



**American Institute for Foreign Study  
Blanket Accident and Sickness Policy**

**CISI**   
CULTURAL INSURANCE  
SERVICES INTERNATIONAL

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## SCHEDULE OF BENEFITS

### CLASSES OF ELIGIBLE PERSONS:

A person may be insured only under one Class of Eligible Persons even though he or she may be eligible under more than one class.

- Class 1 Participants up to age 40 who are enrolled in a program sponsored by the Participating Organization and traveling outside their Country of Permanent Residence. US residents/citizens are not eligible.
- Class 2 Participants over age 40 who are enrolled in a program sponsored by the Participating Organization and traveling outside their Country of Permanent Residence. US residents/citizens are not eligible.

### COVERED ACTIVITIES:

- Class 1 Educational Travel
- Class 2 Educational Travel

### ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS:

Principal Sum:

Class 1	\$6,000
Class 2	\$6,000

### AGGREGATE LIMIT:

Benefit Maximum: \$1,000,000

We will not pay more than the Benefit Maximum for all Accidental Death and Dismemberment losses per Covered Accident. If, in the absence of this provision, We would pay more than Benefit Maximum for all losses from one Covered Accident, then the benefits payable to each person with a valid claim will be reduced proportionately, so the total amount We will pay is the Benefit Maximum.

SCHEDULE OF BENEFITS	
Coverage and Services	Benefit Maximum
Medical Expense Benefits	Class 1 <b>\$500,000</b> per Accident or Sickness Class 2 <b>\$100,000</b> per Accident or Sickness
Mental/Nervous Outpatient Benefit	<b>\$250</b>
Pre-existing Conditions	<b>\$5,000</b>
Dental Treatment	<b>\$500</b> for alleviation of pain resulting from infection of gums or sound natural teeth
Maximum Room and Board Charges	Average semi-private room rate
Maximum for ICU Room and Board Charges	Two times average semi-private room rate
Maximum for Chiropractic Care	<b>\$500</b> There is a per visit maximum allowance of \$50 and a maximum visit allowance of 10.
Deductible	<b>\$50</b> per Covered Accident or Sickness
Deductible for Emergency Room Visits*	<b>\$250</b>
<i>*The Emergency Room Deductible will be waived if the Covered Person is admitted to Hospital as an Inpatient</i>	
Co-insurance Rate	100% of the Usual and Customary Charges
Incurral Period	60 days after the date of Covered Accident or Sickness
Maximum Benefit Period	The earlier of the date the Covered Person's Trip ends or 364 days from the date of a Covered Accident or Sickness
Maximum Period of Coverage	153 days
Emergency Medical Benefits	<b>\$10,000</b>
Emergency Medical Evacuation Benefit	100% of Covered Expenses
Repatriation of Remains	100% of the Covered Expenses
Emergency Reunion	<b>\$1,000</b> Daily Benefit Maximum allowance of \$100, maximum day allowance is 10 days
Trip Delay Benefit	<b>\$1,500 (\$100/day)</b> after being delayed 24 hours
Trip interruption Benefit	<b>\$1,000</b>



## DEFINITIONS

Please note, certain words used in this document have specific meanings. These terms will be capitalized throughout the document. The definition of any word, if not defined in the text where it is used, may be found either in this Definitions section or in the *Schedule of Benefits*.

**“Active Service”** means a Covered Person is either 1) actively at work performing all regular duties at his or her employer’s place of business or someplace the employer requires him or her to be; 2) employed, but on a scheduled holiday, vacation day, or period of approved paid leave of absence; or 3) if not employed, able to engage in substantially all of the usual activities of a person in good health of like age and sex and not confined in a Hospital or rehabilitation or rest facility.

**“Company”** means Crum and Forster, SPC.

**“Country of Permanent Assignment”** means a country, other than a Covered Person’s Home Country, in which the Policyholder requires a Covered Person to work for a period of time that exceeds 180 continuous days.

**“Country of Permanent Residence”** means a country or location in which the Covered Person maintains a primary permanent residence.

**“Covered Accident”** means an accident that occurs while coverage is in force for a Covered Person 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 a Covered Person 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 a Covered Person for treatment, services and supplies covered by the Policy. Coverage under the Policyholder’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.

**“Covered Loss” or “Covered Losses”** means an accidental death, dismemberment, or other Injury covered under the Policy.

**“Covered Person”** means any eligible person, including Dependents if eligible for coverage under the Policy, for whom the required premium is paid. If the cost for this insurance is paid for by the Policyholder, individual applications are not required for an eligible person to be a Covered Person.

**“Deductible”** means the dollar amount of Covered Expenses that must be incurred as an out-of-pocket expense by each Covered Person per Covered Accident or Sickness basis before Medical Expense Benefits and/or other Additional Benefits paid on an expense incurred basis 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 a Covered Person that is appropriate for the conditions and locality. It will not include a Covered Person or a member of the Covered Person’s Immediate Family or household.

**“Home Country”** means the country where an Insured Person has his or her true, fixed and permanent home and principal establishment or the United States. Coverage under this Policy is extended to U.S. citizens traveling to U.S. Territories.

**“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, 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.

**“Injury”** means accidental bodily harm sustained by a Covered Person that results directly and independently from all other causes from a Covered Accident. All injuries sustained by one person in any one 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 lay person 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 healthcare services that a Doctor, exercising prudent clinical judgment, would provide to a patient for the purpose of preventing, evaluating, diagnosing, or treating a sickness or an injury, or its symptoms, and that are: (a) in accordance with generally accepted standards of medical practice; (b) clinically appropriate, in terms of type, frequency, extent, site, and duration and considered effective for the patient's sickness or injury, and(c) not primarily for the convenience of the patient, physician, or other health care provider and not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of that patient's sickness or injury. “Generally accepted standards of medical practice” means standards that are based on credible scientific evidence published in peer-reviewed medical literature generally recognized by the relevant medical community or otherwise consistent with the standards set forth in policy issues involving clinical judgment.

**“Pre-existing Condition”** means an illness, disease, or other condition of the Covered Person that in the 3 months period before the Covered Person’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, unless the condition for which the prescribed drug or medicine is taken remains controlled without any change in the required prescription; or
3. was treated by a Doctor or treatment had been recommended by a Doctor.

**“Sickness”** means an illness, disease, or condition of the Covered Person that causes a loss for which a Covered Person 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 Policyholder sponsored travel by air, land, or sea from the Covered Person’s Home Country. 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.

**“U.S. Territories”** means lands that are directly overseen by the United States Federal Government. A list of these territories would include the United States Virgin Islands, Guam, American Samoa, Northern Mariana Islands, and Puerto Rico.

**“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.

## ELIGIBILITY FOR INSURANCE

Each person in one of the Classes of Eligible Persons shown in the *Schedule of Benefits* is eligible to be insured on the Policy Effective Date, or the day he or she becomes eligible, if later. We maintain the right to investigate eligibility status and attendance records to verify eligibility requirements are met. If We discover the eligibility requirements are not met, Our only obligation is to refund any premium paid for that person.

## EFFECTIVE DATE OF INSURANCE

An Eligible Person will be insured on the later of Policy Effective Date or the date he or she is eligible, if not required to contribute to the cost of this insurance.

If an Eligible Person is not in Active Service on the date insurance would otherwise be effective, it will be effective on the date he or she returns to Active Service.

## TERM OF COVERAGE

This coverage will start on the actual start of the Trip. It does not matter whether the Trip starts at the Covered Person's home, place of work, or other place. It will end on the first of the following dates to occur:

1. the date the Covered Person returns to his or her Home Country;
2. the scheduled Trip return date; or
3. the date the Covered Person makes a Personal Deviation (unless otherwise provided by the Policy).

"Personal Deviation" means:

1. An activity that is not reasonably related to the Covered Activity; and
2. Not incidental to the purpose of the Trip.

## TERMINATION DATE OF INSURANCE

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

1. the Policy terminates;
2. the Insured is no longer eligible; or
3. the period ends for which premium is paid.

Termination of the Policy will not affect Trip coverage, if premium for the Trip is paid prior to the earlier of termination or the actual start of the Trip.



## DESCRIPTION OF BENEFITS

The following Provisions explain the benefits available under the Policy. Please see the *Schedule of Benefits* for the applicability of these benefits on a class level.

### 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 *Schedule of Benefits*.

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 Covered Person incurs;
3. for charges incurred for services rendered to the Covered Person while on a covered Trip; and
4. provided the first charge is incurred within the Incurral Period shown in the *Schedule of Benefits*.

Covered Medical Expenses:

- Hospital semi-private room and board (or room and board in an intensive care unit); Hospital ancillary services (including, but not limited to, use of the operating room or emergency room)
- Services of a Doctor or a registered nurse (R.N.).
- Ambulance service to or from a Hospital.
- Laboratory tests.
- Radiological procedures.
- Anesthetics and their administration.
- Blood, blood products, artificial blood products, and the transfusion thereof.
- Physiotherapy.
- Chiropractic expenses on an inpatient or outpatient basis.
- Medicines or drugs administered by a Doctor or that can be obtained only with a Doctor's written prescription.
- Dental charges for injury to sound natural teeth and expenses for emergency treatment for alleviation of dental pain resulting from infection of gums or sound natural teeth.
- Emergency medical treatment of pregnancy.
- Therapeutic termination of pregnancy.
- Artificial limbs or eyes (not including replacement of these items).
- Casts, splints, trusses, crutches, and braces (not including replacement of these items or dental braces).
- Oxygen or rental equipment for administration of oxygen.
- Rental of a wheelchair or hospital-type bed.
- Rental of mechanical equipment for treatment of respiratory paralysis.
- Nervous or Mental Disorders are payable up to the amount stated in the *Schedule of Benefits*.
- Pre-Existing Conditions are payable up to the amount stated in the *Schedule of Benefits*.

### Emergency Medical Benefits

We will pay Emergency Medical Benefits as shown in the *Schedule of Benefits* for Covered Expenses incurred for emergency medical services to treat a Covered Person. Benefits are payable up to the Benefit Maximum

shown in the *Schedule of Benefits* if the Covered Person:

1. suffers a Medical Emergency during the course of the Trip; and
2. is traveling on a covered Trip.

Covered Expenses:

1. Medical Expense Guarantee: expenses for guarantee of payment to a medical provider.
2. Hospital Admission Guarantee: expenses for guarantee of payment to a Hospital or treatment facility.

Benefits for these Covered Expenses will not be payable unless:

1. the charges incurred are Medically Necessary and do not exceed the charges for similar treatment, services or supplies in the locality where the expense is incurred; and
2. do not include charges that would not have been made if there were no insurance.

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.

## 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 a Covered Person. Benefits are payable up to the Benefit Maximum shown in the *Schedule of Benefits*, if the Covered Person:

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:

1. Medical Transport: expenses for transportation under medical supervision to a different hospital, treatment facility or to the Covered Person's place of residence for Medically Necessary treatment in the event of the Covered Person's Medical Emergency and upon the request of the Doctor designated by Our assistance provider in consultation with the local attending Doctor.
2. Dispatch of a Doctor or Specialist: the Doctor's or specialist's travel expenses and the medical services provided on location, if, based on the information available, a Covered Person's condition cannot be adequately assessed to evaluate the need for transport or evacuation and a doctor or specialist is dispatched by Our service provider to the Covered Person's location to make the assessment.
3. Return of Dependent Child(ren): expenses to return each Dependent child who is under age 18 to his or her principal residence if a) the Covered Person is age 18 or older; and b) the Covered Person is the only person traveling with the minor Dependent child(ren); and c) the Covered Person suffers a Medical Emergency and must be confined in a Hospital.
4. 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.
5. Transportation After Stabilization: if We have evacuated the Insured Person to a medical facility due to an emergency Medical Evacuation, We will pay the Insured Person's transportation costs to: a) his or her Home Country or Permanent Residence, or b) his or her host country, or c) to join the group if they have moved onward to a different location.

“Immediate Family Member” means a Covered Person’s spouse, child, brother, sister, parent, grandparent, or in-law.

Benefits for these Covered Expenses will not be payable unless:

1. the Doctor ordering the Emergency Medical Evacuation certifies the severity of the Covered Person’s Medical Emergency requires an Emergency Medical Evacuation;
2. all transportation arrangements made for the Emergency Medical Evacuation are by the most direct and economical conveyance and route possible;
3. the charges incurred are Medically Necessary and do not exceed the charges for similar transportation, treatment, services or supplies in the locality where the expense is incurred; and
4. do not include charges that would not have been made if there were no insurance.

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. In the event the Covered Person refuses to be medically evacuated, we will not be liable for any medical expenses incurred after the date medical evacuation is recommended.

### Repatriation of Remains Benefit

We will pay Repatriation Benefits as shown in the *Schedule of Benefits* for preparation and return of a Covered Person’s body to his or her home if he or she dies as a result of a Medical Emergency while traveling on a covered Trip. Covered expenses include:

1. expenses for embalming or cremation;
2. the least costly coffin or receptacle adequate for transporting the remains;
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.

### Emergency Reunion Benefit

In the event that a Covered Person is: 1) confined in a Hospital as a result of a covered Injury or Sickness and requires an Emergency Medical Evacuation; and 2) the Doctor feels it would be beneficial for the Covered Person to have a Family Member at his or her side during transport. 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 Covered Person.

Covered expenses include an economy airline ticket and other travel related expenses not to exceed the Daily Benefit Maximum and the Maximum Number of Days shown in the Schedule of Benefits.

All transportation and lodging arrangements must be made by the most direct and economical route and conveyance possible and may not exceed the usual level of charges for similar transportation or lodging 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.

“Family Member” means a Covered Person’s parent, sister, brother, husband, wife, child, grandparent, or immediate in-law.

## Trip Delay Benefit

We will reimburse Covered Expenses up to the Daily Benefit per person per day subject to the Maximum Benefit Period and the Benefit Maximum shown in the *Schedule of Benefits*, if a Covered Person’s trip is delayed for more than the Time Period shown in the *Schedule of Benefits*.

Covered Expenses include charges incurred 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 Covered Person’s Trip. Travel Delay must be caused by one of the following reasons:

- (a) Injury, Sickness or death to either the Covered Person, Family Member or traveling companion that occurs during the Trip;
- (b) carrier delay;
- (c) lost or stolen passport, travel documents or money;
- (d) Quarantine;
- (e) Natural Disaster;
- (f) the 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) inclement weather which prohibits Common Carrier departure;
- (l) a Common Carrier strike or other job action;
- (m) equipment failure of a Common Carrier; or
- (n) the loss of the Covered Person's and/or traveling companion's travel documents, tickets or money due to theft.

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

The Covered Person’s Duties in the Event of Loss: The Covered Person 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.

## Trip Interruption Benefit

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

1. the death of a Family Member; or

2. the unforeseen Injury or Sickness of the Covered Person or 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.

## Accidental Death and Dismemberment Benefits

If Injury to the Covered Person results in any one of the losses shown below within 365 days from the date of a Covered Accident, We will pay the Benefit Amount shown below for that loss. The Principal Sum is shown in the *Schedule of Benefits*. If multiple losses occur, only one Benefit Amount, the largest, will be paid for all losses due to the same Covered Accident.

### 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
One Member .....	50% of the Principal Sum
Thumb and Index Finger of the Same Hand .....	25% of the Principal Sum

“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.

## HAZARDS INSURED AGAINST

We will pay benefits described in this Policy when a Covered Person 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 one of the hazards described below when the Covered Accident occurs. Unless otherwise specified, We pay benefits only once for any one Covered Accident or Sickness, even if it is covered by more than one hazard.

### Educational Travel

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 the Maximum Period of Coverage shown in the *Schedule of Benefits* under the Medical Expense Benefit; and
3. engaging in educational activities sponsored by the Policyholder.

## EXCLUSIONS AND LIMITATIONS

We will not pay Accidental Death and Dismemberment Benefits for any loss or Injury that is caused by or results from:

- intentionally self-inflicted injury; suicide or attempted suicide. (Applicable to Accidental Death and Dismemberment benefit only)
- war or any act of war, whether declared or not.
- 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.
- Piloting or servicing as a crewmember in any aircraft (unless otherwise provided in the Policy).
- commission of, or attempt to commit, a felony.
- 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).
- the Covered Person being legally intoxicated as determined according to the laws of the jurisdiction in which the Injury occurred.
- commission of or active participation in an insurrection.

In addition, We will not pay Medical Expense Benefits for any loss, treatment, or services resulting from:

- routine physicals and care of any kind.
- routine dental care and treatment.
- routine nursery care.
- cosmetic surgery, except for reconstructive surgery needed as the result of an Injury.
- eye refractions or eye examinations for the purpose of prescribing corrective lenses or for the fitting thereof; eyeglasses, contact lenses, and hearing aids.
- 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.
- treatment or service provided by a private duty nurse.
- 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.
- 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 Policyholder's activity (unless Personal Deviations are specifically covered).
- 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.
- any treatment provided under any mandatory government program or facility set up for treatment without cost to any individual.
- custodial care.
- services or expenses incurred in the Covered Person's Home Country.



- elective treatment, exams or surgery; elective termination of pregnancy.
- expenses for services, treatment or surgery deemed to be experimental and which are not recognized and generally accepted medical practices in the United States.
- expenses payable by any automobile insurance policy without regard to fault.
- organ or tissue transplants and related services.
- 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.
- birth defects and congenital anomalies, or complications which arise from such conditions.
- Injury resulting from hang gliding; bungee jumping; off-road motorcycling; amateur automobile racing; automobile racing or automobile speed contests; motorcycle racing or horse racing.
- expense incurred for treatment of temporomandibular or craniomandibular joint dysfunction and associated myofascial pain (except as provided by the Policy).
- alcoholism, drug addiction or the use of any drug or narcotic except as prescribed by a Doctor.
- organ or tissue transplants and related services.
- expenses incurred in connection with weak, strained or flat feet, corns, calluses or toenails.
- treatment of acne.
- Injury or Sickness for which benefits are paid or payable under any Workers' Compensation or Occupational Disease Law or Act, or similar legislation, whether United States federal or foreign law.
- Pre-existing Conditions, unless otherwise provided in the Policy (Applicable to Base Plan Option 1, and Upgrade Plan Option 1 Only)
- Mental or Nervous Disorders or rest cures, unless otherwise covered under this Policy. Claims for amounts exceeding the *Schedule of Benefits* limitation will be excluded.

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.

## 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 Covered Person 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.

If a Covered Loss is suffered by a Covered Person who resides outside of the United States, its territories and possessions and in a Country where the Company is not permitted to provide insurance without a License, the Company will pay benefits under the Policy to the Policyholder, who:

1. will hold such payment in trust for the sole use and benefit of the insured person or his or her beneficiary or other person to whom such benefits are payable ("Payee"); and
2. will remit such payment to the Payee in accordance with applicable law.

Any such payment the Company makes to the Policyholder is a full discharge of the Company's liability for the claim for which payment is made.

"Country" includes any political jurisdiction that independently regulates the licensing of insurance companies.

"License" or "Licensed" means with respect to any Country, authorized or otherwise permitted in accordance with applicable law to conduct the business of accident and sickness insurance in such Country.

**Beneficiary:** The Insured may designate a beneficiary for Accidental Death Benefits, if any. 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 Covered Person 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 Covered Person 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. 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 Policyholder will be liable to Us for any unpaid premium for the time the Policy was in force.

## GENERAL PROVISIONS

**Entire Contract; Changes:** The Policy, the application of the Policyholder, a copy of which is attached, endorsements, riders, and the application or participation agreement with the Participating Organization and

attached papers constitute the entire contract between the parties. If an application of a Plan Participant is required, the application of any Plan Participant, at Our option, may also be made a part of this contract.

All statements made by the Policyholder, Participating Organization, or by a Plan Participant are deemed representations and not warranties. No such statement will cause us to deny or reduce benefits or be used as a defense to a claim unless a copy of the instrument containing the statement is or has been furnished to such person; or, in the event of his death or incapacity, his beneficiary or representative. After 2-years from the Plan Participant's effective date of coverage, no such statement, except in the case of fraud or with respect to eligibility for coverage, will cause such coverage to be contested.

No change in the Policy will be valid until approved by one of Our executive officers. This approval must be endorsed on or attached to the Policy. No agent may change the Policy or waive any of its provisions.

**Workers' Compensation Insurance:** The Policy is not in lieu of and does not affect any requirement for coverage under any Workers' Compensation Insurance.

**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 Policyholder. The Policyholder 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.

**Clerical Error:** Clerical error in keeping any records pertaining to the coverage, whether by the Policyholder or by the Company, will not invalidate coverage otherwise validly in force nor continue coverage otherwise validly terminated, provided such clerical error is not prejudicial to the Company and is rectified promptly upon discovery

**Examination Of Records and Audit:** We shall be permitted to examine and audit the Policyholder'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.

**EVIDENCE OF COVERAGE:** Where it is required by law, or upon the request of the Policyholder, an Evidence of Coverage of insurance will be delivered to the Participating Organization for delivery to each Plan Participant. Each Evidence of Coverage will list the benefits, conditions and limits of the Evidence of Coverage. It will state to whom the benefits will be paid.

**ASSIGNMENT:** No assignment of interest in loss of life benefits shall be binding on the Company until the original or duplicate thereof is received by the Company. The Company assumes no responsibility for the validity of such assignment.

**INSOLVENCY:** The insolvency, Bankruptcy, financial impairment, receivership, voluntary plan of arrangement with creditors, or dissolution of the Policyholder will not impose upon the Company any liability other than the liability defined in the Policy. The insolvency of the Policyholder will not make the Company liable to the creditors of the Policyholder, including Plan Participants under the Policy.

**WAIVER:** Failure of the Company to strictly enforce its rights under the Policy at any time or under any circumstance shall not constitute a waiver of such rights by the Company at any time under the same or different circumstances.

**SANCTIONS:** The Company shall not be deemed to provide coverage nor be liable to pay any claim or provide any benefit under this Policy to the extent that the provision of such coverage, payment of such claim or provision of such benefit would expose the Company to any sanction, prohibition or restriction, including under United Nations resolutions, or the trade or economic sanctions, laws or regulations of the European Union, United Kingdom or United States of America.

**COMPLAINTS:** In the event that you remain dissatisfied and wish to make a complaint you can do so to Cultural Insurance Services International, 1 High Ridge Park, Stamford, CT 06905.

**PRIVACY STATEMENT:** We know that your privacy is important to you and we strive to protect the confidentiality of your non-public personal information. We do not disclose any non-public personal information about our insureds or former insureds to anyone, except as permitted or required by law. We maintain appropriate physical, electronic and procedural safeguards to ensure the security of your non-public personal information. You may obtain a detailed copy of our privacy policy by visiting [https://www.culturalinsurance.com/cisi\\_privacy.asp](https://www.culturalinsurance.com/cisi_privacy.asp).

#### **DISCLOSURES:**

**Notice:** Please keep this Brochure as a brief description of the important features of the plan. It is not a contract of insurance. This plan includes both insurance and non-insurance benefits. The terms and conditions of coverage are set forth in the Plan issued to with Fairmont Specialty Trust. For a detailed plan description, exclusions, and limitations please view the plan on file with Camp America on the Camp America Portal. The Policy contains a complete description of all of the terms, conditions, and exclusions of the insurance plan as underwritten by Crum & Forster SPC. The Policy will prevail in the event of any discrepancy between this Brochure and the Policy.

**Note:** This insurance is not subject to and does not provide certain insurance benefits required by the United States' Patient Protection and Affordable Care Act ("PPACA"). PPACA requires certain US citizens or US residents to obtain PPACA compliant health insurance, or "minimum essential coverage." PPACA also requires certain employers to offer PPACA compliant insurance coverage to their employees. Tax penalties may be imposed on U.S. residents or citizens who do not maintain minimum essential coverage, and on certain employers who do not offer PPACA compliant insurance coverage to their employees. In some cases, certain individuals may be deemed to have minimum essential coverage under PPACA even if their insurance coverage does not provide all of the benefits required by PPACA. You should consult your attorney or tax professional to determine whether the policy meets any obligations you may have under PPACA.

#### **CONTACT INFORMATION:**

##### **Claims administrator: Cultural Insurance Services International**

Address: 1 High Ridge Park, Stamford, CT 06905

Phone: 1-800-303-8120 | Fax: 1-203-399-5596 | E-mail: [Claimhelp@mycisi.com](mailto:Claimhelp@mycisi.com)

Website: [www.mycisi.com](http://www.mycisi.com)

##### **Plan Administrator: Cultural Insurance Services International**

Address: 1 High Ridge Park, Stamford, CT 06905

Phone: 1-800-303-8120 | Fax: 1-203-399-5596

Website: [www.mycisi.com](http://www.mycisi.com)

##### **Travel Assistance Team (non-insurance services): On Call International**

Email: [mail@oncallinternational.com](mailto:mail@oncallinternational.com) | Phone: 1-877-714-8179 | 1-603-952-2660



**CRUM & FORSTER®**

A FAIRFAX COMPANY

**Insurer:**

Underwritten by C&F Cayman SPC, a member of the Crum & Forster Group of Companies with an A.M. Best rated A.

**Participating Organization:**

Camp America USA

**Policy Holder:**

Fairmont Specialty Trust

**Policy Holder Address:**

ITA GlobalTrust,LTD  
Suite 4210, 2nd Floor Canella Court,  
48 Market St,  
Camana Bay  
PO Box 32203,  
Grand Cayman KY1-1208,  
Cayman Islands

**Policy Number:**

CC008311

**Policy Effective Date:**

January 1, 2023

**Policy Expiration Date:**

December 31, 2023

The Policy is a legal contract between the Policyholder and Crum & Forster SPC for and on behalf of ITI SP (herein referenced as “the Company”). This Policy is issued by Crum & Forster SPC for and on behalf of ITI SP to the Fairmont Specialty Trust located in the Cayman Islands. This Policy is not subject to U.S. jurisdiction.

**Master Policy** means that certain group insurance policy issued to Fairmont Specialty Trust. **Underwriter** shall mean Crum & Forster SPC.

The Company agrees to provide insurance, in exchange for the payment of the required premium. Coverage is subject to the terms and conditions described in the Policy.

The Company and the Policyholder have agreed to all the terms and conditions of the Policy. The Policy and the coverage provided by it become effective at 12:01 A.M. at the address of the Policyholder on the Policy Effective Date shown above. It continues in effect in accordance with the provisions set forth in the Policy.

**THIS IS LIMITED BENEFIT SHORT DURATION COVERAGE. READ IT CAREFULLY. THE POLICY IS NOT RENEWABLE**

The Company agrees to provide insurance, in exchange for payment of the required premium. Coverage is subject to the terms and conditions described in the Policy. The Company and the Policyholder have agreed to all the terms and conditions of the Policy.

The Company hereby insures all persons whose application has been accepted by Our administrator on behalf of the Company, subject to all the exclusions, limitations and provisions set forth in this Policy. Coverage is afforded only with respect to the Covered Person, the coverage, the amounts, and the limits specified in the Certificate issued to the Covered Person, for which premium has been paid.

By purchasing this insurance provided by Crum & Forster SPC, you become a member of Fairmont Specialty Trust.





# Cultural Insurance Services International – Claim Form

- ▶ **Program Name:** Camp America
- ▶ **Policy Number:** 23 CC008311
- ▶ **Participant ID Number** (from the front of your insurance card):

**Mailing Address:** 1 High Ridge Park, Stamford, CT 06905 | **E-mail:** [claimhelp@mycisi.com](mailto:claimhelp@mycisi.com) | **Fax:** (203) 399-5596  
 For claim submission questions, call (203) 399-5130 or e-mail [claimhelp@mycisi.com](mailto:claimhelp@mycisi.com)

### Instructions:

1. **Fully complete** and sign the medical claim form for each occurrence, indicating whether the Doctor/Hospital has been paid.
2. Attach **itemized bills** for all amounts being claimed. \*We recommend you provide us with a copy and keep the originals for yourself.
3. Approved reimbursements will be paid to the provider of the service unless otherwise indicated.
4. Submit claim form and attachments via mail, e-mail, or by fax (provided above).

**See next page for claimant cooperation provision and additional claim submission instructions.**

**\*\*IMPORTANT:** *If your claim pertains to an Accident, the 'IF IN AN ACCIDENT' section MUST be completed. If your claim pertains to a Sickness/Illness, the 'IF SICKNESS/ILLNESS' section MUST be completed. Failure to complete one of these sections (whichever section pertains to your claim), will cause a delay as we will request for you to complete this form again to include this necessary information in order to process your claim.*

### ▶ NAME AND CONTACT INFORMATION OF THE INSURED

Name of the Insured: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 (month/day/year)

\*Please indicate which is your home address:  U.S. Address  Address Abroad

U.S. Address: \_\_\_\_\_  
 street address apt/unit # city state zip code

Address Abroad: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### ▶ IF IN AN ACCIDENT\*\*

Date of Accident: \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Accident: \_\_\_\_\_ Date of Doctor/Hospital Visit: \_\_\_\_/\_\_\_\_/\_\_\_\_

Description/Details of Injury (attach additional notes if necessary): \_\_\_\_\_  
 \_\_\_\_\_

### ▶ IF SICKNESS/ILLNESS\*\*

Description of Sickness/Illness (attach additional notes if necessary): \_\_\_\_\_

\*Onset Date of Symptoms: \_\_\_\_/\_\_\_\_/\_\_\_\_ \*Date of Doctor/Hospital Visit: \_\_\_\_/\_\_\_\_/\_\_\_\_

Have you had this Sickness/Illness before?  YES  NO If yes, when was the last occurrence and/or doctor/hospital visit? \_\_\_\_\_

### ▶ REIMBURSEMENT\*\*

Have these doctor/hospital bills been paid by you?  YES  NO

If no, do you authorize payment to the provider of service for medical services claimed?  YES  NO

If yes, **you must include the payment receipt(s)**. Any eligible reimbursements will be made in U.S. currency (USD) via check. If you would like your eligible reimbursement in another currency via wire transfer, please contact CISI at 203-399-5130 or [claimhelp@mycisi.com](mailto:claimhelp@mycisi.com) for instructions.

**Please note if you are submitting a claim for prescription medication, you must submit the prescription receipt. This will include your name, the name of the prescribing physician, name of the medication, dosage, date and amount billed. Cash register receipts will not be considered for reimbursement.**

### ▶ FOR CLAIMS UNRELATED TO A MEDICAL INCIDENT PLEASE CHECK THE APPROPRIATE BOX BELOW:

In order to claim monies back related to one of the below benefits, you **MUST** submit the requested documentation found on the following page (Page 2).

TRIP DELAY  TRIP INTERRUPTION

Please provide us with the relevant details of your incident below or the details and value of your loss. You may attach an additional page if necessary:

**STOP! Please see next page for claim submission instructions specific to each of these benefits.**

### ▶ CONSENT TO RELEASE MEDICAL INFORMATION

I hereby authorize any insurance company, Hospital or Physician or other person who has attended or examined me, including those in my home country to furnish to Cultural Insurance Services International or any of their duly appointed representatives, any and all information with respect to any sickness/illness or injury, medical history, consultation, prescriptions or treatment, and copies of all hospital or medical reports. A photo static copy of this authorization shall be considered as effective and valid as the original.

I certify that the information furnished by me in support of this claim is true and correct.

Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Cultural Insurance Services International – Claim Form

Page 2

## **Instructions for Claim Submission on Unrelated to a Medical Incident**

### **Trip Delay, you must submit:**

- Proof of delay
- Receipts for any eligible expense

*If Delayed due to Quarantine trigger, you must also submit:*

- Proof of positive test.
- Proof of Quarantine requirement:
  - a) If required by treating physician/medical authority, a letter must be from the treating physician.
  - b) If required by government officials or authorities, a letter must come from the governmental official or authority.
- Proof of negative test or date of recovery paperwork, showing you can travel again.

### **Trip Interruption, you must submit:**

- Proof of Payment
- Flight Itinerary including your name, travel dates and departure and arrival locations
- Letter stating reason for curtailing travel (if due to a medical condition, the letter must be from the treating physician)
- If death of a family member, obituary or a copy of the death certificate is required as proof

**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.

**This plan is underwritten by Crum and Forster SPC and administered by Cultural Insurance Services International.**



1 High Ridge Park  
Stamford, CT 06905  
800.303.8120  
Fax 203.399.5596  
www.mycisi.com

**CISI**   
CULTURAL INSURANCE  
SERVICES INTERNATIONAL