CISI
Cultural Insurance Services International

# World Class Coverage Plan *designed for*
# Board of Regents University of Wisconsin System
## Study Abroad and Exchange Abroad Programs (2011-2012)

***administered by*** Cultural Insurance Services International • River Plaza • 9 West Broad Street • Stamford, CT 06902-3788
***This plan is underwritten*** by The Insurance Company of the State of Pennsylvania, a member of Chartis, Inc.

***Policy terms and conditions are briefly outlined in this Description of Coverage. Complete provisions pertaining to this insurance are contained in the Master Policy on file with the trustee, Group Insurance Trust, Washington, D.C., and the Participating Organization. In the event of any conflict between this Description of Coverage and the Master Policy, the Policy will govern.***

**Schedule of Benefits** ***Policy # GLB 9133969***

| **Coverage and Services** | **Maximum Limits** |
|---|---|
| ***Section I*** | |
| • Accidental Death Per Insured Person | $25,000 |
| • Medical expenses (per Accident or Sickness): | |
| Deductible | zero |
| Basic Medical | $500,000 at 100% |
| • Home Country Coverage Limit | $10,000 |
| • Emergency Medical Reunion | $10,000 |
| • Return Ticket | $1,000 |
| • Program Fee Refund | $5,000 |
| • Travel Delay | $500 |
| ***Section II*** | |
| • Team Assist Plan (TAP): 24/7 medical, travel, technical assistance | |
| • Emergency Medical Evacuation | up to $1,000,000 |
| • Repatriation/Return of Mortal Remains | up to $1,000,000 |
| • Team Assist Plan **(TAP # GLB 9133969)** | |
| ***Section III*** | |
| • Personal Liability Insurance Benefit | (aggregate Limit $200,000) |
| Limit Per Occurrence | $100,000 |
| Deductible | zero |
| Medical Payments | $5,000 |
| Additional Living Expenses | $5,000 |
| Payment of Homeowner's Deductible | $1,000 |
| ***Section IV*** | |
| • Security Evacuation (Comprehensive) | up to $1,000,000 |

## Section I - Benefit Provisions

Benefits are payable under this Policy for Covered Expenses incurred by an Insured Person for the items stated in the Schedule of Benefits. Benefits shall be payable to either the Insured Person or the Service Provider for Covered Expenses incurred Worldwide. The first such expense must be incurred by an Insured Person within 30 days after the date of the Covered Accident or commencement of the Sickness; and

- All expenses must be incurred by the Insured Person within 52 weeks from the date of the Covered Accident or commencement of the Sickness; and
- The Insured Person must remain continuously insured under the Policy for the duration of the treatment;

The charges enumerated herein shall in no event include any amount of such charges which are in excess of Reasonable and Customary charges. If the charge incurred is in excess of such average charge such excess amount shall not be recognized as a Covered Expense. All charges shall be deemed to be incurred on the date such services or supplies, which give rise to the expense or charge, are rendered or obtained.

## Accidental Death and Dismemberment Benefit

**Accidental Death Benefit.** If Injury to the Insured Person results in death within 365 days of the date of the Covered Accident that caused the Injury, the Company will pay 100% of the Maximum Amount.

**Accidental Dismemberment Benefit.** If Injury to the Insured Person results, within 365 days of the date of the Covered Accident that caused the Injury, in any one of the Losses specified below, the Company will pay the percentage of the Maximum Amount shown below for that Loss:

| **For Loss of:** | **Percentage of Maximum Amount** |
|---|---|
| Both Hands or Both Feet | 100% |
| Sight of Both Eyes | 100% |
| One Hand and One Foot | 100% |
| One Hand and the Sight of One Eye | 100% |
| One Foot and the Sight of One Eye | 100% |
| Speech and Hearing in Both Ears | 100% |
| One Hand or One Foot | 50% |
| The Sight of One Eye | 50% |
| Speech or Hearing in Both Ears | 50% |
| Hearing in One Ear | 25% |
| Thumb and Index Finger of Same Hand | 25% |

"Loss" of a hand or foot means complete severance through or above the wrist or ankle joint. "Loss" of sight of an eye means total and irrecoverable loss of the entire sight in that eye. "Loss" of hearing in an ear means total and irrecoverable loss of the entire ability to hear in that ear. "Loss" of speech means total and irrecoverable loss of the entire ability to speak. "Loss" of thumb and index finger means complete severance through or above the metacarpophalangeal joint of both digits.

If more than one Loss is sustained by an Insured Person as a result of the same accident, only one amount, the largest, will be paid. Only one benefit,

the largest to which you are entitled, is payable for all losses resulting from the same accident. Maximum aggregate benefit per occurrence is $2,000,000.

## Accident and Sickness Medical Expenses

The Company will pay Covered Expenses due to Accident or Sickness only, as per the limits stated in the Schedule of Benefits. Coverage is limited to Covered Expenses incurred subject to Exclusions. All bodily Injuries sustained in any one Covered Accident shall be considered one Disablement, all bodily disorders existing simultaneously which are due to the same or related causes shall be considered one Disablement. If a Disablement is due to causes which are the same or related to the cause of a prior Disablement (including complications arising there from), the Disablement shall be considered a continuation of the prior Disablement and not a separate Disablement.

When a covered Injury or Sickness is incurred by the Insured Person the Company will pay Reasonable and Customary medical expenses as stated in the Schedule of Benefits. In no event shall the Company's maximum liability exceed the maximum stated in the Schedule of Benefits as to Covered Expenses during any one period of individual coverage.

## Covered Accident and Sickness Medical Expenses

***Only such expenses, incurred as the result of a Disablement, which are specifically enumerated in the following list of charges, and which are not excluded in the Exclusions section, shall be considered as Covered Expenses:***

- Charges made by a Hospital for room and board, floor nursing and other services inclusive of charges for professional service and with the exception of personal services of a non-medical nature; provided, however, that expenses do not exceed the Hospital's average charge for semiprivate room and board accommodation
- Charges made for Intensive Care or Coronary Care charges and nursing services
- Charges made for diagnosis, treatment and Surgery by a Physician
- Charges made for an operating room
- Charges made for Outpatient treatment, same as any other treatment covered on an Inpatient basis. This includes ambulatory Surgical centers, Physicians' Outpatient visits/examinations, clinic care, and Surgical opinion consultations
- Charges made for the cost and administration of anesthetics
- Charges for medication, x-ray services, laboratory tests and services, the use of radium and radioactive isotopes, oxygen, blood, transfusions, iron lungs, and medical treatment
- Charges for physiotherapy, if recommended by a Physician for the treatment of a specific Disablement and administered by a licensed physiotherapist.
- Dressings, drugs, and medicines that can only be obtained upon a written prescription of a Physician or Surgeon
- Charges made for artificial limbs, eyes, larynx, and orthotic appliances, but not for replacement of such items
- Local transportation to or from the nearest Hospital or to and from the nearest Hospital with facilities for required treatment.
- Nervous or Mental Disorders are payable a) up to $10,000 for outpatient treatment; or b) up to $20,000 on an inpatient basis. This includes multiple occurrences up to the inpatient or outpatient maximums shown in the Schedule of Benefits with respect to any one Insured Person
- Chiropractic Care and Therapeutic Services shall be limited to a total of $100 per visit, excluding x-ray and evaluation charges, with a maximum of 10 visits per injury or Sickness. The overall maximum coverage per injury or Sickness is $1,000 which includes x-ray and evaluation charges
- Expenses incurred within an Insured Person's home country or country of regular domicile are payable up to $10,000
- With respect to Accidental Dental, an eligible Dental condition shall mean emergency dental repair or replacement to natural teeth damaged as a result of a covered Accident
- With respect to Palliative Dental, an eligible Dental condition shall mean emergency pain relief treatment to natural teeth up to $500 ($250 maximum per tooth)
- Charges for the replacement of broken eyeglasses or lost contacts up to $75 per Insured Person per Policy Term.

## Extension of Benefits

Medical benefits are automatically extended 90 days after expiration of Insurance for conditions first diagnosed or treated during or related to the overseas study program with the University of Wisconsin. Benefits will cease 12:00 a.m. on the 91st day following Termination of Insurance.

## Return Ticket

In the event of death or life-threatening Accident or Sickness of an Insured Person's spouse, child, parent or sibling, requiring the return home after arriving for the program placement, the Company will reimburse the round-trip airfare from the host country to the home country point of departure and back to the host country. The death, Covered Accident or Sickness must first occur after the Insured Person's departure for the International Program. At least 30 days must remain in the Insured Person's program period at the time of notification. Prior notification must be provided to the Company's appointed Assistance Company and flight arrangements must be made through the Administrator. The return journey to the Program must be made within 30 days of arrival in home country.

## Program Fee Refund Benefit

We will reimburse the Program Fee to the University of Wisconsin if the Insured would otherwise be eligible for benefits under the Policy but is prevented from taking the Trip for any of the following reasons:

1. Death of a Family Member.
2. The Insured suffers an Injury or Sickness that is not a Pre-existing Condition. The Insured's Injury or Sickness must be so disabling, as certified by a Doctor, to reasonably cause a person to cancel the Trip.
3. The Insured is quarantined (medical isolation by a recognized government authority at the place of departure) or there is an Epidemic prohibiting travel to the Insured's scheduled destination.
4. The Insured enters full-time active duty in any Armed Forces; and We receive proof of such active duty service.

Benefits are payable up the maximum shown in the schedule of benefits only if:

1. the event causing the cancellation of participation in the Trip occurs within 30 days prior to the scheduled departure date;
2. to the extent, the program fee has been paid and is not refundable we will not reimburse any amount of the Program fee for
   a. the Program Application fee;
   b. any deposit paid to confirm participation in the Program; or
   c. any insurance premiums or fees;

"Epidemic" means the widespread outbreak of an infectious disease, affecting many individuals in a population at a frequency higher than expected in a community or region during a given time period as determined by a recognized government authority that investigates and diagnoses and tries to control or prevent diseases.

## Travel Delay Benefit

We will reimburse up to $100 per person per day for up to five days to the Maximum Limit shown on the Schedule of Benefits if the Insured/Covered Person's Trip is delayed for more than 12 hours for reasonable, additional accommodations and traveling expenses until travel becomes possible. Incurred expenses must be accompanied by receipts.

This benefit is payable only for one delay of the Insured/Covered Person's Trip. Travel Delay must be caused by reasons listed below:

(a) carrier delay;

(b) lost or stolen passport, travel documents;

(c) Quarantine;

(d) Natural Disaster;

(e) Injury or Sickness of the Insured/Covered Person;

(f) the Insured/Covered Person being delayed by a traffic accident while en route to a departure;

(g) hijacking;

(h) unpublished or unannounced Strike;

(i) civil disorder or commotion;

(j) riot;

(k) a Common Carrier Strike or other job action;

(l) Equipment Failure of a Common Carrier; or

(m) the loss of the Insured/Covered Person's travel documents or tickets due to theft.

"Quarantine" means the Insured is forced into medical isolation by a recognized government authority, their authorized deputies, or medical examiners due to the Insured either having, or being suspected of having, a contagious disease, infection or contamination while the Insured is traveling outside of the Insured's Home Country.

**Limitations:** This benefit is limited to $100 per day per Insured/Covered Person up to the maximum benefit shown in the Schedule of Benefits.

**The Insured/Covered Person's Duties in the Event of Loss**: The Insured must provide Us with proof of the Travel Delay such as a letter from the airline, cruise line, or Tour operator/ newspaper clipping/ weather report/ police report or the like and proof of the expenses claimed as a result of Trip Delay.

## Emergency Medical Reunion

When an Insured Person is hospitalized for more than **3 days**, the Company will reimburse for round trip economy-class transportation for one individual selected by the Insured Person, from the Insured Person's current Home Country to the location where the Insured Person is hospitalized. Coverage is also provided **immediately (to up to 10 days)** following a felonious assault (i.e. theft or rape) for victims needing the support of a family member or friend. The benefits reimbursable will include:

- The cost of a round trip economy airfare and their hotel and meals (to a maximum of $300 per day) up to the maximum stated in the Schedule of Benefits, Emergency Medical Reunion.

## Exclusions

***For all benefits listed in the Schedule of Benefits this Insurance does not cover:***

- Pre-Existing conditions, defined as any condition for which a licensed Physician was consulted, or for which treatment or medication was prescribed, or for which manifestations of symptoms would have caused a person to seek medical advice prior to the Effective Date of coverage under the Policy, except as specified below:

  If the Insured Person does not receive medical care or services, including prescription drugs or other medical supplies, and is not under the care of a Physician with respect to the Pre-Existing Condition or related condition(s), for a period of 12 consecutive months beginning on or after the first day of coverage, the preexisting condition exclusion will no longer apply and any eligible charges incurred after the treatment free period will be considered for reimbursement; or

  If the Injured Person is covered under the Policy for 12 consecutive months, the Pre-Existing Condition exclusion will no longer apply and any eligible expenses incurred thereafter will be considered for reimbursement; or

  Emergency Medical Evacuation and Repatriation/Return of Mortal Remains

  **Note: This policy does pay benefits to a maximum of $100,000 for loss due to a pre-existing condition**
- Charges for treatment which is not Medically Necessary
- Charges for treatment which exceed Reasonable and Customary charges
- Charges incurred for Surgery or treatments which are, Experimental/Investigational, or for research purposes
- Services, supplies or treatment, including any period of Hospital confinement, which were not recommended, approved and certified as Medically Necessary and reasonable by a Physician
- Declared or undeclared war or any act thereof
- Injury sustained while participating in professional athletics
- Routine physicals, immunizations, or other examinations where there are no objective indications or impairment in normal health, and laboratory diagnostic or x-ray examinations, except in the course of a Disablement established by a prior call or attendance of a Physician
- Treatment of the Temporomandibular joint
- Vocational, speech, recreational or music therapy
- Services or supplies performed or provided by a Relative of the Insured Person, or anyone who lives with the Insured Person
- The refusal of a Physician or Hospital to make all medical reports and records available to the Company will cause an otherwise valid claim to be denied
- Cosmetic or plastic Surgery, except as the result of a covered Accident; for the purposes of this Policy, treatment of a deviated nasal septum shall be considered a cosmetic condition
- Elective Surgery or Elective Treatment which can be postponed until the Insured Person returns to his/her Home Country, where the objective of the trip is to seek medical advice, treatment or Surgery
- Treatment and the provision of false teeth or dentures, normal ear tests and the provision of hearing aids
- Eye refractions or eye examinations for the purpose of prescribing corrective lenses for eye glasses or for the fitting thereof, unless caused by Accidental bodily Injury incurred while insured hereunder
- Any Mental and Nervous disorders or rest cures, unless otherwise covered under this Policy (see Covered Medical Expenses)
- Treatment while confined primarily to receive custodial care, educational or rehabilitative care, or nursing services
- Congenital abnormalities and conditions arising out of or resulting therefrom
- The cost of the Insured Person's unused airline ticket for the transportation back to the Insured Person's Home Country, where an Emergency Medical Evacuation and/or Repatriation/Return of Mortal Remains benefit is provided
- Expenses as a result or in connection with the commission of a felony offense
- Injury sustained while taking part in mountaineering where ropes or guides are normally used; hang gliding, parachuting, bungee jumping, racing by horse, motor vehicle or motorcycle, parasailing
- Treatment paid for or furnished under any other individual or group policy or other service or medical pre-payment plan arranged through the employer to the extent so furnished or paid, or under any mandatory government program or facility set up for treatment without cost to any individual
- Injuries for which benefits are payable under any no-fault automobile Insurance Policy
- Dental care, except as the result of Injury to natural teeth caused by Accident, unless otherwise covered under this Policy
- Routine Dental Treatment
- Drug, treatment or procedure that either promotes or prevents conception, or prevents childbirth, including but not limited to: artificial insemination, treatment for infertility or impotency, sterilization or reversal thereof, or abortion
- Treatment for human organ tissue transplants and their related treatment
- Expenses incurred while the Insured Person is in their Home Country, unless otherwise covered under this Policy (see Extension of Benefits)
- Weak, strained or flat feet, corns, calluses, or toenails
- Diagnosis and treatment of acne
- Injury sustained while the Insured Person is riding as a pilot, student pilot, operator or crew member, in or on, boarding or alighting from, any type of aircraft.

***In addition to the exclusions listed above, the following exclusions apply to Accidental Death and Dismemberment Insurance only:***

- Disease of any kind
- Bacterial infections except pyogenic infection which shall occur through an accidental cut or wound
- Neuroses, psychoneuroses, psychopathies, psychoses or mental or emotional diseases or disorders of any type.
- Suicide or any attempt thereof, while sane or self destruction or any attempt thereof, while sane.

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.

## Subrogation

To the extent the Company pays for a loss suffered by an Insured Person, the Company will take over the rights and remedies the Insured Person had relating to the loss. This is known as subrogation. The Insured Person must help the Company to preserve its rights against those responsible for the loss. This may involve signing any papers and taking any other steps the Company may reasonably require. If the Company takes over an Insured

Person's rights, the Insured Person must sign an appropriate subrogation form supplied by the Company.

## Definitions

**Coinsurance** means the percentage amount of eligible Covered Expenses, after the Deductible, which are the responsibilities of the Insured Person and must be paid by the Insured Person. The Coinsurance amount is stated in the Schedule of Benefits, under each stated benefit.

**Company** shall be The Insurance Company of The State of Pennsylvania.

**Covered Accident or Accidental** means an event, independent of Sickness or self inflicted means, which is the direct cause of bodily Injury to an Insured Person.

**Covered Expenses** means expenses which are for Medically Necessary services, supplies, care, or treatment; due to Sickness or Injury; prescribed, performed of ordered by a Physician; Reasonable and Customary charges; incurred while insured under this Policy; and which do not exceed the maximum limits shown is the Schedule of Benefits, under each stated benefit.

**Deductible** means the amount of eligible Covered Expenses which are the responsibility of each Insured Person and must be paid by each Insured Person before benefits under the Policy are payable by the Company. The Deductible amount is stated in the Schedule of Benefits, under each stated benefit.

**Disablement** as used with respect to medical expenses means a Sickness or an Accidental bodily Injury necessitating medical treatment by as a Physician defined in this Policy.

**Effective Date** means the date the Insured's Persons coverage under this Policy begins. The Effective Date of this Policy is the later of the following:

1. The Date the Company receives a completed Application and premium for the Policy Period or
2. The Effective Date requested on the Application or
3. The Date the Company approves the Application

**Elective Surgery or Elective Treatment** means surgery or medical treatment which is not necessitated by a pathological or traumatic change in the function or structure in any part of the body first occurring after the Insured's effective date of coverage. Elective Surgery includes, but is not limited to, circumcision, tubal ligation, vasectomy, breast reduction, sexual reassignment surgery, and submucous resection and/or other surgical correction for deviated nasal septum, other than for necessary treatment of covered purulent sinusitis. Elective Surgery does not apply to cosmetic surgery required to correct a covered Accident. Elective Treatment includes, but is not limited to, treatment for acne, nonmalignant warts and moles, weight reduction, infertility, learning disabilities.

**Eligible Benefits** means benefits payable by the Company to reimburse expenses which are for Medically Necessary services, supplies, care, or treatment; due to Sickness or Injury; prescribed, performed or ordered by a Physician; Reasonable and Customary charges; incurred while insured under this Policy; and which do not exceed the maximum limits shown in the Schedule of Benefits under each stated benefit.

**Emergency** means a medical condition manifesting itself by acute signs or symptoms which could reasonably result in placing the Insured Person's life or limb in danger if medical attention is not provided within 24 hours.

**Family Member** means a spouse, domestic partner, parent, sibling or Child of the Insured Person.

**Home Country** means the country where an Insured Person has his or her true, fixed and permanent home and principal establishment.

**Hospital** as used in this Policy means except as may otherwise be provided, a Hospital (other than an institution for the aged, chronically ill or convalescent, resting or nursing homes) operated pursuant to law for the care and treatment of sick or Injured persons with organized facilities for diagnosis and Surgery and having 24-hour nursing service and medical supervision.

**Injury** wherever used in this Policy means bodily Injury caused solely and directly by violent, Accidental, external, and visible means occurring while this Policy is in force and resulting directly and independently of all other causes in Disablement covered by this Policy.

**Insured Person(s)** means a person eligible for coverage under the Policy as defined in "Eligible Persons" who has applied for coverage and is named on the application and for whom the company has accepted premium. This may be the Primary Insured Person or Dependent(s).

**Medically Necessary or Medical Necessity** means services and supplies received while insured that are determined by the Company to be: 1) appropriate and necessary for the symptoms, diagnosis, or direct care and treatment of the Insured Person's medical conditions; 2) within the standards the organized medical community deems good medical practice for the Insured Person's condition; 3) not primarily for the convenience of the Insured Person, the Insured Person's Physician or another Service Provider or person; 4) not Experimental/Investigational or unproven, as recognized by the organized medical community, or which are used for any type of research program or protocol; and 5) not excessive in scope, duration, or intensity to provide safe and adequate, and appropriate treatment.

**Mental and Nervous Disorder** means a Sickness that is a mental, emotional or behavioral disorder.

**Permanent Residence** means the country where an Insured Person has his or her true, fixed and permanent home and principal establishment, and to which he or she has the intention of returning.

**Physician** as used in this Policy means a doctor of medicine or a doctor of osteopathy licensed to render medical services or perform Surgery in accordance with the laws of the jurisdiction where such professional services are performed, however, such definition will exclude chiropractors and physiotherapists.

**Pre-existing Condition** for the purposes of this Policy means 1) a condition that would have caused person to seek medical advise, diagnosis, care or treatment during the 180 days prior to the Effective Date of coverage under this Policy; 2) a condition for which medical advise, diagnosis, care or treatment was recommended or received during the 180 days prior to the Effective Date of coverage under this Policy; 3) expenses for a Pregnancy existing on the Effective Date of coverage under this Policy.

**Reasonable and Customary** means the maximum amount that the Company determines is Reasonable and Customary for Covered Expenses the Insured Person receives, up to but not to exceed charges actually billed. The Company's determination considers: 1) amounts charged by other Service Providers for the same or similar service in the locality were received, considering the nature and severity of the bodily Injury or Sickness in connection with which such services and supplies are received; 2) any usual medical circumstances requiring additional time, skill or experience; and 3) other factors the Company determines are relevant, including but not limited to, a resource based relative value scale.

**Relative** means spouse, domestic partner, parent, sibling, Child, grandparent, grandchild, step-parent, step-child, step-sibling, in-laws (parent, son, daughter, brother and sister), aunt, uncle, niece, nephew, legal guardian, ward, or cousin of the Insured Person.

**Sickness** wherever used in this Policy means illness or disease of any kind contracted and commencing after the Effective Date of this Policy and Disablement covered by this Policy.

**Termination of Insurance** means the Insured Person's coverage will end on the earliest of the following dates:

1. The date the Master Policy terminates;
2. The date he or she is no longer eligible; or
3. The last day of the period of coverage, requested by the Participating Organization, applicable to the Insured Person for which premium is paid.

## Section III - Personal Liability Insurance Benefit

We will pay the benefit shown in the Schedule of Benefits, 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. Specific exclusions apply to this benefit (most common is loss resulting from the Insured's use of a motor vehicle).

# CISI Medical Claim Form

**Program Name or Policy Number: Board of Regents University of Wisconsin System - Policy # GLB 9133969**

**Instructions**

Complete and sign the medical claim form, indicating whether the doctor/Hospital has been paid. Attach **itemized bills** for all amounts being claimed. When reimbursement of an expense is approved, it will be made to the provider of the service unless the bill is noted as having been paid by you. Payment will be in U.S. dollars unless otherwise requested. If payment is to you, it will be mailed to your U.S. address unless otherwise requested.

**Submit form and attachments to Cultural Insurance Services International, River Plaza, 9 West Broad Street, Stamford, CT 06902-3788**
**For claim submission questions, call (203) 399-5130 or e-mail claimhelp@culturalinsurance.com.**

Name _____ Date of birth _____

U.S. address _____

Overseas address _____ Country _____

E-mail address _____

Phone (_____)_____ Expected return date to U.S._____

Date/place/time of Injury/Sickness/Accident_____

Description of Injury/Sickness/Accident *(Attach all itemized bills for all amounts being claimed)*_____

_____

_____

Have these doctor/Hospital bills been paid by you? ☐ yes ☐ no
I authorize payment to provider of service for medical services claimed ☐ yes ☐ no

CONSENT TO RELEASE MEDICAL INFORMATION
I hereby authorize any insurance company, Hospital or Physician to release all of my medical information to CISI that may have a bearing on benefits payable under this plan. I certify that the information furnished by me in support of this claim is true and correct.
WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Name (please print) _____

Signature _____ Date _____

## Section II—Team Assist Plan (TAP)

The Team Assist Plan is designed by CISI in conjunction with the Assistance Company to provide travelers with a worldwide, 24-hour emergency telephone assistance service. Multilingual help and advice may be furnished for the Insured Person in the event of any emergency during the term of coverage. The Team Assist Plan complements the insurance benefits provided by the Medical Plan.

If you require Team Assist assistance, your ID number is your policy number. In the U.S., call (800) 472-0906, worldwide call (01-817) 826-7143 (collect calls accepted) or e-mail teamassist@culturalinsurance.com. Emergency Medical Transportation Services:

The Team Assist Plan provides services and pays expenses up to the amount shown in the Schedule of Benefits for:

- Emergency Medical Evacuation
- Repatriation/Return of Mortal Remains

All services must be arranged through the Assistance Provider.

### Emergency Medical Evacuation

The Company shall pay benefits for Covered Expenses incurred up to the maximum stated in the Schedule of Benefits, if any Injury or covered Sickness commencing during the Period of Coverage results in the Medically Necessary Emergency Medical Evacuation of the Insured Person. The decision for an Emergency Medical Evacuation must be ordered by the Assistance Company in consultation with the Insured Person's local attending Physician.

Emergency Medical Evacuation means: a) the Insured Person's medical condition warrants immediate transportation from the place where the Insured Person is located (due to inadequate medical facilities) to the nearest adequate medical facility where medical treatment can be obtained; or b) after being treated at a local medical facility, the Insured Person's medical condition warrants transportation with a qualified medical attendant to his/her Home Country to obtain further medical treatment or to recover; or c) both a) and b) above.

Covered Expenses are expenses, up to the maximum stated in the Schedule of Benefits, Emergency Medical Evacuation, for transportation, medical services and medical supplies necessarily incurred in connection with Emergency Medical Evacuation of the Insured Person. All transportation arrangements must be by the most direct and economical route.

### Repatriation/Return of Mortal Remains or Cremation

The Company will pay the reasonable Covered Expenses incurred up to the maximum as stated in the Schedule of Benefits, Repatriation/Return of Mortal Remains, to return the Insured Person's remains to his/her then current Home Country, if he or she dies. Covered Expenses include, but are not limited to, expenses for embalming, cremation, a minimally necessary container appropriate for transportation, shipping costs and the necessary government authorizations. All Covered Expenses in connection with a Return of Mortal Remains must be pre-approved and arranged by an Assistance Company representative appointed by the Company.

### The TAP offers these services

### Medical assistance

**Medical Referral** Referrals will be provided for physicians, hospitals, clinics or any other medical service provider requested by the Insured. Service is available 24 hours a day, worldwide.

**Medical Monitoring** In the event the Insured Person is admitted to a U.S. or foreign hospital, the AP will coordinate communication between the Insured Person's own physician and the attending medical doctor or doctors. The AP will monitor the Insured Person's progress and update the family or the insurance company accordingly.

**Prescription Drug Replacement/Shipment** Assistance will be provided in replacing lost, misplaced, or forgotten medication by locating a supplier of the same medication or by arranging for shipment of the medication as soon as possible.

**Emergency Message Transmittal** The AP will forward an emergency message to and from a family member, friend or medical provider.

**Coverage Verification/Payment Assistance for Medical Expenses** The AP will provide verification of the Insured Person's medical insurance coverage when necessary to gain admittance to foreign hospitals, and if requested, and approved by the Insured Person's insurance company, or with adequate credit guarantees as determined by the Insured, provide a guarantee of payment to the treating facility.

## Travel assistance

**Obtaining Emergency Cash** The AP will advise how to obtain or to send emergency funds world-wide.

**Traveler Check Replacement Assistance** The AP will assist in obtaining replacements for lost or stolen traveler checks from any company, i.e., Visa, Master Card, Cooks, American Express, etc., worldwide.

**Lost/Delayed Luggage Tracing** The AP will assist the Insured Person whose baggage is lost, stolen or delayed while traveling on a common carrier. The AP will advise the Insured Person of the proper reporting procedures and will help travelers maintain contact with the appropriate companies or authorities to help resolve the problem.

**Replacement of Lost or Stolen Airline Ticket** One telephone call to the provided 800 number will activate the AP's staff in obtaining a replacement ticket.

## Technical assistance

**Credit Card/Passport/Important Document Replacement** The AP will assist in the replacement of any lost or stolen important document such as a credit card, passport, visa, medical record, etc. and have the documents delivered or picked up at the nearest embassy or consulate.

**Locating Legal Services** The AP will help the Insured Person contact a local attorney or the appropriate consular officer when an Insured Person is arrested or detained, is in an automobile accident, or otherwise needs legal help. The AP will maintain communications with the Insured Person, family, and business associates until legal counsel has been retained by or for the Insured Person.

**Assistance in Posting Bond/Bail** The AP will arrange for the bail bondsman to contact the Insured Person or to visit at the jail if incarcerated.

**Worldwide Inoculation Information** Information will be provided if requested by an Insured Person for all required inoculations relative to the area of the world being visited as well as any other pertinent medical information.

## Section IV-Security Evacuation (Comprehensive)

Coverage (up to the amount shown in the Schedule of Benefits, Security Evacuation) is provided for security evacuations for specific Occurrences. To view the covered Occurrences and to download a detailed PDF of this brochure, please go to the following web page:

http://www.culturalinsurance.com/cisi_forms.asp