

Where can I access additional claim forms?

The claim form is provided at the end of your brochure, attached to your welcome email, and on the

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. Only one benefit, the largest to which you are entitled, is payable for all losses resulting from the same accident. Maximum aggregate benefit per occurrence is \$1,000,000.

We will pay Covered Expenses due to Accident or Sickness only, as per the limits stated in the **Schedule of Benefits** Coverage is limited to Covered Expenses incurred as listed below and subject to Exclusions. Initial treatment of an Injury or Sickness must occur within 30 days of the Accident or onset of the Sickness.

When a Covered Injury or Sickness is incurred by the Insured Person We will pay Reasonable and Customary medical expenses incurred shown in the **Schedule of Benefits** In no event shall Our maximum liability exceed the Benefit Maximum stated in the **Schedule of Benefits** as to Covered Expenses during any one period of individual coverage.

Only such Medically Necessary 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:

- x 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- **PHGLFDO QDWXUH SURYLGHG KRZHYHU WKDW H[SHQVHV GR QRW** semiprivate room and board accommodation.
- x Charges made for Intensive Care or Coronary Care charges and nursing services.
- x Charges made for diagnosis, treatment and surgery by a Doctor.
- x Charges made for an operating room.
- x Charges made for outpatient treatment, same as any other treatment covered on an inpatient basis. This includes ambulatory surgical

Covered Expenses:

Medical Transport: ([SHQVHV IRU WUDQVSRUWDWLRQ XQGHU PHGLFDO VXSHUYLVLRQ WR D GLIIHUHQW
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- X Intentionally self-inflicted Injury; suicide or attempted suicide (Applicable to Accidental Death and Dismemberment benefits only).
- X War or any act of war, whether declared or not.
- X Injury sustained while riding as a pilot, student pilot, operator, or crew member, in or on, boarding or alighting from, any type of aircraft.
- X Injury occasioned or occurring while committing or attempting to commit a felony, or to which the contributing cause was the Insured Person being engaged in an illegal occupation.

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

- X Charges for treatment which is not Medically Necessary.
- X Charges for treatment which exceed Reasonable and Customary charges.
- X Charges incurred for surgery or treatments which are experimental/investigational, or for research purposes.
- X 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.
- X War or any act of war, whether declared or not.
- X Injury sustained while participating in professional athletics.
- X 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 an Injury or Sickness established by a prior call or attendance of a Doctor.
- X Treatment of the temporomandibular joint.
- X Any treatment, service or supply not specifically covered by the Policy.
- X Services or supplies performed or provided by a Relative of the Insured Person, or anyone who lives with the Insured Person.
- X Cosmetic or plastic surgery, except as the result of a covered Injury.
- X Elective Surgery or Elective Treatment which can be postponed until the Insured Person returns to his/her Home Country or Permanent Residence, where the objective of the trip is to seek medical advice, treatment or surgery.
- X Treatment and the provision of false teeth or dentures, normal hearing tests and the provision of hearing aids.
- X 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.
- X Treatment while confined primarily to receive custodial care, educational or rehabilitative care, or nursing services.
- X Congenital abnormalities and conditions arising out of or resulting therefrom.
- X Expenses as a result of or in connection with the commission of a felony offense.
- X 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.
- X Treatment paid for or furnished under any mandatory government program or facility set up for treatment without cost to any individual.
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- X Injuries for which benefits are payable under any no-fault automobile insurance policy.
- X Routine dental treatment.
- X 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.
- X Treatment for human organ tissue transplants and related treatment.
- X Weak, strained or flat feet, corns, calluses, or toenails.
- X Diagnosis and treatment of acne.
- X 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.
- X 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.

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

Company shall be Crum & Forster SPC.

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.

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 that in the 180 days before **WKH – QVXUHG 3HUV** 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)

Cultural Insurance Services International – Claim Form

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Instructions for Claim Submission on Unrelated to a Medical Incident

Trip Interruption you must submit:

- Proof of Payment
- 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 death of a family member, obituary or a certificate of death