

World Class Coverage Plan

designed for

Institute For Study Abroad, Inc.



Hawaii Program



Administered by
Cultural Insurance Services International

Insurance Underwritten by
Crum & Forster SPC

2026
Policy # CC015658-HAWAII



MEDICAL



EMERGENCY

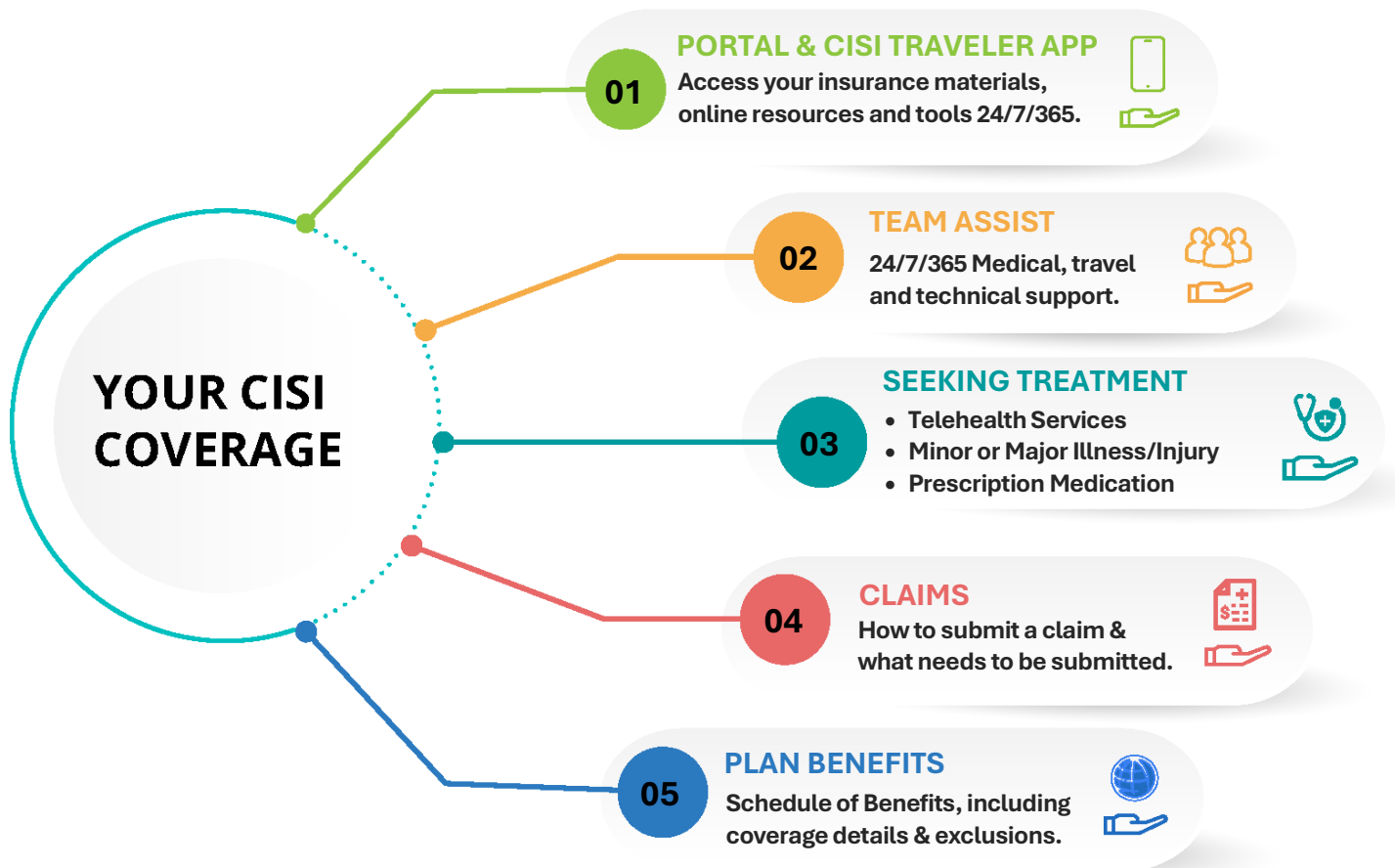


SECURITY

Welcome to CISI!

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

GET TO KNOW CISI



IMPORTANT CONTACT INFORMATION & LINKS

CISI CLAIMS DEPARTMENT (9-5 EST, M-F)

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

PHONE: (877) 714-8179 | (603) 952-2660

EMAIL: mail@oncallinternational.com

AETNA PROVIDER SEARCH:

Locate a Provider near you:

<https://www.culturalinsurance.com/aetna-provider-search>

TELEHEALTH SERVICES:

CALL-A-DOC

24/7 Telehealth for Minor Illness or Injury:

[Click here](#) for more information.

CALL-A-DOC

24/7 Telehealth for MENTAL HEALTH

[Click here](#) for more information.



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.
- **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 Documents**
Email/view your insurance plan documents or download for offline access later, which include both insurance and non-insurance benefits.
- **Provider Search**
Use the Aetna Provider Search on-the-go.
- **Medical Emergency Information**
Get Team Assist's contact information.
- **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).

CREATE A LOGIN

Once you are enrolled you can create a **myCISI** login either via the **CISI Traveler App** or on a computer via the **myCISI Participant Portal**.

*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:



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

UNDERSTANDING YOUR INSURANCE ID CARD

The card contains information for both you and the provider:

This information is for the Medical Provider and Pharmacy:

Your "PPO" Preferred Provider. Network.



PPO/NAP



For the Medical Provider →

GROUP SPONSOR: EXAMPLE
Subscriber Name: SMITH, JOHN
Group #: 0863971-020-00100
Coverage Dates: 04-Jan-2026 to 03-Jan-2027
Member ID: 00123567

Do **NOT** call this number on the front. This information is for the Medical Provider.

This is for a Pharmacy →

Aetna Provider Services Phone #: 1-800-414-0596
Submit claims to: Aetna, P.O. Box 981543, El Paso, TX 79998-1543
For Electronic submissions: Electronic Payer ID# 60054
No Routine Vaccination nor Routine Care Coverage
ScriptSave WellRxID# MSC53233536, **Group #** 8602, **RxBin** 006053, **RxPCN** MSC

Contact & Policy information is for you, and if the Medical Provider needs to contact CISI:

KEEP THIS CARD WITH YOU AT ALL TIMES
MEMBER INFORMATION AND CONTACT INFORMATION

Plan Policy #: 26 CC000000

Underwritten by Crum & Forster SPC, Administered by CISI (Cultural Insurance Services International)

Coverage and/or Claim Questions?

Contact CISI by:

Phone: 1-203-399-5130

Email: inquiries@mycisi.com

FOR EMERGENCIES (24/7/365) - Contact Team Assist (Inpatient or Emergency Care)

Call ON CALL at (877) 714-8179 | (603) 952-2660 call collect from outside the U.S.), Email: mail@oncallinternational.com

For Non-Life Threatening Care use Call-A-Doc Its FREE
You will be connected with a Physician right away. Phone: 925-732-4701

← **Policy Number**

← **CISI Contact Information**

← **Team Assist Information**

← **Telehealth Information**

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 medical record (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.



TELEHEALTH
COUNSELING
PROVIDES USERS
WITH SECURE,
UNLIMITED ACCESS
TO **LICENSED &
EXPERIENCED**
MENTAL HEALTH
CLINICIANS.

Behavioral Telehealth

24/7 Call-A-Doc provides unlimited access, around the clock, to licensed mental health clinicians who provide immediate care plus coordination to external resources (i.e., benefit plan, community resource, EAP, etc.) if ongoing support is necessary.

Benefits of Counseling Include:



ACCESS

Members in rural areas or underserved regions as well as those with mobility programs, have an alternative for accessing care.



CONFIDENTIALITY

Members can access counseling from the privacy of their own home or office.



ASSURANCE

Every call, around the clock, is answered directly by an independently licensed mental health clinician.



ASSESSMENT

Our clinical process provides a comprehensive assessment with in-the-moment support, guidance and advocacy when members need it the most..



CONVENIENCE

By connecting to telehealth care, rather than traveling to a local practitioner, members will reduce out-of-pocket expenses and save time.

All Care Advocates have earned a Master's or PhD degree in mental health discipline, are independently licensed, (LMFT, LCPC, LCSW) and have specialized cultural competence training.

C&F CALL-A-DOC is not an insurance provider. C&F CALL-A-DOC does not supersede your association with your primary physician. 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.

Find Out More By Calling

24/7 Call-A-Doc at 925-732-4701



IN CASE OF A MINOR INJURY OR ILLNESS

SEEKING TREATMENT IN PERSON



STEP 1: LOCATE A PROVIDER NEAR YOU

Use Aetna's Preferred Provider Network website: <https://www.culturalinsurance.com/aetna-provider-search>



STEP 2: SCHEDULE AN APPOINTMENT

If the Medical Provider is not a walk-in clinic, call the Medical Provider and Schedule an Appointment. If you need assistance, contact CISI or Team Assist.



STEP 3: AT YOUR APPOINTMENT

Present your insurance ID card. Either print or save your Insurance Id card to your phone (this can be done through the [CISI Traveler App](#)).

Medical Providers can contact CISI directly, toll-free at (800) 303-8120 to verify eligibility and/or benefits, from 9AM to 5PM EST.

If they ask if you are in the system, please make sure they look at all Aetna systems as they might be looking in the incorrect one.

What is Medical Provider?

Medical Provider refers to a doctor, urgent care, hospital, or other medical facility.

Who is my PPO?

Aetna is your Preferred Provider (PPO) Network and allows access to over 1.2 million medical providers throughout the United States.

What is In-Network and Out-of-Network?

The providers within Aetna's network are known as 'In-Network' Providers. If you go to a Medical Provider 'Out-of-Network', you may be required to pay more out of pocket. Arranging services through a preferred provider is not required, but will help reduce any potential out-of-pocket expenses.

Will this insurance cover the purpose of my visit?

If you are unsure if this insurance will cover your appointment, view your plan's coverage. **It's important to note** that treatment for an illness is secondary to any other insurance plan you may have in place. If you have specific questions that you are unsure of, call CISI.

WHO PAYS AT THE PHARMACY?

Prescription medication will be an out-of-pocket expense. **Present your insurance ID card** at the pharmacy to receive a discount when paying. As long as the medication is for a covered illness or injury, you submit a claim for reimbursement. See the following page for claim submission questions.

What is a prescription receipt?

This is usually stapled to the outside of your pharmacy bag when you pick up your medication. If it has the following information, it's a prescription receipt:

- ✓ Your Name,
- ✓ Your Doctor's Name,
- ✓ Name of Medication,
- ✓ Dosage of Medication,
- ✓ Date Medication was Filled, &
- ✓ Amount of Medication.



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 will apply.



CLAIMS SUBMISSIONS & QUESTIONS

SUBMIT A CLAIM ONLINE

Login to 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.



SUBMIT A CLAIM BY EMAIL, MAIL OR FAX



COMPLETE CLAIM FORM

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



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.



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?

Generally, 15 business days from receipt date if all information is provided to process the claim. 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?

1. Does the bill include your insurance information? If not, you may just have to provide it to them.
2. On the back of the bill or by logging into their website, there is room for you to fill in your insurance information and send it back to them.
3. Once the medical provider has this information, they can send CISI a bill.
4. The bill may be for your deductible or copay. Review the charges and see if CISI made a payment on your behalf. The balance may be your responsibility.

Can I send the bill to CISI?

Yes, but you should also provide your insurance information to your medical provider. Email a copy to submityourclaim@mycisi.com, then complete the provider's insurance form and return it to the provider.

I got a letter from CISI asking for an itemized bill - What is this and do I have to do anything?

We need a specific type of bill from your medical provider. If you received the letter, we've already sent the same request to them, but calling the provider to request an itemized bill and forwarding it to CISI will speed up the process and help ensure your claim can be paid.

I got an Explanation of Benefits - What is this?

This is a statement that CISI sends you when we make a claim payment on your behalf. This shows how much your policy covers and what, if any, cost you should pay to the medical provider.

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

The claims team may ask you to complete a claim form and/or provide additional information in order to process your claim. You can log into your Participant Portal and upload this via the Claims Info & Submission tab, or email the information to submityourclaim@mycisi.com as attachments.

Approved reimbursements will be paid to the provider of the service unless otherwise indicated on the claim. 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.

Hawaii Program

2026

Policy # CC015658-HAWAII

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
TRAVEL ACCIDENT INDEMNITY INSURANCE	
Accidental Death and Dismemberment Per Insured Person	\$15,000
ACCIDENT AND SICKNESS INSURANCE	
Deductible	zero
Accident Medical Expense Maximum	\$50,000 at 100%
Sickness Expense Maximum (Secondary)	\$50,000 at 100%
TRAVEL ASSISTANCE INSURANCE	
Trip Delay	\$500 (\$100/day)
Trip Interruption	\$1,000
EMERGENCY MEDICAL EVACUATION AND REPATRIATION OF MORTAL REMAINS INSURANCE	
Emergency Medical Evacuation	\$250,000
Repatriation of Mortal Remains	\$250,000
SECURITY EVACUATION	
Security and Natural Disaster Evacuation	\$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 educational activities, and (2) is temporarily located 100 miles or more from home or campus in the United States are eligible for coverage, and (3) 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 IFSA participants, and who are temporarily pursuing educational activities within the United States, 100 miles or more from home or campus are eligible for coverage. Benefits shall be payable to either the Insured Person or the Service Provider for Covered Expenses incurred in the United States. 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.

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.

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 room and board, floor nursing and other services inclusive of charges for professional service and with the exception of personal services of a non-medical nature; provided, however, that expenses do not exceed the Hospital’s average charge for semiprivate room and board accommodation.
- Charges made for Intensive Care or Coronary Care charges and nursing services.
- Charges made for diagnosis, treatment and surgery by a Doctor.
- 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, Doctors’ outpatient visits/examinations, clinic care, and surgical opinion consultations.
- Charges made for the cost and administration of anesthetics.
- Charges for medication, x-ray services, laboratory tests and services, the use of radium and radioactive isotopes, oxygen, blood, transfusions, iron lungs, and medical treatment.
- Dressings, drugs, and medicines that can only be obtained upon a written prescription of a Doctor or surgeon.
- Charges made for artificial limbs, eyes, larynx, and orthotic appliances, but not for replacement of such items.
- Local transportation to or from the nearest Hospital or to and from the nearest Hospital with facilities for required treatment. Such transportation shall be by licensed ground ambulance only.
- Charges for physiotherapy, are payable up to \$50 per treatment, if recommended by a Doctor for the treatment of a specific Disablement and administered by a licensed physiotherapist.
- Accidental dental charges for emergency dental repair or replacement to natural teeth damaged as a result of a covered Injury including expenses incurred for services or medications prescribed, performed or ordered by dentist.
- With respect to Palliative Dental, an eligible Dental condition shall mean emergency pain relief treatment to natural teeth up to \$500 (\$250 maximum per tooth).
- Charges due to a Pre-Existing Condition are limited to \$50,000, secondary to any other insurance plan.

Trip Delay Benefit

We will reimburse Covered Expenses up to \$100 per person per day subject up to 5 days subject to a \$500 Maximum Benefit if an Insured’s trip is delayed for more than 8 hours.

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

Insured's Trip. Travel Delay must be caused by one of the following reasons:

- Injury, Sickness or death of the Insured Person;
- carrier delay;
- lost or stolen passport, travel documents or money;
- Quarantine;
- Natural Disaster;
- the Insured being delayed by a traffic accident while en route to a departure;
- hijacking;
- unpublished or unannounced strike;
- civil disorder or commotion;
- riot;
- inclement weather which prohibits Common Carrier departure;
- a Common Carrier strike or other job action;
- equipment failure of a Common Carrier; or
- the loss of the Insured's and/or traveling companion's travel documents, tickets or money due to theft.

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

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

Trip Interruption Benefit

We will reimburse the cost of a round-trip economy air and/or ground transportation ticket of the Insured Person's trip, if his or her trip is interrupted as the result of:

- the death of a Family Member; or
- the unforeseen Injury or Sickness of the Insured Person or a Family Member. The Injury or Sickness must be so disabling as to reasonably cause a trip to be interrupted.

The total benefits payable under the Trip Interruption Benefit will not exceed the maximum stated in 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 include:

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 service provider to the Insured Person's location to make the assessment.

Return of Minor Dependent Child(ren) Expenses to return each minor 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 Covered Person's transportation costs to:

- a) his or her Permanent Residence, or
- b) to join the group if they have moved onward to a different location.

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.

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.

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 a while traveling 100 miles or more from his or her Permanent Residence. Covered expenses include:

- expenses for embalming or cremation;
- the least costly coffin or receptacle adequate for transporting the remains;
- transporting the remains, including necessary costs for government authorizations;
- 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)

We will pay Security Evacuation Expense Benefits to the Insured Person, if:

1. an Occurrence takes place during the Covered Activity described in the Policy and his or her Term of Coverage; and
2. while he or she is traveling 100 miles or more from outside of his or her Home Country or country of Permanent Residence.

Benefits will be subject to the Benefit Maximum shown in the *Schedule of Benefits*.

Benefits will be paid for:

- the Insured Person's Transportation and Related Costs to the Nearest Place of Safety, necessary to ensure his or her safety and well-being as determined by the Designated Security Consultant. Security Evacuation Benefits are payable only once for any one Occurrence.
- the Insured Person's Transportation and Related Costs within 14 days of the Security Evacuation to either of the following locations as chosen by the Insured Person:
 - a) the Insured Person's Home Country or country of Permanent Residence; or
 - b) where the educational institution that sponsored the Insured Person's Trip is located.
- consulting services by a Designated Security Consultant for seeking information on a Missing Person or kidnapping cases, if the Insured Person is considered kidnapped or a Missing Person by local or international authorities.

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. Our assistance provider is not responsible for the availability of Transport services. Where a Security Evacuation becomes impractical due to hostile or dangerous

conditions, a Designated Security Consultant will endeavor to maintain contact with the Insured Person until a Security Evacuation occurs.

Exclusions - We will not pay Security Evacuation Expense Benefits for expenses and fees:

- payable under any other provision of the Policy.
- that are recoverable through the Insured Person's employer.
- arising from or attributable to an actual fraudulent, dishonest or criminal act committed or attempted by the Insured Person, acting alone or in collusion with other persons.
- arising from or attributable to an alleged:
 - a) violation of the laws of country in which the Insured Person is traveling while covered under the Policy; or
 - b) violation of the laws of the Insured Person's Home Country or Permanent Residence.
- due to the Insured Person's failure to maintain and possess duly authorized and issued required travel documents and visas.
- for repatriation of remains expenses.
- for common or endemic or epidemic diseases or global pandemic disease as defined by the World Health Organization.
- for medical services.
- for monies payable in the form of a ransom, if a Missing Person case evolves into a kidnapping.
- arising from or attributable, in whole or in part, to:
 - a) a debt, insolvency, commercial failure, the repossession of any property by any title holder or lien holder or any other financial cause;
 - b) non-compliance by the Insured Person with regard to any obligation specified in a contract or license.
- due to military or political issues if the Insured Person's Security Evacuation request is made more than 30 days after the Appropriate Authority(ies) Advisory was issued.

Right of Recovery

If, after a Security Evacuation is completed, it becomes evident that the Insured Person was an active participant in the events that led to the Occurrence, We have the right to recover all Transportation and Related Costs from the Insured Person.

Changes in Terms and Conditions

The terms and conditions of this Policy may be changed at any time to reflect conditions that, in Our opinion, constitute a change in the Participating Organization's Security Evacuation exposure. We will give at least 31 days advance written notice (or authorized electronic or telephonic means) to the Participating Organization of any change in the terms and condition of this Rider.

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.

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.
- Bacterial infections except pyogenic infections which occur from an accidental cut or wound.
- Neuroses, psychoneuroses, psychopathies, psychoses or mental or emotional diseases or disorders of any type.
- Intentionally self-inflicted Injury; suicide or attempted suicide (Applicable to Accidental Death and Dismemberment benefits only).
- War or any act of war, whether declared or not.
- Injury sustained while riding as a pilot, student pilot, operator, or crew member, in or on, boarding or alighting from, any type of aircraft.

- Injury occasioned or occurring while committing or attempting to commit a felony, or to which the contributing cause was the Insured Person being engaged in an illegal occupation.

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

- 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 Doctor.
- War or any act of war, whether declared or not.
- Injury sustained while participating in professional, amateur, intercollegiate, 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 an Injury or Sickness established by a prior call or attendance of a Doctor.
- Treatment of the temporomandibular joint.
- Any treatment, service or supply not specifically covered by the Policy.
- Services or supplies performed or provided by a Relative of the Insured Person, or anyone who lives with the Insured Person.
- Cosmetic or plastic surgery, except as the result of a covered Injury.
- Elective Surgery or Elective Treatment which can be postponed until the Insured Person returns to his/her Home Country or Permanent Residence, where the objective of the trip is to seek medical advice, treatment or surgery.
- Treatment and the provision of false teeth or dentures, normal hearing 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 an Injury incurred while insured hereunder.
- Treatment while confined primarily to receive custodial care, educational or rehabilitative care, or nursing services.
- Congenital abnormalities and conditions arising out of or resulting therefrom.
- Expenses as a result of 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 mandatory government program or facility set up for treatment without cost to any individual.
- Injury or Sickness covered by Workers' Compensation, Employers' Liability laws, or similar occupational benefits.
- Injuries for which benefits are payable under any no-fault automobile insurance policy.
- Routine dental treatment.
- Drugs, treatments or procedures that either promote or prevent conception, or prevent childbirth, including but not limited to: artificial insemination, treatment for infertility or impotency, sterilization or reversal thereof, or abortion.
- Treatment for human organ tissue transplants and related treatment.
- Weak, strained or flat feet, corns, calluses, or toenails.
- Diagnosis and treatment of acne.
- Injury sustained while the Insured Person is riding as a pilot, student pilot, operator or crew member, in or on, boarding or alighting from, any type of aircraft.
- Dental care, except as the result of Injury to natural teeth caused by a Covered Accident, unless otherwise covered under this Policy.
- Mental or Nervous Disorders or rest cures, unless otherwise covered under this Policy.
- Pregnancy, childbirth or miscarriage.

Definitions

Appropriate Authority(ies) means the government authority(ies) in the Insured Person's Home Country or Permanent Residence or the government authority(ies) of the Host Country.

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.

Dependent means an Insured Person's lawful spouse or an Insured's unmarried child, from the moment of birth to age 19, 25 if a full-time student, who is chiefly dependent on the Insured for support. A child, for eligibility purposes, includes an Insured's natural child; adopted child, beginning with any waiting period pending finalization of the child's adoption; or a stepchild who resides with the Insured or depends on the Insured for financial support. A Dependent may also include any person related to the Insured by blood or marriage and for whom the Insured is allowed a deduction under the Internal Revenue Code.

Insurance will continue for any Dependent child who reaches the age limit and continues to meet the following conditions: 1) the child is handicapped, 2) is not capable of self-support and 3) depends mainly on the Insured for support and maintenance. The Insured must send Us satisfactory proof that the child meets these conditions, when requested. We will not ask for proof more than once a year.

"Dependent" also means an Insured Person's Domestic Partner. "Domestic Partner" means a person of the same or opposite sex of the Insured Person who: 1) shares the Insured Person's primary residence; 2) is financially interdependent with the Insured Person in each of the following ways; a) by holding one or more credit or bank accounts, including a checking account, as joint owners; b) by owning or leasing their permanent residence as joint tenants; c) by naming, or being named by the other as a beneficiary of life insurance or under a will; d) by each agreeing in writing to assume financial responsibility for the welfare of the other. 3) has signed a Domestic Partner declaration with Insured Person, if recognized by the laws of the state in which he or she resides with the Insured Person; 4) has not signed a Domestic Partner declaration with any other person within the last 12 months; 5) is 18 years of age or older; 6) is not currently married to another person; 7) is not in a position as a blood relative that would prohibit marriage.

Designated Security Consultant means an employee of a security firm under contract with Us or Our assistance provider who is experienced in security and measures necessary to ensure the safety of the Insured Person(s) in his or her care.

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.

Effective Date means the date the Insured Person's coverage under the Policy begins. An Eligible Person will be insured on the latest of: 1) the Policy Effective Date; 2) the date he or she is eligible; or 3) the date requested by the Participating Organization provided the required premium is paid.

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.

Evacuation Advisory means a formal recommendation issued by the Appropriate Authorities that the Insured Person or citizens of his or her Home Country or Permanent Residence or citizens of the Host Country leave the Host Country.

Family Member or **Immediate 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 or the United States. Coverage under this Policy is extended to U.S. citizens traveling to U.S. Territories.

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.

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

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.

Missing Person means an Insured Person who disappeared for an unknown reason and whose disappearance was reported to the Appropriate Authority(ies).

Natural Disaster means storm (wind, rain, snow, sleet, hail, lightning, dust or sand) earthquake, flood, volcanic eruption, wildfire or other similar event that: 1) is due to natural causes; and 2) results in such severe and widespread damage that the area of damage is officially declared a disaster area by the government in which the Insured Person's Trip occurs and the area is deemed to be uninhabitable or dangerous.

Nearest Place of Safety means a location determined by the Designated Security Consultant where: 1) the Insured Person can be assumed safe from the Occurrence that precipitated the Insured Person's Security Evacuation; and 2) the Insured Person has access to Transportation; and 3) the Insured Person has the availability of temporary lodging, if needed.

Occurrence means any of the following situations involving an Insured Person: 1) expulsion from a Host Country or being declared persona non-grata on the written authority of the recognized government of a Host Country; 2) political or military events involving a Host Country, if the Appropriate Authorities issue an Advisory stating that citizens of the Insured Person's Home Country or Permanent Residence or citizens of the Host Country should leave the Host Country; 3) Natural Disaster within seven days of an event; 4) deliberate physical harm of the Insured Person confirmed by documentation or physical evidence or a threat against the Insured Person's health and safety as confirmed by documentation and/or physical evidence; 5) the Insured Person had been deemed kidnapped or a Missing Person by local or international authorities and, when found, his or her safety and/or well-being are in question within seven days of his or her being found.

Permanent Residence 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 12 months 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.

Related Costs means food, lodging and, if necessary, physical protection for the Insured Person during the Transport to the Nearest Place of Safety.

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.

Security Evacuation means the extrication of an Insured Person from the Host Country due to an Occurrence which could result in grave physical harm or death to 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.

Termination of Insurance means the Insured Person's coverage will end on the earliest of the following date: 1) the Policy terminates; 2) the Insured Person is no longer eligible; 3) of the last day of the Term of Coverage, requested by the Participating Organization, applicable to the Insured Person; or 4) 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 actual start of the Trip.

Transport or **Transportation** means the most efficient and available method of conveyance. Where practical, economy fare will be utilized. If possible, the Insured Person's common carrier tickets will be used.

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.

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.