



World Class U.S. Visitors Plan

An application of insurance for U.S. Visitors

administered by Cultural Insurance Services International (CISI)
 River Plaza • 9 West Broad Street • Stamford, CT 06902-3788 • (203) 399-5121
 www.culturalinsurance.com • cisiwebadmin@culturalinsurance.com
 other offices Bonn • London • Paris

This Plan is underwritten by The Insurance Company of the State of Pennsylvania



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 River Plaza • 9 West Broad Street • Stamford, CT 06902-3788
 phone 203-399-5121 • fax 203-399-5596
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SCHEDULE OF BENEFITS

Benefits	Maximum limits
• Accidental Death and Dismemberment	\$10,000
• Medical Expense (per Accident or Sickness):	
Deductible	\$150
Limit	\$50,000 (\$2,500 @100% remaining \$47,500 @ 80%)
• Emergency Medical Evacuation/Repatriation/ Return of Mortal Remains	Combined Limit \$50,000
• Team Assist	Included



For office use only:

03/10

Participant ID

U.S. VISITORS ENROLLMENT FORM

Please print. Call (203) 399-5121 with any questions about the policy or enrollment form.

Name _____ Female Male

Home Country Contact Information:

Street Address _____ City _____

Province _____ Country _____ Postal Code _____

Home Phone (_____) _____ E-mail Address _____

Passport Number _____ Country of Issue _____

U.S. Contact Information

Date of arrival in U.S. ____/____/____
mm dd yy

Care of _____ Street _____ City _____

State _____ Zip Code _____ Phone (____) _____

Enrollment Information:

Have you ever been insured by CISI before? Yes No

If yes, when? From (month/year) ____/____ to (month/year) ____/____ Policy # _____

Requested effective date ____/____/____ Anticipated departure date ____/____/____
mm dd yy mm dd yy

Please list the names of persons to be insured, their date of birth and premium from chart in brochure:

Applicant _____ ____/____/____ \$ _____ +
mm dd yy

Spouse _____ ____/____/____ \$ _____ +
mm dd yy

Child _____ ____/____/____ \$ _____ +
mm dd yy

Child _____ ____/____/____ \$ _____ +
mm dd yy

Total premium \$ _____

Multiply by number of months (x) _____

Total premium enclosed (=) \$ _____

Beneficiary & Relationship to Insured _____

Payment Information:

Check enclosed Visa MasterCard American Express

Please provide the following additional information for credit card payments:

Card number _____ Expiration date ____/____/____
mm yy

Cardholder's name (please print) _____

Billing address _____ City _____

State _____ Zip _____ Country _____

Phone (_____) _____

I have read and understand the terms and conditions of the policy and authorize payment for the above enrollment.

Signature _____ Date ____/____/____
mm dd yy

Applications may be faxed with credit card payment details to (203) 399-5596, or else make checks payable (U.S. funds only) to CISI and mail with enrollment form to:

CISI, 24493 Newtork Place, Chicago, IL 60673-1244.

Please allow two weeks for processing. All materials sent via standard U.S. mail.

Covered Accident and Sickness Medical Expenses

Only such expenses, incurred as the result of a Disablement, 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 that do not exceed the Hospital's average charge for semi-private room and board accommodation or \$500 per day, whichever is less.
- Charges made for Intensive Care or Coronary Care charges and nursing services. Intensive care facility charges will be payable up to \$1,000 per day.
- Charges made for diagnosis, treatment and Surgery by a Physician.
- Charges made for an operating room.
- Charges made for Outpatient treatment.
- 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.
- Charges for inpatient physiotherapy, if recommended by a Physician
- Dressings, drugs, and medicines that can only be obtained upon a written prescription of a Physician 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 by licensed ground ambulance only.
- Medical expenses incurred for treatment of injuries sustained as a result of a covered motor vehicle accident are payable up to \$5,000.
- Medical expenses incurred for treatment of sports related accidents are payable up to \$2,500.

Eligibility Requirements

This program is designed for foreign nationals visitings the United States. The program covers the visitor for a period under six months while in the U.S. or Canada. Persons under the age of 18, over 69 years of age and citizens of the United States are not eligible. Eligible dependents include your spouse and unmarried children more than 14 days and under 18 years of age. Eligible visitors may enroll prior to departure from their home country or within 30 days of arrival in the U.S.

Exclusions

For benefits listed in the Schedule of Benefits, this Insurance does not cover:

- Pre-Existing conditions, defined as any condition for which a licensed Physician was consulted, or for which treatment or medication was prescribed, or for which manifestations of symptoms would have caused a person to seek medical advice prior to the Effective Date of coverage under the Policy, except as specified below:
 - If the Insured Person does not receive medical care or services, including prescription drugs or other medical supplies, and is not under the care of a Physician with respect to the Pre-Existing Condition or related condition(s), for a period of 12 consecutive months beginning on or after the first day of coverage, the preexisting condition exclusion will no longer apply and any eligible charges incurred after the treatment free period will be considered for reimbursement; or
 - If the Injured Person is covered under the Policy for 12 consecutive months, the Pre-Existing Condition exclusion will no longer apply and any eligible expenses incurred thereafter will be considered for reimbursement; or
 - Emergency Medical Evacuation/Repatriation and Return of Mortal Remains.
- Charges for treatment which exceed Reasonable and Customary charges.
- Suicide or any attempt thereof, while sane or self destruction or any attempt thereof, while sane.
- Any consequence, whether directly or indirectly, proximately or

Policy terms and conditions are briefly outlined in this document.

A complete description is contained in the Plan of Insurance which is mailed to your U.S. address after enrollment.

remotely occasioned by, contributed to by, or traceable to, or arising in connection with: a) war, invasion, act of foreign enemy hostilities, warlike operations (whether war be declared or not), or civil war. b) mutiny, riot, strike, military or popular uprising insurrection, rebellion, revolution, military or usurped power.

- Routine physicals, immunizations, or other examinations where there are no objective indications or impairment in normal health, including routine care of a newborn infant, and laboratory diagnostic or x-ray examinations, except in the course of a Disablement established by a prior call or attendance of a Physician.
- The refusal of a Physician or Hospital to make all medical reports and records available to the Company will cause an otherwise valid claim to be denied.
- Cosmetic or plastic Surgery, except as the result of a covered accident; for the purposes of the Policy, treatment of a deviated nasal septum shall be considered a cosmetic condition.
- Treatment in connection with alcoholism and drug addiction, or use of any drug or narcotic agent.
- Injury sustained while under the influence of or Disablement due to wholly or partly to the effects of intoxicating liquor or drugs other than drugs taken in accordance with treatment prescribed and directed by a Physician for a condition which is covered hereunder.
- Any Mental and Nervous disorders or rest cures, unless otherwise covered under the Policy.
- Expenses as a result or in connection with intentionally self inflicted Injury or Illness.
- 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, motorcycle/motor scooter riding, scuba diving, snow skiing, skydiving, racing by horse, motor vehicle or motorcycle, parasailing.
- Dental care, except as the result of Injury to natural teeth caused by accident (limited to \$250 per tooth per Injury), unless otherwise covered under the Policy.
- Routine Dental Treatment.
- Drug, treatment or procedure that either promotes or prevents conception, or prevents childbirth, including but not limited to: artificial insemination, treatment for infertility or impotency, sterilization or reversal thereof, or abortion.
- Pregnancy, childbirth, miscarriage or abortion.
- Expenses incurred within the Insured Person's home country or country of residence.
- Weak, strained or flat feet, corns, calluses, or toenails.
- 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.
- Treatment for cancer or tumor benign or malignant, heart/circulatory related problems or tuberculosis.

Premium Rates

These rates are valid for enrollment dates prior to December 31, 2010.

Age Range	Monthly Premium
18-25	\$45
26-35	58
36-45	79
46-55	106
56-65	181
66-69	313
each child	35

Minimum period of coverage: one month; maximum: six months.