World Class Coverage Plan

designed for

Institute For Study Abroad, Inc.

Unlimited Plan

CISI
CULTURAL INSURANCE SERVICES INTERNATIONAL

2025-2026

Policy # CC015077-UN

Administered by
Cultural Insurance Services International

Underwritten by
Crum & Forster SPC

MEDICAL

EMERGENCY

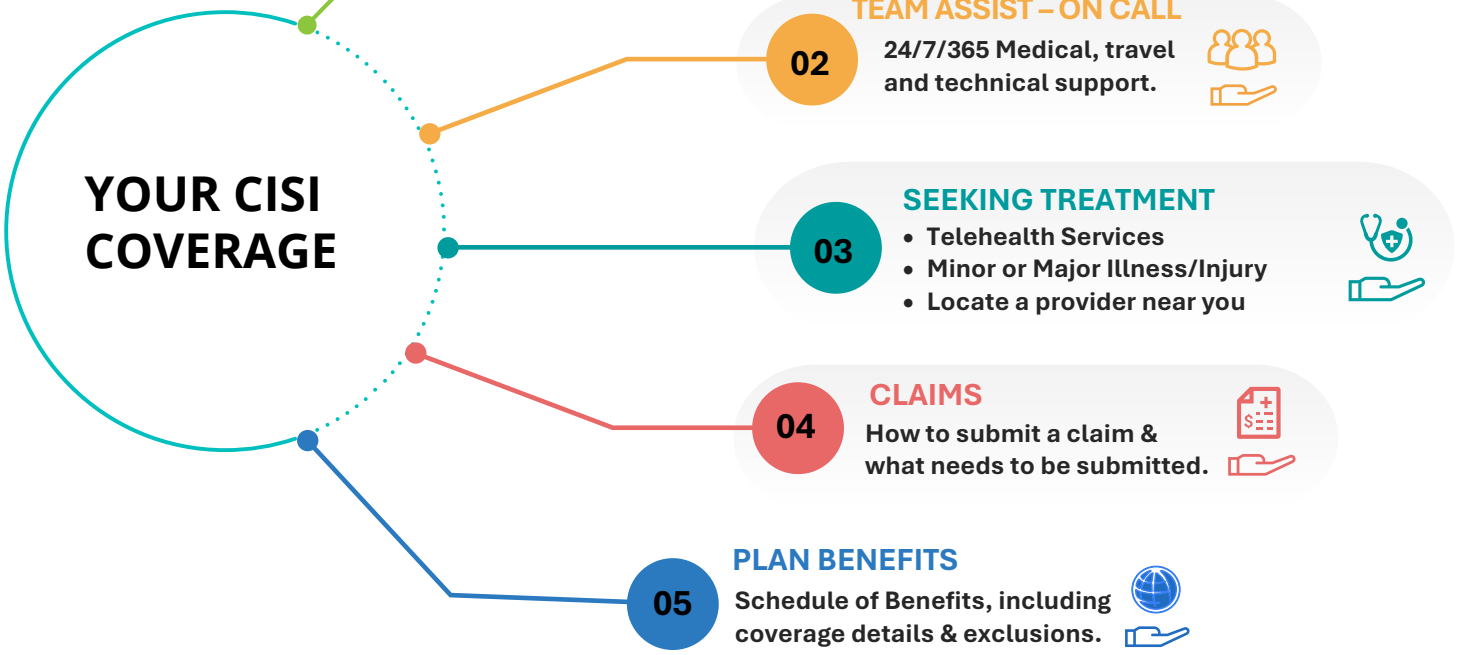
SECURITY

CISI
CULTURAL INSURANCE SERVICES INTERNATIONAL

Welcome to CISI!

No matter how far you travel, we're there.

GET TO KNOW CISI



IMPORTANT CONTACT INFORMATION & LINKS

CISI CLAIMS DEPARTMENT (9AM-5PM EST, Monday-Friday)

CLAIM OR BENEFIT QUESTIONS:

PHONE: (800) 303-8120 | (203) 399-5130
EMAIL: inquiries@mycisi.com

SUBMIT A CLAIM:

ONLINE: Click Here
EMAIL: submityourclaim@mycisi.com

TEAM ASSIST (24/7/365) ON CALL INTERNATIONAL

PHONE: (877) 714-8179 | (603) 952-2660
EMAIL: mail@oncallinternational.com

TELEHEALTH SERVICES

CALL-A-DOC

24/7 Telehealth for Minor Illness or Injury:

Click here for more information.

Disclaimer: This plan contains insurance and non-insurance benefits.

YOUR INSURANCE PLAN AND MATERIALS

You will receive an email once you are enrolled *from* CISI Enrollments, **enrollments@culturalinsurance.com**, with the *subject line* '**CISI Materials**'.
Your welcome email will contain:

- **Plan Brochure**
  Outlines your plan's benefits & coverage details.
  This plan contains insurance and non-insurance benefits.
- **Insurance ID Card**
  Bring this with you when seeking treatment.
- **Consulate Letter**
  If you require a visa and need to show proof of insurance.
- **Portal and Mobile App Links**
  Access your insurance materials & services 24/7/365.
- **CISI Contact Information**
  Email or call CISI if you have questions.
- **Claim Form**
  If you seek treatment & need to submit a claim.

PARTICIPANT PORTAL & CISI TRAVELER APP

Your CISI coverage includes a comprehensive online Portal of tools and resources as well as a Mobile app, allowing you access to:

- **Your Insurance Plan Materials**
  Email/view your insurance plan documents or download for offline access later, which include both insurance and non-insurance benefits.
- **Provider Search**
  Search medical providers worldwide.
- **Claim Information and Submissions**
  Get information on filing claims and opening cases.
- **CISI & Team Assist Contact Information**
  All contact information in one place – CISI Claims and Team Assist.
- **Personal Security Assistance**
  Access security-specific information.
- **Itinerary**
  Add and edit travel plans on-the-go to ensure you can be located in the event of an emergency.
- **Check-in**
  Let your program and CISI know you are safe when unforeseen events occur.
- **Medical Emergency Information**
  Get Team Assist's contact information.
- **Travel Destination Information**
  Get embassy contact details and country-specific details and information, travel alerts and warnings.

CREATE A LOGIN

*As mentioned above, links to both are provided within the **CISI Materials** email, however you can also access them both below.*

MYCISI PARTICIPANT PORTAL:

Go to https://www.culturalinsurance.com/ and click on **Login to myCISI** in the top right to access the myCISI Participant Portal.

CISI TRAVELER APP:

Simply click on the below "Google Play" or "App Store" icons to download:

Available on the App Store ANDROID APP ON Google play

If the icon is not working, Search CISI Traveler, or Cultural Insurance Services International.

CALL-A-DOC
ACROSS THE GLOBE, AROUND THE CLOCK

CISI

Welcome to Call-A-Doc

Courtesy of your sponsoring organization, you have access to medical care anytime day or night. If you have a minor or non-urgent medical need, you can use 24/7 Call-A-Doc to see a doctor or get a prescription from anywhere, at any time using your phone or computer.

What Is Call-A-Doc?

With Call-A-Doc, you can visit with licensed U.S. doctors from anywhere − the comfort of your home, office door room or even hotel room − at your convenience, 24 hours a day, 7 days a week. And because the consultation is free, you'll avoid costly urgent care or ER visit bills.

When Can I Use Call-A-Doc?

Call-A-Doc is for non-emergency issues when you can't get in to see your primary care physician. (Call-A-Doc does not take the place of your regular primary care physician.)

Give us a call:

- You need care right now
- You're thinking about visiting the ER or urgent care for a non-emergency health concern
- You need a short-term prescription refill
- You're out of town on business or pleasure

Care Is There When You Need It

Our highly qualified doctors can help you feel better fast by treating:

- Ear infections
- Cold and flu symptoms
- Urinary tract infections
- Pink eye (conjunctivitis)
- Allergies and sinus problems
- Respiratory infections
- Acne and skin rashes
- Plus so much more!

Want to keep your primary care physician in the loop?

With your consent, Call-A-Doc will provide a record of your consultation to your PCP. Just ask!

(925) 732-4701

C&F CALL-A-DOC is not an insurance provider. C&F CALL-A-DOC does not supersede your association with your primary physician. You must submit the entire electronic medicalrecord (EMR) before your consultation. C&F CALL-A-DOC does not guarantee a prescription will be written. C&F CALL-A-DOC does not prescribe controlled substances or any other drugs with a high risk for abuse.

IN CASE OF A MINOR INJURY OR ILLNESS

SEEK TREATMENT IN PERSON

STEP 1: LOCATE A PROVIDER

Locate a provider near you by using the Provider Search within the CISI Traveler App and Participant Portal or by calling On Call.

STEP 2: SCHEDULE AN APPOINTMENT

Schedule an appointment by contacting the Provider. You can call On Call if you need help.

STEP 3: AT YOUR APPOINTMENT

Be prepared to pay out-of-pocket for *minor* illnesses or injuries.

Present your insurance card when requested.

If the overseas doctor is willing to bill us directly, we are willing and able to pay them directly for covered medical expenses.

Foreign providers can contact your assistance team (**On Call**) toll-free to verify eligibility and/or benefits 24/7/365. This number is provided on your insurance ID card.

If they prefer you pay for any medical services, medicines, or equipment out-of-pocket at the time of your visit, hold onto all documents, bills and receipts to submit a claim for covered expenses.

Are there In-Network and Out-of-Network restrictions?

No, you can seek treatment at any medical facility abroad. There are no In-Network nor Out-of-Network restrictions.

Will this insurance cover the purpose of my visit?

View your plan's coverage brochure if you are unsure if your insurance will cover your appointment. Contact CISI if you have any additional questions.

Who pays for the prescriptions at a pharmacy?

Prescriptions are an out-of-pocket expense. Hold onto the receipt and documentation to submit a claim for covered expenses.

Does my plan have a Deductible?

The Deductible is the amount you have to pay before your benefits 'kick-in' (before insurance pays). Please see your plan's *Schedule of Benefits* to see if you have any Deductible(s).

How do I submit a claim?

See the next page for claim information.

IN CASE OF INPATIENT CARE/SERIOUS ACCIDENT

For all emergencies, seek help without delay at the nearest facility and then, after admittance, open a case with On Call (our 24/7 assistance provider). Opening a case for inpatient care will allow us to monitor your case, provide regular updates to your program and family and address any concerns you may have. In addition, depending on your condition, if deemed medically necessary, the medical evacuation benefit may apply.

CLAIMS SUBMISSIONS & QUESTIONS

SUBMIT A CLAIM BY:

Online Portal: https://www.mycisi.com/ParticipantPortal

Email: submityourclaim@mycisi.com

Mail: 1 High Ridge Park, Stamford, CT, 06905

Fax: (203) 399-5596

SUBMIT A CLAIM ONLINE

LOG INTO myCISI VIA THE ONLINE PORTAL: https://www.mycisi.com/ParticipantPortal

- **If you created a login already**, select I am "Insured". Then enter your Username and Password.
- **If you have not created a login**, Click on the "click here" button to create an account.

1. Go to the **Claim Info & Submission** tab.
2. Click on **Submit a Claim & check the Status Online**.
3. Click on **Submit a Claim** and follow the prompts.
4. Check **claim status** once you've submitted a claim.

SUBMIT A CLAIM BY EMAIL, MAIL OR FAX

STEP 1 — COMPLETE CLAIM FORM

Fully complete and sign the medical claim form for each occurrence, indicating whether the Doctor/Provider has been paid.

STEP 2 — INCLUDE ITEMIZED BILLS & DOCUMENTATION

Attach itemized bills for all amounts being claimed and documentation. *If mailing, we recommend you provide us with a copy and keep the originals yourself.

STEP 3 — SUBMIT CLAIM

You can submit claims by:

Mail: 1 High Ridge Park, Stamford, CT, 06905

Email: submityourclaim@mycisi.com

Fax: (203) 399-5596

How long will it take to be reimbursed for eligible medical expenses paid out-of-pocket?

Turnaround for claim payments is generally 15 business days from receipt date. To check the status of your claim, contact CISI at (800) 303-8120 from 9AM to 5PM EST.

I received a bill from a medical provider. What do I do?

The bill may be for your deductible. Review the charges and see if CISI made a payment on your behalf. The balance may be your responsibility.

If you do not have a deductible in your plan, or have already paid this amount, submit the bill to CISI. Include a completed claim form pertaining to your doctor's visit and proof of payment to be reimbursed for any coverable expenses.

I got a letter from CISI asking for more information. What do I do?

The claims team may send you an email asking you to complete a claim form if it was not provided with your initial submission or was not completed correctly. Complete the claim form and send it back to the submityourclaim@mycisi.com email address. The claims team may need additional documentation that was not submitted with the initial claim. Please email submityourclaim@mycisi.com the information is requesting in order to process the claim or log into your Participant Portal and upload via the Claim Info & Submission tab.

How long do I have to submit a claim?

You can submit a claim within a year of the Date of Service.

Where can I access additional claim forms?

The claim form is provided at the end of your brochure, attached to your welcome email, our website mycisi.com & on the myCISI Participant Portal.

Approved reimbursements will be paid to the provider of the service unless otherwise indicated on the form.
For claim submission questions, call (203) 399-5130, or email inquiries@mycisi.com.
Claims should be submitted for processing as soon as possible (and no later than one year after treatment was received).

TEAM ASSIST (TAP) – ON CALL

CONTACT INFORMATION
PHONE: (877) 714-8179 | (603) 952-2660
EMAIL: mail@oncallinternational.com

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 Accident and Sickness Policy. If you require Team Assist assistance, your ID number is your policy number.

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.

The TAP Offers These Services

(These services are not insured benefits):

MEDICAL ASSISTANCE

Medical Referral: Referrals will be provided for doctors, 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 is admitted to a foreign hospital, the AP will coordinate communication between the Insured's own doctor and the attending medical doctor or doctors. The AP will monitor the Insured's progress and update the family or the insurance company accordingly.

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's medical insurance coverage when necessary to gain admittance to foreign hospitals, and if requested, and approved by the Insured's insurance company, or with adequate credit guarantees as determined by the Insured, provide a guarantee of payment to the treating facility.

Nurse Helpline: The AP provides a Nurse Helpline for when an Insured is uncertain if a minor illness or injury warrants an in-person doctor appointment or hospital visit. The Insured would call the AP and ask to connect with the Nurse Helpline. Once details are provided to the nurse, and if the nurse finds the Insured needs to seek treatment in-person, the AP will assist in arranging an appointment with a provider nearest to the Insured. For all emergent situations, seek treatment without delay. The Nurse Helpline is only for minor illnesses and injuries.

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 whose baggage is lost, stolen or delayed while traveling on a common carrier. The AP will advise the Insured 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.

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

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

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

Institute For Study Abroad, Inc.

Unlimited Plan

2025-2026

Policy # CC015077-UN

Administered by Cultural Insurance Services International • 1 High Ridge Park • Stamford, CT 06905-1322
This plan is underwritten by Crum & Forster SPC

SCHEDULE OF BENEFITS

COVERAGE AND SERVICES	MAXIMUM LIMITS
ACCIDENT AND SICKNESS INSURANCE	
Medical expenses (per Covered Accident or Sickness):	
Deductible	zero
Benefit Maximum	Unlimited
Extension of Benefits	30 days
Home Country Coverage Limit	up to $10,000
TRAVEL ASSISTANCE INSURANCE	
Emergency Medical Reunion	$10,000 (incl. hotel/meals, max $1,000/day)
Trip Delay	up to $500, $100/day, up to 5 days
Trip Interruption	$1,000
TRAVEL ACCIDENT INDEMNITY INSURANCE	
Accidental Death and Dismemberment Per Insured Person	$15,000
PERSONAL PROPERTY INSURANCE	
Baggage and Personal Effects	$250
EVACUATION AND REPATRIATION INSURANCE	
Emergency Medical Evacuation	$250,000
Repatriation of Mortal Remains	$100,000
Security Evacuation (Comprehensive)	$250,000
NON-INSURANCE SERVICES*	
Team Assist Plan (TAP): 24/7 medical, travel, technical assistance	

**Services are not insurance and are not affiliated with or provided by Crum & Forster SPC.*

Benefits are provided for eligible Insured Persons. Terms and conditions are briefly outlined in this summary of coverage. This plan contains both insurance and non-insurance benefits. Complete provisions pertaining to the insurance portion of the plan are contained in the policy. In the event of any conflict between this summary of coverage and the policy, the policy will govern. The policy is a short-term limited duration policy renewable only at the option of the insurer. This is a brief description of the important features of your plan. It is not a contract of insurance. The terms and conditions of coverage are set forth in the Plan issued to your school. For a detailed plan description, exclusions, and limitations please view the plan on file with your school. This insurance is not subject to, and will not be administered as a PPACA (Patient Protection and Affordable Care Act) insurance plan. PPACA requires certain US residents and citizens obtain PPACA compliant insurance coverage. This policy is not subject to guaranteed issuance or renewal. PPO Networks are not provided by Crum & Forster SPC.

Eligibility

Eligible Participant: Eligible Participant means any person who: (1) has become a participant of a group involved in international educational activities, and (2) is temporarily located outside their home country or country of regular domicile as a non-resident alien, and outside the United States, and (3) has not applied for permanent residency status, and (4) for whom the required premium has been paid.

Period of Coverage

When an Insured's Coverage Begins: Coverage will become effective for an Eligible Participant on the later of the following dates, but in no event shall coverage commence prior to the effective date of the Master Policy:

1. the effective date of the Policy;
2. the date requested by the Participating Organization.

When an Insured's Coverage Ends: Coverage will terminate for an Insured on the earliest of the following dates:

1. the date the Master Policy terminates;
2. the expiration date of the term of coverage, requested by the Participating Organization, applicable to the Insured;
3. the date the Insured ceases to meet the Eligibility Requirements described above.

Provisions

Benefits are payable under the Policy for Covered Expenses incurred by an Insured Person for the items stated in the *Schedule of Benefits*. All students and accompanying faculty and staff who are enrolled as an IFSA participants, and who are temporarily pursuing educational activities outside of the United States and their Home Country are eligible for coverage. Benefits shall be payable to either the Insured Person or the Service Provider for Covered Expenses incurred Worldwide, except in the United States or their Home Country. 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 364 days 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.

Accident and Sickness Medical Expenses

We 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 as listed below and subject to Exclusions. Initial treatment of an Injury or Sickness must occur within 30 days of the Accident or onset of the Sickness.

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

Covered Accident & Sickness Medical Expenses

Only such Medically Necessary expenses, incurred as the result of a covered Accident or Sickness, 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 semi-private room and board, floor nursing while confined in a ward or semi-private room of a Hospital and other Hospital 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, and medical Treatment.

- Charges for physiotherapy, if recommended by a Physician for the Treatment of a specific Disablement and administered by a licensed physiotherapist. Physiotherapy Services shall be limited to a total of $50 per visit, excluding x-ray and evaluation charges, with a maximum of 10 visits per injury or illness. The overall maximum coverage per injury or illness is $500.00 which includes x-ray and evaluation charges.
- Dressings, drugs, and medicines that can only be obtained upon a written prescription of a Physician.
- Local transportation to or from the nearest Hospital or to and from the nearest Hospital with facilities for required Treatment. Such Transportation shall be by licensed ground ambulance only, within the metropolitan area in which the Insured Person is located at that time the service is used. If the Insured Person is in a rural area, then qualified licensed ground ambulance transportation to the nearest metropolitan area shall be considered a Covered Expense.
- Nervous or Mental Disorders: are payable, a) up to $10,000 for outpatient treatment; or b) up to $50,000 on an inpatient basis. The Company shall not be liable for more than one such inpatient or outpatient occurrence per lifetime under the Policy with respect to any one Insured.
- With respect to Accidental Dental, an eligible Dental condition shall mean emergency dental repair or replacement to sound, 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).
- Expenses incurred within an Insured Person's Home Country during incidental return trips to his/her Home Country up to the maximum shown on the Schedule of Benefits.
- The policy does pay benefits to a maximum of $10,000 for loss due to a Pre-existing Condition on a primary basis, then secondary up to the maximum of $100,000.
- Routine wellness/preventative care is covered up to a maximum of $250 for routine physical exam; pediatric dental care (exam, cleaning, fluoride treatment); pediatric vision care (exam, frames); immunization vaccines: Diphtheria, Tetanus, Pertussis, Haemophilus Influenza Type B, Hepatitis A, Hepatitis B, Human Papillomavirus, Inactivated Poliovirus, Influenza (Flu Shot), Measles, Meningococcal, Pneumococcal, Rotaviru, and Varicella; alcohol, drug use, and behavioral assessments; blood pressure screening; and depression screening.

Extension of Benefits

Medical benefits are automatically extended 30 days after expiration of Insurance for conditions first diagnosed or treated during or related to your overseas study program with IFSA. Benefits will cease at 12:00 a.m. on the 31st day following Termination of Insurance. Benefits are only payable to the extent that Covered Expenses are not payable under any other domestic health care plan.

Emergency Medical Reunion

When an Insured Person is hospitalized for more than 6 consecutive days, We 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.

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

The benefits reimbursable will include:

- The cost of a round trip economy airfare and their hotel and meals up to the maximum stated in the *Schedule of Benefits*, Emergency Medical Reunion.

Trip Delay Benefit

The Company will reimburse the Insured Person for Covered Expenses on a one-time basis, up to the maximum shown in the *Schedule of Benefits*, if the Insured Person is delayed en route to or from the trip for twelve (12) or more hours due to the following reasons:

a) Any delay of a Common Carrier (including inclement weather, equipment failure and strike or other job action);
b) Any delay by a traffic accident en route to a departure, in which the Insured Person is directly or not directly involved;
c) Any delay due to lost or stolen passports, travel documents, money, quarantine, hijacking, unannounced strike, natural disaster, civil commotion, or riot.

Covered Expenses Include: Meals, lodging, and traveling expenses limited to the amount shown on the *Schedule of Benefits*. Incurred expenses must be accompanied by receipts.

Trip Interruption Benefit

Trip Interruption coverage provides benefits up to the maximum stated in the *Schedule of Benefits*, Trip Interruption the Insured Person incurs for trips if interrupted after departure. Coverage is provided for losses (after the Effective Date) the Insured Person incurs due to the interruption of the Insured Person's trip if caused by Death of a Relative or serious damage to the Insured Person's principal residence from fire, flood, or similar natural disaster (tornado, earthquake, hurricane, etc.).

Coverage is provided for the cost of a round trip air or ground transportation ticket of the same class as the unused travel ticket to return an Insured Person from the International airport nearest to where the Insured Person was located at the time of learning of such death or destruction to the International airport nearest to: (i) the location of the funeral or place of burial in the case of the Unexpected death of a Relative, or (ii) the Insured Person's principal residence in the case of substantial destruction thereof; subject to the following conditions and limitations:

- The Insured Person must be outside of his/her Home Country at the time of the death of the Relative or the substantial destruction of the principal residence; and
- The death of the Relative or the substantial destruction of the residence must have occurred during the Period of Coverage.

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 Covered 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 $1,000,000.

Baggage and Personal Effects Benefit

The Company will reimburse the Insured Person, up to the amount stated in the *Schedule of Benefits*, Baggage and Personal Effects, for theft or damage to baggage and personal effects, checked with a Common Carrier, provided the Insured Person has taken all reasonable measures to protect, save and/or recover his/her property at all times. The baggage and personal effects must be owned by and accompany the Insured Person at all times. There will be a per article limit as shown on the *Schedule of Benefits*. The Company will pay the lesser of the following:

a) The actual cash value (cost less proper deduction for depreciation at the time of loss, theft or damage);
b) The cost to repair or replace the article with material of a like kind and quality; or
c) Per article as stated on the Schedule of Benefits.

Emergency Medical Evacuation Benefit

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

1. Suffers a Medical Emergency during the course of the Trip;
2. Requires Emergency Medical Evacuation; and
3. Is traveling outside of his or her Home Country or country of Permanent Residence.

Covered Expenses:

Medical Transport: Expenses for transportation under medical supervision to a different hospital, treatment facility or to the Insured Person's Home Country or Permanent Residence for Medically Necessary treatment in the event of the Insured Person's Medical Emergency and upon the request of the Doctor designated by Our assistance provider in consultation with the local attending Doctor.

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, an Insured Person's condition cannot be adequately assessed to evaluate the need for transport or evacuation and a doctor or specialist is dispatched by Our assistance provider to the Insured Person's location to make the assessment.

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 Insured Person is age 18 or older; and b) the Insured Person is the only person traveling with the minor Dependent child(ren); and c) the Insured Person suffers a Medical Emergency and must be confined in a Hospital.

Escort Services: Expenses for an Immediate Family Member, or companion who is traveling with the Insured Person, to join the Insured Person during the Insured Person's emergency medical evacuation to a different hospital, treatment facility or the Insured Person's Home Country or Permanent Residence.

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.

Benefits for these Covered Expenses will not be payable unless:

1. The Doctor ordering the Emergency Medical Evacuation certifies the severity of the Insured 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.

Repatriation of Mortal Remains Benefit

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

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, including necessary costs for government authorizations;
4. Escort Services: Expenses for an Immediate Family Member, or companion who is traveling with the Insured Person, to join the Insured Person's body during the repatriation to the Insured 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.

Security Evacuation (Comprehensive)

Coverage (up to the amount shown in the Brochure's *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.

Exclusions and Limitations

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

- Disease of any kind; Sickness of any kind.
- Suicide or attempt thereof by the Insured Person, while sane or self-destruction or any attempt thereof by the Insured Person, while insane.
- Bacterial infections except pyogenic infection which shall occur through an accidental cut or wound.
- Service in the military, naval or air service of any country.
- While riding or driving in any kind of competition.
- 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.
- Any consequence, whether directly or indirectly, proximately or remotely occasioned by, contributed to by, or traceable to, or arising in connection with war, invasion, act of foreign enemy hostilities, warlike operations (whether war be declared or not), or civil war; mutiny, riot, strike, military or popular uprising insurrection, rebellion, revolution, military or usurped power.
- Injury sustained while the Insured Person is riding as a passenger in any aircraft (a) not having a current and valid Airworthy Certificate and (b) not piloted by a person who holds a valid and current certificate of competency for piloting such aircraft.
- Injury occasioned or occurring while the Insured Person is committing or attempting to commit a felony or to which a contributing cause was the Insured Person being engaged in an illegal occupation.

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

- Injury or Illness claim which is not presented to the Company for payment within 12 months of receiving treatment.
- 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.
- Any consequence, whether directly or indirectly, proximately or remotely occasioned by, contributed to by, or traceable to, or arising in connection with war, invasion, act of foreign enemy hostilities, warlike operations (whether war be declared or not), or civil war; mutiny, riot, strike, military or popular uprising insurrection, rebellion, revolution, military or usurped power.
- Injury sustained while participating in professional athletics.
- Injury sustained while participating in Amateur or Interscholastic 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, unless otherwise covered under the policy.
- 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.
- Travel arrangements that were neither coordinated by nor approved by the Assistance Company in advance, unless otherwise specified.
- Cosmetic or plastic Surgery, except as the result of a covered Accident; for the purposes of the 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.
- Treatment for any Mental and Nervous Disorders except as provided in the policy.
- Congenital abnormalities and conditions arising out of or resulting there from.
- 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 (including no-fault automobile) 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.
- Dental care, except as the result of Injury to natural teeth caused by Accident, unless otherwise covered under the 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 or bone marrow transplants and their related treatment.
- Expenses incurred while the Insured Person is in their Home Country, unless otherwise covered under the Policy.
- Weak, strained or flat feet, corns, calluses, or toenails.
- Diagnosis and treatment of acne.
- Sex change operations, or for treatment of sexual dysfunction or sexual inadequacy.
- Weight reduction programs or the surgical treatment of obesity.
- Covered Expenses incurred for which the trip to the host country was undertaken to seek medical treatment for a condition.

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

Company shall be Crum & Forster SPC.
Covered Accident 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 or ordered by a Doctor, and Reasonable and Customary charges incurred while insured under this Policy, and that do not exceed the maximum limits shown in 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 Us. The Deductible amount is stated in the *Schedule of Benefits*, under each stated benefit.
Disablement means an Illness or an Accidental bodily Injury necessitating medical treatment by a Physician as defined in the policy.
Doctor 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.
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 Person's effective date of coverage. Elective Surgery includes, but is not limited to, circumcision, tubal ligation, vasectomy, breast reduction, sexual reassignment surgery, and sub-mucous 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 Injuries suffered in a Covered Accident. Elective Treatment includes, but is not limited to, treatment for acne, nonmalignant warts and moles, weight reduction, infertility, and learning disabilities.
Eligible Benefits means benefits payable by Us to reimburse expenses that are for Medically Necessary services, supplies, care, or treatment due to Sickness or Injury, prescribed, performed or ordered by a Doctor, and 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 an Insured Person's spouse, Domestic Partner, child, brother, sister, parent, grandparent, or immediate in-law.
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 a loss 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 if any and for whom We have accepted premium.
Medically Necessary or **Medical Necessity** means services and supplies received while insured that are determined by Us 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 Doctor 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, adequate, and appropriate treatment.
Mental and Nervous Disorder means a Sickness that is a mental, emotional or behavioral disorder.
Permanent Residenc or **Country of 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.

Pre-existing Condition means an illness, disease, or other condition of the Insured Person that in the 365 days before the Insured 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.

Reasonable and Customary means the maximum amount that We determine is Reasonable and Customary for Covered Expenses the Insured Person receives, up to but not to exceed charges actually billed. Our determination considers: 1) amounts charged by other service providers for the same or similar service in the locality where 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 We determine 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 covered by this 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.

We, Our, Us means the insurance company underwriting this insurance.

DISCLOSURES

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.

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 calling us 1-800-303-8120 or by visiting us at https://www.culturalinsurance.com/cisi_privacy.asp**.**

Complaints: In the event that you remain dissatisfied and wish to make a complaint you can do so to the Complaints team https://www.culturalinsurance.com/cisi_privacy.asp#CONTACT**.**

Data Protection: Please note that sensitive health and other information that you provide may be used by us, our representatives, the insurers and industry governing bodies and regulators to process your insurance, handle claims and prevent fraud. This may involve transferring information to other countries (some of which may have limited, or no data protection laws). We have taken steps to ensure your information is held securely. Where sensitive personal information relates to anyone other than you, you must obtain the explicit consent of the person to whom the information relates both to the disclosure of such information to us and its use as set out above. Information we hold will not be shared with third parties for marketing purposes. You have the right to access your personal records.

THIS IS A LIMITED BENEFIT POLICY. The insurance described in this document provides limited benefits. Limited benefits plans are insurance products with reduced benefits intended to supplement comprehensive health insurance plans. This insurance is not an alternative to comprehensive coverage. It does not provide major medical or comprehensive medical coverage and is not designed to replace major medical insurance. Further, this insurance is not minimum essential benefits as set forth under the Patient Protection and Affordable Care Act.

Insurance benefits are underwritten by Crum & Forster, SPC. C&F and Crum & Forster are registered trademarks of the parent of Crum & Forster, SPC. The Crum & Forster group of companies is rated A+ (Superior) by AM Best Company 2025.

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

Cultural Insurance Services International – Claim Form

- **Group Sponsor Name:** IFSA
- **Policy Number:** 25 CC015077-UN
- **Participant ID Number** (from the front of your insurance card)**:** _____

Mailing Address: **1 High Ridge Park, Stamford, CT 06905 | *E-mail:* submityourclaim@mycisi.com | *Fax:* (203) 399-5596**
Questions? Call (203) 399-5130 *or* e-mail inquiries@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 providing 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 pages 2 for claimant cooperation provision and additional claim submission instructions.

***IMPORTANT - MUST READ BEFORE PROCEEDING:** If your claim pertains to an Accident, SECTION 2 MUST be completed. If your claim pertains to a Sickness/Illness, SECTION 3 MUST be completed. Failure to complete one of these sections (whichever section pertains to your claim), will cause a delay as we will request that you complete this form again to include this necessary information in order to process your claim. For claims related to one of the Travel Assistance Benefits, see Section 5.

SECTION 1: NAME AND CONTACT INFORMATION OF THE INSURED (REQUIRED)

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: _____

SECTION 2: IF IN AN ACCIDENT***

Date of Accident:_____/_____/_____ Place of Accident: _____ Date of Doctor/Hospital Visit:_____/_____/_____

Description/Details of Injury *(attach additional notes if necessary)*:_____

_____

SECTION 3: 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? _____

SECTION 4: 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 inquiries@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.

SECTION 5: FOR CLAIMS UNRELATED TO A MEDICAL INCIDENT PLEASE CHECK THE APPROPRIATE BOX BELOW:

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

☐ Trip Delay ☐ Trip Interruption ☐ Emergency Medical Reunion ☐ Baggage & Personal Effects

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.

SECTION 6: 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:*
  - Proof of positive test performed by a medical professional or laboratory.
  - Proof of Quarantine requirement:
    a) If required by treating physician/medical authority, a letter must be from the treating physician.
    b) If required by local government officials or authorities, a letter must come from the governmental official or authority. If individual letters are no longer being issued in the country of destination, provide proof of government requirement via verifiable source (i.e. local government website, etc).
    c) If no local government guideline exists but insured is unable to travel back to the US due to the airline's adherence to CDC travel guidelines requirements, specify this clearly on claim form and include original flight itinerary.
  - Proof of negative test or date of recovery paperwork, showing you can travel again.
  - Receipts for any eligible expense.
  - Proof of non-refundable expenses.

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.

Emergency Medical Reunion, you must submit:

- Proof of hospitalization, or if Felonious Assault, a report.
- Flight itinerary.
- Hotel Invoice.
- Meal Receipts.

Baggage & Personal Effects, you must submit:

- Itemized listing of items lost or stolen with approximate values at the time of loss.
- Police Report or report and response from transportation carrier.

The Plan is underwritten by Crum & Forster SPC and administered by Cultural Insurance Services International.

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.