a Risk-Manager of a Plan. Therefore, none should pretend to be an authority over the affairs of the other. No entity has ever sat down to design a "bad" Benefit Plan. All Plans are good for the purposes for which they were designed. Doctors, who sometimes tactfully use their influence on the minds of their patients to discourage them from participating in any Benefit Plan, are acting irresponsibly and improperly by disempowering their own patients from being able to pay them and or to access life-saving treatment for cost escalation. The consequences to the victim can be fatal.

i. Observation (i): Our Medical Claim Form is designed to ask questions with answers that your doctor possesses. It seeks more information than that of other plans. Our Members have received snide remarks from a few errant doctors who have complained that Our form is too cumbersome and takes up too much of their time. The area of contention is the **Medical Factors** section on the claim form. Sometimes these doctors return the form to their victim patients without filling-out that section. *(The design of our claim form is intended to be a convenience to you that reduces your need to return to the doctor and pay for information to process your claim).* This forces the Company to produce a separate document, called a **Medical Report**, for the victim to take to the doctor to complete. It is not unusual for the very same doctor to charge very hefty fees from his victim for completing this **Medical Report**.

ii. Observation (ii): Never have We had any doctor complain about the need to complete the **Medical Report**. The errant doctors are quite happy to inconvenience their victim patient by having the patient visit them twice, so that they can enjoy two excursions into the victim's pocket-book. This fact presents proof that the patient's needs were being adversely served by a **Whitecoat Merchant**.

iii. Observation (iii): The potential of the **Wellness Lifestyle Management Programme** to reduce sickness among society may not serve the self-interest of certain **Whitecoat Merchants**. Those few

will reveal themselves to you via, among other things, their unsupported and unjust criticisms made in private.

j) Any situation where there is no clear rule to determine what expenses are eligible; or how to resolve any ambiguity or uncertainty.

k) Member not appreciating that he is engaged in a long-term, lifelong relationship requiring consistent input of vigilance, money, time and effort, by all parties, including the Company.

l) Members suffering debilitating illnesses or dying simply because they never performed Preventative Screening, or never monitored or addressed their health needs after diagnosis of otherwise manageable illnesses.

m) Member not actively taking care of his health but feels that he has "rights" to access the Fund on his own terms.

n) Member incorrectly believing that acceptance into the Plan means that the Plan and or the Company has assumed full responsibility for his health and circumstance:

i. He thinks that any expenditure he spends in Preventative Care or Wellness Lifestyle Management is a favour performed on behalf of the Company to prevent it from having to pay greater expenses if his situation escalates later.

ii. He feels offended if the Company suggests that he should spend his own money, time and effort on Preventative Care; Wellness Lifestyle Management; Elective Care or Services that are not covered for Assistance in the contract.

32. Your Plan protects your interest for deciding to join earlier, against the risks associated with others who happened to join later.

33. Your Plan has rules that give the Company the agility and flexibility it needs to take whatever action is necessary to secure your Plan's long-term viability, for your benefit, particularly in the hazardous volatile environments of the future.

34. Your Plan must balance the interest of paying Members against the interest of claimants.

35. Benefits, terms and conditions are configured to encourage and reward you to join the Plan sooner, while younger and in good health, instead of later, when older and your good health may be on the decline.

36. Greater opportunities and benefits are available for you, if you join the Plan while younger; while persons joining the Plan later, and older, will get fewer benefits. Equity is established between the two groups since both pay the same Contributions for participation and this reflects the relative risk that they each bring to the Plan.

37. Benefits, terms and conditions are configured using a system of disincentives to discourage behaviours that encourage Adverse Risks; and uses incentives to encourage you to take responsibility for your health. In this way, with your enthusiastic cooperation, We are creating an environment that is conducive to Salubrious Living, but extremely hostile to the proliferation of debilitating chronic illnesses and deadly organ failures that destroy your life.

38. Your Plan simplifies complex, often divergent and competing interests existing in an environment of uncertainty and ambiguity, to create a highly reliable and accurate system that will consistently, logically and easily produce a clear and justifiable decision on eligibility for benefits or for Assistance.

39. Yours is a long-term Plan, providing you with Long-term and very robust coverage. All considerations are towards the long-term. Short-term interests are secondary to the long-term. It is also designed for major expenses, rather than

minor expenses associated with '**Coughs & Colds**' or '**Cuts & Bruises**'. *(Persons seeking coverage for short-term interests and coverage mainly for minor expenses are advised to seek such additional coverage for those criteria. In that context, subscribing to the HappyMed Plan Package or Enhancement Benefit will suffice).*

40. Your Plan is designed to give you Health Security which exists only in long-term coverage. Note some examples of how your Plan provides you with long-term Health Security:

- a) You get covered until your natural death.**
- b) You are not expelled based upon:**
 - i. state of health or**
 - ii. advancement of age or**
 - iii. number or size of claims.**
- c) You can inherit benefits as you migrate among Plan Packages and or Family Statuses.**
 - i. This enables your dependent spouse or your child to become Principals without being considered a 'new account'. This preserves benefits of which they were eligible in any previous enrollment status and will not now be deemed a Pre-existing Condition. (This means that your Plan is designed, and must be managed, to survive successive generations of Members. This goal can be achieved only when the Members of this Plan practise Salubrious Living).**
- d) The longer you stay in your Plan, the greater the range of benefits available to you.**
 - i. For example: - via the Table of Incubation Periods, over time, your risk is transferred incrementally from you to your Plan, thus giving you more benefits.**
- e) You are rewarded for your healthy lifestyles.**
 - i. You can develop high Health Compliance Ratings. You can use this Rating to earn otherwise ineligible benefits or specials.**
- 41. Your Plan provides you with Assistance according to terms and conditions determined by the Company. The nature of the Assistance involves access to resources managed and or influenced by the Company and includes but is not limited to financial and infrastructural resources.**
- 42. In the context of the Wellness Lifestyle Management Programme, your Plan functions as your Wellness Coach in your attempt to manage your attitude and obligations to yourself. This obligation is to invest your thought, time, effort and money in the practice of Salubrious Living. Thus, you will be educated, encouraged, supported and evaluated in your practice of the tenets of Salubrious Living.**
- 43. Your Plan provides creditable, evaluated and validated results and benefits that you can earn against your performance in the Wellness Lifestyle Management Programme. These are valuable assets, in the form of Health Compliance Ratings, which reflect your Attitude To Health, Physical Aptitude and State Of Health. Your most recent Health Compliance Rating can be presented to the Company and third parties for you to gain access to valuable benefits and opportunities. Even benefits and opportunities that are generally unavailable or unobtainable without it!**
- 44. Without health; Life is Dead! Passionately participate in Salubrious Living and avoid becoming a statistic among the Living Dead.**

Disclaimer

Important: - The preamble forms no part of this agreement and cannot be used to the prejudice of the Company or any other entity.

Definitions

In this **Primary Contract**, as the context may require, the definitions contained within the **VIP By Laws** shall apply (and as only for clarity, certain definitions contained within the **VIP By Laws**, may be amended and or replicated within this definition section), and further as the context may require, the following words and expressions shall bear the meanings assigned to them.

1. Accident: - An unexpected, unanticipated, unforeseen and undesirable physical occurrence which originates outside the Member's body and causes physical harm, or Bodily Injury to the Member's physical body (**Physical Injury**), and may result in loss.

2. Accident Risk Profile: - A system by which the Company classifies and grades certain classes of **Risks** associated with any **Accident**. These **Risks** must be associated with or related to **Physical Injury** due to an **Accident** and shall be recognized exclusively under **Code 1** of the **Table of Incubation Periods**. The identities of the **Accident Risk Profiles** are:

a) Domestic Activity & Sport: (This is the lowest **Risk Profile** among them all. Coverage provided automatically to all Members)

b) Organized Activity & Sport: (This **Risk Profile** is higher than **Domestic Activity & Sport**, but lower than **Xtreme Activity & Sport**. Coverage provided exclusively upon written request)

c) Xtreme Activity & Sport: (This **Risk Profile** is higher than **Organized Activity & Sport**, but lower than **Excluded Activity & Sport (EAS)**. Coverage provided exclusively upon written request)

d) Excluded Activity & Sport (EAS): (This is the highest **Risk Profile**. No Coverage shall be provided to any Member)

3. Accumulation Period: - The contiguous period of time within which the aggregate of all **Reimbursements** and or payments associated with any **Benefit Profile** shall not exceed the value of its respective **Sum Assured**. With respect to any specific **Reimbursement** or payment that was deducted from any **Sum Assured**, it is the contiguous period of time allocated for the replenishment of its value into the respective **Sum Assured**. (In practice, each **Reimbursement** or payment depletes its respective **Sum Assured** by an equivalent amount which is replenished only upon the expiration of the time allotted for the **Accumulation Period**).

4. Ad hoc Preventative Medical Requirement: - Any spontaneous and or follow-up **Medical Requirement** that is required to be performed by the Member in response to a medical need. This requirement generally applies to short-term treatment related to **emergent illness** or a curable illness.

5. Adverse Risk: - The **Risk** of loss and or the loss related to or associated with, or arising out of, directly or indirectly from:

a) Any circumstance and or any situation and or any **Event** that the Company determines to be any form of negligence on the part of the afflicted Member

b) Any adverse choice including negligence related to or associated with the will of the afflicted Member.

c) Any exclusion for or any **risk** not accepted by the Company.

6. Allowance: - A benefit payable from the **Sum Assured** whereby the value of each, the **Deductible** and or Member's **Co-payment** is zero. Unless stated otherwise by the Company, it is

available for expenses incurred only after the Member's First (**1st**) anniversary in the **Plan**. The **Allowance** is non-accumulative; however, each **Reimbursement** or payment is usually replenished to the **Sum Assured** on its anniversary of payment.

7. Annual Preventative Medical Requirement: - The Annual **Preventative Medical Requirements**, as determined exclusively by the Company, that the Member is obligated to perform and **Report** to the Company and from which **Rewards** are earned.

8. Assistance: - Means the sole intention of the Company in its relationship with the Member. It is manifested in any of the various benefits, privileges and opportunities provided by the **Plan** via **Trust Instruments**; which include the **Primary Contract**.

9. Athletica Health & Fitness Plan: - The **Success, Wellness, Health & Fitness Management** component of your **Plan**.

a) This **Benefit Profile** is designed to manage the need profile of the Member who is generally healthy and:

- i. wants to maintain good health, or
- ii. wants to acquire and maintain good health.

b) The emphasis is on:

- i. desirable physical activities to keep you fit and healthy
- ii. harmonious relationships with things and people to keep you happy and successful.

c) Preventative Care targeting Non-Communicable Chronic Diseases (NCD)

d) The Company provides **Subsidies for Screening** and only to eligible Members.

e) The Company may include any other **Service** on its own terms and conditions.

10. Attachment: - A separate agreement or document signed by and or issued under the authority of the **Plan Administrator**, and which is dependent on the **Primary Contract** for its performance. **Attachments** may append other documents, which are also **Attachments**.

11. Auxiliary Benefit: - Refers generally to benefits under the **Medical Fund**, which are available in the **Plan**, which may provide **Reimbursement** or payment against certain **Risks** or circumstances as determined exclusively by the Company. They may also provide psychological and consolatory value to the Member. They may be more tightly regulated and or restricted when compared with the **Core Benefits**. Examples include:

a) Medical Benefits

b) Dental Benefit

c) Vision Benefit

d) Maternity Benefit

e) Death Benefit

f) International Benefit

g) Supplementary Benefit

12. Base Benefit: - The actual loss incurred and which is the item of expense claimed for **Reimbursement** or payment. It is the lowest level and has no Child benefits in the hierarchy of benefits of any respective **Benefit Profile**.

13. Base Plan: - The main **Benefit Profile** that provides Member with coverage and benefits that are generally listed in the **Summary of Benefits** and against which **Attachments** are appended. It may also be loosely referred to as the **Plan Package** acquired by the Principal. It is a hierarchical Child of the **Plan Category** which itself is Child of the **Plan Genre**.

a) A unique number called the **Plan Code** is used to identify your **Base Plan**. The **Plan Code** is the hierarchical Child of the **Plan Package**.

14. Benefit Profile: - The generic term for any benefit or grouping or combination of benefits or **Services** that are identified for any given purpose.

a) A **Benefit Profile** has hierarchical Parent-Child relationships where any subordinate benefit and or any subordinate **Benefit Profile** is referred to as its Child. Within the hierarchy of any **Benefit Profile** all Children of the same hierarchic level taken collectively in any permutation or combination is referred to as Sibling.

b) A **Benefit Profile** has **Controls** to regulate its performance.

i. Unless determined otherwise exclusively by the Company, a Child **Benefit Profile** shall inherit any **Control** and any existing value of any respective **Control** of its Parent **Benefit Profile**. This rule shall apply equally to any newly added Child **Benefit Profile**.

c) The **Base Plan** is a **Benefit Profile** that has Children **Benefit Profiles**, which Children **Benefit Profiles**, listed in decreasing hierarchic order are:

- i. **Attachments** that cover all Members;
- ii. Members;
- iii. **Attachments** that cover selected Members;
- iv. **Service Providers**;
- v. **Base Benefits**.
- vi. The preceding is provided merely to demonstrate one example of a hierarchic order within a **Benefit Profile**.

d) Any **Benefit Profile** that is independent of another **Benefit Profile** shall have its respective Children be independent of the other collectively and vice versa.

i. A **Benefit Profile** may exist that is independent of the **Base Plan** and which has its own hierarchic order of Children, which may include any Member as one of the Children within its hierarchy.

15. Business Arrangement: - means any facility, loan, financing, including equity financing, and any other beneficial arrangement, service or benefit which the **VIP** engages with any of its members or on behalf of any of its members or for the benefit of any of its members, in pursuit of the **Objectives of the VIP**.

a) In the pursuit of the **Wellness Goals of Success, Health, Wealth and Happiness**, otherwise known as **Peace of Mind**, the following keywords and watchwords shall describe the true nature of the environment and requirements to survive and thrive in any future changing world environment. They are:

- i. Customization; Localization; Reliability; Resilience; Self-Sufficiency; Self-Reliance; Independence; Interdependence; Food Security; Health Security; Income Security; Social Security; Savings; Innovation; Leadership; Entrepreneurship; Social Networking, whilst being a Node in a Network of similar and or complementary others; plus, actively making friends, at the individual, family, community, institutional, national and international levels.

b) Each member hereby understands and agrees that he shall not be entitled as of right to any **Business Arrangement** and that any and all **Business Arrangements** whatsoever shall be provided at the exclusive discretion of the **Patron**.

c) No **Business Arrangement** shall be considered, offered or provided which, in the opinion of the **Patron, Board, Manager or Wellness Manager**, is exclusively for or is substantially related to or associated with any objective which does not

satisfy the **Objectives of the VIP**.

d) The funding and or management of any specific **Business Arrangement** will not remain exclusive to the Company and or **Trust Funds** but shall be funded, managed and or coordinated with and or by any designated **Service Provider**, in the interest of satisfying the **Objectives of the VIP**, according to terms outlined within such suitable **Trust Instruments** and or such suitable arrangements as may be required.

16. Capital Ventures Ltd.: - A **Corporate Member** of the **VIP**, and as the context may require, acting respectively in its role of **Patron**, **Trustee** and **Service Provider** of the **VIP**; as outlined within its **Trust Instruments**. The entity to which Members have asked and which has agreed to provide Members with access to benefits which are mainly of a kind which are either difficult or impossible for any Member to achieve while acting alone. **Capital Ventures Ltd.** is in the **Wellness Lifestyle Management Business and Wellness Coaching Business**.

a) In the exercise of its powers and authority, and in the conduct of its duties and responsibilities, among the major concerns of **Capital Ventures Ltd.**, is with the commission, construction, maintenance, coordination, supervision and administration of the necessary **VIP Infrastructures** involved in the execution of relevant and appropriate **Standards, Systems and Policies** for the routine **Assessment and Control of Organizational, Cultural, Socio-economic and Management Practices** related to the effective management and delivery of benefits within the **Medical Plan** in satisfaction of the **Objectives of the VIP** as outlined within the **VIP Bye Laws**.

17. Civil Society Economy: - means a network comprised of **VIP Members (MentorNet)**, their Institutions (**SaluNet**) and their Communities (**GeoNet**).

a) By coordinating their efforts, they remain committed to the application of **Social Automation, Social Entrepreneurship, Social Networks, Membership Sharing and Revenue Sharing** as viable approaches towards improving their **Welfare, Wellbeing, Standard of Living and Quality of Life**.

b) The **Civil Society Economy** is the **Socioeconomic Platform** which is specifically established for the **VIP** to maximize its potential and contribution towards diversifying the economy of Trinidad & Tobago into the **Medical & Wellness Economy** for the benefit of the **VIP's** members, those whom they love and the communities in which its members live, work or recreate.

c) All things being equal, when considering any benefit, opportunity or privilege, preference shall be given to Members of the **VIP** and active participants within the **Civil Society Economy**; provided that such Members or active participants have complied, and continue to comply, with respective standards as is required and or as is necessary to be performed and or to be observed for any given purpose.

d) The **Civil Society Economy** includes Trinidad & Tobago, the Caribbean, Latin America and the World.

18. Claim: - Each request for **Assistance** as may manifest in the submission of documents for any **Business Arrangement** or for **Reimbursement** or for payment or for any benefit, privilege or opportunity per Member per **Event**.

a) As it applies to any **Physical Injury** or emergent illness or condition, a claim shall mean each request for **Assistance** by way of the submission of documents for **Reimbursement** or payment

against any **Eligible Expense** per **Illness** per Member.

b) As it applies to any **Business Arrangement**, a document shall include but is not limited to any **Report** or any **Proposal** and the like.

19. Coexisting Service: - or **Coexisting Expense:** - A **Service**, benefit or expense which is incurred as an Out-hospital (outpatient) expense in the circumstance where a member is hospitalized or has incurred surgery, or **Same day Surgery**.

a) To remove any doubt about the intentions of the Company, a **Coexisting Service** or **Coexisting Expense** shall refer exclusively to any **Service**, benefit or expense which was not stated upon, nor qualifies to be included among, the charges contained within the billing system of the hospital during confinement and or the **Professional Fees** and such other necessary covered paraphernalia which relates to the **Same day Surgery**.

b) This expense should be incurred at any time ninety (90) days immediately prior to admittance or the **Date Of Service** for the Surgery, and ninety (90) days immediately after the **Date of Discharge** from the hospital, and or on the **Date of Admittance** to the hospital or on the **Date Of Service** for the **Same day Surgery**.

20. Community Benefit Plan: - A comprehensive **Wellness Lifestyle Management Plan** which implements the benefits of the **Medical Plan** and is also a subset of the **National Wellness Lifestyle Management Programme (NWLMP)**, and which also complements **VIP Infrastructures** which exist within the **Civil Society Economy**, to help Members to achieve their **Wellness Goals** as they fulfill the **Objectives of the VIP**. Constructed with three (3) subsets as follows:

a) **Community Provider Benefit Plan;** established for Members and their communities to apply **Social Automation** to generate a **Culture of Success** to produce the world's pragmatic leaders, entrepreneurs who are critical-thinkers, innovators, problem-solvers and preferred providers of labour, goods and services; who shall survive and thrive under any changing future world environment and shall produce **Income Security** for future generations.

b) **Corporate Protector Benefit Plan;** established for **Corporate Members**, (who participate within the **ViaMed Network** and who collaborate with the **Mecca Caucus** to access valuable **Business Intelligence** from the worldwide **Diaspora** for the **Elite Activists** whom are produced by the diligent application of **VIP Infrastructures**, such as the **Community Entrepreneurial Cooperatives**), to operate within an uncertain, perilous, changing future world environment and to apply **Corporate Wellness** to acquire and develop an enviable expertise in the fruitful application of **Social Automation** to acquire and to apply **Social Capital** and **Intellectual Capital** to generate abundant **Economic Capital** by being nimble, innovative and agile to become the world's **Preferred Providers** of **Entrepreneurship, leadership, goods and services**, as they dominate the worldwide **Medical & Wellness Economy**, and diversifying the **Economy** to survive and thrive under any changing future world environment; creating **Income Security** for future generations.

c) **Corporate Employee Benefit Plan;** established to assist Members to apply their expertise in **Social Automation** to position themselves as the world's **Preferred Providers of leadership, labour and innovation**, as they secure fruitful employment and income opportunities and to cooperate and collaborate with their employers to produce **Income Security** in consideration of the imminent dangers to reliable, sustainable

and gainful employment in a challenging future changing world environment, which is imbued with an escalating preponderance of **Automation** and **Artificial Intelligence**.

21. Community Provider Benefit Plan: - A **Plan** which is secondary to **Other Plans**, and which is designed to fulfill the **Objectives of the VIP** and such other requirements, as outlined within the **VIP Bye Laws**, by providing **Wellness Lifestyle Management and Wellness Coaching** benefits, privileges and opportunities, which include **Business Arrangements** and **Social Automation**, to Members of the **VIP** and their covered Dependents; and include their friends, families, colleagues, Institutions and the members of the communities in which Members live, work or recreate. A subset of the **Community Benefit Plan** of the **VIP**, which is a **Wellness Lifestyle Management and Wellness Coaching Plan** which is established to assist **Human Members (KREW)** of the **VIP**, their families, friends, colleagues, institutions and communities to meet their **Wellness Goals**.

a) This **Plan** is foundational. It is the **Plan** with which Members of all **Membership Classes** are enrolled into the **VIP** to enjoy the benefits of the **VIP** as outlined within the **VIP Bye Laws**.

i. Both **Human Members (KREW)** and **Corporate Members** are enrolled into the **VIP** by way of this **Plan**; to enjoy benefits.

b) Its **Human Members (KREW)** are accommodated into the **VIP** under various **Membership Classes** to enjoy the benefits of the **VIP** under the following subsets of this **Plan**, not limited to:

i. **Plan Genre**
ii. **Plan Category**
iii. **Plan Package**

c) Its **Corporate Members** are accommodated and enrolled into the **VIP** under various **Membership Classes** to enjoy the benefits of the **VIP** under the following secondary complementaries to this **Plan**, by way of the:

i. **Corporate Protector Benefit Plan;** and further, may subscribe their employees to the;

ii. **Corporate Employee Benefit Plan**

22. Commencement Date: - The date on which;

a) the **Base Plan** commenced coverage for Members
b) the **Base Plan** was subsequently updated
c) the Member was accepted as a participant in the **Base Plan**
d) any subsequent change of status and or any benefit of the Member occurred
e) any benefit commenced
f) an exclusion or other prohibition commenced

23. Compliance Benefit: - The generic term for any **Reward** associated with any aspect of the **Wellness Lifestyle Management Programme**.

24. Compliance Credit: - A generic term for any unit of value associated with any **Compliance Benefit** and is generally issued and used to measure the level of compliance of the Member with the ethos of the **Wellness Lifestyle Management Programme**.

25. Commercial Living Space: - Any living space that is not a **Domestic Living Space**.

26. Consolatory Benefit: - Without any limitations on its powers and authority to act within its discretion according to its **Trust Instruments**, mean any goodwill benefit and or **Reward** that is provided by the Company, for any reason that it determines to be appropriate.

27. Contribution: - A **Donation** irrevocably pledged to the **Trust** known as the **Medical Plan** and or to any **Fund**, by the Principal or any Member or any entity, for any given purpose; and includes any **Membership Fees**, charges, **Tokens**,

and the like, towards membership in the **VIP**; and Member may enjoy coverage under terms and conditions as outlined within the **Primary Contract** and respective **Attachments** being amongst **Trust Instruments** under which the **Plan** is governed and conducted by the Company.

28. Control: - Used in context means the generic expression ascribed to any criterion and or any decision used and or imposed by the Company to regulate and or to manage any other criterion within the **Plan**. **Controls** communicate the Company's intentions as manager of the **Plan**. With due consideration being given for the ambiguous, volatile and unpredictable nature of the environment and circumstances in which the **Plan** is deployed and operates, when providing **Assistance** to any Member who is engaged in managing his **Sovereign Risks**, to better communicate its intentions, at any time, with or without notice, the Company may exercise a right within its powers to make or vary or nullify or reverse or reinstate any decision, and or may add, vary, suspend, delete, reinstate, and or may otherwise impose its will upon any **Control** or any criterion associated with or related to any **Control**. Because the following descriptions cannot be relied upon to completely, accurately and or consistently capture the essence of this expression when rigorously applied to every real-world circumstance, they are provided herein exclusively for the purpose of demonstration. Therefore, it shall be understood and agreed that the Company shall be the final determinant on any issue associated with this expression:

- a) Examples of such **Control** include but shall not be limited to: any rule or regulation; any term or condition; any decision; any **Sum Assured**, **Accumulation Period**, **Observation Period**, **Effective Date**, **Commencement Date**, **Schedule Date**, **Event Window**, **Payment Cycle**, **Deductible**, **Co-payment**, etc.
- b) Every **Benefit Profile** shall be subject to any **Control** which shall be determined exclusively by the Company.
- c) Generically any date associated with any **Control** shall be referred to as the "**Control Date**".
- d) If ever it is determined that any **Benefit Profile** was not assigned any specific or proper **Control**, then such **Benefit Profile** shall adopt the respective **Control** assigned to the **Base Plan** and or shall be overruled by any **Control** as determined exclusively by the Company, as manager of the **Plan**, to satisfy its intentions.
- e) Whenever any **Control** is used to regulate your access to any **Benefit Profile**, unless determined otherwise by the Company, its **Effective Date** shall be the **Commencement Date** of the said **Benefit Profile**. Additionally, unless determined otherwise by the Company, the **Control** shall be inherited by each Child **Benefit Profile** and including any newly acquired **Benefit Profile** to regulate your access to any benefit from such Child **Benefit Profile**. The **Effective Date** for such inherited **Control** shall coincide with the **Commencement Date** of the **Benefit Profile** or of any newly acquired **Benefit Profile** or your own **Commencement Date** particularly if you are newly enrolled into the **Plan**, whichever **Effective Date** and or **Commencement Date** is later; or any **Effective Date** and or **Commencement Date** as determined by the Company.
- f) Where there is no predetermined value associated with any **Control** or where there is doubt about the range or limit to be applied to any value associated with any **Control**, exclusively the Company shall determine the value, range and or limit of the value that shall

be applied against any such **Control**.

29. Co-pay: - Any arrangement where the claimant and the Company agree to independently pay its respective share of the **Eligible Expense** to the **Service Provider** for **Service** rendered to or on behalf of the claimant.

30. Co-payment: - or Coinsurance: - An arrangement whereby the Company and the claimant share the responsibility for settling the claim by using a pre-agreed percentage ratio. The value of the Company's share is listed in the **Summary Of Benefits** or any other document determined by the Company.

31. Core Benefit: - The substantive **Benefit Profiles** offered to the Member by the **VIP**; via the Company, while acting under the authority of its **Trust Instruments**. These are provided to assist Members to achieve their **Wellness Goals** as they fulfil the **Objectives of the VIP**. Refers more specifically to benefits enjoyed under the **National Wellness Lifestyle Management Programme (NWLMP)**; and which are transacted and or executed within the **Civil Society Economy**. They include:

a) **Business Arrangements**

b) **Social Automation**

32. Core Member: - A Member whose coverage remains current and who may or may not be a **Foundation Member** and has been enrolled in the **Plan** prior to October 1, 2008. Also refers to a Member whose coverage remains current and who applied for coverage by December 31, 2008 and was subsequently approved. Also, any Member covered under the **WellCare Plan Genre** who does not meet the preceding requirements can be awarded such status by the Company.

33. Corporate Member: - A Legal Person or Society or unincorporated body which is a Member of the **VIP** and is a substantive **Donor** and **Beneficiary of the Trust**.

a) A **Corporate Member** requires the existence of a Principal who remains in **Good Financial Standing** in the **VIP**, and who possesses the legal authority to commence and or to complete the enrollment of that entity into the **VIP**; and after acceptance into Membership, as the context may require, to avoid loss of **Qualification for Membership** in the **VIP**.

b) The respective authorized Principal shall be the contract party in relations to the conduct, affairs and or activities of the **Corporate Member**.

c) The delegation of authority to the Principal, to register any of his preferred entities as a **Corporate Member** of the **VIP**, and the opportunity for that **Corporate Member** to accrue **Qualification for Membership** and to remain a member of the **VIP**, are included amongst the benefits, privileges and opportunities of his Membership in the **VIP**; and such opportunity is included amongst the range of **Business Arrangements** which the Principal can access to **Assist** him to achieve his **Wellness Goals**.

d) A **Corporate Member** may be enrolled into the **VIP** by the Principal under only one of the following **Membership Classes**:

i. **Governmental**

ii. **Commercial**

iii. **SME (Small & Medium Enterprise)**

iv. **NGO (Non-governmental Organization)**

v. **Special (Reserved for such entity which the Company deems to be not eligible or not suitable to be included within any other Membership Class).**

34. Coverage: - Means consideration to receive **Assistance** as may be exercised by way of access to any benefit, privilege or opportunity, as outlined within the **Medical Plan**, under the discretionary powers and authority being conferred to **Trustees**

by respective **Trust Instrument**, which has been established under the **VIP Bye Laws**. The meaning is also ascribed to its derivatives.

35. Date of Service: - The date (and time) which a **Service** was performed or a benefit enjoyed. If a **Service** was performed or a benefit was enjoyed continuously over a contiguous period of days, the first (**1st**) day shall apply. This day shall also be counted as the first (**1st**), and or a whole day, in any count of days that may have elapsed.

36. Deadline Date: - The last day (and time) for performing or observing a given requirement.

37. Deductible: - That part of a claim that the Member accepts as his responsibility and shall be deducted from any **Eligible Expense** before the Company settles any claim.

38. Delinquent Account: - The condition of indebtedness whereby a Member has an overdue debt or other unfulfilled obligation. Such overdue debt or unfulfilled obligation shall be subject to the exercise of the powers and authority of the Company, not limited to the terms and conditions outlined within the **Schedule of Charges For Delinquent Accounts**. The overdue debt or unfulfilled obligation may be owing to:

a) the Company or

b) any **Service Provider** or

c) any third party in which the Company has:

i. given a guarantee of payment or

ii. has been influential in enabling the Member to obtain any benefit; not limited to any **Business Arrangement**.

39. Derived Illness: - any illness that in the opinion of the Company has emerged or derived from, or is related to, or is associated with another illness.

40. Doctor: - A person who meets all of the following criteria:

a) a registered, qualified or licensed Medical Practitioner practising in any country to which this agreement applies;

b) qualified and licensed to diagnose and treat illness;

c) acting within the scope of his license; and

d) not the Member or part of the Member's family.

41. Domestic Living Space: Exclusively any habitable living space situated within Member's home and includes his neighbourhood, the home and or neighbourhood of any friend, family or associate, and within which is used for the conduct of Member's normal domestic activity; includes the living space associated with Member's normal commuting activity along any route, airway, waterway and thoroughfare and includes the living space within any commercial commuting vehicle, legally designed or required, and where required, licensed, operated, maintained and available for public use. The living space in any private vehicle when such vehicle is being used by the Member or his friend or associate in any non-commercial role activity or circumstance by the Member or his friend or associate to provide the Member with non-commercial private commute is also included.

a) In this definition all homes shall be considered to exist within a neighbourhood, and for the purpose of inclusion, the right to determine the outer limits and or the boundary of any neighbourhood and also the right to determine the nature of or range for what is considered "normal" is reserved exclusively to the Company.

b) The Company reserves the right to determine which living space is a **domestic living space**.

c) The Company reserves the right to determine that any living space which may not normally qualify as **domestic living space** be categorized as a **domestic living space**.

i. As only for example; depending upon the role or activity or circumstance, the Company may determine that any living

space that is not a **domestic living space** and which may belong to, or may be operated by any entity, hereinafter called **commercial interest**, performing any role or activity, hereinafter called **commercial activity**, and which living space is normally classified or can be reasonably classified as being a **Commercial Living Space**, but which **commercial interest**, in its normal conduct of business, permits the public to access such **Commercial Living Space**, may be included as a **Domestic Living Space**; but only when such **Commercial Living Space** is being properly used for the role or purpose and or capacity for which it was designed and or licensed by any relevant regulatory authority or under any other appropriate authority recognized by the Company.

42. Durable Medical Equipment (DME): - Machines or other devices medically necessary to support Member's medical condition and which are generally durable for more than one hundred and eighty (180) days.

- a) Consumables, repair, replacement, maintenance **Service** and the like shall be excluded from coverage.
- b) The **DME** must substantially exist and or be used outside the Member's body; and particularly where incision or surgery is not usually necessary to fixate or use the **DME**.
- c) The cost of acquisition must not be more than the estimated cost of rental or acquisition shall be declined.
- d) Exclusively the Company shall determine whether any **DME** is covered and under what terms that coverage shall be provided.
- e) Manually operated wheelchair and crutches are automatically covered in this agreement. All else shall be excluded.
- f) Coverage for a much larger range of **DMEs**, particularly those associated with **Residential Care**, are available via subscription to the relevant **Enhancement Benefit**.

43. Economic Dependent: - An unmarried unemployable person, otherwise unqualified as a Dependent of the Principal under this **Plan**, but living permanently with the Principal and is dependent solely upon the Principal for sustenance.

- a) Exclusively the Company shall determine whether any **Economic Dependent** is covered and under what terms that coverage is provided.
- b) Unless waived by the Company, in writing, an **Economic Dependent** is covered as a **Supplementary Benefit** requiring **Contributions** for this benefit, else coverage is void.

44. Effective Date: - The date (and time) that the terms of an agreement or any edict take effect.

45. Elective: - Generic term that refers to any care, treatment or **Service** for an illness or condition where **Service** may not be medically necessary and or where in the opinion of the Company a reasonable prognosis may determine that such treatment or **Service** might be substantially ineffective or may be delayed almost indefinitely with relatively little or no adverse consequence to the physical health of the Member. It also refers to any additional expense in a situation where the Company believes there is any **Service** option and in the Member's circumstance, in the opinion of the Company, the more expensive treatment or **Service** option might be marginally better than, or just as effective as, a less expensive option. The Company is the final arbiter on what is to be deemed as being **Elective**.

46. Eligible: - Means the property of being qualified for inclusion in any **Report**, **Proposal** and the like,

for consideration for **Assistance** to access any benefit, privilege or opportunity. However, in its application with respect to any Member, shall be subject to and shall not supersede or override the rights, authorities and powers of the Company or any entity as outlined within respective **Trust Instrument**.

47. Eligible Expense: - The **necessary, reasonable and customary** expenses that qualify for consideration for **Reimbursement** or payment.

48. Elimination Period: - An **Observation Period** used by the Company to determine the existence of any **Imminent Illness** and for eliminating from coverage, any **Imminent Illness** and any **Service** associated with the treatment of any **Imminent Illness**.

49. Endemic Service: - Any **Service** that the Company considers being **endemic** in any **Locality** in which coverage is provided under this agreement. An **Endemic Service** shall observe all the rules of this agreement. However, for a condensed version of how an **Endemic Service** is identified and eligibility for benefits determined, the following statements shall be restricted in scope. Therefore, unless determined otherwise by the Company, a **Service** shall be considered as being an **Endemic Service** exclusively if, with respect to any **Deadline Date** of any **Observation Period** determined by the Company, it has been continuously performed in the respective **Locality** for a period that is not less than the given **Observation Period**. Among other **Control** criteria, eligibility for any **Endemic Service** shall be determined by observing the later occurrence of any **Control Date** that shall be applied to a subsequent **Observation Period** which shall be used to determine which **Illness** or **Service** shall be eligible for **Reimbursement** or payment as it relates to any respective **Endemic Service**. Any Principal can use the relevant **Enhancement Benefit** to set the **Commencement Date** of the subsequent **Observation Period** and to update his coverage at any time and as often as desired. To summarize, there are two types of **Event Windows** that shall be used to determine eligibility for any given **Endemic Service**. (Please see **Page 28 Clause 182**) below:

a) A **Backward-looking Event Window**. This **Event Window** shall refer to the day immediately prior to the **Commencement Date** of the **Forward-looking Event Window** as its **Deadline Date** and starting from that **Deadline Date** shall count time backwards to identify the **Schedule Date** of the **Backward-looking Event Window** to identify the existence of any new **Endemic Service** to be considered for coverage.

- i. Unless the Company determines otherwise, the value for the **Observation Period** that is the **Backward-looking Event Window** shall be three (3) years.

b) A **Forward-looking Event Window**. Its **Controls** shall be the **Table of Incubation Periods** or **Elimination Period** or as determined by the Company and with respect to any such **Control** the **Commencement Date** of the Member or the **Enhancement Benefit** or as determined by the Company, whichever is later, shall be the **Control Date** that is used to determine eligibility to benefit from any covered **Endemic Service**.

50. Enhancement Benefit: - Refers to any **Benefit Profile** intended to improve the range of Member needs satisfied by the **Plan**. It may impact upon any **Core Benefit** and or any **Auxiliary Benefit** and or any Member for managing and or improving the **Plan** and or the Member and or his circumstance. Includes but is not limited to:

- a) **Reward**

51. Enhancement List: - The generic name for the listing of **Enhancement Benefits** that may be

covered under any specific **Attachment** and from which list the Member can acquire any selected **Benefit Profile** for approval to further customize his **Base Plan** to meet his needs more perfectly. The **Enhancement List** is comprised of two distinct lists:

a) **Base Enhancement List:** Provides coverage for **Benefit Profiles** that are not associated with any **Pre-existing Condition**.

b) **Approved Declared Pre-existing Conditions Enhancement List:** Provides coverage for **Benefit Profiles** that associate exclusively with any approved declared **Pre-existing Condition**.

52. Event: - Taken in context means any of the following:

a) Any occurrence that manifest within an **Event Window**.

b) Any enterprise associated with or related to, but not limited to, any role, activity, occurrence, loss, gain, exposure, experience, education; monitoring; evaluation; lifestyle; subsidy; coverage; benefit; medical; or any type of social intercourse, activity, or interest which is sponsored by the Company or in which the Company has a visible or active interest or influence and which may accommodate for the participation of the Member.

53. Event Window: - A period of time identified by a beginning and an end. (E.g. the period between the **Schedule Date** and the **Deadline Date** of an **Event**).

54. Ex gratia Payment: - A goodwill payment or **Reward** made, and supported by documentation signed or authorized by the **Plan Administrator**, to a Member who has suffered loss or otherwise has incurred expense. The payment is made particularly if the loss is outside the normal terms for eligibility for **Reimbursement** or payment within the contract. Such payment may be deducted from the relevant **Sum Assured** in the normal manner, but shall not be accounted for as a payment against the gross claims paid by the Company from the **Fund**.

55. Foundation Member: - A Member whose coverage remains current and who has been enrolled in the **Plan** prior to **December 31, 1999**.

56. Fulfillment Material: - Any form of documentation and or other paraphernalia that the Company makes available to the Member to indicate his acceptance into the **Plan** and may be issued primarily via any prevailing technology; and or secondarily, provided to the Principal via traditional or optionally any other form of distribution, at a fee determined by the Company.

57. Functionary: - Any person who is an authorized official of the Company or is officiating on behalf of the Company or any entity that is associated with the Company and when such person is performing a designated role on behalf of the Company or in an **Event**.

58. Fund: - Used in context means the generic expression used to describe or refer to any facility associated with the management of this **Plan** in which Members of the **VIP** make **Contributions** and enjoy benefits on terms and conditions outlined within the **Trust Instruments**. Among other sources of funding, the cost of administration and for providing any benefit, opportunity and privilege, including for supporting the affairs of the **VIP** and for this **Plan**, are derived from the **Fund**. Used more specifically, the expression refers to any of the following:

a) The **Medical Fund**, as outlined within the **VIP Bye Laws**.

- i. Unless determined otherwise, Member's **Contributions** and any **Donations** accrue to the **Medical Fund**.

ii. The **Medical Fund** belongs to the **Trust**.

b) Any other named or unnamed **Fund** to which

the Company may refer at any time.

59. Health Rewards Savings Account (HRS): - A **Reward** that is a system for the Member to accumulate long-term savings based on the Member earning regular subventions from the Company and or by making personal subventions into his account. It also empowers the Member to retain coverage and or pay for medical care after retirement, a time when his income drops drastically! Most importantly, the **HRS** is designed to encourage the Member to be active; to practise a **Wellness Lifestyle** that is focused upon developing independence and learn how to practise and benefit from shared responsibility; discipline; enjoyment of sustainable prosperity, health, fitness and peace of mind; while staying vivacious and active way into retirement. Thus, enjoying long-term, the fruits of **Salubrious Living**.

a) The Company reserves the right to permit any Member to augment the value of his account by making personal subventions.

60. Hospital: - An institution that meets all of the following requirements. It:

- a) is properly accredited and where required by law, holds a license as a **Hospital**;
- b) operates mainly for the care and treatment of sick or injured persons as inpatients;
- c) provides twenty-four (24) hours a day nursing care by Registered Nurses;
- d) has a staff of one or more doctors available at all times;
- e) provides organized facilities for diagnosis and surgical procedures;
- f) is not primarily a clinic, nursing home or convalescent home or similar place of business;
- g) is not mainly a place for treating alcoholics or drug addicts.
- h) With respect to outpatient surgery, or diagnostic testing, ambulatory surgical center or a clinic are considered Hospitals, if properly accredited and where required by law, licensed allowing the facilities to operate as such.

61. Health Security: - The state of **Peace-of-Mind** that exists in your life when you focus your attitude, relationships, resources and lifestyle to prevent illness; and to ensure that every family Member can access timely and appropriate medical care, even under adverse conditions.

62. Ideals of the VIP: - shall include the fact that the **VIP** shall be, shall remain and shall conduct its business as a secular, equal opportunity, non-racist, non-sexist, non-religious, and non-political institution which pursues the virtues of **Intellectual Honesty** and **Moral Honesty**; and steadfastly avoids dogmas within its contemplations, decisions and activities.

a) Whenever members meet or engage in contemplation or in conversation for any given purpose, the only consideration is that they are engaging and interacting with other human beings.

b) This means that all prejudices shall be left at the door or thrown out of the window; and banished from the engagement and interaction.

c) Here the consideration and contemplation shall always be: *"I love you! I recognize you on equal terms, as another human being, with strengths and weaknesses, just as me. I mean you no harm. I am here to help! Krew Love!"*

63. Illness: - An abnormal condition of mind or body that requires medical attention and if treatment is delayed, will endanger health. In this definition, the mere presence of symptoms is not an **Illness**.

64. Imminent Illness: - Any complication and or expense of a **Declared Pre-Existing Condition** that occurs and or shows imminence, before the end of the **Elimination Period**. Exclusively the Company shall determine if an **Imminent Illness**

exists.

65. Imminent Need: - Refers in context, to any benefit or circumstance where, in the opinion of the Company, the Member subscribed to, (or positioned for), a benefit, which benefit otherwise would have been ineligible to the Member and where there is likely to be a presumed, anticipated or known imminence or need for the benefit. It relates particularly to any reimbursable benefit or other benefit which may incur any cost and or utilize any resource of the Company. Exclusively the Company shall determine if an **Imminent Need** exists.

66. Implanted Durable Medical Equipment (IDME): - Any Machine or other physical device medically necessary to support Member's medical condition and which is generally durable for more than one hundred and eighty (180) days.

a) The **IDME** must substantially exist and or be used inside the Member's body; and particularly incision or surgery must be used to implant the **IDME**. Examples are: pacemakers, stents, etc.

b) Exclusively the Company determines whether any **IDME** is covered and under what terms that coverage is provided.

67. Incubation Period: - An **Observation Period** which specifies the time duration within which an illness is acquired and any of its symptoms is manifested. In this **Plan**, the classification of any illness by **Incubation Period** is determined exclusively by the Company and is incontestable. Adjustments were made to cater for **Risk**; the convenience of the Member; the efficient administration of the **Fund** and clinical statistics from the medical fraternity. The **Table Of Incubation Periods** compiles **Illnesses** by Class and it can be recompiled at any time. At the submission of claims all **Illnesses** of a Class are deemed to have the **Incubation Period** of that Class. The most recent version of the **Table Of Incubation Periods** is available at the office of the **Plan Administrator**.

a) To remove any doubt and to improve clarity on the matter, the **Incubation Period** which is used and applied herein as an **Observation Period** within this **Plan**, shall not be misconstrued to possess the same or any similar meaning and or properties as the term "**Incubation Period**" which is generally used, applied and ascribed within the medical fraternity for assessing and or declaring upon the historical and or anticipated and or factual emergence and or presence of any clinical disease.

b) When the **Incubation Period** is applied as an **Observation Period** within this **Plan**, it is intended to be used to simplify the process of determining **eligibility** for any benefit, privilege or opportunity, when assessing whether an **Illness** or condition was a **Pre-existing Condition** on the respective **Commencement Date** with respect to any Member.

i. This fact properly explains why it is not possible for **coverage** to begin or to be available on any respective given **Commencement Date**.

c) The process of assessing whether an **Illness** or condition was a **Pre-existing Condition** on the respective **Commencement Date** with respect to any Member, shall not be misconstrued to mean that a decision is being made or was made which positively and or conclusively asserts that any **Illness** had existed clinically and or factually or is known to have existed clinically and or factually on the respective **Commencement Date** of the affected Member. When considering any outcome of this assessment process, it should not be presumed or assumed that any knowledge claim is being made about the factual emergence or presence of any clinical disease.

i. This is actually a reliable process of convenience, which is being invoked and applied lawfully, for the reasonable ordinary man, which include respective **Functionary** and or any Member of reasonable mind, to quickly, inexpensively, efficiently, effectively and to significantly improve success at always producing an incontrovertible outcome when assessing **eligibility** for a benefit, privilege or opportunity; and does so in an environment which is generally infused with intractable unknowns, uncertainties and unresolvable complexities associated with the **Sovereign Risks** of the affected Member, as outlined within the **VIP Bye Laws**.

68. Independent Sum Assured: - This expression shall refer to the **Sum Assured** of any benefit or **Benefit Profile** which respective **Sum Assured** has no hierarchical relationship with the **Sum Assured** of another referenced benefit or **Benefit Profile**. This term particularly refers to the situation where the **Sum Assured** of a benefit or **Benefit Profile** being considered has no hierarchical relationship with the **Sum Assured** of the **Base Plan**. The net effect is as if there exist two independent **Plans** from which the Member can claim benefits; reimbursement enjoyed from one **Sum Assured** does not reduce or impact upon the value of the other.

69. Infrastructure of the VIP or VIP Infrastructure: - Any **Node**, individually or collectively, which exists within the **Network of Institutions of the VIP** and includes any relationship and or any facility of the **VIP**, such as the **Civil Society Economy**, which is made available for Members to use for productive purposes in pursuit of their **Wellness Goals** in satisfaction of the **Objectives of the VIP**.

70. Initial Commencement Date: - Provided that coverage has not lapsed, with respect to enrollment in the **Base Plan**, this term refers to the very first **Commencement Date** given to any Member upon enrollment into the **Base Plan**. It precedes all **Commencement Dates** assigned to any change of enrollment status such as upgrade, downgrade, coverage under successive Principals or change in status from Dependent to Principal.

a) This **Control Date** shall serve to become the **Anniversary Date** for eligible Members to conduct their **Annual Preventative Screening** as well as to donate blood, annually, via their voluntary participation in the **Blood For Life Programme**.

i. Upon acceptance in the **Plan**, in relation to their **Initial Commencement Date**, each eligible Member shall be required to perform these **Medical Requirements**; and will be informed accordingly.

ii. None of these **Medical Requirements** shall serve as any criterion for deciding the initial acceptance of any Member into the **Plan**.

71. Juvenile Child: - with respect to any Principal, shall mean the child, step-child, adopted child, **Economic Dependent**, ward or any Principal's "godchild" who is adopted under the **Model Parent Mentoring Plan**, and who has not attained age eighteen (18) and who is accepted by the Company to be included within this category.

a) A **Juvenile Child** may qualify for various type of benefits from the **VIP** and or within the **Civil Society Economy** and or **Service Providers**.

72. Krew Love!: - means a greeting of endearment used amongst members of the **VIP**.

73. Lapse: - Termination of coverage whenever no **Contribution** is received or available to be applied towards a minimum of one calendar month of future coverage.

74. Liability: - or **Liable:** - Unless the context

requires otherwise, shall refer exclusively to the **liability** of any entity which performs within its role, responsibility and authority as outlined within its **Trust Instruments**; and the **VIP** shall indemnify such entity in its personal capacity.

75. Lifetime: - When taken in context the concept refers to the value of the **Accumulation Period** of the **Sum Assured** of any respective **Benefit Profile** which value shall equal the age of the Member at death. In practical terms refers to the circumstance when the **Sum Assured** of any **Benefit Profile** has a fixed **Reimbursement** quota which value shall not be replenished over the natural life of the Member.

76. Locality: - A county, state or country or such area as is needed:

a) to represent a cross-section of providers giving the type of service or supply for which the charge was made.

b) to represent the physical location of any **Event**.

77. Lump sum Annual Payment: - A single and complete payment of **Contributions** for one year of coverage at the prevailing rate.

78. Mature: - The state of readiness for a purpose. Also refers to in context to any derivative.

79. Medical Emergency: - Any unplanned or unanticipated need for medical care where lack of treatment may endanger health and or life.

80. Medical Fund: - A **Fund** which exists within the **Trust** known as the **Medical Plan**, and within which accrues the **Contributions, Donations, Tokens, benevolences**, and the like, in favour of the **Trust**, as outlined within respective **Trust Instruments**, and against which the Company has absolute discretionary powers to accumulate and or distribute **Trust Funds** and to make payments or to settle any administrative and any other expenses of the **VIP** and the **Trust** and without limitation, includes the **Risks, Welfare, Wellbeing, Standard of Living and Quality of Life** of Members whom are **Donors and Beneficiaries** simultaneously, and similarly for their friends, colleagues, families, institutions and the communities in which Members live, work or recreate; including **Reimbursement** or payment against any **eligible expense** plus support for **Business Arrangements**.

81. Medical Plan: - The given name for the **Trust** created by the **VIP** and its Members. To conduct the activities of the **Trust**, a network of **VIP Infrastructures** is established. These **VIP Infrastructures** are organically interconnected, by way of respective one-to-many relationships, in the manner of **Nodes in a Network**; and due care should be observed not to inappropriately or inaccurately or wrongfully misinterpret or misconstrue any, solely as one would with respect to the stereotypical **Administrative T-charts** of some Organizations. Notwithstanding the foregoing, in descending order, the structural architecture of the **VIP Infrastructures** which comprises the **Trust** is as follows: **Medical Plan**, and its two subsets, the **National Wellness Lifestyle Management Programme (NWLMP)**, and the **Civil Society Economy**, then the **Community Benefit Plan** and its three (3) subsets, (which include the **Plan**), and their respective subsets which may include respective successive subordinates, as may be established from time to time; all governed by **Trust Instruments**, which include the **Primary Contract**.

82. Medical Requirement: - Any test, **Service**, report and the like, whether medical or otherwise, especially when performed to satisfy any contractual obligation.

83. Mediserv International Ltd: - The Company. A **Corporate Member** of the **VIP**, acting in its respective role of **Trustee, Manager and Service Provider**, of the **VIP**; and the entity to which

Members have asked and which has agreed to manage a **Medical Plan** on their behalf, as outlined within its **Trust Instruments**. **Mediserv International Ltd.** is in the **Wellness Lifestyle Management Business and Wellness Coaching Business**.

a) In the exercise of its powers and authority, and in the conduct of its duties and responsibilities, among the major concerns of **Mediserv International Ltd.**, is with the design, construction, maintenance, coordination, supervision and administration of the necessary **VIP Infrastructures** involved in the execution of relevant and appropriate **Standards, Systems and Policies** for the routine **Assessment and Control of Organizational, Cultural, Socio-economic and Risk Management** practices related to the effective management and delivery of benefits within the **Medical Plan** in satisfaction of the **Objectives of the VIP** as outlined within the **VIP Bye Laws**.

84. Member: - The Principal individually and or any combination of eligible dependents.

a) Also, as the context may require, includes any **Corporate Member**.

b) Also, as the context may require, means a **Beneficiary** of the **Trust**.

c) All Members have a responsibility and obligation, as outlined within the **VIP Bye Laws**, to increase the membership of the **VIP** by inviting members of their **Social Networks** to become Members who also enjoy the benefits of the **VIP**.

85. Mentor: - The generic term that refers to a benefit that manifest as a category of **Voluntary Functionary** that provides any Member support service to ensure the delivery of knowledge and the practise of any skill, and any other requirement, associated with the realization of any objective of any **Vocation**.

a) As a **Mentor** you are a paragon and exemplar of the virtues of the **Wellness Lifestyle Management Programme**.

b) You participate in the delivery of relevant content and provide intimate personal support to encourage Members to consistently practise **Salubrious Living**.

c) You fulfill your own need to practise **Salubrious Living** by simultaneously being a student and a teacher of your chosen **Vocation**. You assert that "the best way to learn is to teach." Therefore, you actively seek to teach subordinates within your chosen **Vocation**.

d) Over time, as you develop competence, practise personal discipline and support your subordinates, you may earn hierarchical status among your rank and may become eligible for **Stipend** within your chosen **Vocation**.

86. MentorNet: - The network of **Mentors**, within the **Wellness Lifestyle Management Programme**, that is used to deliver **Wellness** education, skills, motivation and support to Members.

87. Observation Period: - The generic term for any **Event Window** that is used for contemplating upon, observing, detecting, assessing, evaluating or managing any **Event**. It is used particularly but not exclusively for determining **eligibility** or for dispensing a benefit. It is not to be construed as being merely a waiting period.

88. Other Plan: - Any other payer for any loss incurred and includes but is not limited to any receipt of money, cash, any award or other benefit of material value arising out of any **Event** or occurrence. Examples of such **Other Plan** includes and is not limited to any group, blanket, or franchise insurance; group Hospital, medical service, prepayment, labor-management trustee, union welfare, employer organization, or employee benefit organization plan; governmental programme; governmental insurance provided by

any statute; automobile insurance; life insurance; death benefit; medical payment benefit or automobile reparation insurance (no fault); or Workers' Compensation or similar law.

89. Payment Cycle: - Any recurring **Event Window** associated with any payment obligation.

a) The **Event Window** for the **Annual Payment Cycle** of any benefit or **Benefit Profile** starts on the **Commencement Date** of the approved benefit or **Benefit Profile** and ends one calendar year thereafter.

90. Physical Injury (Injury): - **Bodily Injury** or any **illness** that shall have occurred due to the occurrence of an **Accident**. Member must be covered under an appropriate **Accident Risk Profile** in order to benefit from **Reimbursement** or payment.

a) This criterion is classified exclusively under **Code 1** of the **Table of Incubation Periods**.

b) Any injury or loss which, in the Company's opinion, is related to or associated with or includes or involves or was caused by any diseased body structure and or any prosthetic type device shall not be considered a **Physical Injury** according to this definition; even though such **Bodily Injury** or loss may be covered for **Reimbursement** or payment otherwise.

91. Plan: - or **Benefit Plan:** - Used in context means:

a) The **Medical Plan**; the given name for the **Trust**.

b) The **Community Provider Benefit Plan**.

c) The **Institution of the VIP** and or its facilities, including respective **VIP Infrastructures** managed by the Company, upon which Members depend and subscribe for benefits under this agreement.

d) The **Plan Package** under which the Member is covered.

i. There exists a **Primary Contract**, common to participating Members, with the terms and conditions that apply to **Plan Categories** which are subsets of **Plan Genres**.

92. Plan Administrator: - The **Functionary** responsible for the day-to-day management of the **Plan** and through whose authority the Member receives any benefit.

93. Plan Category: - The immediate hierarchical Child of the **Plan Genre**.

94. Plan Genre: - The generic term for any of several hierarchical arrangements used for categorizing **Plan Packages** offered to Members.

(Note: Not all **Plan Genres** and or their subsets may be available at any given time, nor may be included herein, and current ones may be retired, suspended or discontinued, whilst new ones may be added; as the Company may desire from time to time). The following are the **Plan Genres** (which shall include respective "Jewel" versions, where the expression "Jewel" usually means coverage reserved for Members who are age sixty (60) and over on their **Commencement Date**, until their natural death; and their Dependents of any age); and their **Plan Categories** listed in decreasing order of benefit values), that are covered under this agreement:

a) **VitaCare Plan Genre** (Covers illnesses under this agreement): **Plan Categories** within this **Genre** include all **Plans** issued prior to **1st March 2007**. Current respective Members enrolled under respective **Plan Categories** shall continue to be covered by them under this agreement.

b) **WellCare Plan Genre** (Covers illnesses under this agreement): **Plan Categories** within this **Genre** include all **Plans** issued prior to **1st March 2007**. In decreasing order of benefit levels, include current **Plan Categories** such as:

i. **Platinum**,
ii. **Gold**,

- iii. **Classic**,
 - iv. **Diamond**,
 - v. **Emerald**,
 - vi. **Ruby**.
 - vii. These subsets were continued to be issued after **1st March 2007** and current respective Members enrolled under these **Plan Categories** shall continue to be covered by them under this agreement.
- c) **Triumph Plan Genre** (Comprehensive coverage for illnesses under this agreement): **Plan Categories** within this **Genre** include;
- i. **Aristocrat**,
 - ii. **Entrepreneur**,
 - iii. **Executive**,
 - iv. **Professional**,
 - v. **Aspiration**,
 - vi. **Eureka**,
 - vii. **Enterprise**,
 - viii. **Wisdom**.
- d) **Major Medical Plan Genre** (Covers illnesses under this agreement): **Plan Categories** within this **Genre** include;
- i. **Major Medical**. (Covers illnesses under this agreement)
- e) **Select Plan Genre**: (Covers selected illnesses and or conditions under this agreement may also be controlled by **Attachments**).
- i. **Critical Care**
 - ii. **Select Care**
- f) **Hospitalization & Surgery Plan Genre** (Coverage shall be provided to any eligible **Service** incurred exclusively under the **Hospitalization & Surgery Benefit Profile**): **Plan Categories** within this **Genre** include;
- i. **Hospitalization & Surgery** (Covers illnesses under this agreement).
 - ii. **Apregon** (Covers exclusively the named **Declared Pre-existing Condition** approved by the Company. Coverage may also be governed by any **Attachment** issued by the Company).
- g) **Energic Plan Genre**: **Plan Categories** within this **Genre** include;
- i. **Xtreme Sports** (Covers illnesses under this agreement plus, automatically covers the **Accident Risk Profile** named: **Xtreme Activity & Sport**)
 - ii. **Organized Sports** (Covers illnesses under this agreement plus, automatically covers the **Accident Risk Profile** named: **Organized Activity & Sport**),
 - iii. **Athletica Health & Fitness** (covers Members of any age, starting from age eighteen (18) and over at their **Commencement Date**, and includes **Wellness Lifestyle Management and Wellness Coaching**; plus, provides coverage exclusively for Member's **Accident** but shall do so conditionally and exclusively under the **Accident Risk Profile** named: **Organized Activity & Sport**).
- h) **Scholarship Plan Genre** (Covers illnesses under this agreement): **Plan Categories** within this **Genre** include;
- i. **Scholarship Platinum**,
 - ii. **Scholarship Gold**.
95. **Plan Package**: - A generic term to describe the **Principal's Plan** or **Base Plan** which is the aggregate of all the benefits and or **Benefit Profiles** offered to Principal and Member and is accepted by the Principal, as evidenced by his continued payment of **Contributions** and or participation in respective benefits or **Benefit Profile**. In terms of hierarchy this term refers to the Child of any **Plan Category**.
96. **Primary Contract**: - The **Success & Wellness Lifestyle Management Contract**. This contract is an **Attachment** to the **VIP Bye Laws** and is

included among the **Trust Instruments**. It is established to fulfill the **Objectives of the VIP** as outlined within the **VIP Bye Laws**. The **Primary Contract** is a major **Trust Instrument** with which the Company exercises its discretionary powers and authority in fulfillment of the **Objectives of the VIP** and against which worthy Members seek **Assistance** to manage their **Sovereign Risks**. The **Primary Contract** outlines the benefits and related processes associated with the operations of the **Community Provider Benefit Plan**. It is the contract with which the Member is enrolled into the **VIP** and unless stated otherwise, upon which **Attachments** depend for legitimacy. Refers to the contract for the **Plan Package** in which the Member is enrolled, based upon the Member's **Plan Category** as identified by the **Summary of Benefits**.

a) **Attachments** automatically append to the latest issued version of the **Primary Contract**.

97. **Principal**: - The person who has applied for coverage in the **Plan** and was approved either as an individual or as an individual with one or more registered Dependents, and who is either an employee of the **VIP, Capital Ventures Ltd., Mediserv International Ltd., Salubrity Ltd., a Corporate Member** or who is a Member of the **VIP**, and who is responsible for requesting **Assistance** and or submitting claims for himself and also on behalf of any of his Dependents and or his **Corporate Member** plus making **Contributions** to the **Fund** and corresponding with the Company. The **Principal** is the contract party and has contracted with the Company under the **Primary Contract** to enjoy coverage.

a) The **Principal** is a substantive **Donor** and **Beneficiary** of the **Trust**, and upon which Dependents rely for sustenance and benefits within the **VIP**.

b) Exclusively the **Principal** shall be enrolled in the **VIP** under one of the following **Membership Classes**: (For details, please see **TYPICAL BENEFIT PROFILES FOR MEMBERSHIP CLASSES FOR NATURAL PERSONS, on page 43 below**).

- i. **Observer**
- ii. **Guest**
- iii. **Angel**
- iv. **Premium**
- v. **Premium Angel**

c) Exclusively a **Principal** who has subscribed to the **Angel Membership Class** or to the **Premium Angel Membership Class** and is of **Good Financial Standing** in the **VIP**, and has remained in **Good Financial Standing** for any period of time as may be determined by the Company, may acquire a benefit from the **VIP** to apply to the **VIP**, via the Company, or under the authority of the Company, to register an entity of which he has the requisite legal authority, to become subscribed as a **Corporate Member** of the **VIP**.

98. **Pre-existing Condition**: - Any condition of mind or body that may require medical attention and which in the opinion of the Company was present in the Member **on or before** the Member's **Commencement Date**. A **Pre-Existing Condition** shall exist if the Member experiences any illness or suffers any symptom of any illness **on the Commencement Date** of that Member or if any symptom and or any circumstance manifests so as to suggest to the Company that given the **Incubation Period** of the illness, as classified in the **Table Of Incubation Periods**, an illness was present **on the Commencement Date**.

a) **IMPORTANT**: Please refer to the definition of "Incubation Period" (See **Page 10 Clause 67**) for an explanation of how this **Control** will be applied to determine **eligibility** for consideration

for **Assistance**.

99. **Preferred Provider**: - A **Service Provider** recognized by the Company above others.
100. **Preventative Care**: - Any activity or **Service** which is related to the field of **Preventative Medicine**. It includes any requirement or **Service** which in the opinion of the Company is normally expected to be routinely performed by the Member in the course of fulfilling his responsibility to himself in maintaining good health. The **Schedule of Service Circumstances** provides a guide to determine **Services** that may be categorized as **Preventative Care**. A **Preventative Care** activity and or **Service** includes, but is not limited to:
- a) Any **Service** sought and or rendered where after evaluation of the results of diagnostic or other clinical studies and or observations, no illness was diagnosed; or even if any illness was diagnosed, no covered **Service** was prescribed or was required to be prescribed or where only any **Elective Service** was prescribed and or rendered. (**Service** with non-prescription type drugs and similar **Service** do not constitute covered **Service** for the purpose of this definition).
 - b) Any **Service**, activity, or especially any **Elective Care**, performed in the absence of any meaningful symptom, and or was executed preemptively or speculatively or primarily for evaluative purposes. Exclusively the Company shall determine whether this rule applies to your claim, and whether and how to dispense any benefit.
 - c) Any **Service** and or activity associated with or related to any **Derived Illness** that is being anticipated or any illness that has not yet been conclusively diagnosed by a competent **Doctor**.
101. **Preventative Medical Requirement**: - Any **Preventative Care** or **Service** or other requirement to be performed to maintain and or enhance good health, and particularly those which may need to be submitted or reported to the Company.
102. **Preventative Sum Assured**: - The maximum value of the **Subsidy** payable to assist the Member with any **Preventative Medical Requirement** within the **Wellness Lifestyle Management Programme**.
103. **Professional Fee**: - Any fee or payment charged or payable for human talent, which includes but is not limited to, doctor fee, specialist fee, stipend or any fee to any **Functionary**, and the cost of any of the accoutrement and any supply required to deliver the service.
104. **Quality Of Life**: - This is the state of being healthy and relatively free from illness, pain, anguish and suffering; also includes a satisfying state of peace of mind. It is an ideal sought from **Salubrious Living**.
105. **Reasonable & Customary**: - The normal and customary charge of the provider that is vital and required for any customary necessary **Service** associated with a covered Illness incurred by Members of the same sex and of comparable age and income, but not more than the prevailing charge in the **Locality** for a like **Service** by a provider with similar training or experience, or for a **Service** which is identical or substantially equivalent.
- a) The final determination of this matter rests solely with **Us**.
106. **Reimbursement**: - The net money paid (or payable) to the claimant, from **Eligible Expenses**, after the **Deductible** and or the **Co-payment** is transacted.
107. **Residential Care**: - Any kind of convalescence service rendered or which is typically rendered in the home of the Member or other similar type accommodation or any

institution established to provide convalescence **Service**.

a) Unless otherwise determined exclusively by the Company, coverage for **Residential Care** shall be available exclusively by subscription for the relevant **Enhancement Benefit**.

108. Reward: - Any goodwill benefit which is attributable to, and or distributed via, the authority or influence of the Company.

a) Generally, **Reward** Systems are designed and applied to encourage or discourage results.

b) **Rewards** are not contracted arrangements.

c) Member agrees that no aspect of any **Reward** shall be enforceable, challengeable or shall be determined by law and hereby irrevocably promises that he shall waive any such rights.

d) Unless approved by the Company, no **Reward** shall be exchanged, transferred or deemed to have any monetary or any material value.

e) Any **Reward** can be revoked at any time prior to fulfillment, or even after fulfillment. This is particularly so, if it is found to have been awarded inappropriately; for example, due to obfuscation or dishonesty.

109. Report: - The act of submitting any data, result or any **Requirement**, especially associated with any contractual and any other obligation. The term also includes the content of the submission.

110. Risk: - Taken in context means the pure chance of incurring loss. Exclusively the Company shall determine which **Risk** and or **Peril** shall be covered and also exclusively the Company shall determine the rating in terms of quality and severity that shall be assigned to any given **Risk** or **Peril**.

111. Risk Factor: - Anything that increases your chance incurring loss or of getting a disease or illness; also applies to anything that increases your chance of incurring loss or the severity of the loss.

112. Risk Reserve: - or **Risk Reserve + 1 Month:** - This is an obligatory non-refundable charge that applies to the monthly mode of payment and is required to be paid in advance for you to be eligible for protection against your coverage lapsing due to any future non-payment of your **Contribution**. As shall be determined by your **Plan Package**, its value shall be equal to either three (3) or four (4) months' worth of your given monthly **Contribution**. This charge is not to be considered as payment in settlement of your irrevocable obligation towards your Annual **Contribution**.

a) Applies when you choose the Monthly mode for payment of your Annual **Contribution**.

b) If you desire to terminate your membership in this **Plan** and the **VIP** at the end of your current **Annual Payment Cycle**, prior to its **Deadline Date**, please ensure to submit written instructions which conveys that information. This timely action is necessary to be performed to prevent your **Risk Reserve** from causing any spillover of your coverage, Membership and Irrevocable obligation to make payments of your Annual **Contribution** with respect to the immediately succeeding **Annual Payment Cycle**.

c) Whenever the gross value of the Annual **Contribution** of your **Plan** is increased, howsoever caused, the value of your **Risk Reserve** requirement shall be increased to meet the prescribed value and shall become immediately payable.

d) Because the **Risk Reserve** is not refundable the following shall apply:

i. The value of the **Risk Reserve** requirement shall increment downwards whenever the aggregate value of the Annual **Contribution** is reduced. No additional charge shall be due.

ii. any increase of the aggregate value of the

Annual **Contribution** shall trigger the need for payment to increment upwards and top-up the value of your **Risk Reserve**.

iii. The **Risk Reserve** cannot be offset by any **Risk Reserve** value of any past coverage. It is not a deposit owed by the Company, **VIP**, **Fund** or any entity. Therefore, arrears and charges shall accrue against each Monthly **Contribution** which remains an outstanding obligation to be settled.

113. Routine Preventative Medical Requirement: - Any routine follow-up **Medical Requirement** that the Member is required to perform in pursuit of reasonable maintenance of state of health in response to any existing illness. (This requirement generally applies in response to any chronic illness and also where Member may or may not be eligible for **Reimbursement** outside of the **Wellness Lifestyle Management Programme**).

114. Rung: - When applied to the **Health Rewards Savings Account (HRS)** is a **Reward** that is a sub-unit of the **Health Rewards Saving Account** which sub-unit can be earned when Member acquires an **Enhancement Benefit** from the **Enhancement List**, or via any other manner determined by the Company.

a) The Member qualifies for an upgrade by one level, in his participation in the **Health Rewards Savings Account**, with every six (6) **Rungs** acquired.

b) After accumulating the six (6) **Rungs**, the **Commencement Date** for your **HRS** upgrade will coincide with the **Control Date** of your next immediate **HRS** assessment cycle.

115. Salubrious Living: - A very proactive results-oriented lifestyle that is partial to healthy attitudes, practices, and choices that are intended to enhance the wellbeing of body and mind. Member is not a mere passive recipient of services from others; he is actively fulfilling his responsibilities to himself, engaging in activities to derive the benefits of a healthy lifestyle.

116. Salubrity Ltd.: - A **Corporate Member** of the **VIP**, and as the context may require, acting respectively in its role of **Trustee**, **Wellness Manager** and **Service Provider** of the **VIP**; and the contracted entity which has agreed to assist the Company with managing the **Medical Plan**; as outlined within its **Trust Instruments**. **Salubrity Ltd.** is in the **Wellness Lifestyle Management & Wellness Coaching Business**.

a) In the exercise of its powers and authority, and in the conduct of its duties and responsibilities, among the major concerns of **Salubrity Ltd.**, is with the design, construction, maintenance, coordination, supervision, administration and operation of the necessary **VIP Infrastructures** involved in the execution of relevant and appropriate **Standards, Systems and Policies** for the routine **Assessment and Control of Organizational, Cultural, Socio-economic, Marketing, and Wellness Lifestyle Management** practices related to the effective management and delivery of benefits within the **Medical Plan** in satisfaction of the **Objectives of the VIP** as outlined within the **VIP Bye Laws**.

117. SaluNet: - Refers to the network of **Preferred Providers** associated with the **Wellness Lifestyle Management Programme**. Also applies to the administrative, electronic and other infrastructures that facilitate this **Service Provider Network**.

118. Schedule(d) Date: - The date (and time) on which an **Event** or **Medical Requirement** or other requirement is supposed to be performed or has been performed. This day shall also be counted as the first (1st), or a whole day, in any count of days that may have elapsed.

119. Schedule Of Preventative Screening Requirements: - A schedule of **Preventative Medical Requirements** to which Member refers to satisfy his obligations associated with fulfilling his **Preventative Medical Requirements**. **Compliance Credits** and other **Rewards** are provided to reflect performance levels and to motivate the Member respectively.

120. Schedule of Service Circumstances: - A schedule, compiled exclusively by the Company, to determine which, between the **Fund** and the Member, should be identified as the source of funding for any expense or any **Service** incurred by the Member.

121. Schedule of Subsidies: - A schedule that lists the allocation of **Subsidies** to be distributed to Member, against his **Eligible Expenses**, as a **Reward** for performing any **Preventative Medical Requirement**.

122. Screening: - The act of testing of an otherwise healthy person in order to diagnose any disorder and or any illness at an early stage. Also, the generic term for any test and or **Service** associated with **Preventative Care**, and which targets any illness or condition that is not yet diagnosed and or has not manifest any symptom.

123. Self-insurance: - *(Note to the reader/Member: To fulfill a solemn duty and responsibility to educate Our Members, as well as to bring home the point, several viable definitions are provided. And to demonstrate and or to clarify the distinction, one from the other, how the concept of Self-insurance is compared under various circumstances with the concept of Commercial Insurance. This approach is taken towards the subject matter, primarily to update the misinformed and to correct the gross misunderstandings, including amongst the "experts", of the true nature of the two "insurance" concepts and the salient aspects of their distinguishing features).*

a) Here are two (2) **Definitions with Qualifications presented mostly in Legalese:**

i. [1] **Self-insurance** means the **practice** of an entity to (a) assume responsibility for its losses or losses of; or (b) provide benefits for, its employees, members or their dependents by setting up a fund against which claims or benefits are paid or administered by the entity or an external service provider.

ii. [2] **Self-insurance** means the **practice** of an entity to provide benefits, other than for profit, for its employees, members or their dependents; and to assume responsibility for certain of its own losses including losses arising from the provision of such benefits.

b) Here are **Several Definitions with Qualifications presented mostly in common language:**

i. [1] **Self-insurance** means the **practice** where you, or an entity or a group of people, (i.e. a **Society**), **pool** and use your or their **own money** to manage your or their **risk of loss**, and also use your or their **own money** to **pay for the loss**. So, if you took your **own money** and put it into the bank in case you or any of your family members get sick, and you withdraw your **own money** from the bank and pay the doctor when sickness strikes, you are **practising Self-insurance**. **Self-insurance is the natural fare in how one lives one's life, to survive and thrive in an uncertain world. Self-insurance is you fulfilling your duty of care, by applying the wisdom of putting away your own money for a rainy day. Self-insurance is very different from Commercial Insurance, where one pays another person or entity, (i.e. the insurer),**

- a **fee (premium)** to use its own money to pay for one's future liability or loss via a **profit-seeking Commercial Transaction**, being conducted within a **practice** which involves an **Insurance Policy** which identifies the **buyer** who is the **insured**, and the **seller** who is the **insurer** being contracted by the **insured**, to execute the "Insurance" which was bought within the **Insurance Policy**.
- ii. [2] **Self-insurance** is an **emergent property** derived from the **practice** of **Philanthropy**; a **non-profit activity**, which may or may not include the construction of an **Express, Irrevocable, Non-exhaustive Discretionary, Charitable Trust**, where no **Party** to the **Trust** possesses any **pecuniary interest** nor any **proprietary rights in equity** in the **Trust Property**, with **Trust Instruments** which identify the **Donors**, the **Beneficiaries**, the **Trustees**, plus the **Rules, Purpose and Objectives** in relation to the **Trust**; among which include the powers and authorities of the **Trustees** to establish useful relationships with **Service Providers** and others, and to access, receive and organize various resources, not limited to **Trust Funds**, which it deems useful and or necessary to fulfill the **Rules, Purpose and Objectives** of the **Trust**, and to use its time, talents and expertise towards the management of the **Trust** and to use **Trust Funds** in any manner which it deems to be in the best interest of the **Trust** and its **Beneficiaries**, not limited to its duty and obligation to pay all **Trust Expenses**, plus allocation, disbursement and or distribution of any benefit, opportunity, privilege, property, compensation, honorarium, loan, grant, payment or reimbursement against any respective **future event, need, liability or loss** which may arise or which may be suffered by any deserving **Beneficiary of the Trust**, and to decide and act upon any issues and or circumstances; as outlined within the **Trust Instruments**.
- iii. [3] **Self-insurance** is the **natural** and only viable approach available to any **caring individual** and his family, group of families, group of people (i.e. a **Society**), an entity or group of entities to get together to benefit from **economies of scale** as they share their **time, talents and treasures**, plus their **common risks of future liability or loss**, amongst **one another**; in an equitable **non-profit manner**.
- iv. [4] **Self-insurance** involves the existence of only **one Sovereign Fund** with only **one Sovereign Owner** who may be an **individual** or a **collective**, and that **one Sovereign Fund** is put at **risk** to pay for the **future liability or loss** of that **caring Sovereign Owner** and or its **Beneficiaries**. Here, no **money** is being paid as **premiums** in any **Commercial Transaction** for another **Sovereign Owner** to use its **Sovereign Fund** to **insure the risk** and pay for the **future liability or loss** which occur to the **caring Sovereign Entity** who paid the **premium**. However, **Commercial Insurance** involves **two independently owned Sovereign Funds**, each legally owned by **two independent Sovereign Entities, (a & b)**, engaged in the **conduct of business of a financial nature** involving **trade or commerce**, where **one Sovereign Entity, (a)**, the **insured**, pays another **Sovereign Entity, (b)**, the **insurer**, a **profit-seeking entity**, a **premium** to use (b's) **Sovereign Fund** to pay for the **future liability or loss** of the **insured Sovereign Entity, (a)**.
- v. [5] **Self-insurance** involves only **one Sovereign Fund, (a)**. However, **Commercial Insurance** is an **emergent property** which manifests **exclusively** from the **Commercial Interaction** between **two Sovereign Funds, (a & b)**. In **Commercial Insurance, one Sovereign Fund, (a)**, for a **fee (premium)**. This type of **transaction** between **two Sovereign Funds, (a & b)**, is a **profit-seeking activity** which, in law, is **business of a financial nature**.
- vi. [6] Now, since in law and in fact, **one cannot conduct business of a financial nature with oneself**, then **Self-insurance** is what **one** does with **one's own money**, to manage **one's risks of future liability or loss** as **one** attempts to survive and thrive in the conduct of **one's affairs in life**; and in the manner of a **non-profit activity**. Therefore, it is quite impossible for **one** to exist without **actively engaging** in the **practice of Self-insurance**. Therefore, **Self-insurance** is **Good Public Policy**.
- vii. [7] **Self-insurance** does not involve any **practice of trade or commerce**. Neither is **Self-insurance** a **practice** which involves any **Commercial profit-seeking activity**. Neither does **Self-insurance** involve **two Sovereign Funds** interacting **commercially**, where **one (the insured)** pays the **other (the insurer)** a **fee (premium)**, under a **contract of indemnity (insurance policy)** involving **business of a financial nature**, for the **insurer to indemnify (i.e. transfer the risk of future liability or loss from the insured onto the insurer)** and to pay for the **future liability or loss of the insured**. No **Commercial Rights** exist. Nothing is **bought or sold**. **Commercial Insurance** contradicts **all** of the above.
- viii. [8] There are **two (2) major distinctions** between **Self-insurance** and **Commercial Insurance**. They are: **Self-insurance** involves **risk management practices** in which **one's future liability or loss** is managed: (a) as a **non-profit activity** and (b) where only **one Sovereign Fund** exists. While **Commercial Insurance** involves **risk management practices** in which **one's future liability or loss** is managed: (a) as a **Commercial profit-seeking activity** and (b) where **two Sovereign Funds** exist in a **binding Commercial Relationship**.
- ix. [9] Upon acceptance, as a **member or beneficiary**, to participate in any **self-insurance**, no **risk of future liability or loss of a financial nature**, which originates from any **member or beneficiary**, is **transferred (i.e. indemnified)** to any **insurer**. This is because no **proprietary rights** exist in favour of any **member or beneficiary**. This means that no **member or beneficiary** possesses any **proprietary interest** in the **Self-insurance Fund** and has **no claim in equity to any part thereof**. Therefore, no **insurer** exists nor can exist. Most importantly, this is because the **common risks of future liability or loss of a financial nature** is being shared amongst **one another** in the **virtuous practice of business of a charitable nature**; which involves the **practice of the non-profit activity** known as
- Philanthropy**. This is **Good Public Policy**. However, upon acceptance to participate in any **Commercial Insurance**, as a **policyholder (i.e. a member or beneficiary)**, the **risk of future liability or loss of a financial nature** is **immediately and irrevocably transferred (i.e. indemnified)** from the **insured** to the **insurer**; which exists.
- x. [10] **SUMMARY: (1) Self-insurance: owned by its members who care, and who share their common risks, Philanthropically, and get more of what they want; an inescapable, ubiquitous, naturally occurring phenomenon and emergent property, derived from the practice of Philanthropy, and is surely the most fundamental approach with which a caring Sovereign Entity can fund its risk of future liability or loss of a financial nature; a non-profit activity; only one Sovereign Entity exists; only one Sovereign Fund exists; no indemnity of a financial nature against any risk of future liability or loss of a financial nature, to the Sovereign Fund of one Sovereign Entity, is bought from another Sovereign Entity; no Sovereign Entity is conducting business of a financial nature; nothing is bought or sold; no Commercial Rights exist; one cannot conduct business of a financial nature with oneself; good public policy. No Risk of future liability or loss of a financial nature is transferred from the Member or Beneficiary to any insurer, because no pecuniary, proprietary or equitable rights exist. (2) Commercial Insurance: owned by the insurer, who provides financial indemnity and takes on only selected risks, for a fee; an emergent property derived from the practice of trade or commerce, restricted to funding a Sovereign Entity's risk of future liability or loss of a financial nature; a profit-seeking activity; two Sovereign Entities exist and are inextricably bound in a commercial relationship; two Sovereign Funds exist and are inextricably bound in a commercial relationship; the emergent property known as indemnity of a financial nature against the risk of future liability or loss of a financial nature exists; two Sovereign Self-insurances, (a & b), each legally owned independently by two Sovereign Entities, (a & b), are inextricably bound with each other in the conduct of business of a financial nature. Financial Indemnity is bought and sold. Commercial Rights exist. The Risk of future liability or loss of a financial nature is transferred from the Member or Beneficiary to the insurer immediately upon acceptance.**
- xi. [11] **CONCLUSION: Self-insurance involves Caring! Sharing is the Key! Sharing is Philanthropy. Nothing is Bought or Sold! Philanthropy is Good Public Policy. Philanthropy is VIP Currency!**
124. **Service:** - Taken in context means any treatment, drug, procedure, intervention, advice, service, supply or expense and the like, which may be incurred, claimed, reported or referred for consideration.
125. **Share:** - Taken in context means a unit for regulating or identifying or measuring the number of **Benefit Profiles** of any **Enhancement Benefit** acquired from the **Enhancement List**. Each unit

(i.e. **Share**) acquired is managed as an independent **Benefit Profile** that can be concatenated or aggregated for the benefit of the Member when multiple units (i.e. **Shares**) of the respective **Enhancement Benefit** are acquired or otherwise transacted.

126. Social Automation: - means a most powerful methodology which invokes crucial concepts from the social and natural sciences to develop a **Culture of Success** which is applied to create better individuals, communities and institutions to produce any desired positive socioeconomic outcome such as but not limited to; better leaders and better entrepreneurs, who are **Elite Activists** and problem solvers to the world, who can be relied upon to mobilize diverse communities which survive and thrive in any future changing world environment; and secure the interest of future generations.

- a) Inspired by the observation that nature tends to operate automatically; this produces **Natural Automation**.
- b) Therefore, since culture is generally produced automatically, but for the most part, without **Purpose** and **Direction**, then in a similar manner, culture can be considered to be a manifestation of **Natural Automation**.
- c) Therefore, **Social Automation** is created when **Purpose** and **Direction** is deliberately imparted into the process, to produce a **Culture of Success** which then produces any desired positive socioeconomic outcome.
- d) In this manner, **Social Automation** can be applied as a most powerful learning tool, directed at producing the desired youth, citizen, communities, institutions and nations we need; to make the world a better place to live.

127. Society of the Ventures & Investments Programme (VIP): - A **Non-profit Company**, and a **Non-governmental Organization (NGO)**, registered under the **Companies Act**; fondly known as the **VIP**. The **VIP** is self-funded by various **Philanthropic Contributions** plus the generous **Donations** which are irrevocably pledged to its **Trust** by its Members and other entities. The **VIP** is in the **Wellness Lifestyle Management Business and Wellness Coaching Business**. The **VIP** provides diverse **Wellness Lifestyle Benefits** to help its Members to succeed in life, and live life more abundantly; and include members of the communities in which its Members live, work or recreate, in any part of the world.

- a) In the exercise of its powers and authority, and in the conduct of its duties and responsibilities, among the major concerns of the **VIP Board**, towards the **VIP** as an **Incorporated Non-profit Company**, is with the design, construction, maintenance, coordination, supervision and administration of the necessary **VIP Infrastructures** involved in the execution of relevant and appropriate **Standards, Systems and Policies** for the routine **Assessment and Control of Organizational and Management** practices related to the effective management of the **Statutory Obligations** of the **VIP** as it pursues the **Objectives of the VIP** in the delivery of benefits within the **Medical Plan** in satisfaction of the **Objectives of the VIP** as outlined within the **VIP Bye Laws**.

128. Subsidy: - A **Reward** intended to assist Member with the cost of his **Preventative Medical Requirements**.

129. Stable Condition: - A Condition or illness which has been stable for either a predetermined **Observation Period** or such **Observation Period** determined by the Company. Among the criteria to determine whether a condition has become unstable shall be any change of the health of the Member with respect to the given Condition or

illness, or any change of **Service**, diet, physical activity, or treatment, or any change in the taking of prescription drugs or medication or lifestyle or **Service** that was prescribed or recommended or was required to be prescribed or recommended during the **Observation Period**. The Condition or illness must be made stable through any combination of lifestyle change, **Service**, diet, physical activity, treatment, the taking of prescription drugs or medication and must remain stable throughout the given **Observation Period**. The Company has a right to determine whether any Condition or illness has acquired the status of being stable or unstable.

- a) Any Condition or illness that has become unstable within any given **Observation Period** must be reported to the Company, in writing, within one hundred (100) days from the date it became unstable otherwise coverage shall become void immediately after the **Deadline Date** for reporting the Condition or illness and also breach of contract shall exist. This report shall be considered as being received if a claim for the respective condition or illness was submitted by the **Deadline Date** for submitting the report.
- b) Any Condition or illness that became unstable within any given **Observation Period** shall have the **Observation Period** extended by a minimum of one hundred and eighty (180) days or by any overriding **Observation Period** which shall be determined by the Company, and such repetition of the **Observation Period** shall recur successively until the Condition or illness has been declared stable in writing by a certificate issued by the attending doctor.
- c) If the condition or illness remained stable for the whole of the respective **Observation Period** that was specified to qualify the Member to become eligible for any benefit then when writing the certificate the attending doctor shall state specifically that the Condition or illness had become stable and include the **Event Window** or duration of such stability so that there shall be no doubt whatsoever that the Condition or illness had remained stable for the full duration of the respective **Observation Period**.
- d) The **Commencement Date** for eligibility for any benefit related to or associated with the **Stable Condition** or illness shall be the date immediately after the **Deadline Date** for the respective **Observation Period** in which the Condition or Illness remained stable or such other overriding **Commencement Date** which shall be determined by the Company.
- e) Any **Service** or expense or benefit related to or associated with the **Event Window** or period that the Condition or illness was unstable shall not be eligible for **Reimbursement** or payment.
- f) Any Condition or Illness that has not completely satisfied any **Control** or rule that qualifies it as being a **Stable Condition** shall be deemed by the Company as being an **Unstable Condition** and such Condition or Illness shall be excluded from coverage and shall not qualify for any **Reimbursement** or payment.
- g) An **Approved Pre-existing Condition** shall not become eligible for any benefit if on the last day of its **Elimination Period** or any similar type **Observation Period** it is deemed by the Company as being unstable or an **Unstable Condition**. Such **Pre-existing Condition** shall observe the **Controls** and rules related to **Stable Condition** before becoming eligible for any benefit.
- h) In the case of any **Approved Pre-existing Condition** if such **Approved Pre-existing Condition** becomes unstable during any one hundred and eighty (180) day **Observation Period** which **Deadline Date** coincides with the

Deadline Date of the **Maturity Period** or **Elimination Period** of the **Approved Pre-existing Condition**, then such **Approved Pre-existing Condition** shall immediately perform another one hundred and eighty (180) day **Observation Period** to qualify to be a **Stable Condition** and the **Commencement Date** of this successive **Observation Period** shall coincide the Date that the respective **Approved Pre-existing Condition** became unstable or shall be overridden by such other **Commencement Date** determined by the Company. The Company reserves the right to determine the **Commencement Date** and or the duration of any **Observation Period** and such determination shall overrule the one hundred and eighty (180) day **Event Window** or any other duration suggested herein.

130. Sum Assured: - This expression refers to a **Control** of any **Benefit Profile** which **Control** is assigned a value that shall identify the maximum **Reimbursement** and or payment covered within the **Accumulation Period**.

- a) The **Accumulation Period** is a **Control** that regulates reimbursements in the **Sum Assured**.
- b) The **Sum Assured** shall be assigned to **Benefit Profile** such as the **Base Plan (Principal's Plan), Attachment, Member, illness, Service Provider, Service or Base Benefit**.
- c) Reimbursements or payments can be made up to the value of the **Sum Assured** of any **Child Benefit Profile**. However, under no circumstance shall the aggregate of **Reimbursements** and or payments, at any Sibling level, exceed the **Sum Assured** of its respective **Parent Benefit Profile**.
- d) Unless its **Sum Assured** is designated the status of **Independent Sum Assured** each **Benefit Profile** of your **Base Plan** shall be a Child of and participates in and depletes the **Sum Assured** of your **Base Plan**.
- e) A **Benefit Profile** shall not be allocated any **Sum Assured** with a value that is greater than its **Parent Benefit Profile**. Any such higher increment of value shall be void.
- f) Your personal identity and membership in the **Plan** is itself a **Benefit Profile** that performs as any other **Benefit Profile**. It has a **Sum Assured** and similar **Controls**.
 - i. Your own **Sum Assured** is a Child of your **Base Plan**. It shall also be a Child of any **Attachment** that gives you coverage whether under the **Base Plan** or under any **Attachment** that provides you with coverage. Your personal **Sum Assured** can be less than the value allocated to your **Base Plan**.
- g) Unless determined otherwise, exclusively by the Company, a **Child Benefit Profile** shall inherit any **Sum Assured** and any existing value of any respective **Sum Assured** of its **Parent Benefit Profile**. This rule shall apply equally to any newly added **Child Benefit Profile**.
- h) A **Benefit Profile** may be allocated a **Sum Assured** with a value that is less than that of either your **Base Plan** or that which is allocated to your access to the **Base Plan**.
- i) You shall not acquire any **Benefit Profile** that has a higher **Sum Assured** than your **Base Plan**. If so acquired the incremental value greater than your **Base Plan** shall be void and you shall observe the **Benefit Profile** as if its **Sum Assured** is equal to that of your **Base Plan**.
- j) If the value of the **Sum Assured** of any **Benefit Profile**, (including any **Independent Benefit Profile**) is greater than the value of your personal **Sum Assured** with respect to your **Base Plan**, then, unless determined otherwise by the Company, your access to the **Sum Assured** of

the respective **Benefit Profile** shall be limited to the value of your personal **Sum Assured** or the remaining value of the **Sum Assured** of the respective **Benefit Profile**, whichever is lower.

k) A more comprehensive description about the complex relationship and behaviour of the **Sum Assured** with respect to other **Controls**, can be obtained via the document named “**Managing Sums Assured Between Parent-Child Benefit Relationship**” available at the **Plan Administrator**.

131. Summary Of Benefits: - An **Attachment** that lists particulars of Members covered and any summarized benefits related to coverage.

132. Supplementary Benefit: - Any benefit that may become available to Member by the satisfaction of additional payment and or the fulfillment of any other requirement determined exclusively by the Company. The term also applies to variants. Example of a **Supplementary Benefit**, includes but is not limited to:

a) **Wellness Lifestyle Management Benefit**
b) **Enhancement Benefit**

133. Surgery: - A medical procedure involving an incision with instruments; performed to repair damage or arrest disease in a living body.

134. Target Illness: - The generic term used to refer to any specific illness or illnesses which are suspected or intended to be referenced and or detected and or managed. The term also applies to its derivatives.

135. The Company: - **Mediserv International Ltd.**, the exclusive contract party in this agreement, known as the **Primary Contract**, and as the context may require, acting respectively in its role as of **Trustee, Manager and Service Provider** of the **VIP**, and when acting within its respective authority as outlined within its **Trust Instruments**. The Company is in the **Wellness Lifestyle Management Business and Wellness Coaching Business**.

136. Trust: - Refers to the **Medical Plan** established as a **Trust** by the **VIP** and its Members, by way of the **VIP Bye Laws** which serves as the **Trust Deed**, wherein its Members are included amongst the **Donors and Beneficiaries** of the **Trust**, which is managed and operated by several **Trustees**, which include the Company, each possessed with respective **Trust Instruments**, and which at their absolute discretion, exercise their powers and authorities, not limited to receiving and distributing **Trust Funds**, acquire, arrange and manage resources and relationships, settle expenses, management and distribution of benefits to worthy **Beneficiaries**; and otherwise to use its discretionary powers to make and act upon any decision as may be deemed necessary from time to time. Various administrative expenses, benefits, privileges and opportunities, as outlined within respective **Trust Instruments**, are funded by the **Trust**.

a) The **Trust** has several important characteristics and or properties not limited to the following:

- It is an **Express Trust**
- It is an **Irrevocable Trust**
- It is a **Non-exhaustive Discretionary Trust**
- It is a **Charitable Trust**
- It is focused upon and supports **Wellness Lifestyle Management Benefits** and **Wellness Coaching Benefits**

vi. Its funding includes **Philanthropy**

- Philanthropy** is **VIP Currency**; denominated in **Time, Talents and Treasures**.
- Philanthropy** involves **Sharing** amongst **Interested Entities**; nothing is **bought or sold**.
- Philanthropy** is not **Business of a Financial Nature**.
- Philanthropy** is **Business of a Charitable Nature**.
- Philanthropy** conforms perfectly with **Good Public Policy**.

137. Trust Instruments: - Refers to the constituent documents of the **Trust**, otherwise known as **Medical Plan**, which constituent documents are comprised of the **VIP Bye Laws (Trust Deed), Primary Contract** and respective **Attachments** (both of which contain the **Trust Rules**); taken individually and or collectively, and in particular, when read taken together.

138. Ultimate Strategic Objective of the VIP: - Means a viable model for applying **Social Automation, Corporate Wellness and Social Entrepreneurship** within the **Social Networks** of the **Civil Society Economy** towards economic diversification of **Trinidad & Tobago** into the **Medical & Wellness Economy**; See **Page 44**.

139. Unlimited: - or, **100%**: - An expression of convenience used as a placeholder to suggest that the maximum value for a referenced criterion will be applied. No value or characteristic or benefit in this **Plan** is absolutely without limit.

140. Upgrade Option or Upgrade (Option): - The generic term used to refer to the **Benefit Profile** that is comprised of benefits associated with the **Medical Fund** and the **Wellness Fund**. These **Benefit Profiles** apply exclusively to the **WellCare Plan Genre**.

141. VIP Bye Laws: - Refers to the **VIP Bye Laws, Version: VBL20210106B, (Trust Deed)** which was approved at a **General Meeting** of the **VIP**, held on **20-Dec-2021**, and as the context may require, shall include any of its future amendments or manifestations; and upon which the **Primary Contract** and its **Attachments** depend for powers and legitimacy amongst the **Trust Instruments**.

142. Vocation: - The generic term used to refer to any activity or **Event** in which Members may engage when observing **Salubrious Living**. Particularly refers to any useful skill.

143. Voluntary Functionary: - Generic term for any volunteer who acts in the role of **Functionary**.

144. We, Us, Our: - As the context may require includes the **VIP** and or any of its **Trustees**, (which include **Capital Ventures Ltd., Mediserv International Ltd. and Salubrity Ltd.**), and or any **Functionaries** and or any **Corporate Member** of the **VIP** and or any contracted **Service Provider** of the **VIP**; and exclusively when acting within respective assigned powers, authority, role and responsibility.

145. Wellness Fund: - A **Perpetual Growth Fund and Heritage Fund** which accrues the **Tokens and benevolences** donated by Members and others, and which is constructed as a subset within the **Medical Fund**.

a) The **Patron** has legal and equitable interests in the **Wellness Fund**, which shall be distributed exclusively by the absolute discretionary powers

and authority of the **Patron**; in its roles as **Patron, Member, Trustee, Service Provider** and **Beneficiary of the Trust**.

b) The **Patron** has the powers of absolute discretion to accumulate the assets of the **Wellness Fund** and at any time and in any manner whatsoever, without limitations, to make distributions to any natural person or any legal person or any society or to itself or in support of any **Business Arrangement** or any combination thereof; and shall perform its duties with respect to the **Wellness Fund** in a manner which shall maintain its character as a **Perpetual Growth Fund and Heritage Fund** which exists to assist the **VIP** to fulfill its **Objectives**.

146. Wellness Lifestyle Management Programme: - Also known as “**Programme**”. A lifestyle management and success coaching programme.

a) The **Athletica Health & Fitness Plan** is only one of many **VIP Infrastructures** which are comprised of **Business Arrangements** which are derived from the **Programme** and which are available for Member's participation.

b) Exclusively for Members enrolled in the **WellCare Plan Genre, Preventative Screening Benefits** are enjoyed according to the **Upgrade Option** in which you are enrolled. If you desire more screening benefits, you can get more screening benefits with an **Enhancement Benefit** from the **Enhancement List**.

- For all other **Plan Genres**, Members will enjoy benefits according to the terms derived from their **Base Plan**.

c) Any Member may increase his **Subsidy** via acquisition of an **Enhancement Benefit** from the **Enhancement List**.

d) Unless an application is made to vary and is approved in writing, by the Company, the **Screening Subsidy** shall be for the Principal and Spouse only.

e) The **Programme** primarily intends to prevent and control **Non-Communicable Chronic Diseases (NCD)**. These diseases include **Heart Disease, Stroke, Diabetes, Hypertension, Obesity and Cancer** (focus on **Prostate, Cervical & Breast**).

f) The **Programme** meets and exceeds the requirements associated with the **Declaration Of Port Of Spain 2007**, signed by **CARICOM States**.

g) The **Programme** includes the infrastructure and resources (human, intellectual, material, financial, administrative and other relevant paraphernalia) that are employed by the Company to assist the Member with **Salubrious Living** for maintaining or enhancing his **Quality Of Life**. The following is its generic architecture:

- Wellness Lifestyle Management**
- Preventative Care Management**
- Communications & Data Management**
- Development Of Culture Of Success**
- Performance Evaluation & Certification**

147. Whitecoat Merchant: - A medical professional or medical entity that adopts an unhealthy entrepreneurial approach to medicine.

148. You, Your, He, His, Him, Its: - Member

149. The masculine gender should be taken to include the **feminine gender** and the **singular** should be taken to include the **plural**.

Terms & Conditions

Acting within his rights and authority as a Member of the **VIP**, as established within the **VIP Bye Laws**, the Member shall irrevocably agree as follows:

2A-1 Citation

1) This document shall be cited as the **Primary Contract**.

2A-2 Registration & Eligibility

2) Any natural person who desires to become a Member of the **VIP**, (*subject as always to any decision of the **VIP Board***), as a Principal or Dependent, and to participate in this **Plan**, simultaneous registration shall occur with the prospective Principal's submission of the completed **VIP Application Form** plus satisfaction of such other necessary requirements as may be so prescribed; including **Qualification for Membership** in the **VIP** as outlined within the **VIP Bye Laws**.

3) Any Legal Person or Society which desires to become a **Corporate Member** of the **VIP**, (*subject as always to any decision of the **VIP Board***), and to participate in this **Plan**, must personally satisfy and maintain its **Qualification for Membership** in the **VIP** as outlined within the **VIP Bye Laws** and registration shall be conducted via submission of the completed **Corporate Member Application Form** and which shall be performed exclusively by any Principal who is its **legal owner** or **proprietor** who is authorized in law or who is one of its **Board Members** or who is one of its **Executives** who is authorized by its **Board** or similar **body** or **authority** and who retains and maintains his **Qualification for Membership** in the **VIP** as outlined within the **VIP Bye Laws** and who also remains in **Good Financial Standing** in the **VIP**.

a) This **Qualification Requirement** shall remain a continuing criterion for any Legal Person or Society to acquire and maintain its **Qualification for Membership** in the **VIP** as outlined within the **VIP Bye Laws** and to be simultaneously enrolled as a **Corporate Member** in the **VIP**, (*subject as always to any decision of the **VIP Board***), and in this **Plan**; and to participate in any **Institution of the VIP** and or any **VIP Infrastructure** and or any **Business Arrangement**.

b) A **Corporate Member** which maintains at least one qualified Principal in the **VIP**, as outlined herein, shall not lose its **Qualification for Membership** merely for loss of its Principal who performed its registration in the **VIP** and or this **Plan**; but must appoint another contract party.

c) To avoid any adverse outcomes, not limited to loss of **Qualification for Membership**, any material change in relation to any **Qualification Requirement**, shall be reported to the Company within thirty (30) days of such change **Event** and appropriate remedies shall be promptly executed.

4) Respective Principal shall be expected and shall remain duty-bound to ensure that all **Statutory** and such other requirements as may be determined from time to time by any State, local or any other authority, shall be satisfied for any prospective Member or respective Member, as the case may be, (*i.e. himself, any of his Dependents and any of his **Corporate Members***), to become and to remain a Member of the **VIP**; and to participate in any

Institution of the VIP and or any **VIP Infrastructure** and or any **Business Arrangement**.

5) Any natural person or any Legal Person or Society which do not satisfy any **Qualification for Membership** in the **VIP** as outlined within the **VIP Bye Laws** shall not be eligible to participate in this **Plan**, and similarly any natural person or any Legal Person or Society which loses any **Qualification for Membership** in the **VIP** as outlined within the **VIP Bye Laws** shall be disqualified from participation in this **Plan**.

a) Unless determined otherwise by the Company, loss of any **Qualification for Membership** in the **VIP** as outlined within the **VIP Bye Laws** may mean loss of **VIP Membership**, (*subject as always to any decision of the **VIP Board***), or shall also mean ineligibility to participate or benefit and or to continue to participate or benefit with respect to this **Plan** and or any **Institution of the VIP** and or any **VIP Infrastructure** and or any **Business Arrangement**.

6) This **Plan** provides **Assistance** to Members of the **VIP** with respect to respective benefits, privileges and opportunities, which may satisfy their **Wellness Goals** as they satisfy the **Objectives of the VIP**, for Members of the **VIP** who qualify and remain qualified to be Members of the **VIP** and who have been accepted by respective authorities to become Members of the **VIP** under respective **Membership Class** of the **VIP** and who remain qualified to be Members of the **VIP** as outlined within the **VIP Bye Laws**, the **Primary Contract** and respective **Attachments**; which individually or collectively are known as **Trust Instruments**.

7) This **Plan** provides **Assistance** and manages benefits, privileges and opportunities in favour of Members, their friends, families, colleagues, institutions and the communities in which Members live, work or recreate as outlined within the **VIP Bye Laws**, **Primary Contract** and respective **Attachments**; which individually or collectively are known as **Trust Instruments**.

8) This **Plan** provides **Assistance** and manages benefits, privileges and opportunities in favour of **Corporate Members** which have been recommended and or registered as Members of the **VIP** by qualified Principals and or such other qualified authorities which exist within the **VIP**.

9) This **Plan** manages benefits, privileges and opportunities associated with or related to the **Sovereign Risks** of Principals who live work or recreate within the communities which exists within the areas of operation of the **VIP** and includes but is not limited to Principals who are employees of **Capital Ventures Ltd.**, and its subsidiaries, **Salubrity Ltd.**, and **Mediserv International Ltd.**, plus employees and Members of the **VIP**; respectively, who are age sixteen (16) or older at their **Commencement Date**.

a) Notwithstanding the fact that there exists **Base Plans** which contain "**Jewel**" in their name designation and which are specifically designed in favour of Members who are age sixty (60) and over on their **Commencement Date**, and their Dependents of any age, there are no upper age limit for any Principal to apply for Membership in the **VIP** and or for continued participation in this **Plan**.

i. This means that on the **Effective Date** of this **Plan**, there shall no longer exist two separate **Primary Contracts**, one for Members whom are less than age sixty (60) on their **Commencement Date** and one for Members whom are age (60) and older on their **Commencement Date**.

ii. Therefore, henceforth only one **Primary Contract** shall suffice and exist amongst the **Trust Instruments** to cover both age bands under this **Plan**.

b) With regards to his peculiar circumstances, upon attaining the age of consent, a **Juvenile Child** may apply and register in his own name.

c) Prospective Principals shall complete a **Health Statement Form** which contains particulars of themselves and their Dependents, and such Principals and or their Dependents who have attained the age of consent shall sign the **Health Statement Form** and may be required to include such other requirements as may be determined by the Company, not limited to **Statutory Requirements**.

10) An eligible Dependent shall be registered within thirty-one (31) days of becoming eligible hereunder. Whenever any eligible Dependent is registered, coverage for the Dependent shall become effective on the same date as the Principal's coverage or on a date determined by the Company. The term "Dependent" means (i) the legal spouse or spouse in a common law relationship within the meaning of the term assigned to this expression by the National Insurance Act of Trinidad & Tobago, (ii) an eligible Member's unmarried children, step children, and legally adopted children, who are within the ages birth to **nineteen (19)** years; and those up to **twenty-three (23)** years shall be offered coverage once they are attending any school that is recognized by a competent accreditation body and or is recognized by the Company, or (iii) an **Economic Dependent** of any age on his **Commencement Date** and exclusively for whom the Principal has applied by way of written application for the relevant **Enhancement Benefit** from the **Enhancement List** and was approved by the Company.

a) Principal may apply to seek coverage for any number of **Economic Dependents**; each under the relevant **Enhancement Benefit**.

11) If the Company deems it necessary, any **Medical Requirement** may be requested. Until the **Medical Requirement** is evaluated, coverage may be provided exclusively for illness resulting from **Accident** or poison. After evaluation of the **Medical Requirement**, the Member shall be issued with new **Fulfillment Materials** that the Member can use to identify any change in the level of coverage. The cost of the **Medical Requirement** shall be for the account of the Principal.

12) If coverage has not lapsed, any Dependent who is eligible for coverage, as a Principal in his own name, or under another Principal, may continue coverage without suffering the consequence **Pre-Existing Condition** for any illness acquired during his preceding term of coverage.

13) Coverage is not employment specific and shall continue even when the Principal changes his in respect of employment.

a) **Limitation**: - This employment clause does not modify, void or limit any clause related to or associated with any exclusion, limitation or **Adverse Risk**. Coverage specific to employment or any hazardous or Perilous activity shall not be presumed.

b) Member may apply to seek coverage for employment under a relevant **Plan Genre** and or **Enhancement Benefit**.

14) Any new Member joining the **Plan** possessing any **Pre-Existing Condition** shall be covered for all other covered illnesses and must be certified cured of the **Pre-Existing Condition** before being eligible to make any **Claim** against the recurrence of the **Pre-Existing Condition**. The Member must be

certified cured by a doctor and the date upon which the certificate was received by the Company shall be used to observe an **Incubation Period** for any relapse of the **Pre-Existing Condition**. An occurrence of the **Pre-Existing Condition** within the **Incubation Period** (i.e. **Observation Period**) of the illness shall be treated as the same **Pre-Existing Condition**. The illness may be covered if no recurrence of any symptom or complication occurs during this serial **Incubation Period**. Any expense associated with certification shall be to the Principal's account.

a) Alternately Member may apply to seek coverage for his **Pre-existing Condition** under a relevant **Plan Genre or Enhancement Benefit**.

15) Migrating from one level of benefit to a better one, (including eligibility to enjoy any improvement or any better benefit), shall require the satisfaction of the rules of this agreement and or any other **Requirement** determined by the Company. With reference to the **Commencement Date** in respect thereof, any incremental increase in coverage and or benefits shall be subject to the **Pre-Existing Condition** clause and or any respective qualifying criterion related to or associated with eligibility for the benefit.

16) Any escalation of expense, due to the presence of any illness or condition for which there is no coverage, shall not be **Reimbursable**.

17) If any illness or condition that is excluded from coverage, aggravates or activates a covered illness, then **Reimbursement** shall be settled at a rate, as determined by the Company, that would have been applicable if the covered illness was not aggravated or activated.

18) The **Summary Of Benefits** shall list the value of a **Medical Allowance** granted to the **Base Plan** of any Principal who elected to have such benefits for any Member initiating any such **Eligible Expense** after his first (1st) anniversary of coverage. Depletion of this **Allowance** shall be shared among all Members.

a) **Limitation (i):** - Any expense for any **Enhancement Benefit, Dental, Vision or Maternity Service** is not part of the **Medical Allowance**.

b) **Limitation (ii):** - Unless determined otherwise, this **Allowance** is granted exclusively to any claim where the **Eligible Expense** is below one thousand five hundred (\$1,500) dollars.

19) **Eligibility** and benefits, privileges and opportunities shall be regulated by respective terms and conditions contained within respective **Trust Instruments**.

20) **Limitation:** - The Company may reduce or exclude coverage for any Member; or reduce or exclude coverage for any benefit; this includes but is not limited to the value of any **Sum Assured**, coverage for any illness or group of illnesses or conditions, or may provide coverage according to terms and conditions determined by the Company.

21) **Exclusion:** - Any Member who is of unsound mental condition at his **Commencement Date** or during the period given for acceptance of this contract, shall be immediately excluded for all coverage; also any Member who, during the term of coverage, suffers any illness or condition that makes him incapable of performing against this agreement for a period in excess of ninety (90) days shall immediately be excluded from all coverage on the ninety-first (91st) day, unless an **Attachment** is obtained from the Company that waives this rule and provides coverage.

2A-3 Benefits

2A-3-1 General Structural Architecture

22) The general structural architecture of the **Medical Plan**, a **Trust** established within the **VIP**

Bye Laws, is as follows:

a) National Wellness Lifestyle Management Programme (NWLM).

i. Community Benefit Plan

1. **Community Provider Benefit Plan**
 - a. **Primary Contract and Attachments**
2. **Corporate Protector Benefit Plan**
3. **Corporate Employee Benefit Plan**

ii. Civil Society Economy

1. **GeoNet** (Network of **Resource Localities**)
2. **MentorNet** (Network of **Elite Activists**)
3. **SaluNet** (Network of **Service Providers**)

23) The general structural architecture of the **Community Provider Benefit Plan** as executed via the **Primary Contract** intended to fulfil the **Objectives of the VIP** as outlined within the **VIP Bye Laws** is as follows:

a) Core Benefits

- i. **Business Arrangements**
- ii. **Social Automation**

b) Auxiliary Benefits

- i. **Medical Benefits;** (i.e. covers illness)
- ii. **Dental Benefits**
- iii. **Vision Benefits**
- iv. **Maternity Benefits**
- v. **Death Benefit**
- vi. **International Benefits;** (includes illness)

c) Supplementary Benefits

- i. **Enhancements**
- ii. **Preventative Screening Benefits**
- iii. **Reward** (e.g. **GEMS; Blood For Life; Wellness Lifestyle Management**)

24) One **Primary Contract** document is shared among all Members of any respective **Plan Genre**, and each **Principal's Plan** may include customized benefits according to any **Attachment** in which the Member is enrolled and or other criteria determined by the Company and which will be identified in relevant **Fulfillment Materials** as issued by the Company from time to time.

2A-3-2 Upgrade Options

25) **IMPORTANT:** This section refers exclusively to the management of **Upgrade Options** and does not apply to the following **Plan Genres** (including their "Jewel" versions): **Triumph, Major Medical, Select, Hospitalization & Surgery, Energic or Scholarship Student**. Members covered under any **Plan Category** that is a subset of the preceding **Plan Genres** shall not be affected by the terms and conditions in this section and need not consider the contents of this section.

26) In the context of enrollment in the **Plan**, exclusively **Plan Categories** listed under the **WellCare Genre** contain **Upgrade Options**. They determine how the Company shall manage the distribution of benefits, including **Reimbursement** and or payment, from the **Medical Fund** and or the **Wellness Fund**.

2A-3-2-1 Option 1

27) **Minimal Upgrade (Option 1):** - Provided that Member paid to continue coverage, the Member being enrolled into the **Plan** prior to and up to September 30, 2008, shall on October 1, 2008, be immediately enrolled into this **Upgrade Option** if, prior to October 1, 2008, he had not selected and or paid to enroll into one of either of **Partial Upgrade (Option 2)**, or **Full Upgrade (Option 3)**.

28) Terms and conditions associated with **Minimal Upgrade (Option 1):** -

- a) **Commencement Date** shall be October 1, 2008.
- b) Member shall be responsible for all **Professional**

Fees associated with or related to the **Programme**.

c) Member shall be responsible for the cost of all **Screening**.

d) Any claim for **Reimbursement** or payment from the **Medical Fund** where, based on the nature of the symptom or illness, it is determined by the Company that the symptom or illness manifested on or after October 1, 2008; or when any claim is submitted on or after October 1, 2008, it shall be subject to **Proration** of the calculated **Reimbursement** values as follows:

- i. **Death Benefit** pays 50%
- ii. **Medical Benefit** pays 50%
- iii. **Maternity Benefit** pays 50%
- iv. **Dental & Vision Benefit** pays 40%

e) If the Member was to migrate out of **Minimal Upgrade (Option 1)**, with respect to the **Commencement Date** thereof, all claims shall be subject to a **12-Months Observation Period** associated with **Imminent Need**. If any claim is determined to have satisfied the **Imminent Need** rule, **Reimbursement** or payment shall be subject to **Proration** as cited herein.

f) The claim shall be considered to have satisfied the **12-Month Observation Period** associated with **Imminent Need**, and shall be subject to **Proration**, if on examining the nature of any symptom or illness and or any circumstance associated with any symptom or illness, the Company determines that the symptom or illness existed or manifested on Member's **Commencement Date** of migration, or within twelve (12) months of the **Commencement Date** of the Member's migration out of **Minimal Upgrade (Option 1)**.

g) Any Member who applied for and was approved for the Amnesty offered in year 2009 shall have the **Observation Period** reduced to three (3) months which shall be observed from the **Commencement Date** associated with that approved Amnesty.

2A-3-2-2 Option 2

29) **Partial Upgrade (Option 2):** - Member shall be covered under this **Upgrade Option**, only if before October 1, 2008, he selects this **Upgrade Option**, and made payment to continue coverage; otherwise, the Member shall be automatically enrolled in the **Minimal Upgrade (Option 1)**.

30) Terms and conditions associated with **Partial Upgrade (Option 2):** -

- a) The **Commencement Date** shall be October 1, 2008 unless the Company states otherwise.
- b) The Company may permit any Member to enroll under this **Upgrade Option** at any later date and shall determine his **Commencement Date**.
- c) Member shall be responsible to pay for all **Professional Fees** associated with or related to the **Programme**.
- d) Member shall be responsible to pay for the cost of all **Screening**.
- e) In the context of a decision to migrate out of this **Upgrade Option**, Member will **not** suffer any **Proration** of claims under the **Imminent Need** rule.
- f) Member can subscribe to a relevant **Enhancement Benefit** to obtain **Subsidies**.

2A-3-2-3 Option 3

31) **Full Upgrade (Option 3):** - The following terms shall apply for coverage of Members under this **Upgrade Option:** -

- a) Coverage is provided to the enrolled Member who, before October 1, 2008, selects this **Upgrade Option**, and made payment to

continue coverage; otherwise the Member shall be automatically enrolled in **Minimal Upgrade (Option 1)**. The Commencement Date shall be October 1, 2008.

b) The Company may permit Member to enroll under this **Upgrade Option** at any later date and shall determine his **Commencement Date**.

c) Special terms and conditions associated with **Full Upgrade (Option 3)**: -

i. Member shall be responsible for all **Professional Fees** associated with or related to the **Programme**.

ii. The Company pays for the cost incurred after coverage begins for **Screening** according to the respective **Schedule of Preventative Screening Requirements** and **Schedule Of Subsidies** as follows: -

1. Starting from the Member's **second Annual Preventative Screening Event Window**, the Company pays for Member's **Annual Primary Screening**.

2. Starting from the Member's **Third Annual Preventative Screening Event Window** the Company pays the cost of **Secondary Screening**.

3. Starting from the **Schedule Date** of the Member's **Second Annual Preventative Screening Event Window**, Company pays for Member's **Impromptu Screening**.

4. As a **Reward** for prompt decisions on this option, if payment is made before October 1, 2008, Member qualifies for "**First Mover**" annual recurring discount on the **List Price**; otherwise, the **List Price** shall be payable. New Members who have applied and made payment before December 31, 2008, will also be eligible for the **First Mover** discount.

a. **First Mover** discount is exclusively for Principals and is not transferable to other Members.

b. Once coverage has not lapsed, eligibility to enjoy **First Mover** discount continues even when migrating between **Plan Packages**; (Formerly **Plan Options**).

2A-3-2-4 Option 4

32) **Deductible Upgrade (Option 4)** Coverage is provided to the enrolled Member who, after October 1, 2008, has applied and was approved by the Company, to migrate from another **Upgrade Option** or to any newly enrolled Member who desires to enroll into the **Plan**. The Company shall determine the **Commencement Date**.

a) Special terms and conditions associated with **Deductible Upgrade (Option 4)**: -

i. A deductible of **two thousand five hundred (\$2,500) dollars** shall apply per person per illness, includes Dental & Vision, per submission of claim for **Reimbursement** or payment of eligible medical expenses.

ii. **Copayments** shall apply as per the prevailing **Summary of Benefits**.

iii. Member is responsible to pay for all **Professional Fees** associated with or related to the **Programme**.

iv. Member is responsible to pay for the cost of all **Screening**.

v. Member shall suffer residual **Proration** of claims under the **Imminent Need** rule for **Observation Periods** as applicable to his

migration history.

1. In the case of a currently enrolled Member who was enrolled in the **Plan** immediately prior to October 1, 2008, and applied to be upgraded before December 31, 2008, in addition to the aforementioned deductible, he shall suffer an **Observation Period** for **Proration** of claims to determine **Imminent Need** which **Observation Period** shall include the **Event Window** October 1, 2008 to December 31, 2008.

2A-3-2-5 Notes on Upgrade Options

33) Notes on Upgrade Options

a) **Limitation (i)**: - The Company reserves the right to vary the terms of enrollment for the **Upgrade Option** of any Member in the **Programme**.

b) **Limitation (ii)**: - After migrating from the **Minimal Upgrade (Option 1)** or the **Partial Upgrade (Option 2)** or **Deductible Upgrade (Option 4)**, to the **Full Upgrade (Option 3)**, or equivalent or similar option, Member shall be responsible for the cost of **Secondary Screening** for a minimum of the first two (2) years associated with respective **Annual Preventative Screening Windows**; and also the first (1) year associated with respective **Primary Screening**.

c) **Special Exception**: This exception is a **Reward** for Member to upgrade in a timely manner and to accommodate for the contingent issues which prevented Member from upgrading before October 1, 2008. The Company will agree to make an exception for the Member who, being enrolled immediately prior to October 1, 2008, to get benefits similar to **Full Upgrade (Option 3)** if, on or before December 31, 2008, Member has applied for **Full Upgrade (Option 3)** and was approved by the Company. Member will benefit only if payment is made for this **Upgrade Option** and he settles any arrears at the current rate as well as any charges for late application. The following benefit will be provided.

i. the Company will agree to pay for the first two (2) years of Member's **Annual Secondary Screening**. (Not applicable for Members with an **Initial Commencement Date** later than 1st March, 2007).

ii. the Member will benefit from "**First Mover**" **Discount**.

iii. The **Event Window** for the **Observation Period** associated with **Imminent Need** and for **Proration** of claims shall be limited to the period that includes October 1, 2008 to December 31, 2008.

2A-3-3 Business Arrangement

34) Without limiting the generality thereof, and as the context may require, a **Business Arrangement** shall include any useful application of any **Institution of the VIP** or any **Infrastructure of the VIP** for any useful purpose which satisfies the **Objectives of the VIP** and which assists any Member of the **VIP**, his friends, family, colleagues, institutions and members of the communities in which he lives, works or recreates, to achieve their **Wellness Goals**; to their measure, during their lifecycle, to live life more abundantly.

35) Any Member or any group of Members can access **Business Arrangement** via any of the following:

a) Organize his affairs in keeping with the prescribe manner and approach to access and benefit from the desired **Institution of the VIP** and or the desired **VIP Infrastructure**. This may include but is not limited to organizing **Mobilization Krews**.

b) Preference shall be given to **Mobilization Krews**

generally, and especially those which are comprised of **Elite Activists** who subscribe to the prescribed **Membership Class**, such as the **Angel Membership Class** or the **Premium Angel Membership Class**.

c) Where any approval is required from any designated authority, Member shall submit a **Claim, Proposal** or **Report**, in the prescribed manner, to the designated authority or **Service Provider**.

36) **Business Arrangements** may adopt any of several manifestations in their construction not limited to the following:

a) **Institutionalized Business Arrangements**: - Generally, these are benefits which are designed and provided by others and with the application of suitable **Controls**, may be made available to deserving Members. Throughout their lifecycle, Members can take as much or as little as they need, to add to what they can do for themselves to achieve their **Wellness Goals**.

b) **Customized Business Arrangements**: - Generally, these are member-designed benefits which may invoke and or require access to and or the participation of selected **Institutions of the VIP** and or **VIP Infrastructures**. Here, Members actively share their time, talents and treasures amongst one another, they cooperate and collaborate to create benefits which better fit their **needs, wants** and **budgets**; to achieve their **Wellness Goals** to live life more abundantly.

c) **Synergistic Business Arrangements**: These are benefits which emerge synergistically due to the presence and or the existence of the previous two categories of **Business Arrangements**. Throughout their lifecycle, Members can take as much or as little as they need, to add to what they can do for themselves to achieve their **Wellness Goals**.

37) In no special order of preference, and without limiting the range and or interdependencies and or architecture and or manifestation thereof, the following list shall serve only for the purpose of providing a few examples of **Institutionalized Business Arrangements**:

a) Krew Community Benefit Plan (**Success**)

b) Socai Wellness Plan (**Health**)

c) Resave Wellness Plan (**Wealth**)

d) AntsNest Wellness Plan (**Happiness**)

2A-3-4 Social Automation

38) **Social Automation**, which manifests as **Culture** diligently practised with the desired **prescribed Purpose and Direction** is a crucial element in creating a **Culture of Success** amongst Members, their families, colleagues, institutions and communities.

39) Fastidious application and fulfillment of **Business Arrangements**, not limited to the **MentorNet** and **Mobilization Krews**, directed at improving the **Frames of Reference** of the youths, shall provide the necessary **Purpose and Direction** which invoke and impart, the **Social Automation** which creates the desired **Culture of Success**.

40) **Social Automation** involves **Culture** infused with the desired **Purpose and Direction**, intended to produce the kind of people that a community or Society wants. Therefore, **Social Automation** is best obtained via the activities which are routinely conducted within communities while life is lived. This means that **Social Automation** complements and even surpasses the value of **traditional formal education**, and extends into the life of any Member and or their Dependents to create deep and broad **Frames of References** which improves their welfare and wellbeing, pragmatism, their critical thinking skills, life-skills, relationship building skills, problem-solving skills, innovativeness, leadership and entrepreneurial skills; to create a **Culture of Success** and a people who can survive

and thrive in any future changing world environment.

41) Any interested Member should diligently make every effort to access the benefits of **Social Automation** by fastidiously implementing the following recommendations not limited to:

- a) Active and immersive participation in any preferred, desired and or targeted **Institutions of the VIP** and or **VIP Infrastructures**, not limited to the **AntsNest Network**, the **Model Parent Mentoring Plan** and the **Community Entrepreneurial Cooperatives (CEC)**, especially to overcome the **Start & Stop Syndrome (3S)**, and to improve their **Intellectual Capital** by creating and establishing deep and broad **Frames of Reference** and also to grow their **Social Capital**.
- b) Active and immersive participation in the creation and or operation of diverse **Mobilization Krews** engaged in diverse **Vocations** which solve common problems.
- c) Active and immersive participate as **Voluntary Functionaries**. This shall improve their **Social Capital** by improving the size, scope and quality of their **Social Networks** as well as improve the size, scope and quality of their **Frames of Reference** and **Intellectual Capital**.
- d) Actively bring to life within their personal lives and the lives of their families, colleagues, institutions and communities, the **Philosophies of the VIP**, including by regularly referencing and by gaining inspiration from and personally implementing the tenets of the **VIP Bye Laws**, especially the sections which outline **How Success Shall Be Achieved** and **How Success Shall Be Measured**.
- e) Actively perform in a manner to develop **self-discipline** to always overcome the **Start & Stop Syndrome (3S)** and to ensure that they lead better lives to remain focused upon their long-term **Wellness Goals**, whilst being agile to maneuver to always gain the advantage within the short-term and the medium-term.
- f) Actively perform in a manner which recognizes and demonstrates the personal philosophy that **Wellness** cannot be **bought or sold**, **Wellness** cannot be **given or received**, **Wellness** shall be earned only by one's deliberate, consistent actions being conducted diligently over the long-term.

2A-3-5 Medical Benefits (General)

42) Generally, coverage is provided for **Reimbursement** or payment against the **Reasonable & Customary**, and **Necessary** expense associated with illness acquired after (not "on") the Member's **Commencement Date**: HIV/A.I.D.S., ineligible and or excluded illnesses, risks and **Services** excepted.

- a) Coverage extends to **Durable Medical Equipment (DME)** only if approved by the Company, (*Exclusively the Company determines which, if any, DME will be covered*) plus **Physical Injuries** and shall include the cost of ground ambulance **service**, plus semi-private accommodation including treatment and boarding in Hospitals both local and foreign (if no treatment is available locally, plus commercial airfare *plus Air Ambulance for Plan Package where the Sum Assured of the Base Plan is equal or above \$500,000*), to the nearest acceptable location.
- b) **Implanted Durable Medical Equipment (IDME)** shall be covered as follows:
 - i. Consumables, repair, replacement, maintenance **Service** and the like shall be excluded from coverage.
 - ii. Exclusively the following **IDMEs** are automatically covered under this **Plan**, and which are subject to the **Reasonable &**

Customary, and **Necessary Controls**, up to a maximum **Eligible Expense** of one hundred thousand (\$100,000) dollars per **Base Plan**, subject to respective **Accumulation Period**, with respect to such illness which is not deemed to be a **Pre-existing Condition** according to the terms of this agreement:

1. Stents used exclusively in any procedure associated with treating any cardiac condition, and also the arteries supplying the lung, brain, kidneys or liver.
 2. Lenses used in treating cataract.
 3. Devices used to fasten bones fractured due to the occurrence of any covered Accident.
 4. Devices used to treat or replace damaged or diseased Hip, Elbow, Shoulder or Knee.
- iii. Member may seek coverage for **IDMEs** which are not automatically covered under this **Plan** by subscribing to the relevant **Enhancement Benefit**.
- c) Coverage extends to include surgery, organ transplant, laboratory, theater, Hospital service, and prescription drugs,
 - d) Coverage extends to include **Radiotherapy**, up to a maximum **Eligible Expense** of one hundred thousand (\$100,000) dollars per **Base Plan**, subject to respective **Accumulation Period**, for such illness which is not deemed to be a **Pre-existing Condition** according to the terms of this agreement.
 - i. Member may supplement and extend the value of his **Radiotherapy** benefit by way of subscription to any **Enhancement Benefit** which provides coverage for **Radiotherapy**.
 - e) Coverage includes physiotherapy when prescribed by the attending doctor, doctor's visit at home or in Hospital and specialist consultation; (each limited by one (1) visit per day).
 - f) Notwithstanding the exclusion of coverage in the **Primary Contract for Physical Injury** for certain Members who have attained age sixty (60) and over, coverage for **Physical Injury** shall be provided to respective Members up to a maximum **Eligible Expense** of Twenty-five thousand (\$25,000) dollars per **Base Plan**, subject to respective **Accumulation Period**.
 - i. Member may extend and **concatenate** the value of his **Physical Injury** benefit by subscription to a suitable **Enhancement Benefit** which covers **Physical Injury**.
 - g) Member is covered for **Compassionate Care**, which includes personal visits and counseling.

2A-3-6 Dental & Vision Benefit

43) **Dental Benefit** shall cover exclusively **Service** to natural teeth.

44) **Vision Benefit** shall cover exclusively corrections to refractory errors of the eye.

45) Eligibility to claim for **Dental** and **Vision** that originates appended to the **Base Plan** begins for expenses incurred after the first anniversary of the respective Member's **Commencement Date** for respective benefits. The rules of these **Benefit Profiles** are as follows: -

- a) The **Sums Assured** for the **Dental** and **Vision** benefits are listed on the **Summary of Benefits**.
- b) The maximum **Reimbursement** established for **Dental** and or **Vision** benefits shall apply per Member of the family.
- c) The **Dental** and the **Vision Benefit Profiles**, each has an **Independent Sum Assured**. The consumption of benefits by any Member does not reduce the maximum **Reimbursement** for any other Member.
- d) The **Sum Assured** of each Member shall not be

exceeded by claims over any unbroken **three-year (3) Accumulation Period**.

i. **Enhancement Benefit** can be acquired to reduce the value allocated to the **Accumulation Period**.

e) **Limitation (i)**: - Ingrown teeth, malocclusion, and the like, shall be excluded from coverage if the Member's **Initial Commencement Date** is on or after the eighteenth (18th) birthday.

f) **Limitation (iii)**: - Each Member shall enjoy a **Lifetime Reimbursement** for **Orthodontic Care** that shall not exceed the value of the **Sum Assured** as established on the **Summary Of Benefits** for **Dental** benefits. This value is deducted from the **Dental Sum Assured**.

2A-3-7 Maternity Benefit

46) To enjoy benefits under **Maternity Benefit**, conception must occur after the expectant mother's first anniversary in the **Plan**.

47) **Maternity Benefit** applies exclusively to **Events** occurring at termination of pregnancy.

a) The **Allowances** stated for **Normal Delivery**, **Miscarriage** and **D&C**, in the **Summary Of Benefits**, are the maximum **Reimbursements** for those **Benefit Profiles**.

b) **Caesarian Section**: - This complication of pregnancy will have **Reimbursement** according to the **Summary Of Benefit**. Eligibility depends on medical reasons satisfactory to the Company.

c) **Exclusion (i)**: - Coverage is excluded for pregnancies of dependent children.

d) **Exclusion (ii)**: - Coverage is also excluded for any abortion; pregnancy induced by fertility enhancing drug or procedure, including any hormone treatment; artificial insemination; and any similar type procedure and includes any resultant complication.

e) **Limitation (i)**: - A document declaring the existence of any child or children born as a result of any of the preceding exclusions must be submitted together with the application for coverage of such child or within the time given for acceptance of coverage in this **Plan**, or a breach of contract shall occur.

f) **Limitation (ii)**: - For any congenital illness in any newborn child there shall be a **Lifetime** benefit per Principal as listed on the **Summary Of Benefits**, provided that the fetus was conceived after both the Principal's and expectant mother's first (1st) anniversary in the **Plan**. This benefit is available until the child's eighteenth (18th) birthday. Congenital benefits are not transferable.

2A-3-8 Physical Injury Benefits - General -

48) **Physical Injury** shall be covered and Member shall benefit according to this agreement exclusively if Member's **Bodily Injury** is associated with a properly reported **Accident**.

49) **Physical Injury** shall be covered exclusively under **Code 1** of the **Table of Incubation Periods**.

50) For the purpose of determining a claim, the Member's **Peril** and or **Risk** and or **role** and or **activity** and or **circumstance** and or **Accident** and or **loss** (taken in context individually or collectively in any permutation and or combination shall henceforth be referred to as '**activity**') is classified according to **Accident Risk Profiles**. If any **activity** can be classified within more than one **Accident Risk Profiles**, then the **activity** shall be deemed to be categorized in the **Accident Risk Profile** that is of higher or highest **Risk**, or as determined by the Company.

51) The Member accepts and agrees that for the purpose of **Reimbursement** or payment the Company shall be the exclusive authority to properly categorize the **activity** within any **Accident Risk Profile**.

52) For you to enjoy any claim or benefit the Company depends upon information about your **Accident** and which shall include information about any circumstance and or your **activity** preceding, during and after the **Accident**.

53) The Member and Company recognize and agree that there may exist circumstances that may be unpredictable and or volatile and therefore changes may occur rapidly and or unexpectedly and introduce new or unanticipated Peril or **Risk Factor** into a situation that was otherwise safe and eligible for coverage and the Member may not have had the opportunity and or resources to perform the action required to avoid the **Accident**.

a) Among other things, the Company will take the above perspective into consideration when contemplating upon any **Accident** or loss associated with any benefit and or claim for **Physical Injury**.

b) The Member agrees that, as manager of this **Plan** and the **Fund**, under the above-described circumstances the decision of the Company is final and uncontestable.

54) The following rules and or requirements should be strictly observed by the Member otherwise the Member shall not be eligible for any **Reimbursement** or payment related to or associated with his **Accident**.

a) Any **Physical Injury** resulting from any unusual circumstance; or involving any automobile; or domestic abuse; or criminal action; and or as determined by the Company, shall be reported to the civil police.

b) Any **Physical Injury** occurring to any Member shall be reported to the Company immediately or as soon as possible, and shall be confirmed by the Member submitting the detail to the Company in writing, but not later than one hundred (100) days after the initial date that the **Accident** was incurred. In the report, substantially the same information should be submitted as when submitting a claim for **Physical Injury**.

i. The cost of submitting the report is for the account of the Member.

ii. For the purpose of satisfaction of the one hundred (100) day requirement to report the **Accident** and or **Physical Injury** to the Company, such reporting requirement shall be considered fulfilled if the Member submits a respective claim within the **Event Window** for this reporting requirement.

c) When a claim is submitted the claimant shall submit the following information:

i. a description of the **Accident**;

ii. how it was caused; and or what was the cause

iii. what the Member was doing and or the Member's role when the **Accident** occurred;

iv. the date, time and place of occurrence;

v. any other information related to the **Accident** that the Member may deem relevant and or the Company may require.

vi. If a report was made to the police, a copy of the police report should be submitted with the claim.

vii. The cost of acquiring and submitting any information is for the account of the Member.

d) To be eligible for payment or **Reimbursement** against any desired **Accident Risk Profile**, upon the occurrence of the **Accident**, the Member should be subscribed to an appropriate **Benefit Profile** (a **Plan Package** or **Enhancement Benefit**) that provides him such coverage and must be eligible for benefits under the terms of such **Benefit Profile** and or the contract, or the Member shall be ineligible for payment or

Reimbursement for loss.

e) The Member understands and agrees that there can be significant overlapping of his **activity** when considered among the several **Accident Risk Profiles** and that this situation may cause severe doubt and uncertainty about eligibility for **Reimbursement** or payment. Therefore, Member agrees and promises that when contemplating any **activity** and particularly prior to engaging in any **activity** in any situation where any doubt may exist about eligibility, he shall obtain a written non-binding opinion from the Company. Member further agrees that despite his possession of any opinion from the Company, when contemplating any claim related to or associated with any **Accident**, the Company reserves the exclusive and incontestable right to determine the final categorization of such **activity** based on the facts of the matter, and can declare that such **activity** shall not fall within the scope of any **Accident Risk Profile** that covers the Member for **Reimbursement** or payment; or that any loss shall be ineligible for **Reimbursement** or payment.

55) Where there is no predetermined value associated with any **activity** or where any doubt may exist about the range or limit to be applied to any value associated with any **activity**, exclusively the Company shall determine the range and or limit of the value that shall be applied against any such **activity**.

56) The Member agrees that there can be a circumstance where the fact that an **Accident** resulting from related to or associated with any **activity**, has occurred, may itself represent proof of the existence of an **activity** that can void coverage.

57) The Member agrees that with respect to the management of any claim or benefit for any **Physical Injury**, after debating and or deliberating upon the available information, the decision of the Company is final and is uncontestable.

58) The Member accepts and agrees that in managing any **Benefit Profile** associated with or related to any **activity** the Company reserves the right to update its terms and conditions at any anytime without notice and or by issuing **Attachment** to this contract.

2A-3-9 Accident Risk Profiles Associated With Physical Injury

59) Member's **activity** that caused the **Accident** or is related to or is associated with the **Accident** must fall within any one of the several listed **Accident Risk Profiles** being part this agreement.

a) The Member agrees that exclusively the Company shall determine within which **Accident Risk Profile** that the Member's **activity** shall be categorized.

60) When considering eligibility for any benefit, **Reimbursement** or payment, Member's **activity** shall be categorized from amongst the following **Accident Risk Profiles**:

a) **Domestic Activity & Sport**

b) **Organized Activity & Sport**

c) **Xtreme Activity & Sport**

d) **Excluded Activity & Sport (EAS)**

2A-3-9-1 Domestic Activity & Sport

61) Unless excluded otherwise Member is covered under **Domestic Activity & Sport**.

62) Covers any **Accident** resulting from related to or associated with any **activity** that the Company considers to possess acceptable **Risk** that is exclusively related to or associated with the conduct of Member's **activity** occurring within any **Domestic Living Space**. Generally, coverage is offered to the above referred **activity** when related to or associated with any lifestyle and or behaviour that the Company wants to encourage and which is

relatively active but responsible; relatively conservative when taking any **Risk**; thoughtful and is conducive to improving or maintaining fitness and health; and a lifestyle that aggressively observes safety and diligently avoids **Adverse Risk**.

63) The following are examples of how this **Benefit Profile** will be managed:

a) Covers any **Accident** resulting from related to or associated with any spontaneously engaged **activity** such as any sport, recreation and similar enterprise. However such spontaneously engaged **activity** should not use or experience or subject the Member to exposure to any of the following hazards or Perils: any wilderness area or **Locality**; any undomesticated flora or fauna; any subterranean or subsurface **Locality** greater than fifteen (15) feet from surface; any **activity** where power is supplied by any source other than direct human force; any open water **activity** occurring greater than one hundred (100) feet from the nearest shoreline; any **activity** occurring greater than fifteen (15) feet above the nearest firm and or stable and safe surface; any **activity** conducted upon and or under any perilous surface; or any **activity** involving any unstable or perilous environment; or any willful exposure to any speed and or temperature and or pressure and or chemical and or force and or radiation and or environment and or any other exposure or **Peril** that the Company considers to have a level of **Risk** that is greater than it intends to cover under **Domestic Activity & Sport**.

b) Also covers any **Accident** resulting from related to or associated with any **activity** involving any domesticated Flora and Fauna and or the use and or operation of any powered or non-powered domestic tool, equipment or appliance including any non-commercial machine used for the enjoyment of the covered lifestyle practised within any **Domestic Living Space**.

i. Example: minor home maintenance and any enterprise such as "spring cleaning"; yard maintenance including cutting the lawn, home gardening; installation of curtain racks; redecorating a room; or changing of doors or door locks; or any user permitted repair or adjustment to any domestic facility, appliance, tool, device or equipment.

c) The Member agrees that exclusively the Company in its role as manager of the **Fund** and this **Plan** shall determine whether any **Accident** resulting from related to or associated with any **activity** falls within its intentions to be included within the **Accident Risk Profile** identified herein as **Domestic Activity & Sport**.

d) The Company can either change or suspend or terminate any part or all of this **Benefit Profile** at any time and may do so by posting notice on the Company's website or publish in any public space or place or by direct communication to the Member or by any other practical method.

e) The following **exclusions** shall be observed and no coverage shall be provided under the **Benefit Profile** that is the **Domestic Activity & Sport**:

i. All Class of **Physical Injury** or illness, that when referenced against the **Table of Incubation Periods** that cannot be categorized or classed exclusively within **Code 1**.

ii. Any **Accident** resulting from related to or associated with any **activity** that the Company determines and or can be reasonably assessed and or assumed to be categorized under **Organized Activity & Sport** and or **Xtreme Activity & Sport** and or **Excluded Activity & Sport (EAS)**.

iii. Unless the Company deems otherwise, any **activity** that was not conducted or

performed within any **Domestic Living Space**.

- iv. Any **Accident** resulting from related to or associated with any **Adverse Risk**.
- v. Any **Accident** resulting from related to or associated with or was aggravated due to or during the Member's participation in any ineligible **activity** or related to or associated with:
 - 1. any excluded subset of any otherwise approved **activity** or **Service**.
- vi. Any **Accident** resulting from related to or associated with any **activity** that the Company deems is within the domain of a skilled professional or artisan, when such **activity** is performed by the Member.
 - 1. This exclusion shall remain valid and in force even though the Member may possess the required combination of training, skill and competence, but is not covered for benefits under the relevant **Accident Risk Profile**. Example: task such as renovation and roof repairs.

2A-3-9-2 Organized Activity & Sport

64) To be covered under this **Accident Risk Profile**, you shall be enrolled under either the **Organized Sports Plan Category** or an **Enhancement Benefit** that covers this **Accident Risk Profile**.

- a) To facilitate approval, you shall submit with your application, additional documentation containing proper description of the specific **activity** that you want covered.

65) In the range of coverage offered under this **Benefit Profile**, at the lower limit of **Risk** covered, the **Organized Activity & Sport** category covers any **Accident** resulting from related to or associated with any **activity** that the Company may deem to be generally, but not exclusively, of a commercial nature, and which may occur generally, but not exclusively, in any **Commercial Living Space**; and the **Risk** is generally higher than comparable **Risk** covered under **Domestic Activity & Sport**. Also, in the range of coverage offered under this **Benefit Profile**, at the higher limit of **Risk** covered, it covers any **Accident** resulting from related to or associated with any **activity** that has a **Risk** of incurring loss which, in the exclusive opinion of the Company, would be of a **severity that does not approach catastrophic loss**.

- a) Also covered is any **Accident** resulting from related to or associated with any **activity** that the Company deems to have immediately exceeded the level of **Risk** covered under **Domestic Activity & Sport**. The upper limit of coverage is circumscribed by any **activity** that the Company deems to have a level of **Risk** that is lower than any **activity** that is covered under **Xtreme Activity & Sport**.

- b) Coverage is provided exclusively under the **Hospitalization & Surgery Benefit Profile**.

- i. Unless an appropriate **Attachment** is acquired from the **Enhancement List** to cover any **Coexisting Service**, exclusively in-Hospital service billed by the admitting Hospital shall be covered.

- c) Any **activity** performed exclusively during any **Event** conducted under the direct management and or supervision of the **Athletica Health & Fitness Plan** shall be covered under this **Benefit Profile**.

- i. Coverage is provided exclusively under the **Hospitalization & Surgery Benefit Profile**.
 - ii. However, the twenty-four (24) hour admission requirement shall be waived.
 - iii. Also **Coexisting Services** shall be

reimbursed under this **Benefit Profile**.

- iv. Additionally, coverage shall commence and terminate for the duration of the **Event** and shall cover exclusively the Member's active participation in the **Event** during and as a result the performance of the **Event**.

- v. Covers **Accident** incurred while commuting in transport supplied by the Company for the **Event**; any other mode of commute shall be excluded.

- d) This category covers any **Accident** resulting from related to or associated with any **activity** generally covered under **Domestic Activity & Sport**; however, the Company reserves the right at any time to restrict or exclude coverage under this **Accident Risk Profile**.

- e) Member desiring coverage for any **Accident** resulting from related to or associated with any **activity** that may occur under any form of employment that may expose the Member to loss under this **Risk Profile** needs to apply for coverage under this **Accident Risk Profile**.

- f) Any **Accident** resulting from related to or associated with any **activity** that is sponsored or conducted by any formal group or any organized group or any similar entity and or from any **activity** that is scheduled in advance and or when any participant is included in any roster and or any **activity** against which any reward and or award and or recognition is intended to be awarded or has been awarded shall be considered as being included in this **Accident Risk Profile**.

- g) Only any **Accident** resulting from related to or associated with any **activity** that is listed in the **Schedule of Organized Activity Sport & Recreation** is covered and exclusively to the financially viable Member who subscribes for benefits under this **Accident Risk Profile**.

- h) If any **activity** is not included in the **Schedule of Organized Activity Sport & Recreation**, Member can apply to seek written approval for coverage for any specific instance of such **activity** and or for its long-term inclusion in the **Schedule of Organized Activity Sport & Recreation**. Approval is not guaranteed.

- i) To be eligible for **Reimbursement** or payment, Member promises that he shall scrupulously follow the terms and conditions associated with this **Benefit Profile**; including any additional or specified terms and conditions as determined by the Company for any specific **activity** and or from time to time.

- j) The Company can either change or suspend or terminate any part or all of this **Benefit Profile** at any time and may do so by posting notice on the Company's website or publish in any public space or place or by direct communication to the Member or by any other practical method.

- k) The Member agrees that exclusively the Company, in its role as manager of the **Fund** and this **Plan**, shall determine whether any **Accident** resulting from related to or associated with any **activity** falls within its intentions to be included within the **Accident Risk Profile** identified herein as **Organized Activity & Sport**.

2A-3-9-3 Xtreme Activity & Sport

66) To be covered under this **Accident Risk Profile**, you shall be enrolled under either the **Xtreme Sports Plan Category** or an **Enhancement Benefit** that covers this **Accident Risk Profile**.

- a) To facilitate approval, you shall submit with your application, additional documentation containing proper description of the specific **activity** that you want covered.

67) In the range of coverage offered under this **Benefit Profile**, at the lower limit of **Risk** covered, the **Xtreme Activity & Sport** category covers any

Accident resulting from related to or associated with any **activity** that the Company may deem to be generally, but not exclusively, of a commercial nature, and which may occur generally, but not exclusively, in any **Commercial Living Space**; however, the **Risk** is generally higher than any comparable **Risk** covered under **Organized Activity & Sport**. Also, in the range of coverage offered under this **Benefit Profile**, at the higher limit of **Risk** covered, it covers any **Accident** resulting from related to or associated with any **activity** that has a **Risk** of incurring loss which, in the exclusive opinion of the Company, would be of a **severity approaching, but never reaching, catastrophic loss**.

- a) Also covered is any **Accident** resulting from related to or associated with any **activity** that the Company deems to have immediately exceeded the level of **Risk** covered under **Organized Activity & Sport**. The upper limit of coverage is circumscribed by any **activity** that the Company deems to have a level of **Risk** that is lower than any **activity** that is excluded under **Excluded Activity & Sport (EAS)**.

- b) Coverage is provided exclusively under the **Hospitalization & Surgery Benefit Profile**.

- i. Unless an appropriate **Attachment** is acquired from the **Enhancement List** to cover any **Coexisting Service**, exclusively in-Hospital service billed by the admitting Hospital shall be covered.

- c) Also covered is any **Accident** resulting from related to or associated with any **activity** generally covered under **Domestic Activity & Sport**, and also generally covered under **Organized Activity & Sport**; however, the Company reserves the right at any time to restrict or exclude coverage under any of these **Accident Risk Profiles**.

- d) Member desiring coverage for any **Accident** resulting from related to or associated with any **activity** that may occur under any form of employment that may expose the Member to loss under this **Risk Profile** needs to apply for coverage under this **Accident Risk Profile**.

- e) Any **Accident** resulting from related to or associated with any **activity** that is sponsored or conducted by any formal group or any organized group or any similar entity and or from any **activity** that is scheduled in advance and or when any participant is included in any roster and or any **activity** against which any reward and or award and or recognition is intended to be awarded or has been awarded shall be considered as being included in this **Accident Risk Profile**.

- f) Only any **Accident** resulting from related to or associated with any **activity** that is listed in the **Schedule of Xtreme Activity Sport & Recreation** is covered and exclusively to the financially viable Member who subscribes for benefits under this **Accident Risk Profile**.

- g) If any **activity** is not included in the **Schedule of Xtreme Activity Sport & Recreation**, Member can apply to seek written approval for coverage for any specific instance of such **activity** and or for its long-term inclusion in the **Schedule of Xtreme Activity Sport & Recreation**. Approval is not guaranteed.

- h) To be eligible for **Reimbursement** or payment, Member promises that he shall scrupulously follow the terms and conditions associated with this **Benefit Profile**; including any additional or specified terms and conditions as determined by the Company for any specific **activity** and or from time to time.

- i) The Company can either change or suspend or terminate any part or all of this **Benefit Profile** at any time and may do so by posting notice on the Company's website or publish in any public

space or place or by direct communication to the Member or by any other practical method.

- j) The Member agrees that exclusively the Company, in its role as manager of the **Fund** and this **Plan**, shall determine whether any **Accident** resulting from related to or associated with any **activity** falls within its intentions to be included within the **Accident Risk Profile** identified herein as **Xtreme Activity & Sport**.

2A-3-9-4 Excluded Activity & Sport (EAS)

68) **Excluded Activity & Sport (EAS)** category shall include any **Accident** resulting from related to or associated with any **activity** that the Company reserves the right to deem, for whatever reason, as being totally unacceptable for coverage and to deem that any such **activity** may cause loss of a catastrophic nature and any such **Accident** shall be rejected and is hereby excluded from coverage by the Company.

69) Any **activity** associated with this **Accident Risk Profile** shall be considered as being more extreme when compared to any **activity** covered under any other **Accident Risk Profile**.

70) **Excluded Activity & Sport (EAS)** category circumscribes any **Accident** resulting from related to or associated with any **activity** that is outside the scope of coverage offered and or intended to be covered by the Company and which also includes any **activity** which in the exclusive opinion of the Company has an unacceptable probability of manifesting and or incurring loss. Such **Accident** shall be excluded from coverage and any loss is ineligible for **Reimbursement** or payment.

71) Member understands and agrees that any **Accident** resulting from related to or associated with any **activity** that does not fit neatly into any **Accident Risk Profile** that should make him eligible for **Reimbursement** or payment shall be considered as falling within this **Accident Risk Profile** namely, **Excluded Activity & Sport (EAS)**.

72) The Member agrees that exclusively the Company in its role as manager of the **Fund** and this **Plan** shall determine whether any **Accident** resulting from related to or associated with any **activity** falls within its intentions to be included within the **Accident Risk Profile** identified herein as **Excluded Activity & Sport (EAS)**.

2A-3-9-5 General Exclusions For Organized Activity & Sport and Xtreme Activity & Sport

73) The following shall be excluded from coverage from any **Accident** resulting from related to or associated with the following two (2) **Accident Risk Profiles**; namely **Organized Activity & Sport** and **Xtreme Activity & Sport**:

- a) All Class of **Physical Injury** or illness, that when referenced against the **Table of Incubation Periods**, cannot be categorized or classed exclusively within **Code 1**.
- b) Any **Accident** resulting from related to or associated with or was aggravated at any **locality** that is not a **locality** situated within the state of **Trinidad & Tobago** unless written approval was sought and obtained and any additional Contribution paid, where required.
- c) Any **Accident** which the Company determines and or can be reasonably assessed and or assumed to be categorized under **Excluded Activity & Sport (EAS)** unless prior written approval was sought and obtained and any additional Contribution paid, where required.
- d) Any **Accident** which was incurred or was aggravated due to or during the Member's participation in any **activity** that is not listed on the respective **Schedule of Organized Activity Sport & Recreation** or the respective **Schedule of Xtreme Activity Sport & Recreation** unless

prior written approval was sought and obtained and any additional Contribution paid, where required.

- e) Any **Accident** resulting from related to or associated with or was aggravated due to or during the Member's participation in any **activity** at any time when the respective **activity** was not officially registered and or not officially recognized (including but not exclusively; any deletion, deregistration, or suspension) and or not officially approved under the authority of any entity determined by the Company.

i. This exclusion shall override coverage otherwise automatically awarded to any **activity** that is listed in the respective **Schedule of Organized Activity Sport & Recreation** or the **Schedule of Xtreme Activity Sport & Recreation** unless prior written approval was sought and obtained and any additional Contribution paid, where required.

- f) Any **Accident** resulting from related to or associated with or was aggravated due to or during the Member's participation in any **activity** covered under **Organized Activity & Sport** or **Xtreme Activity & Sport** at any time before ninety (90) days has expired after the afflicted Member's **Commencement Date**.

i. An exception shall be made if authorized in writing by the Company or for coverage acquired from the **Enhancement List** and the Member may be covered sooner than the ninety (90) day requirement but not before the **Commencement Date** of the respective **Enhancement Benefit** and according to the terms of such **Attachment**.

- g) Any **Accident** resulting from related to or associated with or was aggravated due to or during the Member's participation in any ineligible **activity** or related to or associated with:

i. any excluded subset of any otherwise approved **activity** or **Service**.

- h) Any **Accident** resulting from related to or associated with any **activity** that the Company deems is within the domain of any skilled professional or artisan when performed by the Member.

i. This exclusion shall remain valid and apply even though the Member may possess the required training, skill and competence, but did not apply for coverage for such benefit or such coverage was not approved by the Company. Example: task such as renovation and roof repairs.

2A-3-10 Death Benefit

74) The **Death Benefit** which is listed upon the Principal's **Base Plan** and which value is stated in the **Summary of Benefits** is associated exclusively with the death of the Principal.

- a) It shall be covered exclusively under the terms of the **GEMS Contract**; which is an **Attachment** to the **Primary Contract**.

b) This **Death Benefit** has an **Independent Sum Assured**.

c) The Principal can acquire **Shares** of the **Death Benefit** from the **Enhancement List** to augment that on his **Base Plan**. Such **Enhancement Benefit** is permitted to be associated with the death of either the Principal or the covered Spouse.

- d) Unless stated or provided otherwise within relevant documentation, the **Death Benefit** shall terminate at age sixty-five (65).

i. In lieu thereof, Member is advised to consider subscribing to his preference in the **Enhancement Benefit** which provides a **Funeral Grant**; which has no age limit

nor is it subjected to the **Pre-existing Condition** rule and has a three-year (3) **Waiting Period** from its **Commencement Date** to achieve **Maturity** towards its given purpose.

2A-3-11 Hospitalization & Surgery Benefit Profile

75) In the **Hospitalization & Surgery Benefit Profile** any **Control** or restriction, if not specifically waived, shall regulate and shall be applicable substantially and or specifically to the following:

a) Hospitalization & Surgery Plan Genre

b) Any **Benefit Profile** which is limited exclusively or substantially to the **Service** of **Hospitalization** and or of **Surgery** (i.e. **Same day Surgery**).

c) Any **Benefit Profile** which has any **Coexisting Service** or any **Coexisting Expense** specifically restricted and or excluded.

76) **Hospitalization & Surgery Benefit Profile** includes exclusively any expense incurred as an inpatient in an approved Hospital, provided that the Member was admitted and warded in the Hospital continuously for twenty-four (24) hours or more. This **Benefit Profile** shall also include exclusively all expenses directly associated with the performance of surgery by a qualified doctor.

a) Any **Benefit Profile** that substantially or exclusively provides coverage under the **Hospital & Surgery Benefit Profile** and or the **Hospital & Surgery Plan Genre** shall not cover and or reimburse and or pay for any **Service** that the Company deems to be any **Coexisting Service** or any **Service** incurred outside the admitting Hospital or any **Service** that the Company deems is not any hospital **Service** or not any direct **Service** of **Same day Surgery**. Exception will be made:

i. when the Member satisfies the twenty-four (24) hour admittance requirement to be eligible for reimbursement, and exclusively all eligible in-Hospital expenses incurred within the prior qualifying twenty-four (24) hour period shall qualify for consideration for reimbursement according to the rules of the **Plan**.

ii. for coverage acquired under the terms of any relevant **Enhancement Benefit** or under any **Base Plan** that provides Member with coverage for **Coexisting Expense** or which terms do not specifically exclude any Member from coverage for any **Coexisting Expense** incurred outside the admitting Hospital.

- b) Any eligible **Coexisting Expense** should be submitted as part of the claim under the prevailing rules of the **Hospitalization & Surgery Benefit Profile**.

i. The **Event Window** for submitting any claim under the **Enhancement Benefit** that is the **Coexisting Eligible Expense** or for any **Coexisting Expense** covered under any other part of this agreement shall be a period of not more than ninety (90) days of which one day of the ninety (90) days shall include any day during admittance at the admitting Hospital or the **Date of Service** for **Same day Surgery**.

c) If the Member was medically transferred directly from one Hospital bed to a Hospital bed of another Hospital to continue treatment, such transfer shall not constitute a break in coverage under the **Hospitalization & Surgery Benefit Profile** and the ambulance **Service** associated with the transfer and continuing treatment shall qualify for reimbursement.

i. However, if the Member was medically discharged from any Hospital, unless covered for any relevant **Coexisting**

- Benefit**, all benefits relating to such admission shall terminate immediately.
- ii. any subsequent re-admittance to any Hospital shall require that the Member satisfy the twenty-four (24) hour admittance requirement to be eligible for **Reimbursement** or payment.
- d) Coverage shall not extend to any expense and or any **Service** that was incurred outside the admitting Hospital; or was not incurred directly in the performance of a covered surgery regardless to how billed or invoiced. However, when considering any expense or **Service** that was not incurred directly from the admitting Hospital or directly in the performance of a covered **Surgery**, the Company reserves an exclusive right to permit the following exceptions:
- i. Any **Service** delivered by any **Service Provider** contracted by the admitting Hospital provided that such **Service** was billed or invoiced to the Member directly by the admitting Hospital and recorded on its official document.
 - ii. Any **Coexisting Service** or such other specific benefit incurred under the terms of any relevant **Enhancement Benefit** or under any **Base Plan** that provides Member with coverage for the **Coexisting Expense** or such other respective specified benefit.
 - iii. Whenever the rules of any **Benefit Profile** do not specifically exclude any Member from coverage for any **Coexisting Expense** incurred outside the admitting Hospital.
- e) The Company reserves the right to declare any **Service** as being an eligible **Service** under the **Hospitalization & Surgery Benefit Profile**, even though such **Service** may not have completely satisfied the requirements of the **Hospitalization & Surgery Benefit Profile**.
- f) An accommodation shall be made for benefits to be distributed for treatment for **Cancer** or any illness which may be deemed **eligible**, under the following terms:
- i. If the Member has subscribed, was approved and is eligible under the **Enhancement Benefit** named **Coexisting Eligible Expense**, for the purpose of receiving benefits under the **Hospitalization & Surgery Benefit Profile**, **Radiation Therapy** that is administered to destroy live cancer cells in a Member who is diagnosed with cancer, or for treating such **eligible** illness, shall be considered as **Hospitalization** or **Same day Surgery**.
 1. The Member can use any **Date of Service** for the **Radiation Therapy** incurred during his course of treatment as being equivalent to any **Date of Service** for **Same day Surgery**.
 2. Member shall also qualify for the **Coexisting Chemotherapy** and any other **eligible Coexisting Service** incurred according to the rules of the **Coexisting Expense Benefit Profile**.
 3. Each day of treatment shall be considered as being equivalent to an eligible day simultaneously involving admission and discharge from Hospital and shall satisfy the twenty-four (24) hour qualifying requirement for Hospitalization.
 4. Any benefit shall be available exclusively under any respective **Enhancement Benefit** or any **Benefit Profile** which requires the satisfaction of the **Hospitalization** and or **Same day Surgery** requirement.

2A-3-12 International Benefits

- 77) Your **Plan** is denominated in local (i.e. **Trinidad & Tobago**) currency. It provides coverage and pays benefits against the local medical experience, options and protocol. Within the range of coverage provided, it allows for you to enjoy the best local reasonable and necessary **Service** options. *(It is not designed or intended to deliver or compete against any superior, or even the best, Service options available worldwide. It provides limited access to foreign benefits in very controlled circumstances. Unless an appropriate Attachment is sought and approved, it is not intended or recommended for persons who are primarily interested in accessing Service abroad and or in any foreign currency).*
- 78) **International Benefit** is available exclusively for **Service** received outside **Trinidad & Tobago** and exclusively to the Member who has enrolled into a **Base Plan** with a **Sum Assured** of five hundred thousand dollars (\$500,000) and over or if acquired as an **Enhancement Benefit**.
- 79) Non-adherence to the terms associated with the **International Benefits** shall cause the Company to decline benefits (including **Reimbursement**). If so inclined, the Company may reimburse as if the illness was incurred and treated in **Trinidad & Tobago** and or shall apply any other terms or conditions deemed necessary.
- 80) Please be advised that **International Benefits** are always fraught with logistical and other unpredictable **Perils** that may hinder reliable delivery of **Service** abroad.
- 81) The Company uses **Service Providers** to provide its services while you are abroad. Transaction charges and fees are incurred when you engage certain **Services**. *(e.g. Coordinating medical admittance and any financial guarantee services in your emergency).* The Company shall bill you at cost when you engage any such **Service** which **Service** shall not be covered under this agreement. You promise that you shall repay these charges within the time given by the Company and according to the terms of this contract.
- 82) Contact the **International Response Centre** for **Assistance** before engaging any **Service** or incurring any expense. Contact numbers are located at the back of your **International ID Card**. Alternatively, contact can be initiated via any facility which may be made available from time to time.
- 83) When abroad the **Confirmed Balance** of your **GEMS** shall be converted to US dollar value by dividing the value of your local currency by a factor determined by the Company.
- 84) At least twenty-four (24) hours before departure, the Principal warrants that he shall notify the Company, in writing, (emails recommended) of an intention to travel overseas.
- 85) If a **Medical Emergency** occurs during the trip, the Principal warrants that within seventy two (72) hours he shall notify the Company of such **Medical Emergency** otherwise any claim and or any other covered benefit shall be void.
- 86) The Member shall use his best efforts to keep the Company informed of developments such as changes in his circumstance, including his treatment and state of health and, as a condition of receiving any service from the company, hereby irrevocably authorizes any entity that provides him any medical service to share his personal medical information and records with the Company or any entity acting on behalf of the Company.
- 87) Treatment under this benefit shall not exceed thirty (30) days after the onset of illness and or the **Medical Emergency**.
- 88) The Company shall have a right to examine the Member's passport and travel documents.
- 89) Comparative effectiveness or potency of any treatment and or **Service** abroad shall not factor

- into any decision about eligibility for any given **Service** that is either performed abroad or which is to be performed abroad; however favourable overall cost to the **Fund** may.
- 90) Any incidental and or **Elective** expense and or **Service** is for the Member's account.
- 91) **International Benefits** shall exclude any **Pre-Existing Condition**, or exclusion and also any illness that in the opinion of the Company was preexisting to the Member's Departure Date, especially scheduled treatment where the Member elects to travel for medical treatment without prior approval from the Company.
- 92) Coverage is void if the Company is satisfied that the Member enjoys any kind of residential immigration status in the foreign **Locality** where treatment is administered.
- 93) **International Benefits** can be withdrawn at any time.
- 94) The following **Benefit Profiles** are available to eligible Members under the **International Benefits**.
- a) **International Medical Benefit:** This benefit is available to any Member who needs treatment abroad when no treatment option is available locally. Covers emergency medical evacuation and or repatriation (one per year) to the nearest available location. To be eligible for **Reimbursement** Member needs prior written approval from the Company before travel. To facilitate approval, a letter from two qualified doctors must be submitted suggesting that no treatment is available locally and recommending treatment at a specific facility abroad. If approved, the Member will be eligible for **Assistance** via the most economical **Service** option that satisfies his minimum **Medical Requirement**. In an emergency the Company may provide written or verbal approval to facilitate departure and thereafter such approval shall be subject to the determination of eligibility for **Reimbursement** with respect to the illness according to the terms of the contract.
- i. Claims will be reimbursed at foreign currency rates as determined by the Company. The Company shall determine the currency with which settlement shall be made.
 - ii. The Member shall be responsible for all ineligible expenses.
- b) **International Traveller's Medical Benefit:** This benefit is exclusively for the stabilization of any eligible unplanned unanticipated **Medical Emergency**, emergency medical evacuation and or repatriation (one per year) of any covered Member while on business or vacation within ninety (90) days of leaving **Trinidad & Tobago**. This benefit is provided with the understanding that the Principal is either travelling alone or travelling with dependents.
- i. Claims will be reimbursed at foreign currency rates as determined by the Company. The Company shall determine the currency with which settlement shall be made.
 - ii. The Member shall be responsible for all ineligible expenses.
- c) **Travel Protection Benefit:** When available, this benefit provides coverage by way of qualitative **Assistance** with travel advisory, logistical and other needs to the Principal who is planning a trip or if the Member gets into difficulty while on a trip. Member is advised to consider subscribing to the **IntraMed Travel Protection Plan**, denominated in US Currency, to enjoy a wide range of travel related coverage, not limited to **Reimbursement** or payment for illness and trip cancellation, under the **IntraMed Primary Contract**.
- d) **International Student Benefit:** Covers students

while studying abroad and shall be reimbursed at foreign currency rates only if a separate **Attachment** to this agreement is secured and appropriate **Contributions** paid for this benefit.

- i. Claims will be reimbursed at foreign currency rates as determined by the Company. The Company shall determine the currency with which settlement shall be made.
- ii. The Member shall be responsible for all ineligible expenses.

2A-3-13 Enhancement Benefits - General -

95) The **Enhancement List** has benefits intended to help you to get a **Plan** that is a **Perfect Fit** for you; your needs, wants and budget.

96) Benefits shall be regulated by any **Control** determined by the Company and or any **Control** related to the **Base Plan** and or any relevant **Attachment** including the **Summary of Benefits**.

97) Whenever any **Enhancement Benefit** is designated with the status of **Independent Sum Assured** it means that it does not participate in the **Sum Assured** of your **Base Plan**. It has its own **Sum Assured**. *(In effect, it is as if you have a separate and extra Plan that is devoted exclusively to that Benefit Profile)*. When claims are made and paid, they do not deplete the value of the **Sum Assured** of your **Base Plan**. They deplete exclusively from the respective **Independent Sum Assured** of each respective **Enhancement Benefit**.

98) **Enhancement Benefits** shall not cover **Imminent Needs**.

99) To be covered under any **Enhancement Benefit**, Member shall apply and acquire written approval from the Company.

100) Each **Enhancement Benefit** shall depend upon the terms of the **Primary Contract** and as determined by the Company, may adopt the terms of any other **Attachment** for its legitimacy and validity. However, the actual benefits are provided under the terms of the respective **Attachment** for the **Enhancement Benefit**.

a) An **Enhancement Benefit** that is acquired from the **Enhancement List** and which may be governed by any underlying rule that is a **Reward**, unless stated otherwise, shall transmute to become a covered benefit in favour of the respective beneficial Member.

101) When you subscribe to any newly acquired **Enhancement Benefit** this transaction shall reset the **Annual Payment Cycle** of your **Base Plan** to coincide with the **Commencement Date** of the respective **Enhancement Benefit** or as determined by the Company.

102) If payment of **Contributions** is being made via the monthly mode of payment the value of the **Risk Reserve** shall be incremented upward, where applicable, to accommodate the **Risk Reserve** requirement of the **Plan**.

103) In general, when considered against any **Enhancement Benefit**, the performance and or value of any similar **Benefit Profile** associated with the **Base Plan** shall function as the **Primary Benefit** and shall be observed and or consumed first, before that of any **Enhancement Benefit**.

104) Generally, each **Enhancement Benefit** or **Benefit Profile** and or each subsequent **Share** of each **Enhancement Benefit** acquired, is observed, performed and or transacted as a separate and independent entity. Also, each newer acquisition shall have a decreasing status level with respect to its relationship with any other **Share** when transacting any claim or benefit. An implication of the above rules is that when any **Enhancement Benefit** has any **Control** such as a **Deductible** and or **Copayment**, and when processing any claim, the **Deductible** and or **Copayment** of each **Share** of each **Enhancement Benefit** acquired

and transacted shall be transacted in tandem series in the order of acquisition of each **Share**, against each respective **Sum Assured** of each **Share** acquired.

105) When disassociating from your **Base Plan**, any **Share** that belongs to any series of **Shares** of any **Enhancement Benefit**, this transaction shall be accomplished on a **Last-In-Last-Out (LILO)** basis. The Company reserves the right to authorize any other arrangement.

106) Each **Enhancement Benefit** is available to you exclusively if the viability of your enrollment in your **Base Plan** is preserved and shall terminate when your **Base Plan** lapses or otherwise terminates. No **Enhancement Benefit** shall be acquired in the absence of your enrollment in a **Base Plan** or such **Enhancement Benefit** shall be void.

107) Any **Enhancement Benefit** that the Company deems to be not an appropriate fit to any **Base Plan** shall be disallowed and or declared void by the Company.

108) You need a total of six (6) **Rungs** to earn an upgrade on your current **Health Rewards Savings (HRS) Account**.

109) Some **Enhancement Benefits** may require that you shall observe and or maintain a specified **Health Rewards Savings Account (HRS)** performance level determined by the Company for you to become and or remain eligible to receive and or enjoy any benefit at the prescribed level and or at all and or for you to maintain the value at which your **Contribution** obligation is payable. You agree that the Company reserves the right at any time to revise the value of any criterion associated with the respective **HRS**.

2A-3-13-1 Enhancement Benefit: - Tobacco Risk Management Fund

110) The **Tobacco Risk Management Fund** is established to reimburse the covered expense associated with the Tobacco **Risk Factor**.

111) This facility is set-up by the Company to offer past Tobacco users the opportunity to get coverage against any illness that the Company considers to have Tobacco as a **Risk Factor** while sparing non-tobacco users the expense associated with coverage for any illness with the said Tobacco **Risk Factor**.

a) Ensure to declare your past Tobacco use on your application form or your coverage in the **Plan** shall become void for your failure to declare this material fact.

b) If you use Tobacco during coverage, this fact should be immediately declared and reported in writing to the Company; otherwise coverage shall be void. Your **Incubation Period** and or **Elimination Period** will be reset by the Company to a value not less than fifty percent (50%) of the prevailing standard value.

i. *The overriding rule is that the Plan has a strict prohibition against Tobacco use.*

ii. *You will be forgiven for past usage and for admittance of transgression during coverage.*

iii. *When you are not forthright with Us, whether for Tobacco use or for any other reason, you are deceiving all Members of the VIP group and the Plan.*

iv. *Your coverage shall be terminated and you shall lose all benefits if, when applying for any coverage in this Plan and or when seeking any benefit, you are not forthright with Us.*

112) This is a facility developed by the Company to support any claim that is impacted by the Tobacco **Risk Factor**. This is not a stand-alone **Enhancement Benefit**.

a) It is a **Fund** that exclusively supports two (2)

Enhancement Benefits; the **Tobacco Plan** and the **Tobacco Contribution**.

113) Any illness claimed that is deemed a **Pre-existing Condition** with respect to either the **Base Plan** or the **Tobacco Plan**, or by any applicable rule, shall not be covered and reimbursement shall be declined.

114) Any Member who used Tobacco at any time before or after coverage began, shall be subject to **Controls** such as the **Table of Incubation Period** for Tobacco use and or the Tobacco usage exclusion rule and or to the **Adverse Risk** exclusion rule of the **Primary Contract** and shall not be covered for any illness the Company recognizes as having Tobacco as a **Risk Factor**.

a) To waive these rules any Member who have ever used Tobacco in the past, regardless of duration (period or frequency of use and or subsequent abstinence) or quantity used, should subscribe to the appropriate **Enhancement Benefit**.

b) Upon being directed by the Company and at his own expense, if eligible for coverage under this **Benefit Profile**, any covered Member shall subject himself to **Impromptu Screening** for Tobacco use. Up to three (3) such random screenings may be requested in any year. Failure to perform any screening requirement within any stipulated time shall result in termination of coverage.

2A-4 Claims (1)

2A-4-1 Filing a Claim

115) Under no circumstance shall any **Service** undertaken by the Member, be considered for **Reimbursement** or **payment** if not claimed from and through the Company; and similarly for any claim for any **Business Arrangement**.

2A-4-2 Claim Forms

116) To submit a claim, the claimant shall contact the Company for claim forms. Written proof of liability or loss, or respective claim for any **Business Arrangement**, shall be met by Principal or beneficiary by sending the Company written proof as described below. Failure to sign and properly complete the claim form or failure to submit the claim form in time or failure to include the required supporting documentation shall prejudice Member's coverage under this **Plan**.

117) The Member promises to access and use the most recent version of respective claim form. The most recent version of respective claim form is available at the office of the Company and may be made available to Members via any enabling and or facilitative technology, such as the internet. When you print any copy, please ensure to print upon both sides of a single sheet. Then also ensure that all relevant signatures are properly inserted. Claim forms are also available for download at **Our** website:

<http://www.mediservinternational.com>

2A-4-3 Written Proof Of Loss

118) Proof of loss must be received by the Company, in writing, before the **Deadline Date**. Include Member's name, Membership numbers, type of loss and expenses incurred. It should be sent to any of **Our** offices, or any designated location approved by the Company.

a) As the context may require, similar considerations apply for any claim for any **Business Arrangement**.

119) Only original documents are valid in support of any claim and once submitted, all documents and information associated with the claim shall become the property of the Company and may be used in support of any decision made on the claim.

2A-4-4 Payment Of Claims

120) Settlement of any claim shall be made with the Principal and on a **Reimbursement** basis. However, when appropriate, the Company may permit "before the fact" approval for **Assignment Of Benefit (AOB)**.

121) The Member understands and accepts that in validating the veracity of any claim, to determine eligibility, all claims shall be subjected to the strict **Claims Management System** of the Company; which shall observe respective terms, conditions and **Controls** as outlined within respective **Trust Instruments**. In this regard, Member may be required to satisfy various **Medical Requirements** as determined by the Company. The process may cause additional expense, may seem time consuming, even frustrating, especially when processing the first claim of a kind with respect to any given illness or condition. The need to strictly observe the **Claims Management System** is an obligation of the Company in the performance of its fiduciary duty, as **Trustee**, to balance the interest of paying Members, who are **Donors** to the **Trust**, with the interest of claimants, who are **Beneficiaries** of the **Trust**. The upside is that once such a claim is thoroughly processed and considered, and a decision is made, subsequent claims which are made with respect to the same illness or condition, shall be processed with quick dispatch. It is for this reason that Member is advised to submit any claim which presents as the first instance of any given illness or condition; regardless of how small or negligible may be its expense. The wisdom of this approach will bear its fruit if ever there exists any future recurrence of the illness or condition which may require the prompt attention of the Company to make a decision on eligibility with respect to the claim, not limited to any decision on approval of an **Assignment Of Benefit (AOB)** for emergency medical attention.

122) The Company may, for the benefit of the Member, settle Member's expense or provide financial guarantees to **Service Providers**. The Principal and Member promise, jointly and separately, to settle or repay to the Company for any **Ineligible Expense** incurred and such promise shall be subject to the terms of the **Schedule Of Charges For Delinquent Accounts**. Additionally, the Principal authorizes the Company to establish **Preferred Provider** relationships with **Service Providers** and to pay directly to these **Preferred Providers** any benefit normally due the Principal. These payments shall be deemed settlement of claim with the Principal as if the Principal was paid directly.

123) Any payment made in good faith shall end **Our** liability to the extent of the payment.

124) In each claim for any **Eligible Expense**, the Principal is responsible for the **Deductible** and his share of the **Co-Payment** and the Company shall **Reimburse** the rest of the **Eligible Expense**.

125) Surgeon's fee shall be **Reimbursed** subject to **Reasonable & Customary Charges** determined exclusively by the Company.

126) Claims must be received by the Company within ninety (90) days of incurring any **Eligible Expense** otherwise **Reimbursement** shall be declined for any expense that fails to meet the ninety (90) day **Deadline Date**.

127) Proof of kin and date of birth may be required before reimbursing any claim; especially for the first (1st) claim of any Member.

128) The Principal can make unlimited claims. Each claim may carry a **Deductible** and or **Co-Payment**, as listed on the **Summary Of Benefits**, or any other facility, or as determined by the Company for **Eligible Expenses** accumulated over any unbroken ninety-day (90) **Event Window**.

129) From age sixty-five (65) until the death of any

respective Member, with respect to the **Base Plan** medical coverage shall be reduced to twenty-five percent (25%) of the face value of the **Sum Assured**, (or the remaining value of the current agreement) whichever is lower.

a) This rule may impact upon the **Sum Assured** of some **Attachments**.

b) This rule does not apply when the **Accumulation Period** of the **Sum Assured** of the **Base Plan** is designated as **Lifetime**.

c) This rule does not apply to any **Base Plan** and **Plan Package** which falls under the **Angel Membership Class** and or any "**Jewel**" **Plan Genre**, or any **Plan Package** as may be determined by the Company.

d) All Members to which this age limiting **Control** do apply, should subscribe to a suitable **Base Plan** and **Plan Package** in a timely manner so as to avoid any inconvenient diminution of their access to respective **Sum Assured**; and avoid the negative impact of the **Pre-existing Condition Rule** (See **Page 18 Clause 15**) with respect to the **Table of Incubation Periods** as relates to any respective incremental increase of benefits which may accrue.

i. Please be advised that to enjoy this protection, respective affected Members should subscribe to a **Base Plan** and **Plan Package** under the **Jewel Plan Genre** at soonest; especially after attaining age sixty (60) and should become so enrolled long before attaining age sixty-three (63).

2A-4-5 Special Investigation & Autopsy

130) Where **We** have reason to enquire upon a matter, **We** have the right to have the Member examined by a doctor of **Our** choice. This may be done as often as reasonably necessary while care or treatment is being provided or a claim is pending or any benefit has commenced being delivered. **We** may require an autopsy where lawful. Whenever this clause is being invoked, it shall be clearly stated on the accompanying documentation and the cost of both the exam and autopsy shall be for the Company.

2A-4-6 Claims General

131) Unless determined otherwise by the Company, this agreement applies to all claims received by the Company on or after the **Effective Date** of this agreement.

132) The **Schedule of Service Circumstances** is part of this agreement. This schedule shall be one of the several criteria used to determine eligibility for benefits. Exclusively the Company is authorized to compile and recompile this schedule, at any time, and is incontestable.

133) No **Functionary** shall promise any benefit, or process and or pronounce upon any claim or benefit or inquiry, contrary to the rules of this agreement. Any benefit or claim or inquiry so performed shall be void. This rule does not forbid the **Plan Administrator** from issuing **Ex gratia Payments, Consolatory Benefits or Compliance Benefits or Enhancement Benefit**.

134) The Company may apply the results of the Member's **Health Compliance Rating**, or any score associated with the **Programme** to make an exception and pay a claim that, without such consideration, would have been ineligible for payment or **Reimbursement**. The Company reserves the right to record the payment of such benefit as:

a) an **Ex gratia Payment** or

b) as a **Compliance Benefit**.

c) **Consolatory Benefit**. This may be paid from the **Fund**.

d) **Enhancement Benefit**

135) The mere approval of any Claim or any **Business Arrangement** should not be construed

to mean that the **Company's** powers of discretion has been terminated or otherwise exhausted with respect to the Claim or **Business Arrangement**.

136) The Member agrees that, unless otherwise agreed in writing, all incidental costs, time and effort required to support his claim is for his account.

137) The **Sum Assured** of the **Base Plan** acquired by the **Principal** shall not be exceeded by any aggregate of claim **Reimbursements** of its Children **Benefit Profiles** over its contiguous **Accumulation Period**. (This rule also applies with respective Children **Benefit Profiles** of any **Benefit Profile** with a **Sum Assured** that is designated the status of **Independent Sum Assured**). Unless amended by the Company the value of the **Accumulation Period** of the **Sum Assured** of the **Base Plan** is three (3) years. The value of the **Sum Assured** of the **Base Plan** is shared and consumed by claims from among all Members among all covered illnesses reimbursed within any contiguous three (3) year period. Any amounts consumed are replenished after their third (3rd) anniversary of **Reimbursement**. The **Summary Of Benefits** shall record the maximum value of the access to the **Base Plan's Sum Assured** that each Member is allocated.

a) **Enhancement Benefit** can be acquired to reduce the value allocated to the **Accumulation Period** of the **Sum Assured** of the **Base Plan** and selected **Benefit Profile**.

138) Unless otherwise stated, with consideration for the contiguous period of time allocated for the **Accumulation Period** of any **Benefit Profile**, (and particularly with respect to the **Sum Assured** of the **Base Plan**), whenever any Member invokes or receives **Reimbursement**, the value of such **Reimbursement** shall be subtracted simultaneously from the remaining value then available and accessible from the **Sum Assured** of:

a) The **Base Plan**

b) Principal and all other **Dependents**, including that of any **Member** who may have been allocated a **Sum Assured** lower than the **Sum Assured** allocated to the **Base Plan** and

c) all new **Dependents** immediately upon their enrollment into the **Base Plan** of their Principal and

d) all illnesses or **Benefit Profiles**, including those that are assigned **Sums Assured** that are of lesser value to the **Sum Assured** of the **Base Plan**.

e) The **Sum Assured** of any respective **Attachment** that participates in the **Sum Assured** of the **Base Plan**.

f) **IMPORTANT NOTE**: - Any **Benefit Profile** that possesses any **Sum Assured** that is designated an **Independent Sum Assured** shall have its **Independent Sum Assured** similarly affected as per the rules of this clause but exclusively by **Reimbursements** that originate from any claim from its respective Children **Benefit Profiles**.

139) The right is reserved at any time to provide a list of **Service Providers**, from which claims shall be honoured to the exclusion of others or vice versa.

140) The Company reserves the right, at any time, to review any claim or any benefit that was incorrectly or inappropriately determined, paid or distributed. After the review process, if the results warrant that restitution is necessary, both the Member and the Company promise to make restitution, one to the other, for any claim or benefit that was inappropriately or incorrectly executed.

141) The Company shall coordinate payments of claims with **Other Plans**.

142) When contemplating any medical procedure where expenses exceed five thousand (\$5,000) dollars, the Principal warrants to notify the

Company at least five (5) working days in advance, or immediately, if the expense or illness occurs as an unplanned **Event**. Non-adherence to this rule shall compromise Member's eligibility to benefit.

143) There must be a valid medical reason, acceptable to the Company, for accessing any **Service** and for incurring any expense; otherwise, the **Service** and or expense shall be ineligible for **Reimbursement** or payment.

2A-5 General Administration

2A-5-1 Data & Technology

144) The Company may employ and or approve any enabling or facilitative technology in satisfaction of any of its business requirements and or any other objective.

145) Any transaction performed with the aid of any enabling and or facilitative technology, which is approved by the Company, is as valid as any performed in conventional format.

146) The Company maintains electronic and other databases and may solicit, receive and store data about the Member before during and after interacting with the Member. The Member understands and agrees and irrevocably authorizes that, without further notice, the Company shall continue to update its databases with such data and by such method that it deems appropriate for acquisition and storage as a result of interactions with the Member or any entity that is related to, or have had any interaction with the Member or any other source. The Member agrees that the data contained in any such database is the property of the Company. The Member understands and agrees that the Company is entitled to use such data as it deems fit, including sharing with any third party for the furtherance of the Company's business while being mindful of the need for protecting the Member's privacy.

147) From time to time the Company may receive and or solicit information, views, ideas and other data that originate from the Member. The Member understands and agrees that such data, becomes the property of the Company, and unless agreed otherwise, and in writing, the Member shall earn no benefit or earn no entitlement from the Company by the mere transfer or sharing of such data, and also the Member irrevocably authorizes the Company to use such data in furtherance of its business and or for any other purpose as it deems fit.

148) In the absence of any prior written agreement to the contrary, if in the conduct of the Company's business the Member shares or transfers his intellectual property with the Company, it is understood that he has simultaneously agreed to grant the Company perpetual royalty-free rights to access and use his intellectual property as it sees fit.

149) The Member hereby agrees to enable and or facilitate communication with the Company and shall provide the Company with access to any such facility and or information that shall enhance his communication and or any transaction with the Company and or his access to information from the Company, and also to visit the Company's website, or any other enabling facility, regularly and at least once monthly to benefit from any update that may be proposed, posted and or instituted.

The Company's website address is:
<http://www.mediservinternational.com>

2A-5-2 Financial Issues (1)

150) Member agrees that the Company has a right to recover any expense incurred and also to charge any fee for any **Service** requested and or delivered for the benefit of the Member; which **Service** is not covered for **Reimbursement** or payment according

to this contract, and or which is in excess of what the Member is otherwise covered.

151) When applying for, and or migrating among, **Benefit Profiles** and or family statuses appropriate contributions shall be paid to satisfy eligibility for Member to receive any benefit otherwise the Company reserves the right to prorate the distribution or **Reimbursement** or payment of any benefit or to withhold any benefit or to decline any benefit and or to charge any additional fees together with the omitted contributions and or to apply any remedy it deems fit.

152) Member promises to pay or repay to the Company any overpayment; any amount incorrectly or inappropriately paid; any amount paid or payable to any **Service Provider** by the Company for any **Service** or any supply provided for the benefit of the Member which is ineligible for **Reimbursement** to the Member or for which the Member makes recovery from any alternative source or any **Other Plan**. Member also agrees to be subject to the **Schedule of Charges for Delinquent Accounts** if he does not settle any such expense or amount or obligation.

153) The Principal and or the Member agree to pay for any expense and any ineligible benefit incurred including, but not limited to, any recovery from any alternate source, **Other Plan**, deductible, overpayment, treatment, facility, equipment, service, charges, interest and the like as prescribed by the Company; and hereby irrevocably authorizes and instructs his or her employer, debtor, assignee or the executor of his will or estate to make any appropriate deduction and or garnishment as determined by the Company and to make payment directly to the Company to settle any outstanding debt or obligation owed the Company and or any **Service Provider**.

154) The **Contribution** that Member pays for coverage shall be applied to the compendium or aggregate of all benefits and **Benefit Profiles** provided in the Member's chosen **Plan Package** and any other **Benefit Profile**, including any **Enhancement Benefits** acquired. Unless performed exclusively by the Company for a given purpose, **Contributions** shall not be dissected or disaggregated in any manner to apportion values against any benefit, **Benefit Profiles** or any criteria.

155) **Contributions** are due before coverage shall begin. **Contributions** made via monthly installments require the Principal to pay a non-refundable charge to maintain a **Risk Reserve** to be eligible for protection against coverage lapsing due to a future non-receipt of installment. This charge shall not be considered as part of the pledge towards his **Contribution**.

156) With respect to each **Annual Payment Cycle**, **Contributions** shall be payable in advance of coverage and in one **Lump sum Annual Payment**. However, provided that the Principal is making payments as scheduled, benefits are not diluted if **Contributions** are accepted by scheduled installments. Similarly, the full **Annual Contribution** shall become due for coverage enjoyed for any period after the time allotted for acceptance of the terms of the **Contract** or any period after any subsequent **Anniversary Date** associated with payment; and or any date after consumption of coverage or receipt of any benefit in the **Plan**. This means, provided that the Principal is making **Contributions** as scheduled, full benefits are enjoyed (i.e. *benefits are not prorated against Contributions paid*) whether the Principal pays all or part of the year's **Contribution** and therefore full payment shall become due to the Company if coverage is terminated without the Principal completing payment due for any respective **Annual Payment Cycle**.

157) The Member agrees to pay all charges prescribed by the Company for each cheque or

draft issued by him as a payment to the Company that fails to be honoured by the bank. The Company may apply this charge to the Principal's account each time a payment cheque or draft issued by or on behalf of the Member is dishonored, even if the Company re-presents the cheque or draft, and even if such check or draft is paid upon the re-presentation.

158) The Member agrees to reimburse the Company for any credit extended to the Principal (or Member) including any associated charge, interest, legal fee and other cost.

159) Member expressly authorizes and irrevocably grants consent to the Company, whether acting on its own and or through any Credit Reporting Agency and or through any third party, to seek, obtain, use and share information relating to past and current credit history and dealings, whether in **Trinidad & Tobago** or elsewhere, with any third party which the Company and or Credit Grantor may consider pertinent in arriving at an informed decision of Member's worthiness or credit rating.

2A-5-3 General Understanding & Limitations

160) If ever there appears any conflict between, or in interpreting, any terms or conditions of this agreement, the Member shall be considered for only the least favorable version of the interpretations of the conflicting terms or conditions. Also, in general, any criterion that excludes and or denies a benefit shall override and or overrule any criterion that includes and or provides the benefit. The Company reserves the right to rank all versions for making the decision; and or to make restitution as needed to satisfy its intentions as manager of this **Plan**.

161) If ever there exist any point of contention or any issue that is not resolved or cannot be resolved using the terms and conditions of this agreement, the Member agrees that the Company, as Manager of this **Fund and Plan**, shall be the exclusive and final authority and decision maker that determines how to resolve the point of contention or issue.

162) The Company is responsible for providing **Assistance** according to this agreement. The Member retains responsibility for his circumstance.

163) In any count of days that references any period of time, the first day shall begin at **12:00:01am** and shall be counted in as day one (1) in the final value derived. The last day shall end at **11: 59:59pm**.

164) No rule, edict or finding or situation or other criteria related to or associated with any **Reward** and or the **Wellness Lifestyle Management Programme** shall be used to override any rule, edict, finding or other criteria related to or associated with the **Primary Contract**.

165) The level of benefits (including **Reimbursement** or payment) or **Assistance** available and or delivered is impacted by the Member's circumstance, attitude, actions, and any **Control**, terms and conditions of this contract and or any relevant **Business Arrangements**, the **Plan Package**, and **Attachments** acquired, rules and or instructions and or decisions imposed via the authority of the **Plan Administrator**, and the prevailing circumstance at the time such **Assistance** is contemplated.

166) The role of the Company in its relationship with the Member is advisory. Therefore, the Company is not responsible or liable for any result or consequence with respect to Member's **Sovereign Risks**, howsoever caused, according to the terms and conditions outlined within the **Trust Instruments**.

167) The **Wellness Lifestyle Management Programme** provides coverage as a goodwill gesture or **Reward** in the form of various facilities to **Assist** the Member with his obligation to

himself, and the Company may amend or terminate this **Programme** at any time.

168) Each **Plan Package** has rules associated with the management of its **Benefit Profiles**. The rules of each **Benefit Profile** may be identified in an **Attachment** to this contract.

169) Any value associated with any **Reward** is a virtual value and is not transferable. The Company is not liable financially, materially or otherwise to the Member for any value accumulated under any **Reward Programme**. At any time, without notice, any **Reward** can be amended or terminated and or any or all benefits reduced, increased, levied, converted or cancelled. Dependents may need separate acceptance approval to participate.

170) The Company recognizes **Obesity** as an excluded illness. **Obesity** shall be considered to have manifest in any Member by reference to any one of the following: -

a) The diagnosis or findings of any qualified doctor or medical professional.

b) **Body Mass Index (BMI)** as determined by reference to any source or authority determined and or recognized by the Company.

171) **Supplementary Benefits** are subject to terms determined exclusively by the Company.

172) When available, the following are examples of **Rewards** which are provided by the Company.

a) The **CASHBACK Rewards Programme**,

b) The **Family Tree Rewards Programme**,

c) The **MentorNet Rewards Programme**,

d) The **Wellness Lifestyle Management Programme**,

e) The **Blood For Life Programme**,

f) The **Employee Assistance Programme**

g) **GEMS**

h) **Health Rewards Savings Account (HRS)**

i) **Medical Discount Card**

173) Accruals under the **Family Tree Reward Programme** and **CASHBACK Rewards Programme** are exclusively for the Principal's account.

174) The Member understands and agrees that the business processes, relationships, methods, algorithms, databases, data and information of the Company are essential for the proper conduct of the Company's business and together are considered by the Company as valuable and proprietary sensitive information and Trade Secrets. While the Company is willing to communicate with the Member as freely openly and as frequently as is reasonably possible the Member agrees and understands that the Company shall be under no obligation to share with or reveal to the Member, or any entity, any of its sensitive information or Trade Secret.

175) Even though the Company intends to use its best efforts in the conduct of its operations, the Company does not suggest or promise that its operations or documentation, including this agreement, its products, its systems, facilities and procedures are error free, accurate and free from fault or defect. The Company hereby invites the Member to offer suggestions that will assist it in improving its operations and the Member promises to give the Company ample opportunities to correct itself. The Member also promises that under no circumstance shall he pursue punitive or other similar measures for any of the Company's unintentional misadventures and or any manifestation of any of the Company's weakness.

176) The **Assistance** provided by this agreement may be rendered by and on behalf of the Company by independent contractors, and the Company shall not be liable to the Member for damage or illness or loss of whatsoever nature sustained by the Member as a result of any failure, for whatsoever reason, of the Company to either render **Assistance** in terms of this agreement in a timely or efficient or accurate manner or at all, or

as a result of the manner in which such **Assistance** may be rendered by or on behalf of the Company, or from any other cause whatsoever.

177) The Company shall not be liable for the loss or damage caused or attributable to the negligence, whether gross or otherwise, wrongful acts and or omissions of any of the doctors, paramedics, nursing staff or other health-care professionals or any other person or **Functionary** who may provide any direct or indirect **Service** to the Member in terms of this agreement.

178) Under no condition shall either the Company or any entity or person required to render **Assistance** hereunder shall have any liability to the Member, his heirs or executors, arising out of the failure to render **Assistance** or any delay in the rendering of such **Assistance**. This condition also applies where such failure or delay is caused by major adverse weather conditions, failure of communications howsoever caused, failure of support services and systems of third parties, strikes, lock-outs, labor disputes or unrest, riot or civil commotion and or the refusal of government/provincial or local authority to grant or allow the use of its services or facilities or to provide such services or facilities or where local laws or regulations or officials limit the capacity of the Company or any other person or entity to render such **Assistance**.

179) The Member accepts that the Company's responsibility to render services and or to make payments is limited exclusively to benefits agreed and expressed within respective **Trust Instruments**.

180) The Member warrants that it is clearly understood and accepted that the **Risk** associated with the medical coverage offered is based on the Member's actual state of health on his respective **Commencement Date**, as determined by the **Pre-Existing Condition** clause and or any other **Control** and or criterion that impacts upon eligibility, not the Member's knowledge of his state of health.

2A-5-4 General Exclusions

Member is not eligible or entitled to Service or for Reimbursement or payment for any loss or circumstance such as but not limited to the following exclusions or excluded conditions: -

181) Any claim which, in the exclusive opinion of the Company, does not satisfy the requirements for eligibility for **Reimbursement** or payment.

182) Any illness or condition or treatment or **Service** that was not an **Endemic Service**, on the day immediately prior to the **Fund's Effective Date** or any subsequent **Control Date** approved by the Company, to the **Locality** where coverage is offered. *(NOTE: It is very important to note that an important reason that you benefit from fixed rates of Contributions over the long-term, and which is intended to serve the interests of those with fixed income, such as Retirees, is that your Contributions and the rates of Reimbursement or payment of your eligible expenses against your claims, is fixed against the Reasonable & Customary charges which exist within respective Localities associated with your Sovereign Risks as they exist on the Endemic Date of your Base Plan. In other words, your rates of Contributions and rates of Reimbursements, are inextricably bound with one another, for the given purpose of providing you with long-term security of participation in the Plan. The downside implications is that this arrangement means that you will be ineligible to enjoy Reimbursement or payment against any eligible expense associated with or related to any illness, condition or treatment or Service which begins its existence within respective Localities after the Endemic Date of your current Base Plan. Therefore, you are advised to take*

caution and to act prudently, in your best interest, and to regularly update the Endemic Date of your Base Plan with the Enhancement Benefit which is known as the Coverage Optimizer; as is advised by way of subscription to the relevant Exception being listed below. Or, optionally, you can choose to update and upgrade your Base Plan by always subscribing to your preference amongst the newest updated and upgraded version of respective Base Plan which may be released by the Company from time to time. At the Effective Date of this version of the Primary Contract, the most recent Endemic Date of the Base Plans released by the Company is 1-Jun-2020. Prudence requires that you regularly review your position and take such action which best meets your needs). Please see Page 9 Clause 49 above.

a) **Exception 1: -** Members who subscribe to any **Plan Category** under the **Triumph Plan Genre** or the **Major Medical Plan Genre**, or the **Select Plan Genre**, or the **Hospitalization & Surgery Plan Genre**, or the **Energic Plan Genre** or the **Scholarship Plan Genre**, (and or their respective "Jewel" versions), shall have the existing **Control Date** of this exclusion, (which **Control Date** being the **Fund's Effective Date**), waived and replaced by the **1st January 2010**.

b) **Exception 2: -** Members who subscribe to any **Plan Category** within the **WellCare Plan Genre** may choose to update their coverage, in writing, via subscription to a relevant **Enhancement Benefit** that shall waive and replace the **Control Date** for this exclusion to a future **Control Date** that coincides with the **Commencement Date** of the respective **Enhancement Benefit**.

c) **Exception 3: -** Any **Plan Genre** and or **Base Plan** (and related **Attachments**) of which the **Endemic Date** has been updated and or designated to fall on a prescribed or given **Control Date** which is intended to **update or upgrade** respective **Base Plan**.

i. With respect to any given **Base Plan** which may exist within any given **Plan Genre**, it is highly recommended that at any time, which should range within any three (3) to ten (10) year interval, and as often as the Principal desires or deems necessary, respective Principal should take such action to update the **Control Date** of the **Endemic Date** of his **Base Plan** and related **Attachments**, to enjoy access to any newly introduced **Endemic Services**, and should do so by way of applying for subscription to a suitable **Enhancement Benefit**, such as the **Coverage Optimizer**.

183) Any **Service** that the Company deems to be not an **Endemic Service** or not routinely available in the **Locality** within which the contract normally covers or in the **Locality** within which the **Service** was performed.

a) An exception may be considered for access to treatment in a foreign **Locality** only if no treatment is available locally. Approval is not guaranteed.

184) Any **Service** that was not performed or enjoyed or scheduled to be performed within the authorized premises of any approved Hospital and or was not claimed for on the official receipt document carrying the name of any approved Hospital and or any **Service** or expense that was not performed simultaneously in time with any named surgery or surgical procedure whenever the Member is covered by any **Benefit Profile** that is intended substantially or exclusively for providing the Member with any **Service** of **Hospitalization** and or **Surgery**.

a) An exception shall apply if the Member is covered under any **Benefit Profile** from the **Enhancement List** that offsets the impact of this exclusion for **Coexisting Service**.

185) **Reimbursement** or payment of any **Eligible Expense** incurred where, if **Reimbursed** or paid with reference to the **Accumulation Period**, shall exceed the value of the respective **Sum Assured**.

186) Any **Imminent Need**, as determined by the Company.

187) Any liability or loss related to or associated with the existence of, or which occurs or which is incurred in the presence of any **Adverse Risk**.

a) This exclusion includes, but is not limited to failure to seek and or follow the advice of a competent doctor; failure to perform any **Medical Requirement** and or any other relevant requirement of the **Wellness Lifestyle Management Programme**.

b) All benefits related to or associated with any **Adverse Risk** shall cease immediately upon the Member being exposed to any **Adverse Risk**. Depending upon the circumstance associated with the nature of the **Adverse Risk**, the affected benefits may be reinstated by the Company only after the Company determines that the Member's exposure to the **Adverse Risk** had ceased. Exclusively the Company shall determine whether, when and under what terms and conditions that reinstatement of any benefit shall occur.

188) Any expense or **Service** related to or associated with any Degenerative Bone Disease (includes any joint and or any related and or surrounding structure and or tissue), or Prostate or any illness that is a **Derived Illness** from any of the preceding illnesses or conditions and which may manifest in a Member, even after the **Incubation Period**, whose **Initial Commencement Date** was on or after age forty-five (45). **Exceptions** will be made where:

a) An **Attachment** is issued covering any specific aspect of the referred illness.

b) The Member earns any redeeming **Compliance Benefit** that may offer **Assistance** in terms of **Reimbursement** or payment.

c) The Member's **Initial Commencement Date** is prior to 1st March 2007.

d) The Company exercises the right, within its discretionary powers as **Trustee**, to provide the Member with a **Consolatory Benefit** of **Reimbursement** or payment to any amount which it may deem necessary.

189) Any expense or **Service** related to or associated with any **Physical Injury** occurring to Member at age sixty (60) or over. **Exceptions** will be made where:

a) An **Attachment** is issued covering any aspect of the referred illness.

b) The Member earns any redeeming **Compliance Benefit** that may offer **Assistance** in terms of **Reimbursement** or payment.

c) The Member's **Initial Commencement Date** is prior to age forty-five (45).

d) The Member's **Initial Commencement Date** is prior to 1st March 2007.

e) Within the terms of this **Primary Contract**, the Member is provided with coverage for **Physical Injury** within his **Base Plan**, to an amount which shall not exceed the value of the stated **Eligible Expense**.

i. The **Principal** may supplement the value of this benefit in favour of any member by way of subscription to a suitable **Enhancement Benefit**.

f) The Company reserves a right to consider providing a **Consolatory Benefit** on the basis that the Member was not a participant in the cause of such **Physical Injury**. **Proof that his Physical Injury was caused purely by the action of any third party may help but does not guarantee approval.** (For the purpose of clarification, a Member driving a car that gets into accident, regardless of liability, is a participant in

the cause; whereas another Member being driven in the same car is not a participant in the cause. Another example is a Member walking and falls or is pushed, is a participant; whilst another that is standing or sitting and is pushed is not a participant in the injury)

190) Any **Physical Injury**, complication (including death), treatment, **Service** and expense related to or associated with or arising out of, directly or indirectly from the following: any **Adverse Risk** (which includes **obesity**, howsoever caused), any induced illness or condition; Allergy; **Elective Service** of any kind; non-prescription drug; treatment for non-medical aesthetic purpose; treatment of an experimental nature; Infertility; Impotence and or any type of sexual dysfunction; Epidemic or pandemic; civil commotion; act of terrorism; act of war; willful participation in any unlawful activity; suicide; attempted suicide; venereal disease; any illness suffered in the presence of the condition commonly known as HIV/A.I.D.S.; any tobacco or alcohol use; substance abuse; competitions; racing of any kind (except on foot); any motor sport; any organized sport; any sport or voluntary activity which, in the exclusive opinion of The Company, may subject the Member to be an object of abuse or endangerment; any willful exposure to exceptional danger; any pre-existing condition; scuba diving; any excluded illness or condition or circumstance; and any resultant complication, which include any opportunistic and or derived illness.

a) An exception shall apply if the Member is covered under any **Benefit Profile** from the **Enhancement List** that offsets the impact of any specific exclusion listed above.

191) Prescription drugs and or any other **Service** associated with the **Programme**, and which is not consumed and or is not administered while under the immediate and direct supervision of the respective administering **Functionary**. The Company reserves the right to waive this exclusion as it deems necessary.

192) **Wellness Lifestyle Management**, including any **Service** associated with **Preventative Care**, except:

a) where the Company has decided to assist with any **Reward**.

b) where an exception applies because the Member is covered under a **Benefit Profile** from the **Enhancement List** that offsets the impact of the part of this clause that excludes coverage for **Preventative Care**.

193) Any **Service** and or circumstance that is outside the scope of coverage intended to be provided within this agreement and or any **Attachment**.

194) Any **Service** acquired within the state of **Trinidad & Tobago** that was either paid for in any foreign currency or is payable in any foreign currency. Also, any **Service** or product that was acquired from outside of **Trinidad & Tobago** specifically for the Member or upon a request by the Member.

195) Any loss directly or indirectly caused by, or arising from or contributed to by mass manifestations; nuclear material or by ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear material of whatever nature; or any other overpowering or catastrophic force or occurrence, including any act of nature.

196) All benefits when the Member is enrolled in more than one (1) **Base Plan**.

a) The Company reserves the right to make any exception as it deems fit and set terms and conditions for such exception and such exception shall be valid only if an **Attachment** for such exception is approved and expressed in writing under the hand of the **Plan**

Administrator.

197) When the nursing or treatment is administered by any family or relative of the Member whether qualified or not; or any **Service** or treatment given by any person employed, or retained by Member.

a) An exception shall apply if the Member is covered under any **Benefit Profile** from the **Enhancement List** that offsets the part of this clause that excludes coverage for persons employed or retained by the Member.

198) Any cost or benefit recoverable under any **Other Plan** or the cost of lost, stolen, damaged, surplus, expired or otherwise compromised drug or any other covered paraphernalia.

199) Any benefit or category of benefits, including any benefit that the Company normally covers, but which benefit is specifically restricted or excluded in the Member's **Summary of Benefits** or any **Attachment** or any notice being part of this agreement.

200) Any **Service** being rendered when in the opinion of the Company:

a) the Member has a terminal illness that is not responding meaningfully to treatment

b) the Member has a terminal illness that may be responding to treatment but does not add meaningfully to the length of life of the Member and or to the **Quality Of Life** of the Member

c) the option to receive hospice care or hospice type care should be considered.

i. An exception shall apply if the Member is covered under any **Benefit Profile** from the **Enhancement List** that offsets the impact of this exclusion.

201) Treatment and or any **Service** incurred as a result of any complication or any consequence or consideration or condition not covered in this **Plan**, plus any other circumstance for which the Company should not reasonably be expected to provide **Assistance** by way of **Business Arrangements** or payment or **Reimbursement**.

2A-5-5 Duties of the Member

The provision of **Assistance** by way of **Business Arrangements** or **Reimbursement** or payment in terms of this agreement is governed by the following:

202) You shall abide by the terms and conditions of the **Primary Contract** and respective **Trust Instrument**.

203) To maintain membership in the **Medical Plan** and the **VIP**, you have a duty to protect any and all of the **Ideals of the VIP** as expressed within respective **Trust Instrument**; and you shall diligently avoid and or protect against any violation.

204) The signature and or directives of your authorized representative or legal representative is as valid as your own.

205) You shall actively participate in **Salubrious Living** and promise to perform, at minimum, the following requirements:

a) Eat a balanced diet; maintain normal weight.

b) Engage in physical activity regularly and or as ordered by your doctor or other qualified health professional.

c) Visit the doctor regularly; at least once annually.

d) Follow advice of your medical professional.

e) Take an active interest in your health and become informed about your health needs.

f) Perform regular, **Preventative Screening**.

g) **Actively** seek, develop, maintain and promote **uplifting thoughts** and actions; in the manner of an **Elite Activist**.

h) Avoid **Adverse Risks**.

206) You shall update your use of prevailing technologies to facilitate access to resources and benefits offered by the Company.

207) You shall take all reasonable care to protect any device or facility made available for access to

any **Event**, whether existing in any live or in any virtual environment, and shall perform responsibly.

208) In case of any false declaration and or omission, this agreement shall become null and void and all **Contributions** shall be forfeited and any claim shall be invalidated.

209) You understand and accept that when submitting information to the Company any omission or misrepresentation of any material fact shall constitute a breach of contract.

210) You agree and authorize the Company to manage and advise on any **Event** associated with fulfillment of your covered needs, and to this end you shall contact and notify the Company for advice and to the extent that such advice is within the terms of the agreement shall act in accordance with such advice including when receiving any **Service** from any **Service Provider**, otherwise you forfeit the benefit of **Reimbursement** or payment of any **Eligible Expense** or for any **Service**.

211) You remain responsible for any decision taken by you and which includes all actions or decision of any third party, plus any benefit, consequence, or result of any advice or activity, whether or not you followed the advice of the Company. The responsibility of the Company shall remain exclusive to provide **Assistance** in accordance with respective **Trust Instruments**.

212) Your compliance with the terms and conditions of this agreement shall be a condition precedent to any **Assistance** and or **Reimbursement**.

2A-5-6 Health Information Authorization

213) You irrevocably authorize any doctor or other person, including any Hospital or other entity, which may have treated you or may have acquired any information concerning your health, to furnish full information (including full copies of your records) to the Company or its assigns, and that this authority shall remain in force for a period of not less than twelve (12) months following the Expiry Date of this Membership agreement.

2A-5-7 Legal Actions

214) No legal action shall be brought to recover on this **Plan**: -

- a) after the claim is closed by the Company.
- b) before the results of an arbitration process has been delivered, and also
- c) if, before the expiration of one (1) year of the first occurrence of the **Event** causing the liability, loss or discomfort, written notice of intended legal action, which must be filed in an appropriate court, has not been served upon the Company.

215) Nothing contained within the **Primary Contract**, shall be construed nor shall be interpreted nor shall be applied in any manner so as to diminish the relative and or the full rights, powers and authorities of any **Trustee** or entity as outlined within the **VIP Bye Laws**.

216) No **Trustee** has the power to not exercise its powers of discretion as bestowed via respective **Trust Instrument**.

217) When contemplating upon the terms and conditions of this agreement no section or clause in this agreement (including any **Attachment**) shall be construed to exist in isolation.

218) No rule, term or condition in this agreement shall be interpreted as a stand-alone entity. In deciding the true meaning and purport of any rule, term or condition, this agreement shall be interpreted as a whole. The Company shall remain the final authority for interpreting any rule, term or

condition in this agreement; and which interpretation shall be incontestable.

219) The Company and or any **Trustee** can waive or delay enforcing any of its rights under this Agreement without losing them.

220) The Company shall not be deemed to provide, nor deemed responsible to provide coverage, and the Company shall not be expected nor shall be held liable to pay any claim or to provide any benefit hereunder to the extent that the provision of such coverage, payment of such claim or provision of such benefit would expose the Company to any sanction, prohibition or restriction under any United Nations resolutions or the trade or economic sanctions, laws or regulations in any **Locality** in which coverage is provided, such as only for example; the European Union, the United Kingdom, United States of America, CARICOM and Trinidad & Tobago.

221) Each party acknowledges that the agreement herein contained constitutes the whole agreement between the parties and that it has not relied upon any oral or other written representation made to it by the other or its employees or its agents.

222) If any provision of this Agreement is unenforceable, this shall not make any other provision unenforceable.

223) Any clause which may be deemed to be void, shall be interpreted by the Company to reflect the intention of the parties.

224) Any liability or loss whatsoever which may accrue against the Company or in the name of the Company, in the performance of this agreement, shall mean liability or loss which accrues exclusively in its role, responsibility, powers and authority as **Trustee**; as has been conferred onto the Company by way of its respective **Trust Instruments**.

225) The Member further agrees that with respect to the performance of this agreement, that **Mediserv International Ltd.** is the exclusive contract party, and that he shall seek any and all relief exclusively from **Mediserv International Ltd.**, and he shall indemnify the **VIP, Capital Ventures Ltd., Salubrity Ltd.**, and any other entity associated with **Mediserv International Ltd.** in the performance of this agreement, from any liability or loss whatsoever and howsoever caused.

226) With respect to any legal action to be brought under the **Primary Contract** and or any of its genealogical **Attachments**, by any aggrieved party, except where otherwise determined, **Mediserv International Ltd.**, (also referred herein as the Company), is the exclusive contract party, with powers to sue or to be sued in its name, exclusively with respect to the performance of its fiduciary duties as **Trustee, Manager and Service Provider** respectively, to the **Medical Plan**, as outlined within its **Trust Instruments**. The **VIP, Capital Ventures Ltd., and Salubrity Ltd.**, shall be deemed indemnified from any suit to be brought by any aggrieved Member or entity.

2A-5-8 Workers' Compensation

227) This **Plan** is not a substitute for any **Workers' Compensation Law** requirement.

228) For any Illness or condition where the Member is entitled to **Workmen Compensation**, the Member agrees that he shall pursue the **Workmen Compensation** before pursuing any benefit under the **Plan**.

2A-5-9 Conformity with State Statutes

229) Any provision of this agreement which, on or after its **Effective Date**, is in conflict with the laws of the state from which the **Plan** is acquired and or

executed, is amended to meet those laws.

2A-5-10 Subrogation

230) Where the Illness, liability or loss is attributable to the act or omission of any third party and or under any circumstance entitling the Member to recover any damage for such Illness, liability or loss from any third party, the Member shall be obliged:

- a) to notify the Company in writing of his intention to take action for the recovery of such damages from such third party, identifying the third party to the Company;
- b) to include in his claim all amounts disbursed by the Company in rendering **Assistance** to the Member in terms of this agreement, the sum total of which amounts shall be provided by the Company to the Member for such purpose;
- c) forthwith upon recovering such amounts, to pay same over to the Company;
- d) if the Member does not intend to take action to recover damages from any third party, the Company shall be entitled, against the delivery of an appropriate indemnity in respect of legal costs, to require the Member to cede and assign his rights of action against such a third party to the Company.

2A-5-11 Notification

231) You understand and agree that as a Member of the **VIP**, it is not always possible for the Company to provide you with independent or direct personal notice, and therefore you agree that any notice to be given to you by the Company in terms of this agreement may be given to you or served at the physical address given by you as stated in your **Summary of Benefits** and or on record, and or to your email address on record and or posted on the Company's website and or on the Company's internet database where you have personalized password protected access over the internet and or any other method or enabling or facilitative technology, as determined exclusively by the Company, and which act of giving notice to you shall include any publication to Members of the **VIP** in any publicly accessible medium or any other medium.

232) You must, by fourteen (14) days written notice, advise the Company of any change to your personal identity or physical address and or other address and or contact information.

2A-5-12 Indemnity Applicable to all Services

233) The Company reserves the right, with or without notice, to suspend or curtail any or all of its services if it encounters any circumstance such as but not limited to the following: - riot, military uprising, war, act of war, labor disturbance, acts of God, any circumstance beyond **Our** control, or refusal by any Government Authority to permit the Company to provide any or all of its service. The Company will attempt to provide service to the best of its ability during such occurrence.

2A-5-13 Jurisdiction

234) The parties agree that this agreement and these Terms and Conditions and all rights and obligations, as outlined within the **Primary Contract**, shall be governed and construed in accordance with the laws of the State of **Trinidad & Tobago** in force from time to time. Recourse shall be to the appropriate court in the State of **Trinidad & Tobago**.

Terms & Conditions

The Principal and Member irrevocably agree to the following terms and conditions being part of this agreement.

General Fund Description

2B-1 Effective Dates

1) The **Effective Date** of the **Fund** is **1st August, 1997**.

a) The **Fund's** performance shall be reviewed annually and or as frequently as the Company deems appropriate and also any amendments to the terms and conditions of coverage, benefits or rates for Contributions may be made and instituted as the Company deems necessary.

2) The **Effective Date** of this agreement is **6th January, 2022**.

a) This agreement shall replace and supersede all previous agreements under which all Members were covered. It shall apply to coverage for all **Plans** listed under all **Plan Genres** that are part of this agreement.

i. Please refer to the "**Definitions**" section of this agreement under "**Plan Genre**" for the current list of **Plan Genres** and their **Plan Categories** that are covered under this agreement.

b) With respect to any past agreement, **Control**, rule, upgrade, downgrade or change of status and the like, within or among any **Community Benefit Plan, Membership Class, Plan Genres** and their **Plan Categories** and their **Plan Packages** and or **Attachments**, and the like, within the **Medical Plan**, such respective past agreements, **Control** and or amendments and the like, will be grandfathered into this agreement; exclusively as determined by the Company.

c) All **Attachments** associated with all previous agreements shall hereby be updated and shall immediately become **Attachments** associated with this agreement.

d) Unless determined otherwise by the Company, this agreement shall apply to all claims submitted to the Company on or after **1st June, 2010**.

3) The **Effective Date** of the **Wellness Lifestyle Management Programme** is **1st October, 2008**.

4) The **Effective Date** of any **Attachment** or other criterion shall be based on its own time and or schedule and in which case exclusively the Company has the powers and authority to establish and or change and or approve and or validate such criterion.

2B-2 General Conditions

5) This agreement, which includes its amendments, is for one year from the most recent **Commencement Date** of the Principal or the **Corporate Member** respectively, and unless otherwise terminated for any given reason or at the end of its respective **Annual Payment Cycle**, by the Principal on his own behalf or on behalf of the **Corporate Member**, respectively, shall be renewed indefinitely at the end of each respective **Annual Payment Cycle**; and with respect to the Principal, shall continue concurrently with coverage until the death of the Principal provided that the Principal remains covered under the **Plan**.

a) It is agreed and understood between parties that any unfulfilled obligation of any party one owing to the other shall survive this agreement until fulfilled.

b) When this agreement terminates or when the Principal and or Member cease to be a participant in the **Plan** the Principal shall immediately return all property of the Company including all **Fulfillment Materials** such as but not limited to Identification Cards issued by the Company.

6) Members have a responsibility and obligation, as outlined within the **VIP Bye Laws**, to increase the membership of the **VIP** by inviting members of their **Social Networks** to become Members who also enjoy the benefits of the **VIP**. Amongst the several **Infrastructures of the VIP** which facilitates productive and beneficial fulfillment of this responsibility and obligation, includes active participation as an **Elite Activist** in any activity not limited to the **AntsNest Wellness Plan, Family Tree Affiliate Programme, Mobilization Krews, MentorNet, Model Parent Mentoring Plan** and any **Community Entrepreneurial Cooperative (CEC)**.

7) This **Plan** is not **Commercial Insurance** nor a **Commercial Insurance Plan**; but includes **Self-insurance**, as defined within the **Primary Contract**.

a) Nothing contained herein, shall be construed to mean that the Company is forbidden from seeking and acquiring any **Commercial Insurance** to provide any desired **Business Arrangement** which include any benefit, privilege or opportunity to the **VIP** and or to any **Institution of the VIP, Functionary, Member, Corporate Member or Beneficiary**; under the powers, duties and authority of its **Trust Instruments**.

b) Also, it is hereby declared that absolutely no attempt is being made within this **Plan** to compete with any **Commercial Insurance**; and should not be presumed!

c) With respect to the management of the **Sovereign Risks** associated with any illness or condition of Members, it is a notorious fact experienced by many unfortunates who did not know better, that whilst providers of **Commercial Insurance** would make solemn promises and pledges to use their own money and funds which are safely domiciled within their assets, to pay claims if money runs out of the **Group Fund** of their **Insured Client Organizations**, unfortunately, whenever they realize that such **Group Fund** is running low, or has run out of money, which they normally use to pay claims when times are good, they turn around and institute adverse measures to protect their own self-interest in the name of guaranteeing their profits.

d) Therefore, without any hesitation at all, and with short notice, they would institute adverse measures upon their **Insured Client Organizations and respective employees or members**, not limited to increasing the rates of their premiums whilst reducing the value of, and the benefits being covered; or even total abandonment!

e) Now, if such unfortunate **Insured Client Organizations** do not possess the required sophisticated skill-sets and expertise to properly administer and manage their own **Sovereign Risks** via a **Self-insurance Plan**, they and their respective employees or members are doomed to remain without any coverage at all! Not what you want!

f) Such an outcome is totally unacceptable to the **VIP** and its Members! It conflicts and contradicts the very **Objectives of the VIP**; which is to provide benefits of a kind which

none can achieve on their own! This solemn **Need Profile** applies especially to Members who are normally considered to be uninsurable, and are not limited to those with low or fixed incomes, Retirees and those with **Pre-existing Conditions**!

g) Therefore, it is crucial that the **VIP**, being a **Charitable Non-profit Organization**, which is engaged in **Business of a Charitable Nature**, where **Philanthropy is VIP Currency**, in fulfilling its **Duty of Care** to its Members and those whom they love, should apply **Philanthropy** to invoke **Self-insurance** amongst its **Business Arrangements**, to protect its Members' interest by being self-sufficient and self-reliant with respect to the necessary expertise, capabilities and competencies for managing its Members' **Sovereign Risks**; especially as they relate to sickness, health and wellbeing.

h) Therefore, in the context of the vital importance of resilience, independence, interdependence, self-sufficiency and self-reliance, the **VIP** is sharply focused upon providing uniquely targeted benefits to its Members, with which they can configure, customize and use throughout their lifecycle, to better meet their **needs, wants and budgets**; long-term.

i) These are benefits, opportunities and privileges which are directed at helping each Member to achieve his **Wellness Goals of Success, Health, Wealth and Happiness**, to his measure, throughout his lifecycle; and to achieve **Self-actualization**.

j) Since, as the saying goes, no man is an island, in providing for its Members, the **VIP** must also provide for their friends, families, colleagues, institutions and the communities in which its Members live, work and recreate. This means that the **VIP** is required to provide comprehensive solutions towards diversification of the economy of **Trinidad & Tobago** into a **Medical & Wellness Economy**; providing **Income Security** for future generations. (Please see the **ULTIMATE STRATEGIC OBJECTIVE OF THE VIP: ECONOMIC DIVERSIFICATION OF T&T**; located on the table at **Page 44, below**).

k) Member is reminded that although this **Plan** is designed and intended for him to be able to configure and customize, to better fit his **needs, wants and budget**, it must not be presumed that it can manage or resolve all of his **Sovereign Risks**. Therefore, Member should consider subscribing to any **Commercial Insurance** or any other benefit or arrangement or **Other Plan** from any source which may fulfil any need which he believes cannot be satisfied within the **VIP** by way of any of its **Business Arrangement**. (Please see terms headed, **2A-3-3 Business Arrangement, on page 19, above**).

l) Member is hereby advised that if his interest is limited to **Wellness Lifestyle Management and Wellness Coaching, Leadership and Entrepreneurship**, he should subscribe to the **Angel Membership Class**. Alternatively, if his interest is primarily restricted to **Wellness Lifestyle Management and Wellness Coaching** plus **Reimbursement** of claims for medical care, he should subscribe to the **Premium Membership Class**. Now if his interest is all-inclusive, to include **Wellness Lifestyle Management and Wellness Coaching, Leadership, Entrepreneurship and Reimbursement** of claims for medical care, he

- should subscribe to the **Premium Angel Membership Class**; and enjoy everything there is on offer! (See **Typical Benefit Profiles For Membership Classes For Natural Persons on page 43 below**).
- m) And Member is further advised that if his major interest is singularly in **Reimbursement** of claims for medical care, the golden rule applies. It dictates that the more he pays the more he plays! This means that to enjoy richer **Reimbursements**, he should subscribe to a **Base Plan** which provides richer, more generous **Reimbursements**, and against which his **Contribution** is more generous than that which provides lesser **Reimbursements** against comparable coverage criteria. Therefore, to enhance his position and to maximize his benefits, including enjoying richer **Reimbursements**, member should enhance his **Base Plan** with **Enhancement Benefits** with which he shall customize his **Base Plan** and appropriately configure his **Plan Package** to better suit his unique **needs, wants** and **budget**. This virtuous arrangement can only be achieved as a Member of the **VIP**; nowhere else!
- n) The **Plan** is designed in a manner in which Members whom are primarily concerned with maximizing **Reimbursement** against claims for medical care, are provided with numerous options to leverage their position to maximize their benefits with suitable **Plan Packages** which shall require more generous **Contributions**.
- o) However, any Member of lesser means or any Member who is less interested in robust coverage or maximizing the richness of his **Reimbursements**, and commit to paying reduced **Contributions**, shall enjoy substantial savings, in the long-term, over those Members who subscribe to **Plan Packages** which require more generous **Contributions**, and which provide richer **Reimbursements**.
- p) Therefore, any Member who enjoy such substantial savings against his reduced Annual **Contributions**, shall be compensated against the value of his reduced **Reimbursements**; including the real possibility of enjoying a substantial surplus when compared with the higher options!
- q) This savings shall be realized over the long-term, provided that such Member exercised the wisdom to accumulate his savings into his bank account; or better yet, into his **Heritage Fund** at his favourite **Community Entrepreneurial Cooperative (CEC)**, as his legacy towards transitioning his **Intergenerational Wealth** onto his Grandchildren.
- r) Of course, this approach may benefit only the fortunate Member who does not suffer any costly catastrophic **Event** relatively early into his Membership; such as a major **Physical Injury** or an expensive chronic illness or condition. Here, if the adverse consequences were to occur to such unfortunate Member, the rapid escalation of expenses associated with respective **Sovereign Risk** shall accrue to his account, accordingly.
- s) Under all circumstances, the winning strategy of the astute Member should be to subscribe to the best **Base Plan** and add any beneficial combination of life-enhancing **Enhancement Benefits**, to create the best **Plan Package** for himself or for his family, by subscribing for as much benefits as he can afford, at soonest rather than later, and especially whilst younger and or while still in good health; to maximize coverage of his **Sovereign Risks**.
- t) Additionally, Members should diligently practise **Salubrious Living**, plus form or engage with worthwhile **Mobilization Krews** and actively access or establish or participate in relevant, uplifting and life-enhancing **Business Arrangements**.
- u) Members must take the initiative to collaborate, cooperate and share their time, talents and treasures amongst one another, to solve common problems; and also, to help those whom are less fortunate than themselves.
- v) Most importantly, Members should exercise their **duty of care** to themselves and to their families by applying self-discipline, and regularly review their **needs, wants**, and **budgets** with the intention, if necessary, to **update** and **upgrade** their **Base Plans**, whenever the Company releases any newer version of its **Base Plans** which are possessed with **updated Endemic Dates**; or alternatively, Members should subscribe successively to the **Coverage Optimizer Enhancement Benefit**, at regular multi-year intervals, to **update** and **upgrade** the **Endemic Date** of their given **Base Plan** accordingly. (Please see **Page 28 Clause 182**) above.
- 8) Any information and or any form or format, not limited to any Application Form, seeking approval for any Membership, coverage and or for any benefit including any document submitted for the purpose of transacting business with the Company including the content of such document shall be included as being part of this agreement; but exclusively the Company shall determine the relevance and impact upon this agreement for the purpose of distributing any benefit to any Member.
- 9) The **VIP** and its Members have requested and the Company has agreed to manage a **Fund**, being part of the **Medical Plan**, to support Members' benefits and to receive **Contributions**, and to disburse these benefits, including making payments on the submission of valid claims in the prescribed manner, for their benefit.
- 10) The Principal (and as the context may require, his **Corporate Member**), seeks to participate in the **Medical Plan** and **Fund** and by executing this agreement was accepted as a Member of the **VIP** and also as a **Donor** to the **Fund** and a **Beneficiary** in the **Medical Plan**.
- 11) Only one original copy, called a **Master Copy**, of the **Primary Contract** and only one original copy, also called a **Master Copy**, of each **Attachment** that covers **Members of the VIP** as a collective, is issued. (*Reference is not being made to any document which is specific to any respective Member*).
- 12) Each **Master Copy** is the original and official document that contains terms and conditions of the **Plan** and from which replications are derived. The **Master Copy** of the most recently issued and valid version of the **Primary Contract** and each **Attachment** are kept the office of the **Plan Administrator**.
- 13) The Principal and or his authorized representative may seek permission to peruse the **Master Copy**. Request shall be submitted in writing and perusal shall occur during normal working hours at the convenience of both the Member and the Company.
- 14) The Company may replicate the **Master Copy** and post such a copy of the **Primary Contract** and or its **Attachments** in any public space or place or medium that it determines at its discretion. Any replication of the **Master Copy** shall be referred as **Member Copy**. The **Member** may access such **Member Copy** when posted.
- 15) After his application for Membership and or coverage is approved, the **Principal** (and as the context may require, the **Corporate Member**) shall receive **Fulfillment Material** from the Company. Particularly one item of such **Fulfillment Material** shall manifest in the form of a certificate that is an **Attachment** called the **Summary of Benefits (Principal)**. He shall also receive any other relevant **Attachment**, where appropriate. The **Fulfillment Material** shall identify and recognize the **Member** as being a participant in the **VIP** and the **Medical Plan** and or any relevant **Benefit Profile**.
- 16) At rates of **Contribution** determined by the Company, with respect to the provision of any hardcopies, or without charge for online copies, **Member** can acquire a **Member Copy** of the **Primary Contract** from the Company or access a **Member Copy** in any space or place or medium as determined by the Company from time to time.
- 17) Whilst Member may make any legitimate enquiry into any matter concerning any coverage being contemplated or provided herein within the **Primary Contract** and or respective **Attachment**, the decision of the **Plan Administrator** shall be final and is incontestable.
- 18) All benefits, privileges, opportunities and **Business Arrangements** provided herein are covered by the **VIP** under the **Primary Contract** and respective **Attachment**, which are **Institutions of the VIP**, established to fulfil the **Objectives of the VIP** as outlined within the **VIP Bye Laws** and as intended to be executed within the **Medical Plan** under **Trust Instruments**.
- 19) Via his payment of any **Token** or **Contribution** and the like, not limited to his time and talents, Member is making a **Donation** to the **Trust**. Also, Member understands that being a **Member of the VIP**, and according to the **Trust Instruments**, he is simultaneously a **Donor** and a **Beneficiary** of the **Trust**. Member further understands that, as a **Beneficiary** of the **Trust**, Member can enjoy certain benefits, privileges, and opportunities, associated with coverage under the **Trust**. However, Member understands and agrees that no legal, commercial and or proprietary rights in equity, and the like, are accrued nor shall exist via payment of any **Tokens** and or **Contributions** and or **Donations** and or by his participation in the **Trust**.
- 20) In the conduct of his affairs under the **Primary Contract** and or respective **Attachment**, in his relationship with the Company under this agreement, the Company is acting under its unencumbered discretionary powers and authority as **Trustee, Manager** and **Service Provider**, as assigned within the **VIP Bye Laws**.
- 21) By this agreement with the Company, acting as **Trustee, Manager** and **Service Provider** to the **VIP**, its Members and to their **Trust**, Member has engaged in a management contract known as the **Primary Contract** which together with the **VIP Bye Laws** manifest in the nature of the **Trust Instruments** from which he seeks to enjoy the expertise of the Company in managing his **Wellness Lifestyle Management and Wellness Coaching** needs and his **Sovereign Risks**.
- 22) Neither this agreement nor any coverage, **Service**, benefit, privilege or opportunity which is being contemplated upon or which is being provided herein, is **Commercial Insurance**. However, as the context may require, a **Service**, benefit, privilege or opportunity may be rightly construed as being a manifestation of the **Self-insurance** which is properly defined within the **Primary Contract**. In that context, such **Self-insurance** is provided as being merely one among the many categories of **Services**, benefits, privileges and opportunities which exist within the **Trust**, which has been established by the **VIP**, its Members and **Trustees**; with respective rights, duties, obligations, powers and authorities, as outlined within the **Trust Instruments**.
- 23) In his desire to enjoy **Wellness Lifestyle Management and Wellness Coaching** benefits, privileges and opportunities associated with managing his **Sovereign Risks**, Member

irrevocably authorizes the Company to establish, invoke and to implement any rule and to make any rule and or **Control** and or amendments to the **Primary Contract** and related **Attachments** as it deems fit, at any time with or without notice, and he promises to accept and diligently abide by such rule and or **Control** and or amendments and the Company shall be and shall remain unencumbered to perform and or to exercise its role, duty, powers and authority as **Trustee** and such other management functions, obligations and responsibilities with respect to his circumstances and **Sovereign Risks**; under such powers and authority as outlined within its **Trust Instruments**.

24) Member shall remain liable for any expenses not covered or paid under this **Plan** and whenever he remains indebted to the Company or to any **Service Provider** or to any other entity, in any circumstance which is associated with and or related to his membership in the **Plan**, as per the rules of conduct as outlined within the **VIP Bye Laws**, he shall become subject to the terms and conditions of the **Schedule of Charges for Delinquent Accounts**.

25) As a condition of acceptance as a participant within the **VIP** and or in the **Plan**, the Member irrevocably authorizes the Company to develop and or engage and or implement any **Control**; rule; infrastructure; facility; system; and relationship; and to manage his **Sovereign Risk** not limited to his **Health**, being included amongst his **Wellness Goals**; and also generally to support, what the Company interprets to be his best interest as a **Beneficiary**, using its expertise and resources as it deems fit, necessary and or appropriate.

26) Member understands and agrees that an overriding condition of participation in this **Plan** is that coverage shall be available based exclusively on the intent of the Company as manager of the **Plan** and all matters associated with coverage, eligibility for any benefit, the dispensation of any benefit and in the general administration and management of this **Plan**, the Company shall be the exclusive and final authority. Additionally, the Member understands and agrees that this agreement as represented by the contents of the **Primary Contract** and or any **Attachment** and or any directive given and or issued by the Company may not completely or accurately capture the full intent of the Company. Therefore, in this **Plan**, if there be any doubt on any matter whatsoever, the Company shall be the exclusive and final decision maker. The Member further understands and agrees that under all circumstance exclusively the Company shall determine and or interpret its intention with respect to any issue, matter or criterion.

27) The Member understands and agrees that an overriding rule that shall be scrupulously observed is that coverage shall be offered based on the **Risk** of the Member incurring illness and or suffering liability or loss **after** any of his respective **Commencement Date** or as the context may require, any such other relevant **Control Date**.

28) The Member further agrees that as manager of the **Fund** and the **Plan** exclusively the Company shall determine which **Risk** and or **Peril** and or illness and or condition which shall be accepted for coverage and or shall be eligible for any **Business Arrangement**, **Reimbursement** or payment and also the Company shall be the exclusive determinant and interpreter of any terms and conditions in this agreement that any such **Risk** and or **Peril** and or illness and or condition shall be governed, including any rule or **Control** for providing any **Assistance**, such as any **Business Arrangement**, **Reimbursement** or any payment or access to any **Service**.

29) The Member further agrees that **Observation**

Periods and **Schedules** such as the **Table of Incubation Periods** and the **Schedule of Service Circumstances**, plus **Quarantine Periods** and **Levy**, are major **Control** criteria that govern the acceptance and or management of any **Risk** and or any **Peril** and or any **Business Arrangement** and or any illness or condition that is covered in this **Plan** and or under this agreement.

30) The Principal and Member warrant that, unless a specific application is submitted in the appropriate format for any purpose, coverage is not sought for any illness or condition that is a **Pre-Existing Condition** or any complication and or any **Derived Illness** resulting from related to or associated with the existence of any **Pre-Existing Condition** or any ineligible benefit.

31) The Principal agrees that the Company reserves the right to accept or reject any Member in the **Plan**.

32) The Company may request at any time before and during the term of coverage and also before payment of any associated claim, or distribution of any benefit, privilege or opportunity, including any **Business Arrangement**, in favour of the Member that the Member submit **Medical** and or any other **Requirement**. The Principal, or **Corporate Member** as the circumstances may require, shall absorb all related cost of supplying the **Requirement** and the cost does not qualify for **Reimbursement** or payment as any valid claim under this **Fund**.

a) An exception may apply if the Member is covered under any **Benefit Profile** from the **Enhancement List** that offsets the impact of the cost of acquisition of the **Requirement**.

33) The Principal's or **Corporate Member's Contribution** may be returned in full (minus any deduction for any obligation, charge, fee, etc.) if the application is rejected or if the Principal returns his **Fulfillment Material** related to this contract within the calendar month of the **Commencement Date** of his approved **Benefit Profile** or within the time allotted for acceptance of the terms of the **Primary Contract**, whichever is later, with a written request to decline participation.

34) The Company shall set the Member's **Commencement Date**. If before the **Commencement Date**, any medical or other pertinent requirement is requested, then the **Commencement Date** may be suspended to such date and time as determined by the Company, until any matter relevant to any medical or other pertinent requirement is settled.

35) The Member understands that coverage shall be unavailable for any liability or loss that is **incurred on or before** any of his respective **Commencement Date**.

36) The Member agrees that he shall accept any rule of conduct and or any term and or condition set from time to time by the **Plan Administrator**.

37) The Member agrees not to engage in any fraudulent claim practice and or any other activity that the Company deems intended to be injurious to the **VIP** and or to the **Plan**. Breach of this condition may cause loss of benefits, and or permanent expulsion and or legal action by the Company.

38) The following conditions shall cause this agreement and or the Member's coverage to terminate immediately.

a) If the Principal, or **Corporate Member**, is expelled from the **Plan** or the **VIP** for breach.

b) If the Principal, or **Corporate Member**, resigns or otherwise ceases Membership in this **Plan** or the **VIP**.

c) If the agreement lapses due to non-receipt of **Contribution** by the Company.

d) If the Principal dies. (*Reasonable time, as determined by the Company, will be permitted for eligible dependents to continue coverage under an eligible Principal. However, eligibility for benefits*

shall be suspended and or shall cease until such time as a Principal is determined).

e) If the Company terminates Member's coverage due to any unsatisfactory performance of any predetermined performance criterion in the **Plan** or the **Programme**.

39) A reinstated Member shall, for consideration in this **Plan**, enjoy benefits as a newly accepted Member. The Company has an exclusive right to vary this rule in writing.

40) The Member agrees and promises that he shall keep the Company indemnified against any loss, damage or liability suffered, and any legal fee and or cost incurred for any liability or loss suffered by any Member in the performance of this **Plan** and the **Fund** that is not expressly agreed, in a written agreement, as binding upon the parties.

41) The Member also agrees and accepts that the Company's liability to make any payment and or to perform any obligation whatsoever, is limited exclusively to such liability or obligation which is contained within an express written binding agreement.

a) As only for example, and also for clarification, such express written binding agreement shall not include any written document which does not expressly state that it is binding upon the Company; but which may merely state or express or document any agreement and or approval with respect to any benefit, privilege or opportunity, and the like, which may have been determined after due consideration.

42) General Guiding Principles: Benefits are made possible, managed and funded using autocratic and commercial-styled principles. The Member understands and agrees that, without introducing any encumbrance to the discretionary powers of the Company as outlined within its **Trust Instruments**, the **Plan** is designed and decisions will be made according to the following **General Guiding Principles**:

a) **Financial Viability Concept:** One overriding consideration is the **Concept of Financial Viability** by pooling and sharing resources. This facilitates the accumulation and distribution of benefits to **Beneficiaries** of the **Plan**. The **Financial Viability Concept** requires that all Principals must make regular payments into the **Fund** and such **Contributions** are pooled to pay for the aggregate of all reimbursable loss incurred and reimbursed to comparatively fewer Principals who suffer loss and make claims at any time against the **Fund**, plus all administrative and other expenses for all infrastructures and facilities and benefits associated with the management of the **Fund** as determined exclusively by the **Company**.

i. All participants agree that Principals who benefit and receive any **Reimbursement** from the **Fund** against certain claims, as may be determined by the Company, shall not be required to repay any **Reimbursement** that is properly transacted and or executed.

ii. In a financially inviable **Fund**, no benefits are possible. Therefore, the following shall apply if, in the exclusive professional opinion of the Company as manager of the **Fund**, any respective or offending benefit or **Peril** or **Risk** or circumstance whatsoever threatens the financial viability of the **Fund**:

1. Unless otherwise determined exclusively by the Company, all benefits associated with or related to the threat shall immediately become suspended, void, cease to be available and or to be distributed.

2. The Company may reinstate any respective or offending benefit, and may do so by imposing any terms and conditions as it deems fit, but only if, in

the exclusive professional opinion of the Company, the respective or offending benefit or **Peril or Risk** or circumstance has subsided or has been eliminated or, if appropriate, countermeasures have been implemented to avert the adverse effect of the respective or offending benefit, **Peril or Risk** or circumstance.

b) Fairness: All Members affected by the same or similar circumstance should benefit equitably. If in an attempt to create parity among affected Members, the solution violates the **Financial Viability Concept**; all benefits shall immediately cease and become void. Acting under its discretionary powers and authority, exclusively the Company shall determine any and all matters which may arise under such circumstances; and is incontestable.

c) Reasonableness: Any **Control**, rule or restriction should be able to survive reasonable scrutiny; here "reasonable" implies a responsibility to create understanding; not the attainment of any agreement on any point.

43) The Member understands and accepts the following principles, concepts and obligations associated with his acceptance as a Member eligible to participate in the **Plan**:

a) Prior to acceptance into the **Plan**, the Member had full innate responsibility to himself as regards his circumstance, all his expenses, time and the effort associated with maintaining or recovering good health.

b) The very act of the Member applying to be enrolled into the **Plan** is evidence to suggest that he is proactive in observing his responsibility to manage his **Sovereign Risks** which include but is not limited to his need to maintain and or recover good health and or to achieve his **Wellness Goals**, and Member is subscribing to the **Plan** in order to access the resources of the **Plan for Assistance** in achieving this objective.

c) The Company has a legitimate expectation that after enrollment, the Member's proactive attitude should continue; so as to protect the Member from the adverse effects of his **Sovereign Risks** which include ill health, as opposed to any unreasonable and or exclusive dependence upon any financial resource of the **Plan** to recover from the adverse effects of his **Sovereign Risks** including ill health, especially due to non-observance of **Salubrious Living**; including any relative inactivity within the **VIP**.

d) Acceptance of the Member as a contributor and or participant in the **Plan**, in no way suggests that the Member's innate responsibility to himself, *(to actively engage in worthwhile Business Arrangements which Assist him to better manage the adverse effects of his Sovereign Risks, which include to maintain and or recover good health and to achieve his Wellness Goals)*, is adopted by, shared by, or transferred to the **VIP**, the **Fund**, or the Company. Such acceptance merely suggests that via the Company, and on terms set by the Company, the resources of the **Plan** and the **Fund** will be available to **ASSIST** the Member in fulfilling his innate responsibility to himself as regards his **Sovereign Risks**, **Wellness Goals**, circumstance, time, effort and expense associated with maintaining or recovering good health. The Member hereby expressly declares that no such sharing or transference of his innate responsibility was sought and accepts that none shall exist.

e) The Member agrees to accept that, if, in spite of his **Salubrious Living**, he suffers any covered adverse effect related to his **Sovereign Risks**, such as he becomes ill, he will be considered for **Assistance** from the financial and such other suitable resources of the **Plan**, such as **VIP**

Infrastructures not limited to **Business Arrangements**, to recover equitably; which **Assistance** is provided according to the terms of this contract.

f) The Member also hereby declares and promises that his understanding, desire and intentions as a participant in this **Plan** is to access the financial resources of the **Plan** as a contingency of last resort; meaning that he shall perform his affairs in a manner to conserve the **Fund**, and reduce to a necessary minimum, his need to deplete the **Plan's** financial resource.

g) Ultimately the Member has, and accepts, a responsibility to protect the viability of the **Fund** by exercising **Salubrious Living**.

h) The Company is responsible for protecting the **Fund's** viability and efficacy for the benefit of all contributors and participants. Towards satisfaction of this objective, the Company remains the exclusive authority that determines the level of **Assistance** and terms of such **Assistance** that will be available and dispensed to the Member. Such **Assistance** is provided to the Member via financial and non-financial **VIP Infrastructures** deployed by the Company, which include, but is not limited to, written contract documents which content serves as the authority that governs the relationship among: (1) the Member, (2) any **Functionary**, (3) the **VIP** and (4) the Company. In this relationship the Member understands and agrees as follows:

i. The relationship is rules-based as described in the **Trust Instruments**.

ii. It may not be possible and or feasible and or desirable to contemplate upon and or codify and or document in advance all the rules that may govern all possible combinations and or permutations of situations and or circumstances that may arise in the management of this **Plan**.

iii. Where there is any doubt or dispute about the applicability of any rule, or where there is no rule that governs any particular circumstance or criterion, the Member retains responsibility for his circumstance and expense. The solution, if any, shall be determined exclusively by the Company, which as manager of the **Plan**, shall be the sole authority that determines whether any **Assistance** shall be provided, the level of such **Assistance** and the terms and conditions for providing such **Assistance**.

i) Both the Member and the Company agree that each party has an interest and responsibility to preserve the viability of the **Fund**.

j) Member understands and accepts that he shall actively partner with the Company and adopt a responsible attitude and behaviour associated with the conduct of **Salubrious Living**, as his contribution as a partner with the Company, to preserve the viability of the **Fund** and shall personally adopt the following objectives in partnership with the Company:

i. The promotion of **Salubrious Living** to maintain and improve the **Quality of Life** of each Member, *(including himself)* and particularly the elderly, to enable them to enjoy their extended **Life Expectancy**.

ii. The **Fund** to be available for all Members and **Beneficiaries**, new and existing, throughout their natural lives, while providing robust benefits economically.

iii. The **Fund** to be available for future generations while providing robust benefits economically.

44) The Principal accepts the responsibility to be informed and to read and understand the terms and conditions of the coverage provided.

45) This agreement shall be governed and conducted in accordance with the principles of

Good Faith.

2B-3 Amendment

46) The Company can suspend coverage for any or all Members or terminate the **Plan** or any aspect of the **Plan** at any time, and may give the Principal up to thirty (30) days' notice and in such case may use the **Fund** to honour all claims for **Eligible Expenses** incurred prior to suspension, termination or notice.

47) The Company may amend this agreement at any time and may add, vary or delete any terms or conditions of this agreement without notice or by notice sent to Member's physical and or email address on record and or via any other technologically enabling facility and or via its website, with homepage currently located at <http://www.mediservinternational.com>

2B-4 Financial Issues (2)

48) Principal understands that if ever he finds himself in any financial circumstance such that his ability to make any **Contribution** to maintain his Membership is threatened, with consideration for reasonable lead time before his **Plan** lapses, he will immediately contact the Company, in writing, to enquire about whether any arrangement can be made to preserve his Membership from lapsing, until such time as his financial circumstance improves.

49) The Company shall set the value of the **Contribution** that shall be paid for Members to receive any benefit from this **Plan** and shall take into account the cost of all requirements for managing the **Plan** and which includes payment for its service.

50) The value of the **Contribution** that the Principal is obligated to pay to participate in this **Plan** or to access any **VIP Infrastructure** or any **Institution of the VIP**, and or the actual makeup of benefits that constitute any **Benefit Profile** or **Plan Package** are subject to review and may change at any time, especially at the **Fund's** review date, and or according to the performance of the **Fund**. Any change shall take immediate effect on all affected Members, even for those who have arranged payment in **Lump sum Annual Payment**.

51) Changes in the terms of the contract or any administrative adjustments, in themselves, do not reduce Member's obligation to complete paying all **Contributions**, whether by agreed installments, or **Lump sum Annual Payment**; and or to settle any indebtedness or any other obligation, financial or otherwise.

52) The Company may pay to or settle with any **Service Provider**, or any other entity, at any rate that may be different from its list price, or that invoiced to or paid by or assigned to or credited against the Member's account.

53) Whenever this agreement terminates or lapses, unless the Company determines otherwise and or as the Company may prescribe, subsequent payments shall not automatically reinstate any Member into the **Plan**. Reinstatement is accomplished only by completing the relevant application forms and the issuing, by the Company to the Principal, of new **Fulfillment Material**: the Company reserves a right to waive or vary this rule and reinstate the Member on terms determined by the Company. Approval is not guaranteed.

54) After the agreement has lapsed, any subsequent payment made by the Principal and received by the Company shall be deposited into a suspense account on behalf of the Principal to be refunded, (subject to any applicable charge and or any Member's indebtedness or obligation, and also subject to any balance of **Contribution** due), and those payments shall not be considered as **Contributions** into the **Fund**. This **Control** is

subject to the Company's discretion.

2B-5 Claims (2)

55) The Principal and or respective **Corporate Member** understand and accept that any claim, **Business Arrangement** and or communication between any Member or **Corporate Member** and the Company including any Member's or **Corporate Member's** personal affairs within the **Plan** shall be handled exclusively through the authority of the **Plan Administrator**.

56) In this **Plan**, to be eligible for any **Business Arrangement** or **Reimbursement** or payment, you shall ensure to satisfy, at minimum, all of the following requirements:

- a) You must be eligible
- b) Your circumstance must be eligible
- c) Your benefit sought must be eligible
- d) No **Control** contravened

57) The Member understands and accepts the following concepts, principles and obligations associated with presenting any claim to the Company:

- a) When the Member submits a claim, he is asserting that he has satisfied the terms of the contract, and is also stating that he is eligible for **Reimbursement** or payment; or as the context may require, he is eligible for respective **Business Arrangement**.
- b) The act of submitting a claim for approval presupposes that the Member is not yet eligible for any benefit and must prove eligibility to the satisfaction of the Company otherwise he retains his ineligibility status.
- c) The onus of proof rests with the Member. Therefore, the Member has a responsibility to support his assertion with ample documentation and any other necessary requirement as determined by the Company.
- d) The Member is responsible for all incidental costs, time and effort associated with supporting his assertion.
 - i. An exception may apply if the Member is covered under any **Benefit Profile** from the **Enhancement List** that offsets the impact of this requirement.
- e) The Company is responsible for examining the Member's claim to determine its veracity, and may use its own resources in addressing the Member's assertion that he has satisfied the terms of the contract.
- f) The Company will assist the Member in determining whether he has fulfilled any requirement of the contract by offering support, such as requesting pertinent information, which is not limited to the questions and other requirements on the claim form.
- g) The process of examining the veracity of the

Member's claim involves, but is not limited to, ensuring that relevant answers are obtained to determine that the claim meets the eligibility criteria of the contract.

h) If the Company has any doubt whether the Member has satisfied the terms of the contract, he shall not qualify for **Assistance**. However, if, in the opinion of the Company, he has satisfied the terms of this contract he will become eligible for consideration for **Assistance**.

58) Any claim for **Reimbursement** or payment from the Company for any **Service** paid and or incurred by the Member, for which the Company would normally be responsible in terms of this agreement, shall be paid directly by the Company to the Principal. The Principal must ensure that: -

a) such a claim is supported by documentary proof in the form of the original documents associated with accounts, **Service**, receipts, statements, kinship, **Reports** and the like;

b) the same are received by the Company within ninety (90) days of incurring expense or loss.

59) This **Plan** is secondary to all **Other Plans**. All claims should be submitted to all **Other Plans** and processed there, before being processed by **Us**. The Company reserves the right to waive this rule on a case-by-case basis as it sees fit.

60) The Company and the Member recognize and agree that, mainly because both criteria rely upon diagnostic procedures, there can be significant overlap or doubt between **Preventative Care**, as intended by the Company or defined in this agreement, and **Non-Preventative Care** performed for various purposes. Therefore, it is understood and accepted that the Company is the exclusive and final arbiter that determines, at the presentment or processing of any claim, what **Services** and or procedures constitute **Preventative Care** according to the intent of the Company.

61) If Member incurs any expense for any **Service** which expense when categorized by the Company can be distributed among more than one category in the **Schedule of Service Circumstances**, the Company shall be the exclusive and final arbiter in determining the distribution of such expense or benefit among multiple qualifying **Categories of Service Circumstances**.

62) The Principal and the Company may agree to ask three (3) qualified medical practitioners, hereinafter called experts, to arbitrate any dispute regarding the performance of this **Plan** as regards medical matters, associated with claims, which are outside the **Pre-Existing Condition** clause or the **Schedule of Service Circumstances**. One expert shall be chosen by the Member, the other by the Company and the last shall be mutually agreed upon by both the Company and the Member. If any

two of the experts agree on a point and determines the matter, then the matter shall be considered settled and closed. The losing party shall be responsible for paying all the fees charged by the experts, including the costs of any additional tests, facilities or information ordered by the experts for resolving the matter.

a) If no agreement is obtained after deliberating on the matter, each party agrees to bear the cost of acquisition of its own expert. Any other costs shall be shared equally by both parties.

63) With the exception of **Business Arrangement**, the Company will justify its decisions on claims by making reference to the terms of the **Contract** in force with respect to the claim, and when appropriate, will always respond in writing. The Company will reimburse claims only if, according to the terms of the **Contract**, the Principal is eligible for **Reimbursement**.

a) If the Principal wishes to contest any decision or the settlement of any claim, including any which relates to or which is associated with each continuing and or successive response which originates from the Company, within a maximum of sixty (60) days of the **Date of Service** as recorded upon each written response or each successive written response issued by the Company, or such other **Deadline Date** as may be determined by the Company, he should write to the Company stating the nature of his discomfort; otherwise, unless he obtains a suitable written waiver from the Company in respect of any obligation to submit a valid response within any respective **Deadline Date**, his claim shall be automatically closed.

b) The Principal promises that he shall justify his position by making reference to the terms of the contract. Any response which ignores or fails to adequately justify the Principal's position, by making valid references to the contract, shall be deemed to be invalid with respect to the Principal's obligation to respond not later than any respective **Deadline Date**.

c) The Company will respond to the Principal's written objection in writing. If the Principal's justification is validated according to the terms of the **Contract** he will benefit accordingly.

d) Each claim, matter, incident or issue shall be determined on its own merit. No decision made and executed in this **Plan** shall be used as any precedent to prejudice the Company's decision, action or conclusion on any other claim, matter, incident or issue.

e) While a Member may legitimately seek clarification or ask any question on the matter, all decisions on any **Business Arrangement** shall be final and incontestable.

Section 3

Attachment: Wellness Lifestyle Management Programme

3-1 Introduction

1) Are you predisposed for success; health? What is your success personality type?

a) **Victicrats:** These personalities thrive on the concept of victim-hood. They blame all ills, problems, concerns, and unhappiness on others. Since they never admit fault, it can be presumed that, if not for their alleged detractors, they are perfect. Among their ranks are the non-starters, the complainers and those who make unfair criticisms, sometimes even the sickly. It is not unusual for them to transmute whatever passion they may possess into self-defeating emotionalism, instead of productive action. They have developed formidable skills for identifying persons and circumstances which they can conveniently claim to be the cause of their failures. Their defeatist attitude turns them into veritable deadbeats, unwittingly relegating to their perceived malefactors, a false omnipotence over themselves. They can de-victimize themselves by deciding to reject the failed culture of being a 'passive recipient of Service' (i.e. a receiver or consumer of the actions of others) and become an 'active producer of service'; (i.e. self-service). This requires re-education to understand the distinct implications behind the questions 'Who is at fault?' and 'Who is responsible?' Reliance on the 'fault' paradigm relegates one to remain the passive recipient of the actions of others; (i.e. a consumer, a victim). Here one is at risk of receiving **negative service**, (i.e. service that results in a disadvantage). Awareness of the power of the culture of assertively taking **responsibility** for one's affairs empowers the 'victim' to be a proactive manager of his own affairs, as he transforms himself into someone that acts, and gets his desired results. The culture of being a passive 'recipient or consumer of Service' can even be deadly when manifest in the form of inaction and unhealthy living. This is usually followed by reliance on someone else to 'fix the problem' (illness) via consumption of service from others. Note the deadly sequence: -

- i. Passively **sit** and consume service from the cook, the bartender and even the television. (Bad diet, with no physical activity).
- ii. Passively **sit** and consume service from the nurse for screening test. (Diabetes manifests because of wrong lifestyle)
- iii. Passively **sit** and consume service from the doctor for complications of diabetes. (due to no improvement in lifestyle)
- iv. Passively **lie down** and consume service from the heart surgeon to operate on his diseased heart. (further complication of diabetes due to improper lifestyle)
- v. Passively **lie down** and consume service from the undertaker. (organ failure; the deadly result of the culture of the passive recipient of service)
- vi. **Conclusion:** Take responsibility for your results. Produce **self-service** such as but not limited to: - regular visits to the doctor (especially when not sick); eat healthy diets and engage in regular physical activity. The above situation also demonstrates the folly of placing too much importance to screening.

b) **Starters & Stoppers:** At least these personalities are starters if only by being talkers of success. Too many times they give up when just one step short of success. They have the potential to become **Movers & Shakers**. Unfortunately, they tend to be a bit too focused or too satisfied with some aspect of **process**. (*Process is: "All activities that occur prior to the production of Results"*). They are not focused enough on what really matters most; **results**. Unfortunately, by being so preoccupied with **process**, and not **results**, too many times they stop; and fail just short of the door of success. Many are satisfied with participation in the 'experience'. They treasure the ability to talk about the many things that they have planned, 'tried to do' or of which they have gotten involved. They have yet to learn that with a little coaching; with a little more commitment; with a little more encouragement or effort; a little more sacrifice for the ultimate goal; a little more socializing with success oriented persons and avoiding procrastination and naysayers; with a little more perseverance; with a little more attention to detail; with a little more analysis of the reasons for past failures; with a little more elimination of errors; with a little more discipline and especially tenacity; **with just a little more of whatever it takes**, these persons would have enjoyed abundant success. If you are in this category, this **Programme** is for you. Give it a shot! **We** want to assist you to discover and benefit from that "just a little more of whatever it takes" to become a **Mover & Shaker** for the betterment of your life. First start with your health. It is your only true valuable asset. Generally, the same principles that will deliver to you success with your health, will deliver upon your lap your success in very many other areas of your life. Come, commit yourself, join with us and earn your long-deserved success.

c) **Movers & Shakers:** These are the visionaries, the personalities with a passionate vision about their role in life; the leaders. These personalities get things done. They face the same challenges as the other personality types. However, their outlook on life makes them relate to these challenges very differently. As a result, over time, they become better at managing even more difficult challenges. Being results-oriented, they perceive challenges as ripe opportunities waiting to be harvested. Their dictum is: **"It does not matter what happens to me; all that matters is how I respond to what happens to me"**. In recognition of this sentiment, they invoke the relevant disciplines and engage the necessary resources that will assist them in determining what happens to them; or which will empower them with tools to respond appropriately to both the foreseen and the unforeseen. Their most powerful survival tool is their positive attitude. When imbued with passion, there is no challenge that this personality, with such positive attitude, cannot overcome; just give them enough time. If you are a **Mover & Shaker**, this **Programme** is ready-made for you. You can beat the challenge. Come and join with us and enjoy your reward of **Salubrious Living**; superlative **Quality of Life**. Better yet, embellish your success by helping others who are less fortunate than yourself; too often the quest for personal happiness is lost for lack of sharing.

2) This document provides the conceptual and foundational building blocks of the **Wellness Lifestyle Management Programme**. It is not constrained with the details of its day-to-day management. What follows is a general outline of the concepts and major structures associated with the design, intention and objectives of the **Wellness Lifestyle Management Programme**. Detailed rules and regulations are established, de-established, and re-established as the **Programme** evolves through its life cycle. Since they are required to exist, they shall manifest as ongoing phenomena of the **Programme**, reflecting and managing against the various realities which include changing challenges associated with the volatile future.

3) Rigidity is fatal! Flexibility, agility and adaptability are among key criteria for assuring the long-term success of any entity.

4) This **Programme** is designed for long-term success, organizationally and for the individual Member. First, nurture your own **attitude**. Partake liberally, and be healed.

5) The **Wellness Lifestyle Management Programme** is provided via the goodwill of the Company.

6) At a minimum, Member shall perform **Annual Screening at Our Preferred Preventative Providers**.

7) New Members have up to ninety (90) days **after** their **Commencement Date** (the **Schedule Date** for compliance with this obligation) to perform their **first** annual obligation.

8) Existing Members have ninety (90) days **prior** to their **Commencement Date** (the **Concession Date**) to perform their subsequent annual obligations. This, in addition to the ninety (90) days **from** their **Commencement Date** (the **Deadline Date**) for the same purpose. Therefore, all Members other than new Members are given approximately one hundred and eighty (180) days to perform each subsequent annual obligation.

9) There are other obligations to be performed which are eligible for **Rewards** for compliance. Evaluative **Rewards**, called **Compliance Credits**, are devices for assessing Member's compliance, which in turn affect eligibility to receive benefits.

10) The **Programme** engenders a sense of community among Members, and promotes various social and other **Events** to enliven and maintain Member interest.

11) Ultimately, you the Member can anticipate a very unique and exhilarating experience.

12) **We** are providing the management and infrastructure. Members are required to pay to access benefits, **Services** and/or resources.

13) Some highlights of the **Programme** include, but are not limited to the following:

- a) It is proactive and results-oriented.
- b) It provides metrics to gauge compliance and other benchmarks of success.
- c) It provides 'positive' and 'negative' factors of influence to encourage, motivate and **Reward** participants into delivering desired results.
- d) It provides continuous coaching, mentoring and encouragement to all Members, to generate desired results.
- e) It provides stimulants for the physiological and intellectual development of Members.
- f) Among various interests, it pays attention to the following types of illnesses which, if not well managed, can be disastrous to Members'

Quality of Life:

- i. Preventable Chronic Illnesses.
 - ii. Preventable Organ Failures.
 - iii. Illnesses that can be prevented or controlled or managed by Member input.
- g) It provides Members with access to various types of human and institutional resources that will assist to resolve personal impediments to success, and or add value to Member experience within the **Programme**. Examples are:
- i. Gyms, spas, personal improvement programmes.
 - ii. Motivational speakers; Health & Safety professionals of various disciplines.
 - iii. **Employee Assistance Programme**
 - iv. **Blood For Life Programme**, a blood banking management initiative.
 - v. **Loyalty Programmes**, such as but not limited to the **CASHBACK Loyalty Programme**, and the **Family Tree Rewards Programme**.
 - vi. Access to internet enabled and other technologically enabling resources. This assists in economically managing large user-bases, also, to develop competencies and record and apply various criteria for enabling self-development and evaluation of performance.
 - vii. Access to useful personal safety, health and fitness related devices and assets.
- h) It is designed to provide opportunities for learning, developing and practising leadership skills within the community of the **VIP**.
- i) It is designed to create a sense of community, with opportunities for learning, sharing and socializing in an uplifting environment. This, to maintain interest and concentrate focus on the desired results.
- j) It supports the cohesiveness of the family, while being community oriented and environment sensitive, plus empowering all Members, especially the youth, women and the elderly.
- k) It is designed to facilitate the arrangement and execution of numerous **Events** for Member participation. In many of these **Events**, Member is encouraged to invite and bring their friends, family and colleagues with whom to share their favourable experiences.
- l) It is designed to create an organized mass movement of individuals with the following characteristics:
- i. It is a haven for persons who are interested in personal safety, fitness, environment, health and happiness.
 - ii. Healthy, happy, self-fulfilled Members who want to communicate and or meet with each other regularly, to share experiences and learn from each other in favourable, friendly circumstances, under fun-filled and safe environments meticulously managed by the Company.
 - iii. Members who desire to benefit from inviting their friends, family and colleagues to join the **Programme**, thus gaining vital accompaniment whenever they need to perform their daily physical activity routines. *(This is very useful for women, who, due to the discomfort of practising in solitude, may deny themselves of opportunity to engage in outdoor physical activities, in the refreshing natural environment of their community. Alternatively, when associated with the **Family Tree Rewards Programme**, these same invitees can serve to increase the size of benefits to the Member).*

3-2 Conditions

3-2-1 General

14) This **Attachment** provides coverage exclusively for the Member's participation in the **Wellness Lifestyle Management Programme**.

15) This **Attachment** shall form part of the **Primary Contract**. Coverage for the **Wellness Lifestyle Management Programme** shall be subject to the terms of the coverage expressed in the **Primary Contract**. However, benefits associated with coverage are provided exclusively from the existence of this **Attachment**.

16) The Company may develop rules which may or may not be documented and or published in media thought by the Company to be frequented by Members, and which media are not limited to the press, or technology enabled media, such as the Company's website.

17) Noncompliance with the rules and requirements of this **Attachment** may postpone, reduce, alter, limit or nullify benefits derived from this **Attachment** and or the **Primary Contract**.

18) Any payments or other expenses associated with **Preventative Care Services** claimed, and paid, shall impact on the **Preventative Sum Assured**.

19) Member promises to comport himself responsibly and to subject himself to any legitimate instructions, directives or other interventions initiated by the Company, via **Functionaries**, whenever participating in any **Event** in which the Company is either a sponsor or participant.

20) In the delivery of benefits, the Company is the final arbiter of eligibility. It may use the **Schedule of Service Circumstances** to assist it in decisions, particularly the differentiation among the items listed under the heading **Categories of Service Circumstances**.

21) The Member promises to perform the **Preventative Medical Requirements** and other **Services** requested by the Company, or which are scheduled to be performed by the Member according to any schedule or roster, and the like, that is arranged by the Company, any **Service Provider** or any **Functionary**, and to submit any associated or referred **Reports** to the Company within the time assigned by the Company or its representative for such submissions. Failure to perform the obligations associated with such **Reports** and also failure to submit the **Reports** on time shall constitute an **Adverse Risk** which may lead to loss of benefits and or termination from the **Plan**.

22) Exclusively the Company shall set the **Schedule Date** for Member to conduct his **Primary Annual Screening Requirement**.

23) In any circumstance where the Company decides to assume responsibility to pay for any of the Member's **Screening Requirement**, the following shall apply:

a) For a **Service** to be covered it must satisfy all of the following:

- i. It must include the cost of, and be directly related to, the respective **Screening** procedure.
- ii. It must be consumed on the premises of the **Service Provider** during its delivery.
- iii. It must be delivered directly by the attending functionary of the **Service Provider**.
- iii. It must be approved by the Company prior to incurring expense.

b) Such responsibility shall irreversibly revert to the Member immediately on the day and time that the Member falls into **Adverse Risk Status** against the respective **Screening** obligation.

c) **Consolatory Benefit**: - In the context of the Member's attempt to satisfy his **Screening**

Requirement, if the Member suffers any adverse medical consequence that results in any covered illness, the Company will consider whether it wishes to offer to subsidize the Member for the expenses incurred. The following shall apply:

- i. The Company reserves the right to decide whether or not to offer this benefit.
- ii. The attending doctor must confirm that the illness was directly related to the **Screening** test being performed.
- iii. The Company may consider the views of the attending doctor to determine whether to provide the Member with the benefit.
- iv. If any **Subsidy** is to be paid, such payment shall not exceed the current balance of the **Preventative Sum Assured** for the respective **Screening** obligation.
- v. Exclusively the **Company** shall determine the terms and level of benefits to be offered to the Member. It is not limited to the option to choose to calculate **Subsidies** or payment due to the Member according to the method normally applied when calculating reimbursement of eligible medical expenses with respect to his **Plan Package**.

d) **Professional Fees** are not covered.

e) Unless approved otherwise by the Company, **Subsidies** or payments are available exclusively for expenses incurred during the **Event Window** that exists between the **Concession Date** (or **Schedule Date**, if no **Concession Date** exists) and the **Deadline Date** of respective **Screening Requirements**.

i. The Company shall not **Subsidize** or pay for **Screening** under the following conditions.

1. When the **Sum Assured** of the respective **Subsidy** is exhausted.
2. With respect to **Secondary Screening**, after a **Target Illness** is diagnosed; or for any **Service** incurred on a date that is outside of the **Secondary Screening Event Window**.
3. When, in the opinion of the Company, no further benefit will be gained by further **Screening** or **Service**.
4. When the respective terms of the **Schedule Of Service Circumstances** are satisfied or when any of its terms are violated.
5. When any claim is incurred and or submitted or any **Service** performed in any manner that does not conform with any respective terms of the contract.
6. When any claim or **Service** is incurred by or on behalf of any ineligible Member.
7. When the **Service** is not approved by the Company.

f) The Member shall be responsible for all expenses that are not covered or in excess of what is covered.

24) A Member or **Mentor** shall cease to earn benefits, as determined by the Company, while in **Adverse Risk Status** in the **Wellness Lifestyle Management Programme** and or for failure to fulfill responsibilities related to or associated with respective **Vocation**.

25) The **Preventative Sum Assured** is part of the **Wellness Fund** and is available to eligible Members as a separate benefit provided in addition to the **Sum Assured** of the **Medical Fund**.

26) If the Member is identified for participation in any **Supplementary Benefit** he should enroll within the **Event Window** for enrollment and participate fully to derive the benefits or shall suffer **Adverse Risk Status**.

a) If no **Event Window** is provided for enrollment, unless determined otherwise and in writing by the Company, the default **Event Window** for

enrollment shall be ninety (90) days starting from the date of being so identified by the Company or its authorized **Functionaries** or respective Service Provider.

3-2-1-1 Wellness Lifestyle Management Benefits

27) Athletica Health & Fitness Plan: -

The Member's substantive benefit is to receive Coaching in his chosen **Wellness Lifestyle**. However the following **Benefit Profile** will be offered depending on availability and his needs:

a) Lifestyle Management

- i. Targeted Incentives & Disincentives
- ii. Access to the **MentorNet**
 1. Member Education
 2. Walking Physical Activity
 3. Calisthenics Physical Activities
 4. Personal support and encouragement

b) Preventative Care Management

- i. **Preventative Screening** via the **SaluNet**
- ii. **Target Illnesses:-** Chronic Non-Communicable Diseases (**NCD**)

c) Communication & Data Management

- i. **Access to the CIS** (Capiven Information System) Web-enabled database.
- ii. Worldwide, 24 x 7, personalized, pass-code protected access to personal data, ancillary communications and data management capability.
- iii. **Weight Log** for monitoring weight
- iv. **Diet Log** for monitoring diet
- v. **Physical Activity Log** for monitoring Physical Activity performed.

d) Development Of Success Culture

- i. **Membership in 5 O'Clock KREW (KREW)**
 1. Benefit from being part of a community; keeps interest fresh and exciting
 2. Benefit from civic initiatives that supports the objectives of the **KREW**
- ii. **Social Automation**
 1. Get Mentor Rewards
 2. Develop Leadership Skills
 3. Attitude Development
- iii. **Event Management**
 1. Company organized Events
 2. **KREW** organized Events

e) Performance Evaluation

- i. **Health Compliance Certification**
 1. Attitude to Health
 2. Physical Aptitude
 3. State of Health

28) Supplementary Benefits: -These benefits are provided to meet the more specialized needs of the Member. Eligibility is subject to prevailing rules, which may include the satisfaction of enrollment fees and charges

3-2-2 Member Responsibilities & Obligations

3-2-2-1 Ad Hoc Obligations

29) The Member promises to promptly seek medical intervention whenever symptoms of illness present. The Member promises to diligently pursue professional medical advice and which may include satisfying **Ad Hoc Medical Requirements**.

30) Ad Hoc Obligations may or may not be associated with **Preventative Care** as defined in the **Schedule of Service Circumstances**.

3-2-2-2 Routine Medical Obligations

31) From time to time the Member may encounter the need to perform **Routine Medical Requirements**. The Member promises to pursue professional medical advice including, but not limited to, seeking and pursuing all medical

appointments with medical professionals to maintain or improve state of health. The Member shall submit **Reports** in appropriate format, and within the **Event Window**.

32) Routine Medical Obligations may or may not be associated with **Preventative Care** as defined in the **Schedule of Service Circumstances**.

3-2-2-3 Annual Preventative Obligations

33) Member shall perform **Preventative Medical Requirements** at least annually and this obligation, including the submission of its **Report**, will satisfy the **Annual Preventative Medical Requirement** obligation. Unless varied by the Company, the following shall apply to this obligation:

- a) New Members joining the **Plan** shall complete their first **Annual Preventative Medical Requirement** within ninety (90) days of their **Commencement Date** (i.e. the **Schedule Date**) or shall have incurred an **Adverse Risk**.
- b) The **Deadline Date** for performing the medical requirements and submitting the **Report** shall be the ninetieth (90th) day of the **Schedule Date**, when counting the **Schedule Date** as the first day of the ninety-day (90) **Event Window**.
- c) Each successive **Annual Preventative Screening Window** will observe a **Concession Period** of up to ninety (90) days prior to the **Schedule Date**. This **Concession Period** creates a net effective **Event Window** of almost one hundred and eighty (180) days to fulfill this critical obligation. The **Concession Period** is provided to facilitate the Member's ability to plan and allocate time, finance and other resources.
- d) The **Schedule Of Preventative Screening Requirements** shall be adopted as a guide for selecting **Medical Requirements** for the satisfaction of this obligation.

34) For Member convenience a **Schedule of Preventative Screening Requirements** is maintained listing the range of **Preventative Screening Requirements** that are eligible for **Rewards**.

- a) The list on the **Schedule Of Preventative Screening Requirements** is not intended to suggest that it includes the totality of the requirements associated with **Salubrious Living**. It merely identifies the **Medical Requirements** that are eligible for **Assistance** and or **Rewards** including **Compliance Credits**.
- b) If the Member performs more than the required quota of **Medical Requirements**, only those that are assigned to him from the **Schedule Of Preventative Screening Requirements** will be eligible for the **Compliance Credits** and other **Rewards** such as **Subsidies**.
- c) As this can encourage **Salubrious Living**, nothing in this contract prevents the Member from performing more **Preventative Medical Requirements** than suggested; or the Company from providing other types of **Rewards** for **Preventative Medical Requirements** that are not listed on the **Schedule of Preventative Screening Requirements**.

35) The **Schedule of Preventative Screening Requirements** is divided into two main parts:

- a) **Primary Preventative Screening Requirements:** - This has a list of **Screening Services** which are available for Member to perform and report to the Company within the **Event Window** for compliance.
 - i. The **Preventative Sum Assured** of the **Subsidy** shall be reset to their original values on each **Anniversary Date** of the **Scheduled Date** of the **Primary Preventative Screening Requirements**.
 - ii. **Compliance Credits** shall be reset to their original values on the anniversary of each

Scheduled Date of the **Primary Preventative Screening Requirements**.

- iii. Unless varied by the Company, in writing, the **Primary Preventative Screening Requirements** shall be performed exclusively by a **Preventative Preferred Provider**. This is to protect integrity of the **Service**.
- iv. The following represents an example, using the **Primary Preventative Screening Requirement** of the **Annual Preventative Medical Requirements**, for demonstrating the regime for awarding **Compliance Credits** for performance and **Reporting** upon **Medical Requirements**:
 1. On the first day (**Concession Date**) of the **90-day Concession Period** (the **Schedule Date** is the last day) = Accrue **1 Credit**.
 2. For each day that elapses after the first day of the **90-day Concessions Period** and ending at the **Schedule Date** = Add **1 Credit** cumulatively.
 3. On the **Schedule Date** = Accrue **90 Credits**.
 4. For each day that elapses after the **Schedule Date**, up to the **Deadline Date** = Subtract **1 Credit** from the accruable **90 Credits** associated with that of the **Schedule Date**.
 5. On the **Deadline Date** = Accrue **1 Credit**.
 6. On the day immediately after the **Deadline Date** (**Adverse Risk Commencement Date**) = Accrue negative **ninety-one (-91) Credits**
 7. For each day after the **Deadline Date** until the end of the **Annual Screening Event Window** = Subtract **1 Credit** cumulatively.
 8. On the last day of the **Annual Screening Event Window** = Accrue negative **three hundred and sixty-five (-365) Credits**.
 9. On each subsequent **Schedule Date** after the first **Schedule Date** = Accrue **90 Credits**.
 10. **Observation:** - Ultimately the objective is to perform the **Medical Requirements** and **Report** the findings as closely as possible to the **Schedule Date**; and to do so repeatedly. Thus, maintaining a regular and non-erratic time interval between **Screening** cycles associated with the **Annual Preventative Medical Requirements**.
- b) **Secondary Preventative Screening Requirements:** - This has a list of follow-up **Services** that can be suggested by the attending doctor based on the results of the **Primary Preventative Screening Requirements**.
 - i. If the Company decides to pay or **Subsidize** expenses, **Eligibility** to claim against or benefit from the value of the **Preventative Sum Assured** of the **Subsidy** (if any) associated with the **Secondary Preventative Screening Requirements** is unavailable for Member's first and second year's **Annual Screening Event Windows**.
 - ii. To be eligible to claim against the **Preventative Sum Assured** of the **Subsidies** associated with the **Secondary Preventative Screening Requirements**, the **Date Of Service** must not exceed ninety (90) days after the **Date Of Service** for the **Primary Preventative Screening Requirements** that initiated the need for the respective **Secondary Preventative Screening Requirement**.
 - iii. Unless extended by the Company Member

must perform his obligations to his **Secondary Preventative Screening Requirements** within ninety (90) days of being so advised by the attending doctor.

- iv. **Secondary Preventative Screening Requirements** do not have any **Concession Period**.

3-2-3 Compliance

36) If an extension of time is indicated, Member should write the Company not later than seven (7) days prior to the **Deadline Date** seeking such extension. He should indicate the number of days required for such extension and the reason for the extension. It should not be assumed that any approval of the Request For Extension will affect the manner in which **Compliance Credits** are allocated, and or any other criterion associated with Member obligations.

37) Due to the critical importance of the need for compliance in reducing or preventing death, suffering and expense from illness, financial and other issues are not valid for extending the **Deadline Date** for performing certain **Preventative Medical Requirements**, such as the **Annual Preventative Medical Requirements**, and or for submission of **Reports**.

3-2-3-1 Bonus Compliance Credits

38) Each Member will be eligible for positive or negative **Bonus Compliance Credits** as determined by the Company. During the year, **Credits** will be added or deducted for compliance or infractions against various predetermined performance criteria. *(As an example of its usage, leaving certain sections of the claim form, such as the **Medical Factors** section, unanswered will be associated with **Bonus Compliance Credits**).*

39) In ways determined by the Company, the net value of **Bonus Credits** will be used to qualify the Member's **Compliance Rating**.

3-2-3-2 Consequences Associated With Compliance with Obligations

40) To encourage compliance, Member may be eligible for benefiting from **Rewards** associated with performance. **Rewards** may be evaluative and or promotional and or motivational.

41) Member's score, reflecting compliance, is used to evaluate performance against **Benchmarks** set by the Company and may affect Member's eligibility for benefits.

42) Member's **Health Compliance Rating** in the **Wellness Lifestyle Management Programme**, when assessed against full calendar months (or years) prior to the month of incurring illness, or the month of being assessed, shall be used to make determinations about eligibility for benefits that are dependent upon such evaluations. The longer the period of assessment the more reliable the result.

43) Member's **Health Compliance Rating** may be used to determine the level of access and or conditions related to such access to the resources and benefits derived from third parties, especially but not limited to, **Preferred Providers**.

3-2-3-3 Consequences Associated With Non-Compliance with Obligations

44) Consequences can serve as inducements to perform creditably.

45) Failure of timely performance of any **Medical Requirements**, as well as failure of timely submission of the **Report** to the Company via the claim form, shall be evaluated against relevant benchmarks to determine whether any **Adverse Risks** exists.

a) **Adverse Risks** commences whenever the **Deadline Date** expires and no Medical Screening

is performed or the respective **Medical Requirement** is not **Reported** to the Company by the Submission of Claim or **Reports**. This is one benchmark associated with **Adverse Risks**.

46) **Adverse Risks** related to or associated with compliance shall render the Member ineligible for certain **Rewards** as well as shall subject the Member to loss of benefits, including, but not limited to, loss associated with all coverages.

47) Unless otherwise indicated by the Company, the Member's **Adverse Risk** will expire for respective derived, related or associated illnesses, on the **Date of Submission** of the respective **Report**, only if the respective **Medical Screening** or **Medical Requirements** was performed and the results indicate that no medical threats exists within the range of illnesses that can be targeted or detected; or associated with or related to the **Medical Screening** or **Medical Requirements**.

3-2-4 Performance Evaluation

3-2-4-1 Performance Evaluation Criteria

48) The **Wellness Lifestyle Management Programme** is designed to produce favourable outcomes mainly by managing the Member's attitude to healthy living. Attitude influences activity, which in turn influences results. Therefore, the following three (3) criteria must be effectively monitored, measured and managed:

a) **Attitude** – Affected by:

i. **Education**; to manage self-perception and awareness

b) **Activity** – Affected by:

i. **Education**; to transmute technique into skill, then into competence and aptitude.

ii. **Incentives**; helps transform attitude from confidence, to enthusiasm, which in turn transmutes itself into activity by stimulating and sustaining interest-levels, while building tenacity, and ultimately generating an unstoppable passionate hunger for success.

c) **Results** – (the final outcome). Affected by:

i. **Discipline** = (attitude + attention to detail)

ii. **Effort** = (time + activity).

49) The **Programme** is designed such that the natural act of participating in the **Programme** will present opportunities to produce results as well as to be evaluated.

50) **Metrics** are used to assess the Member's:

a) **Attitude Towards His Health**.

b) **State Of Health**

i. **Physical Aptitude**

ii. **Health Status**

51) The following **Performance Evaluation Criteria** are used to produce results and to assess performance and results obtained which are reflective of compliance with the ethos of the **Wellness Lifestyle Management Programme**.

a) **Self Regulation**: This is where the Member asserts that he can be depended upon to voluntarily, diligently, honestly and consistently perform and report on his execution of any requirement; and the Company depends on his assertion as a criteria for permitting him to perform requirements without supervision.

b) **Supervision**: This is where the Member voluntarily subjects himself to the advice, direction, observation, correction, assessment and general supervision by a **Functionary** in the performance of any requirement.

c) **Verification**: This is where the Member voluntarily subjects himself to any procedure required to confirm his performance of any requirement.

d) **Validation**: This is where the Member subjects himself to procedures related to validation of his performance of any requirement.

52) The Member agrees that, while the Company may assist in his effort to comply with the ethos and other requirements of the **Wellness Lifestyle Management Programme**, it is his innate responsibility to supply resources associated with executing the **Performance Evaluation Criteria**. The resources referred to include but is not limited to:

a) **Time**: Member needs to devote quality time.

b) **Money**: Member may need to pay either the Company, **Service Providers** or others to access their talent, supplies, resources, facilities, services or infrastructure.

c) **Effort**: Member needs to commit to do what it takes to obtain results.

d) **Facilities**: Member needs to be prepared to allocate or access space, implements and resources that will facilitate his need to produce results.

53) Member understands and agrees that the integrity and credibility of the scores generated by any Member within the **Wellness Lifestyle Management Programme** is critical to the success of the programme, on the one hand, and its usefulness in providing the Member with access to benefits from the Company and or third parties, on the other. Therefore, in order to maintain such integrity and credibility Member understands and agrees that evaluation of performance will not be limited to the following types of evaluations:

a) **Routine evaluation**: Generally has fixed or predetermined dates and times

b) **Scheduled evaluation**: Generally involves a date fixed in consultation with the Member

c) **Ongoing evaluation**: Generally applies to evaluations that can be performed at any time using past and or ongoing:

i. Evaluations and or,

ii. performance and or

iii. reporting.

d) **Impromptu evaluation**: Generally applies when the Company unilaterally sets an **Event Window** for the performance of a criterion. This type of evaluation is indicated when the reliability of the results is perishable and significantly affected by the time elapsing between issuance of the request and the actual performance of the requirement. *(One example of when this type of evaluation is used is to validate the Member's assertion that he either does not use tobacco or has stopped the use of tobacco).*

3-2-4-2 Performance Evaluation Criteria As A Useful Asset

54) The data obtained from the **Performance Evaluation Criteria** are the property of the Company.

55) The Company may, from time to time, set certain **Benchmarks** against any criteria within the **Wellness Lifestyle Management Programme**.

56) The scores obtained from the **Performance Evaluation Criteria** or any other criteria within the **Wellness Lifestyle Management Programme**, shall be made available to interested parties and may assist the Member in transacting benefits from:

a) The Company

b) Third parties

57) The Company reserves the right to share the scores with third parties, and may charge such third parties, fees determined by the Company, for purposes such as but not limited to the following:

a) To fulfill their Risk-Management needs

b) To determine how to relate with the Member in any relationship with the Member

c) To determine how to dispense benefits to the Member

d) Any valid legal reason with which they need the

information to conduct their business, especially with respect to their relationship with the Member.

58) Member may request and will be issued relevant **Health Compliance Certificate** from the Company and shall be required to pay for obtaining the **Certificates** or otherwise having the Company evaluate and or validate his performance.

59) Member understands and agrees that his personal results, including his maintenance of satisfactory scores in any evaluated criterion, generally involves an ongoing process that will need continuous effort on his part, and repetitive evaluation of his performance. Member understands that his performance will be negatively affected by:

- a) Late performance of requirements.
- b) Late submission of **Reports**.
- c) Not performing requirements.
- d) Not submitting **Reports**.
- e) Non-participation in the **Wellness Lifestyle Management Programme**, including:
 - i. Voluntary termination
 - ii. Involuntary termination
 - iii. Never has been evaluated in the **Wellness Lifestyle Management Programme**.
 - iv. Never has been a participant in the **Wellness Lifestyle Management Programme**.

3-2-5 Claiming for Subsidies

60) In claiming for **Subsidies** the following shall apply:

- a) Both the **Primary Preventative Screening Requirements** and the **Secondary Preventative Screening Requirements** shall each independently carry **Subsidies** with respective **Preventative Sums Assured**.
- b) The **Preventative Sum Assured** of any **Subsidy** shall represent the maximum benefit available from such **Subsidy** within its **Accumulation Period**.
- c) When making any claim for **Subsidies**, there shall be a ninety-day (90) period for accumulating expenses associated with **Preventative Medical Requirements**. Any **Service** or expense that exceed the ninety-day (90) period shall be void.
- d) The aggregate of expense for multiple **Categories of Service Circumstances** or multiple treatment types associated with **Preventative Medical Requirements** may, if approved by the Company, be accumulated into one claim for submission for **Subsidies**, provided that they are among the list of **Eligible Services** on the **Schedule Of Preventative Screening Requirements**, or otherwise approved by the Company for such inclusion.
- e) Claims for **Subsidies** shall be calculated against

the **eligible expenses** incurred and shall transact co-payments as is normally calculated for non-preventative claim transactions for the respective **Plan Category** in which the Member is enrolled and eligible. However a **Deductible**, determined by the Company, shall apply for performing such calculations. These rules are to encourage Members to employ the broadest range of **Preventative Screening** affordable.

3-3 Community, Organization & Culture

61) Reliable concepts and principles are used as models from which to configure systems to execute the **Wellness Lifestyle Management Programme**. The following list merely demonstrates some of these concepts and principles.

- a) Refrain from being merely the passive recipient of service; Act! Or though shalt be acted upon!
- b) The results of human transactions depend on the nature of their conversations. Therefore an environment must be established that encourages conversations about **Salubrious Living**.
- c) Success is for those who take the long-view; they are those with a vision of the future that they want for themselves and who are prepared to commit the resources of time, action and perseverance towards its achievement.
- d) The best way to learn a subject is to teach it; thus **Our** Members will adopt teaching roles in their attempt to learn the culture of success.
- e) Repetition reinforces learning. It develops, concretizes and reveals attitude.
- f) Voluntary participation among peers, which is results-oriented, measurable and can survive the scrutiny of others, is a viable method to demonstrate commitment; and can earn credibility and nurture passion. All participation in this **Programme** is voluntary.
- g) High activity levels within the context of the roles, responsibilities and objectives of each individual participant is a reflection of the intensity of the passion instilled into the objective. Passion is a most significant precursor to the level of success that will be achieved.
- h) Success and its sustainability within any organization require the development of an appropriate **Success Culture** within the Membership of the organization.
 - i. The **Culture** must reside within each individual of the group.
 - ii. The **Culture** must be reflective of, and supportive of the skill-sets, attitudes and perspectives required for individuals to improve themselves and achieve their objectives; which objectives must be in

harmony with the organization's objectives.

- iii. The **Culture** must be actively promoted, taught and practised daily and passionately, until it becomes the native ethos.
- iv. There should be regular evaluations to ensure that each individual participant is adequately indoctrinated with the **Success Culture**.

62) For the purpose of executing the **Programme**, the Company will cause to be formed and shall manage an organized **Community Of Members** operating as an organization comprised of:

- a) **Functionaries**
- b) Ordinary Members
- c) **Voluntarily Functionaries**.
- d) Third party entities such as:
 - i. Professionals and other individuals with relevant competencies.
 - ii. Organizations and any other entity that the Company deems necessary.

63) The name of the organized **Community** is the **5 O'Clock KREW (KREW)**. This **Community** is the organ through which the tenets of the **Wellness Lifestyle Management Programme** are executed.

64) The **KREW** is the prelude for establishing the full vigour of the concept behind the **VIP**.

65) **Voluntary Functionaries** enjoy opportunities for advancement within the **KREW**. They are provided with identifying titles that relate to their rank, roles and responsibilities within the **Programme**.

66) **Voluntary Functionaries** are contracted parties subject to rules of engagement as determined by the Company, but are not employees of the Company. They shall not be managed as if they were employees and will not be paid wages or other forms of remuneration related to employment. However the Company may establish systems, as it deems fit, for qualifying, quantifying and distributing **Rewards** to such **Voluntary Functionaries** and the **Voluntary Functionary** shall be responsible for all accounting and management of such **Rewards** with respect to his responsibilities to any governmental or other relevant authorities or third parties.

67) In developing their skills, **Voluntary Functionaries** shall be subject to continuous probity and evaluation to establish and ensure that they develop and maintain their competencies and efficacy with respect to their roles and responsibilities in the **Programme**. Any personal costs associated with development of competence, probity and evaluation is for the account of the **Voluntary Functionary**.

Schedule of Service Circumstances

Ver: 20220106

(Effective Date: 6-Jan-2022)

Code	Category of Service Circumstances	Entity Providing Finance (Member) Or Financial Assistance (Fund)	Keywords & Examples of Objectives of, and or, Service or Circumstance
1)	Preventative: Speculative	Member	Outcome dubious; Service not approved or inappropriate (Experimental or Exploratory; any drug, illness or condition, or Service , whether new or existing, that is not approved by the Company)
2)	Preventative: Salubrious	Member*	Salubrious Living (Moderate lifestyle, Balanced diet, regular Physical Activity, normal weight, regular visits to the doctor, heed professional medical advice, avoidance of Adverse Risks)
3)	Preventative: Preemptive	Member*	Risk-Management (Remove or reduce risk of incurring any: new, opportunistic or derived illness; or any associated or related illness; or any manifestation or incidence of any illness).
4)	Preventative: Evaluative	Member	Compliance (self-regulation, supervision, verification, validation).
5)	Preventative: Screening	Member*	Assessment of state of health. (Investigates for signs of illness; may or may not have symptoms; no illness diagnosed, or the manifestation of the target illness is ruled out). <i>See Notes below.</i>
6)	Diagnostic	Fund	Assessment of state of health. (Medical cause exists to investigate for illness; symptoms must be present, and illness may or may not be diagnosed immediately). <i>See Notes below.</i>
7)	Preemptive	Fund	Risk-Management (Remove or reduce risk of aggravation or escalation of any existing illness). Important: Derived illnesses do not qualify under this category.
8)	Curative	Fund	Eliminates illness (almost certain to eliminate the illness indefinitely)
9)	Therapeutic	Fund	Extends life, improves functionality (chronic, progressive illness)
10)	Palliative: Consolatory	Member	Comforts Patient (Alleviates side-effects of Service ; Illness Non-responsive to Medicine)
11)	Palliative: Supportive	Member	Physical, psychological and other supports for patient, and may include support for care givers and or other interested parties (Hospice and home care)
12)	Palliative: Speculative	Member	Outcome dubious; Service delivered to illness that presents no threat to life or of pain, not approved or inappropriate, (Experimental or Exploratory; any drug, illness or condition, or service, whether new or existing, that is not approved by the Company)
13)	Adverse Risk	Member	Exclusions, (Any risk, service or expense not covered by the Plan whether or not expressly stated; or any Adverse Risk)
14)	Aesthetic: Psychological	Member	Medically not required; Elective , not necessary, not compulsory, Service can be delayed almost indefinitely with little or no adverse consequence to the Member (Primarily provides emotional or non-medical benefits)
15)	Aesthetic: Restorative	Fund	Medically required (E.g. restoration after physical damage from injury or illness).
16)	Dental: Aesthetic	Member	Insertion of jewels particularly upon healthy tooth, whitening
17)	Dental: Preventative	Member	Fluoride
18)	Dental: Restorative	Fund	Cleaning, Polishing, Filling, extraction, root canal, crown, Orthodontic
19)	Vision: Preventative	Member	Screening, supplements
20)	Vision: Refractive	Fund	Mechanical correction of refractive errors using optical devices (Frame, lens (contact or glass))
21)	Maternity: Preventative	Member	Abortion, Contraception
22)	Maternity: Conception	Member	Medical Intervention, Artificial Insemination, Fertility Drugs, Hormone Treatment
23)	Maternity: Prenatal	Member	Prenatal (antenatal; the period before birth);
24)	Maternity: Accouchement	Fund	Normal Delivery, Miscarriage, Caesarian Section, Dilation & Curettage (D&C), puerperium (the period shortly after birth).
25)	Death: Consolatory	Fund	Beneficiaries receive Death Benefit (Death due to eligible circumstance)
26)	Death: Adverse Risk	Member	Voluntary illegal activity, suicide, Adverse Risk

Notes:

- The **Fund** will provide **Financial Assistance** only if the claim is eligible according to the terms of the contract.
- Each expense or **Service** shall be evaluated against this **Schedule** to determine eligibility for coverage, payment or **Reimbursement**, subject to all other rules of the contract. In this context, an expense that is classified as being the responsibility of the Member, usually means that it is ineligible for coverage, payment or **Reimbursement**; but if classified as being eligible for **Assistance** from the Company, such **Assistance** shall be secondary to, and or shall be modified and or nullified by any superior, opposing or contradictory terms or rules situated in any other part of the contract and or **Attachment** which covers the Member, including any opposing or contradictory decision made by the **Plan Administrator**.
- In the **Schedule of Service Circumstances**, when the Member is the entity to provide the finance, the Company shall not make any payment unless stated by the Company, in writing, and on terms decided exclusively by the Company. The items marked with an asterisk (*) represents items where the Company may provide **Financial Assistance** in the form of **Subsidies** as defined in the **Schedule of Subsidies**.
- If the Company cannot rule out the possibility of categorizing any **Service** and or **Circumstance** under the heading, '**Category of Service Circumstances**' as being **Preventative** in nature, then the **Service** or **Circumstance** shall not qualify for **Assistance** otherwise).
- If any expense or **Service** does not fit neatly into any category listed on this **Schedule**, then it should be concluded that the expense or service is outside the scope of the contract. The Company may determine how to categorize and assign and or distribute the expense or **Service**.
- The Company has the exclusive right and authority to assign and or reassign and or delete **Category of Service Circumstances** and may do so at any time without notice. The most up-to-date version of this **Schedule** is available at the office of the **Plan Administrator**.
- Member responsibility takes priority over the Company's responsibility and shall be executed first, before any commitment by the Company can be assumed and or executed.
- The mere manifestation of symptoms is not a valid reason for assuming that an illness is eligible for **Assistance**, or has medical expense that is payable by the Company.
- There must always be a valid medical reason, acceptable to the Company, for incurring expense.

TABLE OF INCUBATION PERIODS (TIP)

(Effective Date: 6-Jan-2022)

Version: TIP20220106

IMPORTANT NOTES: -

- A. Any Members who on acceptance into the Fund whose benefits are limited substantially to Short-term and Long-term infectious, contagious and parasitic illnesses are reimbursed exclusively for diagnostics and chemotherapy.
- B. The classification of any illness shall be determined by the primary cause of the illness.
- C. If there be any doubt about the classification of any illness or if the underlying cause of any illness is not determined or if any illness cannot be classified according to the classifications listed in the Table of Incubation Periods, then in keeping with the responsibility and exclusive authority of the Company to determine the Incubation Period of any illness the Company shall determine which class such illness shall be listed within the Table of Incubation Periods.

CODE	CLASS OF ILLNESS OR CONDITION	INCUBATION PERIODS	ILLNESS EXAMPLE
1.	Physical injuries from external forces, Poisons, Burns	0 mths	Abrasions
2.	Short-term incubation (infectious, contagious, parasitic)	3 mths	Dengue
3.	Dental, Vision	12 mths	Cavities
4.	Long-term incubation (infectious, contagious, parasitic)	18 mths	Elephantiasis
5.	Maternity	1 year (For Conception of newborn)	Pregnancy
6.	Maternity (Congenital Illnesses in Newborn)	1 year (For Conception of newborn)	"Hole In Heart"
7.	Chronic, Circulatory, Degenerative, Organs, Glands	24 mths	Diabetes
8.	Psychiatric, Nervous System, Syndromes	24 mths	Depression
9.	Tumors, Cancers, Abnormal growths, Concretions	24 mths	Fibroids
10.	Pre-existing (Generally accepted as curable)	Incubation Period of Illness (After cure)	Yellow Fever
11.	Pre-existing (Generally accepted as incurable)	Coverage Excluded	Hypertension
12.	Allergies, Immune Deficiency	Coverage Excluded	Allergic Itching
13.	Tobacco, Alcohol abuse, Substance abuse	Coverage Excluded	Cancer from cigars
14.	Residential care or treatment at long-term institutions	Coverage Excluded	Convalescence care
15.	Nuclear Radiation, Of Biological or Chemical arsenal	Coverage Excluded	Nuclear fall-out

Schedule of Charges For Delinquent Accounts

(Effective 6-Jan-2022)

Charges for Delinquent Accounts		
30 Days and Over	60 Days and Over	90 Days and Over
\$200 plus 5% on cumulative balance Plus Collection charges & Legal Fees	\$300 plus 10% on cumulative balance Plus Collection charges & Legal Fees	\$500 plus 15% on cumulative balance Plus Collection charges & Legal Fees

NOTE:

1. Charges for Independent Service Providers (ISP) billing independently of a Hospital or Nursing Home, are as follows:- Service charge of 10% or a minimum of \$10. Charges start on the 8th day of credit; add \$50. On the 15th day of credit add \$25. On the 22nd day of credit add \$25. On the 29th day of credit add \$25. From the 30th day of credit adopt the system applicable Charges for Delinquent Accounts.
2. Charges are cumulative. Debts over 90 days old shall also attract interest compounded at 2.5% per month or part thereof, based on the cumulative value at its 91st day.
3. The charges shall be waived if the total bill is paid before the 30th day after incurring the indebtedness.
4. The whole or any part of this schedule can be changed by the Company at any time, without notice.

GEMS Preferred Providers

(Compiled 6-Jan-2022)

The following participating Hospitals are strategically located for your convenience. This list can be changed at any time.

NAME	ADDRESS
Community Hospital of Seventh Day Adventist	Western Main Rd, Cocorite
Victoria Nursing Home	9 – 13 Archibald St., Vistabella
Surgi-Med Medical	Cor. Penitence & Chacon Streets, San Fernando
Southern Medical Clinic	26 – 34 Rupert Indar St., San Fernando
Gulf View Medical Complex	715 – 716 Mc Commie St, Gulf View Link Rd, La Romaine
Medical Associates	Cor Albert & Abercromby Streets, St Joseph
Westshore Medical Centre	Western Main Rd., Cocorite

TYPICAL BENEFIT PROFILES FOR MEMBERSHIP CLASSES FOR NATURAL PERSONS

Human Membership Benefits, Privileges & Opportunities To Participate in the VIP And Its Wellness Lifestyle Management Programme

#	Membership Benefits, Privileges & Opportunities (Benefit Profiles)	Membership Classes for KREW Members				
		Observer	Guest	Angel	Premium	Premium Angel
1	Membership In 5 O'Clock KREW (KREW)	Yes	Yes	Yes	Yes	Yes
2	Athletica Health & Fitness Plan	Limited	Yes	Yes	Yes	Yes
3	Practise the Philosophies of the VIP	Yes	Yes	Yes	Yes	Yes
4	Develop Leadership Skills; and also get Peace of Mind	Very Limited	Limited	Yes	Limited	Yes
5	Supports the Medical Fund with Annual Contributions	Very Limited	Yes	Yes	Yes	Yes
6	Supports the Wellness Fund with Annual Tokens	Very Limited	Yes	Yes	Yes	Yes
7	Get Enrolled In KREW's Email List	Yes	Yes	Yes	Yes	Yes
8	Voting Privileges	Very Limited	Limited	Yes	Yes	Yes
9	Financial Member Status		Yes	Yes	Yes	Yes
10	Access To Wellness Lifestyle Database	Very Limited	Yes	Yes	Yes	Yes
11	Can Invite New Members Into The KREW	Yes	Yes	Yes	Yes	Yes
12	Can Participate In KREW's Social Media	Limited	Yes	Yes	Yes	Yes
13	Can Participate In KREW's Wellness Events	Limited	Yes	Yes	Yes	Yes
14	Can Participate In AntsNest Network (Community Management)	Very Limited	Limited	Yes	Limited	Yes
15	Family Tree Affiliate Programme	Very Limited	Yes	Yes	Yes	Yes
16	Can Become Krew Captain of GeoNet Krew			Yes	Limited	Yes
17	Can Become Mentor of MentorNet	Very Limited	Very Limited	Yes	Limited	Yes
18	MentorNet Rewards Programme	Very Limited	Very Limited	Yes	Limited	Yes
19	Health Rewards Savings Account	Very Limited	Yes	Yes	Yes	Yes
20	Evaluate your experiences: Social Values & Rewards	Very Limited	Limited	Yes	Yes	Yes
21	Can Organize Groups Within Your Neighbourhood	Very Limited	Limited	Yes	Limited	Yes
22	Can Become Formal Community Committee Member	Very Limited	Limited	Yes	Limited	Yes
23	GEMS Emergency Hospitalization Programme	Limited	Yes	Yes	Yes	Yes
24	Annual Preventative Screening Programme	Very Limited	Very Limited	Yes	Yes	Yes
25	Participate in the Medical Advocacy Programme	Very Limited	Very Limited	Yes	Yes	Yes
26	Blood For Life Blood Banking Programme	Limited	Yes	Yes	Yes	Yes
27	Medical Discount Card Programme	Limited	Yes	Yes	Yes	Yes
28	Employee Assistance Programme	Very Limited	Yes	Yes	Yes	Yes
29	Access Enhancement Benefits from the Medical Plan	Very Limited	Very Limited	Very Limited	Yes	Yes
30	Get To Register Your Business, Club or NGO in the VIP			Yes		Yes
31	Get Your Ideas Financed For Your Club or NGO			Yes		Yes
32	Assistance To Get Your Business Financed			Yes		Yes
33	Your Wellness Projects Financed By The Wellness Fund			Yes	Very Limited	Yes
34	Your Medical Care Reimbursed From The Medical Fund		Very Limited	Very Limited	Yes	Yes
35	Can Participate In Retirement Savings & Entrepreneurship Plan		Very Limited	Yes	Very Limited	Yes
36	Can Get Family Tree Affiliate Photo ID Card	Very Limited	Yes	Yes	Yes	Yes
37	Access Card Based, Online and or ID Accessed Benefits	Very Limited	Limited	Yes	Yes	Yes
38	You Can Participate In CA\$HBACK Rewards Programme		Limited	Yes	Yes	Yes
39	Get Certified and Accredited in your favourite Vocation	Very Limited	Very Limited	Yes	Yes	Yes
40	Get Certified and Accredited as a Functionary	Very Limited	Limited	Yes	Yes	Yes
41	Get Polled about your Satisfaction and Opinion	Very Limited	Limited	Yes	Yes	Yes
42	Interact with and Benefit from Service Providers (SaluNet)	Very Limited	Limited	Yes	Yes	Yes
43	Can Get to become Patriarch or Matriarch of the VIP			Yes	Yes	Yes
44	Can Get to become a Board Member of the VIP			Yes	Yes	Yes

Ver: 20210106

ULTIMATE STRATEGIC OBJECTIVE OF THE VIP: ECONOMIC DIVERSIFICATION OF T&T!

A Viable Model For Social Entrepreneurship Towards Economic Diversification

The Genetic Code For A Civil Society Initiative Towards Trinidad & Tobago's Economic Diversification

The Conceptual Framework and Socioeconomic Model for Executing Diversification of Trinidad & Tobago's Economy

This Flowchart Model is Suitable for almost any Economy Of Scale; especially when Disorganized or in Flux

Steps	A	B	C	D
1	Society of the Ventures & Investments Programme (VIP) (Innovative People)	Community Benefit Plan (Fruitful Seed)	Civil Society Economy (Fertile Environment)	Medical & Wellness Tourism Economy (Bounteous Harvests)
2	VIP is Comprised of socially progressive, upwardly mobile Innovative Individuals, Institutions and Communities.	A Social Networking & Resource Sharing Infrastructure that facilitates a culture of intellectual growth, creating pragmatic, functionally literate leaders ; visionaries who command our families, institutions and communities.	Encourages participants to share of their time, talents and treasures. Develops the Nation's competencies towards creating Social Capital which is then used to win Success, Health, Wealth & Happiness; Prosperity.	Scientific application of social networking, relationship building and community management competencies towards developing Social Capital; vastly improves leadership and survival skills among T&T's citizens.
3	VIP Provides Difficult Or Impossible To Acquire Benefits. Members take what they need to add to what they can do for themselves to achieve Success, Health, Wealth & Happiness; Prosperity with Peace of Mind.	Develops competent leaders, institutions and progressive communities. Creates Social Capital among members. Customized benefits are available for individuals, institutions, (including SMEs, NGOs, Credit Unions and Universities) and the communities in which we live, work, or recreate.	Uses Social Capital to retain and accumulate much more of our wealth, keeping it in circulation longer within our country; saving jobs. Generates minimum new capital of TT\$2 Billion annually ; creating new jobs to stimulate innovation and entrepreneurship towards the Medical & Wellness Tourism Economy.	T&T positions itself as a valuable intermediary within the enormous emergent worldwide US\$3.4 Trillion Medical & Wellness Tourism Economy. This way we generate huge volumes of revenues originating from foreign sources at rates to sustain our standard of living at levels better than we have grown accustomed with oil & gas.
4	For best results the VIP should be understood as a versatile set of infrastructures (not merely an organization) to be used to create a better, prosperous nation, able to produce vast new revenue streams which are larger and can be sustained much longer than oil & gas ever could.	Applies the VIP's Philosophies of Life towards social activism and creates a culture of independence and interdependence. Members can access and accrue vast resources, including abundant capital applied towards incentives, controls and training towards positioning T&T as the Mecca Of Medical & Wellness Tourism Economy.	Creates beneficial links to the social networks of the worldwide T&T and Caribbean diasporas. Functions as a rallying cry to mobilize the nation towards a common vision to diversify the economy; in this instance, to dominate the lucrative Medical & Wellness Tourism Economy.	T&T prevails in the vast lucrative Medical & Wellness Tourism Economy, earning large inflows of wealth facilitated by numerous and diverse operatives , loyal to T&T, operating worldwide within a vast, powerful socioeconomic network favourably disposed towards T&T.
5	VIP empowers its members to use their wits as the basis to create beneficial synergistic relationships with others to survive in any environment; and to enjoy abundant Success, Health, Wealth & Happiness. All can achieve Prosperity with Peace of Mind.	Creates a cultural shift towards an innovative, entrepreneurial, safe and prosperous nation of pragmatic leaders who are problem solvers for the world. Competently, they facilitate the world's unquenchable desire to achieve Success, Health, Wealth & Happiness; Prosperity with Peace of Mind.	While we replicate the mechanism for our success in oil & gas , the Civil Society Economy transmutes itself into a vibrant Secondary Economy to the Medical & Wellness Tourism Economy. It efficiently redistributes wealth among citizens of T&T.	End Goal! T&T becomes the Mecca of Medical & Wellness Tourism. T&T produces innovative pragmatic leaders who successfully replicate and maintain a vibrant, lucrative parallel economy complementing the oil & gas economy ; earning US\$10B to US\$100B annually . Our generation successfully secures the socioeconomic interests of future generations!

Carefully sow and cultivate this fruitful socioeconomic seed and reap unlimited bounteous socioeconomic harvests.

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