

World Class Coverage Plan

designed for

International Volunteer HQ



2022-2023

Policy # CC008320-ADVENTURE

Administered by Cultural Insurance Services International

Underwritten by Crum & Forster SPC

mycisi.com | 800.303.8120



MEDICAL



EMERGENCY



SECURITY

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CONTACT INFORMATION

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

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

Email: claimhelp@mycisi.com

Team Assist (24/7/365) –On Call International:

Phone: (877) 714-8179 | (603) 952-2660

Email: mail@oncallinternational.com

FAQS (FREQUENTLY ASKED QUESTIONS)

Questions related to COVID-19?

Visit our COVID-19 FAQ webpage:

<https://www.culturalinsurance.com/COVID-questions.asp>

What does the CISI plan cover?

The CISI Plan is designed specifically for volunteering abroad participants. Not only does the plan provide accident and sickness insurance, it also covers medical evacuation and repatriation as well as security evacuations should they become necessary. And unlike many domestic insurance plans, the CISI plan will pay 100% of covered expenses without requiring a deductible.

In addition to the above, the non-insurance Team Assist Plan was 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 in the event of any emergency during the term of coverage. Please read the attached brochure for detailed information regarding benefits.

How will I receive my plan information?

Once you are enrolled, you will receive an email from CISI Enrollments (enrollments@culturalinsurance.com), with the subject line 'CISI Materials'. This email will contain the following:

- Brochure
- Consulate Letter (to obtain your visa, if necessary)
- ID Card
- Claim Form
- Link to create a login to our myCISI Participant Portal
- Link to our CISI Traveler App

How do I use my CISI insurance overseas?

In the case of a MINOR injury or illness - Be prepared to pay for doctor visits for minor injury or illnesses such as a sore throat or a sinus infection. Present your card to your medical provider at the time of service. If the overseas doctor is willing to bill us directly, we are willing and able to pay them directly for covered medical expenses. Foreign providers can contact your assistance team (**On Call International**) toll-free to verify eligibility and/or benefits 24/7/365. If they prefer to have you pay for any medical services, medicines, or equipment out-of-pocket at the time of your visit, hold onto all documents, bills and receipts, and submit them along with a claim form to CISI for reimbursement of eligible expenses.

In the case of a SERIOUS injury or illness - For all emergencies, seek help without delay at the nearest facility and then, after admittance, open up a case with On Call International (our 24/7 assistance provider). Our goal is to have the hospital or facility bill us directly. If personal payment has already been processed, we can expedite reimbursement of eligible expenses. CISI has the ability to pay by check or wire transfer to foreign hospitals when necessary/requested. On Call International is also able to guarantee/make payments when necessary (CISI then reimburses On Call).

How do I locate a medical provider and/or hospital?

To locate a provider overseas, you can do either of the following: 1) Contact the assistance team (**On Call International**) by calling the number on your insurance ID card (also provided on this page); OR 2) log into your myCISI Participant Portal or through the CISI Traveler App and click on 'Provider Search'. Select your Country and City, and a list of providers will populate.

Are there 'In-Network' or 'Out-of-Network' restrictions?

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

Does my plan have a Deductible?

See your plans *Schedule of Benefits* to see if you have a Deductible.

How do I submit a claim & what needs to be submitted?

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

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

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

Step 3: You can submit claims by mail: 1 High Ridge Park, Stamford, CT 06905, email: claimhelp@mycisi.com, or by fax: (203) 399-5596.

Approved reimbursements will be paid to the provider of the service unless otherwise indicated on the form. For claim submission questions or status, call (800) 303-8120, or email claimhelp@mycisi.com.

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

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

Where can I access additional claim forms?

The claim form is provided at the end of your brochure, attached to your welcome email, and on the myCISI Participant Portal.

I misplaced my ID card. What should I do?

If you have the CISI Traveler App, your card and information is in the palm-of-your-hand. Within the CISI Traveler App you can access your ID card and download it to your phone so you have access to it even when you are offline. You can also reprint it from your welcome email; or sign into your myCISI Participant Portal and access it there. Another option is to contact CISI by calling (800) 303-8120 or email claimhelp@mycisi.com or enrollments@mycisi.com and we can easily email you with a new ID card within a few minutes.

Does my plan provide any coverage for me in the U.S.?

No. You are covered worldwide except within the United States.

Have additional questions, or questions related to benefits?

Email claimhelp@mycisi.com or call (203) 399-5130 or toll-free at (800) 303-8120.

Team Assist Plan (TAP)

The Team Assist Plan is a non-insurance service 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. The Team Assist Plan provides the non-insurance services, and Crum & Forster SPC pays expenses up to the amount shown in the *Schedule of Benefits* for:

- Emergency Medical Evacuation
- Return of Mortal Remains
- Security Evacuation

All services must be arranged through the Assistance Provider.

The TAP Offers These Services

(Non-Insurance Benefits and Services are not provided by Crum & Forster SPC)

MEDICAL ASSISTANCE

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

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

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

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

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

TRAVEL ASSISTANCE

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

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

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

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

TECHNICAL ASSISTANCE

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

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

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

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

INTERNATIONAL VOLUNTEER HQ

Policy # CC008320-ADVENTURE

2022-2023

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

This plan is underwritten by Crum & Forster SPC

| SCHEDULE OF BENEFITS | |
|--|---|
| Coverage and Services | Maximum Limits |
| TRAVEL ACCIDENT INDEMNITY INSURANCE | |
| Accidental Death and Dismemberment Per Insured Person | \$10,000 |
| ACCIDENT AND SICKNESS INSURANCE | |
| Medical expenses (per Covered Accident or Sickness): | |
| Deductible | zero |
| Benefit Maximum | \$500,000 at 100% |
| TRAVEL ASSISTANCE INSURANCE | |
| Emergency Medical Reunion | (incl. hotel/meals, max \$300/day) \$15,000 |
| Trip Delay | \$5,000 (\$300/day) |
| Trip Interruption | \$5,000 |
| PERSONAL PROPERTY INSURANCE | |
| Baggage Delay | \$1,000 (\$200/day) |
| Personal Property | (\$500/item) \$2,000 |
| EVACUATION AND REPATRIATION INSURANCE | |
| Emergency Medical Evacuation | \$300,000 |
| Repatriation of Mortal Remains | \$300,000 |
| Security Evacuation (Comprehensive) | \$100,000 (\$1M Aggregate) |
| NON-INSURANCE SERVICES* | |
| Team Assist Plan (TAP): 24/7 medical, travel, technical assistance | |

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

Benefits are provided for eligible Insured Persons. Terms and conditions are briefly outlined in this summary of coverage. This plan contains both insurance and non-insurance benefits. Complete provisions pertaining to the insurance portion of the plan are contained in the policy. In the event of any conflict between this summary of coverage and the policy, the policy will govern. The policy is a short-term limited duration policy renewable only at the option of the insurer. This is a brief description of the important features of your plan. It is not a contract of insurance. The terms and conditions of coverage are set forth in the Plan issued to your school. For a detailed plan description, exclusions, and limitations please view the plan on file with your school. This insurance is not subject to, and will not be administered as a PPACA (Patient Protection and Affordable Care Act) insurance plan. PPACA requires certain US residents and citizens obtain PPACA compliant insurance coverage. This policy is not subject to guaranteed issuance or renewal. PPO Networks are not provided by Crum & Forster SPC.

Eligibility

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

Period of Coverage

When an Insured's Coverage Begins: Coverage will become effective for an Eligible Participant on the later of the following dates, but in no event shall coverage commence prior to the effective date of the Master Policy:

1. the effective date of the Policy;
2. the date requested by the Participating Organization.

When an Insured's Coverage Ends: Coverage will terminate for an Insured on the earliest of the following dates:

1. the date the Master Policy terminates;
2. the expiration date of the term of coverage, requested by the Participating Organization, applicable to the Insured;
3. the date the Insured ceases to meet the Eligibility Requirements described above.

Provisions

Benefits are payable under the Policy for Covered Expenses incurred by an Insured Person for the items stated in the *Schedule of Benefits*. All students and accompanying faculty and staff who are enrolled as International Volunteer HQ participants, and who are temporarily pursuing volunteering activities outside of the United States and their Home Country are eligible for coverage. Benefits shall be payable to either the Insured Person or the Service Provider for Covered Expenses incurred Worldwide, except in the United States or their Home Country. The first such expense must be incurred by an Insured Person within 30 days after the date of the Covered Accident or commencement of the Sickness; and

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

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

Accidental Death and Dismemberment Benefit

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

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

| For Loss of: | Percentage of Maximum Amount: |
|-------------------------------------|-------------------------------|
| Both Hands or Both Feet | 100% |
| Sight of Both Eyes | 100% |
| One Hand and One Foot | 100% |
| One Hand and the Sight of One Eye | 100% |
| One Foot and the Sight of One Eye | 100% |
| Speech and Hearing in Both Ears | 100% |
| One Hand or One Foot | 50% |
| The Sight of One Eye | 50% |
| Speech or Hearing in Both Ears | 50% |
| Hearing in One Ear | 25% |
| Thumb and Index Finger of Same Hand | 25% |

"Loss of a Hand or Foot" means complete severance through or above the wrist or ankle joint. "Loss of Sight of an Eye" means total and irrecoverable loss of the entire sight in that eye. "Loss of Hearing in an Ear" means total and irrecoverable loss of the entire ability to

hear in that ear. "Loss of Speech" means total and irrecoverable loss of the entire ability to speak. "Loss of Thumb and Index Finger" means complete severance through or above the metacarpophalangeal joint of both digits.

If more than one Loss is sustained by an Insured Person as a result of the same Covered Accident, only one amount, the largest, will be paid. Only one benefit, the largest to which you are entitled, is payable for all losses resulting from the same accident. Maximum aggregate benefit per occurrence is \$1,000,000.

Accident and Sickness Medical Expenses

We will pay Covered Expenses due to Accident or Sickness only, as per the limits stated in the *Schedule of Benefits*. Coverage is limited to Covered Expenses incurred as listed below and subject to Exclusions. Initial treatment of an Injury or Sickness must occur within 30 days of the Accident or onset of the Sickness.

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

Covered Accident & Sickness Medical Expenses

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

- Charges made by a Hospital for room and board, floor nursing and other services inclusive of charges for professional service and with the exception of personal services of a non-medical nature; provided, however, that expenses do not exceed the Hospital's average charge for semiprivate room and board accommodation.
- Charges made for Intensive Care or Coronary Care charges and nursing services.
- Charges made for diagnosis, treatment and surgery by a Doctor.
- Charges made for an operating room.
- Charges made for outpatient treatment, same as any other treatment covered on an inpatient basis. This includes ambulatory surgical centers, Doctors' outpatient visits/examinations, clinic care, and surgical opinion consultations.
- Charges made for the cost and administration of anesthetics.
- Charges for medication, x-ray services, laboratory tests and services, the use of radium and radioactive isotopes, oxygen, blood, transfusions, iron lungs, and medical treatment.
- Dressings, drugs, and medicines that can only be obtained upon a written prescription of a Doctor or surgeon.
- Charges made for artificial limbs, eyes, larynx, and orthotic appliances, but not for replacement of such items.
- Local transportation to or from the nearest Hospital or to and from the nearest Hospital with facilities for required treatment. Such transportation shall be by licensed ground ambulance only.
- Charges for physiotherapy, if recommended by a Doctor for the treatment of a specific Disablement and administered by a licensed physiotherapist.
- Nervous or Mental Disorders are payable a) up to \$500 for outpatient treatment; or b) up to \$1,000 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.
- 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 \$1,000 (\$250 maximum per tooth).
- Charges due to a Pre-Existing Condition are limited to \$10,000.
- Charges made for any Injuries resulting from the 150 Standard Activities Plus a Full List of Higher Risk Activities as shown in separate Full Activities document attached to the end of this brochure.

Emergency Medical Reunion

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

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

The benefits reimbursable will include:

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

Trip Delay Benefit

We will reimburse Covered Expenses up to \$300 per person per day subject to a \$5,000 Maximum Benefit if an Insured's trip is delayed for more than 12 hours.

Covered Expenses include charges incurred for reasonable, additional accommodations and traveling expenses until travel becomes possible. Incurred expenses must be accompanied by receipts. This benefit is payable only for one delay of the Insured's Trip. Travel Delay must be caused by one of the following reasons:

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

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

The Insured's Duties in the Event of Loss: The Insured must provide Us with proof of the Travel Delay such as a letter from the airline, cruise line, or Tour operator/ newspaper clipping/ weather report/ police report or the like and proof of the expenses claimed as a result of Trip Delay.

Trip Interruption Benefit

We will reimburse the cost of a round-trip economy air and/or ground transportation ticket of the Insured Person's trip, as well as lost deposits, if his or her trip is interrupted as the result of:

- the death of a Family Member; or
- the unforeseen Injury or Sickness of the Insured Person or a Family Member. The Injury or Sickness must be so disabling as to reasonably cause a trip to be interrupted; or
- Quarantine.

The total benefits payable under the Trip Interruption Benefit will not exceed the maximum stated in the *Schedule of Benefits*.

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

Baggage Delay Benefit

If the Insured Person's checked-in luggage is not delivered to him or her within the Time Period shown in the *Schedule of Benefits* at the scheduled destination point of his or her flight, we will reimburse the Insured Person for charges incurred at the scheduled destination for purchases of essential clothing and toiletries up to the Benefit Maximum shown in the *Schedule of Benefits*. These purchases must be made within 24 hours of the Insured Person's arrival or prior to the return of the luggage, whichever is sooner.

The Insured Person must provide documentation of the delay or misdirection of baggage by the Common Carrier and receipts for the emergency purchases.

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

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

Covered Expenses:

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

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

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

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

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

Benefits for these Covered Expenses will not be payable unless:

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

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

Repatriation of Mortal Remains Benefit

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

Covered expenses include:

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

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

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

Security Evacuation (Comprehensive)

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

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 riding as a pilot, student pilot, operator, or crew member, in or on, boarding or alighting from, any type of aircraft.
- Injury occasioned or occurring while committing or attempting to commit a felony, or to which the contributing cause was the Insured Person being engaged in an illegal occupation.

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

- Charges for treatment which is not Medically Necessary.
- Charges for treatment which exceed Reasonable and Customary charges.
- Charges incurred for surgery or treatments which are experimental/investigational, or for research purposes.
- Services, supplies or treatment, including any period of Hospital confinement, which were not recommended, approved and certified as Medically Necessary and reasonable by a Doctor.
- War or any act of war, whether declared or not.
- Injury sustained while participating in professional athletics.
- Routine physicals, immunizations, or other examinations where there are no objective indications or impairment in normal health, and laboratory, diagnostic or x-ray examinations, except in the course of an Injury or Sickness established by a prior call or attendance of a Doctor.
- Treatment of the temporomandibular joint.
- Any treatment, service or supply not specifically covered by the Policy.
- Services or supplies performed or provided by a Relative of the Insured Person, or anyone who lives with the Insured Person.
- Cosmetic or plastic surgery, except as the result of a covered Injury.
- Elective Surgery or Elective Treatment which can be postponed until the Insured Person returns to his/her Home Country or Permanent Residence, where the objective of the trip is to seek medical advice, treatment or surgery.
- Treatment and the provision of false teeth or dentures, normal hearing tests and the provision of hearing aids.
- Eye refractions or eye examinations for the purpose of prescribing corrective lenses for eye glasses or for the fitting thereof, unless caused by an Injury incurred while insured hereunder.
- Treatment while confined primarily to receive custodial care, educational or rehabilitative care, or nursing services.
- Congenital abnormalities and conditions arising out of or resulting therefrom.
- Expenses as a result of or in connection with the commission of a felony offense.
- Injury sustained while taking part in mountaineering where ropes or guides are normally used; hang gliding; parachuting; bungee jumping; racing by horse, motor vehicle or motorcycle; parasailing. (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.
- Injuries for which benefits are payable under any no-fault automobile insurance policy.
- Routine dental treatment.
- Drugs, treatments or procedures that either promote or prevent conception, or prevent childbirth, including but not limited to: artificial insemination, treatment for infertility or impotency, sterilization or reversal thereof, or abortion.
- Treatment for human organ tissue transplants and related treatment.
- Weak, strained or flat feet, corns, calluses, or toenails.

- Diagnosis and treatment of acne.
- Injury sustained while the Insured Person is riding as a pilot, student pilot, operator or crew member, in or on, boarding or alighting from, any type of aircraft.
- Dental care, except as the result of Injury to natural teeth caused by a Covered Accident, unless otherwise covered under this Policy.
- Expenses incurred within the Insured Person's Home Country or country of Permanent Residence, unless otherwise covered under this Policy.
- Pregnancy, childbirth or miscarriage.

In addition to the Policy Exclusions, We will not pay Personal Property and/or Lost Checked Baggage 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 Crum & Forster SPC.

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

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

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

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

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

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

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

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

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

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

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

Injury wherever used in this Policy means bodily Injury caused solely and directly by violent, accidental, external, and visible means occurring while this Policy is in force and resulting directly and independently of all other causes in a loss covered by this 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 if any and for whom We have accepted premium.

Medically Necessary or **Medical Necessity** means services and supplies received while insured that are determined by Us 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, adequate, and appropriate treatment.

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

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

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

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

Relative means spouse, Domestic Partner, parent, sibling, child, grandparent, grandchild, step-parent, step-child, 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.

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

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

DISCLOSURES

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

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

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

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

By purchasing this insurance provided by Crum & Forster SPC, you become a member of the ITA Global Trust, LTD.

IVHQ Activities and Adventure Upgrade

STANDARD ACTIVITIES COVERED

Acrobatics (gymnastics or trapeze)
Aerial safari
Aerobics
Air guitar
Airsoft
American football (Gridiron)
Angling
Archery
Athletics
ATVs
Au Pair / Nanny (paid or volunteer childcare)
Backpacking
Badminton
Ballet
Ballroom dancing
Banana boat rides
Barefoot water skiing
Baseball
Basketball
Bicycle polo
Bicycle touring
Bikepacking
Black Water Rafting (grades 1 - 5)
BMX (on road / off road / on track / cross country)
Boating
Bobsled (non-snow track)
Bobsleigh
Bowling (lawn, ten-pin, nine-pin, candlepin, duckpin and five-pin bowling, bowls, pétanque & boules)
Boxing (gym or outdoor training)
Broomball (hockey)
Bungee / Bungy jumping
Bushcraft
Bushwalking
Butoh
Camel riding / trekking
Camping (up to 19,685 feet/6,000 meters)
Canoeing
Canyon swing
Canyoning
Capoeira Dancing
Cave tubing (grades 1 - 5)
Caving (sightseeing / tourist attraction)
Cheerleading
Clay pigeon shooting
Competing at international events as a national rep
Cricket
Croquet
Cruising (crewing on a cruise ship)
Cruising (passenger on a cruise ship)
Curling
Cycle touring
Dance (ballet, ballroom, capoeira, salsa, interpretive dance)
Darts
Deep sea fishing
Disc golfing
Dirt boarding
Dodge ball
Dog sledding
Dragon boating
Dune buggy
Elephant riding / trekking
Environmental or conservation work (paid or volunteer manual work)
Equestrian activities
Fell running / walking
Fencing
Fishing (deep sea, inland, ice fishing)
Fitness training
Floorball
Flying (as a passenger in a glider or ultralight)
Flying (as a passenger in a private, licensed scheduled or chartered aircraft or helicopter)
Football (soccer)
Frisbee
Fruit picking (paid or volunteer WWOOFing, general farm work, manual work)
Glacier walking (up to 19,685 feet/6,000 meters)
Gliding
Go karting
Golf
Gridiron
Gym training (aerobics, spinning, zumba, body pump, weight training, cross training, crossfit)
Gymnastics
Handball
High diving up to 10 meters
Hiking or tramping (up to 19,685 feet/6,000 meters)
Hockey
Horse riding (equestrian, dressage, show jumping, eventing, polo)
Horse riding (leisure, social, bare back, non-competitive riding)
Hospitality, bar work (paid or volunteer manual work)
Hunting (excluding big game)
Hurling
Hydrofoiling
Hydrospeeding (grades 1-5)
Ice fishing
Ice hockey
Ice Skating
Indoor skydiving
In-line skating
Jet boating
Jet skiing
Kayaking
Kite boarding (on land or water)
Kite buggy
Kite flying
Kite surfing
Kite wing
Korfball
Lacrosse
Land surfing
Lawn bowling
Martial arts (Judo, karate)
Martial arts (non contact)
Microflight
Mongol Rally
Moped riding
Motorcycling (no coverage for motorcycle)
Motor biking (on or off road, trail bike riding)
Motor biking (pillion passenger)
Motor racing experience (passenger only)
Mountain biking
Netball
Obstacle course / assault course / trim trail
Office work (paid or volunteer clerical, non-manual work)
Orienteering
Outdoor endurance / multi-sport (less than ultra distance)
Outrigger canoeing
Outward Bound Paddle boarding
Paint balling
Parasailing
Parasailing (over land)
Parkour
Polar Plunge
Power lifting
Quad biking
Racquetball
Rambling
Raquet ball
Retail work (paid or volunteer shop assistant / store manager, general retail, manual work)
Rifle range / sports shooting
Riverboarding (grades 1-5)
Rock climbing or bouldering (indoor)
Rock fishing
Roller blading
Roller derby
Roller hockey
Roller skating
Rounders
Rowing
Rugby (League / Union)
Running / walking (less than ultra distance)
Running of the bulls (spectator)
Safari tours
Sail boarding
Sailing
Salsa dancing
Sandboarding
Sandskiing
Scooter riding
Scrambling (up to 19,685 feet/6,000 meters)
Scuba diving (to 165 feet/50 meters)
Scuba diving (unqualified / learn to dive course / discover dive with qualified instructor)
Scuba diving to 50 meters
Sculling
Sea canoeing
Sea kayaking
Segway polo
Segway tours

Shooting (rifle range / sports)
Skateboarding (ramp, half pipe, skate park, street)
Skeleton
Ski joring
Skidoos
Skiing (cross country / nordic skiing on marked trails)
Skiing (dry slope)
Skiing (on piste or off piste within resort boundaries)
Skiing (power assisted skiing)
Skiing (snowblading)
Sledding / Snow Sleds / Snow Sleighs (on snow)
Sleigh rides
Snooker
Snorkeling
Snow biking
Snow kiting
Snow mobiling
Snow rafting
Snowboarding (on piste or off piste within resort boundaries)
Snowboarding (dry slope)
Snowshoeing
Soccer
Softball
Spearfishing
Speed boating
Speed flying
Speed trials
Sports coaching paid or volunteer (ball sports, surfing, swimming)
Squash
Stand up paddle surfing / paddle boarding
Stilt walking
Stoolball
Surf boat rowing
Surfing
Swimming
Swimming with whales / whale sharks
Table tennis
Target Shooting
Tchoukball
Teaching (paid or volunteer work)
Ten pin bowling
Tennis
Theme parks / fairgrounds
Tobogganing
Trail bike riding
Trail running (up to 19,685 feet/6,000 meters)
Trampolining
Tree Climbing (trees up to 10 meters)
Trekking (up to 19,685 feet/6,000 meters)
Triathlon (less than ultra-distance)
Tubing on rivers
Tubing on snow
Tuk Tuk (as a passenger)
Ultimate frisbee
Unicycling
Volleyball
Volunteering (childcare, teaching, environmental, wildlife or animal care, WWOOF)
Wake skating
Wakeboarding
Walking (up to 19,685 feet/6,000 meters)
War games (online gaming)
Water polo
Water skiing
Weight training
White water kayaking
White water rafting
Wildlife and animal care (paid or volunteer manual work)
Windsurfing
WWOOFing (general farm work, fruit picking, manual work)
Yachting
Yoga (class, alone / home practice)
Yoga (yoga teacher)
Yungas Road (Death Road)
Zip line
Zorbing

COVERED WITH ADVENTURE UPGRADE ONLY

Abseiling (indoor or outdoor up to 22,965 feet/7,000 meters)
Aviation
Ballooning
Bobsled (in snow)
Bouldering or soloing (up to 22,965 feet/7,000 meters)
Bull riding
Camping (up to 22,965 feet/7,000 meters)
Cave diving (to 165 feet/50 meters)
Cavern diving (to 165 feet/50 meters)
Caving/spelunking/potholing
Cliff diving
Cliff jumping

Construction or renovation work (paid or volunteer manual work painting, using power tools, labourer, operating machinery, roadwork, working at height)
Deep water soloing
Deepelling (up to 22,965 feet/7,000 meters)
Diving
Fly by wire
Flying (as a passenger while stunt flying, performing aerobatics)
Flying (as a pilot or crew of any aircraft)
Free diving (to 60 meters)
Free soloing
Hang gliding
Heli-skiing / boarding
High Wire
Hiking or tramping (up to 22,965 feet/7,000 meters)
Horse riding (rodeo)
Hot air ballooning
Ice climbing (up to 22,965 feet/7,000 meters)
Jet pack
Lifeguarding
Martial arts (cage fighting, mixed martial arts, kick boxing, Muay Thai)
Medical and health care paid or volunteer work (health education, medical services, medical practitioner)
Motocross
Motor racing (driver or passenger in a motor sport show, race, competition or rally)
Hot air ballooning
Mountaineering, high altitude climbing or expeditions (up to 22,965 feet/7,000 meters)
Outdoor endurance / multi-sport (ultra distance or more)
Paid or volunteer high risk work (offshore, underground or caves, commercial diving)
Parachuting
Paragliding
Parapenting
Potholing
Rap jumping (indoor or outdoor up to 22,965 feet/7,000 meters)
Rapelling (indoor or outdoor up to 22,965 feet/7,000 meters)
Rickshaw Run
Rock climbing (outdoor up to 22,965 feet/7,000 meters)
Running / walking (ultra marathon or more)
Running of the bulls (with the bulls)
Scrambling (up to 22,965 feet/7,000 meters)
Scuba diving - paid or volunteer instructor or guide (to 165 feet/50 meters)
Scuba diving (Cave or cavern diving to 165 feet/50 meters)
Scuba diving (commercial to 165 feet/50 meters)
Shark cage diving (to 165 feet/50 meters)
Ski instructor or guide (paid or volunteer)
Skiing (acrobatics, free-style, jumping, flying, stunting)
Skiing (backcountry/outside of resort boundary / alpine ski touring)
Skiing (by helicopter / snow cat)
Skiing (racing)
Skiing (terrain park within resort)
Skiing with a miniwing (speed riding)
Skydiving
Skydiving from hot air balloon
Snowboarding (acrobatics, free-style, jumping, flying, stunting)
Snowboarding (backcountry/outside of resort boundary / alpine ski touring)
Snowboarding (by helicopter / snow cat)
Snowboarding (racing)
Snowboarding (terrain park within resort)
Snowboarding instructor or guide (paid or volunteer)
Spelunking (caving)
Stunt flying
Tandem skydiving
Tough Mudder
Trapeze
Trekking (up to 22,965 feet/7,000 meters)
Triathlon (ultra-distance or more)
Tuk Tuk (racing, hire without licensed driver, Rickshaw Run)
Via ferrata
Volunteering (medical, health care, construction, renovation projects, NGO support, disaster relief)
War games (military simulation)
Wingsuit flying

EXCLUDED ADVENTURE ACTIVITIES

Base jumping
Mountain guide (mountaineering; rock climbing instructor or guide using ropes or specialist equipment)
Mountaineering, high altitude climbing or expeditions (over 22,965 feet/7,000 meters, unsupported or solo expeditions, exploratory, expeditions or new routes)

- ▶ **Program Name:** International Volunteer HQ
- ▶ **Policy Number:** 22 CC008320-ADVENTURE
- ▶ **Participant ID Number** (from the front of your insurance card):

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

Instructions:

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

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

*****IMPORTANT:** If your claim pertains to an Accident, the 'IF IN AN ACCIDENT' section **MUST** be completed. If your claim pertains to a Sickness/Illness, the 'IF SICKNESS/ILLNESS' section **MUST** be completed. Failure to complete one of these sections (whichever section pertains to your claim), will cause a delay as we will request for you to complete this form again to include this necessary information in order to process your claim.

▶ **NAME AND CONTACT INFORMATION OF THE INSURED**

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

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

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

Address Abroad: _____

E-mail Address: _____ Phone Number: _____

▶ **IF IN AN ACCIDENT*****

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

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

▶ **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? _____

▶ **REIMBURSEMENT*****

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

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

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

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

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

☐ TRIP DELAY ☐ TRIP INTERRUPTION ☐ BAGGAGE DELAY ☐ PERSONAL PROPERTY

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

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

▶ **CONSENT TO RELEASE MEDICAL INFORMATION**

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

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

Name (please print): _____

Signature: _____ Date: _____

Cultural Insurance Services International – Claim Form

Page 2

Instructions for Claim Submission on Unrelated to a Medical Incident

Trip Delay, you must submit*:

- Proof of delay.
- Receipts for any eligible expense.

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.

Baggage Delay, you must submit:

- Itemized listing of essential clothing and toiletries purchased.
- Proof of delay.

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.

***If Delayed or Interrupted due to Quarantine:**

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

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.

This plan is underwritten by Crum and Forster SPC and administered by Cultural Insurance Services International