

4 Ever Life International Limited  
Wessex House  
45 Reid Street, 3<sup>rd</sup> & 4<sup>th</sup> Floor  
P.O. Box HM 3352  
Hamilton HM, Bermuda

Administrative Office:  
GeoBlue®  
c/o Worldwide Insurance Services, LLC  
933 First Avenue  
King of Prussia, PA 19406

**POLICYHOLDER:** Global Citizens Association  
**MEMBER:** Brown University  
**COVERAGE EFFECTIVE DATE:** July 1, 2024  
**CERTIFICATE OF COVERAGE:** 4ELI-2718-24 ("the Group Certificate")  
**STATE OF DELIVERY:** District of Columbia  
**ADMINISTRATOR:** Worldwide Insurance Services, LLC

**THE POLICY(S), THIS GROUP CERTIFICATE AND ANY INDIVIDUAL CERTIFICATES ARE ISSUED ON A NON-ADMITTED OR SURPLUS LINE BASIS. THIS MEANS THAT THE TERMS AND CONDITIONS MAY NOT COMPLY WITH STATE INSURANCE LAWS OR REGULATIONS COVERING LICENSED AND ADMITTED INSURERS, AND THAT THE INABILITY OF 4 EVER LIFE INTERNATIONAL LIMITED TO PAY CLAIMS IS NOT COVERED BY THE INSURANCE GUARANTY FUNDS OF THE DISTRICT OF COLUMBIA OR OTHER JURISDICTIONS IN THE UNITED STATES OF AMERICA.**

This Group Certificate is a legal contract between the Member and 4 Ever Life International limited (Insurer). The Member is entitled to coverage on behalf of the Insured Persons as described under a policy of group insurance issued to the Global Citizens Association by the Insurer. The consideration for this contract is the attached Global Citizens Association Agreement and the payment of membership fees to the Global Citizens Association as provided thereunder.

#### **AGREEMENT**

This Group Certificate, the Individual Certificates issued under the Group Certificate, and the Global Citizens Association Agreement form the entire contract between the Member, the Insurer and the Global Citizens Association. Oral statements made by the Policyholder, by the Member, by an Individual Insured, by the Administrator, or by any other person are not part of this Group Certificate. Only the Insurer's President or a Vice President may make changes for the Insurer. These changes must be in writing and attached to this Group Certificate. The Insurer reserves the right to amend the Policy and this Group Certificate. The Insurer will pay, with respect to each Individual Insured, the insurance benefits provided in this Group Certificate or any Individual Certificate. Payment is subject to the conditions, limitations and exceptions of the Policy and this Group Certificate. The sections set forth on the following pages are a part of this Group Certificate and take effect on the Effective Date.

#### **COVERAGE TERM**

**Effective Date:** July 1, 2024

**End Date:** June 30, 2025

**Termination Date:** This Group Certificate will continue in force while the required membership fees are paid until the End Date or the Group Certificate is terminated by the Policyholder, the Member or the Insurer. At least 31 days advance written notice is required to terminate the Group Certificate by either party.

**Cancellation of Coverage under the Group Certificate:** A Member's coverage under the Group Certificate may be canceled at any time after 31 days written notice mailed or delivered by the Insurer to the Member or by the Member to the Insurer.

If the Insurer cancels the coverage under the Group Certificate, the Insurer will mail or deliver the written notice to the Member at the last address stated in the Insurer's records. If the Insurer cancels coverage under the Group Certificate, cancellation takes effect at 11:59:59 p.m. on the date stated in the written notice or, if later, at 11:59:59 p.m. on the 32<sup>nd</sup> day after the Insurer mails or delivers the written notice.

If the Member cancels the coverage under the Group Certificate, cancellation becomes effective at 11:59:59 p.m. on the date the Insurer receives the written notice or, if later, at 11:59:59 p.m. on the date stated on the written notice.

Cancellation does not affect any claim for loss covered under the Group Certificate which occurs during the Individual Insured's period of coverage. No benefit is payable for charges incurred before the Effective Date or after the effective date of cancellation of coverage under the Group Certificate, except as provided in the Group Certificate's benefit provisions.

**Cancellation of Individual Insured's Coverage:** An Individual Insured may cancel coverage by mailing to the Insurer written notice stating the date of cancellation. The effective date of any cancellation is 11:59:59 p.m. on the date stated in the written notice or, if later, 11:59:59 p.m. on the date the Insurer receives the written notice.

#### **MEMBERSHIP FEES**

**Payment:** Coverage under this Group Certificate is provided in return for payment of the required membership fees to the Global Citizens Association. Membership fees shall be paid as set forth in the Global Citizens Association Agreement. Coverage under the Group Certificate will terminate as set forth in the Global Citizens Association Agreement if the required membership fee is not paid to the Global Citizens Association. The membership fee is payable to the Global Citizens Association or one of its authorized agents. If payment of a membership fee is not honored by the bank or credit card drawn upon, the insurance is deemed to have not been purchased and not to be in effect.

**Change in Members Fess:** The membership fees due on or after the first anniversary date of this Group Certificate may be changed, but not more often than once in any 12 month period. The Insurer shall give written notice of such change at least 31 days in advance. The rates applicable to the Policy are on file with the Policyholder, the Administrator and the Insurer. The Insurer further reserves the right to re-determine the rate on any date on which the Group Certificate or Policy is amended. If the Insurer changes rates, the change will apply only to coverage starting on or after the effective date of the change. The Insurer will give the Member at least 31 days advance written notice of any change.

#### **INDIVIDUAL CERTIFICATES**

The Insurer will furnish to the Member for delivery to each Individual Insured an Individual Certificate substantially in the form attached hereto, setting forth the essential features of the insurance coverage of such Individual Insured and to whom benefits thereunder are payable.

#### **INCORPORATION PROVISION**

The provisions of the attached Individual Certificate and Global Citizens Association Agreement, all endorsements and riders, and all endorsements and riders issued to amend this Group Certificate after the Effective Date are made a part of this Group Certificate.

This Group Certificate was signed by the Member on the Global Citizens Association Agreement. The President and Secretary sign below on behalf of 4 Ever Life International Limited.

  
PRESIDENT