

Travel Medical Insurance Plan Brochure



CEA Study Abroad-Barcelona Education Abroad Programs 2017-2018

Eligibility: Students, Faculty, Scholars, or other persons with a current passport or student visa, who are temporarily residing outside their Home Country of regular residence. The Insured must be engaged in full-time educational or research activities of the Participating Organization outside the United States.

Coverage Types:

Coverage #1: Travel Medical & Emergency Evacuation/Repatriation – underwritten by Nationwide Mutual Insurance Company
Coverage #2: Personal Liability & Lost Baggage – underwritten by Lloyds of London

Territory Restrictions:

- United States*
- Cuba, unless traveling to Cuba under an approved reason as stated by the United States Government

* *The U.S. is defined as the 50 United States and the District of Columbia.*

Period of Coverage: No Insured person may have a Policy Period longer than twelve (12) months.

Insurance provided by this Evidence of Benefits is subject to all of the terms and conditions of the filed Travel Policy underwritten by Nationwide Mutual Insurance Company. If there is a conflict between the Travel Policy and this Evidence of Benefits, the Travel Policy will govern. Please note that certain terms and conditions may vary by state. If You would like a copy of Your state specific Policy, please call the Plan Administrator, Consolidated Health Plans at (800) 633-7867.

WHEN YOUR COVERAGE BEGINS - All coverage will take effect at 12:01 A.M. local time, at the location of the Insured, on the Scheduled Departure Date provided:

- (a) coverage has been elected; and
- (b) the required premium has been paid.

All coverage will take effect at 12:01 A.M. local time, at the location of the Insured, on the later of the Scheduled Departure Date, or upon Your departure from Your Home Country.

WHEN YOUR COVERAGE ENDS – Your coverage will end at 11:59 local time on the date that is the earliest of the following:

- (a) upon Your return to Your Home Country;
- (b) three hundred sixty-five (365) days after the Effective Date.

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

FOR EMERGENCY 24-HOUR MEDICAL & TRAVEL ASSISTANCE:

Generali Global Assistance

Toll-free 1-866-987-8906 Collect 1-240-330-1305

E-mail: OPS@us.generaliglobalassistance.com

SCHEDULE OF BENEFITS: COVERAGE #1

All Coverages and Benefits are in U.S. Dollar Amounts	
Emergency Sickness Medical Expense Dental (Relief of Pain)	\$250,000 per Person per Occurrence Up to a maximum of \$500
Emergency Accident Medical Expense Dental (Emergency)	\$250,000 per Person per Occurrence Up to a maximum of \$500
Deductible per Injury or Illness	\$50
Trip Interruption – Return ticket	Up to \$2,500
Accidental Death & Dismemberment	\$10,000 per Insured \$500,000 aggregate per any one loss
Accidental Death & Dismemberment – Common Carrier (Air Only) Paid in lieu of Accidental Death & Dismemberment benefit	\$25,000 per Insured \$500,000 aggregate per any one loss
Emergency Evacuation	Up to \$250,000
Repatriation of Remains	Included under Emergency Evacuation
Transportation to Join You	Included under Emergency Evacuation
Transportation of Dependent Children	Included under Emergency Evacuation
Repatriation of Remains	Up to \$250,000
Non-Medical Emergency Evacuation	Up to 100,000 \$500,000 aggregate per any one loss
24-Hour Assistance / Interactive Website	Included

GENERAL DEFINITIONS

Throughout this document, when capitalized, certain words and phrases are defined as follows:

Accident means a sudden, unexpected, unintended, specific event that 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 Bodily Injury caused by an Accident (of external origin) being the direct and independent cause in the Loss and that 1) requires a physical examination and medical treatment by a Physician and 2) commences while Your coverage is in effect.

Bodily Contact Sports means any sport where the objective is to physically render an opponent unable to continue with the competition such as boxing and full contact karate.

Bodily Injury means identifiable physical injury that is caused by an Accident and is independent of disease or bodily infirmity.

Certificate of Insurance means this document, and any endorsements, riders or amendments that will attach during the period of coverage.

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

Common Carrier means any land, sea, and/or air conveyance operating under a valid license for the transportation of passengers for hire. Taxis and limousines are not Common Carriers as defined herein.

Company means Nationwide Mutual Insurance Company.

Confirmation of Benefits means the document that outlines Your benefits and Maximum Benefit amounts.

Covered Expenses means expenses incurred by You that are for Medically Necessary care or treatment; due to Sickness or Bodily Injury; prescribed, performed or ordered by a Physician; Reasonable and Customary Charges incurred while insured under this Certificate; and that do not exceed the Maximum Benefit limits shown in the Confirmation of Benefits, under each stated benefit.

Deductible means the amount of expenses for covered services and supplies that must be incurred by You before specified benefits become payable.

Dependent Child(ren) means Your child (or children), including an unmarried child, stepchild, legally adopted child or foster child who is: (1) less than age nineteen (19) and primarily dependent on You for support and maintenance; or (2) who is up to age twenty-six (26).

Domestic Partner means a person with whom You reside and can show evidence of cohabitation (including the shared responsibility for basic living expenses) for at least the previous six (6) months and has an affidavit of domestic partnership, if recognized by the jurisdiction within which You reside.

Economy Fare means the lowest published rate for a round trip economy ticket.

Effective Date means 12:01 A.M. local time, at Your location, on the day after the required premium for such coverage is received by the Company or its authorized representative.

Extreme Sports means an athletic pursuit that involves a high degree of danger or risk.

Family Member means Your legal or common law spouse, parent, legal guardian, step-parent, grandparent, parents-in-law, grandchild, natural or adopted child, step-child, children-in-law, brother, sister, step-brother, step-sister, brother-in-law, sister-in-law, aunt, uncle, niece or nephew, Domestic Partner who reside in the United States, Canada or Mexico.

Home Country means the country where You have Your true, fixed and permanent home and principal establishment.

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 twenty-four (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; and
- (f) is not, except incidentally, a clinic, nursing home, rest home, drug or physical rehabilitation facility or convalescent home for the aged, or similar institution.

Insured means the person who enrolled for coverage and whose premium was paid under the Policy.

Land/Sea Arrangements means pre-paid land and/or sea arrangements made by the Travel Supplier.

Loss means Bodily Injury, Sickness or damage sustained by You, while coverage is in effect, in consequence of happening of one or more of the occurrences against which the Company has undertaken to indemnify You.

Maximum Benefit means the largest total amount that the Company will pay under any one benefit for You, as shown on the Confirmation of Benefits.

Medically Necessary means a service or supply that: (a) is recommended by the attending Physician; (b) is appropriate and consistent with the diagnosis in accord with accepted standards of community practice; (c) could not have been omitted without adversely affecting Your condition or quality of medical care; (d) is delivered at the most appropriate level of care and not primarily for the sake of convenience; and (e) is not considered experimental unless coverage for experimental services or supplies is required by law.

Mountaineering means the sport, hobby or profession of walking, hiking and climbing up mountains either: 1) utilizing harnesses, ropes, crampons, or ice axes; or 2) ascending 4,500 meters or above.

Other Insurance means any one of the following types of policies or plans that provides benefits for medical expenses for you at the time of Loss on Your Effective Date of coverage, and such policy or plan requires You to pay any applicable Deductible and/or portion of coinsurance: individual, group or blanket insurance plans; HMO's, PPO's, POS's, EPO's, employer organization plans, employee benefit organizational plans, or other arrangements of benefits for persons of a group. Insurance does not include Medicare or Medicaid.

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, a Traveling Companion or a Family Member.

Policy means the Group Master Policy including the application and any endorsements, riders or amendments that will attach during the period of coverage.

Quarantine means Your strict isolation imposed by a Government authority or Physician to prevent the spread of disease. An embargo preventing You from entering a country is not a Quarantine.

Reasonable and Customary Charges means charges commonly used by Physicians in the locality in which care is furnished.

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

Sickness means an illness or disease of the body that: 1) requires a physical examination and medical treatment by a Physician and 2) commences while Your coverage is in effect. An illness or disease of the body that begins prior to the Effective Date of coverage is not a Sickness as defined herein and is not covered by this Certificate unless it suddenly worsens or becomes acute after the Effective Date.

Sound Natural Teeth means teeth that are whole or properly restored and are without impairment, periodontal or other conditions and are not in need of the treatment provided for any reason other than an Accidental Injury. For purposes of this Certificate, teeth previously restored with a crown, inlay, onlay, or porcelain restoration or treated by endodontics, except amalgam or composite resin fillings, are not considered Sound Natural Teeth.

Travel Arrangements means: (a) transportation; (b) accommodations; and (c) other specified services arranged by the Travel Supplier for the Trip.

Travel Supplier means tour operator, Participating Organization, Cruise line, airline, hotel, travel agency, etc. who has made the land, air and/or sea arrangements.

Trip means a trip or class of trips outside Your Home Country as described on the Confirmation of Benefits.

Unforeseen means not anticipated or expected and occurring after the Effective Date of Your coverage.

You or Your refers to the Insured.

ACCIDENTAL DEATH AND DISMEMBERMENT

The Company will pay the percentage of the Principal Sum shown in the Table of Losses when You, as a result of an Accidental Injury occurring during the Trip, sustain a Loss shown in the Table below. The Loss must occur within three hundred sixty-five (365) days after the date of the Accident causing the Loss.

The Principal Sum is shown on the Confirmation of Benefits. If more than one Loss is sustained as the result of an Accident, the amount payable shall be the largest amount of a sustained Loss shown in the Table of Losses.

TABLE OF LOSSES	
Loss of:	Percentage 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 hearing in both ears	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; and
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

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

DISAPPEARANCE

The Company 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.

ACCIDENTAL DEATH AND DISMEMBERMENT COMMON CARRIER (AIR ONLY)

The Company will pay benefits for Accidental Injuries resulting in a Loss as described in the Table of Losses below, that occurs while You are riding as a passenger in or on, boarding or alighting from, any air conveyance operated under a license for the transportation of passengers for hire during the Trip. The Loss must occur within three hundred sixty-five (365) days after the date of the Accident causing the Loss.

The Principal Sum is shown on the Confirmation of Benefits. If more than one Loss is sustained as the result of an Accident, the amount payable shall be the largest amount shown in the Table of Losses.

TABLE OF LOSSES	
Loss of:	Percentage 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 hearing in both ears	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; and
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

The Company will pay benefits for covered Losses that result from You being unavoidably exposed to the elements due to an Accident of an air conveyance operated under a license for the transportation of passengers for hire during the Trip. The Loss must occur within three hundred sixty-five (365) days after the event that caused the exposure.

DISAPPEARANCE

The Company 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 an air conveyance operated under a license for the transportation of passengers for hire during the Trip in which You were a passenger.

EMERGENCY ACCIDENT MEDICAL EXPENSE

The Company will reimburse benefits up to the Maximum Benefit shown on the Confirmation of Benefits subject to any Deductible shown on the Confirmation of Coverage, if You incur Covered Medical Expenses for Emergency Treatment of an Accidental Injury.

Emergency Treatment means necessary medical treatment that must be performed during the Trip due to the serious and acute nature of the Accidental Injury.

Covered Medical Expenses are expenses incurred for necessary services and supplies: (a) listed below; and (b) ordered or prescribed by the attending Physician as Medically Necessary for treatment, that are limited to:

- (a) the services of a Physician;
- (b) charges for Hospital confinement and use of operating rooms;
- (c) charges for anesthetics (including administration); x-ray examinations or treatments, and laboratory tests;
- (d) ambulance service; and
- (e) drugs, medicines and therapeutic services.

The Company will not pay benefits in excess of the Reasonable and Customary Charges. The Company will not cover any expenses provided by another party at no cost to You, or already included within the cost of the Trip.

The Company will pay benefits up to the Maximum Benefit shown on the Confirmation of Benefits for dental Emergency Treatment for Accidental Injury to Sound Natural Teeth. Both the Accidental Injury and the dental Emergency Treatment must occur during the Trip.

If You are Hospitalized due to an Accidental Injury that first occurred during the course of the Trip beyond the Scheduled Return Date, coverage under this benefit will be extended until You are released from the Hospital or until Maximum Benefits under this Certificate have been paid.

EMERGENCY EVACUATION

The Company will pay benefits for Covered Expenses incurred, up to the Maximum Benefit shown on the Confirmation of Benefits, if an Accidental Injury or Sickness commencing during the course of the Trip results in Your necessary Emergency Evacuation. An Emergency Evacuation must be ordered by a Physician who certifies that the severity of Your Accidental Injury or Sickness warrants Your Emergency Evacuation.

Emergency Evacuation means:

- (a) Your medical condition warrants immediate Transportation from the hospital where You are first taken when injured or sick to the nearest Hospital where appropriate medical treatment can be obtained;
- (b) after being treated at a local Hospital, Your medical condition warrants Transportation to the United States where You reside, to obtain further medical treatment or to recover; or
- (c) both (a) and (b), above.

Covered Expenses are reasonable and customary expenses for necessary Transportation, related medical services and medical supplies incurred in connection with Your Emergency Evacuation. All Transportation arrangements made for evacuating You must be by the most direct and economical route possible. Expenses for Transportation must be:

- (a) recommended by the attending Physician;
- (b) required by the standard regulations of the conveyance transporting You; and
- (c) authorized in advance by the Company or its authorized representative.

Transportation of Dependent Children: If You are in the Hospital for more than seven (7) days, the Company will return Your unattended Dependent Children accompanying You on the scheduled Trip, to their home with an attendant if necessary.

Transportation to Join You: If You are traveling alone and are in a Hospital alone for more than seven (7) consecutive days, or if the attending Physician certifies that due to Your Accidental Injury or Sickness, You will be required to stay in the Hospital for more than seven (7) consecutive days, upon request the Company will bring a person, chosen by You, for a single visit to and from Your bedside, provided that repatriation is not imminent.

Transportation services are provided if authorized in advance by the assistance provider, and are limited to necessary Economy Fares less the value of applied credit from unused travel tickets, if applicable.

Transportation means any Common Carrier, or other land, water or air conveyance, required for an Emergency Evacuation and includes air ambulances, land ambulances and private motor vehicles.

The Company will not cover any expenses provided by another party at no cost to You or already included within the cost of the Trip.

EMERGENCY SICKNESS MEDICAL EXPENSE

The Company will reimburse benefits up to the Maximum Benefit shown on the Confirmation of Benefits subject to any Deductible shown on the Confirmation of Coverage, if You incur Covered Medical Expenses as a result of Emergency Treatment of a Sickness.

Emergency Treatment means necessary medical treatment that must be performed during the Trip due to the serious and acute nature of the Sickness.

Covered Medical Expenses are expenses incurred for necessary services and supplies: (a) listed below; and (b) ordered or prescribed by the attending Physician as Medically Necessary for treatment, that are limited to:

- (a) the services of a Physician;
- (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 and therapeutic services.

The Company will not pay benefits in excess of the Reasonable and Customary Charges. The Company will not cover any expenses provided by another party at no cost to You or already included within the cost of the Trip.

If You are Hospitalized due to a Sickness that first occurred during the course of the Trip beyond the Scheduled Return Date, coverage under this benefit will be extended until You are released from the Hospital or until Maximum Benefits under this Certificate have been paid.

NON-MEDICAL EMERGENCY EVACUATION

The Company will reimburse You, up to the Maximum Benefit shown on the Confirmation of Coverage, for all reasonable expenses incurred for Your transportation to the nearest place of safety, or to Your primary place of residence, if You must leave Your Trip for a Covered Reason, as defined below.

Evacuation must occur within ten (10) days of any covered event. Arrangements will be by the most appropriate and economical means available and consistent with Your health and safety. Benefits are only payable for arrangements made by the assistance provider.

Covered Reasons: The Company will pay for the Non-Medical Emergency Evacuation Benefits listed above if, while on Your Trip, a formal recommendation from the appropriate local authorities, or the U.S. State Department, is issued for You to leave a country You are visiting on Your Trip due to:

- 1) a natural disaster;
- 2) civil, military or political unrest; or
- 3) You being expelled or declared a persona non-grata by a country You are visiting on Your Trip.

These benefits will not duplicate any other benefits payable under this Certificate or any coverage(s) attached to this Certificate.

REPATRIATION OF REMAINS

The Company will pay the reasonable Covered Expenses incurred to return Your body to Your primary residence if You die during the Trip. This will not exceed the Maximum Benefit shown on the Confirmation of Benefits. This benefit is provided if authorized in advance by the assistance provider.

Covered Expenses include, but are not limited to, expenses for embalming, cremation, casket for transport and transportation.

TRIP INTERRUPTION

The Company will reimburse You, up to the Maximum Benefit shown on the Confirmation of Benefits, if You join Your Trip after departure, or are unable to continue on the covered Trip due to any of the following reasons that are Unforeseen and take place after departure:

Your Sickness, Accidental Injury or death, that results in medically imposed restrictions as certified by a Physician at the time of Loss preventing Your continued participation in the Trip. A Physician must advise to cancel the Trip on or before the Scheduled Return Date.

Sickness, Accidental Injury or death of a non-traveling Family Member.

You being hijacked, Quarantined, required to serve on a jury, subpoenaed, the victim of felonious assault during the Trip.

The Company will reimburse You for the following:

(a) the airfare paid less the value of applied credit from an unused travel ticket, to return home, join or rejoin the original Land/Sea Arrangements, limited to the cost of one-way economy airfare, or similar quality as originally issued ticket by scheduled carrier, from the point of destination to the point of origin shown on the original travel tickets.

In no event shall the amount reimbursed exceed the Maximum Benefit shown on the Confirmation of Benefits.

LIMITATIONS AND EXCLUSIONS

The following exclusions apply to Accidental Death & Dismemberment, Accidental Death & Dismemberment - Common Carrier (Air Only), Emergency Sickness Medical Expense, Emergency Accident Medical Expense, Emergency Evacuation, Repatriation of Remains and Non-Medical Emergency Evacuation:

Loss caused by or resulting from:

1. intentionally self-inflicted injuries;
2. war, invasion, acts of foreign enemies, hostilities between nations (whether declared or not), civil war;
3. participation in any military maneuver or training exercise;
4. piloting or learning to pilot or acting as a member of the crew of any aircraft;
5. participation as a professional in athletics;
6. commission or the attempt to commit a dishonest, fraudulent or criminal act;
7. participating in Bodily Contact Sports; skydiving; hang-gliding; Parachuting; Mountaineering; any race; bungee cord jumping; speed contest (speed contest shall not include any of the regatta races;) scuba diving, unless You are certified to dive; deep sea diving; spelunking or caving; heliskiing; extreme skiing; Extreme Sports;
8. dental treatment except as a result of an injury to Sound Natural Teeth within twelve (12) months of the injury;
9. any non-emergency treatment or surgery, routine physical examinations, hearing aids, eye glasses or contact lenses;
10. curtailment or delayed return for other than covered reasons;
11. traveling for the purpose of securing medical treatment;
12. services not shown as covered;
13. directly or indirectly, the actual, alleged or threatened discharge, dispersal, seepage, migration, escape, release or exposure to any hazardous biological, chemical, nuclear radioactive material, gas, matter or contamination;
14. care or treatment that is not Medically Necessary;
15. care or treatment for which compensation is payable under Worker's Compensation Law, any Occupational Disease law; the 4800 Time Benefit plan or similar legislation;
16. care or treatment that is payable under any Other Insurance policy;
17. Accidental Injury or Sickness when traveling against the advice of a Physician;
18. cosmetic surgery except for: reconstructive surgery incidental to or following surgery for trauma, or infection or other covered disease of the part of the body reconstructed, or to treat a congenital malformation of a child.
19. canyoning or canyoneering (traveling in canyons using a variety of techniques that may include walking, scrambling, climbing, jumping, abseiling and/or swimming);
20. any expenses incurred in the Home Country.

The following exclusions apply to Non-Medical Emergency Evacuation:

The Company does not cover:

- 1) Loss or expense recoverable under any Other Insurance or through an employer;
- 2) Loss or expense arising from or attributable to:
 - (a) fraudulent or criminal acts committed or attempted by You;

- (b) alleged violation of the laws of the country You are visiting, unless the Company determines such allegations to be fraudulent, or
 - (c) failure to maintain required documents or visas;
- 3) Loss or expense arising from or attributable to:
- (a) debt, insolvency, business or commercial failure;
 - (b) the repossession of any property; or
 - (c) Your non-compliance with a contract, license or permit;
- 4) Loss or expense arising from or due to liability assumed by You under any contract.

GENERAL PROVISIONS

The following provisions apply to all Nationwide Mutual coverages:

LEGAL ACTIONS - No legal action for a claim can be brought against the Company until sixty (60) days after the Company receives Proof of Loss. No legal action for a claim can be brought against the Company more than three (3) years after the time required for giving Proof of Loss.

CONTROLLING LAW - Any part of this Certificate that conflicts with the state law where the Certificate is issued is changed to meet the minimum requirements of that law.

GOVERNING JURISDICTION – The insurance regulatory agency and courts of the jurisdiction in which You reside or the group is located shall have jurisdiction over the individual or group insurance coverage as if such coverage or plan were issued directly to You.

MISREPRESENTATION AND FRAUD – Your coverage shall be void if, whether before or after a Loss, You concealed or misrepresented any material fact or circumstance concerning this Certificate or the subject thereof, or Your interest therein, or if You commit fraud or false swearing in connection with any of the foregoing.

You must fully cooperate in the event the Company determines that an investigation of any claim is warranted.

SUBROGATION - To the extent the Company pays for a Loss suffered by You, the Company will take over the rights and remedies You had relating to the Loss. This is known as subrogation. You 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 Your rights, You must sign an appropriate subrogation form supplied by the Company.

ASSIGNMENT - This Certificate is not assignable, whether by operation of law or otherwise, but benefits may be assigned.

EXCESS INSURANCE LIMITATION - The insurance provided by this Certificate shall be in excess of all other valid and collectible insurance or indemnity. If at the time of the occurrence of any Loss there is other valid and collectible insurance or indemnity in place, the Company shall be liable only for the excess of the amount of Loss, over the amount of such Other Insurance or indemnity, and applicable Deductible.

The following provisions apply to all benefits:

PAYMENT OF CLAIMS - The Company, or its designated representative, will pay a claim after receipt of acceptable Proof of Loss.

Benefits for Loss of life are payable to Your beneficiary. If a beneficiary is not otherwise designated by You, benefits for Loss of life will be paid to the first of the following surviving preference beneficiaries:

- a) Your spouse;
- b) Your child or children jointly;
- c) Your parents jointly if both are living or the surviving parent if only one survives;
- d) Your brothers and sisters jointly; or
- e) Your estate.

All other claims will be paid to You. In the event You are a minor, incompetent or otherwise unable to give a valid release for the claim, the Company may make arrangement to pay claims to Your legal guardian, committee or other qualified representative.

All or a portion of all other benefits provided by this Certificate may, at the option of the Company, be paid directly to the provider of the service(s). All benefits not paid to the provider will be paid to You.

Any payment made in good faith will discharge the Company's liability to the extent of the claim.

The applicable benefit amount will be reduced by the amount of benefits, if any, previously paid by Other Insurance policies. In no event will the Company reimburse You for an amount greater than the amount paid by You.

NOTICE OF CLAIM - Written notice of claim must be given by the claimant (either You or someone acting for You) to the Company or its designated representative within twenty (20) days after a covered Loss first begins or as soon as reasonably possible. Notice should include Your name, the Participating Organization's name and the Plan number. Notice should be sent to the Company's administrative office, or to the Company's designated representative.

PROOF OF LOSS - The claimant must send the Company, or its designated representative, Proof of Loss within ninety (90) days after a covered Loss occurs or as soon as reasonably possible. 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.

PHYSICAL EXAMINATION AND AUTOPSY - The Company, or its designated representative, at its own expense, have the right to have You examined as often as reasonable necessary while a claim is pending. The Company, or its designated representative, also has the right to have an autopsy made unless prohibited by law.

TIME OF PAYMENT OF CLAIMS - Benefits payable under this Certificate for any Loss other than Loss for which this Certificate provides any periodic payment will be paid immediately upon receipt of due written Proof of such Loss. Subject to due written Proof of Loss, all accrued indemnities for Loss for which this Certificate provides periodic payment will be paid monthly and any balance remaining unpaid upon the termination of liability, will be paid immediately upon receipt of due written proof.

All claims shall be paid within thirty (30) days following receipt by the Company of due Proof of Loss. Failure to pay within such period shall entitle the claimant to interest at the rate of six (6) percent per annum from the thirtieth (30th) day after receipt of such Proof of Loss to the date of late payment, provided that interest amounting to less than one dollar need not be paid. You or Your assignee shall be notified by the Company or designated representative of any known failure to provide sufficient documentation for a due Proof of Loss within thirty (30) days after receipt of the claim. Any required interest payments shall be made within thirty (30) days after the payment.

FOR EMERGENCY 24-HOUR MEDICAL & TRAVEL ASSISTANCE:

Generali Global Assistance

1-866-987-8906 (toll-free)

1-240-330-1305 (collect)

E-mail: OPS@us.generaliglobalassistance.com

7 days a week / 24 hours a day

NATIONWIDE MEDICAL CLAIMS:

Consolidated Health Plans

On Behalf of Nationwide Life Insurance Company and Affiliated Companies

2077 Roosevelt Avenue

Springfield, MA 01104

Phone: (800) 633-7867

www.chpstudent.com

Nationwide® Privacy Statement

Thank you for choosing Nationwide

Our privacy statement explains how we collect, use, share, and protect your personal information. So just how do we protect your privacy? In a nutshell, we respect your right to privacy and promise to treat your personal information responsibly. It's as simple as that. Here's how.

Confidentiality and security

We follow all data security laws. We protect your information by using physical, technical, and procedural safeguards. We limit access to your information to those who need it to do their jobs. Our business partners are legally bound to use your information for permissible purposes.

Collecting and using your personal information

We collect personal information about you when you ask about or buy one of our products or services. The information comes from your application, business transactions with us, consumer reports, medical providers, and publicly available sources. Please know that we only use that information to sell, service, or market products to you.

We may collect and use the following types of information:

- Name, address, and Social Security number
- Assets and income
- Account and policy information
- Credit reports and other consumer report information
- Family member and beneficiary information
- Public information

Sharing your information for business purposes

We share your information with other Nationwide companies and business partners. When you buy a product, we share your personal information for everyday purposes. Some examples include mailing your statements or processing transactions that you request. You cannot opt out of these. We also share your information where federal and state law requires.

Sharing your information for marketing purposes

We don't sell your information for marketing purposes. We have chosen not to share your personal information with anyone except to service your product. So there's no reason for you to opt out. If we change our policy, we'll tell you and give you the opportunity to opt out before we send your information.

Using your medical information

We sometimes collect medical information. We may use this medical information for a product or service you're interested in, to pay a claim, or to provide a service. We may share this medical information for these business purposes if required or permitted by law. But we won't use it for marketing purposes unless you give us permission.

Accessing your information

You can ask us for a copy of your personal information. Please call the number on your insurance ID card if applicable, contact your customer service representative, or send a letter to the address below and have your signature notarized. This is for your protection so we may prove your identity. We don't charge a fee for giving you a copy of your information now, but we may charge a small fee in the future.

We can't update information that other companies, like credit agencies and third parties, provide to us. So you'll need to contact these other companies to change and correct your information.

Send your privacy inquiries to the address below. Please include your name, address, and policy number. If you know it, include your agent's name and number.

Consolidated Health Plans

On Behalf of Nationwide Life Insurance Company and Affiliated Companies
2077 Roosevelt Avenue
Springfield, MA 01104

A parting word...

These are our privacy practices. They apply to all current and former clients of Nationwide Specialty Insurance. They also apply to joint policy or contract holders. This includes the following companies:

Nationwide Life Insurance Company
Nationwide Mutual Insurance Company
National Casualty Company
Allied Property and Casualty Insurance Company

The following Benefits are underwritten by Lloyds of London

SCHEDULE OF BENEFITS: COVERAGE #2

All Coverages and Benefits are in U.S. Dollar Amounts	
Lost Baggage	\$1,500 – Max. benefit / \$150 per article \$250 combined max. for jewelry, furs, watches, personal computers, cameras
Deductible Per Lost Baggage Claim:	\$50
Personal Liability – Per Occurrence	\$100,000
Deductible Per Personal Liability Claim:	\$100
Aggregate Limit per INSURED:	\$200,000
Medical Payments Coverage:	\$25,000
Additional Living Expenses Coverage:	\$10,000
Payment of Deductible Under Homeowner’s Insurance Coverage:	\$1,000
Policy Aggregate:	\$200,000

GENERAL DEFINITIONS

Actual Cash Value means purchase price less depreciation.

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 land, sea, and/or air conveyance operating under a valid license for the transportation of passengers for hire.

Covered Trip means any class of scheduled trips, tours or cruises You request coverage and remit the required premium.

Effective Date means the date and time Your coverage begins, as outlined in the General Provisions section of this Certificate.

Home Country means the country where You have Your true, fixed and permanent home and principal establishment.

Insured means the person who is enrolled for coverage under the Policy.

Loss means injury or damage sustained by You in consequence of happening of one or more of the occurrences against which the Company has undertaken to indemnify You.

Policyholder means the Policyholder shown on the face page of this Policy.

Policy Term: With respect to each Insured, the Policy Term shall begin When Your Coverage Begins and terminate When Your Coverage Ends as stated in this Policy.

Schedule means the Benefit Schedule shown on the Application.

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

Trip means any trip outside Your Home Country not to exceed 365 days.

You or Your refers to the Insured.

The following definitions apply to Personal Liability:

Automobile means a land motor vehicle, trailer or semi-trailer designed for travel on public roads (including any machinery or apparatus attached thereto)

Bodily Injury means bodily injury, sickness or disease sustained by any person, including death. It does not include any communicable disease.

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

Claims Expense means:

- a. Fees charged by an attorney or attorneys designated by the Company and all other fees, costs, and expenses resulting from the investigation, adjustment, defense settlement and appeal of a Claim, suit or proceeding arising in connection therewith, if incurred by the Company, or incurred by the Insured with written consent of the Company, but does not include salary charges or expenses of regular employees or officials of the Company, or fees and expenses of independent adjusters;
- b. All costs against the Insured in such suits and all interest on the entire amount of any judgment therein which accrues after entry of the judgment and before the Company has paid or tendered or deposited, whether in court or otherwise, that part of the judgment which does not exceed the limit of the Company's liability thereon;
- c. Premiums on appeal bonds and premiums on bonds to release attachments in such suits, but not for bond amounts in excess of the applicable limit of liability of this policy. The Company shall have no obligation to pay for or furnish any bond;
- d. Up to \$250 for loss of earnings to each Insured for each day or part of a day of their attendance at the Company's request at a trial, hearing or arbitration proceeding involving a civil suit against such Insured for covered Damages, but the amount so payable for any one or series of trials, hearings or arbitration proceedings arising out of the same Incidents shall in no event exceed \$5,000.

Damages means compensatory judgments, settlement or awards, but does not include fines or penalties, the return of fees or other consideration paid to the Insured.

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

Incident means any act or omission committed by the Insured during the Policy Term which unexpectedly, unintentionally, and suddenly results in Bodily Injury, Property Damage or Personal Injury provided the act or omission committed by the Insured was during the Policy Term.

Insured Location means (1) the Host Family's residence premises and the part of any other premises, structures and grounds used by the Insured; or (2) Any part of a premises where an Insured is temporarily staying. An Insured Location does not include coverage for Property Damage to property rented to, occupied by, used by, or in the care of any Insured, to the extent that the Insured is required by contract to provide insurance.

Mobile Equipment means a land vehicle (including any machine or apparatus attached thereto, whether or not self-propelled), (1) not subject to motor vehicle registration, or (2) maintained for use exclusively on premises owned by or rented to any Insured, including the ways immediately adjoining, or (3) designed for use principally off public roads, or (4) designed or maintained for the sole purpose of affording mobility to equipment of the following types forming an integral part of or permanently attached to such vehicle: power cranes, shovels, loaders, diggers and drills; concrete mixers (other than the mix-in-transit type); graders, scrapers, rollers and other construction or repair equipment; air compressors, pumps and generators, including spraying, welding and building cleaning equipment; and geophysical exploration and well servicing equipment, or (5) anything with a motor that rolls, flies or dives, such as snowmobiles, mopeds, motorbikes, dirt bikes or (6) anything that flies such as parasails, parachutes and hang gliders.

Personal Injury means:

- a. false arrest, detention or imprisonment, wrongful entry or eviction, other invasion of private occupancy, or malicious prosecution; or
- b. the publication or utterance of a libel, slander or other defamatory or disparaging material; or
- c. a publication or an utterance in violation of an individual's right of privacy; or

- d. shock, mental anguish, or mental injury.

Personal Injury does not include the transmission intentionally or unintentionally of any illness, sickness or disease by the Insured to anyone, or any consequence resulting from that illness, sickness or disease.

Property Damage means:

- (a) physical injury to or destruction of tangible property, including the loss of use thereof at any time resulting there from; or
- (b) loss of use, or loss of the value of tangible property which has not been physically injured or destroyed.

DESCRIPTION OF BENEFITS:

LOST BAGGAGE

The Company will reimburse benefits if Your Checked Baggage is lost due to theft or misdirection by a Common Carrier while You are on a Trip and are a ticketed passenger on the Common Carrier.

The Company will reimburse You for the cost of replacement of the baggage and its contents up to the Maximum Benefit shown on the Confirmation of Coverage.

There will be a Deductible per occurrence as shown on the Confirmation of Coverage. There will be a per article limit shown on the Confirmation of Coverage.

There will be a combined Maximum Benefit limit shown on the Confirmation of Coverage for the following:
jewelry; watches; articles consisting in whole or in part of silver, gold or platinum; furs; articles trimmed with or made mostly of fur; cameras and their accessories and related equipment.

All claims must be verified by the Common Carrier who must certify the Loss or theft occurred while in possession of the Common Carrier.

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 benefits are exhausted.

The Company will pay the lesser of the following:

- (a) Actual Cash Value at time of Loss, theft or damage to baggage and personal effects; or
- (b) the cost of repair or replacement in like kind and quality.

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 the property.

PERSONAL LIABILITY

The Company will pay on behalf of the Insured all sums which the Insured shall become legally obligated to pay as Damages for personal liability Claims first made against the Insured and reported to the Company, during the Policy Term that his endorsement is in effect, arising out of any Incident covered under this Policy, provided always that such Incident happens:

- (a) on or after the Policy Effective Date on which this endorsement becomes effective; or
- (b) on or after the effective date of the earliest claims-made policy issued by the Company covering the Insured to which this is a continuous renewal.

For any claim brought in the United States of America (including its territories and possessions), Puerto Rico or Canada, the Company shall have the right and duty to defend any suit against the Insured seeking Damages to which this insurance applies even if any of the allegations of the suit are groundless, false or fraudulent. The Company may make such investigation and settlement of any Claim, or suit as it deems expedient. With respect to claims brought or suits instituted in courts elsewhere than within the United States of America (including its territories and possessions), Puerto Rico or Canada, the Company shall have the right, but not the duty, to:

- 1) Defend any suit; and
- 2) Make such investigation, negotiation and settlement of any claim or suit as the Company deems expedient.

Any claim or suit which the Company elects not to investigate, settle or defend, the Insured, under the Company's supervision, will make or cause to be made, such investigation and defense as may be reasonably necessary. Subject to prior authorization by the Company, the Insured will effect, to the extent possible, such settlements as the Company and the Insured deem prudent. The Company will reimburse the Insured for the cost of any such investigation, settlement or defense, in the currency of the United States of America at the rate of exchange prevailing on the date of payment.

In no event shall the Company be obligated to pay Damages or Claim Expenses or to defend, or continue to defend, any suit after the applicable limit of the Company's liability has been exhausted by payment of Damages and/or Claim Expenses.

Other Insurance. If other valid and collectible insurance is available to the Insured for a covered loss under Personal Liability, the Company's obligations are limited as follows:

- (a) **Primary Insurance:** This insurance is primary over the Policyholder's liability insurance. Our obligations are not affected unless any insurance other than the Policyholder's insurance is also primary. Then we will share with all that other insurance by the Method of Sharing described in (b) below.
- (b) **Method of Sharing:**
If the other insurance permits the contribution by equal shares, we will follow this method also. Under this approach, each insurer contributes equal amounts until it has paid its applicable limit of insurance or none of the loss remains, whichever comes first.

The Policy provides excess coverage over and above insurance which may cover the Insured, Host Family or a third party involved in an Occurrence. The amount paid is pursuant to the applicable coverage provision(s) of the Policy and is reduced by the amount payable by any such Underlying Insurance.

Medical Payments Coverage

The Company will pay up to \$25,000 on behalf of the Insured for Medical Expenses that are incurred or medically ascertained within 52 weeks after the date of the Incident and which result from an Incident causing Bodily Injury to:

- (a) A person who is on the Insured Location with the permission of the Host Family, if the Incident is caused by the activities of the Insured or by an animal owned by, or in the care of, an Insured.
- (b) A person not on the Insured Location, if the Incident is caused by the activities of an Insured or by an animal owned by, or in the care of, an Insured.

Medical Expenses are defined as those expenses recommended and approved by a Physician for hospital room and board, use of an operating room, emergency room, ambulatory medical center, fees of physicians and nurses, laboratory tests, prescription medicines or drugs, anesthetics, transfusions, diagnostic testing, and therapeutics.

The Company will pay the benefit pursuant to this provision only after due proof of the Medical Expenses incurred has been submitted to the Company,

This coverage does not apply to the Insured or to a dependent of an Insured.

Additional Living Expenses

If an Incident caused by the activities of the Insured results in the Insured Location becoming unfit to live in, the Company will pay for any necessary increase in living expenses incurred by the Host Family so that the household can maintain its normal standard of living. Payment will be for the shortest time required to repair or replace the damage to the Insured Location or, if the Host Family permanently relocates, the shortest time required for the Host Family to settle elsewhere. The Company will pay the Host Family benefits up to a maximum of \$10,000 on behalf of the Insured per Policy Term for Additional Living Expenses.

Payment. The Company will pay the benefit pursuant to this provision only after due proof of the additional living expenses incurred has been submitted to the Company.

Payment of Deductible under Homeowner's Insurance Coverage

If an Incident caused by the activities of the Insured results in a claim being paid under a valid and collectible homeowner's insurance policy of the Host Family covering the Insured Location, the Company will pay the Host Family for the loss incurred up to the amount of the deductible under the Host Family's homeowner's insurance policy, not to exceed \$1,000 per Insured per Policy Term.

Payment. The Company will pay the benefit pursuant to this provision only after due proof of the deductible amount which was incurred has been submitted to the Company

LIMITATIONS AND EXCLUSIONS

The Following Exclusions Apply to Lost Baggage:

The Company will not provide benefits for any loss or damage 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 furnishing;
10. antiques and collector's items;
11. eye glasses, sunglasses or contact lenses;
12. artificial teeth and dental bridges;
13. hearing aids;
14. prosthetic limbs;
15. prescribed medications;
16. keys, money, stamps, securities and documents;
17. tickets;
18. credit cards;
19. professional or occupational equipment or property, whether or not electronic business equipment;
20. telephones, computer hardware or software;
21. 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.

The Following Exclusions Apply to Personal Liability:

This insurance does not apply to any Claim or suit:

1. for Bodily Injury or Property Damage arising out of the ownership, maintenance, operation, use, loading or unloading of any Automobile, watercraft, Mobile Equipment or aircraft owned or operated by or rented or loaned to any Insured, other than as a passenger.
2. based on or arising out of liability assumed by the Insured under any contract or agreement, except liability arising out of the performance of written duties required by the Policyholder as part of the Covered Trip/Program;
3. arising out of discrimination on the basis of age, sex, race, creed, religion, marital status, national origin or sexual preference by any Insured, including Personal Injury resulting there from;
4. arising from the transmission of or infection by, or the testing or the failure to test for the presence of Acquired Immune Deficiency Syndrome (AIDS), any AIDS related virus or any other disease transmitted through sexual contact or another person's body fluids;
5. based on or arising out of an actual or attempted dishonest, fraudulent, criminal act, act of violence, or malicious act or omission or deliberate misrepresentation committed by, at the direction of, or with the knowledge of any Insured, including intentional tortious acts;
6. arising from acts by any Insured expected or intended to cause Bodily Injury or Property Damage sustained (This exclusion does not apply to Bodily Injury resulting from the use of reasonable force to protect person or property.);

7. arising from any obligation for which the Insured or any carrier as their insurer may be held liable under any worker's compensation, unemployment compensation or disability benefits law, or under any similar law;
 8. of Property Damage to:
 - a) property owned or being transported by the Insured, or
 - b) property rented to, occupied by or in the care of the Insured;
 9. brought against any Insured alleging, in whole or part sexual assault, abuse, molestation, corporal punishment or physical or mental abuse, or habitual neglect, or licentious, immoral, amoral other behavior that was threatened, committed, or alleged to have been committed, by any Insured or by any person for whom the Insured is legally responsible; however, notwithstanding the foregoing, the Insured shall be protected under the terms of this policy as to any claim and/or allegation which may be covered by the policy upon which suit may be brought against him, for any such alleged behavior by an Insured unless a judgment or a final adjudication adverse to the Insured shall establish that such behavior occurred as an essential element of the cause of action so adjudicated;
 10. for injuries caused by or contributed to by the use, sale, manufacture, delivery, transfer or possession of controlled substances except as administered by a physician;
 11. for Bodily Injury or Property Damage arising from the use of alcohol, intoxicants drugs or narcotics, except as prescribed by a licensed physician;
 12. for Bodily Injury or Property Damage due to war, whether or not declared, civil insurrection, rebellion or revolution or to any act or condition incidental to any of the foregoing;
 13. for Bodily Injury or Property Damage to the Insured or to a dependent of the Insured;
 14. brought against any Insured arising out of the Insured's business pursuits, investments, or other for profit activities;
 15. for Bodily Injury or Property Damage caused directly or indirectly by nuclear reaction, radiation, contamination whether radioactive or not, regardless of how it was caused.
 16. for Bodily Injury or Property Damage caused directly or indirectly by pollution or asbestos, regardless of how it was caused.
 17. The Insured's rendering of day care services when such services are for persons other than the Host Family's children.
 18. for Bodily Injury, Personal Injury, or Property Damage arising out or participating in high-risk sports including: Hunting activities, boxing, combat sports, mountaineering or rock climbing, potholing, aerial sports, heli-skiing, motorized racing or speed trials, bungee jumping, scuba diving (unless the Insured has the qualifications recognized by the competent local authority in the contracted destination), wild water rafting, jet-skiing, professional sports, and participation in competitive sporting events of any kind.
 19. for Bodily Injury or Property Damage among or between Insured traveling together and Insured and their accompanying relatives.
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LLOYDS OF LONDON BAGGAGE AND PERSONAL LIABILITY CLAIMS:

FILING A CLAIM:

- a. A company claim form is required for filing a claim. Claim forms are available by calling CBP at 1-888-704-1701, ext. 8159. Once you have filled out the claim form, mail it along with all necessary bills to the address below.
- b. File claims within thirty (30) days of occurrence. Bills should be received by the Company within ninety (90) days of service. Bills submitted after one year will not be considered for payment except in the absence of legal capacity.

Submit all claims or inquiries to:

CO-ORDINATED BENEFIT PLANS, LLC

Travel Insurance Claims
P.O. Box 26222
Tampa, FL 33623

E-mail to: team1@cbpinsure.com

Phone: 1-888-704-1701 ext. 8159 / Fax: 1-800-560-6340

Hours of operation:

Monday, Tuesday, Wednesday, Friday 8:30am - 5:00pm (eastern)

Thursday 9:30am - 5:00pm (eastern)



Travel Medical Insurance Claim Form

Administered by Consolidated Health Plans (CHP)
Nationwide Policy No. NWT2017016

Submit this claim form (and keep a copy) substantiating each claim immediately after the date of the accident or illness if possible. If available, copies of bills (in English) for initial expenses should be sent with the claim form. Copies of all subsequent bills (in English) should be sent as received. All charges must be substantiated with itemized statements submitted by doctors, hospitals, pharmacies, etc. before a claim can be processed. Billing statements that are not itemized are not acceptable as they do not show the specific services provided. Be sure to sign the claim form and fill in the date before submitting your claim. Make copies for yourself and mail or fax the claim form and all supporting documentation to:

CHP Claims Department
2077 Roosevelt Avenue
Springfield, MA 01104-0420 (or) **CHP Claims Department Fax: 1-413-733-4612**

Questions? If you have any questions about your insurance benefits, please call CHP from within the United States at 1-800-633-7867 and choose Option 5 for Customer Service. If you are calling from outside the United States, call 001-413-733-4540 and choose Extension 166. You can also email CHP at customerservice@consolidatedhealthplan.com.

Name of CEA student _____

ID Number from CHP Insurance Card _____ Host country email address _____

Name of parent or guardian if participant is under 21 _____

USA home address _____

USA home phone or cell phone _____ USA home email address _____

Date of accident or sickness _____ Description of injury or sickness _____

If sickness, have you had it before? _____ When? Date of last medical treatment _____

If accident, how did it happen? _____

INFORMATION AUTHORIZATION: I hereby authorize any hospital, physician, or other person who has attended me or examined me, to furnish to Nationwide Mutual Insurance Company or its administrator CHP, any and all information with respect to any illness or injury, medical history, consultation, prescriptions or treatment, and copies of all hospital or medical records. A photocopy of this authorization shall be considered as effective and valid as the original.

Signature (Required) _____ **Date (Required)** _____