World Class Coverage Plan   designed for 
The Texas A&M University System  
Education Abroad Programs (2011-2012) 

administered by Cultural Insurance Services International - River Plaza - 9 West Broad Street - Stamford, CT 06902-3788
This plan is underwritten by The Insurance Company of the State of Pennsylvania, a member of Chartis, Inc.

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 the trustee, Group Insurance Trust, Washington, D.C., and the Participating Organization. In the event of any conflict between this Description of Coverage and the Master Policy, the Policy will govern.

Schedule of Benefits   Policy # GLB 9134664
Coverage and Services      Maximum Limits

Section I
- Accidental Death Per Insured $15,000 (participant);
  $5,000 (spouse); $1,000 (child)
- Medical expenses (per Accident or Sickness):
  Deductible zero
  Basic Medical $250,000 at 100%
- Home Country Coverage Limit $10,000
- Emergency Medical Reunion $3,000
- Return Ticket $1,000
- Program Fee Refund $5,000
- Travel Delay $500

Section II
- Team Assist Plan (TAP): 24/7 medical, travel, technical assistance
- Emergency Medical Evacuation up to $200,000
- Repatriation/Return of Mortal Remains up to $100,000
- Team Assist Plan (TAP # GLB 9134664)

Section III
- Security Evacuation (Comprehensive) up to $100,000

Section I - Benefit Provisions
Benefits are payable under this Policy for Covered Expenses incurred by an Insured Person for the items stated in the Schedule of Benefits. Benefits shall be payable to either the Insured Person or the Service Provider for Covered Expenses incurred Worldwide. The first such expense must be incurred by an Insured Person within 30 days after the date of the Covered Accident or commencement of the Sickness; and
- All expenses must be incurred by the Insured Person within 52 weeks from the date of the Covered Accident or commencement of the Sickness; and
- The Insured Person must remain continuously insured under the Policy for the duration of the treatment;

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

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

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

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

“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 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 $2,000,000.

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

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

**Covered Accident and Sickness Medical Expenses**

Only such expenses, incurred as the result of a Disablement, 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 Physician.
- 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, Physicians’ Outpatient visits/examinations, clinic care, and Surgical opinion consultations.
- Charges made for the cost and administration of anesthetics.
- Charges for medication, x-ray services, laboratory tests and services, the use of radium and radioactive isotopes, oxygen, blood, transfusions, iron lungs, and medical treatment.
- Charges for physiotherapy, if recommended by a Physician for the treatment of a specific Disablement and administered by a licensed physiotherapist.
- Dressings, drugs, and medicines that can only be obtained upon a written prescription of a Physician 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.
- Nervous or Mental Disorders are payable a) up to $10,000 for outpatient treatment; or b) up to $20,000 on an inpatient basis. The Company shall not be liable for more than one such inpatient or outpatient occurrence per lifetime under the Policy with respect to any one Insured.
- Treatment for drug/alcohol dependency is covered up to $200/day, subject to 3 treatment series.
- Chiropractic Care and Therapeutic Services shall be limited to a total of $50 per visit, excluding x-ray and evaluation charges, with a maximum of 10 visits per injury or Sickness. The overall maximum coverage per injury or Sickness is $500 which includes x-ray and evaluation charges.
- Expenses incurred within an Insured Person’s home country or country of regular domicile are payable up to $10,000 (if not covered by another plan).
- With respect to Dental, an eligible Dental condition shall mean emergency dental repair or replacement to natural teeth damaged as a result of a covered Accident.
- With respect to Palliative Dental, an eligible Dental condition shall mean emergency pain relief treatment to natural teeth up to $500 ($250 maximum per tooth).
- Newborn nursery care for a covered pregnancy is covered up to $500.
- Maternity.

**Extension of Benefits**

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

**Return Ticket**

In the event of death or life-threatening Accident or Sickness of an Insured’s spouse, child, parent or sibling, requiring the return home after arriving for the program placement, the Company will reimburse the round-trip airfare (tourist class) from the host country to the home country point of departure and back to the host country. The death, Covered Accident or Sickness must first occur after the Insured’s departure for the International Program. At least 30 days must remain in the Insured Person’s program period at the time of notification. Prior notification must be provided to the Company’s appointed Administrator. The return journey to the Program must be made within 30 days of arrival in home country.

The above Return Ticket Benefit is subject to a maximum benefit amount of $1,000.

**Program Fee Refund Benefit**

We will reimburse the Program Fee to the Texas A&M University System if the Insured would otherwise be eligible for benefits under the Policy but is prevented from taking the Trip for any of the following reasons:

1. Death of a Family Member.
2. The Insured suffers an Injury or Sickness that is not a Pre-existing Condition. The Insured’s Injury or Sickness must be so disabling, as certified by a Doctor, to reasonably cause a person to cancel the Trip.
3. The Insured is quarantined (medical isolation by a recognized government authority at the place of departure) or there is an Epidemic prohibiting travel to the Insured’s scheduled destination.
4. The Insured enters full-time active duty in any Armed Forces; and We receive proof of such active duty service.

Benefits are payable up the maximum shown in the schedule of benefits only if:

1. the event causing the cancellation of participation in the Trip occurs within 30 days prior to the scheduled departure date;
2. to the extent, the program fee has been paid and is not refundable we will not reimburse any amount of the Program fee for a) the Program Application fee; b) any deposit paid to confirm participation in the Program; or c) any insurance premiums or fees;

**Travel Delay Benefit**

The Insurer will reimburse up to the Maximum Limit shown on the Schedule of Benefits if the Insured’s trip is delayed for more than 12 hours for Reasonable Additional Expenses until travel becomes possible. Incurred expenses must be accompanied by receipts. This benefit is payable for only one delay per Insured, per period of coverage.

Trip Delay must be caused by:

(a) the Insured being delayed by a traffic accident while en route to a departure; or
(b) carrier-caused delay; or
(c) lost or stolen passports, travel documents, or money; or
(d) Quarantine; or
(e) being hijacked; or
(f) Unforeseen Strike; or
(g) Inclement Weather which prohibits Common Carrier departure; or
(h) Natural Disaster that causes a complete cessation of travel services at the point of departure or Destination.

**Extension of Coverage**

All coverage will be extended, if:

(a) the Insured’s entire Trip is covered by the plan; and
(b) the Insured’s return is delayed by one of the Unforeseen reasons specified under Trip Delay.

This extension of coverage will end on the earlier of:

(a) the date the Insured reaches his/her Return Destination; or
(b) 7 days after the date the Trip was scheduled to be completed.

**Limitations:**

This benefit is limited to $100 per day per Insured/Covered Person up to the maximum benefit shown in the Schedule of Benefits.

The Insured/ Covered 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.

**Emergency Medical Reunion**

When an Insured Person is hospitalized for more than 6 days, the Company will reimburse for round trip economy-class transportation for one individual
Emergency Medical Evacuation and Repatriation/Return of Mortal Remains

If the Injured Person is covered under the Policy for 12 consecutive months, for all benefits listed in the Schedule of Benefits this Insurance does not cover:

- 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 Physician
- Declared or undeclared war or any act thereof
- Injury sustained while participating in professional athletics
- Routine physicals, immunizations, or other examinations where there are no objective indications or impairment in normal health, and laboratory diagnostic or x-ray examinations, except in the course of a Disablistment established by a prior call or attendance of a Physician
- Treatment of the Temporomandibular joint
- Vocational, speech, recreational or music therapy
- Services or supplies performed or provided by a Relative of the Insured Person, or anyone who lives with the Insured Person
- The refusal of a Physician or Hospital to make all medical reports and records available to the Company will cause an otherwise valid claim to be denied
- Cosmetic or plastic Surgery, except as the result of a covered Accident; for the purposes of this Policy, treatment of a deviated nasal septum shall be considered a cosmetic condition
- Elective Surgery or Elective Treatment which can be postponed until the Insured Person returns to his/her Home Country, where the objective of the trip is to seek medical advice, treatment or Surgery
- Treatment and the provision of false teeth or dentures, normal ear tests and the provision of hearing aids
- Eye refractions or eye examinations for the purpose of prescribing corrective lenses for eye glasses or for the fitting thereof, unless caused by Accidental bodily Injury incurred while insured hereunder
- Any Mental and Nervous disorders or rest cures, unless otherwise covered under this Policy (see Covered Medical Expenses)
- Treatment while confined primarily to receive custodial care, educational or rehabilitative care, or nursing services
- Congenital abnormalities and conditions arising out of or resulting therefrom
- The cost of the Insured Person’s unused airline ticket for the transportation back to the Insured Person’s Home Country, where an Emergency Medical Evacuation and/or Repatriation/Return of Mortal Remains benefit is provided
- Expenses as a result or in connection with the commission of a felony offense
- Injury sustained while taking part in mountaineering where ropes or guides are normally used; hang gliding, parachuting, bungee jumping; racing by horse, motor vehicle or motorcycle; parasailing
- Treatment paid for or furnished under any other individual or group policy or other service or medical pre-payment plan arranged through the employer to the extent so furnished or paid, or under any mandatory government program or facility set up for treatment without cost to any individual
- Injuries for which benefits are payable under any no-fault automobile Insurance Policy
- Dental care, except as the result of Injury to natural teeth caused by Accident, unless otherwise covered under this Policy
- Routine Dental Treatment
- Drug, treatment or procedure that either promotes or prevents conception, or prevents childbirth, including but not limited to: artificial insemination, treatment for infertility or impotency, sterilization or reversal thereof, or abortion (Note: Therapeutic termination of pregnancy is covered up to $500 per lifetime)
- Treatment for human organ tissue transplants and their related treatment
- Expenses incurred while the Insured Person is in their Home Country, unless otherwise covered under this Policy
- 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.

In addition to the exclusions listed above, the following exclusions apply to Accidental Death and Dismemberment Insurance only:

- Disease of any kind
- Suicide or any attempt thereof, while sane or self destruction or any attempt thereof, while sane
- Expenses as a result or in connection with intentionally self-inflicted injury or illness
- Bacterial infections except pyogenic infection which shall occur through an accidental cut or wound
- Neuroses, psychoneuroses, psychopathies, psychoses or mental or emotional diseases or disorders of any type

In addition to the general exclusions listed above, the following exclusions apply to the Trip Delay Benefit only:

- Loss or damage caused by detention, confiscation, or destruction by customs
- Any unlawful acts, committed by the Insured, a Family Member, or a Traveling Companion, or Business Partner whether insured or not
- If the Insured’s tickets do not contain specific travel dates (open tickets)
- Any failure of a provider of travel related services (including any Travel Supplier) to provide the bargained-for travel services or to refund money due the Insured
- Any loss that occurs at a time when this coverage is not in effect

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

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

Company shall be The Insurance Company of The State of Pennsylvania.

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

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

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

Disability as used with respect to medical expenses means an Sickness or an Accidental bodily Injury necessitating medical treatment by as a Physican defined in this Policy.

Effective Date means the date the Insured’s Persons coverage under this Policy begins. The Effective Date of this Policy is the later of the following:

1. The date the Company receives a completed Application and premium for the Policy Period or
2. The Effective Date requested on the Application or
3. The date the Company approves the Application

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

Eligible Benefits means benefits payable by the Company to reimburse expenses which are for Medically Necessary services, supplies, care, or treatment; due to Sickness or Injury; prescribed, performed or ordered by a Physician; 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.

Epidemic means the widespread outbreak of an infectious disease, affecting many individuals in a population at a frequency higher than expected in a community or region during a given time period as determined by a recognized government authority that investigates and diagnoses and tries to control or prevent diseases.

Family Member means a spouse, domestic partner, parent, sibling or Child of the Insured Person.

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

Hospital as used in 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 Disablable 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 and for whom the company has accepted premium. This may be the Primary Insured Person or Dependent(s).

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

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

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

Physician 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, however, such definition will exclude chiropractors and physiotherapists.

Pre-existing Condition for the purposes of this Policy means 1) a condition that would have caused person to seek medical advise, diagnosis, care or treatment during the 180 days prior to the Effective Date of coverage under this Policy; 2) a condition for which medical advise, diagnosis, care or treatment was recommended or received during the 180 days prior to the Effective Date of coverage under this Policy; 3) expenses for a Pregnancy resulting on the Effective Date of coverage under this Policy.

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 the Insured’s Home Country.

Reasonable Additional Expenses means any expenses for meals, taxi fares, essential telephone calls and lodging which were necessarily incurred as a result of a Trip Delay and which are not provided by the Common Carrier or any other party free of charge.

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


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

Termination of Insurance means the Insured Person’s coverage will end on the earliest of the following dates:

1. The date the Master Policy terminates;
2. The date he or she is no longer eligible; or
3. The last day of the period of coverage, requested by the Participating Organization, applicable to the Insured Person for which premium is paid.

Trip means a period of travel to and/or from the insured’s country of permanent residence. The purpose of the Trip must not be to obtain health care or medical treatment of any kind; the Trip must have specified departure and arrival dates that are established prior to the start of the Trip. The Trip cannot exceed 365 days; and the Insured's Destination can't be to another residence belonging to the insured (i.e. second home); travel must primarily be by Common Carrier and only incidentally by private conveyance.

Cultural Insurance Services International (CISI)
River Plaza • 9 West Broad Street • Stamford, CT 06902-3788
Phone: 203-399-5130 • Fax: 203-399-5596
claimshelp@culturalinsurance.com • www.culturalinsurance.com
CISI Medical Claim Form

Program Name or Policy Number: Texas A&M University System, Policy # GLB 9134664

Instructions
Complete and sign the medical claim form, indicating whether the doctor/Hospital has been paid. Attach itemized bills for all amounts being claimed. When reimbursement of an expense is approved, it will be made to the provider of the service unless the bill is noted as having been paid by you. Payment will be in U.S. dollars unless otherwise requested. If payment is to you, it will be mailed to your U.S. address unless otherwise requested.
Submit form and attachments to Cultural Insurance Services International, River Plaza, 9 West Broad Street, Stamford, CT 06902-3788 For claim submission questions, call (203) 399-5130 or e-mail claimhelp@culturalinsurance.com.

Name _____________________________ Date of birth _____________________________
U.S. address ________________________________________________________________
Overseas address ____________________________________________________________ Country _____________________________
E-mail address ______________________________________________________________ Phone (_____ ) _____________________________ Expected return date to U.S. _____________________________

Date/place/time of Injury/Sickness/Accident ______________________________________
Description of Injury/Sickness/Accident (Attach all itemized bills for all amounts being claimed. Itemized Bills include CPT4 and ICD9 Codes.) __________________________________________________________

Have these doctor/Hospital bills been paid by you?  yes  no
I authorize payment to provider of service for medical services claimed  yes  no

CONSENT TO RELEASE MEDICAL INFORMATION
I hereby authorize any insurance company, Hospital or Physician to release all of my medical information to CISI that may have a bearing on benefits payable under this plan. I certify that the information furnished by me in support of this claim is true and correct.
WARNING: 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.

Name (please print) _____________________________ Signature _____________________________ Date _____________________________

For residents of California: For your protection, California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent 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 New York: 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 a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the subject motor vehicle or stated claim for each such violation.

For residents of Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other person files a 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 claimants not residing in California, New York, or Pennsylvania: 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.

Section II—Team Assist Plan (TAP)
The Team Assist Plan is designed by CISI in conjunction with the Assistance Company to provide travelers with a worldwide, 24-hour emergency telephone assistance service. Multilingual help and advice may be furnished for the insured in the event of any emergency during the term of coverage. The Team Assist Plan complements the insurance benefits provided by the Medical Plan.
If you require Team Assist assistance, your ID number is your policy number. In the U.S., call (800) 472-0906, worldwide call collect (01-817) 826-7143 or e-mail teamassist@culturalinsurance.com.

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

Emergency Medical Evacuation
The Company shall pay benefits for Covered Expenses incurred up to the maximum stated in the Schedule of Benefits, if any Injury or covered Illness commencing during the Period of Coverage results in the Medically Necessary Emergency Medical Evacuation of the Insured Person. The decision for an Emergency Medical Evacuation must be ordered by the Assistance Company in consultation with the Insured Person’s local attending Physician.
Emergency Medical Evacuation means: a) the Insured Person’s medical condition warrants immediate transportation from the place where the Insured Person is located (due to inadequate medical facilities) to the nearest adequate medical facility where medical treatment can be obtained; or b) after being treated at a local medical facility, the Insured Person’s medical condition warrants transportation with a qualified medical attendant to his/her Home Country to obtain further medical treatment or to recover; or c) both a) and b) above.
Covered Expenses are expenses, up to the maximum stated in the Schedule of Benefits, for transportation, medical services and medical supplies necessarily incurred in connection with Emergency Medical Evacuation of the Insured Person. All transportation arrangements must be by the most direct and economical route.

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

**Medical assistance**

**Medical Referral** Referrals will be provided for physicians, 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 U.S. or foreign hospital, the AP will coordinate communication between the Insured’s own physician 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 worldwide.

**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.

**Section III-Security Evacuation (Comprehensive)**

Coverage (up to the amount shown in the Schedule of Benefits, Security Evacuation) is provided for security evacuations for specific Occurrences. To view details, please go to the following web page:

http://www.culturalinsurance.com/cisi_forms.asp