World Class Coverage Plan

designed for

The College of William and Mary

2013 - 2014

administered by Cultural Insurance Services International • River Plaza • 9 West Broad Street • Stamford, CT 06902-3788

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 College. In the event of any conflict between this Description of Coverage and the Master Policy, the Policy will govern.

Schedule of Benefits

<table>
<thead>
<tr>
<th>Coverage and Services</th>
<th>Maximum Limits</th>
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</thead>
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<tr>
<td><strong>Section I</strong></td>
<td></td>
</tr>
<tr>
<td>• Accidental Death Per Insured</td>
<td>$20,000</td>
</tr>
<tr>
<td>• Medical expenses (per Accident or Sickness):</td>
<td></td>
</tr>
<tr>
<td>Deductible</td>
<td>$0</td>
</tr>
<tr>
<td>Basic Medical</td>
<td>$500,000 at 100%</td>
</tr>
<tr>
<td>• Emergency Medical Reunion</td>
<td>$10,000</td>
</tr>
<tr>
<td>• Reunification Benefit</td>
<td>$1,000</td>
</tr>
<tr>
<td>• Home Country Coverage</td>
<td>$10,000</td>
</tr>
<tr>
<td>• Palliative Dental</td>
<td>$500</td>
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<tr>
<td><strong>Section II</strong></td>
<td></td>
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<tr>
<td>• Medical Evacuation</td>
<td>$250,000</td>
</tr>
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<td>• Return of Mortal Remains</td>
<td>$100,000</td>
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<td><strong>Section III</strong></td>
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<td>• Security Evacuation (comprehensive)</td>
<td>$250,000</td>
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<tr>
<td>• Medical Quarantine Benefit</td>
<td>$2,500</td>
</tr>
</tbody>
</table>

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 within 30 days after the date of the Accident or commencement of the Sickness; and:

- All expenses must be incurred by the Insured within 52 weeks from the date of the Accident or commencement of the Sickness; and
- The Insured 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.

Extension of Benefits: Your coverage will be extended if you are Hospital confined for a Covered Injury or Illness and under the care of a Physician on the termination date of Your Period of Coverage. Coverage will terminate on the earlier of the following:

1) 30 days from the end of Your Period of Coverage; or
2) The maximum benefit has been paid; or
3) Your release from the Hospital or Physician care.

Accidental Death and Dismemberment Benefit

**Accidental Death Benefit.** If Injury to the Insured 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 Insured 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:

<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 a hand or foot means complete severance through or above the wrist or ankle joint. “Loss” of sight of an eye means total and irrecoverable loss of the entire sight in that eye. “Loss” of hearing in an ear means total and irrecoverable loss of the entire ability to hear in that ear. “Loss” of speech means total and irrecoverable loss of the entire ability to speak. “Loss” of thumb and index finger means complete severance through or above the metacarpophalangeal joint of both digits. If more than one Loss is sustained by an Insured 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 $1,000,000.

Accident and Sickness Medical Expenses

The Company will pay Covered Expenses due to Accident or Sickness only, as per the limits stated in the Schedule of Benefits. Coverage is limited to Covered Expenses incurred subject to Exclusions. All bodily Injuries sustained in any one 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
Disability shall be considered a continuation of the prior Disability and not a separate Disability.

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

When a covered Injury or illness is incurred by the Insured Person the Company will pay Reasonable and Customary medical expenses in excess of the Deductible and Coinsurance 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

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

- Charges made by a Hospital for room and board, floor nursing and other services inclusive of charges for professional service and with the exception of personal services of a non-medical nature; provided, however, that expenses do not exceed the Hospital’s average charge for semiprivate room and board accommodation.
- Charges made for Intensive Care of 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 of 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 Disability 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. Such transportation shall be by licensed ground ambulance only.
- Nervous or Mental Disorders: are payable, a) up to $10,000 for outpatient treatment; or b) up to $50,000 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.
- 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 illness. The overall maximum coverage per injury or illness is limited to 80% of eligible charges which includes x-ray and evaluation charges.
- Expenses incurred within the Insured Person’s home country or country of regular domicile are payable up to $10,000.

Extension of Benefits

Medical benefits are automatically extended 30 days after expiration of the policy and not a separate Disability.

When covered Dental expenses are incurred by the insured person the Company will pay Reasonable and Customary expenses in excess of the Deductible and Coinsurance 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.

Emergency Medical Reunion

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

- The cost of a round trip economy airfare and their hotel and meals (to a maximum of $150 per day) up to the maximum stated in the Schedule of Benefits.
- All transportation in connection with an Emergency Medical Reunion must be pre-approved and arranged by an assistance company representative appointed by the Company.

Trip Quarantine Benefits

If the Insured’s Trip is delayed 24 or more hours due to the Insured being Quarantined, the Company will pay a per day Quarantine Benefit of $100 for each calendar day the Insured remains in Quarantine. Additionally the Company will reimburse the Insured for the below expense items if incurred as a direct result of the Insured being Quarantined:

- unused, non-refundable travel arrangements or accommodations;
- any reasonable additional expenses for accommodations;
- a one-way economy ticket from the point where the Insured left the Trip to a destination where the Insured can rejoin the Trip; or
- a one-way economy airfare ticket to return the Insured to the Insured’s Home Country.

The above Trip Quarantine Benefits are subject to a combined overall maximum benefit amount of $2,500.

Reunification Benefit

In the event that an insured person’s mother, father, brother or sister dies while the person is participating in the program, airfare up to $1,000 will be paid for the insured to return for a visit home.

Repatriation/Return of Mortal Remains Accompanying Members

The Repatriation/Return of Mortal Remains benefit shall also include, air fare and lodging expenses for a family member or designated person to accompany the body to the insured’s home country.

Exclusions

For the purpose of this section, only such expenses, incurred as the result of an eligible Dental condition, in which services or Medications are prescribed, performed, or ordered by a Dentist and enumerated below, and which are not excluded in the Exclusions, shall be considered as Covered Expenses.

- With respect to Accidental Dental, an eligible Dental condition shall mean emergency dental repair or replacement to natural teeth damaged as a result of an accidental 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).

Accidental Death and Dismemberment

This Insurance does not cover:

- Suicide or attempt thereof by the Insured Person while sane or self destruction or any attempt thereof by the Insured Person while insane.
- Expenses as a result or in connection with intentionally self-inflicted Injury or Illness.
- Disease of any kind.
- Bacterial infections except pyogenic infection which shall occur through an accidental cut or wound.
- 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.
• Any consequence, whether directly or indirectly, proximately or remotely occasioned by, contributed to by, or traceable to, or arising in connection with:
  a. participating in a war, invasion, warlike operations (whether war be declared or not), or civil war.
  b. participating in a mutiny, riot, strike, military or popular uprising insurrection, rebellion, revolution, military or usurped power.
• Injury occasioned or occurring while the Insured Person is committing or attempting to commit a felony or to which a contributing cause was the Insured Person being engaged in an illegal occupation;
• Injury arising out of a Pre-Existing Condition. However, an Injury for which the treatment has not been rendered or treatment medically recommended for the past twelve consecutive months shall not be considered a Pre-Existing Condition unless otherwise specifically excluded;
• Neuroses, psychoneuroses, psychopathies, psychoses or mental or emotional diseases or disorders of any type;

For benefits listed in the Schedule of Benefits, Accident Medical, Sickness Medical, Mental and Nervous, Specified Therapies and Spinal Manipulation, Emergency Medical Evacuation, Repatriation/Return of Mortal Remains this Insurance does not cover:
• Pre-Existing conditions, defined as any condition for which a licensed Physician was consulted, or for which treatment or medication was prescribed, or for which manifestations of symptoms would have caused a person to seek medical advice prior to the Effective Date of coverage under the Policy, except as specified below:
  A. If the Insured Person does not receive medical care or services, including prescription drugs or other medical supplies, and is not under the care of a Physician with respect to the Pre-Existing Condition or related condition(s), for a period of 12 consecutive months beginning on or after the first day of coverage, the preexisting condition exclusion will no longer apply and any eligible charges incurred after the treatment free period will be considered for reimbursement; or
  B. If the Insured Person is covered under the Policy for 12 consecutive months, the Pre-Existing Condition exclusion will no longer apply and any eligible expenses incurred thereafter will be considered for reimbursement; or
  C. Emergency Medical Evacuation and Repatriation/Return of Mortal Remains

Note: This policy does pay benefits for a loss due to a pre-existing condition up to $100,000. The first $10,000 shall be covered as primary, and the remaining benefit shall be excess coverage.
• 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 Disability 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
• Treatment while confined primarily to receive custodial care, educational or rehabilitative care, or nursing services
• Congenital abnormalities and conditions arising out of or resulting therefrom
• The cost of the Insured Person’s unused airline ticket for the transportation back to the Insured Person’s Home Country, where an Emergency Medical Evacuation or Repatriation and/or Return of Mortal Remains benefit is provided
• Expenses as a result 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 limited to $500
• Treatment for human organ tissue transplants and their related treatment
• Expenses incurred within the Insured Person’s home country or country of residence, 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.

Subrogation
To the extent the Company pays for a loss suffered by an Insured, the Company will take over the rights and remedies the Insured had relating to the loss. This is known as subrogation. The Insured 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’s rights, the Insured 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 ACE American Insurance Company.

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

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

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

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

**Doctor** as used in the Policy means a doctor of medicine or a doctor of osteopathy licensed to render medical services or perform Surgery in accordance with the laws of the jurisdiction where such professional services are performed; however, such definition will exclude chiropractors and physiotherapists.

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

**Elective Surgery or Elective Treatment** means surgery or medical treatment which is not necessitated by a pathological or traumatic change in the function or structure in any part of the body first occurring after the Insured Person’s effective date of coverage. Elective Surgery includes, but is not limited to, 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 sinusitis. Elective Surgery does not apply to cosmetic surgery required to correct Injuries received in a Covered Accident. Elective Treatment includes, but is not limited to, treatment for acne, nonmalignant warts and moles, weight reduction, infertility, learning disabilities.

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

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

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

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

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

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

**Insured Person(s)** means a person eligible for coverage under the Policy as defined in “Eligible Persons” who has applied for coverage and is named on the application and for whom the company has accepted premium. This may be the Primary Insured Person or any other stated Insured Person(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 the organized medical community deems good medical practice for the Insured Person’s condition; 3) not primarily for the convenience of the Insured Person, the Insured Person’s Doctor or another Service Provider or person; 4) not Experimental/Investigational or unproven, as recognized by the organized medical community, or which are not commonly used for a 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.

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

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


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

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

The TAP offers these services

Medical assistance

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

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

Prescription Drug Replacement/Shipments 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 Person, provide a guarantee of payment to the treating facility.

Travel assistance

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

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

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

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

Technical assistance

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

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

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

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

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