

# World Class Coverage Plan



*designed for*

## Au Pair in America



**2023**

**Policy # GLM N04965231**

**Administered by** Cultural Insurance Services International

**Underwritten by** ACE American Insurance Company

mycisi.com | 800.303.8120



MEDICAL



EMERGENCY



SECURITY

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Insurance described is marketed by Cultural Insurance Services International (CISI); insurance is underwritten and provided by ACE American Insurance Company and its U.S. based Chubb underwriting company affiliates. Chubb is the marketing name used to refer to subsidiaries of Chubb Limited providing insurance and related services. For a list of these subsidiaries, please visit our website at [www.chubb.com](http://www.chubb.com).

## CONTACT INFORMATION

### CISI Claims Department (9-5 EST, M-F):

**Phone:** (800) 303-8120 (toll-free) | (203) 399-5130

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

### Team Assist (24/7/365) – AXA Assistance:

**Phone:** (855) 327-1411 | (312) 935-1703

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

### Aetna Provider Search Link:

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

### Download FREE Pharmacy Discount Card:

<https://www.wellrx.com/prescription-discount-card/>

## FAQS (FREQUENTLY ASKED QUESTIONS)



### HOW WILL I RECEIVE MY INSURANCE DOCUMENTS?

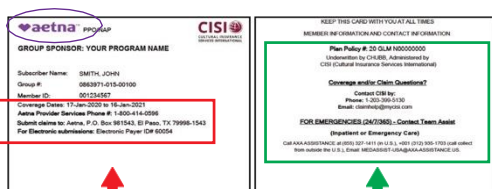
Upon your arrival and your extension, you will receive an email from CISI Enrollments ([enrollments@culturalinsurance.com](mailto:enrollments@culturalinsurance.com)), with the subject line 'CISI Materials'. The email will contain:

- **Insurance ID Card** – You will need this if you need to seek treatment
- **Policy Brochure** – This outlines the coverage under your plan
- **Claim Form** – if you sought treatment and need to submit a claim
- **Link to download the CISI Traveler App and create a myCISI login.** (This will allow you to access your insurance documents at all times.)

### Your Insurance ID Card

Understanding your insurance card information.

Your Preferred Provider Network



#### FOR THE MEDICAL PROVIDER

Do NOT call this number on the front. This information is for the Medical Provider and is NOT the Aetna Provider Search Phone Number.

#### FOR YOU

The backside of the card/second box is contact information. If you have questions or need assistance, contact CISI or Team Assist.



## NEED TO GO TO THE DOCTOR?

### 1. Locate a Medical Provider

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

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

**To locate an In-Network provider near you, use the Aetna Preferred Provider Network website:**

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

(This link is also available in your brochure, on our website [mycisi.com](http://mycisi.com), Participant Portal and within the CISI Traveler App)

### 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.

### 3. At Your Appointment

**Make sure you have your Insurance ID card** either printed, or saved on your phone (this can be done through the CISI Traveler App).

**Present your card at your visit so they can see that Aetna is your PPO Network.** Medical Providers can contact CISI directly, toll-free at (800) 303-8120 to verify eligibility and/or benefits, from 9AM to 5PM EST.

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

Aetna is your Preferred Provider (PPO) Network. The providers within their network are known as In-Network Providers. This means you will receive medical services with Aetna's discounted rates. If you go to a Medical Provider Out-of-Network, you will be subjected to the Medical Provider's rates with no discount from Aetna. Arranging services through a preferred provider is not required, but will help reduce any potential out-of-pocket expenses.

### Do I have to pay at the time of my appointment?

Depending on your type of visit, you may have a copay. If you have a copay, it will appear on the front of your insurance card under 'In-Network Copay'. If there is no 'In-Network Copay' listed on your card, you have no copay (\$0).

### What is a Copay or Coinsurance?

This is the amount of money you will have to pay out-of-pocket for covered medical services.

### What is a Deductible and does my plan have one?

The Deductible is the amount you have to pay before your benefits 'kick-in' (before CISI pays). Please see your plan's Schedule of Benefits to see if you have any Deductible(s) on page 3.

### 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 provided on pages 3-8. If you have specific questions that you are unsure of, call CISI.



### WHO PAYS WHEN PICKING UP A PRESCRIPTION AT A PHARMACY?

Prescription medication will be an out-of-pocket expense. As long as the medication is for an illness or injury that is covered under your policy, you can be reimbursed. Complete a claim form and state clearly why you needed the medication. Submit the completed claim form with the prescription receipt to CISI. 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 the Medication
- Dosage of medication
- Date medication filled
- Amount of medication

## WHAT DO I DO IN CASE OF INPATIENT CARE/SERIOUS ACCIDENT?

**For all emergencies, seek help without delay at the nearest facility and then, after admittance, open up a case with AXA Assistance (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.

## CLAIM QUESTIONS?

If you seek medical treatment for an Injury or Illness and pay out-of-pocket, you are eligible to submit a claim. Claims should be submitted for processing as soon as possible (and no later than one year after treatment was received, if possible).

**Step 1:** Fully complete and sign the medical claim form for each occurrence, indicating whether the Doctor/Hospital has been paid.

**Step 2:** Attach itemized bills for all amounts being claimed and documentation. *\*If mailing, We recommend you provide us with a copy and keep the originals for yourself.*

**Step 3:** You can submit claims by

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

**Email:** claimhelp@mycisi.com, or

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

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 claimhelp@mycisi.com.

**How long will it take to be reimbursed for 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.*

**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.*

**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 give your insurance information to your medical provider. Email a copy to us at claimhelp@mycisi.com and complete the insurance information and send back to the medical provider.*

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

*This means that we need a certain type of bill from the medical provider. If you received the letter, we have sent one to the medical provider as well. However, it does speed things up if you call to request an itemized bill and forward it to CISI. This should ensure that we get what is needed to pay your claims.*

**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.*

## Team Assist Plan (TAP)

The Team Assist Plan is designed by CISI in conjunction with the Assistance Company to provide travelers with a worldwide, 24-hour emergency telephone assistance service. Multilingual help and advice may be furnished for the Insured Person in the event of any emergency during the term of coverage. The Team Assist Plan complements the insurance benefits provided by the Accident and Sickness Policy. If you require Team Assist assistance, your ID number is your policy number. In the U.S., call 1 (855) 327-1411, worldwide call (01 312) 935-1703 (collect calls accepted) or e-mail medassist-usa@axa-assistance.us.

## 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.

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

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

**Coverage Verification/Payment Assistance for Medical Expenses:** The AP will provide verification of the Insured'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.

### 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.

**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.

**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.

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### 2023 Au Pair in America

Policy # GLM N04965231

**Administered by** Cultural Insurance Services International • 1 High Ridge Park • Stamford, CT 06905-1322

**This plan is underwritten by** ACE American Insurance Company

#### SCHEDULE OF BENEFITS

Coverage and Services	Maximum Limits	Coverage and Services	Maximum Limits
<b>Basic Accident and Sickness Insurance</b>		<b>Travel Accident Indemnity Insurance</b>	
<ul style="list-style-type: none"> <li>Basic Medical Expenses (per Accident or Sickness) \$250,000 First \$2,500 at 80%, Remaining \$247,500 at 100%</li> <li>Deductible (per occurrence) \$50</li> <li>Emergency Room Deductible (ER Sickness Only)* \$500</li> <li>Chiropractic Care &amp; Therapeutic Services Outpatient Limit \$50/visit, up to 10 visits, \$500 overall</li> <li>Physiotherapy (Basic) \$100/visit, up to 15 visits, \$1,500 overall</li> <li>Emergency Dental Not Covered</li> <li>Pre-Existing Conditions \$5,000</li> </ul>		<ul style="list-style-type: none"> <li>Accidental Death &amp; Dismemberment \$3,000</li> </ul>	
		<b>Travel Assistance Insurance</b>	
		<ul style="list-style-type: none"> <li>Emergency Medical Reunion up to \$2,000 (incl. hotel/meals, max \$75/day)</li> <li>Trip Interruption \$2,000</li> </ul>	
		<b>Evacuation and Repatriation Insurance</b>	
		<ul style="list-style-type: none"> <li>Emergency Medical Evacuation \$250,000</li> <li>Repatriation of Mortal Remains \$250,000</li> </ul>	
		<b>Personal Property Insurance</b>	
		<ul style="list-style-type: none"> <li>Deductible per Trip \$250</li> <li>Benefit Maximum per Trip \$2,500</li> <li>Benefit Maximum per Item or Set of Items \$250</li> </ul>	
		<b>Non-Insurance Services</b>	
		<ul style="list-style-type: none"> <li>Team Assist Plan (TAP) Package Included</li> <li>Team Assist ID # GLM N04965231</li> </ul>	

*\*The Emergency Room Deductible will be waived if the Insured Person is admitted to the Hospital as an inpatient or if the Sickness is life threatening. Life threatening means the Sickness will likely cause the death of the Insured Person.*

#### OPTIONAL UPGRADES (in addition to Basic)

Coverage and Services	Maximum Limits
<b>Optional Medical Upgrade</b>	
<ul style="list-style-type: none"> <li>An Additional Medical Expense (per Accident or Sickness) \$250,000</li> <li>Deductible (per occurrence) Reduced to zero</li> <li>Emergency Dental \$500</li> <li>Physiotherapy Covered under Basic Medical Expenses</li> </ul>	
<b>Optional Sports Package</b>	
<ul style="list-style-type: none"> <li>Coverage for Sports Related Injuries (Coverage for Sports related injuries are treated as any other covered Injury or Sickness. Complete list Sports covered under this benefit can be found on page 5.)</li> </ul>	<b>Optional Travel Month</b>
	<ul style="list-style-type: none"> <li>Additional Month of Coverage</li> <li>Personal Property Deductible per Trip Reduced to \$100</li> </ul>



Policy terms and conditions are briefly outlined in this Description of Coverage. Complete provisions pertaining to this insurance are contained in the Master Policy on file with Au Pair in America under form number AH-15090. In the event of any conflict between this Description of Coverage and the Master Policy, the Policy will govern.

## Period of Coverage

Au Pair in America provides a basic plan to all program participants, sponsored by the American Institute for Foreign Study. The basic plan provides medical coverage and an accidental death and dismemberment benefit during your 364 day stay as an au pair in the United States.

The Medical Upgrade, Sports Package and Travel Month are options available for purchase prior to your entry into the U.S. However, your purchased levels are not permitted to be altered following your arrival.

They offer increased medical benefits (beyond the basic plan provided to all participants) and medical coverage during your final month of travel in the United States, as well as the lower deductible on your medical claims, depending on what package is purchased. You can also purchase a combination of each.

The Sports Coverage can be purchased separately once in the U.S. and coverage will only be available after a waiting period of 48 hours.

The effective date of your medical coverage is the date you depart your domicile immediately prior to becoming a participant in the program. Your coverage terminates when the first of the following occurs: a) Expiration of the term of coverage; b) Termination of program participation; or c) Direct return to your Home Country after your trip as a participant.

Coverage is afforded to Au Pair in America participants for the duration of their first 364 days on the program. Conditions treated in your first 364 days of coverage do not have benefits payable thereafter. Please contact CISI or Au Pair in America directly if you have questions about further coverage.

## Description of Coverage

All non-German, non-Swiss, and non-Austrian individuals who are enrolled as program participants of the Policyholder and who are temporarily residing inside of the United States and traveling outside of their Home Country are eligible for coverage. If an Insured Person incurs expenses while insured under the Policy due to an Injury or Sickness, We will pay the Usual, Customary and Reasonable Expenses for any Medically Necessary Covered Medical Expenses listed below. All Covered Medical Expenses incurred as a result of the same or related cause, including any complications, shall be considered as resulting from one Sickness or Injury. The amount payable for any one Injury or Sickness will not exceed the Maximum Benefit Limit of \$250,000 for the Basic Plan and \$500,000 for Upgrade Medical Plan. Benefits are subject to the Deductible Amount and Coinsurance Percentages, specified benefits set forth under Covered Medical Expenses, the limitations appearing under Limitations on Covered Medical Expenses, the Exclusions, and the Pre-existing Condition Limitation and to all other limitations and provisions of the Policy.

**Basic Plan:** This is the base plan provided through Au Pair in America and provides \$250,000 of medical benefits per Covered Accident or Sickness. For specific limitations and exclusions, please see Covered Medical Expenses and Exclusions section of the policy brochure. The plan carries a \$50 per occurrence deductible. There is a 20% Coinsurance for the first \$2,500 per policy period.

**Travel Month Plan:** In addition to basic coverage provided through Au Pair in America, prior to your arrival in the United States you may purchase the optional "Travel Month" insurance upgrade for an additional fee. This will provide the Basic Plan Coverage for an additional travel month if the insured stays in the United States. The Basic Plan coverage expires at the end of the Insured's 12th month.

**Sports Package Plan:** In addition to basic coverage provided through Au Pair in America, prior to your arrival in the United States you may purchase the optional "Sports Package" insurance package for an additional fee. This can also be purchased after your arrival. This covers injuries sustained while playing certain Sports as listed on page 4 of this brochure.

**Medical Upgrade Plan:** In addition to basic coverage provided through Au Pair in America, prior to your arrival in the United States you may purchase the optional "Medical Upgrade Package" insurance package for an additional fee. This will reduce your per occurrence deductible from \$50 to zero, carries no Coinsurance and increases your maximum benefit from \$250,000 to \$500,000 for Usual, Customary and Reasonable (UCR) medical expenses incurred per covered Injury or Sickness.

## 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 and treatment by a Doctor.
- Charges for surgery unless such surgery is determined to be non-emergent. If surgery is determined to be non-emergent, the cost of the round trip flight will be covered for you to go back to your Home Country or country of permanent residence to have the surgery performed at your own expense. If you choose to stay in the U.S. and have your surgery, charges will be covered up to the cost of what the roundtrip ticket to your Home Country or country of permanent residence would have been.
- There is a limited overall maximum benefit amount for expenses arising from the following conditions: tumor or related conditions, stroke or cerebrovascular accident or event, cardiovascular accident or event, myocardial

infarction or heart attack, coronary thrombosis, cholelithitis, embolism of any kind, endometriosis, aneurysm, any condition of the breast; any treatment of all forms of cancer/neoplasm; any condition of the prostate; disorders of the reproductive system, hysterectomy; gallstones or urologic stones (kidney, ureteral, bladder or urethral stones and any associated complications); **covered eligible expenses relating to these conditions, including any and all direct or indirect complications arising from these conditions are payable only to an overall maximum of \$20,000 on the Basic plan only.**

- Chiropractic care and Therapeutic 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 Sickness. Overall maximum coverage per Injury or Sickness is \$500.
- Physiotherapy shall be limited to a total of \$100 per session, excluding X-ray and evaluation charges, with a maximum of 15 session per Injury or Sickness. Overall maximum coverage per Injury or Sickness is \$1,500. **The Medical Upgrade plan covers Physiotherapy under Basic Medical Expenses with no per session limitation.**
- 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.
- 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. **This benefit is covered under the Medical Upgrade plan only. Basic Medical plan does not cover Palliative Dental.**
- Diagnosis or treatment of sexually transmitted diseases are limited to \$500.
- Charges due to a Pre-Existing Condition are limited to \$5,000.
- Nervous or Mental Disorders are payable up to the maximum of \$500 for outpatient treatment.

## Sports Coverage

**Only if elected and required premium is paid,** Coverage for Sports related injuries are treated as any other covered Injury

or Sickness. The following is a complete list of Sports covered under this benefit:

Cross Country Skiing, Dog Sledding, Endurance Horse Riding, Figure Skating, Football, Freestyle Skiing, Glacier Skiing, Gymkhana, HeliSkiing, Hurling , Ice Hockey, Ice Skating, Kitesailing, Kitesurfing, Land Luge, Luge, Monoskiing, Mountainboarding, Mounted Orienteering, Nordic Skiing, Parachuting, (solo or tandem but not base jumping) Paragliding (over land), Parapenting (overland), Power Kiting, Rock Climbing (organized tours only), Rollerblading, Rugby Union/League, Sandboarding, Scuba Diving to 40 meters(PADI or equivalent Qualified or under Supervision), Shinty, Show Jumping, Skateboarding, Skeleton, Ski Acrobatics, Ski Stunting, Ski Training/Racing, Ski Bob, Ski Doos (supervised), Skiing, Skydiving, Snow Biking, Snowboarding, Snowmobiles (supervised), Snowshoeing, Snowsurfing, Soaring, Speed Skating Tobogganing, Vaulting, Wakeboarding, Watercross, Winter Triathlon, Zip Line.

## 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, We will pay 100% of the Benefit 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, We will pay the percentage of the Benefit Amount shown below for that Loss:

For Loss of:	Percentage of Maximum Amount:
Life	100%
Two or more Members	100%
Speech and Hearing in Both Ears	100%
One Member	50%
Speech or Hearing in Both Ears	50%
Hearing in One Ear	25%
Thumb and Index Finger of the Same Hand	25%

“Member” means Loss of Hand or Foot and Loss of Sight. “Loss of Hand or Foot” means complete Severance through or above the wrist or ankle joint. “Loss of Sight” means the total, permanent Loss of Sight of one eye. “Loss of Speech” means total and permanent loss of audible communication that is irrecoverable by natural, surgical or artificial means. “Loss of Hearing” means total and permanent Loss of Hearing in an ear that is irrecoverable and cannot be corrected by any means. “Loss of a Thumb and Index Finger of the Same Hand” means complete Severance through or above the metacarpophalangeal joints of the same hand (the joints between the fingers and the hand). “Severance” means the complete separation and dismemberment of the part from the body. 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. Maximum aggregate benefit per occurrence is \$1,000,000.

## Emergency Medical Reunion

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When an Insured Person is hospitalized for more than 7 consecutive days, We will reimburse for expenses incurred for travel, meals and lodging 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, subject to the Benefit Maximum and Daily Benefit shown in the *Schedule of Benefits*.

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.

## Trip Interruption Benefit

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In the event of death or life-threatening Accident or Sickness of an Insured Person's Family Member requiring the return home after arriving for the program placement We will reimburse the round-trip airfare from the host country to the Home Country point of departure and back to the host country. For the purpose of this benefit, life-threatening means the Sickness or Injury could result in death as determined by a Doctor.

Prior notification must be provided to Our appointed Assistance Company and flight arrangements must be made through the Administrator.

## Personal Property Benefit

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We will reimburse the Insured Person the reasonable cost, up to the Benefit Maximum shown in the *Schedule of Benefits* after satisfaction of the Deductible, for replacement of any personal property that is lost or totally destroyed while the Insured Person is on his or her Trip. Replacement costs are calculated on the basis of the depreciated standard for the specific personal item claimed and its average usable period. The Insured Person must demonstrate that he or she has taken reasonable precautions for the safety and security of any covered property, and We require certification by a police or security authority in an incident report.

For any claim the Insured Person makes under this Benefit, We are entitled to make reasonable repairs or salvage efforts to restore his or her personal property or to keep the damaged property if We choose to do so. We will require valid receipts of replacement goods prior to payment of any benefits.

"Personal Property" means personal goods belonging to the Insured or for which the Insured is responsible and are taken on the Trip or acquired by the Insured during the Trip. It does not include vehicles (including aircraft and other conveyances) or their accessories or equipment or laptops.

## Emergency Medical Evacuation Benefit

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We will pay benefits for Covered Expenses incurred up to the maximum limit stated in the *Schedule of Benefits*, if a Medical Emergency commencing during the Period of Coverage results in the Emergency Medical Evacuation of the Insured Person. The Insured Person's Doctor must certify that the severity of the Insured Person's Medical Emergency requires an

Emergency Medical Evacuation. Benefits will not be payable unless the Assistance Company authorizes in advance, and services are rendered by the Assistance Company. All transportation arrangements must be by the most direct and economical route.

Covered Expenses include Medical Transportation, Dispatch of a Doctor or Specialist, Return of Dependent Child(ren), Escort Services, and Transportation After Stabilization.

## Repatriation of Mortal Remains Benefit

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We will pay the reasonable Covered Expenses incurred up to the maximum limit as stated in the *Schedule of Benefits*, to return the Insured Person's remains to his/her Home Country or Permanent Residence, if he or she dies. Covered Expenses include: expenses for embalming, cremation, least costly coffin or container appropriate for transportation, shipping costs including necessary government authorizations, and 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).

Benefits will not be payable unless the Assistance Company authorizes in advance, and services are rendered by the Assistance Company. 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.

**Note:** All Covered Expenses in connection with either **Emergency Medical Evacuation** or **Repatriation of Mortal Remains** must be pre-approved and authorized by an Assistance Company representative appointed by the Company.

## Exclusions and Limitations

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**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:***

- We will not pay benefits for a Pre-existing Condition unless the Covered Person: 1) has not received treatment, care, diagnosis, or advice, or symptoms were not manifested for 12 consecutive months while covered by the Policy; or 2) has been covered by the Policy for more than 12 consecutive months; or 3) was previously covered for such Pre-existing Condition under Creditable Coverage and such Creditable Coverage was continuous to a date less than 63 days prior to the effective date of coverage under the Policy. The exclusion does not apply to pregnancy, and coverage provided to newborn and adopted children.

“Creditable Coverage” means: (1) a self-funded employer group health plan under ERISA; (2) a group or individual health insurance coverage; (3) Part A or Part B. of Medicare; (4) Medicaid; (5) CHAMPUS; (6) the Indian Health Service or of a tribal organization; (7) a state health benefits risk pool; (8) a health plan offered under the federal employees health benefits program (FEHBP); (9) a public health plan; or (10) a health benefit plan. This exclusion does not apply to au pairs who have purchased the Medical Upgrade plan or to au pairs who purchased the Pre-Existing Conditions Standalone plan.

- 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.
- Injury sustained while participating in professional athletics.
- Routine physicals, immunizations, or other examinations where there are no objective indications or impairment in normal health, and laboratory diagnostic or x-ray examinations, except in the course of a Disablement established by a prior call or attendance of a Doctor.
- Treatment of the Temporomandibular joint (TMJ).
- 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 Accident.
- 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 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 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. (except as provided by the policy)
- 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.
- Expenses payable by any automobile insurance policy without regard to fault. (This exclusion does not apply in any state where prohibited).
- 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 or 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.
- Expenses incurred within the Insured Person’s Home Country or country of Permanent Residence, unless otherwise covered under this Policy.
- Any inpatient treatment Mental and Nervous disorders or rest cures, unless otherwise covered under this Policy (including eating disorders such as anorexia and bulimia).
- Pregnancy, childbirth, miscarriage, abortion or any complications of any of these conditions.
- Alcoholism, drug addiction or the use of any drug or narcotic except as prescribed by a Doctor.
- Injury or Sickness that occurs while the Insured Person has been determined to be legally intoxicated as determined according to the laws of the jurisdiction in which the Injury or Sickness occurred, or under the influence of any narcotic, barbiturate, or hallucinatory drug, unless administered by a Doctor and taken in accordance with the prescribed dosage.
- Dental care, except as the result of Injury to natural teeth caused by a Covered Accident, unless otherwise covered under this Policy.

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

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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

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**Company** shall be ACE American Insurance Company.

**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.

**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, 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.

**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.

**Injury** means accidental bodily harm sustained by an Insured Person that results directly and independently from all other causes from a Covered Accident. All injuries sustained by one person in any one accident, including all related conditions and recurrent symptoms of these injuries, are considered a single Injury.

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

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

**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 within 365 days prior to 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.

**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.

**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.

***IMPORTANT NOTICE***

This policy provides travel insurance benefits for individuals traveling outside of their home country. This policy does not constitute comprehensive health insurance coverage (often referred to as “major medical coverage”) and does not satisfy a person’s individual obligation to secure the requirement of minimum essential coverage under the Affordable Care Act (ACA). For more information about the ACA, please refer to [www.HealthCare.gov](http://www.HealthCare.gov)

This information provides a brief description of the important features of the insurance plan. It is not a contract of insurance. The terms and conditions of coverage are set forth in the policy issued in the state in which the policy was delivered under form number AH- 15090. Complete details may be found in the policy on file at your school’s office. The policy is subject to the laws of the state in which it was issued. Please keep this information as a reference.



## Personal Liability Insurance

*designed for*

### 2023 Au Pair in America Participants

Policy Effective January 1, 2023 to December 31, 2023

**Administered by** Cultural Insurance Services International • 1 High Ridge Park • Stamford, CT 06905

**This plan is underwritten by** American Empire Surplus Lines Insurance Company, A Delaware Stock Company

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**Period of Coverage:** The effective date of your Personal Liability coverage is the date you depart your domicile immediately prior to becoming a participant in the program. Your coverage terminates when the first of the following occurs:

- expiration of the term of coverage
- termination of program participation
- direct return to your home country after your trip as a participant

#### **Description of Benefit:**

##### **Personal Liability Insurance (Policy # 23 CG61045)**

The insurer will pay on your behalf all sums which you shall become legally obligated to pay as damages for personal liability claims made against you and reported to the insurer during the policy term. The policy term is your full stay in the U.S. (up to, but not including your 13th month.) The personal liability benefit covers bodily injury and property damage. The limit of coverage is \$100,000 per claim and \$200,000 aggregate limit per policy term per au pair.

##### ***The Personal Liability Insurance Benefit provides the following benefits:***

- **Medical expenses:** The insurer will pay up to \$5,000 on the Insured's behalf for medical expenses resulting from an incident caused by the Insured's activities which result in bodily injury to a person other than the Insured.
- **Additional living expenses:** If the Insured causes an incident that results in the insured's location (host family's home) becoming unfit to live in, the insurer will pay on the Insured's behalf, for any necessary increase in living expenses up to \$5,000 per policy term incurred by the host family so that the household can maintain its normal standard of living.
- **Payment of deductible under homeowners' policy:** If an incident caused by the Insured results in a claim being paid under a valid and collectible homeowner's policy of the host family covering the insured location, the insurer will pay the host family on the Insured's behalf, the amount of their homeowners' policy deductible not to exceed \$1,000 per au pair per policy term.

**Please note: Specific exclusions apply to this benefit (most common is loss resulting from the Insured's use of a motor vehicle). Please contact CISI for further information before making a claim.**



# Cultural Insurance Services International – Claim Form

- ▶ **Program Name:** Au Pair in America
- ▶ **Policy Number:** 23 GLM N04965231
- ▶ **Participant ID Number** (from the front of your insurance card):

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

## INSTRUCTIONS:

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

**See next page for state specific disclaimers, claimant cooperation provision and additional claim submission instructions.**

**\*\*\*IMPORTANT:** 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 for you to 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

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 [claimhelp@mycisi.com](mailto:claimhelp@mycisi.com) for instructions.

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

## 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 below benefits, you **MUST** submit the requested documentation found on the following page (**Page 2**).

- TRIP INTERRUPTION  PERSONAL PROPERTY  EMERGENCY MEDICAL REUNION

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 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.

#### **Personal Property and 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.

#### **Emergency Medical Reunion, you must submit:**

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

**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.

**For residents of Alabama:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution or confinement in prison, or any combination thereof.

**For residents of Arkansas, Louisiana, New Mexico:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**For residents of District of Columbia:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**For residents of California:** For your protection, California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**For residents of Colorado:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

**For residents of Florida:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**For residents of Kansas:** Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**For residents of Kentucky:** Any person who knowingly and with intent to defraud any Insurance Company or other person files an application for insurance containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is crime.

**For residents of Rhode Island:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**For residents of Maine, Tennessee, Virginia, Washington:** It is a crime to knowingly provide false, incomplete or misleading information to an Insurance Company for the purpose of defrauding the Company. Penalties include imprisonment, fines and denial of insurance benefits.

**For residents of Maryland:** Any Person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit, or knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**For residents of New Jersey:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**For residents of New York:** Any person who knowingly and with intent to defraud any Insurance Company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**For residents of Ohio:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**For residents of Oklahoma:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**For residents of Oregon:** Any person who knowingly, and with intent to defraud any insurance company or other persons files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, may be subject to prosecution for insurance fraud.

**For residents of Pennsylvania:** Any person who knowingly and with the intent to defraud any Insurance Company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**For claimants not residing in Alabama, Arkansas California, Colorado, District of Columbia, Florida, Kansas, Kentucky, Louisiana, Maine, Maryland, New Jersey, New Mexico, New York, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, Tennessee, Virginia nor Washington:** Any person who, knowingly presents a false or fraudulent claim for payment of loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

<b>Proof of Loss/Claims Reporting</b>  Phone: (203) 399-5130 Fax: (203) 399-5596	<b>Mail or Fax to:</b> Cultural Insurance Services International 1 High Ridge Park Stamford, CT 06905	<b>Claim Number</b>
		<b>Policy No./Cert. No.</b>

<b>Insured Name:</b>	<b>Home Phone:</b>	<b>Work Phone:</b>
<b>E-mail address:</b>	<b>Cell Phone:</b>	<b>Fax:</b>
<b>Present Address:</b>		
<b>Mailing Address:</b>		
<b>How did the loss happen?</b>		
<b>Date of loss:</b>	<b>Time of loss:</b>	
<b>Location of loss:</b>		

**Policy Report/Security Report:**

- ❖ Where made(address/police precinct no./security company): \_\_\_\_\_  
\_\_\_\_\_  
                                    (city)                                    (country)  Date:\_\_\_\_\_
- ❖ What police action was taken? \_\_\_\_\_  
\_\_\_\_\_

*Please Enclose Police Report For Theft Or Robbery*

Description of Article	Nature and Extent of Damage	Date of Purchase	Original Cost	Amount Claimed
				<b>Total:</b>

**Please attach all important information (i.e. receipts, photographs, carrier documents, appraisals,etc.)**

The property described on this claim form is either owned by myself or an immediate family member. The losses/damages to said property did not exist prior to my move and in no way were caused by me or any member of my family. All statements made in this Statement of Claim and any attached documents are true, correct and complete to the best of my knowledge and belief. I understand that if I make any material misrepresentation or withhold any material information concerning my claim, I will not be entitled to payment and may be subject to termination of employment. I further understand that my entire file may be audited at any time.

\_\_\_\_\_  
**Employee Signature**

\_\_\_\_\_  
**Date**