



Group Travel Insurance Scholastic Program  
**UnitedHealthcare Global Welcome Guide**  
USF - Employee Business Traveler

# 24/7 Access to Assistance

If you need assistance, contact the Emergency Response Center (ERC), which is available 24/7. A multilingual case manager will ask for the following information, which will help us to immediately begin assisting you:

- Your school and campus
- The number shown on the front of your ID card
- A description of the situation
- A phone number to reach you

## Phone/Email:

### Emergency Response Center (ERC)

Available 24/7

(p) 1.800.527.0218 or 1.410.453.6330

(e) [assistance@uhcglobal.com](mailto:assistance@uhcglobal.com)  
(The mailbox is monitored 24/7)





# UnitedHealthcare Global – ID Card

When traveling, you can now feel confident that you are in safe hands if an emergency arises. As part of your group travel protection plan, UnitedHealthcare Global provides you with medical and travel-related assistance services. Listed on your ID card is the telephone number for the worldwide UnitedHealthcare Global Emergency Response Center. When you call, we will ask for the information shown on your ID card, and a description of your situation. You should carry your UnitedHealthcare Global ID card with you at all times.

## Insurance Benefits (Coverage underwritten by different companies that are not related to the UnitedHealthcare family of companies.)

### Travel Medical Insurance Benefits

- Medical coverage up to maximum amount selected at purchase
- Emergency medical evacuation and repatriation
- Transportation to join a hospitalized member
- Return of minor children
- Return of mortal remains

## Assistance Services (These non-insurance services are provided by UnitedHealthcare Global)

### Medical Assistance Services

- Worldwide medical and dental referrals
- Monitoring of treatment
- Facilitation of hospital payments
- Relay of insurance and medical information
- Medication and vaccine transfers
- Updates to family & home physician
- Hotel arrangements
- Replacement corrective lenses & medical devices

### Travel Assistance Services

- Language translation facilitation and referral
- Emergency travel arrangements
- Transfer of funds
- Support for replacement of lost or stolen travel documents
- Legal referrals
- Message transmittals

### Worldwide Destination Intelligence

- Destination Profiles | Contact the Emergency Response Center to request a Destination Profile of health and security risks for pre-trip planning.

## How to use UnitedHealthcare Global's services

**24 hours a day,  
7 days a week,  
365 days a year**

If you have a medical or travel issue, contact us for assistance. Simply call the Emergency Response Center (ERC) at +1.410.453.6330 or email us at: [assistance@uhcglobal.com](mailto:assistance@uhcglobal.com)

If the condition is an emergency, you should go immediately to the nearest physician or hospital without delay and then contact UnitedHealthcare Global's 24-hour Emergency Response Center. We'll then take the appropriate action to assist you and monitor your care until the situation is resolved.



Please cut your ID card along the dotted line and fold in the center.



**Name:**  
**Client:** USF - Employee Business Traveler  
**UHC ID#:** 902275511  
**Valid:** 09/01/2021 to 08/31/2022

**Notice to Physicians/Hospitals: Call immediately for benefits verification and procedures – completed claim form required.**

Call 24 hours a day (multilingual). If you don't have access to a phone, email for assistance: [assistance@uhcglobal.com](mailto:assistance@uhcglobal.com)

Underwritten by U.S. Fire Insurance Company / Claims administered by Co-ordinated Benefit Plans, LLC.  
Please refer to your policy document for coverage and terms.

**UnitedHealthcare Global Emergency Response Center**  
24 hours a day, 7 days a week, 365 days a year

United States +1.410.453.6330  
**Assistance@uhcglobal.com**  
**1.800.527.0218** (toll free within U.S. & Canada)

If the condition is an emergency, you should immediately call local emergency services or go to the nearest physician or hospital without delay. Then contact the 24-hour Emergency Response Center. If you have a travel problem, simply call or email for assistance. Carrier charges may be incurred. The Emergency Response Center can obtain a call back number to minimize telecom charges to you.

A multilingual case manager will ask for your name, your organization's name, the number shown on the front of your ID card, and a description of the situation.  
We will immediately begin assisting you.

# Creating an Intelligence Center Account

Log on to the UnitedHealthcare Global Intelligence Center to access medical, security and/or travel tools providing information on your country of destination. Depending on your program, you may have access to Medical Intelligence Reports, Security Intelligence Reports or Pre-Travel Planning.\* Create a user account to get started.

Follow these simple instructions below to set up an account:

- 1 Navigate to [www.members.uhcglobal.com](http://www.members.uhcglobal.com)
- 2 Click **“Create User.”**
- 3 Enter your UHC Global ID Number, click **“Next.”** (The ID number is located on the front of your UnitedHealthcare Global Member ID Card.)
- 4 Read and agree to the terms of use, click **“Next.”**
- 5 Enter your account information, click **“Next.”** (Username, Password, Email, Security Question and Answer.)
- 6 Complete your user information, click **“Finish.”** (Enter your first name, last name, gender and primary phone number.)



\*Some customers of UnitedHealthcare Global have combinations of these tools included in their program, but not all do. Please check your program or call your administrator to determine if you are eligible for access.

# Frequently Asked Questions (FAQs)

## How long am I covered?

**A:** The plan covers you for the period of international travel required by your academic institution and for which you are participating. Travel necessary for the program, including a certain number of days before and after your official dates of study, may be included. Check the specifics of your policy.

## What if I lose my ID card?

**A:** Please contact your program administrator to request a copy of your ID card. If you have an emergency, please proceed to the nearest facility for treatment and call the UnitedHealthcare Global Emergency Response Center at +1.410.453.6330. A copy of your ID card is on file internally and can be accessed by the Emergency Response Center. Please identify yourself as a faculty/staff member or student from and the name of the college/university to which you are associated.

## What is covered by the plan?

**A:** Reasonable expenses, as the result of an accident or sickness, for medically necessary physician office visits, inpatient hospital services, physician and hospital outpatient services, emergency hospital services, and medical evacuation and repatriation. Additional benefits may be available for AD&D and non-medical evacuations due to security or natural disaster occurrences. Check the details of your policy for specific coverage maximums as well as any applicable limitations or exclusions. Please note that evacuation services must be approved and coordinated by UnitedHealthcare Global.

## How do I find a covered provider/make an appointment?

**A:** Contact UnitedHealthcare Global's Emergency Response Center to schedule an appointment for you and arrange for direct payment to one of their doctors. The UnitedHealthcare Global Emergency Response Center is available 24/7 by phone at +1.410.453.6330 or e-mail at [assistance@uhcglobal.com](mailto:assistance@uhcglobal.com) to assist you with everything from routine requests to medical emergencies.

If you make your own appointment, contact the Emergency Response Center at least 24 hours prior to your appointment so UnitedHealthcare Global can provide the doctor's office with a "guarantee of payment" (if possible). In many countries providers require this at the time of the visit. If this is not arranged prior to the visit, the doctor may require payment up front from you.

## What if I need a follow-up appointment?

**A:** If the physician recommends a follow-up consultation, please provide this information to the UnitedHealthcare Global Emergency Response Center in order to coordinate this appointment and arrange payment. To request these services, contact the Emergency Response Center by phone at +1-410.453.6330 or e-mail at [assistance@uhcglobal.com](mailto:assistance@uhcglobal.com).

## **Program Description**



## SAFETRIP SCHOLASTIC

**SafeTrip Scholastic** provides you with international assistance services and travel insurance.

- Assistance services are provided by UnitedHealthcare Global (UHCG) and are not insurance.

Assistance services are detailed on the following pages. For full travel protection details, please see the enclosed Certificate of Insurance.

**Assistance Services provided by UnitedHealthcare Global (Note: the full listing of Assistance Services provided can be found in the UHCG Assistance Services section toward the end of this document)**

Travel Assistance Services  
Destination Intelligence

### HOW TO USE UNITEDHEALTHCARE GLOBAL ASSISTANCE SERVICES

24 hours a day, 7 days a week, 365 days a year

If you have a medical or travel problem, simply call us for assistance. Our toll-free and collect-call telephone numbers are printed on your ID card. Either call the toll-free number of the country you are in, call *collect*, or email at:

Baltimore, Maryland +1-410-453-6330

[Assistance@uhcglobal.com](mailto:Assistance@uhcglobal.com)

An assistance coordinator will ask for Your name, Your company or group name, the UHCG ID number shown on Your card, and a description of Your situation. **If the condition is an emergency, You should go immediately to the nearest physician or hospital without delay and then contact the 24-hour Emergency Response Center.** We will then take the appropriate action to assist You and monitor Your care until the situation is resolved.

#### **Payments arranged by UHCG:**

Most Physicians and hospitals will provide you with the necessary medical treatment will either send their bill directly to UHCG Insurance Services, or in the case of small dollar amounts, may ask You to pay at time services are rendered. Ask the hospital or Physician to contact UHCG. UHCG will confirm Your protection plan coverage and arrange for prompt payments. You will be asked to pay for any items not covered by Your plan.

#### **Payments made by You:**

If You are required to pay for medical treatment, obtain a signed receipt and a signed statement by a Physician describing the problem and the treatment. Once Your other insurance has processed Your claim, submit a copy of their final disposition along with a UHCG Insurance Services claim form and a copy of Your receipts to:

**UnitedHealthcare Global Claim Administrator**

P.O. Box 20874

Tampa, FL 33622

1-877-693-8530 / Fax: 1-800-560-6340

Email Address: [Travelteam@cbpinsure.com](mailto:Travelteam@cbpinsure.com)

For claim forms or questions, call between 8:30 A.M. and 5:00 P.M. Monday through Friday Eastern Time.

## WORLDWIDE ASSISTANCE SERVICES

These non-insurance services are provided by UnitedHealthcare Global.

**Note:** the full listing of Assistance Services provided can be found in the UHCG Assistance Services section toward the end of this document.

### MEDICAL ASSISTANCE SERVICES

**Worldwide Medical and Dental Referrals:** Upon your request, UHCG will provide referrals to pre-approved physicians, hospitals, dentists, and dental clinics in the area you are traveling in order to assist you in locating appropriate treatment and quality care.

**Monitoring of Treatment:** As and to the extent permissible, UHCG will continually monitor your medical condition. Physician Advisors will provide consultative and advisory services to UHCG in relation to your medical condition, including review and analysis of the quality of medical care received by you.

**Facilitation of Hospital Payment:** Upon securing payment or a guarantee to reimburse, UHCG will either wire or guarantee funds needed for admitting you into a hospital for medical treatment. You are responsible for the payment of the cost of medical care and treatment, including hospital expenses.

**Relay of Insurance and Medical Information:** Upon your request and authorization, UHCG will relay your insurance benefit information and/or medical records and information to a health care provider or treating physician, as appropriate and permissible, to help prevent delays or denials of medical care. UHCG will also assist with hospital admission and discharge planning.

**Medication and Vaccine Transfers:** In the event a medication or vaccine is not available locally, or a prescription medication is lost or stolen, UHCG will coordinate the transfer of the medication or vaccine to you upon the prescribing physician's authorization, if it is legally permissible.

**Updates to Family, Employer, and Home Physician:** Upon your approval, UHCG will provide periodic case updates to appropriate individuals designated by you in order to keep them informed.

**Hotel Arrangements:** UHCG will assist you with the arrangement of hotel stays and room requirements before or after hospitalization or for ongoing care.

**Replacement of Corrective Lenses and Medical Devices:** UHCG will assist with the replacement of corrective lenses or medical devices if they are lost, stolen, or broken during travel.

### TRAVEL ASSISTANCE SERVICES

**Replacement of Lost or Stolen Travel Documents:** UHCG will assist you in taking the necessary steps to replace passports, tickets, and other important travel documents.

**Emergency Travel Arrangements:** UHCG will make new reservations for airlines, hotels, and other travel services for you in the event of: (a) an Illness or Injury, (b) a Security Evacuation, and (c) during a Political Evacuation.

**Transfer of Funds:** UHCG will provide you with an emergency cash advance subject to UHCG first securing funds from you (via a credit card) or your family.

**Legal Referrals:** Should you require legal assistance, UHCG will direct you to a duly licensed attorney in or around the area where you are located.

**Language Services:** UHCG will provide immediate interpretation assistance to you in a variety of languages in an emergency situation. If a requested interpretation is not available or the requested assistance is related to a nonemergency situation, UHCG will provide you with referrals to interpreter services. Written translations and other custom requests, including an on-site interpreter, will be subject to an additional fee.

**Message Transmittals:** You may send and receive emergency messages toll-free, 24-hours a day, through the UHCG Emergency Response Center.

### WORLDWIDE DESTINATION INTELLIGENCE

**Destination Profiles:** When preparing for travel, You can contact the Emergency Response Center to have a pre-trip destination report sent to You. This report draws upon the UHCG intelligence database of over 280 cities covering subject such as health and security risks, immunizations, vaccinations, local hospitals, crime, emergency phone numbers, culture, weather, transportation information, entry and exit requirements, and currency. Our global medical and security database of over 170 countries and 280 cities is continuously updated and includes intelligence from thousands of worldwide sources.



**TRAVEL PROTECTION INSURANCE POLICY**

**University of South Florida**

This Policy describes the group travel insurance benefits underwritten by United States Fire Insurance Company, herein referred to as the "Company" or as "We", "Us" and "Our".

**PLEASE READ THIS DOCUMENT CAREFULLY FOR FULL DETAILS**

This Policy is a legal contract issued in consideration of the signed Master Application of the Policyholder, a copy of which is attached.

**Signed for United States Fire Insurance Company By:**



Marc J. Adee  
Chairman and CEO



James Kraus  
Secretary

## TABLE OF CONTENTS

	<b>SCHEDULE OF BENEFITS</b>
<b>SECTION I</b>	<b>COVERAGE PROVISIONS</b>
<b>SECTION II</b>	<b>WHEN COVERAGE BEGINS AND ENDS</b>
<b>SECTION III</b>	<b>EXTENSION OF COVERAGE</b>
<b>SECTION IV</b>	<b>TRAVEL ARRANGEMENT PROTECTION</b>
<b>SECTION V</b>	<b>TRAVEL INSURANCE BENEFITS</b>
<b>SECTION VI</b>	<b>ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS</b>
<b>SECTION VII</b>	<b>GENERAL DEFINITIONS</b>
<b>SECTION VIII</b>	<b>EXCLUSIONS AND LIMITATIONS</b>
<b>SECTION IX</b>	<b>CLAIMS PROCEDURES</b>
<b>SECTION X</b>	<b>HOW TO FILE A CLAIM</b>
<b>SECTION XI</b>	<b>GENERAL PROVISIONS</b>

## SCHEDULE OF BENEFITS

<b>Travel Arrangement Protection Benefit(s)</b>	<b>Maximum Benefit Amount</b>
Political or Security Evacuation and Natural Disaster Evacuation	up to \$150,000 per person per occurrence per Policy term
Medical Evacuation and Repatriation of Remains Emergency Medical Evacuation Medically Necessary Repatriation Repatriation of Remains	up to \$1,000,000
Additional Medical Evacuation Transportation of Children/Child Transportation to Join The Insured	Included
<b>Travel Insurance Benefit(s)</b>	<b>Maximum Benefit Amount</b>
Accident & Sickness Medical Expense Dental Expense sublimit	up to \$250,000 up to \$500
<b>Accidental Death and Dismemberment Benefit(s)</b>	<b>Maximum Benefit Amount</b>
Accidental Death and Dismemberment Exposure Disappearance	\$25,000 Included Included

## SECTION I COVERAGE PROVISIONS

### Who Is Eligible For Coverage

A person who is booked to travel on a Trip. Coverage is only available for persons who are a citizen or resident of the United States of America.

## SECTION II WHEN COVERAGE BEGINS AND ENDS

### When Coverage Begins:

**This is the Insured's Effective Date and time for All Coverages:** Coverage begins on the date and time the Insured departs on the first Travel Arrangement (or alternate travel arrangement if the Insured must use an alternate Travel Arrangement to reach the Scheduled Destination) for his/her Trip.

### When Coverage Ends:

**All Coverages:** The Insured's coverage automatically ends on the earlier/est of:

1. the date the Insured completes his/her Trip;
2. the Scheduled Return Date;
3. The Insured arrival at his/her Return Destination on a round Trip, or the Insured's Scheduled Destination on a one-way Trip;
4. cancellation of the Insured's Trip covered by this Policy.

## SECTION III EXTENSION OF COVERAGE

### Automatic Extension of Coverage

All coverages will be extended if the Insured's entire Trip is covered by this Policy and the Insured's return is delayed due to unavoidable circumstances beyond the Insured's control. This extension of coverage will end on the earlier of the date the Insured reaches his/her originally scheduled Return Destination or 10 days after the originally Scheduled Return Date.

## SECTION IV TRAVEL ARRANGEMENT PROTECTION

### POLITICAL OR SECURITY EVACUATION

We will pay, up to the Maximum Benefit Amount shown in the Schedule of Benefits, for all reasonable Political or Security Evacuation expenses and Related Costs incurred for the Insured's transportation, if the Insured must interrupt their Trip for a covered Political or Security Event and while traveling outside the Insured's Home Country.

The Political or Security Evacuation must occur within 14 days of the Political or Security Event, and the arrangements will be by the most appropriate and by most efficient, practical and economical means available and consistent with the Insured's health and safety.

Following the Political or Security Evacuation and when safety allows, We will pay for one-way economy transportation and Related Costs to return the Insured to one of the following locations as chosen by the Insured:

- a. back to the Insureds' Home Country;
- b. to the Nearest Place of Safety necessary to ensure the Insured's safety and well-being as determined by Us or Our designated Travel Assistance Services Provider.

### POLITICAL OR SECURITY EVACUATION COVERAGE DEFINITIONS

**Political or Security Evacuation** means the Insured's extraction from or within the Host Country due to an Occurrence that results in the Insured being placed in imminent physical danger.



**Political or Security Event** means:

1. civil, military or political unrest for which a formal written recommendation from the appropriate local government authorities, or the U.S. State Department, for the Insured to leave a country is issued; or
2. the Insured being expelled or declared a persona non-grata by a country the Insured is visiting on their Trip.

**POLITICAL OR SECURITY EVACUATION COVERAGE CONDITIONS AND LIMITATIONS**

1. The benefits and services described herein are provided to the Insured only if authorized, arranged and coordinated by Us or Our designated Travel Assistance Services Provider;
2. We or Our designated Travel Assistance Services Provider has sole discretion regarding the means, methods and timing of a Political or Security Evacuation. However, the decision to travel is the Insured's sole responsibility;
3. The Insured will be responsible for all transportation and living costs while located at the safe haven;
4. We will not pay any costs or expenses arising from:
  - a. Political or Security Evacuation from the Insured's Home Country;
  - b. Political or Security Evacuation when the Political or Security Event precedes the Insured's arrival in the Host Country;
  - c. Political or Security Evacuation when the evacuation notice has been issued or posted by the recognized government of the Insured's Home Country or the Host Country for a period of more than seven (7) days and the Insured has failed to notify Us or Our designated Travel Assistance Services Provider regarding the Insured's need to be evacuated;
  - d. the actual or threatened use or release of any nuclear, chemical or biological weapon or device, or exposure to nuclear reaction or radiation, regardless of contributory cause;
  - e. We will not pay for more than one (1) Political or Security Evacuation from a country or territory per Trip;
  - f. We will not pay for any loss or expense arising from or attributable to: a) fraudulent or criminal acts committed or attempted by the Insured; b) alleged violation of the laws of the country the Insured is visiting, unless We determine such allegations to be fraudulent; or c) failure to maintain required documents or visas;
  - g. We will not pay for any loss or expense arising from or attributable to: a) debt, insolvency, business or commercial failure; b) the repossession of any property; or c) the Insured's non-compliance with a contract, license or permit;
  - h. We will not pay for any loss or expense arising from or due to liability assumed by the Insured under any contract.

**Right of Recovery:** If, after a Political or Security Evacuation is completed, it becomes clear that the Insured was an active participant in the events that led to a Political or Security Event, We have the right to recover all transportation and Related Costs from the Insured.

These benefit(s) will not duplicate any other benefits payable under the policy or any coverage(s) attached to the policy.

**NATURAL DISASTER EVACUATION**

We will pay, up to the Maximum Benefit Amount shown in the Schedule of Benefits, for all reasonable Natural Disaster Evacuation expenses and Related Costs incurred for the Insured's transportation, if the Insured must interrupt their Trip for a covered Natural Disaster Event and while traveling outside the Insured's Home Country.

The Natural Disaster Evacuation must occur within 14 days of the Natural Disaster Event, and the arrangements will be by the most appropriate and by most efficient, practical and economical means available and consistent with the Insured's health and safety.

Following the Natural Disaster Evacuation and when safety allows, We will pay for one-way economy transportation and Related Costs to return the Insured to one of the following locations as chosen by the Insured:

- a. back to the Insured's Home Country; or
- b. to the Nearest Place of Safety necessary to ensure the Insured's safety and well-being as determined by Us or Our designated Travel Assistance Services Provider.

## NATURAL DISASTER EVACUATION COVERAGE DEFINITIONS

**Natural Disaster Evacuation** means the Insured's extraction from or within the Host Country due to a Natural Disaster Evacuation that results in the Insured being placed in imminent physical danger.

**Natural Disaster Event** results in such severe and widespread damage that the area of damage is officially declared a disaster area by the appropriate local government authorities of the Host Country, and the area is deemed to be Uninhabitable or dangerous.

## NATURAL DISASTER EVACUATION COVERAGE CONDITIONS AND LIMITATIONS

1. The benefits and services described herein are provided to the Insured only if authorized, arranged and coordinated by Us or Our designated Travel Assistance Services Provider;
2. We or Our designated Travel Assistance Services Provider has sole discretion regarding the means, methods and timing of a Natural Disaster Evacuation. However, the decision to travel is the Insured's sole responsibility;
3. The Insured will be responsible for all transportation and living costs while located at the safe haven;
4. We will not pay any costs or expenses arising from:
  - a. Natural Disaster Evacuation from the Insured's Home Country;
  - b. Natural Disaster Evacuation when the Natural Disaster Event precedes the Insured's arrival in the Host Country;
  - c. Natural Disaster Evacuation when the evacuation notice has been issued or posted by the recognized government of the Insured's Home Country or the Host Country for a period of more than seven (7) days and the Insured has failed to notify Us or Our designated Travel Assistance Services Provider regarding the Insured's needs to be evacuated;
  - d. the actual or threatened use or release of any nuclear, chemical or biological weapon or device, or exposure to nuclear reaction or radiation, regardless of contributory cause;
  - e. We will not pay for more than one (1) Natural Disaster Evacuation from a country or territory per Trip;
  - f. We will not pay for any loss or expense arising from or attributable to: a) fraudulent or criminal acts committed or attempted by the Insured; b) alleged violation of the laws of the country the Insured is visiting, unless We determine such allegations to be fraudulent; or c) failure to maintain required documents or visas;
  - g. We will not pay for any loss or expense arising from or attributable to: a) debt, insolvency, business or commercial failure; b) the repossession of any property; or c) the Insured's non-compliance with a contract, license or permit.

**Right of Recovery:** If, after a Natural Disaster Evacuation is completed, it becomes clear that the Insured was an active participant in the events that led to a Natural Disaster Evacuation, We have the right to recover all transportation and Related Costs from the Insured.

These benefit(s) will not duplicate any other benefits payable under the policy or any coverage(s) attached to the policy.

## MEDICAL EVACUATION AND REPATRIATION OF REMAINS

Benefits will be paid, up to the Maximum Benefit Amount shown in the Schedule of Benefits, when the Insured suffers a Sickness, Injury, or Loss of life, during the Insured's Trip, for the following:

### Emergency Medical Evacuation

We will pay for the Usual and Customary transportation expenses for an Emergency Medical Evacuation, to the nearest suitable Hospital or medical facility where Medically Necessary treatment is available to treat an Unforeseen Sickness or Injury provided:

1. the local attending Physician and Our designated Travel Assistance Services Provider determine that the Insured's condition is acute, severe or life threatening; and
2. that adequate Medically Necessary treatment is not available in the Insured's immediate area.

### **Medically Necessary Repatriation**

Following an Emergency Medical Evacuation or a covered Injury or Sickness We will pay for Medical Evacuation expenses to return the Insured to their point of origin, the Insured's Primary Residence, or to a Hospital or medical facility closest to the Insured's Primary Residence capable of providing continued treatment, if the Insured's local attending Physician and Our designated Travel Assistance Services Provider determine that it is Medically Necessary.

We will pay for one of the following methods of transportation, as pre-approved (prior to the evacuation) and arranged by Us or Our designated Travel Assistance Services Provider:

- a) one-way economy transportation;
- b) commercial air upgrade to business or first class, less refunds from the Insured's unused transportation tickets.

Transportation must be via the most direct, efficient and economical method of conveyance. In all cases, where practical, economy fare will be utilized. If possible, the Insured's Common Carrier tickets will be used.

We will not pay the benefits for any loss caused by or resulting from the transportation taken against the advice of the local attending Physician.

Medical Evacuation expenses will only be payable at the Usual and Customary level or payment for necessary transportation, related medical services and medical supplies.

### **Repatriation of Remains**

Benefits will be paid for covered Repatriation Expenses incurred, up to the Maximum Benefit Amount shown in the Schedule of Benefits, to return the Insured's body to the Insured's city of Primary Residence or the Insured's origination point or to the place of burial in the United States of America if the Insured dies during their Trip.

Repatriation Expenses means:

- a) embalming or local cremation; and
- b) associated temporary storage costs for up to 10 days, or until local authorities of the country/state in which the death occurred, will permit further transportation of the body, whichever is later; and the most economical coffin or receptacle adequate to transport the remains;
- c) the cost of transportation of the remains, by the most direct and economical conveyance and route possible, to:
  - 1) the nearest location where the body can be embalmed or cremated, if not locally available; and/or
  - 2) the receiving funeral home or morgue, at the Return Destination, or a different place of burial within United States; and
- d) the cost for the creation and transmission of necessary documentation required to transport the body, such as a death certificate, autopsy or police report.

All Repatriation Expenses must be authorized and arranged in advance by Us or Our designated Travel Assistance Services Provider. Once the Insured's remains are claimed by the receiving funeral home or morgue, or in the event of local cremation, coverage under this benefit ends.

Transportation expenses for the Emergency Medical Evacuation must be authorized and arranged in advance by Us or Our designated Travel Assistance Services Provider.

These benefit(s) will not duplicate any other benefits payable under the Policy or any coverage(s) attached to the Policy.

### **ADDITIONAL MEDICAL EVACUATION**

**Transportation of Children/Child:** If the Insured dies or is Hospitalized for more than 3 consecutive days following an Emergency Medical Evacuation or Injury and Sickness that occurred during their Trip, We will pay up to the cost of a single one-way economy transportation ticket, or same class as the original transportation ticket, less the value of any applied credit from any unused return travel tickets for each person, to return the Insured's Children/Child who were accompanying the Insured on the Insured's Trip (and any accompanying minor persons under the Insured's care) who are left unattended by the Insured's death or Hospitalization to their Primary Residence or to the Insured's residence in

the United States, including the cost of an attendant, if considered necessary by Us or Our designated Travel Assistance Services Provider.

**Transportation to Join the Insured:** If the Insured is or will be Hospitalized for more than 3 consecutive days following an Emergency Medical Evacuation or Injury and Sickness that occurred during the Insured's Trip, We will pay, up to the cost of a single round-trip economy transportation ticket, up to the Maximum Benefit Amount shown in the Schedule of Benefits, for Reasonable Additional Expenses for one person chosen by the Insured to visit the Insured's bedside, provided the Insured is traveling alone and Emergency Medical Evacuation is not imminent.

These benefit(s) will not duplicate any other benefits payable under the Policy or any coverage(s) attached to the Policy.

## **SECTION V TRAVEL INSURANCE BENEFITS**

### **ACCIDENT & SICKNESS MEDICAL EXPENSE BENEFIT**

Benefits will be paid for Medical Expenses incurred by the Insured, up to the Maximum Benefit Amount shown in the Schedule of Benefits, subject to the following:

- a. benefits will be payable only for Medical Expenses resulting from a Sickness that first manifests itself or an Injury that occurs while on the Insured's Trip (of a duration of 180 days or less for Sickness) and requires treatment in person by a Physician;
- b. only Medical Expenses incurred by the Insured during their Trip (of a duration of 180 days or less for Sickness) will be reimbursed. Medical Expenses incurred after the Insured returns from their Trip are not covered.

**Medical Expenses** means expenses incurred only for the following:

1. medical services (including charges for anesthetics, x-ray examinations or treatments, and laboratory tests) and supplies, prescription drugs, and therapeutic services ordered or prescribed by a Physician as Medically Necessary for treatment;
2. Hospital or ambulatory medical-surgical center services, including expenses for a cruise ship cabin or hotel room, not already included in the cost of the Insured's Trip, if recommended by the Insured's attending Physician and approved by Us or Our designated Travel Assistance Services Provider as a substitute for a hospital room for recovery from the Insured's Injury or Sickness;
3. emergency dental treatment incurred during the Insured's Trip due to an Accidental Injury to natural teeth. Dental Expenses incurred after the Insured's Trip is completed are not covered;
4. local transportation expense to and/or from a Hospital.

We will not pay benefits in excess of the Usual and Customary level of charges. We will not cover any expenses provided by another party at no cost to the Insured or already included within the cost of the Insured's Trip.

These benefit(s) will not duplicate any other benefits payable under the Policy or any coverage(s) attached to the Policy.

## **SECTION VI ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS**

### **24-HOUR**

We will pay the percentage of the Principal Sum indicated in the Table of Losses of the Maximum Benefit Amount shown in the Schedule of Benefits when the Insured, as a result of an Injury caused by an Accident occurring during their Trip, sustained a Loss shown in the Table of Losses below.

**Table of Loss**

<b>Loss of</b>	<b>% of Principal Sum</b>
Life	100%
Both Hands or Both Feet	100%
Sight of Both Eyes	100%
One Hand and One Foot	100%
Either Hand or Foot and Sight of One Eye	100%



Either Hand or Foot	50%
Sight of One Eye	50%
Speech	50%
Hearing in Both Ears	50%
Thumb and Index Finger of Same Hand	25%

The Loss must occur within 181 days of the date of the Accident, which caused Injury. The Accident must occur while the Insured is on their Trip and is covered under this Policy.

If more than one Loss is sustained by the Insured as a result of the same Accident, only one amount, the largest applicable to the Losses incurred, will be paid. We will not pay more than 100% of the Maximum Benefit Amount shown in the Scheduled of Benefits for all Losses due to the same Accident.

**Loss** with regard to:

- a) hand(s), or foot/feet, means actual severance at or above a wrist joint proximal to the elbow or actual severance at or above the ankle proximal to the knee, respectively; and
- b) eye or eyes means total and irrecoverable Loss of entire sight thereof; and
- c) speech means entire and irrecoverable Loss of speech; and
- d) hearing means entire and irrecoverable Loss of hearing in both ears; and
- e) thumb and index finger means complete severance through or above the joint that meets the palm.

These benefit(s) will not duplicate any other benefits payable under the Policy or any coverage(s) attached to the Policy.

#### **EXPOSURE**

We will pay for covered losses, as shown in the Table of Loss, which result from the Insured being unavoidably exposed to the elements due to an Accident during their Trip. The Loss must occur within 365 days after the event which caused the exposure.

These benefit(s) will not duplicate any other benefits payable under the Policy or any coverage(s) attached to the Policy.

#### **DISAPPEARANCE**

We will pay for loss of life, as shown in the Table of Loss, if the Insured's body cannot be located within 365 days after a disappearance due to an Accident during their Trip.

These benefit(s) will not duplicate any other benefits payable under the Policy or any coverage(s) attached to the Policy.

### **SECTION VII GENERAL DEFINITIONS**

**Accident** means a sudden, unexpected, unusual specific event that occurs at an identifiable time and place, and shall also include exposure resulting from a mishap to a conveyance in which the Insured is traveling.

**Additional Transportation Cost** means the actual cost incurred for one-way economy transportation (or for the original class of fare, if the original tickets were for a higher class of fare) by Common Carrier by the most direct route, less any refunds paid or payable, for the Insured's unused original tickets.

**Adventure or Extreme Activities** means heli-skiing, heli-snowboarding, Mountain Climbing over 9,000 feet (2,700 meters), motor sport or motor racing, scuba diving if the depth exceeds 131 feet (40 meters) and any activity materially similar to the above.

**Children/Child** means a person under the age of 18 and primarily dependent on the Insured for support and maintenance.

The age limit does not apply to a child who is incapable of self-sustaining employment by reason of mental or physical incapacity.

**Civil Disorder or Riot** means a public disturbance by a person or persons acting in revolt, coup, rebellion or resistance against an established government or civil authority or involvement in acts of violence that causes immediate danger, damage, or injury to others or their property.

**Common Carrier** means an air, land, sea conveyance operated under a license for the transportation of passengers for hire.

**Domestic Partner** means an opposite or a same-sex partner who is at least eighteen (18) years of age and has met all of the following requirements for at least 6 months:

- a) resides with the Insured;
- b) shares financial assets and obligations with the Insured;
- c) is not related by blood or adoption to the Insured to a degree of closeness that would prohibit a legal marriage;
- d) neither the Insured nor domestic partner is married to anyone else, nor has any other domestic partner.

We may require proof of the Domestic Partner relationship in the form of a signed and completed Affidavit of Domestic Partnership or whatever documentation as required by the state in which the Insured resides.

**Effective Date** means the date and time the Insured's coverage begins, as indicated in When Coverage Begins and Ends section of this Policy.

**Elective Treatment And Procedures** means any medical treatment or surgical procedure that is not medically necessary including any service, treatment, or supplies that are deemed by the federal, or a state or local government authority, or by Us to be research or experimental or that is not recognized as a generally accepted medical practice.

**Experimental or Investigative** means treatments, devices or prescription medications, which are recommended by a Physician, but are not considered by the U.S. medical community as a whole, to be safe and effective for the condition for which the treatments, devices or prescription medications are being used. This includes any treatments, procedures, facilities, equipment, drugs, drug usage, devices, or supplies not recognized as accepted medical practice, and any of those items requiring federal or other U.S. governmental agency approval not received at the time services are rendered.

**Family Member** means the following relatives of the Insured or the Insured's Traveling Companion:

- a) Spouse, civil union partner, Domestic Partner;
- b) children, children-in-law, step-children, foster children, ward or legal ward;
- c) siblings, siblings-in-law, step-siblings;
- d) parents, parents-in-law, step-parents, legal guardians;
- e) grandparents, step-grandparents, grandchildren, or step-grandchildren;
- f) aunts or uncles;
- g) nieces or nephews.

**Home Country** means the country or territory of residence or the Insured's citizenship as shown on the Insured's passport. If the Insured has dual citizenship, for the purposes of this benefit, the Insured's Home Country is the country of the passport the Insured uses to enter the Host Country, while covered under this Policy.

**Hospital** means a facility that:

- a. is operated according to law for the care and treatment of sick or Injured people;
- b. is licensed or recognized as a general hospital by the proper authority of the state in which it is located;
- c. is recognized as a general hospital by the Joint Commission on the Accreditation of Hospitals;
- d. has organized facilities for diagnosis and surgery on its premises or in facilities available to it on a prearranged basis;
- e. operated for the care and treatment of resident in-patients with a registered graduate nurse (RN) always on duty and with a laboratory and X-ray facility;
- f. is supervised by one or more Physicians available at all times.

A **Hospital** does not include:

1. a nursing, convalescent or geriatric unit of a Hospital when a patient is confined mainly to receive nursing care;
2. a facility which treats drug, marijuana or alcoholism addictions;
3. a facility that is, other than incidentally, a clinic, a rest home, nursing home, convalescent home, home health care, or home for the aged, nor does it include any ward, room, wing or other section of the Hospital that is used for such purposes.

**Hospitalized or Hospitalization** means admitted to a Hospital overnight or where the patient is charged by the Hospital for a minimum of one day of inpatient charges.

**Host Country** means a country or territory the Insured is visiting or in which the Insured is living which is not the Insured's Home Country, other than an excluded country, while covered under this Policy.

**Injury(ies)/Injured** means a bodily injury caused by an Accident occurring while the Insured's coverage under this Policy is in force and resulting directly and independently of all other causes of loss covered by this Policy. Injury must not be caused by, or result from, Sickness. The injury(ies) requires examination and treatment and must be verified by a Physician.

**Insured, The Insured, The Insured's** means the person that is scheduled to participate on a Trip; for whom any required enrollment has been completed and the required premium has been paid.

**Medically Fit to Travel** means based on assessment by a treating Physician, following the Insured's Injury or Sickness that occurs while on their Trip, the Insured is medically able to travel.

**Medically Necessary** means that a treatment, service, or supply:

- a) is essential for diagnosis, treatment, or care of the Injury or Sickness for which it is prescribed or performed;
- b) meets generally accepted standards of medical practice;
- c) is ordered by a Physician and performed under his or her care, supervision, or order; or
- d) is not used for the convenience of the Insured, Physician, other providers, or any other person.

**Mountain Climbing** means the ascent or descent of a mountain requiring the use of specialized equipment, including, but not limited to, ropes, belay devices, pick-axes, anchors, pitons, bolts, crampons, carabiners, and lead or top-rope anchoring equipment.

**Natural Disaster** means a flood, tsunami, cyclone, hurricane, tornado, earthquake, mudslide, avalanche, landslide, volcanic eruption, sandstorm, sinkhole, named winter storm, severe hail storm, fire, wildfire or blizzard; all of which are due to natural causes.

**Nearest Place of Safety** means a location determined by Us or Our designated Travel Assistance Services Provider where:

- a) the Insured can be presumed safe from the Occurrence that precipitated the Insured's security evacuation; and
- b) the Insured has access to transportation to the Insured's Home Country; and
- c) the Insured has the availability of temporary lodging, if needed.

**Occurrence** means any of the following situations in which the Insured finds themselves while covered by this Policy:

- a) expulsion from a Host Country or being declared persona non-grata on the written authority of the recognized government of a Host Country;
- b) political or military events or Civil Disorder or Riot involving a Host Country, if the government authorities in the Insured's Home Country or in the Host Country issue an advisory stating that citizens of the Insured's Home Country or citizens of the Host Country should leave the Host Country;
- c) Natural Disaster within 7 days of an event.

**Physician** means a licensed practitioner of medical, surgical, dental services acting within the scope of his/her license in the jurisdiction where the services are rendered. The treating Physician cannot be the Insured, a Traveling Companion, a Family Member, or retained by the Policyholder.

**Primary Residence** means the Insured's fixed, permanent and main home for legal and tax purposes.

**Reasonable Additional Expenses** means reasonable expenses for meals, essential telephone calls, local transportation, and lodging which are necessarily incurred and which are not provided by the Common Carrier or any other party free of charge.

**Related Costs** means food, lodging and if necessary, physical protection for the Insured during the transport to the Nearest Place of Safety.

**Return Destination** means the Insured's final destination as shown in the itinerary or other travel documents and the place to which the Insured expects to return from their Trip.

**Scheduled Departure Date** means the date on which the Insured is originally scheduled to leave on their Trip. This date is specified in the itinerary or other travel documents.

**Scheduled Destination** means as shown in the itinerary or other travel documents where the Insured expects to travel to on their Trip other than Return Destination.

**Scheduled Return Date** means the date on which the Insured is scheduled to return to the point where their Trip started or to a different specified Return Destination.

**Sickness** means an illness or disease of the body, that commences while the Insured's coverage is in effect and requires examination, diagnosis and treatment by a Physician.

An illness or disease of the body that first manifests itself and then worsens or becomes acute prior to the Effective Date of the Insured's coverage is not a Sickness as defined herein and is not covered by the Policy.

**Spouse** means the Insured's lawful spouse, if not legally separated or divorced. For the purposes of this Policy, the term spouse includes civil union partner whenever used.

**Third Party(ies)** means any person, corporation or other entity (except the Insured, Rental Property and Us).

**Travel Arrangements** means: (a) transportation; (b) accommodations; and (c) other specified services arranged for the Insured's Trip by the Insured's Travel Supplier. Air arrangements covered by this definition also include any direct round trip air flights booked by others, to and from the Scheduled Trip departure and return cities, provided the dates of travel for the air flights are within 7 total days of the scheduled Trip dates.

**Travel Assistance Services Provider** means the Assistance Company as listed within the Description of Coverage.

**Traveling Companion** means a person or persons whose name(s) appear(s) with the Insured's on the same Travel Arrangements and who, during the Insured's Trip, will accompany the Insured. A group or tour organizer, sponsor or leader is not a Traveling Companion as defined, unless sharing accommodations in the same room, cabin, condominium unit, apartment unit or other lodging with the Insured.

**Travel Supplier** means any entity or organization that coordinates or supplies Travel Arrangements for the Insured.

**Trip** means a scheduled Trip for which coverage is elected and the premium paid and all Travel Arrangements are arranged prior to the Scheduled Departure Date.



**Unforeseen** means not known, anticipated or reasonably expected, and occurring after the effective date of the benefit under which the claim is being made.

**Uninhabitable** means:

- (1) the building structure itself is unstable and there is a risk of collapse in whole or in part; or
- (2) there is exterior or structural damage allowing elemental intrusion, such as rain, wind, hail or flood; or
- (3) immediate safety hazards have yet to be cleared, such as debris or downed electrical lines; or
- (4) the property is without electric gas, sewer service or water; or
- (5) local government authorities have issued a mandatory evacuation; or
- (6) the destination is inaccessible by the mode of transportation as shown on the travel documents or itinerary.

**Usual and Customary** means the comparable level of charges for similar treatment, services and supplies in the geographic area where treatment, services or supplies are provided or performed.

## **SECTION VIII EXCLUSIONS AND LIMITATIONS**

Unless otherwise shown below, these exclusions apply to the Insured.

**The following exclusions apply to the Medical and Dental Expense benefits.**

We will not pay for any loss or expense caused due to, arising or resulting from:

1. routine physical examinations or routine dental care;
2. traveling for the purpose or intent of securing medical treatment or advice;
3. any Trip taken against the advice of a Physician and any losses occurred during such Trip;
4. Experimental or Investigative treatment or procedures;
5. Elective Treatment and Procedures;
6. care or treatment which is not Medically Necessary, except for related reconstructive surgery resulting from trauma, infection or disease that first manifests or occurred during the Insured's Trip;
7. any medical service provided by the Insured, a Family Member, or Traveling Companion;
8. any loss that results from an illness, disease or other condition, event or circumstance that occurs at a time when the Policy is not in effect for the Insured;
9. the Insured's participation in Adventure or Extreme Activities, riding or driving in races, or participation in speed or endurance competition or events, except as a spectator;
10. diving if the Insured is not certified to dive and a dive master is not present during the dive.

**In addition to any applicable benefit-specific exclusion, the following general exclusions apply to all losses and all benefits.**

We will not pay for any loss or expense caused due to, arising or resulting from:

1. war or act of war, including invasion, acts of foreign enemies, hostilities between nations (whether declared or undeclared), or civil war;
2. participation in a Civil Disorder or Riot, or insurrection;
3. the commission of or attempt to commit a felony or being engaged in an illegal occupation by the Insured, a Traveling Companion, or Family Member;
4. directly or indirectly, the actual, alleged or threatened use, discharge, dispersal, seepage, migration, escape, release or exposure to any hazardous biological, chemical, nuclear radioactive weapon, device, material, gas, matter or contamination;
5. piloting or learning to pilot or acting as a member of the crew of any aircraft.

### **MEDICALLY FIT TO TRAVEL EXCLUSION:**

We will not pay any expense as a result of the Insured having been advised in writing that the Insured, the Insured's Traveling Companion, or Family Member scheduled and booked to travel with the Insured are not Medically Fit to Travel at the time of purchase of coverage for a Trip, as defined in the Policy.

If coverage for a Trip is purchased and it is later determined that the Insured, the Insured's Traveling Companion, or Family Member scheduled and booked to travel with the Insured were not Medically Fit to Travel at the time of purchase of coverage for the Insured's Trip, as defined in the Policy, the coverage is void and premium paid will be returned.

## SECTION IX CLAIMS PROCEDURES

### The Insured's duties in the event of a loss:

**For Medical and Dental Expenses** the Insured must:

1. provide Us with all receipts from the provider of services and reports for medical and/or emergency dental expenses claimed. Stating the amount paid and listing the diagnosis and treatment;
2. provide any requested information, including but not limited to, an explanation of benefits from any other applicable insurance. Provide a copy of their final disposition of the Insured's claim;
3. sign a patient authorization to release any information required by Us to investigate the Insured's claim.

## SECTION X HOW TO FILE A CLAIM

**Notice of Claim:** Notice of claim must be reported to Us or Our authorized representative within 20 days after a loss occurs or as soon as is reasonably possible. The Insured or someone on the Insured's behalf may give the notice. The notice should be given to Us or Our authorized representative and should include sufficient information to identify the Insured.

**Claim Forms:** When notice of claim is received by Us or Our authorized representative, forms for filing proof of loss will be furnished. If these forms are not sent within 15 days, the proof of loss requirements can be met by the Insured sending Us a written statement of what happened. This statement must be received within the time given for filing Proof of Loss.

**Proof of Loss:** Proof of loss must be provided within 90 days after the date of the loss or as soon as is reasonably possible. Failure to furnish such proof within provided period will not invalidate nor reduce any claim if it shall be shown not to have been reasonably possible to furnish such proof during that time. Proof of Loss must, however, be furnished no later than 12 months from the time it is otherwise required, except in the absence of legal capacity.

All claims require the Insured to provide Us with the following: a Trip invoice, itinerary or confirmation showing details of the Insured's Trip (dates of travel, destination, etc.); and any other information reasonably required to prove the loss.

**Payment of Claims:** Benefits for loss of life will be paid to the Insured's designated beneficiary. If a beneficiary is not otherwise designated by the Insured, benefits for loss of life will be paid to the first of the following surviving preference beneficiaries:

1. the Insured's spouse;
2. the Insured's child or children jointly;
3. the Insured's parents jointly if both are living or the surviving parent if only one survives;
4. the Insured's brothers and sisters jointly; or
5. the Insured's estate.

All other benefits will be paid directly to the Insured, unless otherwise directed. Any accrued benefits unpaid at the Insured's death will be paid to the Insured's estate. If the Insured has assigned their benefits, we will honor the assignment if a signed copy has been filed with us. We are not responsible for the validity of any assignment.

All or a portion of all benefits provided by the Policy may, at Our option, be paid directly to the provider of the service(s) to the Insured. All benefits not paid to the provider will be paid to the Insured.

If any benefit is payable to: (a) an Insured who is a minor or otherwise not able to give a valid release; or (b) the Insured's estate, We may pay any amount due under the Policy to the Insured's beneficiary or any relative whom We find entitled to the payment. Any payment made in good faith shall fully discharge Us to any party to the extent of such payment.

If the Insured paid for the cost of the Insured's Trip for themselves, as well as other travelers and incurred a covered loss, benefits will be paid directly to the Insured, unless otherwise directed.

**Disagreement Over Size of Loss:** If there is a disagreement about the amount of the loss, either the Insured or Us can make a written demand for an appraisal. After the demand, the Insured and Us each select their own competent appraiser. After examining the facts, each of the two appraisers will give an opinion on the amount of the loss. If they do not agree, they will select an arbitrator. Any figure agreed to by 2 of the 3 (the appraisers and the arbitrator) will be binding. The appraiser selected by the Insured is paid by the Insured. We will pay the appraiser We choose. The Insured will share with Us the cost for the arbitrator and the appraisal process.

**Benefit to Bailee:** This insurance will in no way inure directly or indirectly to the benefit of any carrier or other bailee.

## SECTION XI GENERAL PROVISIONS

**The Contract:** The entire contract is made up of the Policy and amendments if applicable, the Policyholder's Master Application, a copy of which is attached and the Certificates of Insurance. This Policy may be changed, renewed, or ended without notice to or consent of any person with a beneficial interest in this Policy.

**Certificates:** The Company will issue Certificates to the Policyholder for their Insureds. Such Certificates will describe each person's benefits and rights under this Policy.

**Beneficiary Designation and Change:** The Insured's beneficiary(ies) is (are) the person(s) designated by and on file with Us or Our administrator. The Insured is over the age of majority and legally competent may change the Insured's beneficiary designation at any time, unless an irrevocable designation has been made, without the consent of the designated beneficiary(ies), by providing Us or Our administrator with a written request for change. When the request is received, whether the Insured's is then living or not, the change of beneficiary will relate back to and take effect as of the date of execution of the written request, but without prejudice to Us on account of any payment made by it prior to receipt of the request.

**Clerical Error:** We or Our authorized representative may make a clerical error in keeping the data. If so, when the error is found, the premium and/or benefits will be adjusted according to the correct data. An error will not end insurance validly in force, nor will it continue insurance validly ended.

**Concealment and Misrepresentation:** The entire coverage will be void, if before, during or after a loss, any material fact or circumstance relating to this insurance has been concealed or misrepresented.

**Conformity with Statute:** Terms of this Policy that conflict with the laws of the state where it is delivered are amended to conform to such laws.

**Data Needed:** We or Our authorized representative will keep a record of all the data needed to compute premium and carry out the terms of this Policy. We may examine such data at any reasonable time.

**Economic or Trade Sanctions:** Any payments under this Policy will only be made in full compliance with all United States of America economic or trade sanction laws or regulations, including, but not limited to, sanctions, laws, and regulations administered and enforced by the U.S. Treasury Department's Office of Foreign Assets Control ("OFAC"). Therefore, any expenses incurred or claims made involving travel that is in violation of such sanctions, laws and regulations will not be covered under this Policy. For more information, the Insured may consult the OFAC internet website: <https://www.treasury.gov/about/organizational-structure/offices/Pages/Office-of-Foreign-Assets-Control.aspx>

**Entire Contract: Changes:** This Policy and any other attachments are the entire contract of insurance. No agent or other person may change it in any way. Only an officer of the Company can approve a change. Any such change must be shown in this Policy or its attachments.

**Legal Actions Against Us:** All Policy terms will be interpreted under the laws of the state in which the Policy was issued. No legal action may be brought to recover on the Policy within 60 days after written Proof of Loss has been furnished. No legal action for a claim may be brought against Us after 3 years from the time written Proof of Loss is required to be furnished.

**Limit on Agent's Authority:** No agent may change or waive any provisions of this Policy. Our office must approve any change or waiver in writing.

**Misstatement of Age:** If premiums are based on age and the Insured has misstated their age, there will be a fair adjustment of premiums based on the Insured's true age. If the benefits for which the Insured is insured are based on age and the Insured has misstated their age, there will be an adjustment of said benefit based on the Insured's true age. We may require satisfactory proof of age before paying any claim.

**Other Insurance with Us:** The Insured may be covered under only one travel Policy with Us for each Trip. If the Insured is covered under more than one such Policy, the Insured may select the coverage that is to remain in effect. In the event of death, the beneficiary or estate will make the selection. Premiums paid (less claims paid) will be refunded for the duplicate coverage that does not remain in effect.

**Primary Insurance:** The insurance provided by this Policy will be paid on a primary basis, regardless of any other coverage.

**Physician Examination and Autopsy:** We, at Our expense, may have the Insured examined when and as often as is reasonable while the claim is pending. We may have an autopsy done (at Our expense) where it is not forbidden by law.

**Transfer of Coverage:** Coverage under the Policy cannot be transferred to anyone else.

**United States Fire Insurance Company**  
Administrative Office: 5 Christopher Way, Eatontown, NJ 07724

**FLORIDA AMENDATORY ENDORSEMENT**  
**(Applicable to FLORIDA Residents Only)**

This Amendatory Endorsement is attached to and made a part of the Policy to which it is attached. The provisions of this Amendatory Endorsement are effective on the Effective Date and will expire concurrently with the Policy, unless otherwise terminated.

The Policy is hereby amended for **FLORIDA** as follows:

The **Legal Actions Against Us** provision appearing in **General Provisions** section is deleted and replaced as follows:

**Legal Actions Against Us:** All Policy terms will be interpreted under the laws of the state in which the Policy was issued. No legal action may be brought to recover on the Policy within 60 days after written Proof of Loss has been furnished. No legal action for a claim may be brought against Us after 5 years from the time written Proof of Loss is required to be furnished.

If there is a conflict between the Policy and this Endorsement, the terms of this Endorsement will govern.

**Signed for United States Fire Insurance Company By:**



Marc J. Adee  
Chairman and CEO



James Kraus  
Secretary

## PRIVACY NOTICE

United States Fire Insurance Company, The North River Insurance Company and affiliates within Crum & Forster (collectively, "The Company") values your business and your trust. In order to administer insurance policies and provide you with effective customer service, we must collect certain information including nonpublic personal information about our customers and claimants. Nonpublic personal information means information that allows someone to identify or contact you ("Information"). We are committed to protecting such Information and we will comply with all applicable federal and state laws and regulations. This notice describes how we collect, use and share your Information, your rights with respect to insurance products issued by The Company and our legal duties and privacy practices. State laws require that we provide this notice. Please review this Notice and keep a copy of it with your records.

### **Your privacy is our concern**

When you apply to The Company for insurance or make a claim against a policy written by The Company, you disclose information about yourself to us. The Company limits the collection, use, and disclosure of such information to only what is needed to properly produce, underwrite and service its insurance products and/or fulfill legal or regulatory requirements. The Company maintains administrative, technical and physical safeguards that comply with state and federal regulations to protect your Information. We also limit employee access to Information to those with a business reason for knowing such Information and we take measures to enforce employee privacy responsibilities.

### **What kind of information do we collect about you and from whom?**

We obtain most of our Information from you. The application or claim form you complete, as well as any additional information you provide, generally gives us most of the information we need to know. Sometimes we may contact you by phone or mail to obtain additional information. We may use information about you from other transactions with us, our affiliates, or others. Depending on the nature of your insurance transaction, we may need additional information about you or other individuals proposed for coverage. We may obtain the additional information we need from third parties, such as other insurance companies or agents, government agencies, medical providers, insurance support organizations, the state motor vehicle department, information clearinghouses, credit reporting agencies, courts, or public records. A report from a consumer reporting agency may contain information as to creditworthiness, credit standing, credit capacity, character, general reputation, hobbies, occupation, personal characteristics, or mode of living.

### **What do we do with the information collected about you?**

The Company collects nonpublic information to conduct its business of producing, underwriting, servicing and administering its insurance products. If coverage is declined or the charge for coverage is increased because of information contained in a consumer report we obtained, we will inform you, as required by state law or the federal Fair Credit Reporting Act. We will also give you the name and address of the consumer reporting agency making the report. We may retain information about our former customers and may disclose that information to affiliates and non-affiliates only as described in this notice.

### **To whom do we disclose information about you?**

Access to non-public personal information is limited to those employees, and authorized representatives, attorneys and service providers who specifically need such information to conduct their business responsibilities. In addition, we may disclose all the information that we collect about you to affiliated companies and nonaffiliated third parties (as permitted by law), such as:

- Insurance companies;
- Insurance agencies;
- Loss adjusters;
- Medical providers;
- Third party non-insurance service providers;
- Third party administrators;
- Medical bill review companies;
- Reinsurance companies; and
- Similar service providers.

Crum & Forster requires its service providers to abide by privacy laws in handling non-public personal information obtained through its business relationship with Crum & Forster. Additionally, Crum & Forster may disclose non-public personal information to third parties as allowed or required by law. For example, Crum & Forster may release your Information to comply with reporting requirements, to comply with a subpoena, warrant, legal process or other order or inquiry of a court,

governmental agency or state or federal regulator, or to fulfill C&F's obligations to its insurers and reinsurers. We may also share your personal information in order to establish or exercise our rights, to defend against a legal claim, to investigate, prevent, or take action regarding possible illegal activities, suspected fraud, safety of person or property, or a violation of our policies.

If you conclude your relationship with the Company, the Company will continue to safeguard your privacy in accordance with the standards described in this notice. The Company maintains physical, electronic and procedural safeguards to protect non-public personal information.

### **About Our Websites**

We may collect information via technology about how you use our website, including the elements you have interacted with, metadata, and other details about these elements, clicks, change states, and other user actions. This information is used primarily to provide, maintain, protect, and improve our current products and to develop new ones.

We may use cookies on certain pages of our site. Cookies are stored on your computer, not on our site. Most cookies are "session cookies" which means that they are automatically deleted at the end of each session. A cookie itself does not have the ability to automatically collect personal information about you. A cookie can store certain information that identifies your computer to us so that you do not need to re-enter that information as frequently when you use our site. The cookie does not contain your password.

We reserve the right to change our policy regarding cookies and the collection of information from visitors at any time without advance notice. Should any new policy be put into effect, we will post it on this website, and the new policy will apply only to information collected thereafter. You may opt out of receiving cookies or delete any prior cookies by changing your specific internet browser settings. The privacy of communication over the internet cannot be guaranteed. If you are concerned about the security of your communication, we encourage you to send your correspondence through the postal service or use the telephone to speak directly to us. We do not represent or warrant that the site, in whole or in part, is appropriate or available for use in any particular jurisdiction. Those who choose to access the site, do so on their own initiative and at their own risk, and are responsible for complying with all local laws, rules and regulations. We do not assume any responsibility for any loss or damage you may experience or incur by the sending of personal information over the internet by or to us. This Usage Agreement shall be governed by the laws of the United States and of the State of New Jersey, without giving effect to its conflict of laws provisions.

***Please know that The Company has not and will not sell any consumers' personal information. We do not sell your nonpublic personal information to any third parties nor do we use it for marketing purposes.***

### **How to contact us**

If you have any questions about this Privacy Notice or about how we use the information we collect, please contact us at:  
Crum & Forster Legal Department  
305 Madison Avenue  
Morristown, NJ 07960  
[privacyinformation@cfins.com](mailto:privacyinformation@cfins.com)

### **Changes to this Privacy Notice**

We may revise this notice at any time. If we make material changes, we will notify you as required by law.

### **For California Residents Only:**

If you are a California resident, you may be entitled to additional rights over your Information. We do not, and will not, sell Information collected from you. The California Consumer Privacy Act (CCPA) provides California residents, upon a verifiable consumer request, certain rights that include:

**The right** to request that we disclose (1) The categories of personal information that we have collected about you; and  
(2) The categories of personal information that we have disclosed about you for a business purpose

**The right** to request that we delete the personal information it has collected from you, subject to certain legal exceptions, for example, when such personal information is necessary to fulfill or comply with our legal obligations.

**The right** to be protected from discrimination for exercising your CCPA rights. If you choose to exercise your privacy rights, we will not charge you different prices or provide different quality of services unless those differences are related to your information.

You may designate an authorized agent to act on your behalf and make a request of us under the CCPA.



To exercise your rights under the CCPA or to seek assistance, please do one of the following:

- If you would like to make a Request to Know, go to <http://www.cfins.com/request-to-know-california-residents/> or call 1.844.254.5754
- If you would like to make a Request to Delete, <http://www.cfins.com/request-to-delete-california-residents/> or call 1.844.254.5754
- Fill out and send back to us the Request to Know / Request to Delete form to:  
Crum & Forster Legal Department  
PO Box 1973  
305 Madison Avenue  
Morristown, NJ 07962  
[privacyinformation@cfins.com](mailto:privacyinformation@cfins.com)

We will attempt, where practical, to respond to your requests and to provide you with additional privacy-related information. We will confirm receipt of verifiable consumer requests within ten (10) days of receipt. You may only make a verifiable consumer request for personal information twice within a twelve (12) month period. We cannot respond to your request if we cannot verify your identity or authority to make the request and confirm the personal information relates to you. Any consumer with a disability may access this notice by contacting us at the address, email or toll free number listed above.

We may change this California Privacy Notice and our privacy practices over time. Our most current Privacy Policy and California Privacy Notice can be found on our website at <http://www.cfins.com/terms/>.

January 2020



Assistance services are provided by United Healthcare Global (UHCG) and are not insurance:

<b>Medical Assistance Services</b>	<ul style="list-style-type: none"><li>• Worldwide medical and dental referrals</li><li>• Monitoring of treatment</li><li>• Facilitation of hospital payments</li><li>• Relay of insurance and medical information</li></ul>	<ul style="list-style-type: none"><li>• Medication and vaccine transfers</li><li>• Updates to family, employer &amp; home physician</li><li>• Hotel arrangements</li></ul>
<b>Travel Assistance Services</b>	<ul style="list-style-type: none"><li>• Translation services</li><li>• Emergency travel arrangements</li><li>• Transfer of funds</li></ul>	<ul style="list-style-type: none"><li>• Replacement of lost or stolen travel documents</li><li>• Legal referrals</li><li>• Message transmittals</li></ul>
<b>Worldwide Destination Intelligence</b>	<ul style="list-style-type: none"><li>• Travel and health Information</li></ul>	<ul style="list-style-type: none"><li>• Security intelligence</li></ul>
<b>Medical Evacuation and Repatriation Services</b>	<b>UHCG will provide Arrangements for:</b> <ul style="list-style-type: none"><li>• Emergency medical evacuations</li><li>• Return of minor children</li><li>• Transportation after stabilization</li><li>• Medical repatriation</li></ul>	<b>UHCG will provide Arrangements for:</b> <ul style="list-style-type: none"><li>• Transportation to join a hospitalized member</li><li>• Repatriation of mortal remains</li><li>• Dispatch of doctors and specialists</li></ul>
<b>Security Services</b>	<b>UHCG will provide Arrangements for:</b> <ul style="list-style-type: none"><li>• Political evacuation services</li><li>• Security evacuation services</li></ul>	<b>UHCG will provide Arrangements for:</b> <ul style="list-style-type: none"><li>• Transportation to departure point</li><li>• Transportation after political or security evacuation</li></ul>

## Contact us:

When you need help, our multilingual Emergency Response Center (ERC) is here to support you.



**PHONE:**

**+1.800.527.0218 or 410.453.6330**



**EMAIL:**

**[assistance@uhcglobal.com](mailto:assistance@uhcglobal.com)**

(The email inbox is also available and monitored 24/7)