

# World Class Coverage Plan

*designed for*

# Southern Utah University

# Study Abroad



**Administered by**  
Cultural Insurance Services International

**Underwritten by**  
ACE American Insurance Company

2026  
**Policy # GLM N1815745**



MEDICAL



EMERGENCY

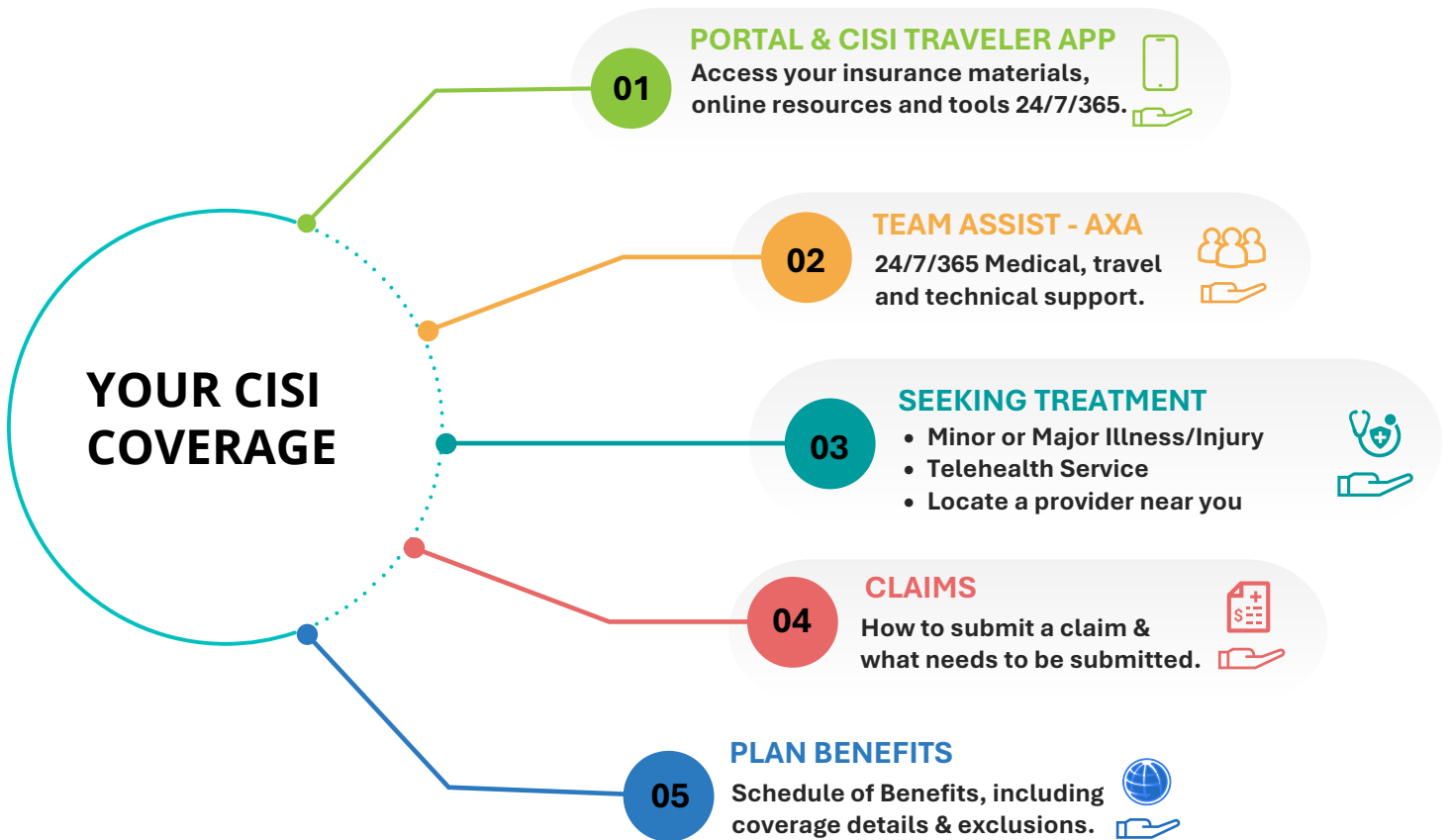


SECURITY

# Welcome to CISI!

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

## GET TO KNOW CISI



## IMPORTANT CONTACT INFORMATION & LINKS

### CISI CLAIMS DEPARTMENT (9-5 EST, M-F)

#### CLAIM OR BENEFIT QUESTIONS:

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

EMAIL: [inquiries@mycisi.com](mailto:inquiries@mycisi.com)

#### SUBMIT A CLAIM:

ONLINE: [Click here](#)

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

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

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

EMAIL: [medassist-usa@axa-assistance.us](mailto:medassist-usa@axa-assistance.us)

### TELEHEALTH SERVICE:

#### DR. PLEASE!

**24/7/365 Telehealth Service for Minor Illness or Injury.**

[Click here](#) for more information.



## YOUR INSURANCE DOCUMENTS AND MATERIALS

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

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



## PARTICIPANT PORTAL & CISI TRAVELER APP

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

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

### CREATE A LOGIN

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

#### myCISI Participant Portal:

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

#### CISI Traveler App:

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



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



# IN CASE OF A MINOR INJURY OR ILLNESS

## TELEHEALTH SERVICE - DR. PLEASE!

Your plan includes a telehealth service. For participants who require **non-urgent medical services**, **Doctor Please!** is a **24/7/365** virtual medical care via app or phone with trained, licensed and experienced doctors, with multi-language capabilities. The doctors diagnose and treat minor illnesses, injuries, infections, colds and allergies. Follow the steps below to access **Doctor Please!**:

### STEP 01

#### ACCESS

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

### STEP 02

#### BOOK

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

### STEP 03

#### TELECONSULT

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

### STEP 04

#### REVIEW

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

### DR. PLEASE! OFFERS SERVICES IN THE FOLLOWING COUNTRIES:

AMERICAS		EUROPE		ASIA	
USA & CANADA	- Medical diagnosis - Medical advice - Prescription	AUSTRIA	- Medical diagnosis - Medical advice	AUSTRALIA	- Medical diagnosis - Medical advice
MEXICO	- Medical diagnosis - Medical advice - Prescription (Rx limited reach)	BELGIUM	- Medical diagnosis - Medical advice	CHINA	- Medical diagnosis - Medical advice
ARGENTINA	- Medical diagnosis - Medical advice	CYPRUS	- Medical diagnosis - Medical advice	HONG KONG	- Medical diagnosis - Medical advice
BRAZIL	- Medical diagnosis - Medical advice	DENMARK	- Medical diagnosis - Medical advice - Prescription	INDONESIA	- Medical diagnosis - Medical advice - Prescription (verifying Rx capability)
CHILE	- Medical diagnosis - Medical advice	FINLAND	- Medical diagnosis - Medical advice - Prescription	KINGDOM OF SAUDI ARABIA	- Medical diagnosis - Medical advice
COLOMBIA	- Medical diagnosis - Medical advice	FRANCE	- Medical diagnosis - Medical advice - Prescription	NEW ZEALAND	- Medical diagnosis - Medical advice
COSTA RICA	- Medical diagnosis - Medical advice	GERMANY	- Medical diagnosis - Medical advice - Prescription	RUSSIA	- Medical diagnosis - Medical advice
DOMINICAN REPUBLIC	- Medical diagnosis - Medical advice	GREECE	- Medical diagnosis - Medical advice - Prescription	SINGAPORE	- Medical diagnosis - Medical advice
ECUADOR	- Medical diagnosis - Medical advice	IRELAND	- Medical diagnosis - Medical advice - Prescription	SOUTH AFRICA	- Medical diagnosis - Medical advice
EL SALVADOR	- Medical diagnosis - Medical advice	ITALY	- Medical diagnosis - Medical advice - Prescription	SOUTH KOREA	- Medical diagnosis - Medical advice
GUATEMALA	- Medical diagnosis - Medical advice	NETHERLANDS	- Medical diagnosis - Medical advice - Prescription	TAIWAN	- Medical diagnosis - Medical advice
HONDURAS	- Medical diagnosis - Medical advice	NORWAY	- Medical diagnosis - Medical advice	THAILAND	- Medical diagnosis - Medical advice
NICARAGUA	- Medical diagnosis - Medical advice	PORTUGAL	- Medical diagnosis - Medical advice - Prescription	TURKEY	- Medical diagnosis - Medical advice
PANAMA	- Medical diagnosis - Medical advice	SPAIN	- Medical diagnosis - Medical advice - Prescription		
PARAGUAY	- Medical diagnosis - Medical advice	SWEDEN	- Medical diagnosis - Medical advice - Prescription		
PERU	- Medical diagnosis - Medical advice	SWITZERLAND	- Medical diagnosis - Medical advice - Prescription		
PUERTO RICO	- Medical diagnosis - Medical advice	UK*	- Medical diagnosis - Medical advice - Prescription		
URUGUAY	- Medical diagnosis - Medical advice				

\*England, Scotland, Wales & Northern Ireland

Country List as of February 14, 2025.

# IN CASE OF A MINOR INJURY OR ILLNESS

## SEEK TREATMENT IN PERSON

### STEP 1: LOCATE A PROVIDER

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

### STEP 2: SCHEDULE AN APPOINTMENT

Schedule an appointment by contacting the Provider. You can call AXA Assistance if you need help.

### STEP 3: AT YOUR APPOINTMENT

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

Present your insurance card when requested.

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

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

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

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

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

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

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

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

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

### Does my plan have a Deductible?

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

### How do I submit a claim?

See the next page for claim information.

# IN CASE OF INPATIENT CARE/SERIOUS ACCIDENT

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



## CLAIMS SUBMISSIONS & QUESTIONS

### SUBMIT A CLAIM BY:

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

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

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

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

### SUBMIT A CLAIM ONLINE

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

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



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



#### COMPLETE CLAIM FORM

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



#### INCLUDE ITEMIZED BILLS & DOCUMENTATION

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



#### SUBMIT CLAIM

You can submit claims by:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



## TEAM ASSIST (TAP) – AXA ASSISTANCE



### CONTACT INFORMATION

PHONE: (855) 327-1411 | +1 (312) 935-1703

EMAIL: [medassist-usa@axa-assistance.us](mailto:medassist-usa@axa-assistance.us)

The Team Assist Plan is designed by CISI in conjunction with the Assistance Company to provide travelers with a worldwide, 24-hour emergency telephone assistance service. Multilingual help and advice may be furnished for the Insured Person in the event of any emergency during the term of coverage. The Team Assist Plan complements the insurance benefits provided by the Accident and Sickness Policy. If you require Team Assist assistance, your ID number is your policy number.

### Emergency Medical Transportation Services

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

- Emergency Medical Evacuation
- Repatriation/Return of Mortal Remains

All services must be arranged through the Assistance Provider.

### The TAP Offers These Services

*(These services are not insured benefits):*

## 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.

**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.

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

**Dr. Please:** The AP will provide global teleconsultation services to participants who requires non-urgent medical services while traveling or temporarily residing outside their home country on a covered trip.

**Behavioral Health Services:** Services are available for English-speaking eligible participants who require such services while traveling away from home or temporarily residing outside their home country. When notified of a behavior health or crisis support situation, telephone access to behavioral health professionals for intake, screening, assessment, stabilization counseling and referral services will be available. Follow-up services will be arranged when recommended as a result of the service and available by AXA. These services are not intended to be therapeutic treatment services. Properly licensed and credentialed counseling staff will be available 24/7.

## TRAVEL ASSISTANCE

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

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

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

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

## TECHNICAL ASSISTANCE

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

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

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

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

# Southern Utah University



2026

Policy # GLM N18157457

Administered by Cultural Insurance Services International • 1 High Ridge Park • Stamford, CT 06905-1322  
 This plan is underwritten by ACE American Insurance Company

## SCHEDULE OF BENEFITS

COVERAGE AND SERVICES	MAXIMUM LIMITS
<b>TRAVEL ACCIDENT INDEMNITY INSURANCE</b>	
Accidental Death and Dismemberment Per Insured Person	\$10,000
<b>ACCIDENT AND SICKNESS INSURANCE</b>	
Medical expenses (per Covered Accident or Sickness):	
Deductible	zero
Benefit Maximum	\$250,000 at 100%
Extension of Benefits	30 days
Home Country Coverage Limit	\$10,000
<b>TRAVEL ASSISTANCE INSURANCE</b>	
Emergency Medical Reunion	(incl. hotel/meals, max \$100/day) \$3,000
Quarantine	\$2,000
Trip Cancellation	\$2,000
Trip Delay	\$500 (\$100/day)
Trip Interruption	\$2,000
<b>EVACUATION AND REPATRIATION INSURANCE</b>	
Emergency Medical Evacuation	\$200,000
Repatriation of Mortal Remains	\$100,000
Security Evacuation (Comprehensive)	\$100,000 (\$1M Aggregate)
<b>NON-INSURANCE SERVICES</b>	
Team Assist Plan (TAP): 24/7 medical, travel, technical assistance	

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 Southern Utah University under form number IM-57729. In the event of any conflict between this Description of Coverage and the Master Policy, the Policy will govern.

## Eligibility and Provisions

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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 Southern Utah University study abroad participants, and who are temporarily pursuing educational 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

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If Injury to the Insured Person results, within 365 days of the date of a Covered Accident, in any one of the losses shown below, We will pay the Benefit Amount shown below for that loss. The Principal Sum is shown in the *Schedule of Benefits*. If multiple losses occur, only one Benefit Amount, the largest, will be paid for all losses due to the same Accident.

<b>For Loss of:</b>	<b>Maximum Percentage of the Principal Sum:</b>
Life	100%
Two or more Members	100%
Speech <i>and</i> Hearing in Both Ears	100%
One Member	50%
Speech <i>or</i> Hearing in Both Ears	50%
Hearing in One Ear	25%
Thumb and Index Finger of the Same Hand	25%

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

Maximum aggregate benefit per occurrence is \$1,000,000.

## Accident and Sickness Medical Expenses

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

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

## Covered Accident & Sickness Medical Expenses

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

- Hospital Room and Board Expenses: the daily room rate when the Insured Person is Hospital Confined and general nursing care is provided and charged for by the Hospital. In computing the number of days payable under this benefit, the date of admission will be counted but not the date of discharge.
- Ancillary Hospital Expenses: services and supplies including operating room, laboratory tests, anesthesia and medicines (excluding take home drugs) when Hospital Confined. This does not include personal services of a non-medical nature.
- Daily Intensive Care Unit Expenses: the daily room rate when the Insured Person is Hospital Confined in a bed in the Intensive Care Unit and nursing services other than private duty nursing services.
- Outpatient Surgical Room and Supply Expenses for use of the surgical facility.
- Outpatient diagnostic X-rays, laboratory procedures and tests.
- Doctor Non-Surgical Treatment/Examination Expenses (excluding medicines) including the Doctor's initial visit, each Medically Necessary follow-up visit and consultation visits when referred by the attending Doctor.
- Doctor's Surgical Expenses
- Anesthesiologist Expenses for pre-operative screening and administration of anesthesia during a surgical procedure whether on an inpatient or outpatient basis.
- Outpatient Laboratory Test Expenses.
- Physiotherapy Expenses on an inpatient or outpatient basis. Expenses include treatment and office visits connected with such treatment when prescribed by a Doctor, including diathermy, ultrasonic, whirlpool, or heat treatments, adjustments, manipulation, massage or any form of physical therapy.
- 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.
- Dental Expenses including dental x-rays for the repair or treatment of each injured tooth that is whole, sound and a natural tooth at the time of the Accident, and emergency alleviation of dental pain. The alleviation of dental pain is covered up to the maximum of \$500 (\$250 maximum per tooth).
- Ambulance Expenses for transportation from the emergency site to the Hospital.
- Rehabilitative braces or appliances prescribed by a Doctor. It must be durable medical equipment that 1) is primarily and customarily used to serve a medical purpose; 2) can withstand repeated use; and 3) generally is not useful to a person in the absence of Injury. No benefits will be paid for rental charges in excess of the purchase price.
- Prescription Drug Expenses including dressings, drugs and medicines prescribed by a Doctor and administered on an outpatient basis.
- Mental and Nervous Disorders: expenses for treatment of a disorder that results directly and from no other cause, from a Covered Accident, while Hospital Confined up to \$5,000, or on an outpatient basis up to \$2,500. Benefits are limited to one treatment per day. "Mental and Nervous Disorders" means Neurosis, psychoneurosis, psychopathy, psychosis, or mental or emotional disease or disorder of any kind.
- Emergency medical treatment of pregnancy.
- Therapeutic termination of pregnancy is covered up to a maximum of \$500.
- Newborn Nursery Care is covered up to the maximum of \$500.
- Pregnancy, childbirth or miscarriage.
- Charges due to a Pre-Existing Condition are limited to \$2,500.

## Extension of Benefits

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We will pay the benefit shown in the *Schedule of Benefits*, while the Insured Person is in his or her Home Country, if the Insured Person obtains treatment for an Injury or Sickness within 30 days of returning from a Trip to his or her Home Country. Such treatment

must be for the recurrence or continuation of treatment for an Injury or Sickness that began during the course of a Trip for which a benefit is otherwise payable under the Medical Expense Benefit.

## Home Country Benefit

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We will pay benefits shown in the *Schedule of Benefits* while the Insured Person is in his or her Home Country, if the Insured Person obtains treatment for:

1. an Injury or Sickness within 30 days of returning from a Trip to his or her Home Country; or
2. for a continuation of benefits for treatment that began during the course of a Trip for which a benefit is otherwise payable under the Medical Expense Benefit.

The Insured Person must remain continuously insured, including while on vacations and school breaks. Home Country Benefit payments are subject to any applicable Benefit Maximum, Deductible and Coinsurance Rate shown in the *Schedule of Benefits*.

## Emergency Medical Reunion

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We will pay up to the Benefit Maximum as shown in the *Schedule of Benefits* for expenses incurred to have a Family Member or one person selected by the Insured Person, accompany him or her to the Insured Person's Home Country or the Hospital where the Insured Person is confined if the Insured is:

1. confined in a Hospital for at least 6 consecutive days due to a covered Injury or Sickness; or
2. the victim of a Felonious Assault. The Family Member or the one person selected by the Insured Person travel must take place within 7 days of the date the Insured is confined in the Hospital, or the date of the occurrence of the 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.

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

Covered expenses include a round-trip economy airline ticket and other travel related expenses not to exceed the Daily Benefit Maximum shown in the *Schedule of Benefits*.

All transportation and lodging arrangements must be made by the most direct and economical route and conveyance possible and may not exceed the usual level of charges for similar transportation or lodging in the locality where the expense is incurred.

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

"Family Member" means the Insured Person's parent, sister, brother, Spouse, child, grandparent, or immediate in-law.

## Quarantine Benefit

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We will pay expenses incurred for up to the Maximum Limit shown in the *Schedule of Benefits*, if the Insured Person is subject to a Quarantine for H1N1 Influenza/any contagious disease that prevents traveling. Symptoms of the disease causing the Quarantine must first be manifested after the start of the Trip and the Quarantine must cause an interruption or delay in the Insured Person's Trip for which suitable accommodations are not otherwise available. Benefits will end on the earlier of: (a) 10 days after the Quarantine is issued; or (b) the date the Quarantine expires. Covered Expenses:

1. the reasonable expenses incurred for lodging and meals;
2. the cost of a one-way economy airfare ticket to either the Insured Person's Home Country or to re-join the group; and
3. non-refundable travel arrangements.

"Quarantine" means the period of time during which 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 of the Insured's Home Country.

## Trip Cancellation Benefit

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We will reimburse the Insured Person for the amount of non-refundable money the Insured Person paid for his or her Trip, up to the Benefit Maximum shown in the *Schedule of Benefits*, if the Insured Person is prevented from taking his or her Trip or his or her Trip is interrupted as the result of Injury, Sickness or death that occurs prior to the Trip, or during the Trip to either the Insured Person or a Family Member.

“Family Member” means a Insured Person’s husband, wife, children, brother, sister, parent, grandparent.

## Trip Delay Benefit

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We will reimburse Covered Expenses up to \$100 per person per day subject up to 5 days subject to a \$500 Maximum Benefit if an Insured’s trip is delayed for more than 12 hours.

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

- Injury, or Sickness of the Insured Person or a Traveling Companion;
- carrier delay;
- lost or stolen passport, travel documents or money;
- 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 Person’s and/or traveling companion's travel documents, tickets or money due theft.

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

## Trip Interruption Benefit

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We will reimburse the cost of a round-trip economy air and/or ground transportation ticket of the Insured Person's trip, 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.
- substantial destruction of the Insured Person’s principal residence by fire or weather related activity; or
- a Medically Necessary covered Emergency Medical Evacuation to return the Insured Person to his or her Home Country or to the area from which he or she was initially evacuated for continued treatment, recuperation and recovery of an Injury or Sickness.

Additionally, We will reimburse the cost of a one-way economy air and/or ground transportation ticket for the Insured Person’s return to the program, if his or her trip is interrupted as the result of:

- substantial destruction of the Insured Person’s principal residence by fire or weather related activity; or
- a Medically Necessary covered Emergency Medical Evacuation to return the Insured Person to his or her Home Country or to the area from which he or she was initially evacuated for continued treatment, recuperation and recovery of an Injury or Sickness.

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

## Emergency Medical Evacuation Benefit

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We will pay benefits for Covered Expenses incurred up to the maximum limit stated in the Schedule of Benefits, if a Medical Emergency commencing during the Period of Coverage results in the Emergency Medical Evacuation of the Insured Person. The Insured Person’s Doctor must certify that the severity of the Insured Person’s Medical Emergency requires an Emergency Medical

Evacuation. Benefits will not be payable unless the Assistance Company authorizes in advance, and services are rendered by the Assistance Company. All transportation arrangements must be by the most direct and economical route.

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

## Repatriation of Mortal Remains Benefit

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

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

## Security Evacuation (Comprehensive)

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Coverage (up to the amount shown in the Brochure's *Schedule of Benefits*, Security Evacuation) is provided for security evacuations for specific Occurrences. To view the covered Occurrences and to download a detailed PDF of this brochure, please go to the following web page: [https://www.culturalinsurance.com/Security\\_Evac\\_Enhanced-Comprehensive-Plan.pdf](https://www.culturalinsurance.com/Security_Evac_Enhanced-Comprehensive-Plan.pdf). Benefits are subject to the Maximum Limit shown in the *Schedule of Benefits*.

## Exclusions and Limitations

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***We will not pay Accidental Death and Dismemberment Benefits for any loss or Injury that is caused by or results from:***

- intentionally self-inflicted Injury.
- suicide or attempted suicide (applicable to Accidental Death and Dismemberment only).
- war or any act of war, whether declared or not.
- piloting or serving as a crewmember or riding in any aircraft except as a fare-paying passenger on a regularly scheduled or charter airline.
- Injury or death to which a contributing cause is the Insured Person's violation or attempt to violate any duly-enacted law, or the commission or attempt to commit an assault or a felony where the Insured is a voluntary participant, or that occurs while the Insured Person is engaged in an illegal occupation.
- Sickness, disease, or infection of any kind, except bacterial infections due to an accidental cut or wound, botulism or ptomaine poisoning.

***In addition to the exclusions above, We will not pay Medical Expense Benefits for any loss, treatment or services resulting from or contributed to by:***

- any elective treatment, surgery, health treatment, or examination, including any service, treatment or supplies that: (a) are deemed by Us to be experimental; and (b) are not recognized and generally accepted medical practices in the United States.
- services, supplies, or treatment including any period of Hospital confinement which were not recommended, approved and certified as necessary and reasonable by a Doctor; or expenses which are non-medical in nature.
- war or any act of war, whether declared or not.
- Injury sustained while participating in professional sports.
- routine physicals, check-ups, routine ob-gyn visits, pap smears, or wellness visits.
- Expense incurred for treatment of temporomandibular or craniomandibular joint dysfunction and associated myofascial pain.
- any treatment, service or supply not specifically covered by the Policy.
- treatment by any Immediate Family Member or member of the Insured Person's household.
- cosmetic surgery, except for reconstructive surgery needed as the result of an Injury.
- damage to or loss of dentures or bridges, or damage to existing orthodontic equipment (except as specifically covered by the Policy).

- eye refractions or eye examinations for the purpose of prescribing corrective lenses or for the fitting thereof, unless caused by an Injury incurred while covered under the Policy.
- Treatment while confined primarily to receive custodial care, educational or rehabilitative care, or nursing services.
- treatment relating to birth defects and congenital conditions, or complications arising from those conditions.
- Injury or death to which a contributing cause is the Insured Person's commission or attempt to commit an assault or a felony where the Insured is a voluntary participant.
- any expenses covered by any other employer or government sponsored plan for which, and to the extent that the Insured Person is eligible for reimbursement.
- Injury or Sickness covered by Workers' Compensation, Employer's Liability Laws or similar occupational benefits.
- expenses payable by any automobile insurance policy without regard to fault.
- routine dental care and 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.
- organ or tissue transplants and related services.
- expenses incurred in connection with weak, strained or flat feet, corns, calluses or toenails.
- treatment of acne.

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

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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

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**Accident** means a sudden, unexpected and unintended event.

**Covered Accident** means an Accident that occurs while coverage is in force for the Insured Person and results in a loss or Injury covered by the Policy for which benefits are payable.

**Covered Activity** means any activity that the Policyholder requires the Insured Person to attend, or that is under its supervision and control listed in the Schedule of Benefits and insured under the Policy.

**Covered Expenses** means expenses actually incurred by or on behalf of the Insured Person for treatment, services and supplies covered by the Policy. Coverage under the Policyholder's Policy must remain continuously in force from the date of the Accident or Sickness until the date treatment, services or supplies are received for them to be a Covered Expense. A Covered Expense is deemed to be incurred on the date such treatment, service or supply, that gave rise to the expense or the charge, was rendered or obtained.

**Deductible** means the dollar amount of Covered Expenses that must be incurred as an out-of-pocket expense by each Insured Person per Injury, Accident, Policy Term or Sickness basis before Medical Expense Benefits and/or other Additional Benefits paid on an expense incurred basis are payable under the Policy.

**Dependent** means an Insured's lawful spouse ; or an Insured's unmarried child, from the moment of birth to age 26,. A child, for eligibility purposes, includes:

A Dependent may also include any person related to the Insured by blood or marriage and for whom the Insured 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 Dependent child is unable to engage in substantial gainful employment to the degree that the child can achieve economic independence due to a medically determinable Physical Impairment or Mental Impairment, which can be expected to result in death, or which has lasted or can be expected to last for a continuous period of not less than 12 months; and 2) chiefly dependent on the Insured for support and maintenance since the child reached the age of 26.

For purposes of this provision, "Mental Impairment" means a mental or psychological disorder such as: (1) an intellectual disability; (2) organic brain syndrome; (3) emotional or mental illness; or (4) specific learning disabilities as determined by Us. "Physical

Impairment” means a physiological disorder, condition, or disfigurement, or anatomical loss affecting one or more of the following body systems: (1) neurological, (2) musculoskeletal; (3) special sense organs; (4) respiratory organs; (5) speech organs; (6) cardiovascular; (7) reproductive; (8) digestive; (9) genito-urinary; (10) hemic and lymphatic; (11) skin; or (12) endocrine.

The Insured must send Us satisfactory proof that the child meets these conditions, when requested. We will not ask for proof more than once a year after the 2-year period following the age limitation.

Dependent also means an Insured’s Domestic Partner.

**Doctor** means a licensed health care provider acting within the scope of his or her license and rendering care or treatment to the Insured Person that is appropriate for the conditions and locality. It will not include a Insured Person or a member of the Insured Person’s Immediate Family Member or household.

**Domestic Partner** means a person of the same or opposite sex of the Insured who: 1) shares the Insured’s primary residence; 2) has resided with the Insured for at least 6 months prior to the date of enrollment and is expected to reside with the Insured indefinitely;

3) is financially interdependent with the Insured in each of the following ways: a) by holding one or more credit or bank accounts, including a checking account, as joint owners; b) by owning or leasing their permanent residence as joint tenants; c) by naming, or being named by the other as a beneficiary of life insurance or under a will; and by each agreeing in writing to assume financial responsibility for the welfare of the other. 4) has signed a Domestic Partner declaration with Insured, if recognized by the laws of the state in which he or she resides with the Insured; 5) has not signed a Domestic Partner declaration with any other person within the last 12 months. 6) is older than 18 years older, but no more than 70 years old; 7) is not currently married to another person; and 8) is not in a position as a blood relative that would prohibit marriage.

**Guests** means individuals invited and authorized to participate in a Covered Activity that is under the control of the Participating Organization.

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

**Hospital** means a facility that is licensed and operating within the scope of such license.

**Immediate Family Member** means a person who is related to the Insured Person in any of following ways: spouse; parent (includes stepparent); child (includes legally adopted and step child); brother or sister (includes stepbrother or stepsister); parent-in-law; son- or daughter-in-law; and brother- or sister-in-law.

**Injury** means Accidental bodily injury sustained by a Insured Person that is the direct cause of the condition for which benefits are provided, independent of disease or bodily infirmity or any other cause and that occurs while the insurance is in force.. All injuries sustained by one person in any one Accident, including all related conditions and recurrent symptoms of these injuries, are considered a single Injury.

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

**Medical Emergency** means a condition caused by an Injury or Sickness that manifests itself by symptoms of sufficient severity that a prudent lay person possessing an average knowledge of health and medicine would reasonably expect that failure to receive immediate medical attention would place the health of the person in serious jeopardy.

**Medically Necessary** means a treatment, service or supply that is: 1) required to treat an Injury or Sickness; prescribed or ordered by a Doctor or furnished by a Hospital; 2) performed in the least costly setting required by the Insured Person’s condition; and 3) consistent with the medical and surgical practices prevailing in the area for treatment of the condition at the time rendered. Purchasing or renting 1) air conditioners; 2) air purifiers; 3) motorized transportation equipment; 4) escalators or elevators in private homes; 5) eye glass frames or lenses; 6) hearing aids; 7) swimming pools or supplies for them; and 8) general exercise equipment are not Medically Necessary. A service or supply may not be Medically Necessary if a less intensive or more appropriate diagnostic or treatment alternative could have been used. We may, at Our discretion, consider the cost of the alternative to be the Covered Expense.

**Permanent Residence or Country of Residence** means the country where an Insured 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 6 month period 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.

**Sickness** means an illness, disease or condition of the Insured Person that causes a loss for which the Insured Person incurs medical expenses while covered under the Policy. All related conditions and recurrent symptoms of the same or similar condition will be considered one Sickness.

**Usual and Customary Charge** means the average amount charged by most providers for treatment, service or supplies in the geographic area where the treatment, service or supply is provided.

**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 or its authorized agent.

***IMPORTANT NOTICE***

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

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



# Cultural Insurance Services International – Claim Form

- ▶ **Group Sponsor Name:** Southern Utah University
- ▶ **Policy Number:** 26 GLM N18157457
- ▶ **Participant ID Number** (from the front of your insurance card):

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

## **INSTRUCTIONS:**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Trip Cancellation  Trip Delay  Trip Interruption  Quarantine  Emergency Medical Reunion

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

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

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

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

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

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

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

## Cultural Insurance Services International – Claim Form Page 2

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

#### Quarantine, you must submit:

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

#### Trip Cancellation, you must submit:

- Proof of non-refundable expenses must be provided.
- Proof of Payment.
- Letter stating reason for not traveling (if due to a medical condition, a detailed letter must be from the treating physician).

#### 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.

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

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

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

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#### Claimant Cooperation Provision:

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

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

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

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

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

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

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

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

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

**For residents of Kansas:** Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

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

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

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

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

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

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

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

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

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

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

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

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

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

**For claimants not residing in Alabama, Alaska, Arizona, Arkansas, California, Colorado, District of Columbia, Delaware, Florida, Idaho, Kansas, Kentucky, Louisiana, Maine, Maryland, Minnesota, New Hampshire, New Jersey, New Mexico, New York, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, Tennessee, Virginia**

**Washington nor West Virginia:** Any person who, knowingly presents a false or fraudulent claim for payment of loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

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