

# World Class Coverage Plan

*designed for*

## AIFS Study Abroad

### Spain Programs



CULTURAL INSURANCE  
SERVICES INTERNATIONAL



**Administered by**  
Cultural Insurance Services International

**Underwritten by**  
Crum & Forster SPC

2026

Policy # CC015745-S



MEDICAL



EMERGENCY

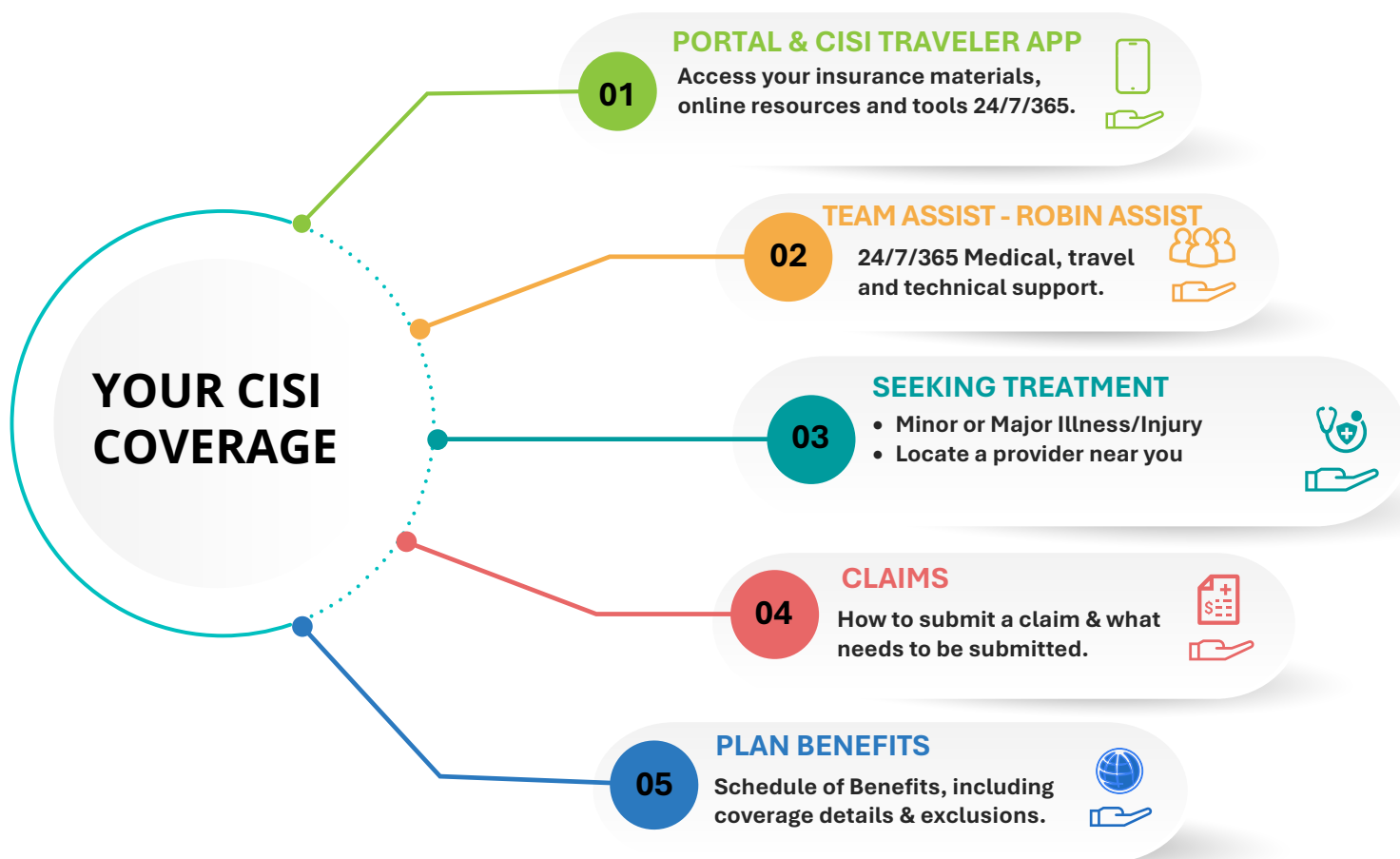


SECURITY

# 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](mailto:inquiries@mycisi.com)

#### SUBMIT A CLAIM:

**ONLINE:** [Click here](#)

**EMAIL:** [submityourclaim@mycisi.com](mailto:submityourclaim@mycisi.com)

### TEAM ASSIST (24/7/365) – ROBIN ASSIST

**PHONE:** (888) 505-2474 | (743) 244-2474

**WHATSAPP:** (743) 244-2474

**EMAIL:** [CISIAssist@RobinAssist.com](mailto:CISIAssist@RobinAssist.com)



## YOUR INSURANCE PLAN & MATERIALS

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

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



## PARTICIPANT PORTAL & CISI TRAVELER APP

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

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

## CREATE A LOGIN

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

### MYCISI PARTICIPANT PORTAL:

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

### CISI TRAVELER APP:

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



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



## IN CASE OF A MINOR INJURY OR ILLNESS

### SEEK TREATMENT IN PERSON

#### STEP 1: LOCATE A PROVIDER

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

#### STEP 2: SCHEDULE AN APPOINTMENT

Schedule an appointment by contacting the Provider. You can call Robin Assist if you need help.

#### STEP 3: AT YOUR APPOINTMENT

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

Present your insurance card when requested.

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

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

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

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

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

#### Will this insurance cover the purpose of my visit?

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

#### Who pays for the prescriptions at a pharmacy?

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

#### Does my plan have a Deductible?

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

#### How do I submit a claim?

See the next page for claim information.



## IN CASE OF INPATIENT CARE/SERIOUS ACCIDENT

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



## CLAIMS SUBMISSIONS & QUESTIONS

### SUBMIT A CLAIM BY:

**Online Portal:** <https://www.mycisi.com/ParticipantPortal>

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

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

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

### SUBMIT A CLAIM ONLINE

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

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



### SUBMIT A CLAIM BY EMAIL, MAIL OR FAX



#### STEP 1

#### COMPLETE CLAIM FORM

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



#### STEP 2

#### INCLUDE ITEMIZED BILLS & DOCUMENTATION

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



#### STEP 3

#### SUBMIT CLAIM

You can submit claims by:

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

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

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

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

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

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

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

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

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

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

#### How long do I have to submit a claim?

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

#### Where can I access additional claim forms?

The claim form is provided at the end of your brochure, attached to your welcome email, our website [mycisi.com](http://mycisi.com) & on the myCISI Participant Portal.

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

**For claim submission questions, call (203) 399-5130, or email [inquiries@mycisi.com](mailto:inquiries@mycisi.com).**

**Claims should be submitted for processing as soon as possible (and no later than one year after treatment was received).**





## TEAM ASSIST (TAP) – ROBIN ASSIST



### CONTACT INFORMATION

**PHONE:** (888) 505-2474 | (743) 244-2474

**WHATSAPP:** (743) 244-2474

**EMAIL:** [CISIAssist@RobinAssist.com](mailto:CISIAssist@RobinAssist.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 and not provided by Crum & Forster SPC):*

### 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.

### TRAVEL ASSISTANCE

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

**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.

**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.

### 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.

# AIFS Study Abroad

## Spain Programs

2026

Policy # CC015745-S

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                             |
|--------------------------------------------------------------------|--------------------------------------------|
| <b>TRAVEL ACCIDENT INDEMNITY INSURANCE</b>                         |                                            |
| Accidental Death and Dismemberment Per Insured Person              | \$25,000                                   |
| <b>ACCIDENT AND SICKNESS INSURANCE</b>                             |                                            |
| Medical expenses (per Covered Accident or Sickness):               |                                            |
| Deductible                                                         | zero                                       |
| Benefit Maximum                                                    | Unlimited                                  |
| Extension of Benefits                                              | 30 days                                    |
| Pre-existing Conditions                                            | \$500                                      |
| Mental and Nervous (per Policy term):                              |                                            |
| Outpatient                                                         | \$2,500                                    |
| Inpatient                                                          | \$10,000                                   |
| <b>TRAVEL ASSISTANCE INSURANCE</b>                                 |                                            |
| Emergency Medical Reunion                                          | (incl. hotel/meals, max \$250/day) \$5,000 |
| Trip Delay                                                         | \$2,500 (\$250/day)                        |
| Trip Interruption                                                  | \$1,000                                    |
| <b>PERSONAL PROPERTY INSURANCE</b>                                 |                                            |
| Personal Property Loss                                             | \$3,000                                    |
| Personal Property Deductible                                       | \$0                                        |
| Per Item Limit                                                     | \$250                                      |
| Electronic Devices Limit                                           | \$250                                      |
| <b>EVACUATION AND REPATRIATION INSURANCE</b>                       |                                            |
| Emergency Medical Evacuation                                       | \$250,000                                  |
| Repatriation of Mortal Remains                                     | \$250,000                                  |
| Security Evacuation (Comprehensive)                                | \$100,000                                  |
| <b>NON-INSURANCE SERVICES*</b>                                     |                                            |
| Team Assist Plan (TAP): 24/7 medical, travel, technical assistance |                                            |

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

Benefits are provided for eligible Insured Persons. Terms and conditions are briefly outlined in this summary of coverage. This plan contains both insurance and non-insurance benefits. Complete provisions pertaining to the insurance portion of the plan are contained in the policy. In the event of any conflict between this summary of coverage and the policy, the policy will govern. The policy is a short-term limited duration policy renewable only at the option of the insurer. This is a brief description of the important features of your plan. It is not a contract of insurance. The terms and conditions of coverage are set

forth in the Plan issued to your school. For a detailed plan description, exclusions, and limitations please view the plan on file with your school. This insurance is not subject to, and will not be administered as a PPACA (Patient Protection and Affordable Care Act) insurance plan. PPACA requires certain US residents and citizens obtain PPACA compliant insurance coverage. This policy is not subject to guaranteed issuance or renewal. PPO Networks are not provided by Crum & Forster SPC.

## Eligibility

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

## Period of Coverage

This plan applies to all AIFS Study Abroad participants in the program of foreign study sponsored by the American Institute for Foreign Study®. The effective date of Medical and Personal Effects coverage is the date you depart your domicile immediately prior to becoming a participant in the AIFS Study Abroad Program for which you have registered. Your coverage terminates when the first of the following occurs:

- the expiration date of the term of coverage
- termination of participation in the program of foreign study
- direct return to your place of domicile after your trip as a participant.

Participants on semester programs: Coverage allows for up to 30 days of personal travel at the end of your program.

## 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 AIFS Study Abroad participants, and who are temporarily pursuing educational activities inside Spain and outside of the United States and their Home Country are eligible for coverage. Benefits shall be payable to either the Insured Person or the Service Provider for Covered Expenses incurred Worldwide, except in the United States or their Home Country. The first such expense must be incurred by an Insured Person within 30 days after the date of the Covered Accident or commencement of the Sickness; and

- All expenses must be incurred by the Insured Person within 364 days from the date of the Covered Accident or commencement of the Sickness; and
- The Insured Person must remain continuously insured under the Policy for the duration of the treatment.

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

## 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

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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

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***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, if recommended by a Doctor for the treatment of a specific Disablement and administered by a licensed physiotherapist. Coverage is limited to a maximum of \$100 per visit not to exceed a total of \$1,500 per injury or illness.
- Nervous or Mental Disorders are payable a) up to \$2,500 for outpatient treatment; or b) up to \$10,000 on an inpatient basis. We shall not be liable for more than one such inpatient or outpatient occurrence under the Policy with respect to any one Insured Person.
- 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. The overall maximum coverage per Injury or Sickness is \$500 which includes x-ray and evaluation charges.
- 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 \$500.

## Extension of Benefits

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

## Emergency Medical Reunion

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When an Insured Person is hospitalized for more than 3 consecutive days, We will reimburse for round trip economy-class transportation for one individual selected by the Insured Person, from the Insured Person's current Home Country to the location where the Insured Person is hospitalized.

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

The benefits reimbursable will include:

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

## Trip Delay Benefit

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We will reimburse Covered Expenses up to \$250 per person per day subject up to 10 days subject to a \$2,500 Maximum Benefit if an Insured's trip is delayed for more than 12 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

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We will reimburse the cost of a round trip ticket of an Insured Person's trip, up to the Benefit Maximum shown in the *Schedule of Benefits*, if his or her trip is interrupted as the result of any one of the following events: 1) the death of a Family Member; or 2) the unforeseen Injury or Sickness of the Insured Person or the Insured Person's Family Member, provided at least 30 days remain in the Insured Person's Term of Coverage at the time he or she notifies Us of the event.

If you travel on an AIFS Study Abroad group flight, this plan will cover the cost up to a maximum \$1,000 of your return air transportation on a regularly scheduled commercial flight (tourist-class) to the original AIFS point of departure if you are unable to complete the program for any of the following reasons: 1) Death of a Family Member; 2) the Insured Person or Family Member suffers an Injury or Sickness that is not a Pre-existing Condition. The Insured Person's or Family Member's Injury or Sickness must be so disabling, as certified by a Doctor, to reasonably cause a trip to be interrupted; or 3) the Insured enters full-time active duty in any Armed Forces; and We receive proof of such active duty service. The total benefits payable under the Trip Interruption Benefit will not exceed the maximum stated in the *Schedule of Benefits*.

## 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.

## Emergency Medical Evacuation Benefit

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

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

### **Covered Expenses:**

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

**Dispatch of a Doctor or Specialist:** The Doctor's or specialist's travel expenses and the medical services provided on location, if, based on the information available, an Insured Person's condition cannot be adequately assessed to evaluate the need for transport or evacuation and a doctor or specialist is dispatched by Our assistance provider to the Insured Person's location to make the assessment.

**Return of Dependent Child(ren):** Expenses to return each Dependent child who is under age 18 to his or her principal residence if a) the Insured Person is age 18 or older; and b) the Insured Person is the only person traveling with the minor Dependent child(ren); and c) the Insured Person suffers a Medical Emergency and must be confined in a Hospital.

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

**Transportation After Stabilization:** If We have evacuated the Insured Person to a medical facility due to an emergency Medical Evacuation, We will pay the Insured Person's transportation costs to: a) his or her Home Country or Permanent Residence, or b) his or her host country, or c) to join the group if they have moved onward to a different location.

### **Benefits for these Covered Expenses will not be payable unless:**

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

Benefits will not be payable unless We (or Our authorized assistance provider) authorize in writing, or by an authorized electronic or telephonic means, all expenses in advance, and services are rendered by Our assistance provider.

## Repatriation of Mortal Remains Benefit

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

### **Covered expenses include:**

1. Expenses for embalming or cremation;
2. The least costly coffin or receptacle adequate for transporting the remains;
3. Transporting the remains, including necessary costs for government authorizations;
4. Escort Services: Expenses for an Immediate Family Member, or companion who is traveling with the Insured Person, to join the Insured Person's body during the repatriation to the Insured Person's place of residence.

All transportation arrangements must be made by the most direct and economical route and conveyance possible and may not exceed the Usual and Customary Charges for similar transportation in the locality where the expense is incurred. Benefits will not be payable unless We (or Our authorized assistance provider) authorize in writing, or by an authorized electronic or telephonic means, all expenses in advance, and services are rendered by Our assistance provider.

## Security Evacuation (Comprehensive)

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Coverage (up to the amount shown in the Brochure's *Schedule of Benefits*, Security Evacuation) is provided for security evacuations for specific Occurrences. To view the covered Occurrences and to download a detailed PDF of this brochure, please go to the following web page: [http://www.culturalinsurance.com/cisi\\_forms.asp](http://www.culturalinsurance.com/cisi_forms.asp).

## 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.

***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 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.
- 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 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.

- Expenses incurred within the Insured Person's Home Country or country of Permanent Residence, unless otherwise covered under this Policy.

***In addition to the Policy Exclusions, We will not pay Personal Property Benefits for:***

- loss or damage due to: a) moth, vermin, insects, or other animals; wear and tear; atmospheric or climatic conditions; or gradual deterioration or defective materials or craftsmanship; b) mechanical or electrical failure; c) any process of cleaning, restoring, repairing, or alteration.
- more than a reasonable proportion of the total value of the set where the loss or damaged article is part of a set or pair.
- cash, currency, devaluation of currency or shortages due to errors or omissions during monetary transactions.
- any loss not reported to either the police or transport carrier within 24 hours of discovery.
- any loss due to confiscation or detention by customs or any other authority.

This insurance does not apply to the extent that trade or economic sanctions or other laws or regulations prohibit Us from providing insurance, including, but not limited to, the payment of claims.

## Subrogation

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

## Definitions

**Company** shall be Crum & Forster SPC.

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

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

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

**Disablement** means an Illness or an Accidental bodily Injury necessitating medical treatment by a Physician as defined in the policy.

**Doctor** as used in this Policy means a doctor of medicine or a doctor of osteopathy licensed to render medical services or perform surgery in accordance with the laws of the jurisdiction where such professional services are performed.

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

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

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

**Family Member** means an Insured Person's spouse, Domestic Partner, child, brother, sister, parent, grandparent, or immediate in-law.

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

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

**Injury** 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 that in the 365 days before the Insured Person's coverage became effective under the Policy: 1) first manifested itself, worsened, became acute, or exhibited symptoms that would have caused a person to seek diagnosis, care, or treatment; or 2) required taking prescribed drugs or medicines, unless the condition for which the prescribed drug or medicine is taken remains controlled without any change in the required prescription; or 3) was treated by a Doctor or treatment had been recommended by a Doctor.

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

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

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

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

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

## **DISCLOSURES**

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

**Privacy Statement:** We know that your privacy is important to you and we strive to protect the confidentiality of your non-public personal information. We do not disclose any non-public personal information about our insureds or former insureds to anyone, except as permitted or required by law. We maintain appropriate physical, electronic and procedural safeguards to ensure the security of your non-public personal information. You may obtain a detailed copy of our privacy policy by calling us 1-800-303-8120 or by visiting us at [https://www.culturalinsurance.com/cisi\\_privacy.asp](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](https://www.culturalinsurance.com/cisi_privacy.asp#CONTACT).

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

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

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

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

- ▶ **Group Sponsor Name:** AIFS Study Abroad
- ▶ **Policy Number:** 26 CC015745-S
- ▶ **Participant ID Number** (from the front of your insurance card): \_\_\_\_\_

**Mailing Address:** 1 High Ridge Park, Stamford, CT 06905 | **E-mail:** [submityourclaim@mycisi.com](mailto:submityourclaim@mycisi.com) | **Fax:** (203) 399-5596

**Questions?** Call (203) 399-5130 or e-mail [inquiries@mycisi.com](mailto:inquiries@mycisi.com)

**INSTRUCTIONS:**

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

**See page 2 for claimant cooperation provision and additional claim submission instructions.**

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

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

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

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

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

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

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

**SECTION 2: IF IN AN ACCIDENT\*\*\***

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

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

**SECTION 3: IF SICKNESS/ILLNESS\*\*\***

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

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

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

**SECTION 4: REIMBURSEMENT\*\*\***

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

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

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

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

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

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

☐ Trip Delay ☐ Trip Interruption ☐ Emergency Medical Reunion ☐ Personal Property

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

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

**SECTION 6: CONSENT TO RELEASE MEDICAL INFORMATION**

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

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

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

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

## Cultural Insurance Services International – Claim Form Page 2

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

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

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

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

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

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

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

#### **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.

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

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#### **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.