



# World Class Coverage Plan

*designed for*

## Institute of International Education - Private Programs Accident & Sickness Insurance Policy 2014-2015

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

*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 Institute of International Education under form number AH-15090-IIE. In the event of any conflict between this Description of Coverage and the Master Policy, the Policy will govern. Coverage begins at 12:01 AM on the effective date (please refer to the ID card). Thereafter, the insurance is effective 24 hours a day, worldwide. Coverage will terminate on the earliest of the following dates: (1) the date the Master Policy terminates; or (2) the premium due date for which the required premium has not been paid; or (3) the date on which the Covered Person ceases to meet the eligibility requirements; or (4) the date the Covered Person requests cancellation of coverage. Coverage will end 12:01 AM on the last date of insurance.*

*An Eligible Participant may enroll his Eligible Dependents on the date that the Eligible Participant enrolls for coverage, within 31 days from the date that the Eligible Dependent arrives in the country of assignment, or within 31 days of the date they were legally married. Newborn children must be enrolled within 31 days after their date of birth or placement for adoption. You are entitled to the benefits described in this brochure, if are enrolled for this insurance and the required premium is paid.*

Schedule of Benefits Coverage and Services	Policy # GLM N04849681 Maximum Limits
<b>Section I</b>	
• Accidental Death & Dismemberment	
Participant	\$100,000
Spouse	\$5,000
Child	\$1,000
• Medical Expenses (per Accident or Sickness):	
Participant Medical	\$500,000 at 100%
Dependent Medical	\$250,000 at 100%
Deductibles per Covered Accident or Sickness:	
Inbound (Sickness only*) Emergency Room (ER) Deductible:	\$350
All Other Covered Expenses Deductible:	\$50
<i>*The ER Deductible will be waived if the Covered Person is admitted to the Hospital as an inpatient or the Sickness is considered an Emergency</i>	
• Home Country Benefit	\$10,000
• Extension of Benefits	up to 60 days
• Emergency Medical Reunion	\$2,500
• Return Ticket	\$2,500
<b>Section II</b>	
• Team Assist Plan (TAP): 24/7 medical, travel, technical assistance	
• Emergency Medical Evacuation	100% of covered expenses
• Repatriation/Return of Mortal Remains	100% of covered expenses
• Team Assist Plan (TAP # GLM N04849681)	
<b>Section III</b>	
• Basic Security Evacuation (\$1 million aggregate limit)	\$100,000

### Coverage of Newborn Infants

A newborn child of an Eligible Participant will automatically be a Covered Person for 31 days from the moment of birth, if the birth occurs while the coverage is in force, and subject to the particular coverages and amounts of insurance as specified in the Policy for eligible dependents. In order to continue the coverage of a newborn child beyond the 31st day following the date of birth, (1) written notice of the birth of the child must be provided within 31 days from the date of birth, and (2) the required premium (if any) must be received by Us. If (1) and (2) above are not satisfied, coverage of a newborn child will terminate 31 days after the date of birth.

### Section I – Description of Coverage

If a Covered Person incurs expenses while insured under the Policy due to an Injury or Sickness, We will pay the Usual, Customary and Reasonable Expenses for any Medically Necessary Covered Medical Expenses listed below. All Covered Medical Expenses incurred as a result of the same or related cause, including any complications, shall be considered as resulting from one Sickness or Injury. The amount payable for any one Injury or Sickness will not exceed the Maximum Benefit Limit of \$500,000 for Participants and \$250,000 for Dependents. Benefits are subject to the Deductible Amount and Coinsurance Percentages, specified benefits set forth under Covered Medical Expenses, the limitations appearing under Limitations on Covered Medical Expenses, the Exclusions, and the Pre-Existing Condition Limitation and to all other limitations and provisions of the Policy.

The expenses must be incurred after the date treatment was first rendered, following the effective date of the Covered Person's insurance, while coverage remains continuously in force under the Policy.

**Excess Provision** This policy is in excess of any other valid and collectible insurance or service contract.

## Covered Medical Expenses

- Fees for diagnosis and treatment by a Physician, surgeon, Registered Nurse, professional anesthetist, or radiologist.
- Assistant Surgeons are allowed at 20% of the surgery allowance.
- Hospital charges.
- Laboratory, diagnostic and X-ray examinations.
- Outpatient prescription drugs.
- Rental charge for durable medical equipment, or the purchase of this equipment, whichever is less.
- Annual mammogram.
- Annual cervical cytologic screening (Pap smear).
- Home health care (must follow a hospital confinement of at least 3 days).
- Reconstructive Breast Surgery - Expenses incurred by a Covered Person for Reconstructive Breast Surgery as described below are considered Covered Expenses and will be payable under this Policy to the same extent as any other covered surgery, provided such Reconstructive Surgery is required as a result of a covered Sickness. Covered Expenses for Reconstructive Breast Surgery will also include the cost of prostheses. If this Policy provides outpatient x-ray or radiation therapy, then the cost of outpatient chemotherapy following Reconstructive Breast Surgery that is performed in connection with the treatment of breast cancer also will be included as a Covered Expense.
- Colonoscopy. Colorectal cancer screenings, performed in accordance with the latest screening guidelines issued by the American Cancer Society.

## Limitations on Covered Medical Expenses

- Payment for Hospital room and board, which includes all general nursing charges, will be limited to the Hospital's normal charge for semi private accommodation. Intensive Care Unit charges will be limited to two times the semi-private room and board rate per day.
- Expenses incurred for treatment of mental illness are limited to treatment for Inpatient or residential care in a Hospital or non-Hospital residential facility for up to 45 days. Outpatient benefits shall be 75% of covered expenses for the first 40 visits and 60% thereafter.
- Expenses incurred for treatment of substance abuse are limited to 28 days for Inpatient or residential care in a Hospital or non-Hospital residential facility, and up to 30 outpatient visits. The process whereby a person who is intoxicated by or dependent on drugs or alcohol or both is assisted through the period of time necessary to eliminate the intoxicating agent from the body shall be covered for up to 12 days.
- Therapeutic or elective termination of pregnancy up to \$500.
- Professional ground ambulance service to the nearest Hospital up to \$1,000.
- Professional air ambulance service to the nearest Hospital up to \$10,000.
- Expenses incurred for physiotherapy, including acupuncture are payable up to a) a maximum of \$10,000 on an Inpatient basis, and b) \$50.00 per visit, maximum 10 visits on an outpatient basis. Treatment for outpatient physiotherapy must be for a condition that required surgery or Hospital confinement within 30 days immediately preceding such physiotherapy or within 30 days of the Physician's release for rehabilitation from such Hospital.
- Dental Treatment: (a) when performed by a Physician and (b) made necessary by Injury to sound, natural teeth shall be limited to \$250 per tooth per Injury. Routine dental care and treatment to the gums are not covered.

- Expenses for routine newborn baby care, well baby nursery and related physician charges for a covered pregnancy are payable up to a maximum of \$750.

## Supplemental Benefits

### Accidental Death and Dismemberment Benefit

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

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

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

"Loss" of a hand or foot means complete severance through or above the wrist or ankle joint. "Loss" of sight of an eye means total and irrecoverable loss of the entire sight in that eye. "Loss" of hearing in an ear means total and irrecoverable loss of the entire ability to hear in that ear. "Loss" of speech means total and irrecoverable loss of the entire ability to speak. "Loss" of thumb and index finger means complete severance through or above the metacarpophalangeal joint of both digits.

If more than one Loss is sustained by a Covered 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 \$5,000,000.

### Home Country Benefit

We will pay the benefit shown in the Schedule of Benefits when during a scheduled trip outside of the Home Country, the Insured Person returns to his or her Home Country or Permanent Residence for incidental visits provided the primary reason for the Insured Person's return to the Home Country or Permanent Residence is not to obtain medical treatment for an Injury or Sickness that occurred while traveling.

### Extension of Benefits

Medical Expense Benefits are automatically extended 60 days after the Insured Person's coverage ends for conditions first diagnosed or treated during or related to the Policyholder's overseas program. Benefits will end at 12:00 am on the 61st day following termination of Insurance.

### Emergency Medical Reunion

When a Covered Person is hospitalized for more than 3 days, the Company will reimburse for round trip economy-class transportation for one individual selected by the Covered Person, from the Covered Person's current Home Country to the location where the Covered Person is hospitalized. The benefits reimbursable will include the cost of a round trip economy airfare and their hotel and meals (to a maximum of \$75 per day) up to the maximum stated in the Schedule of Benefits, Emergency Medical Reunion.

### Return Ticket

In the event of death or life-threatening Accident or Sickness of a Covered Person's spouse, child, parent or sibling, requiring the return home after arriving for the program placement, the Company will

reimburse the round-trip airfare from the host country to the home country point of departure and back to the host country. For the purpose of this benefit, life-threatening means the Sickness or Injury could result in death as determined by a Physician.

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

## Return of Dependent Children

If your dependent child(ren) age 18 or under are present but left unattended as a result of your Injury or Illness, we will coordinate and pay for one-way economy airfare to send them back to your Home Country. We will also arrange and pay for the services and transportation expenses of a qualified escort, if required.

## Right of Subrogation

If the covered person is injured or becomes ill through the act or commission of another person, and if benefits are paid under this Policy due to that Injury or Sickness, then to the extent the Covered Person recovers for the same Injury or Sickness from a third party, his insurer, or the Covered Person's uninsured motorist insurance, ACE American Insurance Company will be entitled to a refund of all benefits it has paid up to the amount of such recovery. Further, ACE American Insurance Company has the right to offset subsequent benefits payable to the Covered Person under the Policy against such recovery.

## Preferred Provider Network (Within the U.S.A. only)

This Policy utilizes the First Health Preferred Provider hospital and physician network for the purpose of delivering quality health care at a preferred fee. You are not required to use the PPO network, but can receive information on participating providers by visiting: <http://fhlookup.phx-online.com/> to find an in-network health care provider.

## Exclusions

*For all benefits listed in the Schedule of Benefits, this Insurance does not cover:*

- Pre-existing Condition Limitation: the Policy does not pay benefits for loss due to a Pre-existing Condition during the first 12 months of coverage, except as provided below: The Policy will pay for Covered Medical Expenses incurred in connection with a Covered Person's Pre-existing Condition during the first 12 months of coverage, subject to a maximum benefit of \$10,000. After the Covered Person has been covered under the Policy for 12 months, Pre-existing Conditions will be covered the same as any other Injury or Sickness.
- Treatment or services provided by any member of the Covered Person's immediate family; or for which no charge is normally made.
- Routine physical examinations and routine testing; preventive testing or Treatment; screening examinations or testing in the absence of Injury or Sickness.
- Elective Treatments and voluntary testing.
- The diagnosis and treatment of TMJ dysfunction, or skeletal irregularities of one or both jaws, including orthognathia and mandibular retrognathia.
- Dental care or Treatment other than care of sound, natural teeth and gums required due to an Injury resulting from an Accident while the Covered Person is insured under this Policy, and rendered within 12 months of the Accident.
- Eye examinations; prescriptions or fitting of eyeglasses and contact lenses; eyeglasses, contact lenses or other Treatment for visual defects and problems, except as required as a result of a covered Injury. "Visual defects" means any physical defect of the eye that does or can impair normal vision.
- Hearing examinations or hearing aids; or other Treatment for hearing defects and problems, except as required as a result of a covered Injury. "Hearing defects" means any physical defect of the ear that does or can impair normal hearing.
- Routine foot care, including the treatment of corns, calluses and bunions.

- Treatment of congenital anomalies and conditions arising or resulting directly therefrom.
- The diagnosis and treatment of acne.
- Cosmetic surgery, except cosmetic surgery which the Covered Person needs as the result of an Accident which happens while he is insured under this Policy or reconstructive surgery needed as a result of a congenital disease or abnormality of a covered newborn dependent child which has resulted in a functional defect.
- The diagnosis and treatment of Infertility.
- Nasal or Sinus Surgery (unless required due to an Injury resulting from an Accident while the Covered Person is insured under this Policy).
- War or any act of war, declared or undeclared; or while serving in the armed forces of any country (a pro-rata premium will be refunded for such period of service).
- Participation in a riot or civil disorder; fighting or brawling, except in self-defense; commission of or attempt to commit a felony.
- Suicide, attempted suicide or intentionally self-inflicted Injury while sane or insane.
- Skydiving, parachuting, hang gliding, glider flying, parasailing, sail planing, bungee jumping, or flight in any type of aircraft, except while riding as a fare-paying passenger on a regularly-scheduled airline.
- Organ transplant.
- Birth control, including surgical procedures and devices.
- Treatment that is not incurred by a Covered Person while insured hereunder.
- Charges used to meet any deductible, or in excess of the coinsurance level, or in excess of those considered Usual, Customary, and Reasonable Charges.
- Rest cures or custodial care (whether or not prescribed by a Physician), or transportation.
- Treatment, services or supplies provided by a Hospital or facility owned or run by the United States Government, unless a charge is made for such services in the absence of insurance; or in a Hospital which does not unconditionally require payment.
- Injury or Sickness covered by Worker's Compensation or Employer's Liability Laws, or by any coverage provided or required by law (including, but not limited to group, group type, and individual automobile "No-Fault" coverage).
- Treatment, services or supplies provided or paid for by any governmental program or law, except Medicaid.
- The voluntary use of illegal drugs; the intentional taking of over the counter medication not in accordance with recommended dosage and warning instructions; and intentional misuse of prescription drugs.
- Operating any vehicle without being properly licensed and insured to do so.
- Impotence, whether organic or otherwise.
- Sleeping disorders, including testing thereof.

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.

## Definitions

Unless specifically defined elsewhere, wherever used in the Policy:

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

**ACE American Insurance Company or The Company** will be referred to as "We", "Our" or "Us".

**Covered Accident** means an Accident that results in Injury or loss covered by this Policy.

**Covered Person** means any Eligible Person who makes application for, or for whom application is made and who is approved to participate in the

benefit plans issued under this Policy, provided the required premium for such Person's insurance is paid when due.

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

**Hospital** means a legally constituted institution having organized facilities for the care and Treatment of sick or injured persons on a registered Inpatient basis, including facilities for diagnosis and surgery under the supervision of a staff of one or more licensed Physicians and provides 24-hour nursing service by Registered Nurses on duty or call.

**Injury** means accidental bodily harm sustained by the Covered Person that resulted directly and independently of all other causes from an Accident and occurs while coverage under this Policy is in force.

**Inpatient** means confinement for which the Covered Person is charged at least one full day's room and board.

**Medically Necessary or Medical Necessity** means the services or supplies provided by a Hospital, Physician, or other provider that are required to identify or treat an Injury or Sickness and which, are: (1) consistent with the symptoms or diagnosis and Treatment of the Injury or Sickness; (2) appropriate with regard to standards of good medical practice; (3) not solely for the convenience of the Covered Person; (4) the most appropriate supply or level of service which can be safely provided. When applied to the care of an Inpatient, it further means that the Covered Person's medical symptoms or condition requires that the services cannot be safely provided as an Outpatient. The fact that a Physician may prescribe, authorize, or direct a service does not in and of itself make it Medically Necessary or covered by the Policy.

**Nurse** means a person who has been registered or licensed to practice by the State Board of Nurse Examiners or other state authority in the

state where he works, and who is practicing within the scope and limitation of that license. The term Nurse will not include the Covered Person or his spouse, children, brothers, sisters, or parents, or any person residing in his household.

**Physician** means a practitioner of the healing arts who is duly licensed in the state where he is practicing and who is treating within the scope and limitation of that license. The term Physician will not include the Covered Person or his spouse, children, brothers, sisters, or parents, or any person residing in his household.

**Pre-existing Conditions** means a condition for which a Covered Person received medical treatment, care or advice within 6 months before being insured under this Policy.

**School** means any facility under the management of the Policyholder which operates for the purpose of educating its students.

**Sickness** means illness or disease contracted and causing loss as to the Covered Person whose Sickness is the basis of claim. Any complications or any condition arising out of a Sickness for which the Covered Person is being treated or has received Treatment will be considered as part of the original Sickness.

**Treatment** means a specific in-office or Hospital physical examination of, or care rendered to, the Covered Person.

**Usual, Customary, and Reasonable Charges** "Usual" means those charges made by a provider for services and supplies rendered to all patients for the same or similar Injury or Sickness; "Customary" means those charges made by the majority of providers in the area for the same or similar services or supplies. "Reasonable" means those charges that do not exceed the majority of prevailing fees in the area for the same or similar services or supplies. Area means a county or larger geographically significant area as determined by the Company.

## IMPORTANT NOTICE

Insurance policies providing certain health insurance coverage issued or renewed on or after September 23, 2010 are required to comply with all applicable requirements of the Patient Protection and Affordable Care Act ("PPACA"). However, there are a number of insurance coverages that are specifically exempt from the requirements of PPACA (See §2791 of the Public Health Services Act). ACE maintains its student health insurance is not subject to PPACA.

ACE continues to monitor healthcare reform laws and regulations to determine any impact on its products. In the event these laws and regulations change, your plan and rates will be modified accordingly.

Please understand that this is not intended as legal advice. For legal advice on PPACA, please consult with your own legal counsel or tax advisor directly.

### Cultural Insurance Services International (CISI)

One High Ridge Park • Stamford, CT 06905  
Phone: 203-399-5130 • Fax: 203-399-5556  
claimshelp@culturalinsurance.com • www.culturalinsurance.com

## CISI Medical Claim Form

**Program Name or Policy Number: Institute of International Education - Private Programs (Policy # GLM N04849681)**

### 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, 1 High Ridge Park, Stamford, CT 06905**  
**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*) \_\_\_\_\_

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 \_\_\_\_\_



## Section II—Team Assist Plan (TAP)

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

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

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

- Emergency Medical Evacuation
- Repatriation/Return of Mortal Remains

All services must be arranged through the Assistance Provider.

### Emergency Medical Evacuation

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

In addition, we will coordinate and pay for the transportation home of personal effects (up to \$2,500) in the event of your death.

### 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 Person is admitted to a U.S. or foreign hospital, the AP will coordinate communication between the Insured Person's own physician and the attending medical doctor or doctors. The AP will monitor the Insured Person's progress and update the family or the insurance company accordingly.

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

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

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

#### **Travel assistance**

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

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

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

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

#### **Technical assistance**

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

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

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

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

#### **Section III-Security Evacuation (Basic)**

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

[http://www.culturalinsurance.com/cisi\\_forms.asp](http://www.culturalinsurance.com/cisi_forms.asp)