SIRIUSPOINT AMERICA INSURANCE COMPANY

1 World Trade Center
285 Fulton Street, 47th Floor
NEW YORK, NY 10007

MASTER POLICY
BLANKET TUITION AND PROGRAM FEE PROTECTION INSURANCE POLICY

This Master Policy (hereafter referred to as Master Policy or Policy) is issued to the Policyholder named in the Policy Schedule. It takes effect on the effective date shown in the Policy Schedule.

In return for the payment of premium, We will pay the benefits which this Master Policy Provides for persons insured hereunder for certain losses, as specified in the SCHEDULE OF BENEFITS, for loss due to Injury or Sickness that occurs while this Policy and the Covered Person's coverage are in force. The Master Policy is delivered in and is subject to the laws of the state in which it is issued.

We and the Policyholder have agreed to all of the terms of this Master Policy.

This is a legal contract between the Policyholder and Us.
READ THIS MASTER POLICY CAREFULLY.

Signed for SiriusPoint America Insurance Company.

Jared Eber
Secretary

David Gorvin
President

POLICY SCHEDULE

POLICYHOLDER:	IEES Insurance Trust
PARTICIPATING ORGANIZATION:	Maryville University of St. Louis
POLICY NUMBER:	EXLM-BTP-100011-26
POLICY EFFECTIVE DATE:	August 24, 2026
POLICY TERM:	The Policy will go into effect on the Policy Effective Date. All periods of insurance for a Covered Person begin and end at 12:01 A.M. Standard Time at the Participating Organization’s address. Unless this policy is ended (see "Termination of Policy" in GENERAL PROVISIONS), it may be renewed by payment of the required premiums, at the rates in effect on each premium due date.
PREMIUM DUE DATE:	The Policy Effective Date and each succeeding interval
ADMINISTRATOR:	ASRM, LLC
RENEWABILITY:	Insurance may be renewed for any specified term by payment of the required premium for such term by the premium due date at the Company's premium rates in effect at the time of each such renewal.

TABLE OF CONTENTS

Eligibility ..... Page 3

Premium Schedule ..... Page 3

Schedule of Benefits ..... Page 4

Definitions ..... Page 5

Individual Insuring Provisions ..... Page 7

Description of Benefits ..... Page 8

Exclusions ..... Page 9

Pre-Existing Condition Limitation ..... Page 10

Premiums ..... Page 11

General Provisions ..... Page 12

Claim Provisions ..... Page 13

ELIGIBILITY

The Eligible Persons are:

Eligible Class	Description
1	Undergraduates

PREMIUM SCHEDULE

Eligible Class	Annual Policy Term Premium
Class 1 - Covered Person	$ 35.00

Contribution(s): The cost of coverage is paid by the Covered Person.

Coverage is mandatory.

SCHEDULE OF BENEFITS

DESCRIPTION OF BENEFITS: Tuition and Program Fee Protection Benefit

Benefit Amounts

Shown below are the benefits payable for a Complete Withdrawal as defined in and subject to all provisions and limitations of this policy and any endorsements thereto.

Medically Necessary Withdrawal Benefit (subject to the Maximum Benefit Amount shown below)

a. Medically Necessary Withdrawal due to Injury or Sickness (including Mental Illness):	100% of Program Fees
b. Medically Necessary Withdrawal due to Substance Abuse:	50% of Program Fees
c. Death of the Covered Person:	100% of Program Fees
Maximum Benefit Amount:	Benefits are limited to an overall maximum of $5,000 per Covered Person per annual Policy Term
Off-Campus Housing Expense Benefit:	100% of Off Campus Housing Expenses up to a limit of $1,500

Limitations

Pre-existing Conditions:	The Company will not pay benefits for Program withdrawal due to Pre-Existing Conditions.

The Pre-existing Conditions limitation does not apply if the Covered Person has been insured under the Policy for 365 days.

DEFINITIONS

Act of Terrorism means activities that:

1. involve violent acts or acts dangerous to human life that are a violation of the criminal laws of the United States or of any State, or that would be a criminal violation if committed within the jurisdiction of the United States or of any State;
2. Appear to be intended to:
   a. intimidate or coerce a civilian population;
   b. influence the policy of a government by intimidation or coercion; or,
   c. affect the conduct of a government by mass destruction, assassination, or kidnapping.

Accident means a sudden, unexpected and unintended incident. "Covered Accident" means an Accident that results in Injury or loss covered by this Policy.

Company or **We, Us, Our** means SiriusPoint America Insurance Company, domiciled in New York, New York.

Complete Withdrawal means the Covered Person's failure to complete the Program and to receive any professional or academic credit for the Program. The withdrawal must be for the balance of the term or session. Complete withdrawal from the Program includes but is not limited to failure to attend regularly scheduled classes (excluding online classes), sessions or other Program related activities. For institutions and/or programs that issue academic credits, Complete Withdrawal must result in the loss of all scholastic credits for the term. Completion of the Program's (school's) official process for withdrawal, if any, is also required.

Covered Person means any Eligible Person who makes application for, or for whom application is made and who is approved to participate in the benefit plan issued under this Policy, provided the required premium for such Person's insurance is paid when due.

Hospital means a legally constituted institution having organized facilities for the care and Treatment of sick or injured persons on a registered Inpatient basis, including facilities for diagnosis and surgery under the supervision of a staff or one or more licensed Physicians and provides 24-hour nursing service by Registered Nurses on duty or call.

Injury means accidental bodily harm sustained by the Covered Person that resulted directly and independently of all other causes from an Accident and occurs while coverage under this Policy is in force.

Medically Necessary Withdrawal means Complete Withdrawal due:

1. to the death of a Covered Person; or
2. to covered Injury or Sickness that results in a medical condition that is certified in writing by a competent Physician as being one that prevents the Covered Person from attending or successfully completing the Program. The Physician must provide treatment of the Covered Person's Injury or Sickness and certify in writing that the Covered Person's medical condition requires them to withdraw from the Program. The Physician's certification must occur before the Covered Person officially withdraws from the Program. A Medically Necessary Withdrawal due to Mental Illness must be certified by a licensed psychiatrist or psychologist other than the Covered Person or his spouse, children, brothers, sisters, or parents, any other person related to the Covered Person by blood or marriage, or any person residing in his household.

Mental Illness means the treatment of clinically significant mental illness, nervous and emotional issues identified in the most recent edition of the International Classification of Diseases or of the Diagnostic and Statistical Manual of the American Psychiatric Association.

Off-Campus Housing Expenses means the cost of housing arrangements provided under a written lease or rental agreement between the Covered Person and another party not including the Program provider or anyone related to the Covered Person.

Physician means a practitioner of the healing arts who is duly licensed in the state where he is practicing and who is treating within the scope and limitation of that license. The term Physician will not include the

Covered Person or his spouse, children, brothers, sisters, or parents, any other person related to the Covered Person by blood or marriage, or any person residing in his household.

Pre-existing Conditions means a condition for which a Covered Person within 180 days before being insured under this Policy: 1) exhibited symptoms which would have caused a person to seek care or treatment; or 2) received medical treatment, care or advice.

Program means the academic course (offered for academic or scholastic credit), professional training session and/or cultural exchange and or enrichment program sponsored by, offered through, or affiliated with the Participating Organization.

Program Fees means the actual amount of tuition or Program cost, fees or other costs, excluding books, unused room and board and other academic fees included in the Program cost or otherwise paid directly to the Program provider for the applicable Program term. Program Fees excludes late fees and non-program fees such as postage, visa processing, convenience fees, fees/costs for Travel as well as grants, scholarships and other reductions to the Program cost received by the Covered Person. This does not include any cost for Room, meals, Off-Campus Housing Expenses, and any other fees/charges that were/are not paid directly to the Program provider.

Sickness means illness or disease contracted and causing loss as to the Covered Person whose Sickness is the basis of claim. Any complications or any condition arising out of a Sickness for which the Covered Person is being treated or has received Treatment will be considered as part of the original Sickness.

Substance Abuse means the treatment of clinically significant alcohol or substance abuse disorders identified in the most recent edition of the International Classification of Diseases of the Diagnostic and Statistical Manual of the American Psychiatric Association.

Treatment means a specific in-office or Hospital physical examination of, or care rendered to, the Covered Person.

INDIVIDUAL INSURING PROVISIONS

Eligible Persons - The persons eligible for coverage are all persons denoted in the classifications described in the Schedule of Benefits.

When Coverage Begins - Any such Eligible Person will automatically become a Covered Person with respect to the coverage under this Policy at 12:01 A.M. on the latest of the following dates:

1. the effective date of this Policy; or
2. the first official day of a Program or in the case of an academic institution, the first official day of classes when such Person comes within a classification of Eligible Persons (subject to the payment of premium).

When Coverage Ends - Coverage with respect to any Covered Person will end at 12:01 A.M. on the earliest of the following dates:

1. the date this Policy is terminated;

2. the date the Participating Organization's coverage under the policy ends;

3. the premium due date, if the required premium is not paid within 60 days following such premium due date; or

4. the date such Covered Person ceases to come within any classification of Eligible Persons.

In the event a Covered Person enters the armed forces, unearned premium will be returned, but the amount returned will only be for the number of full months of the unexpired term of coverage, less any administrative fees.

DESCRIPTION OF BENEFITS

TUITION AND PROGRAM FEE PROTECTION BENEFIT

When Benefits are Payable: We will pay the benefit(s) shown below provided by this Policy, subject to all applicable limitations, terms, conditions and exclusions, for the Complete Withdrawal of a Covered Person while insured under this Policy.

Medically Necessary Withdrawal Benefit
We will pay a benefit to the Covered Person for a Medically Necessary Withdrawal, as defined in this Policy.

Amount of Benefits Payable: The benefit payable for a Medically Necessary Withdrawal is a percentage of the Program Fees, subject to the Maximum Benefit amount payable as shown on the Schedule of Benefits.

Limitations: The benefit payable will be:

1. reduced by the amount of any credit or refund payable by the college, university and/or Program provider under its published fee schedule, its guidelines for complete withdrawal and/or its response to the Covered Person's written withdrawal notice; and

2. payable only for the applicable term or session of the Program for which premium has been paid. Benefits for a Covered Person who pays in advance for more than one term or session of the Program will be payable for the term or session in which the Complete Withdrawal occurred. In this case the amount of benefit purchased for that period will be divided by the number of program terms in that period. Coverage for the remaining terms or sessions will resume on the first official day of classes provided that the Covered Person has been medically cleared to resume such activity. If the Covered Person cannot be medically cleared to resume such activity and has to withdraw from any remaining terms or sessions, the Company's liability will be limited to return of the applicable unearned premium.

Payment of this benefit is subject to all other limitations, terms and conditions of this Policy.

Off-Campus Housing Expenses Benefit -
Amount of Benefits Payable: We will pay up to the applicable benefit amount shown on the Schedule of Benefits subject to all other limitations, terms and conditions, for a Covered Person's Off-Campus Housing Expenses in the event of the Complete Withdrawal of a Covered Person.

Benefits payable include only:
1. those for the Covered Person's Off-Campus Housing Expenses that become due from the date the Complete Withdrawal begins until the earlier of the end of the lease term or end of the semester or Program term during which the Complete Withdrawal occurs; and
2. any formal breach of lease fees and/or lost security deposit that result from the Covered Person's Complete Withdrawal.

Limitations:

The benefit will not be paid more than once for a Covered Person in a Program term.

The Maximum Benefit Amount shown on the Schedule of Benefits does not apply to this benefit.

EXCLUSIONS

Benefits are not payable under this Policy for any of the following or loss that results therefrom:

1. The use of any drug, narcotic or agent which is similarly classed or has similar effects, unless prescribed or taken under the direction of a Physician and taken in accordance with the prescribed dosage unless covered by a specific benefit.

2. Failure to attend classes for any reason other than Injury or Sickness.

3. Activation, induction or draft into the armed forces.

4. Withdrawal when credit was received for an incomplete term or Program, completion of academic requirements and/or early graduation.

5. War or any act of war, declared or undeclared; or while serving in the armed forces of any country (a pro-rata premium will be refunded for such period of service).

6. Participation in a riot or civil disorder; fighting or brawling, except in self-defense; commission of or attempt to commit a felony.

7. Engaging in an illegal occupation.

8. Participation in, or practice for semi-professional sports; or professional sports.

9. Any Room, meals, or other fees or charges that are not paid directly to the Program provider unless covered by a specific benefit.

10. Nuclear reaction, nuclear radiation or radioactive contamination.

11. Change in the Covered Person's enrollment status including, but not limited to, changing from a full-time to part-time student, or a reduction in the number of classes, sessions or activities.

12. Fear of Communicable Disease, Epidemic, Pandemic or Act of Terrorism.

13. Catastrophic events that result in partial or complete closure of the Program.

14. Seizure or destruction of property by order of governmental authority that results in partial or complete shutdown of the Program.

15. An Act of Terrorism.

16. Government, school or Program provider ordered shutdown of the Program due to food contamination and/or Communicable Disease.

17. Financial Default of the Program provider that results in partial or complete shutdown of the Program.

18. Operating any vehicle while under the influence of alcohol or without being properly licensed and insured to do so.

19. Skydiving, parachuting, hang gliding, glider flying, parasailing, sail planning, bungee jumping, ski jumping, or flight in any type of aircraft. This does not include while riding as a fare-paying passenger on a regularly-scheduled, licensed, commercial, nonmilitary aircraft.

20. Injury sustained as a result of riding in or on a two or three-wheeled motor vehicle, or riding in or on a snowmobile.

21. A Covered Person's quarantine required by any authorized regulatory entity.

PRE-EXISTING CONDITION LIMITATION

We will not cover any loss due to a Pre-existing Condition if the loss begins within 365 days after the Covered Person's effective date of insurance. However, We may pay benefits for a loss due to a Pre-existing Condition of a Covered Person who was covered:

1. by a Replaced Policy; and
2. by the Policy, issued by Us to the Policyholder on the Policy Effective Date.

We will review the claim. If the Pre-existing Condition Limitation in this Policy does not apply, We will pay the benefits provided by this Policy.

If the Covered Person does not satisfy this Policy's Pre-existing Condition Limitation, but can satisfy the Replaced Policy's pre-existing condition limitation giving credit for all time insured under both policies; then We will pay the lesser of:

1. the benefits provided by this Policy without applying the Pre-Existing Condition Exclusion; or
2. the benefits provided by the Replaced Policy.

If the Covered Person does not satisfy this Policy's Pre-existing Condition Limitation or that of the Replaced Policy, no Benefit will be paid.

With respect to any benefits payable subject to this limitation, the term Replaced Policy means a prior plan providing tuition protection or tuition reimbursement insurance sponsored by the Participating Organization. The following conditions must be met:

1. The Covered Person was validly covered under the prior plan on the Policy Effective Date;
2. the applicable premium is paid; and
3. the prior coverage is terminated upon issuance of this coverage.

PREMIUMS

Premiums are shown in the PREMIUM SCHEDULE. Premium must be paid to Us on or before the premium due date and not more than 60 days after the effective date of an eligible person's coverage. A person's coverage will not be affected by the Participating Organization's failure, due to clerical error, to remit premiums to Us on time.

Rates are provided on a group basis. We have the right to change the premium on the earliest of any premium due date:

1. coinciding with a change in the coverage provided or classes eligible; or
2. coinciding with a material change in the risk We have assumed; or
3. on or after the first Policy Anniversary Date;

and on any premium due date thereafter.

Grace Period: A Policy Grace Period of 60 days will be granted for payment of required premiums due after the first premium, unless:

1. We do not intend to renew this Policy beyond the period for which premium has been accepted; and
2. written notice of Our intention not to renew is delivered to the Participating Organization at least 90 days before the premium is due.

This Policy will be in force during the Policy Grace Period. If the required premiums are not paid during the Policy Grace Period, insurance will end on the last day of the Grace Period. The Participating Organization is liable to Us for any unpaid premium for the time this Policy was in force.

Reinstatement: This Policy may be reinstated within 60 days if it lapsed for nonpayment of premium. Requirements for reinstatement are Your written application satisfactory to Us and payment of all overdue premiums or lacking such approval, upon the 45th day following the date the premiums were due unless We previously notified the Participating Organization in writing on the disapproval of the application. Any premium accepted in connection with a reinstatement will be applied to the earliest period for which premium was not previously paid.

GENERAL PROVISIONS

ENTIRE CONTRACT; CHANGES: This Policy (including any endorsement or amendments), the signed application of the Participating Organization (a copy of which will be attached to this Policy at issue), and the individual applications of Covered Persons, if any, constitute the entire contract. All statements made by the Participating Organization or Covered Persons will be treated as representations and not warranties. No such statement will void the insurance, reduce the benefits, or be used in defense of a claim for loss incurred unless it is contained in a written application. To be valid, any change or waiver must be in writing, must be signed by Our President or Secretary and must be attached to this Policy. No agent has authority to change this Policy or to waive any part of this Policy.

After three years from the Covered Person's effective date of insurance, no such statement will cause insurance to be contested except for fraud or lack of eligibility for insurance.

CLERICAL ERROR: If a clerical error is made, it will not affect the insurance of any Covered Person. No error will continue the insurance of a Covered Person beyond the date it should end under the terms of this Policy.

EXAMINATION OF RECORDS AND AUDIT: The Company will be permitted to examine and audit the Participating Organization's books and records at any time during the Policy Term and within two years after the final termination of this Policy, insofar as they relate to premium or subject matter of this insurance.

CONFORMITY WITH STATE LAWS: On the effective date of this Policy, any provision that is in conflict with laws in the state in which it is issued is amended to conform to the minimum requirements of such laws.

NOT IN LIEU OF WORKERS' COMPENSATION: This Policy is not a Workers' Compensation policy. It does not provide Workers' Compensation benefits.

POLICY TERMINATION: The Policy will continue in force while the required premiums are paid until either the Company or the Policyholder terminates the policy, or the Participating Organization terminates its subscription agreement under the Policy. At least 90 days advance written notice is required to terminate this Policy by either party.

CERTIFICATES: When required by applicable law, the Company will issue to the Participating Organization, for delivery to each Covered Person, a certificate containing the principal terms of this Policy.

CLAIM PROVISIONS

NOTICE OF CLAIM: A claimant must give the Company or Our authorized representative written notice of claim within 90 days after the date any loss occurs which is covered by this Policy. If notice cannot be given within that time, it must be given as soon as reasonably possible. This notice should identify the Covered Person and the Policy Number.

CLAIM FORMS: Upon receiving written notice of claim, the Company will send claim forms to the claimant within fifteen days. If the Company does not furnish such forms, the claimant will satisfy the requirements of written proof of loss by sending the written proof as shown below. The proof must describe the occurrence, extent and nature of the loss.

WRITTEN PROOF OF LOSS: Written proof of loss must be sent to the agent authorized to receive it. Written proof must be given within 90 days after the date of loss. If it cannot be provided within that time, it should be sent as soon as reasonably possible. In no event, except in the absence of legal capacity should proof of loss be sent later than one year from the time proof is otherwise required.

TIME OF PAYMENT OF CLAIMS: When the Company receives written proof of loss, any benefits due will be paid immediately.

PAYMENT OF CLAIMS: If the Covered Person dies, any death benefits or other benefits unpaid at the time of death of the Covered Person will be paid to the beneficiary. If no beneficiary is on record with the Company or Our authorized agent, payment will be made to the estate of the Covered Person. All other benefits will be paid to the Covered Person. If the Covered Person is (1) a minor; or (2) in Our opinion, unable to give a valid release because of incompetence, We may pay any amount due to a parent, guardian, or other person actually supporting him. Any payment made in good faith will end Our liability to the extent of the payment.

BENEFICIARY: The Covered Person may designate a beneficiary and he has the right to change the beneficiary at any time by written notice. If the Covered Person is a minor, his parent or guardian may exercise this right for him. If changed, the new beneficiary designation will be effective when the Company or the Administrator receives it. When received, the effective date is the date the notice was signed. The Company is not liable for any payments made by the Company before the change was received. The Company cannot attest to the validity of a change.

ASSIGNMENT: The policy is non-assignable.

PHYSICAL EXAMINATIONS AND AUTOPSY: The Company has the right to have a Physician of Our choice examine the Covered Person as often as is reasonably necessary. This section applies while a claim is pending or while benefits are being paid. The Company also has the right to request an autopsy in case of death, unless the law forbids it. The Company will pay the cost of any examination or autopsy.

LEGAL ACTIONS: No lawsuit or action in equity can be brought to recover on this Policy: (1) before 60 days following the date proof of loss was furnished to the Company; (2) after three years following the date proof of loss is required.

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POLICY AMENDMENT

This Amendment is added to and forms part of the Policy to which it is attached. It is subject to the terms, conditions, limitations and exclusions contained in the Policy to the extent they do not conflict with those set forth herein. Changes to the Policy are as shown below, effective August 24, 2026.

1. The **Amount of Benefits Payable** section is amended to add the following statement:

   Any unpaid premium will be deducted from the benefit payment.

Except as stated in this Amendment, nothing contained herein shall be considered to alter or affect any of the terms or provisions of the Policy.

Signed for by SiriusPoint America Insurance Company:



David Gorvin

President