

# World Class Coverage Plan

*designed for*

## Academic Year in America

FLEX Program



**Administered by**  
Cultural Insurance Services International

**Underwritten by**  
ACE American Insurance Company

2025  
Policy # GLM N1428574A-FLEX



MEDICAL



EMERGENCY



SECURITY

**This policy is effective for eligible AYA FLEX students who depart their home country and arrive in the United States between January 1, 2025 and December 31, 2025, and through the completion of their academic year.**

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Welcome to Cultural Insurance Services International (CISI). Thank You for choosing one of our worldwide insurance coverage plans. We hope that you have a wonderful time travelling and that your trip provides you with a lifetime of memories. Travel safe!

## Before Going to a Doctor or Hospital & How to Submit a Claim

When you are in the United States, access to covered medical services is provided by the Aetna Preferred Provider Network. Referral can be obtained by calling the toll-free emergency number of the Assistance Center or by visiting <https://www.culturalinsurance.com/aetna-provider-search>

Kindly note that when calling or visiting a physician or Medical Facility, please make sure to present your ID Card and to mention that you are "Insured under the Cultural Insurance Services International Insurance Plan which is part of Aetna". If you are travelling outside of the United States of America, you are able to use any medical provider/facility of your choice. If you need assistance locating a physician/Medical facility in your area, you may contact Team Assist, our 24-hour assistance center.

## Claim Center

Opening hours: 9 am–5 pm EST

**Mailing Address:** CISI Claim Department  
1 High Ridge Park  
Stamford, CT 06905, USA

**Phone:** (800) 303-8120 (calling toll-free from within the US)  
(203) 399-5130 (collect calls accepted)

**Fax:** (203) 399-5596

**Email:** [Claimhelp@mycisi.com](mailto:Claimhelp@mycisi.com)

1. Within 60 days after incurring the first medical bill, mail or fax the following to the Claim Center:
  - claim form completed by the Insured (provided at the end of this document)
  - all original itemized bills, receipts and records related to a particular claim (please keep in mind to make copies for your own records)
  - medical reports from the Physician including any reports, laboratory and X-ray documents, etc. Enclose in one envelope and send to the appropriate Claim Center above. The Insurer reserves the right to refuse

payment if the reason and the necessity for the treatment can no longer be established as a result of the claim being filed late or incomplete.

2. Call the Team Assist 24-hour number prior to being admitted to a hospital or before surgery.
3. Present your ID-Card to every medical service provider prior to receiving treatment.
4. The Physician or other medical service provider may contact the Claim Center number to obtain a verification of benefits.
5. The Insured and the Insured's Physician should complete the claim form for each claim event. Obtain additional claim forms from our website [www.culturalinsurance.com](http://www.culturalinsurance.com) or the Claim Center. A photocopy of the blank form for future claims is acceptable.
6. There may be instances where the Insured will be asked to provide payment to the physician/Medical Facility prior to receiving medical care. If this situation occurs, we recommend the following steps:
  - a) Contact CISI and explain the situation. CISI will be able to confirm to the physician/Medical Facility the Benefits, Terms and Conditions of the insurance and that you are eligible.
  - b) If applicable, CISI can provide the physician / Medical Facility with a Letter of Guarantee of payment.
  - c) If the physician/Medical Facility stills requires the Insured to pay in advance, all the Insured needs to do is complete a claim form and submit the claim form with any and all applicable information as outlined under the Claims Provision.

If you have a general question about the CISI insurance plan you may check the website at [www.culturalinsurance.com](http://www.culturalinsurance.com) or contact CISI directly. If you have questions about an existing claim contact the Claim Center.

## Team Assistance Provider – AXA Assistance 24- Hour Emergency Medical Assistance Service

Your CISI Insurance Plan includes Team Assist (The AP), a worldwide 24-Hour Emergency Medical Assistance Service. Multilingual help and advice may be furnished for the Insured in the event of an emergency during the Policy term. To access these services you must call Team Assistance at the phone numbers shown below.

## AXA Assistance 24-Hour Medical Emergency Contact Information:

**Phone:** (855) 327-1411 (call toll-free from within the US)

(312) 935-1703 (outside the US, collect calls accepted)

**Email:** [medassist-usa@axa-assistance.us](mailto:medassist-usa@axa-assistance.us)

1. The AP must approve and arrange all medical transportation services insured under this policy. Failure to contact Team Assist prior to arranging the following transportation services may result in a denial or reduction of claims payment:
  - Return to the Insured's Home Country
  - Transportation and subsistence allowance for parents
  - Repatriation of deceased
2. Here is a brief summary of the additional services provided under the Team Assistance provider:

### Medical Assistance

- Referral to Aetna
- Medical monitoring
- Prescription Drug replacement/shipment
- Emergency Message transmittal

### Travel Assistance

- Assistance in obtaining emergency cash (The AP can assist You

in obtaining an advance of funds for travel emergencies by coordinating directly with Your Family, or Your credit card company, bank, employer, plan sponsor or other sources of credit.)

- Lost or delayed luggage tracking if lost on a common carrier
- Replacement of lost or stolen airline ticket

#### **Technical Assistance**

- Locating legal services
- Bail bond services

#### **Product Information Sheet**

This information sheet is intended to give you a quick overview of the various options available. Please note, however, that this does not contain all of the information relating to your policy. For a full version of the contents of the policy, kindly refer to the terms and conditions of insurance. Each of the following options for insurance cover is only valid if it is explicitly concluded by you, i.e. it is included in the insurance cover selected by you!

#### **What type of insurance is this?**

The CISI Insurance Plan is a travel insurance product that is valid for a limited period while you are outside your Home Country. The scope of the insurance and the individual benefits associated with your policy are determined by the insurance plan you select.

*What is the scope of your insurance cover?*

##### **a) Travel Health/Accident Insurance**

Travel Health/Accident Insurance covers essential medical treatment for illness or injury suffered while travelling outside Your Home Country during Your Period of Coverage. This includes treatment by a doctor, treatment in hospital and medication. For a full description of the cover provided, please refer to section "Travel Health/Accident Insurance".

##### **b) Travel Accident Indemnity Insurance**

If you purchase the Travel Accident Indemnity benefit, the plan will pay a one-time sum if you suffer permanent disability as a result of a covered accident. For a full description of the cover provided, please refer to the section "Travel Accident Indemnity Insurance".

##### **c) Travel Assistance Insurance**

If your insurance plan includes Travel Assistance Insurance the Insurer covers expenses for transport and accommodation for close family members, in the case you are hospitalized due to a life-threatening condition or you will be hospitalized as an inpatient for a certain period of time. For full description of Travel Assistance Insurance please refer to section "Travel Assistance".

##### **d) Travel Luggage Insurance**

If You purchase the Travel Luggage Insurance benefit this plan will cover checked lost or damaged luggage or if luggage is lost or damaged as a result of theft, fire or elemental occurrences. For a full description of the cover provided please see section "Travel Luggage Insurance".

##### **e) Travel Third Party Liability Insurance**

If your insurance policy includes a Travel Third Party Liability Insurance, you are covered during your journey against the dangers of everyday life for which you are responsible and must therefore remunerate others. In such cases the Insurer not only regulates the damages, but also checks whether, and to what extent, a compensation liability exists. Unjustified claims for compensation are reviewed and managed by the Insurer on your behalf and, to this extent, the plan also provides legal protection in case of unjustified liability claims. For a full description of the cover provided, see section "Third Party Liability Insurance".

#### ***What do you have to note in connection with the payment of premiums?***

Premiums due for the policy shall be remitted to CISI in advance of the effective date per the premium basis and rates. Payment of the premium must have been received in full by CISI prior to the effective date per the premium basis and rates.

#### ***What is not insured?***

Some events are excluded from insurance cover. For example, no insurance cover exists for the following in all fields: If the policyholder or the Insured has willfully instigated the event covered by the insurance.

- In connection with the Travel Accident Indemnity Insurance: For accidents in which drunkenness or drug consumption played a role. Accidents caused by mental disorders or impairment of consciousness.
- In connection with the Travel Luggage Insurance: Cash/money, securities, tickets and documents of any and every kind and jewelry/valuables left in check-in luggage and in parked vehicles.
- In connection with the Travel Assistance: Arrangements that have not been coordinated through Team Assist.
- In connection with the Travel Third Party Liability Insurance: For damage to lent, leased or rented items or property of the host family.

Additional exclusions apply. Please refer to the section for General Limitations and Exclusions to see the full details.

#### ***What obligations do you have to fulfill if an event covered by the insurance occurs?***

Make sure that the damage incurred remains as small as possible. Avoid everything that might lead to an unnecessary increase in costs. Notify the Insurer immediately about the damage incurred. For further obligations, please refer to "General Obligations & Provisions" and "General Obligations & Provisions for the Personal Liability Benefit".

#### ***What are the legal consequences if you fail to meet your obligations?***

Very important: If you violate your obligations, the Insurer is entitled to reduce the benefits due by an amount corresponding to the gravity of the violation. This can even lead to a complete loss of insurance cover. For more details in this connection, please refer to "General Obligations & Provisions" and "General Obligations & Provisions for the Personal Liability Benefit".

#### ***When does your insurance cover begin and when does it end?***

An Eligible Person will be insured on the latest of:

1. Policy Effective Date;
2. the date he or she is eligible;
3. the date he or she completes the Enrollment Form and pays the required premium; or
4. the date requested by the Participating Organization.

An Insured's coverage will end on the earliest of the date:

1. the Policy terminates;
2. the Insured is no longer eligible;
3. the last day of the Term of Coverage, requested by the Participating Organization, applicable to the Insured; or
4. the period ends for which premium is paid.

Travel Health/Accident Insurance	Gold Plan
Medical Expenses in case of Injury	\$500,000.00
Medical Expenses in case of Acute Illness	\$500,000.00
Deductible Options – Per Injury or Illness	\$0
Pre-Existing Conditions	\$100,000
Non-Emergent Emergency Room Illness Deductible	\$250.00
Emergency Dental Care – Relief of Pain	\$500.00
Dental Treatment in Case of Accident	\$1,500.00
Psychiatric Evaluation	\$500.00
Medical Evacuation	\$200,000.00
Repatriation of Remains	\$25,000.00
Physiotherapy	\$500.00
Diagnostic X-Ray and Lab Services	\$1,000.00
Diagnostic CAT Scans and MRI	\$2,000.00
Medical Aids	\$250.00
Travel Accident Indemnity Insurance	
Death	\$13,000.00
* Complete Disability	max. \$50,000.00
Travel Assistance	
Family Reunion Benefit	\$2,500.00
Interruption of Trip Benefit (available for long-term traveler only – 3 months +)	\$2,000.00
Travel Personal Property/Baggage Insurance	
Deductible any one event (does not apply to checked luggage)	\$50.00
Theft/damage of personal property	\$1,500.00
Watches and Valuables – 50% of sum Insured	\$750.00
Checked Luggage Delay	\$500.00
Eyeglasses and Contact lenses	\$250.00
Lost airline ticket	\$100.00
Travel Third Party Liability Insurance (3)	
Personal Liability	\$100,000.00
Damage to Property - Overall for personal liability and damage to property not to exceed \$100,000	\$25,000.00
Host Family – Property Damage	\$1,000.00
The Aggregate Limit for the Personal Liability coverage per Insured equals the limit above.	

## General Information for Travel Insurance

### Section 1

Who is insured?

All Students, Visiting Faculty and Scholars under age 70 of the Participating Organization with a current passport or student visa.

### Section 2

Where is coverage provided?

The policy shall provide coverage on a Covered Trip/Program for travel destinations worldwide.

### Section 3

The maximum term of coverage for any policy period may not exceed 13 months.

### Section 4

Insurance coverage shall extend beyond the termination date specified in the ID Card if:

- The Insured's return journey is held up due to delays in transportation for which the Insured cannot be held responsible, but for no longer than 72 hours;
- The Insured is hospitalized on the expiration date of the Policy and determined by a Physician to be unfit to be transported, up to a maximum period of 90 days; and
- It can be established that the duration of the school year prolongs due to an unforeseen event. For such extension the Insured must notify CISI in advance and additional premium must be paid in advance of the extension.

For an extension due to the reason in 4c above, the Insured shall pay additional premium for the extension period at the same rates charged for the initial policy term. If the Insured refuses to pay the extension premium, coverage will end on the original termination date on the ID Card.

### Section 4

Can the Insured extend the Policy?

Original insurance contracts are not extended however, the Insured may reapply for additional policy periods subject to the terms of insurance available at that time.

### Section 5

What insurance benefit limits apply?

The Benefit limits under the policy are in US\$

## General Definitions

**"Country of Permanent Residence"** means the country where an Insured has his or her true, fixed and primary permanent residence, and to which he or she has the intention of returning.

**"Covered Accident"** means an accident that occurs while coverage is in force for an Insured and results directly and independently of all other causes in a loss or Injury covered by the Policy for which benefits are payable.

**"Covered Activity"** means any activity in which an Insured must be engaged when a Covered Accident occurs in order to be eligible for benefits under the Policy. These Covered Activities are listed in the *Schedule of Benefits* and described in the Hazards section of the Policy.

**"Covered Expenses"** means expenses actually incurred by or on behalf of an Insured for treatment, services and supplies covered by the Policy. Coverage under the Participating Organization's Policy must remain continuously in force from the date of the Covered Accident or Sickness until the date treatment, services or supplies are received for them to be a Covered Expense. A Covered Expense is deemed to be incurred on the date such treatment, service or supply, that gave rise to the expense or the charge, was rendered or obtained.

**CHUBB®**

ACE American Insurance Company, a member of the Chubb Group of Companies is rated A+ by Standard & Poor's and A+ by A.M. Best



**"Covered Loss" or "Covered Losses"** means an accidental death or other Injury covered under the Policy.

**"Deductible"** means the dollar amount of Covered Expenses that must be incurred as an out-of-pocket expense by each Insured on a per Covered Accident or Sickness basis before benefits are payable under the Policy.

**"Doctor"** means a licensed health care provider acting within the scope of his or her license and rendering care or treatment to an Insured that is appropriate for the conditions and locality. It will not include an Insured or a member of the Insured's Immediate Family or household.

**"Home Country"** means a country from which the Insured holds a passport. If the Insured holds passports from more than one Country, his or her Home Country will be the country that he or she has declared to Us or Our assistance provider in writing as his or her Home Country.

**"Hospital"** means an institution that: 1) operates as a Hospital pursuant to law for the care, treatment, and providing of inpatient services for sick or injured persons; 2) provides 24-hour nursing service by Registered Nurses on duty or call; 3) has a staff of one or more licensed Doctors available at all times; 4) provides organized facilities for diagnosis, treatment, and surgery, either: (i) on its premises; or (ii) in facilities available to it, on a prearranged basis; 5) is not primarily a nursing care facility, rest home, convalescent home, rehabilitative facility or similar establishment, or any separate ward, wing, or section of a Hospital used as such; and 6) is not a place for drug addicts, alcoholics, or the aged.

**"Hospital Confined"** means a stay of 24 or more consecutive hours as a registered resident bed-patient in a Hospital.

**"Injury"** means accidental bodily harm sustained by an Insured that results directly and independently from all other causes from a Covered Accident. The Injury must be caused solely through external, violent, and accidental means. All injuries sustained by one person in any one Covered Accident, including all related conditions and recurrent symptoms of these injuries, are considered a single Injury.

**"Insured"** means a person in a Class of Eligible Persons for whom the required premium is paid making insurance in effect for that person.

**"Medical Emergency"** means a condition caused by an Injury or Sickness that manifests itself by symptoms of sufficient severity that a prudent layperson possessing an average knowledge of health and medicine would reasonably expect that failure to receive immediate medical attention would place the health of the person in serious jeopardy.

**"Medically Necessary"** means a treatment, service, or supply that is: 1) required to treat an Injury or Sickness; 2) prescribed or ordered by a Doctor or furnished by a Hospital; 3) performed in the least costly setting required by the Insured's condition; and 4) consistent with the medical and surgical practices prevailing in the area for treatment of the condition at the time rendered. Purchasing or renting 1) air conditioners; 2) air purifiers; 3) motorized transportation equipment; 4) escalators or elevators in private homes; 5) eyeglass frames or lenses; 6) hearing aids; 7) swimming pools or supplies for them; and 8) general exercise equipment are not Medically Necessary. A service or supply may not be Medically Necessary if a less intensive or more appropriate diagnostic or treatment alternative could have been used. We may consider the cost of the alternative to be the Covered Expense.

**"Pre-existing Condition"** means an illness, disease, or other condition of the Insured that during the 12 consecutive months before the Insured's coverage became effective under the Policy:

1. first manifested itself, worsened, became acute, or exhibited symptoms that would have caused a person to seek diagnosis, care or treatment; or
2. required taking prescribed drugs or medicines; or
3. was treated by a Doctor or treatment had been recommended by a Doctor.

**"Sickness"** means a sudden onset of an illness, disease, or condition of the Insured that causes a loss for which an Insured incurs medical expenses while covered under this Policy. All related conditions and recurrent symptoms of the same or similar condition will be considered one Sickness.

**"Trip"** means Participating Organization sponsored travel by air, land, or sea from the Insured's Home Country or Country of Residence. It includes the period of time from the start of the trip until its end provided the Covered Person is engaged in a Covered Activity or Personal Deviation if covered under the Policy.

**"Usual and Customary Charge"** means the average amount charged by most providers for treatment, service or supplies in the geographic area where the treatment, service or supply is provided.

**"We," "Our," "Us"** means the insurance company underwriting this insurance or its authorized agent

### **Medical Expense Benefits**

We will pay Medical Expense Benefits for Covered Expenses that result directly, and from no other cause, from a Covered Accident or Sickness. These benefits are subject to the Deductible, Co-insurance Rate, Maximum Benefit Period, Benefit Maximum, and other terms or limits shown in the Policy.

*Medical Expense Benefits are only payable:*

1. for Usual and Customary Charges incurred after the Deductible, if any, has been met;
2. for those Medically Necessary Covered Expenses that the Insured incurs; and
3. for charges incurred for services rendered to the Insured while traveling outside of his or her Home Country or Country of Residence. No benefits will be paid for any expenses incurred that are in excess of Usual and Customary Charges.

### **Covered Medical Expenses**

1. Hospital semi-private room and board (or room and board in an intensive care or coronary care unit) and general nursing care is provided and charged by the Hospital.
2. Hospital ancillary services (including, but not limited to, use of the operating room or emergency room).
3. Services of a Doctor, surgeon or a registered nurse (R.N.).
4. Anesthetics and their administration provided the first charge is incurred within the Incurral Period shown in the Schedule of Benefits.
5. Outpatient X-rays, diagnostic testing and laboratory services (including expenses for technical and diagnostic services).
6. Outpatient diagnostic CAT Scans and Magnetic Resonance Imaging (MRI).
7. Medical preparations and medical devices.
8. Oxygen or rental equipment for administration of oxygen.
9. Physiotherapy when prescribed by a Doctor.
10. Dressings, medicines or drugs administered by a Doctor or that can be obtained only with a Doctor's written prescription.
11. Artificial limbs, rehabilitative braces or appliances, hearing aids and speaking devices, wheelchairs, hernia supports, and elastic stockings that are Medically Necessary for the covered Injury or Sickness (not including replacement of these items). No benefits will be paid for rental charges in excess of the purchase price.
12. Casts, splints, trusses, crutches, and orthotic appliances (not including replacement of these items). No benefits will be paid for rental charges in excess of the purchase price;
13. Ambulance service to and from the nearest Hospital.
14. Psychiatric evaluation, excluding psychotherapy.
15. Dental charges for emergency repair or replacement of sound, natural teeth damaged as a result of a Covered Accident.
16. Dental charges for the emergency alleviation of pain to sound, natural teeth.

### **Emergency Medical Evacuation Benefit**

We will pay Emergency Medical Evacuation Benefits as shown in the *Schedule of Benefits* for Covered Expenses incurred for the medical evacuation of an Insured. Benefits are payable up to the Benefit Maximum shown in the *Schedule of Benefits*, if the Insured:

1. suffers a Medical Emergency during the course of the Trip;

2. requires Emergency Medical Evacuation; and
3. is traveling on a covered trip.

**Covered Expenses includes:**

Medical Transport: expenses for transportation under medical supervision to:

1. the nearest adequate Hospital or treatment facility; or
2. the Insured's Home Country or Country of Residence after being treated at such Hospital or treatment facility, for Medically Necessary treatment in the event of the Insured's Medical Emergency and upon the request of the Doctor designated by Our assistance provider in consultation with the local attending Doctor. Whenever possible, the Insured's return flight ticket will be used for the return transportation.

**Benefits for these Covered Expenses will not be payable unless:**

1. the Doctor ordering the Emergency Medical Evacuation certifies the severity of the Insured's Medical Emergency requires an Emergency Medical Evacuation or Repatriation;
2. all transportation arrangements made for the Emergency Medical Evacuation or Repatriation are by the most direct and economical conveyance and route possible;
3. Escort Services: expenses for an Immediate Family Member, or companion who is traveling with the Covered Person, to join the Covered Person during the Covered Person's emergency medical evacuation to a different hospital, treatment facility or the Covered Person's place of residence.
4. Transportation After Stabilization: if We have evacuated the Covered Person to a medical facility due to an emergency Medical Evacuation, We will pay the Covered Person's transportation costs to: a) his or her Home Country, or b) his or her host country, or c) to join the group if they have moved onward to a different location.

**Repatriation of Remains Benefit**

We will pay Repatriation of Remains Benefit as shown in the *Schedule of Benefits* for preparation and return of a Insured's body to his or her home if he or she dies while traveling outside of his or her Home Country or Country of Residence.

**Covered expenses include:**

1. expenses for embalming or cremation;
2. the least costly coffin or receptacle adequate for transporting the remains; and
3. transporting the remains.
4. Escort Services: expenses for an Immediate Family Member or companion who is traveling with the Covered Person to join the Covered Person's body during the repatriation to the Covered Person's place of residence.

All transportation arrangements must be made by the most direct and economical route and conveyance possible and may not exceed the Usual and Customary Charges for similar transportation in the locality where the expense is incurred. Benefits will not be payable unless We (or Our authorized assistance provider) authorize in writing, or by an authorized electronic or telephonic means, all expenses in advance, and services are rendered by Our assistance provider.

Neither the Insurer nor Team Assist shall be liable for the availability, quantity and quality or success of any and all medical treatment the Insured receives or for the refusal on the part of the Insured to accept any medical assistance offered.

**Medical Treatment in Home Country**

If it is not acutely necessary to have the Physician provide an expensive and medically necessary treatment immediately and if the costs for the treatment in the Host Country exceed the costs for transporting the Insured home and the condition of the Insured's health allows said transport, the

Insurer has the right to decide to transport the Insured home at the cost of the Insurer to have the treatment performed there.

The costs of such treatment in the Home Country shall not be paid by the Insurer. The medical reports on the Insured's health condition shall form the basis for said decision. If the Insurer decides to transport the Insured home and should the Insured nevertheless insist upon having the treatment done in the Host Country, the costs of the treatment shall exclusively be the responsibility of the Insured. In this case, the Insurer shall only reimburse the amount that would have been incurred for transport home. The Insurer reimburses this to the Insured directly. The Insured must make a decision within 72 hours after receiving notification from the Insurer of its decision to transport.

**Accidental Death and Dismemberment Benefit**

If an Insured dies as the direct result, and from no other cause, of a Covered Accident within the Time Period for Loss shown in the *Schedule of Benefits*, We will pay the Principal Sum shown in the *Schedule of Benefits*. If such Injury does not result in the death of the Insured but does result in the Loss of Use within the Time Period for Loss shown in the *Schedule of Benefits*, in any one of the losses shown below, We will pay the scheduled percentage of the Principal Sum applicable to such Insured.

The Covered Loss must be determined by a Doctor to be permanent within 15 months after the date of the Covered Accident. If multiple losses occur from the same Covered Accident, We will not pay more than the Principal Sum shown in the *Schedule of Benefits*. We will pay benefits based on the respective percentage shown in the Schedule of Permanent Disablement Benefits below, if an Insured is partially or functionally impaired. If any loss is not shown in the Schedule of Permanent Disablement Benefits that affects parts of the body or sensory organs, We will determine the percentage based on the Insured's normal physical or mental incapacity from a purely medical perspective.

**Schedule of Covered Losses**

<b>Covered Loss</b>	<b>Benefit Amount</b>
Life.....	100% of the Principal Sum
Two or more Members.....	100% of the Principal Sum
Quadruplegia .....	100% of the Principal Sum
Loss of Use of Four Limbs .....	100% of the Principal Sum
Loss of Use of Three Limbs .....	75% of the Principal Sum
Loss of Use of Two Limbs.....	67% of the Principal Sum
One Member.....	50% of the Principal Sum
Hemiplegia.....	50% of the Principal Sum
Paraplegia.....	50% of the Principal Sum
Loss of Use of One Limb.....	50% of the Principal Sum
Thumb & Index Finger of the Same Hand...	25% of the Principal Sum
Uniplegia.....	25% of the Principal Sum

"Quadruplegia" means total Paralysis of both upper and lower limbs. "Hemiplegia" means total Paralysis of the upper and lower limbs on one side of the body. "Uniplegia" means total Paralysis of one lower limb or one upper limb. "Paraplegia" means total Paralysis of both lower limbs or both upper limbs. "Paralysis" means total loss of use. A Doctor must determine the loss of use to be complete and not reversible at the time the claim is submitted.

"Member" means Loss of Hand or Foot, Loss of Sight, Loss of Speech and Loss of Hearing. "Loss of Hand or Foot" means complete Severance through or above the wrist or ankle joint. "Loss of Sight" means the total, permanent Loss of Sight of one eye. "Loss of Speech" means total and permanent loss of audible communication that is irrecoverable by natural, surgical or artificial means. "Loss of Hearing" means total and permanent Loss of Hearing in both ears that is irrecoverable and cannot be corrected by any means. "Loss of a Thumb and Index Finger of the Same Hand" means complete Severance through or above the metacarpophalangeal joints of the same hand (the joints between the fingers and the hand). "Severance"

means the complete separation and dismemberment of the part from the body.

"Loss of Use" means total paralysis of a limb or limbs which is determined by a competent medical authority to be permanent, complete and irreversible with respect to: 1) arm, at or above the elbow joint; 2) leg, at or above the knee joint; 3) hand, at or above the wrist joint; and, 4) foot, at or above the ankle joint.

If the Insured dies for reasons unrelated to a Covered Accident within one year after the date of the Covered Accident or more than one year after the date of the Covered Accident, and had a claim arisen previously for disability benefits, We will pay benefits based on the degree of the disability and the last medical examination conducted.

## Travel Assistance

Team Assist shall provide the insured with Travel Assistance in either of the following scenarios:

### Trip Interruption Benefit

We will reimburse the cost of a one-way economy air and/or ground transportation ticket for a Trip, up to the Maximum Benefit shown in the *Schedule of Benefits*, if your Trip is interrupted as the result of:

1. the death of a Family Member; or
2. the unforeseen Injury or Sickness of a Family Member. The Injury or Sickness must be so disabling as to reasonably cause a Trip to be interrupted; or
3. a Medically Necessary covered Emergency Medical Evacuation to return the Covered Person to his or her Home Country or to the area from which he or she was initially evacuated for continued treatment, recuperation and recovery of an Injury or Sickness; or
4. substantial destruction of the Covered Person's principal residence by fire or weather-related activity.

"Family Member" means a Covered Person's parent, sister, brother, spouse, child, grandparent, or in-law.

### Emergency Medical Reunion Benefit

In the event an Insured Person has been confined in a Hospital for more than 10 (ten) consecutive days due to a covered Injury or Sickness, We will reimburse the expenses incurred for travel and lodging for one individual selected by the Insured Person, from the Insured Person's Home Country to the location where the Insured Person is hospitalized.

We will also pay this benefit if the Insured Person was the victim of a Felonious Assault. "Felonious Assault" means a violent or criminal act reported to the local authority which was directed at the Insured Person during the course of, or an attempt of, a physical assault resulting in serious injury, kidnapping or rape.

In the event that an Insured Person dies as a result of a covered Injury or Sickness, We will pay the expenses incurred for emergency travel arrangements, up to the Benefit Maximum shown in the *Schedule of Benefits*, for a Family Member to accompany the mortal remains of the deceased Insured Person.

This benefit is limited to the Benefit Maximum shown in the *Schedule of Benefits*. Covered Expenses include an economy round-trip airline ticket and other travel related expenses not to exceed the Aggregate Benefit Maximum and the Daily Benefit Maximum shown in the *Schedule of Benefits*.

### Personal Property Benefit

We will reimburse you for the reasonable cost, up to the Benefit Maximum shown in the *Schedule of Benefits* after satisfaction of the Deductible, for replacement of any personal property that is lost or totally destroyed while you are on a Trip. Replacement costs are calculated on the basis of the

depreciated standard for the specific personal item claimed and its average usable period. You must demonstrate that you have taken reasonable precautions for the safety and security of any covered property, and the Company require certification by a police or security authority in an incident report.

For any claim you make under this Benefit, the Company is entitled to make reasonable repairs or salvage efforts to restore his or her personal property or to keep the damaged property if the Company chooses to do so. The Company will require valid receipts of replacement goods prior to payment of any benefits.

"Personal Property" means personal goods belonging to you or acquired by you during the Trip. It does not include vehicles (including aircraft and other conveyances) or their accessories or equipment.

### Checked Baggage

***We will pay benefits for:***

1. lost or damaged baggage while in the custody of a travel carrier, lodging provider or left baggage office.
2. recovering the baggage and for the purchase of essential replacement items, for the checked baggage fails to reach the destination on the same day as the Insured.

### Baggage Left in Parked Vehicles

We will pay benefits if baggage is stolen from a locked, parked vehicle and any packing boxes securely locked in the vehicle, if lost occurs between the hours of 6:00 a.m. and 10:00 p.m. If the Trip is interrupted for a period lasting no longer than two hours, insurance will also apply during the night.

### All Other Travel Periods

During the remaining travel period, coverage will apply if baggage is lost or damaged as a result of:

1. theft, burglary, robbery, armed robbery, intentional damage to property by third parties;
2. accidents involving Injury to the Insured or damage to the means of transport; or
3. fire, elemental occurrences, force majeure.

### Lost Airline Tickets

We will reimburse any fees incurred for issuing of a new ticket up to the Benefit Maximum shown in the *Schedule of Benefits*, if an airline ticket is lost.

### Property Not Covered

***In addition to the Policy Exclusions, We will not pay Personal Property Benefit(s) for:***

1. loss or damage due to: (i) moth, vermin, insects, or other animals; wear and tear; atmospheric or climatic conditions; or gradual deterioration or defective materials or craftsmanship; (ii) mechanical or electrical failure; (iii) any process of cleaning, restoring, repairing, or alteration.
2. more than a reasonable proportion of the total value of the set where the loss or damaged article is part of a set or pair.
3. cash, currency, devaluation of currency or shortages due to errors or omissions during monetary transactions.
4. any loss not reported to either the police or transport carrier within 24 hours of discovery.
5. any loss due to confiscation or detention by customs or any other authority.

If We determine the benefits paid under this Policy are eligible benefits under any other benefit plan, We may seek to recover any expenses covered by another plan to the extent that the Insured is eligible for reimbursement.

This insurance does not apply to the extent that trade or economic sanctions or other laws or regulations prohibit us from providing insurance, including, but not limited to, the payment of claims.

## HAZARDS INSURED AGAINST

We will pay benefits described in the Policy when an Insured suffers a loss or Injury as a result of a Covered Accident or Sickness during one of the Covered Activities listed in the *Schedule of Benefits*. We will only pay benefits if the Insured is engaged in the hazard described below when the Covered Accident or Sickness occurs.

### Educational Activities

We will pay the benefits described in this Policy only if a Covered Person suffers a loss or incurs a Covered Expense as the direct result of a Covered Accident or Sickness while traveling:

1. outside of his or her Home Country;
2. up to 365 days; and
3. engaging in educational activities sponsored by the Policyholder.

## Exclusions and Limitations

***For benefits listed under Accidental Death and Dismemberment, this insurance does not cover:***

1. intentionally self-inflicted injury; suicide or attempted suicide. (Applicable to AD&D Benefits Only)
2. war or any act of war, whether declared or not.
3. a Covered Accident that occurs while a Covered Person is on active duty service in the military, naval or air force of any country or international organization. Upon receipt of proof of service, we will refund any premium paid for this time. Reserve or National Guard active duty training is not excluded unless it extends beyond 31 days.
4. piloting or serving as a crewmember in any aircraft (unless otherwise provided in the Policy).
5. commission of, or attempt to commit, a felony.
6. sickness, disease, bodily or mental infirmity, bacterial or viral infection, or medical or surgical treatment thereof, except for any bacterial infection resulting from an accidental external cut or wound or accidental ingestion of contaminated food (Applicable to accident benefits only).
7. the Covered Person being legally intoxicated as determined according to the laws of the jurisdiction in which the Injury occurred.
8. riding in any aircraft except as a fare-paying passenger on a regularly scheduled or charter airline.
9. commission of or active participation in a riot or insurrection.
10. an accident if the Covered Person is the operator of a motor vehicle and does not possess a valid motor vehicle operator's license.

***In addition, this Insurance does not cover Medical Expense Benefits for:***

1. routine physicals and care of any kind.
2. routine dental care and treatment.
3. routine nursery care.
4. pregnancy or childbirth (unless otherwise provided in the Policy). This does not apply if treatment is required as a result of a medical Emergency.
5. cosmetic surgery, except for reconstructive surgery needed as the result of an Injury.
6. eye refractions or eye examinations for the purpose of prescribing corrective lenses or for the fitting thereof; eyeglasses, contact lenses, and hearing aids.
7. services, supplies, or treatment including any period of Hospital confinement which is not recommended, approved, and certified as Medically Necessary and reasonable by a Doctor, or expenses which are non-medical in nature.
8. treatment or service provided by a private duty nurse.
9. treatment by any Immediate Family Member or member of the Insured's household. "Immediate Family Member" means a Covered Person's spouse, child, brother, sister, parent, grandparent, or in-laws.
10. expenses incurred during travel for purposes of seeking medical care or treatment, or for any other travel that is not in the course of the

Participating Organization's activity (unless Personal Deviations are specifically covered).

11. medical expenses for which the Covered Person would not be responsible to pay for in the absence of the Policy. Expenses incurred for services provided by any government Hospital or agency, or government sponsored-plan for which, and to the extent that, the Covered Person is eligible for reimbursement.
12. any treatment provided under any mandatory government program or facility set up for treatment without cost to any individual.
13. custodial care.
14. services or expenses incurred in the Covered Person's Home Country.
15. elective treatment, exams or surgery; elective termination of pregnancy.
16. expenses for services, treatment or surgery deemed to be experimental and which are not recognized and generally accepted medical practices in the United States.
17. expenses payable by any automobile insurance policy without regard to fault.
18. organ or tissue transplants and related services.
19. Preexisting Conditions, unless otherwise provided in the Policy.
20. Injury sustained while participating in club, intramural, intercollegiate, professional or semi-professional sports.
21. expenses incurred for services related to the diagnostic treatment of infertility or other problems related to the inability to conceive a child, including but not limited to, fertility testing and in-vitro fertilization.
22. Injury caused by or resulting from travel in or on any off-road motorized vehicle not requiring licensing as a motor vehicle, or a motor vehicle not designed primarily for use on public streets or highways.
23. birth defects and congenital anomalies, or complications which arise from such conditions.
24. Injury resulting from off-road motorcycling; scuba diving; jet, snow or water skiing; mountain climbing (where ropes or guides are used); sky diving; amateur automobile racing; automobile racing or automobile speed contests; bungee jumping; spelunking; white water rafting; surfing; or parasailing.
25. sexually transmitted diseases or immune deficiency disorders and related conditions. This exclusion does not apply to the care or treatment of Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC), or Human Immunodeficiency Virus (HIV) infection, or any illness or disease arising from these medical conditions.

If we determine the benefits paid under this Policy are eligible benefits under any other benefit plan, We may seek to recover any expenses covered by another plan to the extent that the Insured is eligible for reimbursement.

## General Provisions & Obligations

This insurance does not apply to the extent that trade or economic sanctions or other laws or regulations prohibit us from providing insurance, including, but not limited to, the payment of claims.

### Claim Provisions

**Notice Of Claim:** A claimant must give Us or Our authorized representative written (or authorized electronic or telephonic) notice of claim within 90 days after any loss covered by the Policy occurs. If notice cannot be given within that time, it must be given as soon as reasonably possible. This notice should identify the Insured and the Policy Number.

**Claim Forms:** Upon receiving written notice of claim, We will send claim forms to the claimant within 15 days. If We do not furnish such claim forms, the claimant will satisfy the requirements of written proof of loss by sending the written (or authorized electronic or telephonic) proof as shown below. The proof must describe the occurrence, extent and nature of the loss.

**Proof Of Loss:** Written (or authorized electronic or telephonic) proof of loss must be sent to the agent authorized to receive it. Written (or authorized electronic or telephonic) 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.

**Claimant Cooperation Provision:** Failure of a claimant to cooperate with Us in the administration of a claim may result in the termination of a claim. Such cooperation includes, but is not limited to, providing any information or documents needed to determine whether benefits are payable or the actual benefit amount due.

**Time Payment Of Claims:** Any benefits due will be paid when We receive written (or authorized electronic or telephonic) proof of loss.

**Payment Of Claims:** If the Insured dies, any death benefits or other benefits unpaid at the time of the Insured's death will be paid to the beneficiary Our records indicate the Insured designated for these plan benefits. If there is no named beneficiary or surviving beneficiary on record with Us or Our authorized agent, We pay benefits in equal shares to the first surviving class of the following: 1) Spouse; 2) Children; 3) Parents; 4) Brothers and sisters. If there are no survivors in any of these classes, We will pay the Insured's estate.

All other benefits will be paid to the Insured. If the Insured 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 or her. Any payment made in good faith will end Our liability to the extent of the payment.

**Beneficiary:** The Insured may designate a beneficiary for Accidental Death Benefits. The Insured has the right to change the beneficiary at any time by written (or electronic and telephonic) notice. If the Insured is a minor, his or her parent or guardian may exercise this right for him or her. The change will be effective when We or Our authorized agent receive it. When received, the effective date is the date the notice was signed. We are not liable for any payments made before the change was received. We cannot attest to the validity of a change.

**Assignment:** We may pay benefits directly to any Hospital or person rendering covered services, unless the Insured requests otherwise in writing no later than the time he or she submits written proof of loss. Any payment made in good faith will end our liability to the extent of the payment.

**Physical Examinations And Autopsy:** We have the right to have a Doctor of Our choice examine the Insured as often as is reasonably necessary. This section applies when a claim is pending or while benefits are being paid. We also have the right to request an autopsy in the case of death, unless the law forbids it. We will pay the cost of the 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 given to Us; or (2) after 3 years following the date proof of loss is required.

### **Administrative Provisions**

**Premiums:** The premiums for this Policy will be based on the rates currently in force, the plan and amount of insurance in effect.

**Changes In Premium Rates:** We may change the premium rates from time to time with at least 31 days advanced written, or authorized electronic or telephonic notice. No change in rates will be made until 12 months after the Policy Effective Date. An increase in rates will not be made more often than once in a 12-month period. However, We reserve the right to change rates at any time if any of the following events take place.

1. The terms of the Policy change.
2. A division, subsidiary, affiliated organization, or eligible class is added or deleted from the Policy.
3. Any federal or state law or regulation is amended to the extent it affects Our benefit obligation.
4. There is a change in the market factors or factors bearing on the risk assumed. If an increase or decrease in rates takes place on a date that is not a Premium Due Date, a pro rata adjustment will apply from the date of the change to the next Premium Due Date.

**Payment of Premium:** The first Premium is due on the Policy Effective Date. If any premium is not paid when due, the Policy will be canceled as of the

Premium Due Date, except as provided in the Policy Grace Period section.

**Policy Grace Period:** A Policy Grace Period of 31 days will be granted for the payment of the required premiums. The Policy will remain in force during the Grace Period. If the required premiums are not paid during the Policy Grace Period, insurance will end on the last Premium Due Date on which required premiums were paid. The Participating Organization will be liable to Us for any unpaid premium for the time the Policy was in force.

### **General Provisions**

**Entire Contract; Changes:** The Policy (including any endorsements or amendments), the signed application of the Participating Organization, and any individual applications of Insureds, are the entire contract. Any statements made by the Participating Organization or Insureds will be treated as representations and not warranties. No such statement shall 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 (or authorized electronic or telephonic communications). It must be signed by our president or secretary and be attached to the Policy. No agent has authority to change or waive any part of the Policy.

**Policy Effective Date And Termination Date:** The Policy begins on the Policy Effective Date shown on page 1 of the Policy. We may terminate this Policy by giving 31 days advance notice in writing (or authorized electronic or telephonic means) to the Participating Organization. The Participating Organization may terminate this Policy on any Premium Due Date by giving 31 days advance written (or authorized electronic or telephonic) notice to Us. This Policy terminates automatically on the earlier of: 1) the last day of the Policy Term; or 2) the Premium Due Date if Premiums are not paid when due. Termination takes effect at 12:00 a.m. (midnight) at the Participating Organization's address on the date of termination.

**Clerical Error:** If a clerical error is made, it will not affect the insurance of any Insured. No error will continue the insurance of an Insured beyond the date it should end under the Policy terms.

**Examination Of Records And Audit:** We shall be permitted to examine and audit the Participating Organization's books and records at any time during the term of the Policy and within 2 years after the final termination of the Policy as they relate to the premiums or subject matter of this insurance.

**Certificates Of Insurance:** Where it is required by law, or upon the request of the Participating Organization, We will make available certificates outlining the insurance coverage and to whom benefits are payable under the Policy.

**Conformity With State Laws:** On the effective date of this Policy, any provision that is in conflict with the laws in the state where 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.

### **Personal Liability Insurance Coverage**

We will pay the benefit shown in the Schedule of Benefits of this Rider, on behalf of the Insured all sums which the Insured shall become legally obligated to pay as Damages for personal liability claims first made against the Insured and reported to Us, during the Policy Term that the Personal Liability Insurance Coverage is in force, arising out of any Incident covered under this Rider, provided always that such Incident occurs:

- a) on or after the Policy Effective Date on which this Rider becomes effective; or
- b) on or after the effective date of the earliest claims-made policy covering the Insured. We will have the right and duty to defend any suit against the Insured seeking Damages to which this coverage applies even if any of the allegations of the suit are groundless, false or fraudulent. We may make such investigation and settlement of any Claim, or suit as it deems expedient.

In no event, shall We be obligated to pay Damages or Claim Expenses or to defend, or continue to defend, any suit after the applicable limit of the

Company's liability has been exhausted by payment of Damages.

### **Other Insurance**

If other valid and collectible insurance is available to the Insured, Host Family or third party for a covered loss, Our obligations under this coverage will be paid in excess of other insurance. In no event, will this coverage apply until all other insurance has paid its applicable benefits.

### **Payment of Deductible Under Homeowner's Insurance Coverage**

If an Incident results in a claim being paid under a valid and collectible homeowner's insurance policy of the Host Family covering the Insured Location, We will pay the Host Family for the loss incurred, up to the amount of the deductible under the Host Family's homeowner's insurance policy, up to the amount shown in the Schedule of Benefits of this Rider, per Insured per Policy Term.

We will pay the benefit pursuant to this provision only after the Insured has submitted to Us due proof of the deductible amount which was incurred.

### **Exclusions and Limitations**

#### ***No Benefit will be payable as the result of:***

1. Bodily Injury or Property Damage arising out of the ownership, maintenance, operation, use, loading or unloading of any automobile; any type of land vehicle including off-road vehicles, snowmobiles, mopeds, motorbikes; watercraft; mobile equipment or aircraft or any other aerial craft; or any motorized equipment. This exclusion does not apply to passengers.
2. Bodily Injury or Property Damage arising out of participating in high-risk sports including: Hunting activities, boxing, combat sports, mountaineering or rock climbing, caving, aerial sports, heli-skiing, motorized racing or speed trials, bungee jumping, scuba diving (unless the Insured has the qualifications recognized by the competent local authority in the contracted destination), wild water rafting, jet-skiing, professional sports, and participation in competitive sporting events of any kind.
3. Based on or arising out of liability assumed by the Insured under any contract or agreement, including interest penalties or debts.
4. Arising from the transmission of illness or communicable disease by the Insured. This exclusion does not apply to the care or treatments of Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC) or Human Immunodeficiency Virus (HIV) infection, or any illness or disease arising from these medical conditions.
5. Dishonest, fraudulent, criminal intentional tortuous acts, or malicious act or omission or deliberate misrepresentation committed by, at the direction of, or with the knowledge of any Insured including brawling or acts of violence or the initiation of a confrontation.
6. Discrimination by the Insured against others on the basis of age, sex, race, religion, marital status, national origin or sexual preference.
7. Arising from acts by any Insured expected or intended to cause Bodily Injury or Property Damage sustained (This exclusion does not apply to Bodily Injury resulting from the use of reasonable force to protect person or property.).
8. Property Damage to:
  - a) property owned or being transported by the Insured;
  - b) property rented to, occupied by or in the care of the Insured;
  - c) property of the Host Family except as provided under the Host Family Homeowner coverage;
  - d) property obtained through unlawful interference;
  - e) rented furniture or furnishings, or damage to rented buildings or installations of Youth Centers or hostels of any kind; however, liability arising from damage to rented holiday accommodations and hotel rooms are covered.
9. Brought against any Insured alleging, in whole or part sexual assault, abuse, corporal punishment, molestation, physical or mental abuse, or

similar criminal behavior that was threatened, committed, or alleged to have been committed, by any Insured.

10. for Bodily Injury or Property Damage arising from the consumption of alcohol or the misuse of intoxicants, narcotics, or addictive drugs or their derivatives as well as impairments due to such means, irrespective of whether they were directly or indirectly responsible for the damages incurred; misuse of medical preparations; mental illness, mental or emotional disorders or reactions, including stress, anxiety, panic attacks, depression, eating disorders, or weight problems.
11. Bodily Injury or Property Damage due to war, whether or not declared, civil insurrection, rebellion or revolution, hijacking of aircraft, insurrection, civil commotion, strikes, armed force of any kind, enforcement of law and emergency services, and acts by public authorities.
12. Personal injury or Bodily Injury to the Insured.
13. Brought against any Insured arising out of the Insured's professional activities or any other physical work undertaken for wage or profit, or the Insured's rendering of services when such services are for persons other than the Host Family.
14. Injuries caused directly or indirectly by nuclear reaction, radiation, contamination whether radioactive or not, regardless of how it was caused.
15. Bodily Injury or Property Damage among or between Insureds traveling together and Insureds and their accompanying relatives.

### **Definitions**

**"Bodily Injury"** means bodily injury, sickness or disease sustained by any person, including death.

**"Claim(s)"** means a demand for money or the service of a suit naming an Insured and alleging an Incident. Claim(s) does not include proceedings seeking injunctive or other non-pecuniary relief. Punitive damages will not be covered.

**"Claim(s) Expenses"** means (a) Fees charged by an attorney or attorneys designated by Us and all other fees, costs, and expenses resulting from the investigation, adjustment, defense settlement and appeal of a Claim, suit or proceeding arising in connection therewith, if incurred by Us, or incurred by the Insured with Our written consent, but does not include salary charges or expenses of regular Our employees or officials, or fees and expenses of independent adjusters; (b) All costs against the Insured in such suits and all interest on the entire amount of any judgment therein which accrues after entry of the judgment and before We has paid or tendered or deposited, whether in court or otherwise, that part of the judgment which does not exceed the Our limit liability thereon;

(c) Premiums on appeal bonds and premiums on bonds to release attachments in such suits, but not for bond amounts in excess of the applicable limit of liability of this policy.

We will have no obligation to pay for or furnish any bond. **"Damages"** mean compensatory judgments, settlement or awards, but do not include punitive or exemplary damages, fines or penalties, the return of fees or other consideration paid to the

Insured, or that portion of any award or judgment caused by the trebling or multiplication of actual damages under federal or state law.

**"Host Family"** means the person(s) responsible for providing the Insured's room, board, general welfare, and care while on a covered Trip/Program.

**"Incident"** means any act or omission committed by the Insured during the Policy Term which results in Property Damage or Personal Injury.

**"Insured Location"** means (1) the Host Family residence premises and the part of any other premises, structures and grounds used by the Insured; or (2) any part of a premises where an Insured is temporarily staying.

Plan Policy Number: GLM N1428574A-FLEX

## Claim Form

<b>Your personal data:</b>	
Last Name Date of birth (DD/MM/YY)	First Name
<b>Address in home country:</b>	<b>Address in foreign country:</b>
I will return to my home country on ( DD/MM/YY ):	c/o
Street	Street
City ZIP code	City ZIP code
State	State
Country	Country
Phone number	Phone number
E-Mail address	E-Mail address
<b>Your medical treatment:</b>	
Type of illness or accident	
If illness, have you had it before? If yes, when?	
If yes, when?	
In case of an accident                      own responsibility <input type="checkbox"/> caused by a third party <input type="checkbox"/>	
<b>Reimbursement (the insured shall pay bank fees)</b>	
<b>Have you already paid the doctor's bill?</b> yes <input type="checkbox"/> no <input type="checkbox"/>	
<b>If no</b> , payment will be made directly to the doctor/hospital	
Name of attending doctor/hospital	
Address of attending doctor/hospital	
<b>If yes</b> , you will receive reimbursement by wire transfer to your account	
Name of bank	
Address & country of bank	
Name of account holder	Account number                      Bank Code
SWIFT/BIC and IBAN (please indicate in any case)	
<b>Claim documents</b>	
<p><b>Send completed claim form with the original invoices to the claims office indicated below.</b></p> <p><b>INCOMPLETE OR WRONG INFORMATION WILL CAUSE A PAYMENT DELAY.</b></p> <p>CISI Claims CISI Claims Department 1 High Ridge Park Stamford, CT 06905</p>	<p>I hereby authorize any hospital, physician or other person who has attended or examined me, including those in my home country to furnish to the Assistance Center, or its representative, any and all information with respect to any illness or injury, medical history, consultation, prescriptions or treatment, and copies of all hospital or medical reports. A photostatic copy of this authorization shall be considered as effective and valid as the original.</p> <p>Date</p> <p>Signature of insured</p>

For claim submission questions, call (203) 399-5130 or e-mail [claimhelp@mycisi.com](mailto:claimhelp@mycisi.com).