World Class Coverage Plan

designed for

Au Pair in America

CISI
CULTURAL INSURANCE SERVICES INTERNATIONAL



2027

Policy # GLM N04965231

Administered by
Cultural Insurance Services International

Underwritten by
ACE American Insurance Company

MEDICAL

EMERGENCY

SECURITY

Welcome to CISI!

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

GET TO KNOW YOUR CISI

- Your Insurance Materials
- Participant Portal & Traveler App
- Seeking Treatment
- Claims
- Team Assist – AXA Assistance
- Plan Benefits

INSURANCE MATERIALS

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

- **Plan Brochure:** Plan benefits & coverage details
- **Insurance ID Card:** Bring this with you when seeking treatment.
- **CISI Contact Information:** Call or email CISI if you have questions.
- **Claim Form:** If you seek treatment & need to submit a claim.
- **Portal & Mobile App Links:** Access your materials & resources 24/7/365 by creating a login.

PARTICIPANT PORTAL & CISI TRAVELER APP

Once you are enrolled you can access the CISI Traveler App and Participant Portal by creating a login. This gives you access to:

- Your Insurance Documents
- Provider Search
- Medical Emergency Information
- Submit Claim(s), Claim Status and Claim Information
- CISI & Team Assist Contact Information

Create a Login, one of two ways once you are enrolled:

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

CISI Traveler App: Go to your Google Play or App Store and search for *CISI Traveler*, or *Cultural Insurance Services International*.

CONTACT INFORMATION

CISI CLAIMS DEPARTMENT (9AM-5PM EST, MON-FRI)

Claim or Benefit Questions

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

Email: inquiries@mycisi.com

Submit a Claim

Online: Click here | **Email:** submityourclaim@mycisi.com

TEAM ASSIST (24/7/365) – AXA Assistance

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

Email: medassist-usa@axa-assistance.us

IMPORTANT RESOURCES & LINKS

FREE TELEHEALTH SERVICE - DR. PLEASE!

24/7 Telehealth for Minor Illness or Injury

Click here for more information

Locate a Provider Near You - Aetna Provider Search

Remote Behavioral Health Services

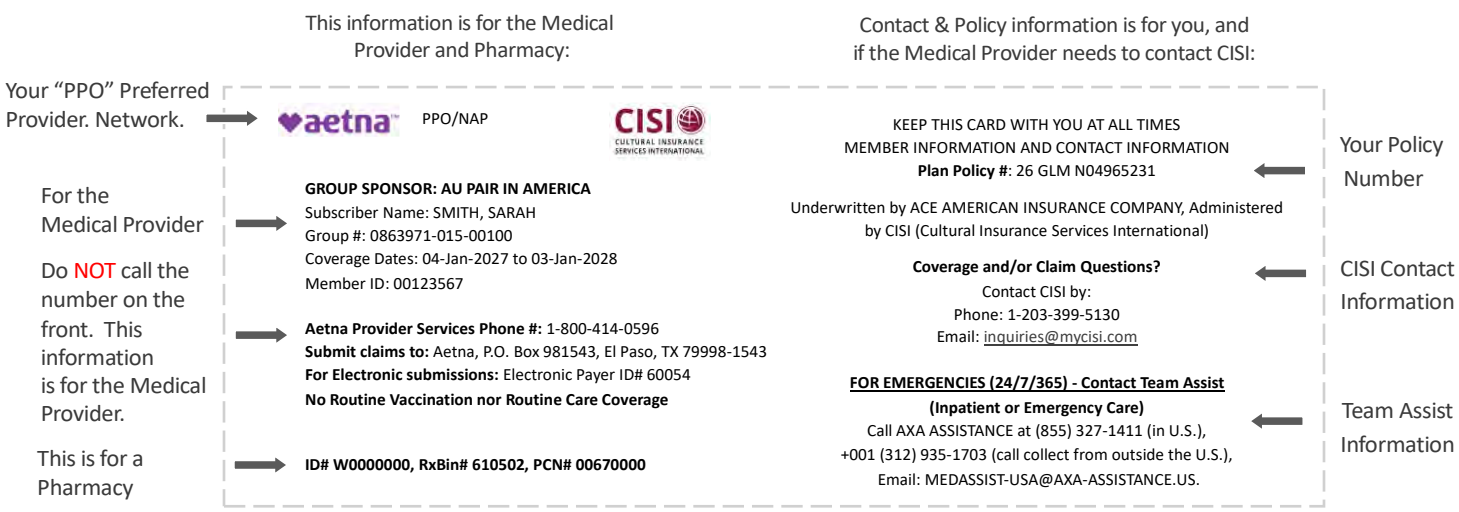
WellRx Pharmacy Discount Card

CISI Participant Portal

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

UNDERSTANDING YOUR INSURANCE ID CARD

The card contains information for both you and the provider:



IN CASE OF A MINOR INJURY OR ILLNESS

You have two options when seeking treatment for a minor illness or injury:
1. FREE Telehealth Service - Doctor Please (24/7/365) *or* **2.** See a Provider In-Person.

TELEHEALTH SERVICE: DOCTOR PLEASE!

Follow the steps below to access this **FREE** Telehealth Service.

DOCTOR PLEASE! is FREE to use. **Avoid the high costs and long waits at an urgent care, doctor's office or emergency rooms. Doctor Please!** is a **24/7/365** virtual medical care via app or phone with trained, licensed and experienced doctors, with multi-language capabilities. The doctors diagnose and treat minor illnesses, injuries, infections, colds and allergies.

Step 1: Access

- Download the **Doctor Please!** app via Google Play or App Store.
- Register and enter access code **US0223**.

Step 2: Book

- Schedule a virtual consult or use the call back feature.
- Upload photos to support diagnosis of the condition.

Step 3: Teleconsult

- Access to a MD via video (press "start a video") or by phone (doctor calls you).
- Treatment advice for non-urgent & acute conditions is provided.

Step 4: Review

- After the appointment, doctor's notes are published.
- Rx provided in PDF or sent to the nearest pharmacy *if applicable.*

If you need to seek treatment in person, use Aetna's Preferred Provider Network.

Step 1: Locate a Provider

Locate a Medical Provider near you via Aetna's Preferred Provider (PPO) Network: https://www.culturalinsurance.com/aetna provider-Search

Step 2: Schedule an Appointment

If the medical provider is not a walk-in clinic, call the provider to schedule an appointment. Contact CISI or Team Assist if you need assistance.

Step 3: At Your Appointment

Provide them with your insurance card. Providers can call CISI directly to verify eligibility and/or benefits (800) 303-8120 Monday-Friday 9AM-5PM EST.

Who Pays at a Pharmacy?

Coverage is available for eligible outpatient prescription medications, up to the limits in the Schedule of Benefits, when filled at an **in-network** pharmacy. **Simply present your insurance ID card at the pharmacy, and the pharmacy will bill CISI directly**.

Need to find an in-network pharmacy? Aetna's network includes over 65,000 pharmacies, including most major retail chains. Call **1-888-RX AETNA (1-888-792-3862)** or search online through the Aetna National Pharmacy Network.

If you do pay out-of-pocket for a prescription for a covered illness or injury, you can submit a claim for reimbursement. Make sure to include the prescription receipt when submitting your claim. This is usually stapled to the outside of the pharmacy bag, which contains the following information: Your Name, Your Doctor's Name, Name of Medication, Dosage of Medication, Date Medication was Filled and Amount of Medication.

Frequently Asked Questions (FAQs)

Will this insurance cover the purpose of my visit?
View your plan's details if you are unsure if the insurance will cover the purpose of your appointment. Contact CISI if you have any additional questions.

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

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

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

Do I have to pay at the time of my appointment?
No, your plan does not have a Copay or Coinsurance.

What is a Copay or Coinsurance?
This is the amount of money you will have to pay out-of-pocket for covered medical services at your appointment. Your plan does not have a Copay nor Coinsurance.

What is a Deductible and does my plan have one?
The Deductible is the amount you have to pay before your benefits 'kick-in' (before insurance pays). Yes, your plan does have a Deductible.

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 AXA (our 24/7 assistance provider). Opening a case for inpatient care will allow us to monitor your case, provide regular updates to your program and family and address any concerns you may have. In addition depending on your condition, if deemed medically necessary, the medical evacuation benefit will apply.

CLAIM SUBMISSIONS & QUESTIONS

Claims can be submitted by one of the following ways: Online, email, mail or by fax. See the instructions below.
For claim submission questions, call (203) 399-5130, or email inquiries@mycisi.com.

Submit a Claim Online

No paper claim form is needed when submitting a claim online. Simply log into your portal: Participant Portal Link
If you created a login already, select I am "Insured". Then enter your Username and Password. If you have not created a log in, click on the "Continue" under "Forgot password or Create account?". **Once logged in, follow the steps below:**

1. Go to the **Claim Info & Submission** tab.
2. Click on **Submit a Claim & check the Status Online**.
3. Click on **Submit a Claim** & follow the prompts.
4. **Upload** any related receipts, bills, medical reports, & then **Submit Claim**.

Submit a Claim by Email, Mail or Fax

Step 1: Complete Claim Form

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

Step 2: Bills, Receipts & Documents

Attach itemized bills and receipts for all amounts being claimed and documentation.

*If mailing, we recommend you provide us with a copy and keep the originals yourself.

Step 3: Submit Claim

You can submit claims by:
Mail: 1 High Ridge Park, Stamford, CT, 06905
Email: submityourclaim@mycisi.com
Fax: (203) 399-5596

Claim Reimbursement and Claim Status

Important Information:

- U.S. mailing address is required for reimbursement by check. If you do not have a U.S. address, please include a note requesting wire payment—if approved, we'll follow up to collect the necessary banking details.
- Claims should be submitted for processing as soon as possible (and no later than one year after treatment was received).
- Claims are processed generally within 15 business days from receipt date if all information is provided to process the claim.
- **Check the status of your claim** by logging into your Participant Portal and going to the **Claim Info & Submission Tab**. Or you can contact CISI at (800) 303-8120 from 9AM to 5PM EST.

See Next Page for Claim and Medical Bills FAQs

Claim and Medical Bills Frequently Asked Questions (FAQs)

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

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

Can I send the bill to CISI?

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

I got an Explanation of Benefits "EOB" - What is this?

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

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

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

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

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

Team Assist (TAP) – AXA Assistance

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.

Emergency Medical Transportation Services

The Team Assist Plan provides services and pays expenses up to the amount shown in the *Schedule of Benefits* for:

- Emergency Medical Evacuation
- Repatriation/Return of Mortal Remains

All services must be arranged through the Assistance Provider.

The TAP Offers these Services (These services are not insured benefits):

Medical Assistance

Medical Referral: 24/7 worldwide referrals to doctors, hospitals, clinics, and other medical providers.

Medical Monitoring: Coordination between treating physicians and the insured's doctor, with updates provided to family or the insurance company.

Coverage Verification/Payment Assistance for Medical Expenses: Verification of insurance coverage and, when approved, assistance with payment guarantees for medical treatment.

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

Dr. Please: Telehealth service for minor illnesses and injuries.

Behavioral Health Services: 24/7 access to English-speaking behavioral health professionals for crisis support, assessment, stabilization counseling, and referrals while traveling abroad. Follow-up services will be arranged when recommended as a result of the service and available by AXA. These services are not intended to be therapeutic treatment services. Properly licensed and credentialed counseling staff will be available 24/7.

Travel Assistance

Obtaining Emergency Cash: Advise how to obtain or to send emergency funds world-wide.

Lost/Delayed Luggage Tracing: Assist with tracing lost, stolen, or delayed baggage and coordinating with carriers.

Traveler Check Replacement Assistance: Assist in obtaining replacements for lost or stolen traveler checks worldwide.

Technical Assistance

Credit Card/Passport/Important Document Replacement: Assistance replacing lost or stolen passports, credit cards, visas, medical records, and other important documents, with delivery or pickup arranged through the nearest embassy or consulate.

Worldwide Inoculation Information: Information on required vaccinations and other health-related guidance for the destination being visited.

Locating Legal Services: Help locating local legal services or consular support in the event of arrest, detention, an auto accident, or other legal matters, with communication support until counsel is secured.

Bail Bond Assistance: Coordination with a bail bondsman for contact or jail visitation if the insured is incarcerated.

World Class Coverage Plan *designed for*
2027 Au Pair in America
Policy # GLM N04965231

Administered by
Cultural Insurance Services International
This plan is underwritten by
ACE American Insurance Company

SCHEDULE OF BENEFITS

PLANS	BASIC PLAN	MEDICAL UPGRADE PLAN
COVERAGE AND SERVICES	**MAXIMUM LIMITS**	
ACCIDENT AND SICKNESS INSURANCE		
Medical Expense (per Accident or Sickness)	$250,000 *First $2,500 at 80%,* *Remaining $247,500 at 100%*	$500,000 at 100%
Deductible (per Occurrence)	$50	$0
ER Deductible (Sickness Only*)	$500	$500
Outpatient Prescription Drug Expense Benefit	**$2,500 maximum** Deductible does not apply Up to 30-day supply prescription No mail order available	**$2,500 maximum** Deductible does not apply Up to 30-day supply prescription No mail order available
Pre-Existing Conditions (1st year)	$5,000	$5,000
Physiotherapy	$1,500 ($100 per visit, max 15 visits)	$1,500 ($100 per visit, no visit max)
Chiropractic Care & Therapeutic Services Outpatient Limit	$500 ($50 per visit, max 10 visits)	$500 ($50 per visit, max 10 visits)
Palliative Dental (Emergency)	Not Covered	$500
*The Emergency Room Deductible will be waived if the Insured Person is admitted to the Hospital as an inpatient or if the Sickness is life threatening. Life threatening means the Sickness will likely cause the death of the Insured Person.		
TRAVEL ASSISTANCE INSURANCE		
Emergency Medical Reunion	up to $2,000 (incl. hotel/meals, max $75/day)	up to $2,000 (incl. hotel/meals, max $75/day)
Trip Interruption	$2,000	$2,000
TRAVEL ACCIDENT INDEMNITY INSURANCE		
Accidental Death and Dismemberment	$10,000	$10,000
EVACUATION AND REPATRIATION INSURANCE		
Emergency Medical Evacuation	$250,000	$250,000
Repatriation/Return of Mortal Remains	$100,000	$100,000
PERSONAL PROPERTY INSURANCE		
Deductible per Trip	$250	$250
Benefit Maximum per Trip	$2,500	$2,500
Benefit Maximum per Item or Set of Items	$250	$250
NON-INSURANCE SERVICES		
Team Assist Plan (ID # GLM N04965231)	Included	Included

OPTIONAL UPGRADE ENHANCEMENTS (ADD-ONS):

SPORTS COVERAGE	TRAVEL MONTH
• Coverage for Sports Related Injuries *(Coverage for Sports related injuries are treated as any other covered Injury or Sickness. See page 3 for complete list of Sports.)*	• Additional Month of Coverage • Personal Property Deductible per Trip Reduced to $100

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

Period of Coverage

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

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

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

Travel Month can be purchased separately once in the U.S., and must be purchased at least 2 days before your Travel Month would be set to begin.

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

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

Description of Coverage

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

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

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

Sports Package Plan: In addition to basic coverage provided through Au Pair in America, prior to your arrival in the United States you may purchase the optional "Sports Package" insurance package for an additional fee. This covers injuries sustained while playing certain Sports as listed on page 3 of this brochure.

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

Covered Accident & Sickness Medical Expenses

Only such Medically Necessary expenses, incurred as the result of a covered Accident or Sickness, which are specifically enumerated in the following list of charges, and which are not excluded in the Exclusions section, shall be considered as Covered Expenses:

- Charges made by a Hospital for room and board, floor nursing and other services inclusive of charges for professional service and with the exception of personal services of a non-medical nature; provided, however, that expenses do not exceed the Hospital's average charge for semiprivate room and board accommodation.
- Charges made for Intensive Care or Coronary Care charges and nursing services.
- Charges made for diagnosis and treatment by a Doctor.
- Charges for surgery unless such surgery is determined to be non-emergent. If surgery is determined to be non-emergent, the cost of the round trip flight will be covered for you to go back to your Home Country or country of permanent residence to have the surgery performed at your own expense. If you choose to stay in the U.S. and have your surgery, charges will be covered up to the cost of what the roundtrip ticket to your Home Country or country of permanent residence would have been.
- There is a limited overall maximum benefit amount for expenses arising from the following conditions: tumor or related conditions, stroke or cerebrovascular accident or event, cardiovascular accident or event, myocardial infarction or heart attack, coronary thrombosis, cholelithitis, embolism of any kind, endometriosis, aneurysm, any condition of the

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

- Chiropractic care and Therapeutic Services shall be limited to a total of $50 per visit, excluding X-ray and evaluation charges, with a maximum of 10 visits per Injury or Sickness. Overall maximum coverage per Injury or Sickness is $500.
- Physiotherapy shall be limited to a total of $100 per session, excluding X-ray and evaluation charges, with a maximum of 15 session per Injury or Sickness. Overall maximum coverage per Injury or Sickness is $1,500. **The Medical Upgrade plan covers Physiotherapy under Basic Medical Expenses with no per session limitation.**
- Charges made for an operating room.
- Charges made for Outpatient treatment, same as any other treatment covered on an Inpatient basis. This includes ambulatory surgical centers, Doctors' Outpatient visits/examinations, clinic care, and surgical opinion consultations.
- Charges made for the cost and administration of anesthetics.
- Charges for medication, x-ray services, laboratory tests and services, the use of radium and radioactive isotopes, oxygen, blood, transfusions, iron lungs, and medical treatment.
- Dressings, drugs, and medicines that can only be obtained upon a written prescription of a Doctor or Surgeon.
- Charges made for artificial limbs, eyes, larynx, and orthotic appliances, but not for replacement of such items.
- Local Transportation to or from the nearest Hospital or to and from the nearest Hospital with facilities for required treatment. Such transportation shall be by licensed ground ambulance only.
- Accidental dental charges for emergency dental repair or replacement to natural teeth damaged as a result of a covered Injury including expenses incurred for services or medications prescribed, performed or ordered by dentist.
- With respect to Palliative Dental, an eligible Dental condition shall mean emergency pain relief treatment to natural teeth up to $500. **This benefit is covered under the Medical Upgrade plan only. Basic Medical plan does not cover Palliative Dental.**
- Diagnosis or treatment of sexually transmitted diseases are limited to $500.
- Charges due to a Pre-Existing Condition are limited to $5,000.
- Nervous or Mental Disorders are payable a) up to $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.

Outpatient Prescription Drug Expense Benefit Information

Benefits are available for outpatient Prescription Drugs, subject to the benefit amounts shown in the *Schedule of Benefits*, if any, for a Prescription Drug or medication when prescribed by a Physician on an Outpatient basis when dispensed by **any In-Network/participating pharmacy**.

Prescription Medication must be obtained from an In-Network/participating pharmacy: Present your Medical Identification card to the pharmacist, at the time of purchase. The pharmacy will bill CISI directly for your prescription.

There are over 65,000 In-Network pharmacies that you can use, including all major retail chain pharmacies. If you are unsure if your pharmacy is in-network, you can call customer service to check: 1-888-RX-AETNA (1-888-792-3862) or or online: Aetna National Pharmacy Network Locations.

Sports Coverage

Only if elected and required premium is paid, Coverage for Sports related injuries are treated as any other covered Injury or Sickness. The following is a complete list of Sports covered under this benefit:

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

Accidental Death and Dismemberment Benefit

Accidental Death Benefit. If Injury to the Insured Person results in death within 365 days of the date of the Covered Accident that caused the Injury, We will pay 100% of the Benefit Amount.

Accidental Dismemberment Benefit. If Injury to the Insured Person results, within 365 days of the date of the Covered Accident that caused the Injury, in any one of the Losses specified below, We will pay the percentage of the Benefit Amount shown below for that Loss:

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

"Member" means Loss of Hand or Foot and Loss of Sight. "Loss of Hand or Foot" means complete Severance through or above the wrist or ankle joint. "Loss of Sight" means the total, permanent Loss of Sight of one eye. "Loss of Speech" means total and permanent loss of audible communication that is irrecoverable by natural, surgical or artificial means. "Loss of Hearing" means total and permanent Loss of Hearing in an ear that is irrecoverable and cannot be corrected by any means. "Loss of a Thumb and Index Finger of the Same Hand" means complete Severance through or above the metacarpophalangeal joints of the same hand (the joints between the fingers and the hand). "Severance" means the complete separation and dismemberment of the part from the body. If more than one Loss is sustained by an Insured Person as a result of the same Covered Accident, only one amount, the largest, will be paid. Maximum aggregate benefit per occurrence is $1,000,000.

Emergency Medical Reunion

When an Insured Person is hospitalized for more than 7 consecutive days, We will reimburse for expenses incurred for travel, meals and lodging for one individual selected by the Insured Person, from the Insured Person's current Home Country to the location where the Insured Person is hospitalized, subject to the Benefit Maximum and Daily Benefit shown in the *Schedule of Benefits*.

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

Trip Interruption Benefit

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

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

Personal Property Benefit

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

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

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

Emergency Medical Evacuation Benefit

We will pay benefits for Covered Expenses incurred up to the maximum limit stated in the *Schedule of Benefits*, if a Medical Emergency commencing during the Period of Coverage results in the Emergency Medical Evacuation of the Insured Person. The Insured Person's Doctor must certify that the severity of the Insured Person's Medical Emergency requires an Emergency Medical Evacuation. Benefits will not be payable unless the Assistance Company authorizes in advance, and services are rendered by the Assistance Company. All transportation arrangements must be by the most direct and economical route.

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

Repatriation of Mortal Remains Benefit

We will pay the reasonable Covered Expenses incurred up to the maximum limit as stated in the *Schedule of Benefits*, to return the Insured Person's remains to his/her Home Country or Permanent Residence, if he or she dies. Covered Expenses include: expenses for embalming, cremation, least costly coffin or container appropriate for transportation, shipping costs including necessary government authorizations, and Escort Services (expenses for an Immediate Family Member or companion who is traveling with the Insured Person to join the Insured Person's body during the repatriation to the Insured Person's place of residence).

Benefits will not be payable unless the Assistance Company authorizes in advance, and services are rendered by the Assistance Company. All transportation arrangements must be made by the most direct and economical route and conveyance possible and may not exceed the Usual and Customary Charges for similar transportation in the locality where the expense is incurred.

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

Exclusions and Limitations

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

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

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

  "Creditable Coverage**"** means: (1) a self-funded employer group health plan under ERISA; (2) a group or individual health insurance coverage; (3) Part A or Part B. of Medicare; (4) Medicaid; (5) CHAMPUS; (6) the Indian Health Service or of a tribal organization; (7) a state health benefits risk pool; (8) a health plan offered under the federal employees health benefits program (FEHBP); (9) a public health plan; or (10) a health benefit plan. This exclusion does not apply to au pairs who have purchased the Medical Upgrade plan or to au pairs who purchased the Pre-Existing Conditions Standalone plan.
- Charges for treatment which is not Medically Necessary.
- Charges for treatment which exceed Reasonable and Customary charges.
- Charges incurred for surgery or treatments which are, Experimental/Investigational, or for research purposes.
- Services, supplies or treatment, including any period of Hospital confinement, which were not recommended, approved and certified as Medically Necessary and reasonable by a Doctor.
- War or any act of war, 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 (TMJ).
- Any treatment, service or supply not specifically covered by the Policy.
- Services or supplies performed or provided by a Relative of the Insured Person, or anyone who lives with the Insured Person.
- Cosmetic or plastic surgery, except as the result of a covered Injury.
- Elective Surgery or Elective Treatment which can be postponed until the Insured Person returns to his/her Home Country, where the objective of the trip is to seek medical advice, treatment or surgery.
- Treatment and the provision of false teeth or dentures, normal 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 or in connection with the commission of a felony offense.
- Injury sustained while taking part in mountaineering where ropes or guides are normally used; hang gliding; parachuting; bungee jumping; racing by horse, motor vehicle or motorcycle; parasailing. (except as provided by the policy)
- Treatment paid for or furnished under any mandatory government program or facility set up for treatment without cost to any individual.
- Injury or Sickness covered by Workers' Compensation, Employers' Liability laws, or similar occupational benefits.
- Expenses payable by any automobile insurance policy without regard to fault. (This exclusion does not apply in any state where prohibited).
- Routine Dental Treatment.
- Drugs, treatments or procedures that either promote or prevent conception, or prevent childbirth, including but not limited to: artificial insemination, treatment for infertility or impotency, sterilization or reversal thereof, or abortion.
- Treatment for human organ tissue transplants and related treatment.
- Weak, strained or flat feet, corns, calluses, or toenails.
- Diagnosis or treatment of acne.
- Injury sustained while the Insured Person is riding as a pilot, student pilot, operator or crew member, in or on, boarding or alighting from, any type of aircraft.
- Expenses incurred within the Insured Person's Home Country or country of Permanent Residence, unless otherwise covered under this Policy.
- Any inpatient treatment Mental and Nervous disorders or rest cures, unless otherwise covered under this Policy (including eating disorders such as anorexia and bulimia).
- Pregnancy, childbirth, miscarriage, abortion or any complications of any of these conditions.
- Alcoholism, drug addiction or the use of any drug or narcotic except as prescribed by a Doctor.
- Injury or Sickness that occurs while the Insured Person has been determined to be legally intoxicated as determined according to the laws of the jurisdiction in which the Injury or Sickness occurred, or under the influence of any narcotic, barbiturate, or hallucinatory drug, unless administered by a Doctor and taken in accordance with the prescribed dosage.

- Dental care, except as the result of Injury to natural teeth caused by a Covered Accident, unless otherwise covered under this Policy.

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.
- electronic equipment or devices including, but not limited to: cellular telephones; citizen band radios; tape players; radar detectors; radios and other sound reproducing or receiving equipment; PDAs; BlackBerrys; laptop computers; and handheld computers.

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

Subrogation

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

Definitions

Company shall be ACE American Insurance Company.

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

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

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

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

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

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

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

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

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

Home Country means the country where an Insured Person has his or her true, fixed and permanent home and principal establishment or the United States. Coverage under this Policy is extended to U.S. citizens traveling to U.S. Territories.

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

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

Insured Person(s) means a person eligible for coverage under the Policy as defined in "Eligible Persons" who has applied for coverage and is named on the application if any and for whom We have accepted premium.

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

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

Permanent Residence or **Country of Residence** means the country where an Insured Person has his or her true, fixed and permanent home and principal establishment, and to which he or she has the intention of returning.

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

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

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

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

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

Termination of the Policy will not affect Trip coverage, if premium for the Trip is paid prior to the actual start of the Trip.

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

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

IMPORTANT NOTICE

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

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

CISI
CULTURAL INSURANCE SERVICES INTERNATIONAL



Personal Liability Insurance

designed for

2027 Au Pair in America Participants

Policy Effective January 1, 2027 to December 31, 2027

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

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

---

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

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

Description of Benefit:

Personal Liability Insurance (Policy # 27 CG61045)

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

Please note:

Specific exclusions apply to this benefit (most common is loss resulting from the Insured's use of a motor vehicle).

This coverage does not provide any auto liability nor auto physical damage coverage.

Please contact CISI for further information before making a claim:
Email: inquiries@mycisi.com
Phone: 800-303-8120 | 203-399-5130

Cultural Insurance Services International – Claim Form

- **Group Sponsor Name:** Au Pair in America
- **Policy Number:** 27 GLM N04965231
- **Participant ID Number** (from the front of your insurance card)**:**

Mailing Address: **1 High Ridge Park, Stamford, CT 06905 | *E-mail:* submityourclaim@mycisi.com | *Fax:* (203) 399-5596**
Questions? Call (203) 399-5130 *or* e-mail inquiries@mycisi.com

INSTRUCTIONS:

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

See pages 2-3 for state specific disclaimers, claimant cooperation provision and additional claim submission instructions.

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

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

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

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

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

Address Abroad: _____

E-mail Address: _____ Phone Number: _____

SECTION 2: IF IN AN ACCIDENT***

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

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

_____

SECTION 3: IF SICKNESS/ILLNESS***

Description of Sickness/Illness *(attach additional notes if necessary)*:_____

Onset Date of Symptoms: _____/_____/_____ Date of Doctor/Hospital Visit: _____/_____/_____

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

SECTION 4: REIMBURSEMENT***

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

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

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

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

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

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

☐ Trip Interruption ☐ Emergency Medical Reunion ☐ Personal Property (if selected and paid for)

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

_____

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

SECTION 6: CONSENT TO RELEASE MEDICAL INFORMATION

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

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

Name (please print): _____

Signature: _____Date:_____

Cultural Insurance Services International – Claim Form Page 2

Instructions for Claim Submission on Unrelated to a Medical Incident

Trip Interruption, you must submit:

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

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.

The Plan is underwritten by ACE American Insurance Company and administered by Cultural Insurance Services International.

Claimant Cooperation Provision:

Failure of a claimant to cooperate with Us in the administration of a claim may result in the termination of a claim. Such cooperation includes, but is not limited to, providing any information or documents needed to determine whether benefits are payable or the actual benefit amount due.

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

For residents of Alaska: A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

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

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

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

For residents of Delaware, Idaho: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

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

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

For residents of Kansas: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for

commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

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

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

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

For residents of Minnesota: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

For residents of New Hampshire: Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638.20.

For residents of New Mexico: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

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

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

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

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

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

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

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

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

For residents of Arizona: For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties. For the purposes of this section, "claims form" means any document supplied by an insurer to an insured, claimant or other person that the insured, claimant or other person is required to complete and submit in support of a claim for benefits.

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

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

Policy Report/Security Report:

- Where made(address/police precinct no./security company): _____
  _____
  (city) (country) Date:_____

- What police action was taken? _____
  _____

Please Enclose Police Report For Theft Or Robbery

Description of Article	Nature and Extent of Damage	Date of Purchase	Original Cost	Amount Claimed
				Total:

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

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

_____ _____

Employee Signature **Date**