CareMed®
International Travel Insurance

Insurance Services 2026/2027 | Policy # 26 CC015665

This Policy is effective for policy holders with a departure date of
June 1st, 2026 through May 31st, 2027

Before Going to a Doctor or Hospital
How to Submit a Claim

When you are in the United States, access to covered medical services is provided by the Aetna Network. Referral can be obtained by calling the toll-free emergency number of the Assistance Center or by visiting our website at www.CareMedus.com.

Kindly note that when calling or visiting a physician or Medical Facility, please make sure to present your ID Card and to mention that you are "Insured under the CareMed Insurance Plan which is part of Aetna". If you are travelling outside of the United States of America, you are able to use any medical provider/facility of your choice. If you need assistance locating a physician/Medical facility in your area, you may contact CareMed Assist, our 24-hour assistance center.

Claim Center

Opening hours: 9:00 am–5:00 pm EST

Mailing Address: CareMed Claims
CISI Claim Department
1 High Ridge Park
Stamford, CT 06905, USA

Phone Numbers: Phone: + 1–203–399–5130
Phone: + 1–866–404–2062 (Press #2)

Claim and Coverage Questions: inquiries@mycisi.com

Claim Submissions: Email: submityourclaim@mycisi.com
Online: Click here

CareMed Assist - 24-Hour Emergency Medical Assistance Service

Your CareMed Insurance Plan includes Caremed Assist, a worldwide 24-Hour Emergency Medical Assistance Service. Multilingual help and advice may be furnished for the Insured in the event of an emergency during the Policy term. To access these services, you must call CareMed Assist at the phone numbers shown below. (Team Assist is a non-insurance service and is not affiliated with C&F Cayman SPC).

CareMed Assist 24-Hour Medical Emergency Numbers:

Toll-Free in the USA: 888-505-2474

Outside of the USA (Call Collect): 743-244-2474

E-mail: CISIAssist@RobinAssist.com

1. CareMed Assist must approve and arrange all medical transportation services insured under this policy. Failure to contact CareMed Assist prior to arranging the following transportation services may result in a denial or reduction of claims payment:
   - Return to the Insured's Home Country
   - Transportation and subsistence allowance for parents
   - Repatriation of deceased

2. Here is a brief summary of the additional services provided under CareMed Assist

Medical Assistance
- Referral to Aetna Network
- Medical monitoring
- Prescription Drug replacement/shipment
- Emergency Message transmittal

Travel Assistance
- Assistance in obtaining emergency cash (CareMed Assist can assist You in obtaining an advance of funds for travel emergencies by coordinating directly with Your Family, or Your credit card company, bank, employer, plan sponsor or other sources of credit.)
- Lost or delayed luggage tracking if lost on a common carrier
- Replacement of lost or stolen airline ticket

Technical Assistance
- Locating legal services
- Bail bond services

Schedule of Benefits - CareMed Platinum

This Plan is underwritten by Crum & Forster SPC

Accident & Sickness	**Maximum Limits**
Medical Expenses in case of Accident or illness	$1,000,000
Call-A-Doc	Included
Deductible Options – Per Injury or Illness	$0
Non-Emergent Emergency Room Illness Deductible (for Zone 1 only)	$300
Emergency Dental Care – Relief of Pain	$2,500
Dental Treatment in Case of Accident	$1,500
Inpatient Mental Nervous	Up to 30 days max
Outpatient Mental Nervous	Up to 30 visits max
Medical Evacuation	$100,000
Repatriation of Remains	$25,000
Out-patient Services:	
Physiotherapy	Up to policy max
Diagnostic X-Ray and Lab Services	100%
Diagnostic CAT Scans and MRI	100%
Medical Aids	$250
Travel Accident Indemnity Insurance	**Maximum Limits**
Accidental Death & Dismemberment	$13,000
Complete Disability	$50,000
Travel Assistance	**Maximum Limits**
Emergency Medical Reunion Benefit	$2,500 (Daily Benefit Max for meals and Lodging $75.00
Interruption of Trip Benefit (available for long-term traveler only – 3 months +)	$2,000
Personal Property Insurance	**Maximum Limits**
Deductible any one event (does not apply to checked luggage)	$50
Theft/damage of personal property	$1,500
Watches and Valuables – 50% of sum Insured	$750
Checked Baggage Delay (24 Hours)	$500
Eyeglasses and Contact lenses	$250
Lost airline ticket	$100
Travel Third Party Liability Insurance (3)	**Maximum Limits**
Personal Liability	$500,000
Damage to Property	$150,000 Overall for personal liability and damage to property not to exceed $500,000
Host Family – Property Damage	$1,000

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 traveling inside the United States, and (3) has not applied for permanent residency status, and (4) for whom the required premium has been paid.

Accident & Sickness Insurance

Medical Expense Benefits

We will pay Medical Expense Benefits for Covered Expenses that result directly, and from no other cause, from a Covered Accident or Sickness. These benefits are subject to the
Deductible, Co-insurance Rate, Maximum Benefit Period, Benefit Maximum, and other terms or limits shown in the Policy.
Medical Expense Benefits are only payable:

1. for Usual and Customary Charges incurred after the Deductible, if any, has been met;
2. for those Medically Necessary Covered Expenses that the Insured incurs; and

for charges incurred for services rendered to the Insured while traveling outside of his or her Home Country or Country of Residence. No benefits will be paid for any expenses incurred that are in excess of Usual and Customary Charges.

Covered Medical Expenses

1. Mental and Nervous Disorders.
2. Hospital semi-private room and board (or room and board in an intensive care or coronary care unit) and general nursing care is provided and charged by the Hospital.
3. Hospital ancillary services (including, but not limited to, use of the operating room or emergency room).
4. Services of a Doctor, surgeon or a registered nurse (R.N.).
5. Anesthetics and their administration provided the first charge is incurred within the Incurral Period shown in the *Schedule of Benefits*.
6. Outpatient X-rays, diagnostic testing and laboratory services (including expenses for technical and diagnostic services).
7. Outpatient diagnostic CAT Scans and Magnetic Resonance Imaging (MRI).
8. Medical preparations and medical devices.
9. Oxygen or rental equipment for administration of oxygen.
10. Physiotherapy when prescribed by a Doctor.
11. Dressings, medicines or drugs administered by a Doctor or that can be obtained only with a Doctor's written prescription.
12. Artificial limbs, rehabilitative braces or appliances, hearing aids and speaking devices, wheelchairs, hernia supports, and elastic stockings that are Medically Necessary for the covered Injury or Sickness (not including replacement of these items). No benefits will be paid for rental charges in excess of the purchase price.
13. Casts, splints, trusses, crutches, and orthotic appliances (not including replacement of these items). No benefits will be paid for rental charges in excess of the purchase price;
14. Ambulance service to and from the nearest Hospital.
15. Dental charges for emergency repair or replacement of sound, natural teeth damaged as a result of a Covered Accident.
16. Dental charges for the emergency alleviation of pain to sound, natural teeth.

Emergency Medical Evacuation Benefit

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

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

Covered Expenses includes:

Medical Transport: expenses for transportation under medical supervision to:

1. the nearest adequate Hospital or treatment facility; or
2. the Insured's Home Country or Country of Residence after being treated at such Hospital or treatment facility, for Medically Necessary treatment in the event of the Insured's Medical Emergency and upon the request of the Doctor designated by Our assistance provider in consultation with the local attending Doctor. Whenever possible, the Insured's return flight ticket will be used for the return transportation.

Benefits for these Covered Expenses will not be payable unless:

1. the Doctor ordering the Emergency Medical Evacuation certifies the severity of the Insured's Medical Emergency requires an Emergency Medical Evacuation or Repatriation;
2. all transportation arrangements made for the Emergency Medical Evacuation or Repatriation are by the most direct and economical conveyance and route possible;
3. Escort Services: expenses for an Immediate Family Member, or companion who is traveling with the Covered Person, to join the Covered Person during the Covered Person's emergency medical evacuation to a different hospital, treatment facility or the Covered Person's place of residence.
4. Transportation After Stabilization: if We have evacuated the Covered Person to a medical facility due to an emergency Medical Evacuation, We will pay the Covered Person's transportation costs to: a) his or her Home Country, or b) his or her host country, or c) to join the group if they have moved onward to a different location.

Repatriation of Remains Benefit

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

Covered expenses include:

1. expenses for embalming or cremation;
2. the least costly coffin or receptacle adequate for transporting the remains; and
3. transporting the remains.
4. Escort Services: expenses for an Immediate Family Member or companion who is traveling with the Covered Person to join the Covered Person's body during the repatriation to the Covered Person's place of residence.

All transportation arrangements must be made by the most direct and economical route and conveyance possible and may not exceed the Usual and Customary Charges for similar transportation in the locality where the expense is incurred. Benefits will not be payable

unless We (or Our authorized assistance provider) authorize in writing, or by an authorized electronic or telephonic means, all expenses in advance, and services are rendered by Our assistance provider.

Neither the Insurer nor CareMed Assist shall be liable for the availability, quantity and quality or success of any and all medical treatment the Insured receives or for the refusal on the part of the Insured to accept any medical assistance offered.

Medical Treatment in Home Country

If it is not acutely necessary to have the Physician provide an expensive and medically necessary treatment immediately and if the costs for the treatment in the Host Country exceed the costs for transporting the Insured home and the condition of the Insured's health allows said transport, the Insurer has the right to decide to transport the Insured home at the cost of the Insurer to have the treatment performed there. The costs of such treatment in the Home Country shall not be paid by the Insurer. The medical reports on the Insured's health condition shall form the basis for said decision. If the Insurer decides to transport the Insured home and should the Insured nevertheless insist upon having the treatment done in the Host Country, the costs of the treatment shall exclusively be the responsibility of the Insured. In this case, the Insurer shall only reimburse the amount that would have been incurred for transport home. The Insurer reimburses this to the Insured directly. The Insured must make a decision within 72 hours after receiving notification from the Insurer of its decision to transport.

Accidental Death and Dismemberment Benefit

If an Insured dies as the direct result, and from no other cause, of a Covered Accident within the Time Period for Loss shown in the *Schedule of Benefits*, We will pay the Principal Sum shown in the *Schedule of Benefits*. If such Injury does not result in the death of the Insured but does result in the Loss of Use within the Time Period for Loss shown in the *Schedule of Benefits*, in any one of the losses shown below, We will pay the scheduled percentage of the Principal Sum applicable to such Insured.
The Covered Loss must be determined by a Doctor to be permanent within 15 months after the date of the Covered Accident. If multiple losses occur from the same Covered Accident, We will not pay more than the Principal Sum shown in the *Schedule of Benefits*. We will pay benefits based on the respective percentage shown in the Schedule of Permanent
Disablement Benefits below, if an Insured is partially or functionally impaired. If any loss is not shown in the Schedule of Permanent Disablement Benefits that affects parts of the body or sensory organs, We will determine the percentage based on the Insured's normal physical or mental incapacity from a purely medical perspective.

Schedule of Covered Losses

Covered Loss	**Benefit Amount**
Life	100% of the Principal Sum
Two or more Members	100% of the Principal Sum
Quadriplegia	100% of the Principal Sum
Loss of Use of Four Limbs	100% of the Principal Sum
Loss of Use of Three Limbs	75% of the Principal Sum
Loss of Use of Two Limbs	67% of the Principal Sum
One Member	50% of the Principal Sum
Hemiplegia	50% of the Principal Sum
Paraplegia	50% of the Principal Sum
Loss of Use of One Limb	50% of the Principal Sum
Thumb & Index Finger of the Same Hand	25% of the Principal Sum
Uniplegia	25% of the Principal Sum

"Quadriplegia" means total Paralysis of both upper and lower limbs. "Hemiplegia" means total Paralysis of the upper and lower limbs on one side of the body. "Uniplegia" means total Paralysis of one lower limb or one upper limb. "Paraplegia" means total Paralysis of both lower limbs or both upper limbs. "Paralysis" means total loss of use. A Doctor must determine the loss of use to be complete and not reversible at the time the claim is submitted.

"Member" means Loss of Hand or Foot, Loss of Sight, Loss of Speech and Loss of Hearing. "Loss of Hand or Foot" means complete Severance through or above the wrist or ankle joint. "Loss of Sight" means the total, permanent Loss of Sight of one eye. "Loss of Speech" means total and permanent loss of audible communication that is irrecoverable by natural, surgical or artificial means. "Loss of Hearing" means total and permanent Loss of Hearing in both ears that is irrecoverable and cannot be corrected by any means. "Loss of a Thumb and Index Finger of the Same Hand" means complete Severance through or above the metacarpophalangeal joints of the same hand (the joints between the fingers and the hand). "Severance" means the complete separation and dismemberment of the part from the body.

"Loss of Use" means total paralysis of a limb or limbs which is determined by a competent medical authority to be permanent, complete and irreversible with respect to: 1) arm, at or above the elbow joint; 2) leg, at or above the knee joint; 3) hand, at or above the wrist joint; and, 4) foot, at or above the ankle joint.

If the Insured dies for reasons unrelated to a Covered Accident within one year after the date of the Covered Accident or more than one year after the date of the Covered Accident, and had a claim arisen previously for disability benefits, We will pay benefits based on the degree of the disability and the last medical examination conducted.

Travel Assistance

CareMed Assist shall provide the insured with Travel Assistance in either of the following scenarios (Team Assist is a non-insurance service and is not affiliated with C&F Cayman SPC).

Trip Interruption Benefit

We will reimburse the cost of a round trip economy air and/or ground transportation ticket for a Trip, up to the Maximum Benefit shown in the *Schedule of Benefits*, if your Trip is interrupted as the result of:

1. the death of a Family Member; or
2. the unforeseen Injury or Sickness or of a Family Member. The Injury or Sickness must be so disabling as to reasonably cause a Trip to be interrupted; or
3. a Medically Necessary covered Emergency Medical Evacuation to return the Covered Person to his or her Home Country or to the area from which he or she was initially evacuated for continued treatment, recuperation and recovery of an Injury or Sickness; or
4. substantial destruction of the Covered Person's principal residence by fire or weather-related activity.

"Family Member" means a Covered Person's parent, sister, or brother

Emergency Medical Reunion Benefit

In the event an Insured Person has been confined in a Hospital for more than 10 (ten) consecutive days due to a covered Injury or Sickness, We will reimburse the expenses incurred for travel and lodging for one individual selected by the Insured Person, from the Insured Person's 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 authority 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.

In the event that an Insured Person dies as a result of a covered Injury or Sickness, We will pay the expenses incurred for emergency travel arrangements, up to the Benefit Maximum shown in the *Schedule of Benefits*, for a Family Member to accompany the mortal remains of the deceased Insured Person.

This benefit is limited to the Benefit Maximum shown in the *Schedule of Benefits*. Covered Expenses include an economy round-trip airline ticket and other travel related expenses not to exceed the Aggregate Benefit Maximum and the Daily Benefit Maximum shown in the *Schedule of Benefits*.

Personal Property Benefit

We will reimburse you for 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 you are on a Trip. Replacement costs are calculated on the basis of the depreciated standard for the specific personal item claimed and its average usable period. You must demonstrate that you have taken reasonable precautions for the safety and security of any covered property, and the Company require certification by a police or security authority in an incident report.

For any claim you make under this Benefit, the Company is entitled to make reasonable repairs or salvage efforts to restore his or her personal property or to keep the damaged property if the Company chooses to do so. The Company will require valid receipts of replacement goods prior to payment of any benefits.

"Personal Property" means personal goods belonging to you or acquired by you during the Trip. It does not include vehicles (including aircraft and other conveyances) or their accessories or equipment.

Checked Baggage

We will pay benefits for:

1. lost or damaged baggage while in the custody of a travel carrier, lodging provider or left baggage office.
2. recovering the baggage and for the purchase of essential replacement items, for the checked baggage fails to reach the destination on the same day as the Insured.

Baggage Left in Parked Vehicles

We will pay benefits if baggage is stolen from a locked, parked vehicle and any packing boxes securely locked in the vehicle, if lost occurs between the hours of 6:00 a.m. and 10:00 p.m. If the Trip is interrupted for a period lasting no longer than two hours, insurance will also apply during the night.

All Other Travel Periods

During the remaining travel period, coverage will apply if baggage is lost or damaged as a result of:

1. theft, burglary, robbery, armed robbery, intentional damage to property by third parties;
2. accidents involving Injury to the Insured or damage to the means of transport; or
3. fire, elemental occurrences, force majeure.

Lost Airline Tickets

We will reimburse any fees incurred for issuing of a new ticket up to the Benefit Maximum shown in the *Schedule of Benefits*, if an airline ticket is lost.

Property Not Covered

In addition to the Policy Exclusions, We will not pay Personal Property Benefit(s) for:

1. loss or damage due to: (i) moth, vermin, insects, or other animals; wear and tear; atmospheric or climatic conditions; or gradual deterioration or defective materials or craftsmanship; (ii) mechanical or electrical failure; (iii) any process of cleaning, restoring, repairing, or alteration.
2. 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.
3. cash, currency, devaluation of currency or shortages due to errors or omissions during monetary transactions.
4. any loss not reported to either the police or transport carrier within 24 hours of discovery.
5. any loss due to confiscation or detention by customs or any other authority.

If We determine the benefits paid under this Policy are eligible benefits under any other benefit plan, We may seek to recover any expenses covered by another plan to the extent that the Insured is eligible for reimbursement.

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

HAZARDS INSURED AGAINST

We will pay benefits described in the Policy when an Insured suffers a loss or Injury as a result of a Covered Accident or Sickness during one of the Covered Activities listed in the *Schedule of Benefits*. We will only pay benefits if the Insured is engaged in the hazard described below when the Covered Accident or Sickness occurs.

Educational Activities

We will pay the benefits described in this Policy only if a Covered Person suffers a loss or incurs a Covered Expense as the direct result of a Covered Accident or Sickness while traveling:

1. outside of his or her Home Country;
2. up to 365 days; and
3. engaging in educational activities sponsored by the Policyholder.

Exclusions and Limitations

For benefits listed under Accidental Death and Dismemberment, this insurance does not cover:

1. intentionally self-inflicted injury; suicide or attempted suicide. (Applicable to AD&D Benefits Only)
2. war or any act of war, whether declared or not.
3. a Covered Accident that occurs while a Covered Person is on active duty service in the military, naval or air force of any country or international organization. Upon receipt of proof of service, we will refund any premium paid for this time. Reserve or National Guard active duty training is not excluded unless it extends beyond 31 days.
4. piloting or serving as a crewmember in any aircraft (unless otherwise provided in the Policy).
5. commission of, or attempt to commit, a felony.
6. sickness, disease, bodily or mental infirmity, bacterial or viral infection, or medical or surgical treatment thereof, except for any bacterial infection resulting from an accidental external cut or wound or accidental ingestion of contaminated food (Applicable to accident benefits only).
7. the Covered Person being legally intoxicated as determined according to the laws of the jurisdiction in which the Injury occurred.
8. riding in any aircraft except as a fare-paying passenger on a regularly scheduled or charter airline.
9. commission of or active participation in a riot or insurrection.
10. an accident if the Covered Person is the operator of a motor vehicle and does not possess a valid motor vehicle operator's license.

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

1. routine physicals and care of any kind.
2. routine dental care and treatment.
3. routine nursery care.
4. pregnancy or childbirth (unless otherwise provided in the Policy). This does not apply if treatment is required as a result of a medical Emergency.

5. cosmetic surgery, except for reconstructive surgery needed as the result of an Injury.
6. •eye refractions or eye examinations for the purpose of prescribing corrective lenses or for the fitting thereof; eyeglasses, contact lenses, and hearing aids.
7. services, supplies, or treatment including any period of Hospital confinement which is not recommended, approved, and certified as Medically Necessary and reasonable by a Doctor, or expenses which are non-medical in nature.
8. treatment or service provided by a private duty nurse.
9. treatment by any Immediate Family Member or member of the Insured's household. "Immediate Family Member" means a Covered Person's spouse, child, brother, sister, parent, grandparent, or in-laws.
10. expenses incurred during travel for purposes of seeking medical care or treatment, or for any other travel that is not in the course of the Participating Organization's activity (unless Personal Deviations are specifically covered).
11. medical expenses for which the Covered Person would not be responsible to pay for in the absence of the Policy. Expenses incurred for services provided by any government Hospital or agency, or government sponsored-plan for which, and to the extent that, the Covered Person is eligible for reimbursement.
12. any treatment provided under any mandatory government program or facility set up for treatment without cost to any individual.
13. custodial care.
14. services or expenses incurred in the Covered Person's Home Country.
15. elective treatment, exams or surgery; elective termination of pregnancy.
16. expenses for services, treatment or surgery deemed to be experimental and which are not recognized and generally accepted medical practices in the United States.
17. expenses payable by any automobile insurance policy without regard to fault.
18. organ or tissue transplants and related services.
19. Preexisting Conditions, unless otherwise provided in the Policy.
20. Injury sustained while participating in, intercollegiate, professional or semi-professional sports.
21. expenses incurred for services related to the diagnostic treatment of infertility or other problems related to the inability to conceive a child, including but not limited to, fertility testing and in-vitro fertilization.
22. Injury caused by or resulting from travel in or on any off-road motorized vehicle not requiring licensing as a motor vehicle, or a motor vehicle not designed primarily for use on public streets or highways.
23. birth defects and congenital anomalies, or complications which arise from such conditions.
24. while taking part in boxing; combat sports; aerial sports, heli-skiing; mountaineering; rock climbing; hang gliding, parachuting; bungee jumping; horseracing, motor vehicle or speed races; driving or riding on a motorcycle, motor scooter or all-terrain vehicle, scuba diving (unless the Insured has scuba diving qualifications recognized by the competent local authority in the country of destination); white water rafting (greater than class III); jet skiing; snowmobile if exercised as a sports activity; water skiing; spelunking; caving; parasailing; professional sports.
25. sexually transmitted diseases or immune deficiency disorders and related conditions. This exclusion does not apply to the care or treatment of Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC), or Human Immunodeficiency Virus (HIV) infection, or any illness or disease arising from these medical conditions.

If we determine the benefits paid under this Policy are eligible benefits under any other benefit plan, We may seek to recover any expenses covered by another plan to the extent that the Insured is eligible for reimbursement.

Personal Liability Insurance Coverage

We will pay the benefit shown in the *Schedule of Benefits* of this Rider, on behalf of the Insured all sums which the Insured shall become legally obligated to pay as Damages for personal liability claims first made against the Insured and reported to Us, during the Policy Term that the Personal Liability Insurance Coverage is in force, arising out of any Incident covered under this Rider, provided always that such Incident occurs:

a) on or after the Policy Effective Date on which this Rider becomes effective; or

b) on or after the effective date of the earliest claims-made policy covering the Insured. We will have the right and duty to defend any suit against the Insured seeking Damages to which this coverage applies even if any of the allegations of the suit are groundless, false or fraudulent. We may make such investigation and settlement of any Claim, or suit as it deems expedient.

In no event, shall We be obligated to pay Damages or Claim Expenses or to defend, or continue to defend, any suit after the applicable limit of the Company's liability has been exhausted by payment of Damages.

Other Insurance:

If other valid and collectible insurance is available to the Insured, Host Family or third party for a covered loss, Our obligations under this coverage will be paid in excess of other insurance. In no event, will this coverage apply until all other insurance has paid its applicable benefits.

Payment of Deductible under Homeowner's Insurance Coverage

If an Incident results in a claim being paid under a valid and collectible homeowner's insurance policy of the Host Family covering the Insured Location, We will pay the Host Family for the loss incurred, up to the amount of the deductible under the Host Family's homeowner's insurance policy, up to the amount shown in the Schedule of Benefits of this Rider, per Insured per Policy Term.
We will pay the benefit pursuant to this provision only after the Insured has submitted to Us due proof of the deductible amount which was incurred.

Exclusions and Limitations

No Benefit will be payable as the result of:

1. Bodily Injury or Property Damage arising out of the ownership, maintenance, operation, use, loading or unloading of any automobile; any type of land vehicle including off-road vehicles, snowmobiles, mopeds, motorbikes; watercraft; mobile equipment or aircraft or any other aerial craft; or any motorized equipment. This exclusion does not apply to passengers.
2. Bodily Injury or Property Damage arising out of participating in high-risk sports including: Hunting activities, boxing, combat sports, mountaineering or rock climbing, caving, aerial sports, heli-skiing, motorized racing or speed trials, bungee jumping, scuba diving (unless the Insured has the qualifications recognized by the competent local authority in the contracted destination), wild water rafting, jet-skiing, professional sports, and participation in competitive sporting events of any kind.
3. Based on or arising out of liability assumed by the Insured under any contract or agreement, including interest penalties or debts.
4. Arising from the transmission of illness or communicable disease by the Insured. This exclusion does not apply to the care or treatments of Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC) or Human Immunodeficiency Virus (HIV) infection, or any illness or disease arising from these medical conditions.
5. Dishonest, fraudulent, criminal intentional tortuous acts, or malicious act or omission or deliberate misrepresentation committed by, at the direction of, or with the knowledge of

any Insured including brawling or acts of violence or the initiation of a confrontation.

6. Discrimination by the Insured against others on the basis of age, sex, race, religion, marital status, national origin or sexual preference.
7. Arising from acts by any Insured expected or intended to cause Bodily Injury or Property Damage sustained (This exclusion does not apply to Bodily Injury resulting from the use of reasonable force to protect person or property.).
8. Property Damage to:
   a) property owned or being transported by the Insured;
   b) property rented to, occupied by or in the care of the Insured;
   c) property of the Host Family except as provided under the Host Family Homeowner coverage;
   d) property obtained through unlawful interference;
   e) rented furniture or furnishings, or damage to rented buildings or installations of Youth Centers or hostels of any kind; however, liability arising from damage to rented holiday accommodations and hotel rooms are covered.
9. Brought against any Insured alleging, in whole or part sexual assault, abuse, corporal punishment, molestation, physical or mental abuse, or similar criminal behavior that was threatened, committed, or alleged to have been committed, by any Insured.
10. for Bodily Injury or Property Damage arising from the consumption of alcohol or the misuse of intoxicants, narcotics, or addictive drugs or their derivatives as well as impairments due to such means, irrespective of whether they were directly or indirectly responsible for the damages incurred; misuse of medical preparations; mental Illness, mental or emotional disorders or reactions, including stress, anxiety, panic attacks, depression, eating disorders, or weight problems.
11. Bodily Injury or Property Damage due to war, whether or not declared, civil insurrection, rebellion or revolution, hijacking of aircraft, insurrection, civil commotion, strikes, armed force of any kind, enforcement of law and emergency services, and acts by public authorities.
12. Personal injury or Bodily Injury to the Insured.
13. Brought against any Insured arising out of the Insured's professional activities or any other physical work undertaken for wage or profit, or the Insured's rendering of services when such services are for persons other than the Host Family.
14. Injuries caused directly or indirectly by nuclear reaction, radiation, contamination whether radioactive or not, regardless of how it was caused.
15. Bodily Injury or Property Damage among or between Insureds traveling together and Insureds and their accompanying relatives.

Definitions

"Bodily Injury" means bodily injury, sickness or disease sustained by any person, including death.

"Claim(s)" means a demand for money or the service of a suit naming an Insured and alleging an Incident. Claim(s) does not include proceedings seeking injunctive or other non-pecuniary relief. Punitive damages will not be covered

"Claim(s) Expenses" means (a) Fees charged by an attorney or attorneys designated by Us and all other fees, costs,
and expenses resulting from the investigation, adjustment, defense settlement and appeal of a Claim, suit or proceeding arising in connection therewith, if incurred by Us, or incurred by the Insured with Our written consent, but does not include salary charges or expenses of regular Our employees or officials, or fees and expenses of independent adjusters;
(b) All costs against the Insured in such suits and all interest on the entire amount of any judgment therein which accrues after entry of the judgment and before We has paid or tendered or deposited, whether in court or otherwise, that part of the judgment which does not exceed the Our limit liability thereon;
(c) Premiums on appeal bonds and premiums on bonds to release attachments in such suits, but not for bond amounts in excess of the applicable limit of liability of this policy.
We will have no obligation to pay for or furnish any bond.

"Damages" mean compensatory judgments, settlement or awards, but do not include punitive or exemplary damages, fines or penalties, the return of fees or other consideration paid to the
Insured, or that portion of any award or judgment caused by the trebling or multiplication of actual damages under federal or state law.

"Host Family" means the person(s) responsible for providing the Insured's room, board, general welfare, and care while on a covered Trip/Program.

"Incident" means any act or omission committed by the Insured during the Policy Term which results in Property Damage or Personal Injury.

"Insured Location" means (1) the Host Family residence premises and the part of any other premises, structures and grounds used by the Insured; or (2) any part of a premises where an Insured is temporarily staying.

"Property Damage" means: physical injury to or destruction of tangible property, including the loss of use thereof at any time resulting there from.

Subscription Agreement: I hereby apply to be a Plan Participant of the Fairmont Specialty Trust (the "Trust") and to participate in the insurance coverage extended to Plan Participants under the Trust by Crum & Forster SPC ("the Company") to Plan Participants under the Trust (the "Coverage"). I understand that the Coverage is not a general health insurance product but is intended for use in the event of a sudden and unexpected event while traveling outside my Home Country. I understand that the Coverage extended to me will terminate upon my return to my Home Country. I understand that I may obtain full details of the insurance by requesting a copy of the Master Policy from the Plan Manager. I understand that the liability of the Company as insurer of the Coverage is as provided in the Master Policy. By acceptance of coverage and/or submission of any claim for benefits, the Plan Participant ratifies the authority of the signer to so act and bind the Plan Participant. The Plan Participant undertakes to make all premium payments as they fall due in respect of the Coverage extended to them. The Plan Administrator shall not be responsible for the administration of such payments. If the Plan Participant fails to make any premium payment due in respect of the Coverage extended to them, subject to the discretion of the Insurance Company, such Coverage will lapse. The Plan Participant hereby confirms the accuracy of all information validity of all representations and warranties provided to the Plan Administrator in connection with its participation in the Plan and/or the subscription for the Coverage, howsoever provided, including the terms of this Subscription Agreement, (together "Representations & Warranties"). The Plan Participant acknowledges that certain of such information will be relied upon by the Company as insurers of the Coverage and that any inaccuracy therein may result in the invalidity of such Coverage as it relates to the Plan Participant, the loss of Coverage and all monies paid in relation thereto. The Plan Participant hereby undertakes to inform the Plan Administrator of any change to any of matter that forms the subject of any of the Representation & Warranties. The Plan Participant hereby undertakes to indemnify and hold harmless the Plan Administrator against any loss or damage (including attorney's fees) occasioned by any inaccuracy in any Representation & Warranty or failure to advise the Plan Administrator of any change in any matter that forms the subject of any of the Representation & Warranties. The Plan Participant agrees that the Plan Administrator shall be entitled to rely on and to act in accordance with any written instruction purported to be provided by the Plan Participant and the Plan Participant hereby undertakes to indemnify and hold harmless the Plan Administrator against any loss or damage (including attorney's fees) occasioned by the Plan Administrator acting in accordance with any such instruction. Payments under the terms of the Coverage shall be paid by the Insurers to the Plan Participant or directly to a provider if assignment of benefits has been authorized. The Plan Administrator shall not be responsible for the administration of such payments. I confirm that I have satisfied myself that the insurance is appropriate for me and that I meet the eligibility criteria.

DISCLOSURES:

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

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

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

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

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

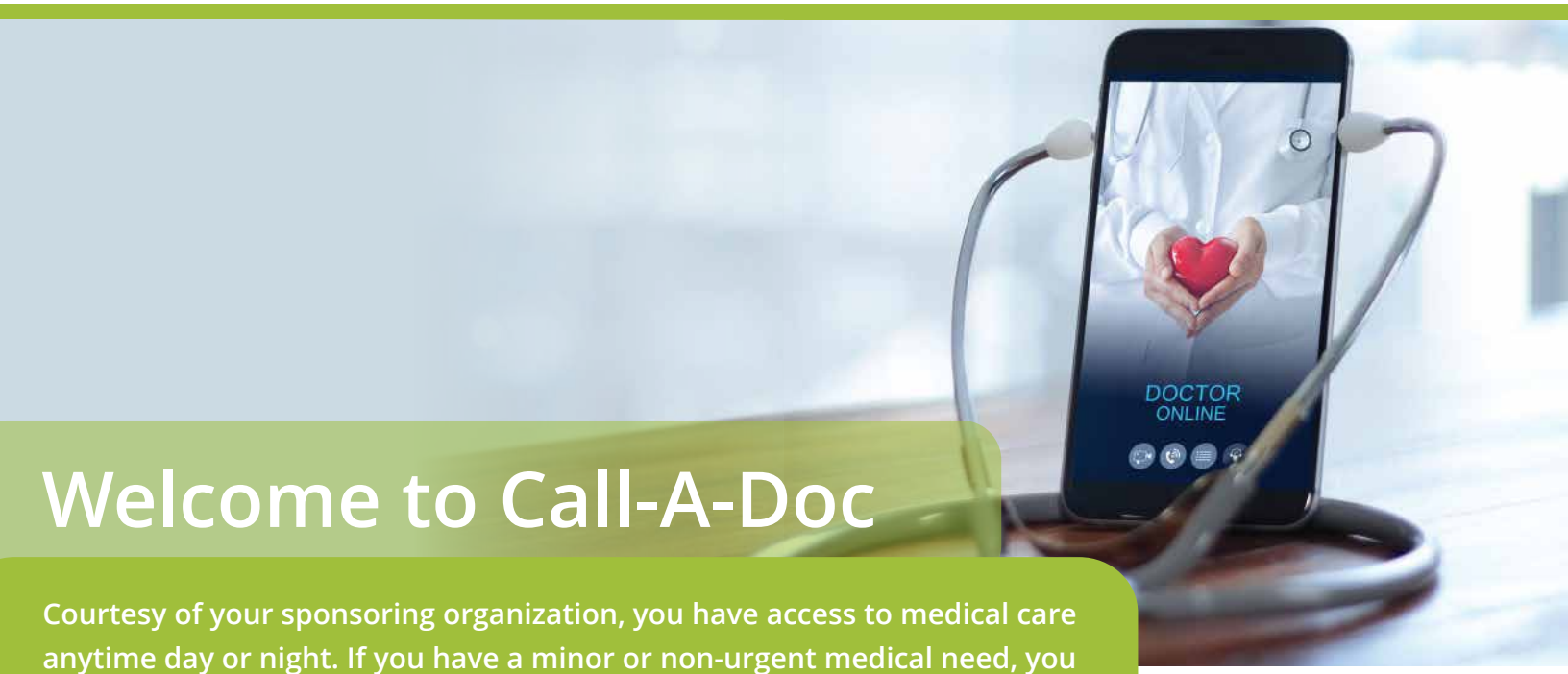
Insurance benefits are underwritten by Crum & Forster SPC. C&F and Crum & Forster are registered trademarks of the parent company of Crum & Forster SPC. The Crum & Forster group of companies is rated A+ (Superior) by AM Best Company 2025.

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.

C&F EST. 1822 CRUM & FORSTER A FAIRFAX COMPANY

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

CareMed®
International Travel Insurance



Welcome to Call-A-Doc

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

What Is Call-A-Doc?

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

When Can I Use Call-A-Doc

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

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

Care Is There When You Need It

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

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

Want to keep your primary care physician in the loop?

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

(925) 732-4701

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

CareMed®
International Travel Insurance

Claim Form for PAX Core Participants 2026-2027 (Policy # 26 CC015665)

Your Personal Data	
Last Name Date of Birth (DD/MM/YY)	First Name
Address in Home Country	**Host Family Address in United States**
Date I will return to my home country: (DD/MM/YY)	c/o Host Family Names
Address	Address
City	City
Province/State	State
Postal Code and Country	ZIP Code
Phone Number	Phone Number
E-Mail Address	E-Mail Address
Your Medical Treatment	
Why did you seek treatment?	
Was this an illness or an accident? ☐ Illness ☐ Accident	
If illness, have you had it before? ☐ No ☐ Yes **If yes**, when?	
If accident, was it ☐ Your own responsibility ☐ Caused by a third party	
Reimbursement	
Doctor/Hospital Name: Address, City, State:	
Have you already paid the doctor's bill? ☐ No ☐ Yes **If no**, payment will be made directly to the doctor/hospital. **If yes,** preferred method of reimbursement: ☐ Check sent to student at host family address ☐ My host parent paid the bill for me. Please send a check to _____ (host parent name) at the host family address listed above. ☐ Wire transfer to student's home country bank account (student shall pay all bank/wire transfer fees)	
Only complete this section if you selected reimbursement by wire transfer: Bank Name: Bank Address/City/Country: Account Holder Name: Account Number: Bank Code: SWIFT/BIC and IBAN Code:	
Claim Documents and Signature	
Please send completed claim form with documentation and proof of payment (receipts, bills, or invoices) by email, fax, or mail to the claims office indicated below. Incomplete or wrong information will cause payment delay. Please keep copies of all documents submitted. Email: submityourclaim@mycisi.com Fax: 203-399-5596 CareMed Claims CISI Claims Department 1 High Ridge Park Stamford, CT 06905	**FINALLY, PLEASE READ AND SIGN:** I hereby authorize any hospital, physician or other person who has attended or examined me, including those in my home country to furnish to the Assistance Center, or its representative, any and all information with respect to any illness or injury, medical history, consultation, prescriptions or treatment, and copies of all hospital or medical reports. A photostatic copy of this authorization shall be considered as effective and valid as the original. **Student Signature:** **Date:**

2026-2027 Personal Effects Claim Form

CareMed
1 High Ridge Park
Stamford, CT 06905
Email: submityourcliaim@mycisi.com
Fax: +203-399-5596

Name of Insured:
Program Name: **PAX-PROGRAM OF ACADEMIC EXCHANGE 2026-2027**

Full Name of Covered Person: (Mr., Mrs., Miss, Ms)	Date of Birth:
Full Address:	Zip/Postal Code:
Tel No. E-Mail Address:	

TRAVEL DETAILS

Please give date of loss/damage/theft: In which country did the loss/damage/theft occur:
Please give full details of the loss/damage/theft:
To whom was the loss/damage/theft reported? On which date was the loss/damage/theft reported?

Notes:

1. All losses should be reported to the local police and a report obtained. A police report is required for all claims.
2. All losses or damaged property which occurred while in the custody of an airline should be submitted to the airline as primary. If claim is rejected by the airline, you may submit a claim with copy of the rejection.

The following exclusions apply:

- loss of money, notes, securities, tickets and documents (driver's licenses, passports, passes, etc.)
- jewelry, watches, articles consisting in whole or in part of silver, gold or platinum and furs
- animals, automobiles, automobile parts and equipment, motorcycles, skis, bicycles, boats, motors or other conveyances
- any kind of glasses (including sunglasses) and contact lenses
- breakage of articles or a brittle nature unless caused by thieves
- loss or damage caused by, or resulting from, declared or undeclared war
- loss due to wear, tear, gradual deterioration or negligence on the part of the Insured.

PLEASE ENSURE THE APARTICULARS OF CLAIM FORM IS FULLY COMPLETED AND ATTACHED.

DECLARATION

I declare that all the information given is to the best of my knowledge and belief, full, true and correct.

Signed:_____ Date:_____

PARTICULARS OF CLAIM

Full description of each item of property lost, damaged or stolen	State to whom property belonged	Date of Purchase	Original Cost Price	Receipts/ Replacement Estimates Attached (/)

TOTAL SUM CLAIMED