



World Class Coverage Plan designed for 2019 Au Pair in America

Policy # GLM N04965231

Administered by Cultural Insurance Services International • 1 High Ridge Park • Stamford, CT 06905-1322
This plan is underwritten by ACE American Insurance Company, a member of the Chubb Group of Companies

Policy terms and conditions are briefly outlined in this Description of Coverage. Complete provisions pertaining to this insurance are contained in the Master Policy on file with Au Pair in America under form number AH-15090. In the event of any conflict between this Description of Coverage and the Master Policy, the Policy will govern.

SCHEDULE OF BENEFITS

Coverage and Services	Maximum Limits
• Basic Medical Expenses	\$100,000 First \$2,500 at 80% Remaining \$97,500 at 100%
• Deductible (per occurrence)	\$50
• Emergency Room (ER Sickness Only*) Deductible	\$500
<i>*The Emergency Room Deductible will be waived if the Insured Person is admitted to the Hospital as an inpatient or if the Sickness is life threatening. Life threatening means the Sickness will likely cause the death of the Insured Person.</i>	
• Chiropractic Care & Therapeutic Services Outpatient Limit	Maximum of \$50/visit Maximum of 10 visits \$500 overall maximum
• Physiotherapy (Basic)	Maximum of \$100/session Maximum of 15 sessions \$1,500 overall maximum
• Emergency Dental	Not Covered
• Accidental Death & Dismemberment	\$3,000
• Emergency Medical Evacuation	\$100,000
• Repatriation/Return of Mortal Remains	\$50,000
• Emergency Medical Reunion (incl. hotel/meals, max \$75/day) up to \$2,000	
• Trip Interruption	\$2,000
• Team Assist Package Included	
• Team Assist ID #	GLM N04965231
<u>Personal Property Benefit</u>	
• Deductible per Trip:	\$250
• Benefit Maximum per Trip	\$2,500
• Benefit Maximum per Item or Set of Items	\$250
<i>Coverage is afforded to Au Pair in America participants for the duration of their first 364 days on the program. <u>Conditions treated in your first 364 days of coverage do not have benefits payable thereafter.</u> Please contact CISI or Au Pair in America directly if you have questions about further coverage.</i>	

Coverage and Services	Maximum Limits
<u>OPTIONAL UPGRADES</u> (in addition to Basic)	
<u>Optional Medical Upgrade</u>	
• Additional Medical Expense (per Accident or Sickness)	\$400,000
• Deductible (per occurrence) Reduced to	zero
• Emergency Dental	\$500
• Physiotherapy	Covered under Basic Medical Expenses
<u>Optional Sports Package</u>	
• Coverage for Sports Related Injuries (Coverage for Sports related injuries are treated as any other covered Injury or Sickness. Complete list of Sports covered under this benefit can be found on page 2.)	
<u>Optional Travel Month</u>	
• Additional Month of Coverage	
• Personal Property_Deductible per Trip Reduced to	\$100

Period of Coverage

Au Pair in America provides a basic plan to all program participants, sponsored by the American Institute for Foreign Study. The basic plan provides medical coverage and an accidental death and dismemberment benefit during your 364 day stay as an au pair in the United States.

The Medical Upgrade, Sports Package and Travel Month are options available for purchase prior to your entry into the U.S. However, your purchased levels are not permitted to be altered following your arrival.

They offer increased medical benefits (beyond the basic plan provided to all participants) and medical coverage during your final month of travel in the United States, as well as the lower deductible on your medical claims, depending on what package is purchased. You can also purchase a combination of each.

The Sports Coverage can be purchased separately once in the U.S. and coverage will only be available after a waiting period of 48 hours.

The effective date of your medical coverage is the date you depart your domicile immediately prior to becoming a participant in the program. Your coverage terminates when the first of the following occurs: a) Expiration of the term of coverage; b) Termination of program participation; or c) Direct return to your Home Country after your trip as a participant.

Description of Coverage

All non-German, non-Swiss, and non-Austrian individuals who are enrolled as program participants of the Policyholder and who are temporarily residing inside of the United States and traveling outside of their Home Country are eligible for coverage. If an Insured Person incurs expenses while insured under the Policy due to an Injury or Sickness, We will pay the Usual, Customary and Reasonable Expenses for any Medically Necessary Covered Medical Expenses listed below. All Covered Medical Expenses incurred as a result of the same or related cause, including any complications, shall be considered as resulting from one Sickness or Injury. The amount payable for any one Injury or Sickness will not exceed the Maximum Benefit Limit of \$100,000 for the Basic Plan and \$500,000 for Upgrade Medical Plan. Benefits are subject to the Deductible Amount and Coinsurance Percentages, specified benefits set forth under Covered Medical Expenses, the limitations appearing under Limitations on Covered Medical Expenses, the Exclusions, and the Pre-existing Condition Limitation and to all other limitations and provisions of the Policy.

Basic Plan: This is the base plan provided through Au Pair in America and provides \$100,000 of medical benefits per Covered Accident or Sickness. For specific limitations and exclusions, please see Covered Medical Expenses and Exclusions section of the policy brochure. The plan carries a \$50 per occurrence deductible. There is a 20% Coinsurance for the first \$2,500 per policy period.

Travel Month Plan: In addition to basic coverage provided by Au Pair in America, prior to your arrival in the United States you may purchase the optional "Travel Month" insurance upgrade for an additional fee. This will provide the Basic Plan Coverage for an additional travel month if the insured stays in the United States. The Basic Plan coverage expires at the end of the Insured's 12th month.

Sports Package Plan: In addition to basic coverage provided by Au Pair in America, prior to your arrival in the United States you may purchase the optional "Sports Package" insurance package for an additional fee. This can also be purchased after your arrival. This covers injuries sustained while playing certain Sports as listed on page 3 of this brochure.

Medical Upgrade Plan: In addition to basic coverage provided by Au Pair in America, prior to your arrival in the United States you may purchase the optional "Medical Upgrade Package" insurance package for an additional fee. This will reduce your per occurrence deductible from \$50 to zero, carries no Coinsurance and increase your maximum benefit from \$100,000 to \$500,000 for Usual, Customary and Reasonable (UCR) medical expenses incurred per covered Injury or Sickness.

Covered Accident and Sickness Medical Expenses

Only such expenses, incurred as the result of a covered Accident or Sickness, which are specifically enumerated in the following list of charges, and which are not excluded in the Exclusions section, shall be considered as Covered Expenses:

- Charges made by a Hospital for room and board, floor nursing and other services inclusive of charges for professional service and with the exception of personal services of a non-medical nature; provided, however, that expenses do not exceed the Hospital's average charge for semiprivate room and board accommodation.
- Charges made for Intensive Care or Coronary Care charges and nursing services.
- Charges made for diagnosis and treatment by a Doctor.
- Charges for surgery unless such surgery is determined to be non-emergent. If surgery is determined to be non-emergent, the cost of the round trip flight will be covered for you to go back to your Home Country or country of permanent residence to have the surgery performed at your own expense. If you choose to stay in the U.S. and have your surgery, charges will be covered up to the cost of what the roundtrip ticket to your Home Country or country of permanent residence would have been.
- There is a limited overall maximum benefit amount for expenses arising from the following conditions: tumor or related conditions, stroke or cerebrovascular accident or event, cardiovascular accident or event, myocardial infarction or heart attack, coronary thrombosis, cholelithitis, embolism of any kind, endometriosis, aneurysm, any condition of the breast; any treatment of all forms of cancer/neoplasm; any condition of the prostate; disorders of the reproductive system, hysterectomy; gallstones or urologic stones (kidney, ureteral, bladder or urethral stones and any associated complications); **covered eligible expenses relating to these conditions, including any and all direct or indirect complications arising from these conditions are payable only to an overall maximum of \$20,000 on the Basic plan only.**
- Chiropractic care and Therapeutic Services shall be limited to a total of \$50 per visit, excluding X-ray and evaluation charges, with a maximum of 10 visits per Injury or Sickness. Overall maximum coverage per Injury or Sickness is \$500.
- Physiotherapy shall be limited to a total of \$100 per session, excluding X-ray and evaluation charges, with a maximum of 15 session per Injury or Sickness. Overall maximum coverage per Injury or Sickness is \$1,500. **The Medical Upgrade plan covers Physiotherapy under Basic Medical Expenses with no per session limitation.**
- Charges made for an operating room.

- Charges made for Outpatient treatment, same as any other treatment covered on an Inpatient basis. This includes ambulatory surgical centers, Doctors' Outpatient visits/examinations, clinic care, and surgical opinion consultations.
- Charges made for the cost and administration of anesthetics.
- Charges for medication, x-ray services, laboratory tests and services, the use of radium and radioactive isotopes, oxygen, blood, transfusions, iron lungs, and medical treatment.
- Dressings, drugs, and medicines that can only be obtained upon a written prescription of a Doctor or Surgeon.
- Charges made for artificial limbs, eyes, larynx, and orthotic appliances, but not for replacement of such items.
- Local Transportation to or from the nearest Hospital or to and from the nearest Hospital with facilities for required treatment. Such transportation shall be by licensed ground ambulance only.
- Accidental dental charges for emergency dental repair or replacement to natural teeth damaged as a result of a covered Injury including expenses incurred for services or medications prescribed, performed or ordered by dentist.
- With respect to Palliative Dental, an eligible Dental condition shall mean emergency pain relief treatment to natural teeth up to \$500. **This benefit is covered under the Medical Upgrade plan only. Basic Medical plan does not cover Palliative Dental.**
- Diagnosis or treatment of sexually transmitted diseases are limited to \$500.

Accidental Death and Dismemberment Benefit

Accidental Death Benefit. If Injury to the Insured Person results in death within 365 days of the date of the Covered Accident that caused the Injury, We will pay 100% of the Benefit Amount.

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

For Loss of:	Percentage of Maximum Amount:
Life	100%
Two or more Members	100%
Speech and Hearing in Both Ears	100%
One Member	50%
Speech or Hearing in Both Ears	50%
Hearing in One Ear	25%
Thumb and Index Finger of the Same Hand	25%

"Member" means Loss of Hand or Foot and Loss of Sight. "Loss of Hand or Foot" means complete Severance through or above the wrist or ankle joint. "Loss of Sight" means the total, permanent Loss of Sight of one eye. "Loss of Speech" means total and permanent loss of audible communication that is irrecoverable by natural, surgical or artificial means. "Loss of Hearing" means total and permanent Loss of Hearing in an ear that is irrecoverable and cannot be corrected by any means. "Loss of a Thumb and Index Finger of the Same Hand" means complete Severance through or above the metacarpophalangeal joints of the same hand (the joints between the fingers and the hand). "Severance" means the complete separation and dismemberment of the part from the body. If more than one Loss is sustained by an Insured Person as a result of the same Covered Accident, only one amount, the largest, will be paid. Maximum aggregate benefit per occurrence is \$1,000,000.

Emergency Reunion Benefit

When an Insured Person is hospitalized for more than 7 consecutive days, We will reimburse for round trip economy-class transportation for one individual selected by the Insured Person, from the Insured Person's current Home Country to the location where the Insured Person is hospitalized. We will also pay this benefit if the Insured Person was the victim of a Felonious Assault. "Felonious Assault" means a violent or criminal act reported to the local authorities which was directed at the Insured Person during the course of, or an attempt of, a physical assault resulting in serious Injury, kidnapping or rape. The benefits reimbursable will include:

- The cost of a round trip economy airfare and their hotel and meals up to the maximum stated in the *Schedule of Benefits*, Emergency Medical Reunion.

Sports Coverage

Only if elected and required premium is paid, Coverage for Sports related injuries are treated as any other covered Injury or Sickness. The following is a complete list of Sports covered under this benefit:

Cross Country Skiing, Dog Sledding, Endurance Horse Riding, Figure Skating, Football, Freestyle Skiing, Glacier Skiing, Gymkhana, HeliSkiing, Hurling, Ice Hockey, Ice Skating, Kitesailing, Kitesurfing, Land Luge, Luge, Monoskiing, Mountainboarding, Mounted Orienteering, Nordic Skiing, Parachuting, (solo or tandem but not base jumping) Paragliding (over land), Parapenting (overland), Power Kiting, Rock

Climbing (organized tours only), Rollerblading, Rugby Union/League, Sandboarding, Scuba Diving to 40 meters(PADI or equivalent Qualified or under Supervision), Shinty, Show Jumping, Skateboarding, Skeleton, Ski Acrobatics, Ski Stunting, Ski Training/Racing, Ski Bob, Ski Doos (supervised), Skiing, Skydiving, Snow Biking, Snowboarding, Snowmobiles (supervised), Snowshoeing, Snowsurfing, Soaring, Speed Skating Tobogganing, Vaulting, Wakeboarding, Watercross, Winter Triathlon, Zip Line.

Personal Property Benefit

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

For any claim the Insured Person makes under this Benefit, We are entitled to make reasonable repairs or salvage efforts to restore his or her personal property or to keep the damaged property if We choose to do so. We will require valid receipts of replacement goods prior to payment of any benefits.

“Personal Property” means personal goods belonging to the Insured or for which the Insured is responsible and are taken on the Trip or acquired by the Insured during the Trip. It does not include vehicles (including aircraft and other conveyances) or their accessories or equipment or laptops.

Trip Interruption Benefit

In the event of death or life threatening Accident or Sickness of an Insured Person's Family Member requiring the return home after arriving for the program placement We will reimburse the round-trip airfare from the host country to the Home Country point of departure and back to the host country. For the purpose of this benefit, life-threatening means the Sickness or Injury could result in death as determined by a Doctor.

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

Exclusions

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

- Intentionally self-inflicted Injury; suicide or attempted suicide. (Applicable to Accidental Death and Dismemberment benefits only)
- Disease of any kind.
- Bacterial infections except pyogenic infections which occur from an accidental cut or wound.
- Neuroses, psychoneuroses, psychopathies, psychoses or mental or emotional diseases or disorders of any type.
- Injury sustained while the Insured Person is riding as a pilot, student pilot, operator or crew member, in or on, boarding or alighting from, any type of aircraft.
- War or any act of war, whether declared or not.
- Injury occasioned or occurring while the Insured Person is committing or attempting to commit a felony.

In addition, we will not pay Medical Expense Benefits for any loss, treatment, or services resulting from or contributed by:

- We will not pay benefits for a Pre-existing Condition unless the Covered Person: 1) has not received treatment, care, diagnosis, or advice, or symptoms were not manifested for 12 consecutive months while covered by the Policy; or 2) has been covered by the Policy for more than 12 consecutive months; or 3) was previously covered for such Pre-existing Condition under Creditable Coverage and such Creditable Coverage was continuous to a date less than 63 days prior to the effective date of coverage under the Policy. The exclusion does not apply to pregnancy, and coverage provided to newborn and adopted children.

“Creditable Coverage” means: (1) a self-funded employer group health plan under ERISA; (2) a group or individual health insurance coverage; (3) Part A or Part B. of Medicare; (4) Medicaid; (5) CHAMPUS; (6) the Indian Health Service or of a tribal organization; (7) a state health benefits risk pool; (8) a health plan offered under the federal employees health benefits program (FEHBP); (9) a public health plan; or (10) a health benefit plan.

- Charges for treatment which is not Medically Necessary.
- Charges for treatment which exceed Reasonable and Customary charges.
- Charges incurred for surgery or treatments which are, Experimental/Investigational, or for research purposes.
- Services, supplies or treatment, including any period of Hospital confinement, which were not recommended, approved and certified as Medically Necessary and reasonable by a Doctor.

- War or any act of war.
- Injury sustained while participating in professional athletics.
- Routine physicals, immunizations, or other examinations where there are no objective indications or impairment in normal health, and laboratory diagnostic or x-ray examinations, except in the course of a Disablement established by a prior call or attendance of a Doctor.
- Treatment of the Temporomandibular joint (TMJ).
- Any treatment, service or supply not specifically covered by the Policy.
- Services or supplies performed or provided by a Relative of the Insured Person, or anyone who lives with the Insured Person.
- Cosmetic or plastic surgery, except as the result of a covered Accident.
- Elective Surgery or Elective Treatment which can be postponed until the Insured Person returns to his/her Home Country, where the objective of the trip is to seek medical advice, treatment or surgery.
- Treatment and the provision of false teeth or dentures, normal ear tests and the provision of hearing aids.
- Eye refractions or eye examinations for the purpose of prescribing corrective lenses for eye glasses or for the fitting thereof, unless caused by an Injury incurred while insured hereunder.
- Treatment while confined primarily to receive custodial care, educational or rehabilitative care, or nursing services.
- Congenital abnormalities and conditions arising out of or resulting therefrom.
- Expenses as a result or in connection with the commission of a felony offense.
- Injury sustained while taking part in mountaineering where ropes or guides are normally used; hang gliding; parachuting; bungee jumping; racing by horse, motor vehicle or motorcycle; parasailing. (except as provided by the policy)
- Treatment paid for or furnished under any mandatory government program or facility set up for treatment without cost to any individual.
- Injury or Sickness covered by Workers' Compensation, Employers' Liability laws, or similar occupational benefits.
- Expenses payable by any automobile insurance policy without regard to fault. (This exclusion does not apply in any state where prohibited).
- Routine Dental Treatment.
- Drugs, treatments or procedures that either promote or prevent conception, or prevent childbirth, including but not limited to: artificial insemination, treatment for infertility or impotency, sterilization or reversal thereof, or abortion.
- Treatment for human organ tissue transplants and related treatment.
- Weak, strained or flat feet, corns, calluses, or toenails.
- Diagnosis or treatment of acne.
- Injury sustained while the Insured Person is riding as a pilot, student pilot, operator or crew member, in or on, boarding or alighting from, any type of aircraft.
- Expenses incurred within the Insured Person's Home Country or country of Permanent Residence, unless otherwise covered under this Policy.
- Any Mental and Nervous disorders or rest cures, unless otherwise covered under this Policy (including eating disorders such as anorexia and bulimia).
- Pregnancy, childbirth, miscarriage, abortion or any complications of any of these conditions.
- Alcoholism, drug addiction or the use of any drug or narcotic except as prescribed by a Doctor.
- Injury or Sickness that occurs while the Insured Person has been determined to be legally intoxicated as determined according to the laws of the jurisdiction in which the Injury or Sickness occurred, or under the influence of any narcotic, barbiturate, or hallucinatory drug, unless administered by a Doctor and taken in accordance with the prescribed dosage.
- Dental care, except as the result of Injury to natural teeth caused by a Covered Accident, unless otherwise covered under this Policy.

This insurance does not apply to the extent that trade or economic sanctions or other laws or regulations prohibit Us from providing insurance, including, but not limited to, the payment of claims.

Subrogation

To the extent the Company pays for a loss suffered by an Insured Person, the Company will take over the rights and remedies the Insured Person had relating to the loss to the extent permitted by law. This is known as subrogation. The Insured Person must help the Company to preserve its rights against those responsible for the loss. This may involve signing any papers and taking any other steps the Company may reasonably require. If the Company takes over an Insured Person's rights, the Insured Person must sign an appropriate subrogation form supplied by the Company.

Definitions

Company shall be ACE American Insurance Company.

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

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

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

Doctor as used in this Policy means a doctor of medicine or a doctor of osteopathy licensed to render medical services or perform surgery in accordance with the laws of the jurisdiction where such professional services are performed.

Effective Date means the date the Insured Person's coverage under the Policy begins. An Eligible Person will be insured on the latest of: 1) the Policy Effective Date; 2) the date he or she is eligible, provided the required premium is paid.

Elective Surgery or Elective Treatment means surgery or medical treatment which is not necessitated by a pathological or traumatic change in the function or structure in any part of the body first occurring after the Insured Person's effective date of coverage. Elective Surgery includes, but is not limited to, circumcision, tubal ligation, vasectomy, breast reduction, sexual reassignment surgery, and sub-mucous resection and/or other surgical correction for deviated nasal septum, other than for necessary treatment of covered purulent sinusitis. Elective Surgery does not apply to cosmetic surgery required to correct Injuries suffered in a Covered Accident. Elective Treatment includes, but is not limited to, treatment for acne, nonmalignant warts and moles, weight reduction, infertility, and learning disabilities.

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

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

Family Member or Immediate Family Member means an Insured Person's spouse, domestic partner, child, brother, sister, parent, grandparent, or immediate in-law.

Home Country means the country where an Insured Person has his or her true, fixed and permanent home and principal establishment or the United States. Coverage under this Policy is extended to U.S. citizens traveling to U.S. Territories.

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

Injury means accidental bodily harm sustained by an Insured Person that results directly and independently from all other causes from a Covered Accident. All injuries sustained by one person in any one accident, including all related conditions and recurrent symptoms of these injuries, are considered a single Injury.

Insured Person(s) means a person eligible for coverage under the Policy as defined in "Eligible Persons" who has applied for coverage and is named on the application if any and for whom We have accepted premium.

Medically Necessary or Medical Necessity means health care services that a Doctor, exercising prudent clinical judgment, would provide to a patient for the purpose of preventing, evaluating, diagnosing, or treating a Sickness or an Injury, or its symptoms, and that are: (a) in accordance with generally accepted standards of medical practice; (b) clinically appropriate, in terms of type, frequency, extent, site, and duration and considered effective for the patient's Sickness or Injury, and (c) not primarily for the convenience of the patient, physician, or other health care provider and not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of that patient's Sickness or Injury. "Generally accepted standards of medical practice" means standards that are based on credible scientific evidence published in peer-reviewed medical literature generally recognized by the relevant medical community or otherwise consistent with the standards set forth in policy issues involving clinical judgment.

Mental and Nervous Disorder means a Sickness that is a mental, emotional or behavioral disorder.

Permanent Residence or Country of Residence means the country where an Insured Person has his or her true, fixed and permanent home and principal establishment, and to which he or she has the intention of returning.

Pre-Existing Condition means an illness, disease, or other condition of the Insured Person within 365 days prior to the Insured Person's coverage became effective under the Policy: 1) first manifested itself, worsened, became acute, or exhibited symptoms that would have caused a person to seek diagnosis, care, or treatment; or 2) required taking prescribed drugs or medicines, unless the condition for which the prescribed drug or medicine is taken remains controlled without any change in the required prescription; or 3) was treated by a Doctor or treatment had been recommended by a Doctor.

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

Relative means spouse, Domestic Partner, parent, sibling, child, grandparent, grandchild, step-parent, step-child, step-sibling, in-laws (parent, son, daughter, brother and sister), aunt, uncle, niece, nephew, legal guardian, ward, or cousin of the Insured Person.

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

Termination of Insurance means the Insured Person's coverage will end on the earliest of the following date: 1) the Policy terminates; 2) the Insured Person is no longer eligible; 3) of the last day of the Term of Coverage, requested by the Participating Organization, applicable to the Insured Person; or 4) the period ends for which premium is paid.

Termination of the Policy will not affect Trip coverage, if premium for the Trip is paid prior to the actual start of the Trip.

U.S. Territories means lands that are directly overseen by the United States Federal Government. A list of these territories would include the United States Virgin Islands, Guam, American Samoa, Northern Mariana Islands, and Puerto Rico.

We, Our, Us means the insurance company underwriting this insurance.

IMPORTANT NOTICE

This policy provides travel insurance benefits for individuals traveling outside of their home country. This policy does not constitute comprehensive health insurance coverage (often referred to as "major medical coverage") and does not satisfy a person's individual obligation to secure the requirement of minimum essential coverage under the Affordable Care Act (ACA). For more information about the ACA, please refer to www.HealthCare.gov

This information provides a brief description of the important features of the insurance plan. It is not a contract of insurance. The terms and conditions of coverage are set forth in the policy issued in the state in which the policy was delivered under form number AH-15090. Complete details may be found in the policy on file at your school's office. The policy is subject to the laws of the state in which it was issued. Please keep this information as a reference.

Cultural Insurance Services International (CISI)

1 High Ridge Park | Stamford, CT 06905

Phone: 203-399-5130 | Fax: 203-399-5596

claimhelp@mycisi.com • www.culturalinsurance.com



Personal Liability Insurance

designed for

2019 Au Pair in America Participants

Policy Effective January 1, 2019 to December 31, 2019

Administered by Cultural Insurance Services International • 1 High Ridge Park • Stamford, CT 06905

This plan is underwritten by American Empire Surplus Lines Insurance Company, A Delaware Stock Company

Period of Coverage: The effective date of your Personal Liability coverage is the date you depart your domicile immediately prior to becoming a participant in the program. Your coverage terminates when the first of the following occurs:

- expiration of the term of coverage
- termination of program participation
- direct return to your home country after your trip as a participant

Description of Benefit:

Personal Liability Insurance (Policy # 19 CG61045)

The insurer will pay on your behalf all sums which you shall become legally obligated to pay as damages for personal liability claims made against you and reported to the insurer during the policy term. The policy term is your full stay in the U.S. (up to, but not including your 13th month.) The personal liability benefit covers bodily injury and property damage. The limit of coverage is \$100,000 per claim and \$200,000 aggregate limit per policy term per au pair.

The Personal Liability Insurance Benefit provides the following benefits:

- **Medical expenses:** The insurer will pay up to \$5,000 on the Insured's behalf for medical expenses resulting from an incident caused by the Insured's activities which result in bodily injury to a person other than the Insured.
- **Additional living expenses:** If the Insured causes an incident that results in the insured's location (host family's home) becoming unfit to live in, the insurer will pay on the Insured's behalf, for any necessary increase in living expenses up to \$5,000 per policy term incurred by the host family so that the household can maintain its normal standard of living.
- **Payment of deductible under homeowners' policy:** If an incident caused by the Insured results in a claim being paid under a valid and collectible homeowner's policy of the host family covering the insured location, the insurer will pay the host family on the Insured's behalf, the amount of their homeowners' policy deductible not to exceed \$1,000 per au pair per policy term.

Please note: Specific exclusions apply to this benefit (most common is loss resulting from the Insured's use of a motor vehicle). Please contact CISI for further information before making a claim.



Cultural Insurance Services International – Claim Form

- ▶ **Program Name:** Au Pair in America
- ▶ **Policy Number:** GLM N04965231
- ▶ **Participant ID Number** (from the front of your insurance card):

Mailing Address: 1 High Ridge Park, Stamford, CT 06905 | **E-mail:** claimhelp@mycisi.com | **Fax:** (203) 399-5596
 For claim submission questions, call (203) 399-5130, or e-mail claimhelp@mycisi.com

Instructions:

1. Fully complete and sign the medical claim form for each occurrence, indicating whether the Doctor/Hospital has been paid.
2. Attach **itemized bills** for all amounts being claimed. *We recommend you provide us with a copy and keep the originals for yourself.
3. Approved reimbursements will be paid to the provider of the service unless otherwise indicated.
4. Submit claim form and attachments via mail, e-mail, or by fax (provided above).

See next page for state specific disclaimers, claimant cooperation provision and additional claim submission instructions.

▶ NAME AND CONTACT INFORMATION OF THE INSURED

Name of the Insured: _____ Date of Birth: ____/____/____
 (month/day/year)

*Please indicate which is your home address: U.S. Address Address Abroad

U.S. Address: _____
 street address apt/unit # city state zip code

Address Abroad: _____

E-mail Address: _____ Phone Number: _____

▶ IF IN AN ACCIDENT

Date of Accident: ____/____/____ Place of Accident: _____ Date of Doctor/Hospital Visit: ____/____/____

Description/Details of Injury (*attach additional notes if necessary*): _____

▶ IF SICKNESS/ILLNESS

Description of Sickness/Illness (*attach additional notes if necessary*): _____

*Onset Date of Symptoms: ____/____/____ *Date of Doctor/Hospital Visit: ____/____/____

Have you had this Sickness/Illness before? YES NO If yes, when was the last occurrence and/or doctor/hospital visit? _____

▶ REIMBURSEMENT

Have these doctor/hospital bills been paid by you? YES NO

If no, do you authorize payment to the provider of service for medical services claimed? YES NO

If yes, any eligible reimbursements will be made in U.S currency (USD) via check. If you would like your eligible reimbursement in another currency via wire transfer, please contact CISI at 203-399-5130 or claimhelp@mycisi.com for instructions.

Please note if you are submitting a claim for prescription medication, you must submit the prescription receipt. This will include your name, the name of the prescribing physician, name of the medication, dosage, date and amount billed. Cash register receipts will not be considered for reimbursement.

▶ FOR CLAIMS UNRELATED TO A MEDICAL INCIDENT, PLEASE CHECK THE APPROPRIATE BOX BELOW:

In order to claim monies back related to one of the below benefits, you **MUST** submit the requested documentation found on the following page (Page 2).

TRIP INTERRUPTION PERSONAL PROPERTY

Please provide us with the relevant details of your incident below or the details and value of your loss. You may attach an additional page if necessary:

STOP! Please see next page for claim submission instructions specific to each of these benefits.

▶ CONSENT TO RELEASE MEDICAL INFORMATION

I hereby authorize any insurance company, Hospital or Physician or other person who has attended or examined me, including those in my home country to furnish to Cultural Insurance Services International or any of their duly appointed representatives, any and all information with respect to any sickness/illness or injury, medical history, consultation, prescriptions or treatment, and copies of all hospital or medical reports. A photo static copy of this authorization shall be considered as effective and valid as the original.

I certify that the information furnished by me in support of this claim is true and correct.

Name (please print): _____

Signature: _____ Date: _____

Cultural Insurance Services International – Claim Form

Page 2

Instructions for Claim Submission on Unrelated to a Medical Incident

Trip Interruption you must submit:

- Flight Itinerary including your name, travel dates and departure and arrival locations
- Letter stating reason for curtailing travel (if due to a medical condition, the letter must be from the treating physician)
- If due to the death of a family member, a death certificate is needed.

Personal Property you must submit:

- Itemized listing of items lost or stolen with approximate values at the time of loss
- Police Report or report and response from transportation carrier

Claimant Cooperation Provision: Failure of a claimant to cooperate with Us in the administration of a claim may result in the termination of a claim. Such cooperation includes, but is not limited to, providing any information or documents needed to determine whether benefits are payable or the actual benefit amount due.

For residents of Alabama: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution or confinement in prison, or any combination thereof.

For residents of Arkansas, Louisiana, New Mexico: 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.

For residents of District of Columbia: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

For residents of 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.

For residents of Colorado: It is unlawful to knowingly provide false, incomplete or misleading facts or information to an Insurance Company for the purposes of defrauding or attempting to defraud the Company. Penalties include imprisonment, fines, denial of insurance and civil damages.

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

For residents of Kansas: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

For residents of 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 crime.

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

For residents of Maine, Tennessee, Virginia, Washington: It is a crime to knowingly provide false, incomplete or misleading information to an Insurance Company for the purpose of defrauding the Company. Penalties include imprisonment, fines and denial of insurance benefits.

For residents of Maryland: Any Person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit, or 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.

For residents of New Jersey: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

For residents of 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.

For residents of Ohio: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

For residents of Oklahoma: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

For residents of Oregon: Any person who, knowingly and with intent to defraud or facilitate a fraud against any Insurance Company or other person, submits an application, or files a claim for insurance containing any false, deceptive, or misleading material information may be guilty of insurance fraud.

For residents of Pennsylvania: Any person who knowingly and with the 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.

For claimants not residing in Alabama, Arkansas California, Colorado, District of Columbia, Florida, Kansas, Kentucky, Louisiana, Maine, Maryland, New Jersey, New Mexico, New York, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, Tennessee, Virginia nor Washington: Any person who, knowingly or with intent to defraud or to facilitate a fraud against any insurance company or other person, submits an application or files a claim for insurance containing false, deceptive or misleading information may be guilty of insurance fraud.

Proof of Loss/Claims Reporting Phone: (203) 399-5130 Fax: (203) 399-5596	Mail or Fax to: Cultural Insurance Services International 1 High Ridge Park Stamford, CT 06905	Claim Number
		Policy No./Cert. No.

Insured Name:	Home Phone:	Work Phone:
E-mail address:	Cell Phone:	Fax:
Present Address:		
Mailing Address:		
How did the loss happen?		
Date of loss:		Time of loss:
Location of loss:		

Policy Report/Security Report:

- ❖ Where made(address/police precinct no./security company): _____

 (city) (country) Date: _____
- ❖ What police action was taken? _____

Please Enclose Police Report For Theft Or Robbery

Description of Article	Nature and Extent of Damage	Date of Purchase	Original Cost	Amount Claimed
				Total:

Please attach all important information (i.e. receipts, photographs, carrier documents, appraisals,etc.)

The property described on this claim form is either owned by myself or an immediate family member. The losses/damages to said property did not exist prior to my move and in no way were caused by me or any member of my family. All statements made in this Statement of Claim and any attached documents are true, correct and complete to the best of my knowledge and belief. I understand that if I make any material misrepresentation or withhold any material information concerning my claim, I will not be entitled to payment and may be subject to termination of employment. I further understand that my entire file may be audited at any time.

Employee Signature _____

Date _____