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 University of Utah under form number AH-15090. In the event of any conflict between this Description of Coverage and the Master Policy, the Policy will govern.

Schedule of Benefits  

<table>
<thead>
<tr>
<th>Coverage and Services</th>
<th>Maximum Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Section I</strong></td>
<td></td>
</tr>
<tr>
<td>Accidental Death and Dismemberment Per Insured Person</td>
<td>$10,000</td>
</tr>
<tr>
<td>Medical expenses (per Covered Accident or Sickness):</td>
<td>zero</td>
</tr>
<tr>
<td>Deductible</td>
<td></td>
</tr>
<tr>
<td>Basic Medical</td>
<td>$250,000 at 100%</td>
</tr>
<tr>
<td>Extension of Benefits</td>
<td>30 days</td>
</tr>
<tr>
<td>Home Country Coverage Limit</td>
<td>$10,000 (secondary only)</td>
</tr>
<tr>
<td>Preexisting Conditions</td>
<td>$2,500</td>
</tr>
<tr>
<td>Emergency Medical Reunion</td>
<td>$3,000 ($100/day)</td>
</tr>
<tr>
<td>Travel Delay Benefit</td>
<td>$500 ($100/day)</td>
</tr>
<tr>
<td><strong>Section II</strong></td>
<td></td>
</tr>
<tr>
<td>Team Assist Plan (TAP): 24/7 medical, travel, technical assistance</td>
<td></td>
</tr>
<tr>
<td>Emergency Medical Evacuation</td>
<td>$200,000</td>
</tr>
<tr>
<td>Repatriation/Return of Mortal Remains</td>
<td>$100,000</td>
</tr>
<tr>
<td><strong>Section III</strong></td>
<td></td>
</tr>
<tr>
<td>Security Evacuation (Comprehensive)</td>
<td>$100,000</td>
</tr>
</tbody>
</table>

**Section I - Benefit Provisions**

Benefits are payable under the Policy for Covered Expenses incurred by an Insured Person for the items stated in the Schedule of Benefits. Benefits shall be payable to either the Insured Person or the Service Provider for Covered Expenses incurred Worldwide. The first such expense must be incurred by an Insured Person within 30 days after the date of the Covered Accident or commencement of the Sickness; and

- All expenses must be incurred by the Insured Person within 52 weeks from the date of the Covered Accident or commencement of the Sickness; and
- The Insured Person must remain continuously insured under the Policy for the duration of the treatment.

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

**Accidental Death and Dismemberment Benefit**

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

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

<table>
<thead>
<tr>
<th>For Loss of:</th>
<th>Percentage of Maximum Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Both Hands or Both Feet</td>
<td>100%</td>
</tr>
<tr>
<td>Sight of Both Eyes</td>
<td>100%</td>
</tr>
<tr>
<td>One Hand and One Foot</td>
<td>100%</td>
</tr>
<tr>
<td>One Hand and the Sight of One Eye</td>
<td>100%</td>
</tr>
<tr>
<td>One Foot and the Sight of One Eye</td>
<td>100%</td>
</tr>
<tr>
<td>Speech and Hearing in Both Ears</td>
<td>100%</td>
</tr>
<tr>
<td>One Hand or One Foot</td>
<td>50%</td>
</tr>
<tr>
<td>The Sight of One Eye</td>
<td>50%</td>
</tr>
<tr>
<td>Speech or Hearing in Both Ears</td>
<td>50%</td>
</tr>
<tr>
<td>Hearing in One Ear</td>
<td></td>
</tr>
<tr>
<td>Thumb and Index Finger of Same Hand</td>
<td>25%</td>
</tr>
</tbody>
</table>

“Loss of a Hand or Foot” means complete severance through or above the wrist or ankle joint. “Loss of Sight of an Eye” means total and irrecoverable loss of the entire sight in that eye. “Loss of Hearing in an Ear” means total and irreversible loss of the entire ability to hear in that ear. “Loss of Speech” means total and irreversible loss of the entire ability to speak. “Loss of Thumb and Index Finger” means complete severance through or above the metacarpophalangeal joint of both digits. If more than one Loss is sustained by an Insured Person as a result of the same Covered Accident, only one amount, the largest, will be paid. Only one benefit, the largest to which you are entitled, is payable for all losses resulting from the same accident. Maximum aggregate benefit per occurrence is $1,000,000.

**Accident and Sickness Medical Expenses**

The Company will pay Covered Expenses due to Accident or Sickness only, as per the limits stated in the Schedule of Benefits. Coverage is limited to Covered Expenses incurred subject to Exclusions. All bodily Injuries sustained in any one Covered Accident shall be considered one
Disability, all bodily disorders existing simultaneously which are due to the same or related causes shall be considered one Disability. If a Disability is due to causes which are the same or related to the cause of a prior Disability (including complications arising there from), the Disability shall be considered a continuation of the prior Disability and not a separate Disability.

Treatment of an Injury or Sickness must occur within 30 days of the Accident or onset of the Sickness.

When a covered Injury or Sickness is incurred by the Insured Person the Company will pay Reasonable and Customary medical expenses as stated in the Schedule of Benefits. In no event shall the Company’s maximum liability exceed the maximum stated in the Schedule of Benefits as to Covered Expenses during any one period of individual coverage.

**Covered Accident and Sickness Medical Expenses**

*Only such expenses, incurred as the result of a Disability, which are specifically enumerated in the following list of charges, and which are not excluded in the Exclusions section, shall be considered as Covered Expenses:*

- Charges made by a Hospital for room and board, floor nursing and other services inclusive of charges for professional service and with the exception of personal services of a non-medical nature; provided, however, that expenses do not exceed the Hospital’s average charge for semiprivate room and board accommodation.
- Charges made for Intensive Care or Coronary Care charges and nursing services.
- Charges made for diagnosis, treatment and Surgery by a Doctor.
- Charges made for an operating room.
- Charges made for Outpatient treatment, same as any other treatment covered on an Inpatient basis. This includes ambulatory Surgical centers, Doctors’ Outpatient visits/examinations, clinic care, and Surgical opinion consultations.
- Charges made for the cost and administration of anesthetics.
- Charges for medication, x-ray services, laboratory tests and services, the use of radium and radioactive isotopes, oxygen, blood, transfusions, iron lungs, and medical treatment.
- Charges for physiotherapy, if recommended by a Doctor for the treatment of a specific Disability and administered by a licensed physiotherapist.
- Dressings, drugs, and medicines that can only be obtained upon a written prescription of a Doctor or Surgeon.
- Charges 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.
- Nervous or Mental Disorders are payable a) up to $2,500 for outpatient treatment; or b) up to $5,000 on an inpatient basis. The Company shall not be liable for more than one such inpatient or outpatient occurrence per lifetime under the Policy with respect to any one Insured Person.
- Chiropractic Care and Therapeutic Services shall be limited to a total of $50 per visit, excluding x-ray and evaluation charges, with a maximum of 10 visits per injury or Sickness. The overall maximum coverage per injury or Sickness is $500 which includes x-ray and evaluation charges.
- Expenses incurred within an Insured Person’s home country or country of regular domicile up to a maximum of $10,000. Benefits are payable under the policy only to the extent that Covered Expenses are not payable under any other domestic health plan.
- With respect to Accidental Dental, an eligible Dental condition shall mean emergency dental repair or replacement to natural teeth up to $500 ($250 maximum per tooth).

**Extension of Benefits**

Medical benefits are automatically extended 30 days after expiration of Insurance for conditions first diagnosed or treated during or related to your overseas study program with University of Utah. Benefits will cease 12:00 a.m. on the 31st day following Termination of Insurance.

**Emergency Medical Reunion**

When an Insured Person is hospitalized for more than 6 days, the Company will arrange and pay for round trip economy-class transportation for one individual selected by the Insured Person, from the Insured Person’s current Home Country to the location where the Insured Person is hospitalized. The benefits payable will include:

- The cost of a round trip economy airfare and their hotel and meals (to a maximum of $100 per day) up to the maximum stated in the Schedule of Benefits.

**Travel Delay Benefit**

The Company will reimburse up to $100 per person per day for up to five days up to a maximum of $500 if the Insured Person’s Trip is delayed for more than 12 hours for reasonable, additional accommodations and travel expenses until travel becomes possible. Incurred expenses must be accompanied by receipts. This benefit is payable only for one delay of the Insured Person’s Trip. Travel Delay must be caused by reasons listed below:

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

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

The Insured Person must provide the Company with proof of the Travel Delay such as a letter from the airline, cruise line, or tour operator/ newspaper clipping/ weather report/ police report or the like and proof of the expenses claimed as a result of Travel Delay.

**Exclusions and Limitations**

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

- 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
- Suicide or any attempt thereof while sane or self destruction or any attempt thereof, while insane
- War or any act of war, whether declared or not
- Injury sustained while riding as a pilot, student pilot, operator, or crew member, in or on, boarding or alighting from, any type of aircraft
- Injury occasioned or occurring while committing or attempting to commit a felony, or to which the contributing cause was the Insured Person being engaged in an illegal occupation
• Injury arising out of a Preexisting Condition

For all other benefits, this Insurance does not cover:

• Preexisting conditions, except as specified below:
  a) If the Insured Person does not receive medical care or services, including prescription drugs or other medical supplies, and is not under the care of a Doctor with respect to the Preexisting Condition or related condition(s), for a period of 12 consecutive months beginning on or after the first day of coverage, the Preexisting Condition exclusion will no longer apply and any eligible charges incurred after the treatment free period will be considered for reimbursement; or
  b) If the Insured Person is covered under the Policy for 12 consecutive months, the Preexisting Condition exclusion will no longer apply and any eligible expenses incurred thereafter will be considered for reimbursement; or
  c) For the Emergency Medical Evacuation and Repatriation/Return of Mortal Remains benefits

However, Preexisting Conditions will be covered up to the Maximum shown in the Schedule of Benefits.

• 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 a Disablement established by a prior call or attendance of a Doctor
• Treatment of the Temporomandibular joint
• Vocational, speech, recreational or music therapy
• Services or supplies performed or provided by a Relative of the Insured Person, or anyone who lives with the Insured Person
• The refusal of a Doctor or Hospital to make all medical reports and records available to the Company will cause an otherwise valid claim to be denied
• Cosmetic or plastic Surgery, except as the result of a Covered Accident; for the purposes of the Policy, treatment of a deviated nasal septum shall be considered a cosmetic condition
• Elective Surgery or Elective Treatment which can be postponed until the Insured Person returns to his/her Home Country, where the objective of the trip is to seek medical advice, treatment or Surgery
• Treatment and the provision of false teeth or dentures, normal ear tests and the provision of hearing aids
• Eye refractions or eye examinations for the purpose of prescribing corrective lenses for eye glasses or for the fitting thereof, unless caused by Accidental bodily 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
• The cost of the Insured Person’s unused airline ticket for the transportation back to the Insured Person’s Home Country, where an Emergency Medical Evacuation or Repatriation and/or Return of Mortal Remains benefit is provided
• Expenses as a result of or in connection with the commission of a felony offense
• Injury sustained while taking part in mountaineering where ropes or guides are normally used; hang gliding; parachuting; bungee jumping; racing by horse, motor vehicle, or motorcycle; parasailing
• Treatment paid for or furnished under any mandatory government program or facility set up for treatment without cost to any individual

• Injury or Sickness covered by Workers’ Compensation, Employers’ Liability laws, or similar occupational benefits
• Injuries for which benefits are payable under any no-fault automobile insurance policy
• Routine Dental Treatment
• Dental care, except as the result of Injury to natural teeth caused by a Covered Accident, unless otherwise covered under this Policy
• Drug, treatment or procedure that either promotes or prevents conception, or prevents 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 their related treatment
• Expenses incurred while the Insured Person is in their Home Country, unless otherwise covered under the Policy
• Weak, strained or flat feet, corns, calluses, or toenails
• Diagnosis and treatment of acne
• Injury sustained while riding as a pilot, student pilot, operator or crew member, in or on, boarding or alighting from, any type of aircraft

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

Coinurance means the percentage amount of eligible Covered Expenses, after the Deductible, which are the responsibilities of the Insured Person and must be paid by the Insured Person. The Coinurance amount is stated in the Schedule of Benefits, under each stated benefit.

Company shall be ACE American Insurance Company.

Covered Accident or Accidental 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; Reasonable and Customary charges; incurred while insured under the Policy; and which do not exceed the maximum limits shown is 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 the Company. The Deductible amount is stated in the Schedule of Benefits, under each stated benefit.

Dependent means an Insured Person’s lawful spouse or an Insured Person’s unmarried child, from the moment of birth to age 19, 25 if a full-time student, who is chiefly dependent on the Insured Person for support. A child, for eligibility purposes, includes an Insured Person’s natural child; adopted child, beginning with any waiting period pending finalization of the child’s adoption; or a stepchild who resides with the Insured Person or depends on the Insured Person for financial support. A Dependent may also include any person related to the Insured Person by blood or marriage and for whom the Insured Person is allowed a deduction under the Internal Revenue Code. Insurance will continue for any Dependent child who reaches the age limit and continues to meet the following conditions: 1) the child is handicapped; 2) is not capable of self-support; and 3) depends mainly on the Insured Person for support and maintenance. The Insured Person must send Us satisfactory proof that the child meets these
conditions, when requested. We will not ask for proof more than once a year. Dependent also means an Insured Person’s Domestic Partner.

Disability as used with respect to medical expenses means a Sickness or an accidental bodily Injury necessitating medical treatment by a Doctor defined in the Policy.

Doctor as used in the 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, however, such definition will exclude chiropractors and physiotherapists.

Effective Date means the date the Insured Person’s coverage under the Policy begins. The Effective Date of the Policy is the later of the following: 1) The Date the Company receives a completed Application and premium for the Policy Period; or 2) The Effective Date requested on the Application; or 3) The Date the Company approves the Application.

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, circumsision, tubal ligation, vasectomy, breast reduction, sexual reassignment surgery, and submucous 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 received in a Covered Accident. Elective Treatment includes, but is not limited to, treatment for acne, nonmalignant warts and moles, weight reduction, infertility, learning disabilities.

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

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

Family Member means a spouse, Domestic Partner, parent, sibling or child of the Insured Person.

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

Hospital as used in the 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 wherever used in the Policy means bodily Injury caused solely and directly by violent, Accidental, external, and visible means occurring while the Policy is in force and resulting directly and independently of all other causes in Disablement covered by the Policy.

Insured Person(s) means a person eligible for coverage under the Policy as defined in “Eligible Persons” who has applied for coverage and is named on the application and for whom the company has accepted premium. This may be the Primary Insured Person, Dependent(s), Chaperones or Guests.

Medically Necessary or Medical Necessity means services and supplies received while insured that are determined by the Company to be: 1) appropriate and necessary for the symptoms, diagnosis, or direct care and treatment of the Insured Person’s medical conditions; 2) within the standards the organized medical community deems good medical practice for the Insured Person’s condition; 3) not primarily for the convenience of the Insured Person, the Insured Person’s Doctor or another Service Provider or person; 4) not Experimental/Investigational or unproven, as recognized by the organized medical community, or which are used for any type of research program or protocol; and 5) not excessive in scope, duration, or intensity to provide safe and adequate, and appropriate treatment.

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

Permanent 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.

Preexisting Condition means an illness, disease, or other condition of the Covered Person within 180 days prior to the Covered 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 the Company determines is Reasonable and Customary for Covered Expenses the Insured Person incurs, up to but not to exceed charges actually billed. The Company’s 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 the Company determines are relevant, including but not limited to, a resource based relative value scale.


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

Termination of Insurance means the Insured Person’s coverage will end on the earliest of the following dates: 1) The date the Master Policy terminates; 2) The date he or she is no longer eligible; or 3) The last day of the period of coverage, requested by the Participating Organization, applicable to the Insured Person for which premium is paid.

**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).


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.

Cultural Insurance Services International (CISI)
1 High Ridge Park | Stamford, CT 06905
Phone: 203-399-5130 | Fax: 203-399-5596
claimhelp@culturalinsurance.com • www.culturalinsurance.com
Section II—Team Assist Plan (TAP)
The Team Assist Plan is designed by CISI in conjunction with the Assistance Company to provide travelers with a worldwide, 24-hour emergency telephone assistance service. Multilingual help and advice may be furnished for the Insured Person in the event of any emergency during the term of coverage. The Team Assist Plan complements the insurance benefits provided by the Medical Plan.

If you require Team Assist assistance, your ID number is your policy number. In the U.S., call (855)327-1411, worldwide call (01-312) 935-1703 or e-mail medassist-usa@axa-assistance.us.

Emergency Medical Transportation Services
The Team Assist Plan provides services and pays expenses up to the amount shown in the Schedule of Benefits for:
• Emergency Medical Evacuation
• Repatriation/Return of Mortal Remains
All services must be arranged through the Assistance Provider.

Emergency Medical Evacuation
The Company shall pay benefits for Covered Expenses incurred up to the maximum stated in the Schedule of Benefits, if any Injury or covered Sickness commencing during the Period of Coverage results in the Medically Necessary Emergency Medical Evacuation of the Insured Person. The decision for an Emergency Medical Evacuation must be ordered by the Assistance Company in consultation with the Insured Person’s local attending Doctor.

Emergency Medical Evacuation means: a) the Insured Person’s medical condition warrants immediate transportation from the place where the Insured Person is located (due to inadequate medical facilities) to the nearest adequate medical facility where medical treatment can be obtained; or b) after being treated at a local medical facility, the Insured Person’s medical condition warrants transportation with a qualified medical attendant to his/her Home Country to obtain further medical treatment or to recover; or c) both a) and b) above. Covered Expenses are expenses, up to the maximum stated in the Schedule of Benefits, for transportation, medical services and medical supplies necessarily incurred in connection with Emergency Medical Evacuation of the Insured Person. All transportation arrangements must be by the most direct and economical route.

Repatriation/Return of Mortal Remains or Cremation
The Company will pay the reasonable Covered Expenses incurred up to the maximum as stated in the Schedule of Benefits, Repatriation/Return of Mortal Remains, to return the Insured Person’s remains to his/her then current Home Country, if he or she dies. Covered Expenses include, but are not limited to, expenses for embalming, cremation, a minimally
necessary container appropriate for transportation, shipping costs and
the necessary government authorizations. All Covered Expenses in
connection with a Return of Mortal Remains must be pre-approved and
arranged by an Assistance Company representative appointed by the
Company.

The TAP offers these services

Medical assistance

Medical Referral Referrals will be provided for Doctors, hospitals, clinics
or any other medical service provider requested by the Insured. Service
is available 24 hours a day, worldwide.

Medical Monitoring In the event the Insured Person is admitted to a
U.S. or foreign hospital, the AP will coordinate communication between
the Insured Person’s own Doctor and the attending medical doctor or
doctors. The AP will monitor the Insured Person’s progress and update
the family or the insurance company accordingly.

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

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

Coverage Verification/Payment Assistance for Medical Expenses The AP
will provide verification of the Insured Person’s medical insurance
coverage when necessary to gain admittance to foreign hospitals, and if
requested, and approved by the Insured Person’s insurance company, or
with adequate credit guarantees as determined by the Insured, provide
a guarantee of payment to the treating facility.

Travel assistance

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

Traveler Check Replacement Assistance The AP will assist in obtaining
replacements for lost or stolen traveler checks from any company, i.e.,
Visa, Master Card, Cooks, American Express, etc., worldwide.

Lost/Delayed Luggage Tracing The AP will assist the Insured Person
whose baggage is lost, stolen or delayed while traveling on a common
carrier. The AP will advise the Insured Person of the proper reporting
procedures and will help travelers maintain contact with the appropriate
companies or authorities to help resolve the problem.

Replacement of Lost or Stolen Airline Ticket One telephone call to the
provided 800 number will activate the AP’s staff in obtaining a
replacement ticket.

Technical assistance

Credit Card/Passport/Important Document Replacement The AP will
assist in the replacement of any lost or stolen important document such
as a credit card, passport, visa, medical record, etc. and have the
documents delivered or picked up at the nearest embassy or consulate.

Locating Legal Services The AP will help the Insured Person contact a
local attorney or the appropriate consular officer when an Insured
Person is arrested or detained, is in an automobile accident, or
otherwise needs legal help. The AP will maintain communications with
the Insured Person, family, and business associates until legal counsel
has been retained by or for the Insured Person.

Assistance in Posting Bond/Bail The AP will arrange for the bail
bondsman to contact the Insured Person or to visit at the jail if
incarcerated.

Worldwide Inoculation Information Information will be provided if
requested by an Insured Person for all required inoculations relative to
the area of the world being visited as well as any other pertinent
medical information.

Section III-Security Evacuation (Comprehensive)

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