

# GONZAGA UNIVERSITY EVIDENCE OF COVERAGE

**ELIGIBILITY:** Students; Faculty, Staff, Volunteers or Other Employees and their Spouses and Children with a current passport or student visa, who are temporarily traveling outside the United States, as part of a Sponsored Trip of the Policyholder. Dependents are only covered while traveling with a Primary Insured and their coverage terminates when the Primary Insured's coverage terminates.

**Coverage Types:**

Coverage 1: Travel Medical, Emergency Evacuation/Repatriation, Political Evacuation & Natural Disaster

**SCHEDULE OF BENEFITS:**

Benefits	Per Person Per Trip
Emergency Sickness Medical Expense  Dental Expenses as the result of a Sickness	Primary Insured: \$500,000 Dependent(s): \$250,000 Up to \$250
Emergency Accident Medical Expense  Dental Expenses as the result of an Accident	Primary Insured: \$500,000 Dependent(s): \$250,000 Up to \$750
Accidental Death & Dismemberment Aggregate Limit per Accident	\$10,000 per Insured \$100,000
Accidental Death & Dismemberment – Common Carrier (Air Only) Aggregate Limit per Accident	\$25,000 per Insured \$250,000
Lost Baggage	Up to \$250
Baggage Delay (Outward Journey Only)	Up to \$200
Trip Delay	Up to \$500
Emergency Medical Evacuation/Medically Necessary Repatriation	Up to \$500,000
Repatriation of Mortal Remains	Up to \$100,000
Visit by Family Member or Friend	Up to \$20,000 Max., to include meals & accommodations not to exceed \$500 per day
Return of Dependent Children	Up to \$5,000
Visit by Family Member or Friend due to Felonious Assault	Up to a Max of \$5,000, to include meals & accommodations not to exceed \$500 per day, up to 5 days Max
Necessary Repatriation due to Felonious Assault	Up to \$500,000
Political and Natural Disaster Evacuation Aggregate Benefit any one Occurrence *Annual Aggregate	Up to \$100,000 \$500,000 \$1,000,000

\*Annual Aggregate shall mean that this policy will not pay more than \$1,000,000 in total for all losses occurring during the 12 month policy period arising from the Political and Natural Disaster Evacuation coverage.

a) **Effective Date** of Coverage

All coverages will take effect at 12:00:01 A.M. local time, at Your location, on the **Scheduled Departure Date** as stated on Your issued ticket.

b) **Expiration Date** of Coverage

All coverages will end at 11:59:59 P.M. local time on the date that is the earliest of the following:

- The **Scheduled Return Date** as stated on the travel tickets.
- The date the Group Policy is terminated, unless You purchased insurance prior to the date of termination.
- The date You return to Your origination point if prior to the **Scheduled Return Date**.
- The date You leave or change Your **Trip** (unless due to unforeseen and unavoidable circumstances covered by the **EOC**).
- The date You cancel Your **Trip**.
- Three hundred and sixty five (365) days after the start of Your **Trip**.

c) Extension of Coverage

Coverage will be extended under the following conditions:

- i. When You commence air travel from Your origination point: within two (2) days before the **Scheduled Departure Date** of Your **Trip**, coverage shall apply from the time of departure from the origination point; or greater than two (2) days before the **Scheduled Departure Date** of Your **Trip**, the extension of coverage shall be provided only during Your air travel.
- ii. If You return to Your origination point: (up to) two (2) days after the **Scheduled Return Date** of Your **Trip**, coverage shall apply until the time of return to Your origination point; or (up to) two (2) days after the **Scheduled Return Date** of Your **Trip**, the extension of coverage shall be provided only during Your air travel.

In no event will coverage be extended for unscheduled extensions to Your **Trip** for which premium has not been paid in advance.

**NOTICE: This Policy does not apply to the extent prohibited by any applicable law or regulation, including any United States, United Nations or European Union economic or trade sanctions, prohibit us from providing insurance, and related services, including, but not limited to, the payment of any claims. Any expenses incurred or claims made that are in violation of such sanctions, laws or regulations will not be covered under this Policy. Any coverage provided under this Policy in violation of any United States, United Nations or European Union economic or trade sanctions, or other laws or regulations, shall be null and void.**

**DEFINITIONS:**

Throughout this document, You and Your refer to the named insured as defined below. We, Us, and Our refer to the Company. In addition, when in bold certain words and phrases are defined as follows:

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

**Accidental Injury** means a **Bodily Injury** caused by an **Accident** (of external origin) being the direct and independent cause in the loss.

**Actual Cash Value** means purchase price less depreciation.

**Administrator** means Co-Ordinated Benefit Plans, LLC. You may contact the **Administrator** if You have questions regarding this coverage. The **Administrator** can be reached by phone at 888-617-1301, or e-mail at [Travelteam@cbpinsure.com](mailto:Travelteam@cbpinsure.com).

**Adventure Sports** means non-professional and non-competitive sports, activities that are generally performed for recreation and leisure, and which are not a Bodily Contact Sport, Extreme Sport, Interscholastic Sport, Organized Sport or Mountaineering. Adventure Sports include, but are not limited to: cycling, fishing, swimming, scuba diving for certified divers up to a maximum depth of sixty (60) feet and for uncertified divers up to a maximum depth of thirty (30) feet, snorkeling, white or black water rafting Grades 1-3, canoeing, kayaking, zip-lining, water skiing, camping, hiking, backpacking, sailing, boating, downhill Skiing, cross country Skiing, snowboarding, snowmobiling, sledding or tobogganing, snow tubing, ice skating, resort-sponsored activities, approved activities of the Travel Supplier. **Bodily Contact Sports** means any competitive team sport in which players or participants may have direct physical contact with an opponent. Bodily Contact Sports include but are not limited to: football, soccer, baseball, wrestling, ice hockey, rugby, lacrosse. Bodily Contact Sports do not include Adventure Sports, Extreme Sports, Interscholastic Sports, Organized Sports or Mountaineering.

**Bodily Injury** means identifiable physical injury which: (a) is caused by an **Accident**, and (b) solely and independently of any other cause, except illness resulting from, or medical or surgical treatment rendered necessary by, such injury.

**Carry-On Baggage** means a piece of baggage that has not been checked and is owned by and accompanies You while traveling on a **Common Carrier**.

**Checked Baggage** means a piece of baggage for which a claim check has been issued to You by a **Common Carrier**.

**Common Carrier** means any public scheduled land, sea, or air conveyance operating under a valid license for the transportation of passengers for hire.

**Covered Event** is the Emergency Political Repatriation of a Member. In order to qualify as a Covered Event, the Emergency Political Repatriation must occur within 10 (ten) days of the event or events set forth in the definition of Emergency Political Repatriation.

**Dependent** means an Insured's lawful spouse or Domestic Partner; or a Dependent Child.

**Dependent Children** means a Member's natural child, adopted child (including a child from the date of placement with the adopting parents until the legal adoption) or step-child (including the child of a Domestic Partner) and who, in each case, is under age 26 and supported by the Member. A Dependent Child who reaches the age limit but continues to meet the following conditions: 1) the child is handicapped; 2) is not capable of self-support; and 3) depends mainly on the Member for support and maintenance.

**Domestic Partner** means a person who is at least eighteen (18) years of age with whom You reside and can show evidence of cohabitation and shared financial assets and obligations for at least the previous six (6) months and has an affidavit of domestic partnership, if recognized by the jurisdiction within which You reside.

**Effective Date** means the date and time Your coverage begins under this **EOC**.

**Evidence of Coverage (EOC)** means this document. It describes the terms, conditions, and exclusions that apply to each benefit. Representations or promises made by anyone that are not contained in this document are not a part of Your benefits. This **EOC** also includes any travel itineraries, endorsements, riders, and amendments that are issued or attached.

**Expiration Date** means the date and time coverage ends under this **EOC**.

**Extreme Sports** means any high-risk, non-team sport or recreation activity that is dangerous and if performed optimally, even by the highly skilled, risks loss of life or limb. Extreme Sports often involve speed, height, a high level of physical exertion and/or highly specialized gear. Extreme Sports include but are not limited to skydiving, BASE jumping, hang gliding, Parachuting, bungee jumping, caving, rappelling, spelunking, white or black water rafting above Grade 3, Skiing or snowboarding outside marked trails or in an area accessed by helicopter, Mountaineering, Rock Climbing, any high-altitude activity exceeding 4,500 meters, personal combat or fighting sports, rodeo, racing or practicing to race any motorized vehicle, bicycle or watercraft, free diving, scuba diving at a depth greater than sixty (60) feet or without a dive master. Extreme Sports do not include Adventure Sports, Bodily Contact Sports, Interscholastic Sports, or Organized Sports.

**Hospital** means a facility that:

- a) Holds a valid license if it is required by the law.
- b) Operates primarily for the care and treatment of sick or injured persons as in-patients.
- c) Has a staff of one or more **Physicians** available at all times.
- d) Provides 24-hour nursing service and has at least one registered professional nurse on duty or call.
- e) Has organized diagnostic and surgical facilities, either on the premises or in facilities available to the hospital on a pre-arranged basis.
- f) Is not, except incidentally, a clinic, nursing home, rest home, or convalescent home for the aged, or similar institution.

**Host Country** means any country in which the Member is traveling while covered under the Policy.

**Imminent Bodily Harm** means imminent bodily injury to a Member caused solely and directly by violent and external means.

**Insured** means the person or persons who have purchased and who has paid the premium for the coverage.

**Interscholastic Sports** means any athletic contest or competition between accredited educational institutions if the participants are sponsored by the educational institution and are under the direct and immediate supervision of an employee of the educational institution. Interscholastic Sports includes the practice or training for the competition and the travel to or from such practice or competition in a vehicle designated by the educational institution, both while under the direct and immediate supervision of an employee of the educational institution. Interscholastic Sports do not include Adventure Sports, Bodily Contact Sports, Extreme Sports, Intramural Sports, Recreational Sports, club sports or Mountaineering.

**Intramural Sports** means competitive recreational sports organized within a school where matches or games are conducted between students of the same school (as opposed to teams who compete with other schools). Activities for Intramural Sports participants are not considered Interscholastic Sports.

**Mountaineering** means the sports, hobby or profession of walking, hiking, climbing and Rock Climbing up mountains that requires the use of ropes, harnesses, crampons or ice axes, involves ascending beyond an altitude of four thousand five hundred (4,500) meters. Mountaineering is not an Adventure Sport, Bodily Contact Sport, Organized Sport or Interscholastic Sport.

**Natural Disaster Situation** means an event occurring directly out of a event of natural cause, including wildfire, earthquake, windborne dust or sand, volcanic eruption, tsunamis, snow, rain or wind, that results in widespread and severe damage such that the government of the host country issues an official disaster declaration and determines the affected area to be uninhabitable. Natural

Disaster does not include the direct or indirect effect of rain, wind or water associated with named storms meeting the definition of hurricane or typhoon, except in instances where:

- a. the path of the named storm deviates by a distance of greater than 200 miles within a 72-hour period from the path forecast by a national recognized meteorological service; or
- b. less than 72 advance hours' notice of a potential landfall for a named storm exists.

**Organized Sports** means Intramural Sports or Recreational Sports.

**Parachuting** means an activity involving the breaking of a free fall from an airplane using a parachute.

**Physician** means a licensed practitioner of medical, surgical or dental services acting within the scope of his/her license. The treating **Physician** may not be You, Your **Traveling Companion** or Your **Family Member**.

**Recreational Sports** means those activities where the primary purpose of the activity is participation, with the related goals of improved physical fitness, fun, and social involvement. Recreational sports are usually perceived as being less stressful, both physically and mentally, on the participants. There are lower expectations regarding both performance and commitment to the sport in the recreational sphere as compared to competitive sports. Recreational Sports do not include Adventure Sports, Bodily Contact Sports, Extreme Sports, Interscholastic Sports, Intramural Sports or Mountaineering.

**Rock Climbing** means the activity of climbing up, down or across artificial rock walls or natural rock formations under the supervision of a guide and utilizing approved safety equipment.

**Repatriation** is the return of a Member to his or her Resident Country or in the event of death the return of remains.

**Resident Country** is the domiciliary country of the Member.

**Scheduled Departure Date** means the date on which You are originally scheduled to leave on Your **Trip**.

**Scheduled Return Date** means the date on which You are originally scheduled to return to the point of origin or to a different final destination.

**Security or Political Emergency Situation** shall mean:

1. Officials of the foreign country or the embassy of the country with which the Member is a national has issued for reasons other than medical, a recommendation that categories of persons which include the Member should leave the foreign country; and/or
2. The Member is being expelled or declared persona non-grata on the written authority of the recognized government of the foreign country for reasons other than medical; and/or
3. The political and military events in the foreign country has created a situation in which the Member is in danger of imminent bodily harm, other than from a medical situation to the extent that the Member must be removed from the foreign country.

**Sickness** means an illness or disease which is diagnosed or treated by a **Physician** after the **Effective Date** of coverage and while You are covered under this **Policy**.

**Ski or Skiing** means winter recreation of snow skiing, snowboarding, or telemarking on Trail systems as accessed by a pre-paid use ticket for lifts and/or use or admission, but does not include cross country skiing, back country skiing, heli-skiing, extreme skiing, snowcat skiing, ski-jumping, off-piste skiing, tubing, lugging, half-pipes, terrain parks, or other snow play activities either on or off Trails.

**Trails** means named skier paths as designated for downhill travel as shown on a resort trail map using the international difficulty rating. Trails does not include connecting paths or cross-overs between downhill trails, trails that are outside the established marked and patrolled boundaries of a Ski resort, or areas designated as unsafe or closed by ski resort management for avalanche control work.

**Travel Arrangements** means any activities undertaken by You during Your **Trip**.

**Travel Advisory** means U.S. State Department communication advising caution in traveling to specified destinations due to reasons such as armed violence, civil or political unrest, high incidence of crime (specially kidnapping and/or murder), natural disaster or outbreak of one or more contagious diseases.

**Traveling Companion** means a person who has coordinated his/her travel or vacation plan with You. Note: a group leader is not considered a **Traveling Companion** unless You are sharing room accommodations with the group or tour leader.

**Travel Supplier** means tour operator who has made the **Travel Arrangements**.

**Trip** means prepaid **Travel Arrangements** and shall include flight connections to join and depart such **Travel Arrangements**.

#### **BAGGAGE DELAY (Outward Journey Only)**

We will reimburse You for the expense of necessary personal effects, up to the maximum shown on the Schedule, if Your **Checked Baggage** is delayed or misdirected by a **Common Carrier** up to twenty-four (24) hours, while on Your **Trip** except for travel to final destination or place of residence.

You must be a ticketed passenger on a **Common Carrier**.

This coverage is secondary to any coverage provided by a **Common Carrier**.

All claims must be verified by the **Common Carrier**.

#### **LOST BAGGAGE**

We will reimburse You, up to the maximum shown in the Schedule, if Your **Checked Baggage** is lost due to theft or misdirection by a **Common Carrier** while on Your **Trip** as a ticketed passenger on a **Common Carrier**.

Benefits will also be paid for **Carry-On Baggage** that is lost or stolen while You are on Your **Trip** and as a ticketed passenger on a **Common Carrier**.

We will reimburse You for the cost of replacement of the baggage and its contents up to the maximum shown on the Schedule.

We will pay the lesser of the following: **Actual Cash Value** at the time of loss, theft or damage to baggage and personal effects or the cost of repair or replacement.

This coverage is secondary to any coverage provided by a **Common Carrier** and all other valid and collectible insurance indemnity and shall apply only when such other coverage is exhausted.

#### **EXTENSION OF COVERAGE**

If You have checked Your property with a **Common Carrier** and delivery is delayed, coverage for Lost Baggage will be extended until the **Common Carrier** delivers Your property.

#### **TRIP DELAY**

We will reimburse You for Covered Expenses on a one-time basis, up to the maximum shown in the Schedule of Benefits, if You are delayed en route to or from Your **Trip** for six (6) or more hours due to a defined **Hazard**.

You must be a ticketed passenger on the **Common Carrier**.

For purposes of this benefit, Covered Expenses Include:

Any prepaid, unused, non-refundable land and water accommodations, or unused portion of the prepaid expenses for Your **Trip**; as long as the expenses are supported by proof of purchase and are not reimbursable by any other source.

**Additional Transportation Cost** to join Your **Trip** or return home.

Up to \$150 per day, the maximum benefit limit, for reasonable accommodations, meals and lodging not provided by the **Common Carrier** or party responsible.

**Economy Transportation** from the point where You ended Your **Trip** to a destination where You can catch up to Your **Trip**; or One-way **Economy Transportation** to return You to Your originally scheduled return destination less the value of the original unused return travel ticket.

#### **Definitions:**

**Additional Transportation Cost** means or one-way economy transportation from the point where You ended Your **Trip** to a destination where You can catch up to Your **Trip**; or one-way economy transportation to return You to Your originally scheduled return destination less the value of the original unused return travel ticket.

**Hazard** means:

- a) Any delay of a **Common Carrier** (including **Inclement Weather**);
- b) Any delay by a traffic **Accident** en route to a departure, in which You or Your **Traveling Companion** is not directly involved;
- c) Any delay due to lost or stolen passports, travel documents or money, hijacking, unannounced strike, Natural Disaster, civil commotion or riot;
- d) Any delay in obtaining travel documents (passport, visa);
- e) Any delay due to being **Quarantined** while at Your destination.

**Quarantined** means You are forced into strict medical isolation by a recognized government authority, their authorized deputies, medical examiners or **Physician** to prevent the spread of the disease due to You either having, or being suspected of having a contagious disease, infection or contamination while traveling outside of his/her country of primary Residence. A Stay in Place Order is not considered Quarantined.

### ACCIDENTAL DEATH AND DISMEMBERMENT

We will pay benefits for Your Loss, described in the below Table of Losses, resulting directly from an **Accidental Injury** that occurs during Your **Trip**. Such Loss must occur within one (1) year of the date of the **Accident** causing the Loss.

Coverage is limited to the principal sum shown on the Schedule multiplied by the appropriate percentage shown in the below Table of Losses.

If more than one Loss is sustained as the result of an **Accident**, the amount payable shall be the largest amount payable for all of the sustained Losses arising from this one **Accident**.

The aggregate limit of liability for any one **Accident** for all insureds named in the Schedule is limited to the amount shown on the Schedule.

#### TABLE OF LOSSES

Loss of:	% of Principal Sum:
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 and one: hand, foot or sight of one eye .....	100%
Speech .....	50%
Hearing in both ears.....	50%
Thumb and index finger of same hand .....	25%

“Loss” with regard to:

- 1. hand or foot, means actual complete severance through and above the wrist or ankle joints;
- 2. eye means an entire and irrecoverable loss of sight;
- 3. speech or hearing means entire and irrecoverable loss of speech or hearing of both ears; and
- 4. thumb and index finger means actual severance through or above the joint that meets the finger at the palm.

#### EXPOSURE

We will pay benefits for covered Losses that result from You being unavoidably exposed to the elements due to an **Accident** occurring during Your **Trip**. The Loss must occur within three hundred sixty five (365) days after the **Accident** that caused the exposure.

#### DISAPPEARANCE

We will pay benefits for Loss of life if Your body cannot be located within three hundred sixty five (365) days after Your disappearance due to an **Accident** occurring during Your **Trip**.

### ACCIDENTAL DEATH AND DISMEMBERMENT – COMMON CARRIER

We will pay benefits for Your Loss, described in the below Table of Losses, resulting directly from an **Accidental Injury** that occurs while You are riding as a passenger in or on, boarding or alighting from, any **Common Carrier** during Your **Trip**. Such Loss must occur within one (1) year after the date of the **Accident** causing the Loss.

Coverage is limited to the principal sum shown on the Schedule multiplied by the appropriate percentage shown in the below Table of Losses.

If more than one Loss is sustained as the result of an **Accident**, the amount payable shall be the largest amount payable for all of the sustained Losses arising from this one **Accident**.

The aggregate limit of liability for any one **Accident** for all insureds named in the Schedule is limited to the amount shown on the Schedule.

#### TABLE OF LOSSES

Loss of:	% of Principal Sum:
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 and one: hand, foot or sight of one eye .....	100%
Speech .....	50%
Hearing in both ears.....	50%
Thumb and index finger of same hand .....	25%

"Loss" with regard to:

1. hand or foot, means actual complete severance through and above the wrist or ankle joints;
2. eye means an entire and irrecoverable loss of sight;
3. speech or hearing means entire and irrecoverable loss of speech or hearing of both ears; and
4. thumb and index finger means actual severance through or above the joint that meets the finger at the palm.

#### EXPOSURE

We will pay benefits for covered Losses that result from You being unavoidably exposed to the elements due to an **Accident** occurring during Your **Trip** while You are riding as a passenger in or on , boarding or alighting from, any **Common Carrier**. The Loss must occur within three hundred sixty five (365) days after the **Accident** that caused the exposure.

#### DISAPPEARANCE

We will pay benefits for Loss of life if Your body cannot be located within three hundred sixty five (365) days after Your disappearance due to forced landing, stranding, sinking, or wrecking of a **Common Carrier** due to an **Accident** occurring during Your **Trip**.

#### ACCIDENT MEDICAL EXPENSE – EMERGENCY ONLY

We will pay **Medical Expenses** and dental expenses incurred up to the maximum shown on the Schedule subject to any deductible, if You incur **Medical Expenses** and dental expenses for **Emergency Treatment** due to an **Accidental Injury** that occurs during Your **Trip**.

We will pay benefits, up to the maximum shown on the Schedule, for emergency dental treatment for **Accidental Injury** occurring during Your **Trip** to sound natural teeth.

We will advance payment to a **Hospital**, up to the maximum shown on the Schedule, if needed to secure Your admission to a **Hospital** because of **Accidental Injury**.

We will not pay benefits in excess of the reasonable and customary charges. Reasonable and customary charges means charges commonly used by **Physicians** in the locality in which care is furnished. We will not cover any expenses provided by another party at no cost to You or already included within the cost of Your **Trip**.

**Definitions:**

**Emergency Treatment** means necessary medical treatment, including services and supplies that must be performed during Your **Trip** due to the serious and acute nature of the **Accidental Injury** or **Sickness**.

**Medical Expenses** means expenses incurred by You that are for the necessary services and supplies which are recommended by the attending **Physician**. They include but are not limited to: (a) the services of a **Physician**, surgeon, graduate nurse or osteopath; (b) charges for **Hospital** confinement and use of operating rooms; (c) charge for anesthetics (including administration); x-ray examinations or treatments, and laboratory tests; (d) ambulance service; (e) drugs, medicines, prosthetics and therapeutic services and supplies.

**SICKNESS MEDICAL EXPENSE – EMERGENCY ONLY**

We will pay benefits, up to the maximum shown on the Schedule, subject to any deductible, if You incur **Medical Expenses** and dental expenses as a result of **Emergency Treatment** of a **Sickness** that first manifests itself during Your **Trip**.

We will advance payment to a **Hospital**, up to the limit of this coverage, if needed to secure Your admission to a **Hospital** because of **Sickness**.

We will pay benefits, up to the maximum shown on the Schedule, for emergency dental treatment.

We will not pay benefits in excess of the reasonable and customary charges. Reasonable and customary charges mean charges commonly used by **Physicians** in the locality in which care is furnished. We will not cover any expenses provided by another party at no cost to You or already included within the cost of Your **Trip**.

**Definitions:**

**Emergency Treatment** means necessary medical treatment, including services and supplies that must be performed during Your **Trip** due to the serious and acute nature of the **Accidental Injury** or **Sickness**.

**Medical Expenses** means expenses incurred by You that are for the necessary services and supplies which are recommended by the attending **Physician**. They include but are not limited to: (a) the services of a **Physician**, surgeon, graduate nurse or osteopath; (b) charges for **Hospital** confinement and use of operating rooms; (c) charge for anesthetics (including administration); x-ray examinations or treatments, and laboratory tests; (d) ambulance service; (e) drugs, medicines, prosthetics and therapeutic services and supplies.

**EMERGENCY EVACUATION**

If you or your dependent suffer an **Injury** or **Sickness** and adequate medical facilities are not available locally in the opinion of On Call's Medical Director, On Call will arrange and provide emergency evacuation (under medical supervision, if necessary) by whatever means necessary to the nearest facility capable of providing adequate care. Services include arranging and paying for transportation and related medical services (including cost of medical escort, if necessary) and medical supplies necessarily incurred in connection with the emergency evacuation.

**MEDICALLY NECESSARY REPATRIATION**

After initial treatment and stabilization for an **Injury** or **Sickness**, if the attending **Physician** and On Call's Medical Director deem it medically necessary, On Call will arrange and transport you back to your permanent place of residence for further medical treatment or to recover. Services include arranging for transportation and related medical services (including cost of medical escort, if necessary) and medical supplies necessarily incurred in connection with the repatriation.

**REPATRIATION OF MORTAL REMAINS**

In the event of your death, On Call will render assistance and provide for the return of mortal remains. Services include arranging for the following: location of a sending funeral home; transportation of the body from the site of death to the sending funeral home to the airport; minimally necessary casket or air tray for transport; coordination of consular services (in the case of death overseas); procuring death certificates; transport of the remains from the airport to the receiving funeral home. On Call will also arrange and provide roundtrip economy airfare and lodging expenses (lodging and meal expenses not to exceed \$500 per day up to a maximum of fourteen (14) days) for a family member or designated person to identify and accompany the Insured's body to their Home Country.

**VISIT BY FAMILY MEMBER OF FRIEND**

If you are hospitalized, or expected to be hospitalized for more than five (5) days, On Call will arrange and provide your family member or friend with transportation to visit you. Visit by Family Member or Friend services are subject to a maximum coverage limit, to include meals and accommodations subject to a daily maximum.



### **RETURN OF DEPENDENT CHILDREN**

If you are hospitalized, or expected to be hospitalized for more than five (5) days, On Call will arrange and provide the return of your minor children who are under eighteen (18) years of age, and, if necessary, accompany him/her with an attendant.

### **NECESSARY REPATRIATION DUE TO FELONIOUS ASSAULT**

If you are the victim of a felonious assault that has been documented by the local authorities and it has been determined by the participating organization that you are unable to continue with your trip, On Call will arrange and transport you back to your permanent place of residence

### **VISIT BY FAMILY MEMBER OR FRIEND DUE TO FELONIOUS ASSAULT**

If you are the victim of a felonious assault that has been documented by the local authorities, On Call will arrange and provide transportation for a family member or Friend of your choice to come and comfort you during your ordeal. The plan will provide up to a maximum coverage limit of \$5,000, to include coverage for round-trip economy transportation, meals and accommodations subject to a daily maximum of up to \$500, up to a maximum of five (5) days. Family Member or Friend of your choice must depart within seven (7) days of when the Felonious Assault has been documented by the local authorities.

#### **To qualify for payment, the Accident must occur during any of the following:**

1. actual or attempted robbery or holdup;
2. actual or attempted kidnapping;
3. any other type of international assault that is a crime classified as a felony by the governing statute or common law in the location where the assault occurred.

### **EMERGENCY POLITICAL EVACUATION/REPATRIATION**

In the event of a threatening Security or Political Emergency Situation due to governmental or social upheaval at the Member's location On Call will coordinate and provide transportation to remove the Member from the area. Emergency political evacuation/repatriation services are provided by On Call security personnel to the nearest safe location and then to the Member's Primary Home if needed. The decision to emergency political evacuate/repatriate due to a Security or Political Emergency Situation will be made by On Call security personnel in consultation with local governments and security analysts. This service is only available when the Member is traveling on a scheduled trip one hundred (100) miles or more from their Primary Residence and their campus of Assignment and the Member cannot obtain commercial transportation to the nearest safe location within a time period which will enable the Member to leave the foreign country in time to avert imminent bodily harm or to comply with the time allowed to leave the foreign country pursuant to the orders of the recognized government of that foreign country.

In the event a Member is in an area in which an act of rebellion, riot, military uprising, war, terrorism, labor disturbance, strike, nuclear accident, or interference by authorities inhibits On Call's ability to fully provide services, On Call shall nonetheless use its best efforts to provide its services, recognizing that obstacles beyond its control will affect the level of service. On Call cannot be held responsible for failure to provide services or for delays caused by strikes or other conditions beyond its control including, but not limited to, flight conditions, or where rendering of service is prohibited by local laws or regulatory agencies.

On Call retains the discretion to limit one (1) emergency evacuation and or repatriation attributable to any single political emergency situation.

### **NATURAL DISASTER EVACUATION**

In the event of a Natural Disaster Situation, On Call will on a best-effort basis coordinate and provide for a Member's evacuation from a safe departure point we designate to a safe haven of our selection. If evacuation becomes impractical due to hostile or dangerous conditions, On Call will maintain contact with the Member and advise the Member until evacuation becomes viable or the Natural Disaster Situation has passed. This service is only available when the Member is traveling on a scheduled trip one hundred (100) miles or more from their Primary Residence and their campus of Assignment.

On Call will only coordinate and arrange for a Natural Disaster Situation evacuation up to and including seven (7) days from the date of the official disaster declaration issued.

#### **EXCLUSIONS:**

**Under Baggage Delay (Outward Journey Only) and Lost Baggage, the following excludes losses caused to:**

1. Animals;
2. Automobiles and automobile equipment;
3. Boats or other vehicles or conveyances;
4. Trailers;
5. Motors;
6. Motorcycles;

7. Aircraft;
8. Bicycles (except when checked as baggage with a **Common Carrier**);
9. Household effects and furnishings;
10. Antiques and collectors' items;
11. Eyeglasses, sunglasses or contact lenses;
12. Artificial teeth and dental bridges;
13. Hearing aids;
14. Prosthetic limbs;
15. Prescribed Medication;
16. Keys, money, securities and documents (except as otherwise specified under the benefit description);
17. Sporting equipment, if loss or damage results from the use thereof.

**Any loss caused by, or resulting from, the following is excluded:**

1. Breakage of brittle or fragile articles;
2. Wear and tear or gradual deterioration;
3. Insects or vermin;
4. Inherent vice or damage while the article is actually being worked upon or processed;
5. Confiscation or expropriation by order of any government;
6. Radioactive contamination;
7. War or any act of war whether declared or not;
8. Theft or pilferage while left unattended in any vehicle;
9. Mysterious disappearance;
10. Property illegally acquired, kept, stored or transported;
11. Insurrection or rebellion;
12. Imprudent action or omission;
13. Property shipped as freight or shipped prior to the **Scheduled Departure Date**.

**For all other benefits, losses caused to, by or resulting from:**

1. War, invasion, acts of foreign enemies, hostilities between nations (whether declared or not), civil war;
2. Participation in any military maneuver or training exercise;
3. Piloting or learning to pilot or acting as a member of the crew of any aircraft;
4. While or as a result of riding in any device for aerial navigation other than as provided for in the **EOC**;
5. Participation as a professional in athletics;
6. Commission or the attempt to commit a criminal act;
7. Semi-professional team sports;
8. Participating in a motorized speed contest or Extreme Sports;
9. Dental treatment except as a result of an **Accidental Injury** that occurs during Your **Trip** to sound natural teeth;
10. Any non-emergency treatment or surgery, elective surgery, routine physical examinations, hearing aids, eyeglasses or contact lenses;
11. Elective abortion;
12. Curtailment or delayed return for other than covered reasons;
13. Evacuations to or from Your Home or Host Country that has been declared Level 4 Travel Advisory (for reasons other than COVID-19) by the U.S. State Department prior to Your Scheduled Departure Date: <https://travel.state.gov/content/travel/en/traveladvisories/traveladvisories.html/> or while traveling against the advise of a Level 4 Global Health Advisory issued by the U.S. State Department.
14. **Accidental Injury** or **Sickness** or disease except as provided for in the **EOC**.

**Exclusions and Limitations For Political Evacuation/Repatriation & Natural Disaster:**

On Call shall not cover any services in connection with an event arising from or attributable to:

1. Violation by a Member of the laws or regulations of the country in which the Covered Event takes place;
2. The failure of a Member to properly procure or maintain immigration, work, residence or similar visas, permits, or other documentation;
3. The debt, insolvency, commercial failure, or the repossession of any property by a title holder or any other financial default by a Member;
4. The failure of a Member to honor any contractual obligation or bond to obey any condition of a license;
5. The Emergency Political Repatriation of a Member who is in his or her Resident Country;
6. Any medical expenses incurred by a Member;
7. The kidnap and/or ransom of a Member;
8. Any expenses not related or incident to an Emergency Political Repatriation.
9. Travel arrangements that were neither coordinated nor approved by On Call in advance.

10. Natural disaster evacuations when the natural disaster situation or the event directly giving rise to it precedes your arrival.
11. Services not otherwise shown as covered in the program description to which this amendment is attached.
12. Evacuations to or from Your Home or Host Country that has been declared Level 4 Travel Advisory (for reasons other than COVID-19) by the U.S. State Department prior to Your Scheduled Departure  
Date: <https://travel.state.gov/content/travel/en/traveladvisories/traveladvisories.html/> or while traveling against the advise of a Level 4 Global Health Advisory issued by the U.S. State Department.
13. a Member's medical claim, including but not limited to a communicable disease, will be excluded from the Political/Natural Disaster coverage.

#### **LIMITATIONS FOR EMERGENCY EVACUATION SERVICES:**

- A. The services described above currently are available in every country of the world. Due to political and other situations in certain areas of the world, On Call may not be able to respond in the usual manner. On Call also reserves the right to suspend, curtail or limit its services in any area in the event of rebellion, riot, military uprising, war, terrorism, labor disturbance, strikes, nuclear accidents, Acts of God or refusal of authorities to permit On Call to fully provide services.
- B. If you request a transport related to a condition that has not been deemed medically necessary by a Physician designated by On Call in consultation with a local attending Physician, or to any condition excluded hereunder, and you agree to be financially responsible for all expenses related to that transport, On Call will arrange for such transport to a medical facility or to your residence and will make such arrangements using the same degree of care and completeness as if On Call was providing service under this agreement. A waiver of liability will be required prior to arranging these transportation services.

All transportation benefits provided hereunder must be by the most direct and economical route possible.

On Call is not responsible and cannot be held liable for any malpractice performed by a local Physician or attorney who is not an employee of On Call; or for any loss or damage to your vehicle during the return of vehicle; or for any loss or damage to any personal belongings.

**IMPORTANT:** The individual or their representative must contact On Call to arrange for any services provided herein. Failure to contact On Call and failure to utilize On Call to make arrangements for services shall render the expenses ineligible.

**Limitations for Political Evacuation/Repatriation & Natural Disaster:** In the event a covered Member is in an area in which an act of rebellion, riot, military uprising, war, terrorism, labor disturbance, strike, nuclear accident, or interference by authorities inhibits On Call's ability to fully provide services, On Call shall nonetheless use its best efforts to provide its services, recognizing that obstacles beyond its control will affect the level of service. On Call cannot be held responsible for failure to provide services or for delays caused by strikes or other conditions beyond its control including, but not limited to, flight conditions, or where rendering of service is prohibited by local laws or regulatory agencies.

On Call, at its sole discretion, will assist Members on a fee-for-service basis for interventions falling under the Limitations. Any such services shall be paid for by the Member and On Call agrees that it shall be responsible for securing the agreement from such Members to pay On Call directly. On Call reserves the right, at its sole discretion, to request additional financial guarantees or pre-payment or indemnification from the Member prior to rendering such service on a fee-for-service basis. If an evacuation is impossible due to hostile conditions, On Call will use security resources to maintain contact with the Member until evacuation becomes possible or the emergency is concluded. All arrangements must be arranged and coordinated by On Call. Services rendered without the coordination and approval of On Call are not covered.

On Call retains the discretion to limit one (1) emergency evacuation and or repatriation attributable to any single political emergency situation.

Our obligation to pay for a natural disaster evacuation will be limited to a maximum of \$100,000 per event per person. Eligible expenses shall include transportation and, if required, costs to protect your safety during assembly and transit. Food, lodging and incidental expenses at the safe haven are not included. Should the U.S. Government intervene and provide for evacuation services, this action will supersede any paid evacuation benefit.

#### **GENERAL PROVISIONS:**

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

**Clerical Errors:** We will not deny or cancel coverage because of a clerical error by Us. After an error is found, We will take appropriate action. This may include adjusting, collecting or refunding premium.

**Disagreement Over Settlement of Claim:** If there is a disagreement about the amount of the loss either You or Us can make a written demand for an appraisal. After the demand, You and Us will each select his/her 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 two (2) of the three (3) (the appraisers and the arbitrator) will be binding. The appraiser selected by You is paid by You. We will pay the appraiser We choose. You will share equally with Us the cost for the arbitrator and the appraisal process.

**Legal Actions:** No legal action for a claim can be brought against Us until sixty (60) days after We receive proof of loss. No legal action for a claim, except a claim for **Accident** and/or **Sickness** benefits, can be brought against Us more than three (3) years after the time required for giving proof of loss.

For **Accident** and/or **Sickness** benefits provided under this Policy, no legal action for a claim can be brought against Us more than three (3) years after the time when the cause of action accrues.

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

**Payment of Claims:** Benefits payable under this **EOC** for any loss will be paid upon receipt of due proof of loss and all required information necessary to support the claim. All benefits payable will be payable to You or, in the case of death, to Your estate or beneficiary if provided in writing by You. No person or entity other than You shall have any legal or equitable right, remedy or claim of insurance proceeds and/or damages under or arising out of this coverage.

**Time Payment of Claims:** Indemnities payable under the **EOC** for any loss will be paid immediately upon receipt of due written proof of such loss. All claims shall be paid within thirty (30) days following receipt by Us of due proof of loss. Failure to pay within such period shall entitle You to interest at the rate of nine percent (9%) per annum at the expiration of each four (4) weeks during the continuance of the period for which We are liable, provided that interest amounting to less than one dollar need not be paid. Any balance remaining unpaid upon the termination of liability will be paid immediately upon receipt of due written proof.

**Physical Examination and Autopsy:** We, or Our designated representative, at Our expense, have the right to have You examined as often as reasonably necessary while a claim is pending. We, or Our designated representative, also have the right to have an autopsy performed unless prohibited by law.

**Premium:** The required premium must be paid to Our authorized representative prior to the **Scheduled Departure Date** of Your **Trip**. The premium is non-refundable after a ten (10) day review.

**Proof of Loss:** The claimant must send Us, or Our designated representative, proof of loss within one hundred and eighty (180) days or as soon as reasonably possible after a covered loss occurs. Failure to furnish such proof within the time required shall not invalidate nor reduce any claim if it was not reasonably possible to give proof within such time, provided such proof is furnished as soon as reasonably possible and in no event, except in the absence of legal capacity, later than one year from the time proof is otherwise required.

**Salvage:** If salvage is requested, it must be sent to the **Administrator** at Your expense. Failure to remit requested salvage may result in denial of the claim.

**Subrogation:** To the extent We pay for a loss suffered by You, We will take over the rights and remedies You had relating to the loss. This is known as subrogation. You must help Us preserve Our rights against those responsible for the loss and must do everything necessary to secure these rights and must do nothing that would jeopardize them. This may involve signing any papers and taking any other steps We may reasonably require. If We take over Your rights, You may have to sign an appropriate subrogation form supplied by Us.

**Valuation:** We will not pay more than the **Actual Cash Value** of the property at the time of loss. Damage will be estimated according to **Actual Cash Value**. At no time will payment exceed what it would cost to repair or replace the property with material of like kind and quality.

#### **HOW TO FILE A CLAIM:**

To file a claim, You must contact the **Administrator** by phone or email within twenty (20) days of the covered loss or as soon as reasonably possible.

A claim form will be sent to You. The fully completed claim form must be returned to the **Administrator** with:

1. Written proof of loss.
2. Any other documentation that the **Administrator** may reasonably request.

All these required items, including the claim form, must be postmarked within one hundred and eighty (180) days or as soon as reasonably possible of the date of loss. Otherwise, the claim may be denied.

---

**FOR EMERGENCY 24-HOUR MEDICAL & TRAVEL ASSISTANCE:**

**On Call Assistance**

1-877-714-8179 (toll-free)

1-603-952-2660 (collect)

E-mail: [mail@OnCallinternational.com](mailto:mail@OnCallinternational.com)

7 days a week / 24 hours a day

---

**CLAIMS ADMINISTRATOR:**

Co-ordinated Benefit Plans, LLC

On Behalf of Underwriter's at Lloyd's, London

P.O. Box 26222

Tampa, FL 33623

Or, E-mail your information to: [Travelteam@cbpinsure.com](mailto:Travelteam@cbpinsure.com)

Phone: 888-617-1301 / Fax: 800-560-6340

# Accident & Sickness

## Claim Form & Claimant's Statement

### PARTICIPANT'S INFORMATION:

Plan Number: \_\_\_\_\_  
Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_  
Home Phone #: (\_\_\_\_\_) \_\_\_\_\_ Cell #: (\_\_\_\_\_) \_\_\_\_\_  
Email Address: \_\_\_\_\_ Work Phone: (\_\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Please advise if you wish to be contacted via e-mail or regular mail: \_\_\_\_\_

### TRAVEL INFORMATION:

Date Travel Arrangements were made: \_\_\_/\_\_\_/\_\_\_ Date of initial payment deposit: \_\_\_/\_\_\_/\_\_\_  
Scheduled Date of Departure: \_\_\_/\_\_\_/\_\_\_ Scheduled Date of Return: \_\_\_/\_\_\_/\_\_\_

### OTHER COVERAGE / AUTHORIZATION:

Do you have any other type of coverage? \_\_\_\_\_  
If so, please provide the Company Name and Address: \_\_\_\_\_  
Type of Policy: \_\_\_\_\_ Policy #: \_\_\_\_\_ Contact: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_  
Have you filed a claim with their office at this time? : Yes No  
If yes, please note their response: \_\_\_\_\_  
If not, why not: \_\_\_\_\_

### ILLNESS/ACCIDENT STATEMENT:

Name of person having sickness or injury: \_\_\_\_\_ His / Her date of birth: \_\_\_/\_\_\_/\_\_\_  
Date Sickness or Injury began: \_\_\_/\_\_\_/\_\_\_ Date First Treated: \_\_\_/\_\_\_/\_\_\_  
Nature of Sickness or Injury (If Injury, describe accident, including date and place): \_\_\_\_\_  
\_\_\_\_\_  
Period of hospitalization: From \_\_\_/\_\_\_/\_\_\_ To: \_\_\_/\_\_\_/\_\_\_ Date ended: \_\_\_/\_\_\_/\_\_\_  
Was there an accident report for this incident? \_\_\_\_\_ If Yes, please provide a copy.  
Was there any previous treatment for this condition? \_\_\_\_\_ If Yes, please names of physician and dates of treatment:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EXPENSES CLAIMED:**

Please provide supporting documentation of the expenses you are claiming in addition to this claim form

Name of Provider	Date Incurred	Amount of Bill	Amount Paid by Other Insurance	Amount Claimed

TOTAL AMOUNT CLAIMED \$ \_\_\_\_\_

I UNDERSTAND that it is illegal to knowingly file a false or fraudulent claim or to knowingly help someone else file one. I have read and understand the Fraud Notices on page 3 of this document.

Signed \_\_\_\_\_ Date \_\_\_\_\_

**CLAIM INSTRUCTIONS:**

Send this form and any accompanying documentation to:  
Attention: Co-ordinated Benefit Plans, LLC  
On Behalf of Underwriter's at Lloyd's, London  
P.O. Box 26222  
Tampa, FL 33623

Or, E-mail your information to: [travelteam@cbpinsure.com](mailto:travelteam@cbpinsure.com)  
Phone: 888-617-1301 / Fax: 800-560-6340

**Authorization For Release of Medical Information – To be Completed by Patient**

In order to process a claim for benefits, I AUTHORIZE any physician, hospital, or other Medical Provider to release to the Travel Insurance Claims Administrator, or its representative, any information regarding my medical history, symptoms, treatment, examination results or diagnosis. A photocopy of this authorization shall be considered as effective and valid as the original. This authorization shall be considered valid for the duration of the claim, but not to exceed two and one-half years from the date signed. I understand I have a right to receive a copy of this authorization.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
(Signature of Person Suffering Illness or Injury or legally authorized representative)

## **FRAUD STATEMENTS – If you reside in the state of:**

**General:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act.

**District of Columbia:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Maryland:** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**New York:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**California:** For your protection California law requires the following to appear on this form. Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**Florida:** Any person who knowingly and with intent to injure, defraud, or deceive any insurance company files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**Kentucky:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

**Louisiana:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**Missouri:** An insurance company or its agent or representative may not ask an applicant or policyholder to divulge in a written application or otherwise whether an insurer has canceled or refused to renew or issue to the applicant or policyholder a policy of insurance. If a question(s) appears in this application, you should not renew it.

**Pennsylvania:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**Puerto Rico:** Any person who, knowingly and with the intent to defraud, presents false information in an insurance request form, or who presents, helps or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine of no less than five thousand (5,000) dollars nor more than ten thousand (10,000) dollars, or imprisonment for a fixed term of three (3) years, or both penalties. If aggregated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to a maximum of two (2) years.

**Washington:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or knowingly makes a false statement in an application for insurance may be guilty of a criminal offense under state law."

**All Other States:** Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and/or civil penalties.