



CareMed Health Insurance

FLEX Program Students

IMPORTANT DOCUMENTS

If you get sick or have an accident while you are on the PAX program, you have insurance which will cover most or all of your expenses. This packet contains important information about your insurance. Enclosed you will find:

1. PAX student insurance summary flyer
2. CareMed insurance plan coverage limits
3. Emergency room flyer
4. Claim form
5. CareMed frequently asked questions
6. Full policy document

Please review these materials. Make sure you understand them and keep them in a safe place.

AETNA NETWORK

CareMed is part of the Aetna Network. You can find a doctor in the network by visiting the CareMed website (www.caremedus.com/pax/) and clicking on the "Provider Lookup" on the left of the page.

EMERGENCY ROOMS

It is important to keep in mind that if you go to an emergency room for treatment of an illness that is not deemed to be an emergency, you will be billed and responsible for the \$300 deductible.

SUBMITTING CLAIMS

It is your responsibility to take care of your medical expenses and to submit claim forms to the insurance company. You can find a claim form by visiting www.caremedus.com/pax/ and clicking on "Claim Form" on the left side of the page.

Make sure to always keep a copy of anything you submit to the insurance company, in case something gets lost in the mail. If you receive a bill and are not sure what to do, please call PAX at 800.555.6211.



FLEX Student Insurance

2025/26 Program Year

OVERVIEW

Policyholder: CareMed International

Network: Aetna Network

Insurer: Crum & Forster

Policy Number: 25 CC015043-GS

Phone (normal business hours): 203.399.5130

Website: www.caremedus.com/pax/

24-Hour Assistance Service (CareMed Assist): 888.505.2474

Insurance Expiration: Insurance expires on the date the student returns to their home country.

INSURANCE CARD

Students will receive their insurance card before departing for the U.S. The "card" is located at the top of the "Confirmation of Insurance" page (detachable). Host parents will also receive a copy of this "card" by email. Host parents should know where their student keeps the insurance "card" in the event of an emergency. Please keep a digital copy (photo) in your phone and email as a backup.

COVERAGE

Coverage is provided for accident and illness. Insurance will pay the reasonable and customary charges for eligible benefits. Pre-existing conditions are covered up to \$100,000.

EXCLUSIONS

Vaccinations, sports physical examinations, and routine physical examinations are not covered. Routine medical, dental, and eye examinations are not covered. Care is also excluded for injuries or illness resulting from alcohol, drugs not prescribed by a doctor, sexually transmitted diseases, accidents occurring during the use/driving of any motor vehicle, "extreme" sport activities, such as parachuting, bungee jumping, scuba diving, etc. Please refer to pax.org/high-risk for a detailed list of the high risk activities that are excluded from coverage and prohibited by PAX.

EMERGENCIES

Students should only go the emergency room in the event of a true emergency (serious and life-threatening situations). Students should use urgent care or walk-in clinics for treatment for sports injuries, sore throats, minor cuts, cold/flu, sprains, earaches, urinary tract infections, simple fractures, or minor burns. In the event of surgery or hospitalization, the student must contact CareMed before treatment starts, so the bill can be paid directly to the hospital. Contact CareMed at 203.399.5130 during business hours, and CareMed Assist at 888.505.2474 outside of business hours. Students will be charged a \$300 Non-Emergent Emergency Room Illness Deductible for any Emergency Room visit that does not result in hospital admission. In the event of non-emergency surgery, the doctor must provide a written statement prior to the procedure confirming the surgery is medically necessary and that the student cannot safely fly home for treatment.

CLAIMS

Students should contact the CareMed office to verify benefits. If a medical facility requires payment in advance, the student must send all itemized bills and a completed claim form to the claims office for reimbursement.

CareMed Claims
CISI Claims Department
1 High Ridge Park
Stamford, CT 06905, USA

Phone: 203.399.5130
Toll Free: 866.404.2062
Fax: 203.399.5596
Email: claimhelp@culturalinsurance.com

Insurance Plan for PAX-Program of Academic Exchange (FLEX Students)

WELCOME

With over 20 years of experience, CareMed's primary focus is providing insurance coverage for exchange program participants. All claims are handled in-house by friendly CareMed employees and our 24-hour assistance partner, CareMed Assist, is there to provide insureds with emergency support and guidance whenever needed. All of our policies are underwritten by A-rated carriers and meet and/or exceed J-1 government regulation standards.

POLICY

Policy Number: 25 CC015043

Plan Name: Platinum Ultimate -0-

Medical Coverage: \$1,000,000

Deductible: \$0 per injury/illness

Non-Emergent Emergency Room (ER) Illness Deductible: *Note: This deductible does not pertain to accidents, only illnesses.*

The CareMed plan contains a \$300.00 non-Emergent Emergency Room Illness Deductible.

For example: If an insured goes to an ER for an illness (not an accident) and is not admitted to the hospital, the insured will be responsible for a \$300.00 deductible. This is known as the Non- Emergent Emergency Room Illness Deductible.

What does this mean? At times, insureds visit an ER for an illness that does not require emergency care. Examples of non-ER visits include (but are not limited to): Sore throats, ear-aches, colds, etc. – anything that does not require immediate medical assistance. It is important for an insured to utilize CareMed's 24-hour assistance center, CareMed Assist, and/or visit our website at www.CareMedus.com and click on "U.S. Provider Search" for alternatives to an ER for non-emergency illnesses.

COVERAGE

Travel Health Insurance	Maximum per Covered Accident or Sickness	\$1,000,000 of Usual & Customary Charges
Coverage in case of accident and illness. Reimbursement for medical treatment and prescribed medication.	<i>For an Aetna Provider look up visit www.CareMedus.com</i>	
	Non-Emergency Treatment in Hospital Emergency Room Deductible	\$300 Per Covered Sickness
	All other Services/Treatments Deductible	\$0
	Outpatient Physiotherapy	Up to policy max
	Inpatient Mental Nervous	Up to 30 days
	Outpatient Mental Nervous	Up to 30 visits
	Dental Treatment for Injuries ONLY	\$1,500
	Emergency Dental Treatment for Alleviation of Pain	\$2,500
	Medical Preparations and Devices	\$250
	Pre-Existing Conditions	\$100,000
	Outpatient X-rays, Diagnostic Testing and Laboratory Services	100% of Usual & Customary Charges
	Diagnostic CAT Scan and MRI Testing	100% of Usual & Customary Charges
	Emergency Medical Evacuation	\$100,000
	Repatriation of Remains	\$25,000
Travel Accident Insurance	Accidental Death	\$13,000
Payment of benefits if an accident leads to accidental death & dismemberment of the insured.	Permanent Disablement Benefit	\$50,000
	<i>Medical costs resulting from accidents are covered under the Travel Health insurance benefits and are subject to the specified limits.</i>	
Travel Assistance Insurance	Trip Interruption Benefit	\$2,000
Transportation and related expenses for the insured or a family member due to sickness or injury.	<i>Flight back home in case of death of parents or siblings (for long term travelers only-3 months +)</i>	
	Family Reunion Benefit	\$2,500
	<i>Reimburses the expenses incurred for transportation and lodging for a family member to join the insured during his or her stay in the hospital. For life-threatening illnesses or if hospitalized for 10 consecutive days.</i>	
Travel Luggage Insurance	Deductible	\$50 for any one event
Reimbursement of expenses incurred for lost, damaged, or stolen baggage including its contents.	Theft/Damage of Personal Property	\$1,500 per trip
	Watches and Valuables	50% of sum insured up to \$750

Continued on Next Page...

COVERAGE (CONTINUED)

Checked Baggage Delay	\$500 per Trip (24 hours)
Eyeglasses and Contact lenses	\$250 per Trip
Lost Airline Ticket	\$100 per Trip

Travel Third Party Liability Insurance

Personal Liability	\$500,000
Damage to Property	\$150,000
<i>(Overall, for personal liability and damage to property not to exceed \$500,000)</i>	
Host Family Property Damage (payment of Homeowner’s deductible)	\$1,000

Benefits paid on behalf of the insured if he/she becomes legally obligated to pay Damages for personal liability claims made against them.

* This description is not a contract of insurance but is a brief summary. Complete provisions pertaining to this insurance are contained in the Master Policy on file with your organization. In the event of any conflict between this summary and the Master Policy, the Policy will govern.

CONTACT

CAREMED ASSIST: 24-HOUR EMERGENCY & ASSISTANCE CENTER

Toll-free in the U.S.:(888)-505-2477
Outside the U.S. (Call Collect): (743)-244-2474
Email: CISIAssist@robinassist.com

CLAIMS OFFICE

CareMed Claims
CISI Claim Department
1 High Ridge Park
Stamford, CT 06905, USA
Phone: ++ 1 – 203 – 399 – 5130
Phone: ++ 1 – 866-404-2062 (press #2)
Fax: ++ 1 – 203 – 399 – 5596
e-mail: claimhelp@culturalinsurance.com

Newsflash: Emergency Rooms vs. Other Medical Care Options – What You Need to Know!

In an effort to reduce your out of pocket costs for medical insurance and provide more choices with better convenience, we now have the following options for you:

Great News! You can now go to “Mini Clinics” to receive treatments for the following sort of illnesses:

Colds	Ear infections	Cold Sores	Flu
Coughs	Headaches	Insect bites	Head Lice
Urinary tract infections	Sinus Infections	Rash	Ringworm
Pink eye	Upper Respiratory Infections	Skin Irritations	<i>or other like illnesses</i>
Stomach aches	Diarrhea, Nausea and Vomiting	Seasonal Allergies	

For illnesses of this nature, please remember to use the following **before** opting to go to an Emergency Room:

- Urgent Care Center
- Walk in Clinic
- Primary Care Physician
- CVS Minute Clinics
- Walgreens Take Care Clinics
- Walmart Clinics
- Target Clinics
- Kroger Clinics

With the exception of the Primary Care Physician, you do not generally need appointments to seek medical treatment.

You can access our website at www.CareMedus.com and use our U.S. Provider Search Tool for a list of doctors and clinics in your immediate area. Our Customer Service Team is available Monday through Friday 9:00 a.m.–5:00 p.m. Eastern Standard Time at 1-203-399-5130 or at claimhelp@culturalinsurance.com for any questions you may have regarding your medical care choice. Outside of regular business hours, you can contact Team Assist at 1 (312) 935-1703 to assist you with physician referrals.



Please avoid using the Emergency Room if your condition falls into the categories above or other non-life threatening illnesses.

Three Key Reasons Not to Use the Emergency Room:

- \$300 deductible: if you seek medical care for an illness that is not deemed to be an emergency, you will be charged a \$300 deductible regardless of the level of your insurance coverage. This deductible is **in addition** to your per occurrence deductible!
- Typically you will wait a long time to receive treatment at an Emergency Room
- Emergency rooms are for those with **true emergencies**. It is important to keep medical coverage available for those situations. Please do your part!

Of course, if you are experiencing a true, life threatening emergency, treatment should be sought at an Emergency Room.

Thank you,
CareMed International Travel Insurance

Claim Form for PAX FLEX Participants 2025-2026 (Policy # 25 CC015043-GS)

Your Personal Data	
Last Name	First Name
Date of Birth (DD/MM/YY)	
Address in Home Country	Host Family Address in United States
Date I will return to my home country: (DD/MM/YY)	c/o Host Family Names
Address	Address
City	City
Province/State	State
Postal Code and Country	ZIP Code
Phone Number	Phone Number
E-Mail Address	E-Mail Address
Your Medical Treatment	
Why did you seek treatment?	
Was this an illness or an accident? <input type="checkbox"/> Illness <input type="checkbox"/> Accident	
If illness, have you had it before? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, when?	
If accident, was it <input type="checkbox"/> Your own responsibility <input type="checkbox"/> Caused by a third party	
Reimbursement	
Doctor/Hospital Name: Address, City, State:	
Have you already paid the doctor's bill? <input type="checkbox"/> No <input type="checkbox"/> Yes	
If no, payment will be made directly to the doctor/hospital.	
If yes, preferred method of reimbursement:	
<input type="checkbox"/> Check sent to student at host family address	
<input type="checkbox"/> My host parent paid the bill for me. Please send a check to _____ (host parent name) at the host family address listed above.	
<input type="checkbox"/> Wire transfer to student's home country bank account (student shall pay all bank/wire transfer fees)	
Only complete this section if you selected reimbursement by wire transfer:	
Bank Name:	
Bank Address/City/Country:	
Account Holder Name:	Account Number:
Bank Code:	
SWIFT/BIC and IBAN Code:	
Claim Documents and Signature	
<p>Please send completed claim form with documentation and proof of payment (receipts, bills, or invoices) by email, fax, or mail to the claims office indicated below. Incomplete or wrong information will cause payment delay. Please keep copies of all documents submitted.</p> <p>Email: claimhelp@culturalinsurance.com Fax: 203-399-5596</p> <p>CareMed Claims CISI Claims Department 1 High Ridge Park Stamford, CT 06905</p>	<p>FINALLY, PLEASE READ AND SIGN:</p> <p>I hereby authorize any hospital, physician or other person who has attended or examined me, including those in my home country to furnish to the Assistance Center, or its representative, any and all information with respect to any illness or injury, medical history, consultation, prescriptions or treatment, and copies of all hospital or medical reports. A photostatic copy of this authorization shall be considered as effective and valid as the original.</p> <p>Student Signature:</p> <p>Date:</p>

CAREMED FOR FLEX STUDENTS

FREQUENTLY ASKED QUESTIONS

INSURANCE CARD

Q. Will I get a CareMed insurance card? If so, where can I find it?

A. Students will receive their insurance card before departing for the U.S. The "card" is located at the top of the "Confirmation of Insurance" page (detachable). Host parents will also receive a copy of this "card" by email. Host parents should know where their student keeps the insurance "card" in the event of an emergency. Please keep a digital copy (photo) in your phone and email as a backup.

COVERAGE AND CO-PAYS

Q. What does my CareMed insurance cover?

A. CareMed's primary focus is writing insurance coverage for exchange programs. Your policy provides coverage up to \$1,000,000 in the case of an accident or illness, including medical treatment and prescribed medication for the covered illness. For a complete list of coverages, please refer to your CareMed policy.

Q. Are prescriptions covered?

A. Yes, a prescription is covered, provided it was prescribed by a doctor for an illness that is covered by this policy. Medications that are not medically necessary (birth control, vitamins, etc.) are not covered. Students must pay for prescriptions out of pocket at the pharmacy and file a claim for reimbursement.

Q. Will this policy cover dental work if I need it?

A. This policy provides only limited dental coverage of up to \$2,500 for *emergency relief of pain*.

Q. Am I required to pay a co-pay for doctor visits, medications, x-rays, lab tests or hospitalizations?

A. No, there is no co-payment required. If you go to an emergency room for an illness that is not a true emergency, you will need to pay a \$300 deductible. (Sore throats, ear aches, fevers, etc., are not considered emergencies.)

Q. Is there a deductible?

A. There is only one situation in which there is a deductible: if you visit an emergency room for an illness that is not a true emergency, you will be charged a \$300 deductible.

EMERGENCY ROOM VISITS

Q. Are visits to the emergency room (ER) covered under this insurance policy?

A. ER visits are only fully covered if it is a *true medical emergency*. If you are involved in a serious accident and require immediate medical attention or become seriously ill and require hospitalization, you will be covered under the terms of this policy. If, however, you visit the emergency room for an illness that is not deemed an emergency (anything that is not life-threatening and for which you are not hospitalized overnight), there will be a \$300 deductible. Please call PAX at 800.555.6211 as soon as possible if you require immediate medical attention.

Q. What happens if I visit an emergency room for a routine medical visit or because I have the flu or a fever?

A. The emergency room should never be used for general medical attention. Students should only go the emergency room in the event of a true emergency (life-threatening situations). If you are ill or have a minor injury, you should visit an urgent care or walk-in clinic. If you seek medical attention in an emergency room for an illness that does not require hospitalization or is not, for some other reason, considered an "emergency," you will be required to pay the first \$300 of the ER bill. An easy way to remember what is covered and what is not is: accidents, life-threatening illness = Yes; other illness = No.

Q. What if I am very ill and go to the ER?

A. If any covered illness is deemed serious enough to require hospitalization, you will most likely be fully covered. However, if you are released from the ER—without an overnight stay—and your illness was not considered life-threatening, you will be responsible for the \$300 deductible. Whenever possible, it is always advisable to contact CareMed Assist (24-hour emergency medical assistance service) toll free at 888.505.2474 to seek their advice and confirm your coverage.

DOCTOR'S OFFICE VISITS

Q. What should I do if I need to see the doctor?

A. There are many reasons why you may need to see a doctor. Are you sick or injured? Do you need a vaccine? Are you having tooth pain? No matter what the reason, please contact the PAX Supervision Team (supervision@pax.org) before seeking care so that we can help determine if it will be covered by insurance, find an in-network provider, and alert the overseas partner. At the doctor's office, present your insurance card and get an after-visit summary before returning home. Lastly, save any prescription or other receipts for reimbursement.

Q. Can I go to any doctor I choose with this insurance policy?

A. CareMed is a part of the Aetna Network, and you have many options within the Aetna network in your area to choose from. You can save both time and money by using a physician in CareMed's Aetna Network. If the provider you choose is not in the Aetna Network, it is possible that you will be held responsible for some of the cost.

Q. How do I choose a doctor?

A. You can visit the CareMed website www.caremedus.com/pax/ and click on the "Provider Look Up" link to find a doctor in the Aetna network.

Q. What do I need to know when I call a doctor to make an appointment?

A. Tell the doctor that your insurance is CareMed and mention that CareMed is part of the Aetna Network. If the doctor's office has any questions regarding coverage and/or payment methods, please ask them to call the CareMed claims office at 866.404.2062. Office hours are Monday through Friday from 9:00am to 5:00pm Eastern time.

Q. How do I contact CareMed Assist (24-hour emergency medical assistance service)?

A. You can contact CareMed at 866.404.2062, Monday through Friday from 9:00am to 5:00pm Eastern time. CareMed Assist (24-hour emergency medical assistance service) may be reached 24 hours a day at 888.505.2474.

SUBMITTING A CLAIM

Q. Do I need to pay for prescriptions out of my own pocket? If so, how do I get reimbursed?

A. All prescriptions must initially be paid for by the student out of pocket. Make sure you get a receipt from the pharmacy and save a copy of the original prescription to include with your claim form. The prescription must include your name, the name of the medication, and the dollar amount. See below for instructions on how to get reimbursed.

Q. How do I get reimbursed for prescriptions and medical expenses?

A. Complete and sign a claim form, attach all bills and receipts as well as a copy of your After Visit Summary (or medical records) from the doctor appointment, and email everything to CareMed at claimhelp@culturalinsurance.com. Be sure to keep copies of everything you submit.

Q. Where do I get a claim form?

A. You can request the claim form from PAX or download the claim form on the CareMed website (www.caremedus.com/pax/) by clicking on the "Claim Form" link. CareMed requires that a claim form and After Visit Summary (or full medical records) be submitted for all visits related to injuries, mental health, or dental claims, even if the student did not have to pay up front. (Claim forms may also be required for some visits related to illness.) A claim form will also be required any time a student pays for prescription medications and needs to be reimbursed.

Q. Are there any special instructions when filling out a claim form?

A. The claim form is electronically fillable and can be completed and signed on your computer. If you print the claim form, it is very important that you print neatly in block letters. Always include a telephone number where you can be reached and an email address. When submitting the claim form, always include a copy of your After Visit Summary (or medical records) from your doctor appointment.

Q. How long does it take for a typical claim to be processed?

A. If all the necessary information has been submitted and the form is legible, it typically takes 30 – 45 business days from the date the claims office receives your claim.

Q. What additional information does the claims office need in order to process my claim in a timely manner?

A. This includes an itemized bill and medical records from the physician/clinic you visited (the "After Visit Summary" or physician's notes can often be downloaded from MyChart if you did not receive a copy at your visit and are often sufficient for this purpose). The itemized bill contains information that the claims staff needs in order to pay the claim. In many cases, a "balance due" bill is submitted without these codes and, as a result, delays can occur. It is important to include a valid address or bank information indicating where CareMed should mail or transfer (as the case may be) the payment(s).

Q. Should I follow up on the status of my claim?

A. Yes, we suggest that you contact the CareMed claims office toll free at 866.404.2062 to make sure they have what they need and that everything is in order.

EXCLUSIONS

Q. Will I be covered for an injury or illness in my home country?

A. No, the CareMed Insurance Plan will not cover you for medical treatment received in your home country.

Q. What if I need immunizations, a sports physical, glasses, or other expenses that are not covered by the CareMed Insurance Plan?

A. Funds are available through the FLEX grant for the reimbursement of certain expenses. For more details, please refer to the Money Matters document.

Q. Pre-existing conditions are covered up to \$100,000. What does "pre-existing conditions" mean?

A. Pre-existing condition refers to any injury or illness which meets the following criteria:

1. Condition(s) that would have caused a person to seek medical advice, diagnosis, care or treatment during the 12-month period prior to the effective date of your CareMed coverage.
2. Condition(s) for which manifestation, medical advice, diagnosis, care or treatment was recommended, received or noticed during the 12-month period prior to the effective date of your CareMed coverage.

USEFUL NUMBERS

CareMed Claims Department

CISI Claims Department

1 High Ridge Park Stamford, CT 06902

Phone (Mon – Fri, 9:00am to 5:00pm ET): 866.404.2062

Email: claimhelp@culturalinsurance.com

Website: www.caremedus.com/pax/

CareMed Assist (24-Hour Emergency Medical Assistance Service)

Phone: 888.505.2474

Email: CISIAssist@RobinAssist.com

PAX – Program of Academic Exchange

271 North Avenue, Suite 601

New Rochelle, New York 10801

Phone: 800.555.6211 (including 24-hour emergency assistance)

Fax: 914.690.0350

Email: supervision@pax.org

Read your insurance certificate thoroughly so you fully understand what is covered and what is excluded. We wish you a safe, healthy, and rewarding experience in the U.S.

Insurance Services 2025/2026 (GS) | Policy # 25 CC015043-GS

This Policy is effective for policy holders with a departure date of
June 1st, 2025 through May 31st, 2026

Before Going to a Doctor or Hospital How to Submit a Claim

When you are in the United States, access to covered medical services is provided by the Aetna Network. Referral can be obtained by calling the toll-free emergency number of the Assistance Center or by visiting our website at www.CareMedus.com.

Kindly note that when calling or visiting a physician or Medical Facility, please make sure to present your ID Card and to mention that you are "Insured under the CareMed Insurance Plan which is part of Aetna". If you are travelling outside of the United States of America, you are able to use any medical provider/facility of your choice. If you need assistance locating a physician/Medical facility in your area, you may contact CareMed Assist, our 24-hour assistance center.

Claim Center

Opening hours: 9:00 am–5:00 pm EST

Mailing Address: CareMed Claims
CISI Claim Department
1 High Ridge Park
Stamford, CT 06905, USA

Phone Numbers: Phone: + 1–203–399–5130
Phone: + 1–866–404–2062 (Press #2)

Fax Number: + 1 – 203 – 399 – 5596

E-mail: Claimhelp@culturalinsurance.com

CareMed Assist - 24-Hour Emergency Medical Assistance Service

Your CareMed Insurance Plan includes CareMed Assist, a worldwide 24-Hour Emergency Medical Assistance Service. Multilingual help and advice may be furnished for the Insured in the event of an emergency during the Policy term. To access these services, you must call CareMed Assist at the phone numbers shown below. (Team Assist is a non-insurance service and is not affiliated with C&F Cayman SPC).

CareMed Assist 24-Hour Medical Emergency Numbers:

Toll-Free in the USA: 888-505-2474

Outside of the USA (Call Collect): 743-244-2474

E-mail: CISIAssist@RobinAssist.com

- CareMed Assist must approve and arrange all medical transportation services insured under this policy. Failure to contact CareMed Assist prior to arranging the following transportation services may result in a denial or reduction of claims payment:
 - Return to the Insured's Home Country
 - Transportation and subsistence allowance for parents
 - Repatriation of deceased
- Here is a brief summary of the additional services provided under CareMed Assist

Medical Assistance

- Referral to Aetna Network
- Medical monitoring
- Prescription Drug replacement/shipment
- Emergency Message transmittal

Travel Assistance

- Assistance in obtaining emergency cash (CareMed Assist can assist You in obtaining an advance of funds for travel emergencies by coordinating directly with Your Family, or Your credit card company, bank, employer, plan sponsor or other sources of credit.)
- Lost or delayed luggage tracking if lost on a common carrier
- Replacement of lost or stolen airline ticket

Technical Assistance

- Locating legal services
- Bail bond services

Schedule of Benefits - CareMed Platinum

This Plan is underwritten by Crum & Forster SPC

Accident & Sickness	Maximum Limits
Medical Expenses in case of Accident or illness	\$1,000,000
Deductible Options – Per Injury or Illness	\$0
Non-Emergent Emergency Room Illness Deductible (for Zone 1 only)	\$300
Emergency Dental Care – Relief of Pain	\$2,500
Dental Treatment in Case of Accident	\$1,500
Inpatient Mental Nervous	Up to 30 days max
Outpatient Mental Nervous	Up to 30 visits max
Medical Evacuation	\$100,000
Repatriation of Remains	\$25,000
Pre-Existing Conditions	\$100,000
Out-patient Services:	
Physiotherapy	Up to policy max
Diagnostic X-Ray and Lab Services	100%
Diagnostic CAT Scans and MRI	100%
Medical Aids	\$250
Travel Accident Indemnity Insurance	Maximum Limits
Accidental Death & Dismemberment	\$13,000
Complete Disability	\$50,000
Travel Assistance	Maximum Limits
Emergency Medical Reunion Benefit	\$2,500 (Daily Benefit Max for meals and Lodging \$75.00)
Interruption of Trip Benefit (available for long-term traveler only – 3 months +)	\$2,000
Personal Property Insurance	Maximum Limits
Deductible any one event (does not apply to checked luggage)	\$50
Theft/damage of personal property	\$1,500
Watches and Valuables – 50% of sum Insured	\$750
Checked Baggage Delay (24 Hours)	\$500
Eyeglasses and Contact lenses	\$250
Lost airline ticket	\$100
Travel Third Party Liability Insurance (3)	Maximum Limits
Personal Liability	\$500,000
Damage to Property	\$150,000
	Overall for personal liability and damage to property not to exceed \$500,000
Host Family – Property Damage	\$1,000

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

Eligibility

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

Accident & Sickness Insurance

Medical Expense Benefits

We will pay Medical Expense Benefits for Covered Expenses that result directly, and from no other cause, from a Covered Accident or Sickness. These benefits are subject to the Deductible, Co-insurance Rate, Maximum Benefit Period, Benefit Maximum, and other terms or limits shown in the Policy. Medical Expense Benefits are only payable:

1. for Usual and Customary Charges incurred after the Deductible, if any, has been met;
2. for those Medically Necessary Covered Expenses that the Insured incurs; and

for charges incurred for services rendered to the Insured while traveling outside of his or her Home Country or Country of Residence. No benefits will be paid for any expenses incurred that are in excess of Usual and Customary Charges.

Covered Medical Expenses

1. Mental and Nervous Disorders.
2. Hospital semi-private room and board (or room and board in an intensive care or coronary care unit) and general nursing care is provided and charged by the Hospital.
3. Hospital ancillary services (including, but not limited to, use of the operating room or emergency room).
4. Services of a Doctor, surgeon or a registered nurse (R.N.).
5. Anesthetics and their administration provided the first charge is incurred within the Incurral Period shown in the *Schedule of Benefits*.
6. Outpatient X-rays, diagnostic testing and laboratory services (including expenses for technical and diagnostic services).
7. Outpatient diagnostic CAT Scans and Magnetic Resonance Imaging (MRI).
8. Medical preparations and medical devices.
9. Oxygen or rental equipment for administration of oxygen.
10. Physiotherapy when prescribed by a Doctor.
11. Dressings, medicines or drugs administered by a Doctor or that can be obtained only with a Doctor's written prescription.
12. Artificial limbs, rehabilitative braces or appliances, hearing aids and speaking devices, wheelchairs, hernia supports, and elastic stockings that are Medically Necessary for the covered Injury or Sickness (not including replacement of these items). No benefits will be paid for rental charges in excess of the purchase price.

13. Casts, splints, trusses, crutches, and orthotic appliances (not including replacement of these items). No benefits will be paid for rental charges in excess of the purchase price;
14. Ambulance service to and from the nearest Hospital.
15. Dental charges for emergency repair or replacement of teeth damaged as a result of a Covered Accident.
16. Dental charges for the emergency alleviation of pain to teeth.
17. Pre-existing conditions are covered up to \$100,000.

Emergency Medical Evacuation Benefit

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

1. suffers a Medical Emergency during the course of the Trip;
2. requires Emergency Medical Evacuation; and
3. is traveling on a covered trip.

Covered Expenses includes:

Medical Transport: expenses for transportation under medical supervision to:

1. the nearest adequate Hospital or treatment facility; or
2. the Insured's Home Country or Country of Residence after being treated at such Hospital or treatment facility, for Medically Necessary treatment in the event of the Insured's Medical Emergency and upon the request of the Doctor designated by Our assistance provider in consultation with the local attending Doctor. Whenever possible, the Insured's return flight ticket will be used for the return transportation.

Benefits for these Covered Expenses will not be payable unless:

1. the Doctor ordering the Emergency Medical Evacuation certifies the severity of the Insured's Medical Emergency requires an Emergency Medical Evacuation or Repatriation;
2. all transportation arrangements made for the Emergency Medical Evacuation or Repatriation are by the most direct and economical conveyance and route possible;
3. Escort Services: expenses for an Immediate Family Member, or companion who is traveling with the Covered Person, to join the Covered Person during the Covered Person's emergency medical evacuation to a different hospital, treatment facility or the Covered Person's place of residence.
4. Transportation After Stabilization: if We have evacuated the Covered Person to a medical facility due to an emergency Medical Evacuation, We will pay the Covered Person's transportation costs to: a) his or her Home Country, or b) his or her host country, or c) to join the group if they have moved onward to a different location.

Repatriation of Remains Benefit

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

Covered expenses include:

1. expenses for embalming or cremation;
2. the least costly coffin or receptacle adequate for transporting the remains; and
3. transporting the remains.
4. Escort Services: expenses for an Immediate Family Member or companion who is traveling with the Covered Person to join the Covered Person's body during the repatriation to the Covered Person's place of residence.

All transportation arrangements must be made by the most direct and economical route and conveyance possible and may not exceed the Usual and Customary Charges for similar transportation in the

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

Neither the Insurer nor CareMed Assist shall be liable for the availability, quantity and quality or success of any and all medical treatment the Insured receives or for the refusal on the part of the Insured to accept any medical assistance offered.

Medical Treatment in Home Country

If it is not acutely necessary to have the Physician provide an expensive and medically necessary treatment immediately and if the costs for the treatment in the Host Country exceed the costs for transporting the Insured home and the condition of the Insured's health allows said transport, the Insurer has the right to decide to transport the Insured home at the cost of the Insurer to have the treatment performed there. The costs of such treatment in the Home Country shall not be paid by the Insurer. The medical reports on the Insured's health condition shall form the basis for said decision. If the Insurer decides to transport the Insured home and should the Insured nevertheless insist upon having the treatment done in the Host Country, the costs of the treatment shall exclusively be the responsibility of the Insured. In this case, the Insurer shall only reimburse the amount that would have been incurred for transport home. The Insurer reimburses this to the Insured directly. The Insured must make a decision within 72 hours after receiving notification from the Insurer of its decision to transport.

Accidental Death and Dismemberment Benefit

If an Insured dies as the direct result, and from no other cause, of a Covered Accident within the Time Period for Loss shown in the *Schedule of Benefits*, We will pay the Principal Sum shown in the *Schedule of Benefits*. If such Injury does not result in the death of the Insured but does result in the Loss of Use within the Time Period for Loss shown in the *Schedule of Benefits*, in any one of the losses shown below, We will pay the scheduled percentage of the Principal Sum applicable to such Insured.

The Covered Loss must be determined by a Doctor to be permanent within 15 months after the date of the Covered Accident. If multiple losses occur from the same Covered Accident, We will not pay more than the Principal Sum shown in the *Schedule of Benefits*. We will pay benefits based on the respective percentage shown in the Schedule of Permanent

Disablement Benefits below, if an Insured is partially or functionally impaired. If any loss is not shown in the Schedule of Permanent Disablement Benefits that affects parts of the body or sensory organs, We will determine the percentage based on the Insured's normal physical or mental incapacity from a purely medical perspective.

Schedule of Covered Losses

Covered Loss	Benefit Amount
Life.....	100% of the Principal Sum
Two or more Members.....	100% of the Principal Sum
Quadriplegia	100% of the Principal Sum
Loss of Use of Four Limbs	100% of the Principal Sum
Loss of Use of Three Limbs	75% of the Principal Sum
Loss of Use of Two Limbs.....	67% of the Principal Sum
One Member.....	50% of the Principal Sum
Hemiplegia.....	50% of the Principal Sum
Paraplegia.....	50% of the Principal Sum
Loss of Use of One Limb.....	50% of the Principal Sum
Thumb & Index Finger of the Same Hand....	25% of the Principal Sum
Uniplegia.....	25% of the Principal Sum

"Quadriplegia" means total Paralysis of both upper and lower limbs. "Hemiplegia" means total Paralysis of the upper and lower limbs on one side of the body. "Uniplegia" means total Paralysis of one lower limb or one upper limb. "Paraplegia" means total Paralysis of both lower limbs or both upper limbs. "Paralysis" means total loss of use. A Doctor must determine the loss of use to be complete and not reversible at the time the claim is submitted.

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

"Loss of Use" means total paralysis of a limb or limbs which is determined by a competent medical authority to be permanent, complete and irreversible with respect to: 1) arm, at or above the elbow joint; 2) leg, at or above the knee joint; 3) hand, at or above the wrist joint; and, 4) foot, at or above the ankle joint.

If the Insured dies for reasons unrelated to a Covered Accident within one year after the date of the Covered Accident or more than one year after the date of the Covered Accident, and had a claim arisen previously for disability benefits, We will pay benefits based on the degree of the disability and the last medical examination conducted.

Travel Assistance

CareMed Assist shall provide the insured with Travel Assistance in either of the following scenarios (Team Assist is a non-insurance service and is not affiliated with C&F Cayman SPC).

Trip Interruption Benefit

We will reimburse the cost of a round trip economy air and/or ground transportation ticket for a Trip, up to the Maximum Benefit shown in the *Schedule of Benefits*, if your Trip is interrupted as the result of:

1. the death of a Family Member; or
2. the unforeseen Injury or Sickness or of a Family Member. The Injury or Sickness must be so disabling as to reasonably cause a Trip to be interrupted; or
3. a Medically Necessary covered Emergency Medical Evacuation to return the Covered Person to his or her Home Country or to the area from which he or she was initially evacuated for continued treatment, recuperation and recovery of an Injury or Sickness; or
4. substantial destruction of the Covered Person's principal residence by fire or weather-related activity.

"Family Member" means a Covered Person's parent, sister, or brother

Emergency Medical Reunion Benefit

In the event an Insured Person has been confined in a Hospital for more than 10 (ten) consecutive days due to a covered Injury or Sickness, We will reimburse the expenses incurred for travel and lodging for one individual selected by the Insured Person, from the Insured Person's Home Country to the location where the Insured Person is hospitalized.

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

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

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

Personal Property Benefit

We will reimburse you for the reasonable cost, up to the Benefit Maximum shown in the *Schedule of Benefits* after satisfaction of the Deductible, for replacement of any personal property that is lost or totally destroyed while you are on a Trip. Replacement costs are calculated on the basis of the depreciated standard for the specific personal item claimed and its average usable period. You must demonstrate that you have taken reasonable precautions for the safety and security of any covered property, and the Company require certification by a police or security authority in an incident report.

For any claim you make under this Benefit, the Company is entitled to make reasonable repairs or salvage efforts to restore his or her personal property or to keep the damaged property if the Company chooses to do so. The Company will require valid receipts of replacement goods prior to payment of any benefits.

"Personal Property" means personal goods belonging to you or acquired by you during the Trip. It does not include vehicles (including aircraft and other conveyances) or their accessories or equipment.

Checked Baggage

We will pay benefits for:

1. lost or damaged baggage while in the custody of a travel carrier, lodging provider or left baggage office.
2. recovering the baggage and for the purchase of essential replacement items, for the checked baggage fails to reach the destination on the same day as the Insured.

Baggage Left in Parked Vehicles

We will pay benefits if baggage is stolen from a locked, parked vehicle and any packing boxes securely locked in the vehicle, if lost occurs between the hours of 6:00 a.m. and 10:00 p.m. If the Trip is interrupted for a period lasting no longer than two hours, insurance will also apply during the night.

All Other Travel Periods

During the remaining travel period, coverage will apply if baggage is lost or damaged as a result of:

1. theft, burglary, robbery, armed robbery, intentional damage to property by third parties;
2. accidents involving Injury to the Insured or damage to the means of transport; or
3. fire, elemental occurrences, force majeure.

Lost Airline Tickets

We will reimburse any fees incurred for issuing of a new ticket up to the Benefit Maximum shown in the *Schedule of Benefits*, if an airline ticket is lost.

Property Not Covered

In addition to the Policy Exclusions, We will not pay Personal Property Benefit(s) for:

1. loss or damage due to: (i) moth, vermin, insects, or other animals; wear and tear; atmospheric or climatic conditions; or gradual deterioration or defective materials or craftsmanship; (ii) mechanical or electrical failure; (iii) any process of cleaning, restoring, repairing, or alteration.

2. more than a reasonable proportion of the total value of the set where the loss or damaged article is part of a set or pair.
3. cash, currency, devaluation of currency or shortages due to errors or omissions during monetary transactions.
4. any loss not reported to either the police or transport carrier within 24 hours of discovery.
5. any loss due to confiscation or detention by customs or any other authority.

If We determine the benefits paid under this Policy are eligible benefits under any other benefit plan, We may seek to recover any expenses covered by another plan to the extent that the Insured is eligible for reimbursement.

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.

HAZARDS INSURED AGAINST

We will pay benefits described in the Policy when an Insured suffers a loss or Injury as a result of a Covered Accident or Sickness during one of the Covered Activities listed in the *Schedule of Benefits*. We will only pay benefits if the Insured is engaged in the hazard described below when the Covered Accident or Sickness occurs.

Educational Activities

We will pay the benefits described in this Policy only if a Covered Person suffers a loss or incurs a Covered Expense as the direct result of a Covered Accident or Sickness while traveling:

1. outside of his or her Home Country;
2. up to 365 days; and
3. engaging in educational activities sponsored by the Policyholder.

Exclusions and Limitations

For benefits listed under Accidental Death and Dismemberment, this insurance does not cover:

1. intentionally self-inflicted injury; suicide or attempted suicide. (Applicable to AD&D Benefits Only)
2. war or any act of war, whether declared or not.
3. a Covered Accident that occurs while a Covered Person is on active duty service in the military, naval or air force of any country or international organization. Upon receipt of proof of service, we will refund any premium paid for this time. Reserve or National Guard active duty training is not excluded unless it extends beyond 31 days.
4. piloting or serving as a crewmember in any aircraft (unless otherwise provided in the Policy).
5. commission of, or attempt to commit, a felony.
6. sickness, disease, bodily or mental infirmity, bacterial or viral infection, or medical or surgical treatment thereof, except for any bacterial infection resulting from an accidental external cut or wound or accidental ingestion of contaminated food (Applicable to accident benefits only).
7. the Covered Person being legally intoxicated as determined according to the laws of the jurisdiction in which the Injury occurred.
8. riding in any aircraft except as a fare-paying passenger on a regularly scheduled or charter airline.
9. commission of or active participation in a riot or insurrection.
10. an accident if the Covered Person is the operator of a motor vehicle and does not possess a valid motor vehicle operator's license.

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

1. routine physicals and care of any kind.
2. routine dental care and treatment.
3. routine nursery care.

5. cosmetic surgery, except for reconstructive surgery needed as the result of an Injury.
6. •eye refractions or eye examinations for the purpose of eyeglasses, contact lenses, and hearing aids.
7. services, supplies, or treatment including any period of Hospital confinement which is not recommended, approved, and certified as Medically Necessary and reasonable by a Doctor, or expenses which are non-medical in nature.
treatment or service provided by a private duty nurse.
treatment by any Immediate Family Member or member of the Insured's household. "Immediate Family Member" means a Covered Person's spouse, child, brother, sister, parent, grandparent, or in-laws.
10. care or treatment, or for any other travel that is not in the course of the Participating Organization's activity (unless Personal Deviations are specifically covered).
11. responsible to pay for in the absence of the Policy. Expenses incurred for services provided by any government Hospital or agency, or government sponsored-plan for which, and to the extent that, the Covered Person is eligible for reimbursement.
any treatment provided under any mandatory government program or facility set up for treatment without cost to any
- 13.
14. services or expenses incurred in the Covered Person's Home Country.
15. elective treatment, exams or surgery; elective termination of pregnancy.

experimental and which are not recognized and generally accepted medical practices in the United States.
17. regard to fault.
18. organ or tissue transplants and related services.
Preexisting Conditions, unless otherwise provided in the Policy.
Injury sustained while participating in, intercollegiate, professional or semi-professional sports.

treatment of infertility or other problems related to the inability to conceive a child, including but not limited to, fertility testing and in-vitro fertilization.
22. Injury caused by or resulting from travel in or on any off-road motorized vehicle not requiring licensing as a motor vehicle, or a motor vehicle not designed primarily for use on public streets or highways.
23. birth defects and congenital anomalies, or complications which arise from such conditions.
while taking part in boxing; combat sports; aerial sports, heli-skiing; mountaineering; rock climbing; hang gliding, parachuting; bungee jumping; horseracing, motor vehicle or speed races; driving or riding on a motorcycle, motor scooter or all-terrain vehicle, scuba diving (unless the Insured has scuba diving qualifications recognized by the competent local authority in the country of destination); white water rafting (greater than class III); jet skiing; snowmobile if exercised as a sports activity; water skiing; spelunking; caving; parasailing; professional sports.
25. sexually transmitted diseases or immune deficiency disorders and related conditions. This exclusion does not apply to the care or treatment of Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC), or Human Immunodeficiency Virus (HIV) infection, or any illness or disease arising from these medical conditions.

If we determine the benefits paid under this Policy are eligible expenses covered by another plan to the extent that the Insured is eligible for reimbursement.

Personal Liability Insurance Coverage

Schedule of Benefits of this

become legally obligated to pay as Damages for personal liability claims first made against the Insured and reported to Us, during the Policy Term that the Personal Liability Insurance Coverage is in force, arising out of any Incident covered under this Rider, provided

- a) becomes effective; or

payment of Damages.

Other Insurance:

Family or third party for a covered loss, Our obligations under this coverage will be paid in excess of other insurance. In no event, will this coverage apply until all other insurance has paid its applicable benefits.

Payment of Deductible under Homeowner's Insurance Coverage

If an Incident results in a claim being paid under a valid and collectible homeowner's insurance policy of the Host Family covering the Insured Location, We will pay the Host Family for the loss incurred, up to the amount of the deductible under the Host Family's homeowner's insurance policy, up to the amount shown in the Schedule of Benefits of this Rider, per Insured per Policy Term.

We will pay the benefit pursuant to this provision only after the Insured has submitted to Us due proof of the deductible amount which was incurred.

Exclusions and Limitations

No Benefit will be payable as the result of:

1. Bodily Injury or Property Damage arising out of the ownership, maintenance, operation, use, loading or unloading of any automobile; any type of land vehicle including off-road vehicles, snowmobiles, mopeds, motorbikes; watercraft; mobile equipment or aircraft or any other aerial craft; or any motorized equipment. This exclusion does not apply to passengers.
2. Bodily Injury or Property Damage arising out of participating in high-risk sports including: Hunting activities, boxing, combat sports, mountaineering or rock climbing, caving, aerial sports, heli-skiing, motorized racing or speed trials, bungee jumping, scuba diving (unless the Insured has the qualifications recognized by the competent local authority in the contracted destination), wild water rafting, jet-skiing, professional sports, and participation in competitive sporting events of any kind.
3. Based on or arising out of liability assumed by the Insured under any contract or agreement, including interest penalties or debts.
4. Arising from the transmission of illness or communicable disease by the Insured. This exclusion does not apply to the care or treatments of Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC) or Human

- Immunodeficiency Virus (HIV) infection, or any illness or disease arising from these medical conditions.
5. Dishonest, fraudulent, criminal intentional tortuous acts, or malicious act or omission or deliberate misrepresentation committed by, at the direction of, or with the knowledge of any Insured including brawling or acts of violence or the initiation of a confrontation.
 6. Discrimination by the Insured against others on the basis of age, sex, race, religion, marital status, national origin or sexual preference.
 7. Arising from acts by any Insured expected or intended to cause Bodily Injury or Property Damage sustained (This exclusion does not apply to Bodily Injury resulting from the use of reasonable force to protect person or property.).
 8. Property Damage to:
 - a) property owned or being transported by the Insured;
 - b) property rented to, occupied by or in the care of the Insured;
 - c) property of the Host Family except as provided under the Host Family Homeowner coverage;
 - d) property obtained through unlawful interference;
 - e) rented furniture or furnishings, or damage to rented buildings or installations of Youth Centers or hostels of any kind; however, liability arising from damage to rented holiday accommodations and hotel rooms are covered.
 9. Brought against any Insured alleging, in whole or part sexual assault, abuse, corporal punishment, molestation, physical or mental abuse, or similar criminal behavior that was threatened, committed, or alleged to have been committed, by any Insured.
 10. for Bodily Injury or Property Damage arising from the consumption of alcohol or the misuse of intoxicants, narcotics, or addictive drugs or their derivatives as well as impairments due to such means, irrespective of whether they were directly or indirectly responsible for the damages incurred; misuse of medical preparations; mental illness, mental or emotional disorders or reactions, including stress, anxiety, panic attacks, depression, eating disorders, or weight problems.
 11. Bodily Injury or Property Damage due to war, whether or not declared, civil insurrection, rebellion or revolution, hijacking of aircraft, insurrection, civil commotion, strikes, armed force of any kind, enforcement of law and emergency services, and acts by public authorities.
 12. Personal injury or Bodily Injury to the Insured.
 13. Brought against any Insured arising out of the Insured's professional activities or any other physical work undertaken for wage or profit, or the Insured's rendering of services when such services are for persons other than the Host Family.
 14. Injuries caused directly or indirectly by nuclear reaction, radiation, contamination whether radioactive or not, regardless of how it was caused.
 15. Bodily Injury or Property Damage among or between Insureds traveling together and Insureds and their accompanying relatives.

Definitions

"Bodily Injury" means bodily injury, sickness or disease sustained by any person, including death.

"Claim(s)" means a demand for money or the service of a suit naming an Insured and alleging an Incident. Claim(s) does not include proceedings seeking injunctive or other non-pecuniary relief. Punitive damages will not be covered

"Claim(s) Expenses" means (a) Fees charged by an attorney or attorneys designated by Us and all other fees, costs, and expenses resulting from the investigation, adjustment, defense settlement and appeal of a Claim, suit or proceeding arising in connection therewith, if incurred by Us, or incurred by the Insured with Our written consent, but does not include salary charges or

expenses of regular Our employees or officials, or fees and expenses of independent adjusters;

(b) All costs against the Insured in such suits and all interest on the entire amount of any judgment therein which accrues after entry of the judgment and before We has paid or tendered or deposited, whether in court or otherwise, that part of the judgment which does not exceed the Our limit liability thereon;

(c) Premiums on appeal bonds and premiums on bonds to release attachments in such suits, but not for bond amounts in excess of the applicable limit of liability of this policy.

We will have no obligation to pay for or furnish any bond. **"Damages"** mean compensatory judgments, settlement or awards, but do not include punitive or exemplary damages, fines or penalties, the return of fees or other consideration paid to the Insured, or that portion of any award or judgment caused by the trebling or multiplication of actual damages under federal or state law.

"Host Family" means the person(s) responsible for providing the Insured's room, board, general welfare, and care while on a covered Trip/Program.

"Incident" means any act or omission committed by the Insured during the Policy Term which results in Property Damage or Personal Injury.

"Insured Location" means (1) the Host Family residence premises and the part of any other premises, structures and grounds used by the Insured; or (2) any part of a premises where an Insured is temporarily staying.

"Property Damage" means: physical injury to or destruction of tangible property, including the loss of use thereof at any time resulting there from.

Subscription Agreement: I hereby apply to be a Plan Participant of the Fairmont Specialty Trust (the "Trust") and to participate in the insurance coverage extended to Plan Participants under the Trust by Crum & Forster SPC ("the Company") to Plan Participants under the Trust (the "Coverage"). I understand that the Coverage is not a general health insurance product but is intended for use in the event of a sudden and unexpected event while traveling outside my Home Country. I understand that the Coverage extended to me will terminate upon my return to my Home Country. I understand that I may obtain full details of the insurance by requesting a copy of the Master Policy from the Plan Manager. I understand that the liability of the Company as insurer of the Coverage is as provided in the Master Policy. By acceptance of coverage and/or submission of any claim for benefits, the Plan Participant ratifies the authority of the signer to so act and bind the Plan Participant. The Plan Participant undertakes to make all premium payments as they fall due in respect of the Coverage extended to them. The Plan Administrator shall not be responsible for the administration of such payments. If the Plan Participant fails to make any premium payment due in respect of the Coverage extended to them, subject to the discretion of the Insurance Company, such Coverage will lapse. The Plan Participant hereby confirms the accuracy of all information validity of all representations and warranties provided to the Plan Administrator in connection with its participation in the Plan and/or the subscription for the Coverage, howsoever provided, including the terms of this Subscription Agreement, (together "Representations & Warranties"). The Plan Participant acknowledges that certain of such information will be relied upon by the Company as insurers of the Coverage and that any inaccuracy therein may result in the invalidity of such Coverage as it relates to the Plan Participant, the loss of Coverage and all monies paid in relation thereto. The Plan Participant hereby undertakes to inform the Plan Administrator of any change to any of matter that forms the subject of any of the Representation & Warranties. The Plan Participant hereby undertakes to indemnify and hold harmless the Plan Administrator against any loss or damage (including attorney's fees) occasioned by any inaccuracy in any Representation & Warranty or failure to advise the Plan Administrator of any change in any matter that forms the subject of any of the Representation & Warranties. The Plan Participant agrees that the Plan Administrator shall be entitled to rely on and to act in accordance with any written instruction purported to be provided by the Plan Participant and the Plan Participant hereby undertakes to indemnify and hold harmless the Plan Administrator against any loss or damage (including attorney's fees) occasioned by the Plan Administrator acting in accordance with any such instruction. Payments under the terms of the Coverage shall be paid by the Insurers to the Plan Participant or directly to a provider if assignment of benefits has been authorized. The Plan Administrator shall not be responsible for the administration of such payments. I confirm that I have satisfied myself that the insurance is appropriate for me and that I meet the eligibility criteria.

DISCLOSURES:

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

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

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

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

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

