



World Class U.S. Visitor Plan

an application of insurance for U.S. Visitors

administered by: **Cultural Insurance Services International (CISI)**

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This plan is underwritten by Arch Insurance Company, A Missouri Corporation (NAIC # 11150)

Executive offices are located at One Liberty Plaza, New York, NY 10006

Not all insurance coverages or products are available in all jurisdictions. Coverage is subject to actual policy language

Eligibility Requirements:

This program is designed for foreign nationals visiting 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.

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.....	\$100,000
• Return of Mortal Remains.....	\$50,000
• Team Assist	Included
• Baggage Loss (<i>Not available for CT or NY Residents</i>).....	\$1,000
Deductible	\$50
	\$100 per article (except for cameras \$250)

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.

Exclusions

For benefits listed in Section II, Schedule of Benefits, Accidental Death and Dismemberment, this Insurance does not cover:

1. Suicide or attempt thereof by the Insured Person while sane or self destruction or any attempt thereof by the Insured Person while insane;
2. Disease of any kind;
3. Bacterial infections except pyogenic infection which shall occur through an accidental cut or wound;
4. 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
5. Being under the influence of alcohol or having taken drugs or narcotics unless prescribed by a legally qualified Physician or surgeon;
6. Injury occasioned or occurring while the Insured Person is committing or attempting to commit a felony or to which a contributing cause was the Insured Person being engaged in an illegal occupation.
7. Hernia of any kind;
8. Injury sustained while the Insured Person is riding as a passenger in any aircraft (a) not having a current and valid Airworthy Certificate and (b) not piloted by a person who holds a valid and current certificate of competency for piloting such aircraft;
9. Any consequence, whether directly or indirectly, proximately or 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.
- c. any act of any person acting on behalf of or in connection with any organization with activities directed towards the overthrow by force of the Government de jure or de facto or to the influencing of it by terrorism or violence.
- d. martial law or state of siege or any events or causes which determine the proclamation or maintenance of martial law or state of siege (hereinafter for the purposes of this Exclusion called the "Occurrences").
- e. Any consequence happening or arising during the existence of abnormal conditions (whether physical or otherwise), whether directly or indirectly, proximately or remotely occasioned by, or contributed to by, traceable to, or arising in connection with, any of the said Occurrences shall be deemed to be consequences for which the Company shall not be liable under this Policy except to the extent that the Insured Person shall prove that such consequence happened independently of the existence of such abnormal conditions.
10. Service in the military, naval or air service of any country;
11. Flying in any aircraft being used for or in connection with acrobatic or stunt flying, racing or endurance tests;
12. Flying in any rocket-propelled aircraft;
13. Flying in any aircraft being used for or in connection with crop dusting or seeding or spraying, fire fighting, exploration, pipe or power line inspection, any form of hunting or herding, aerial photography, banner towing or any experimental purpose;
14. Flying in any aircraft which is engaged in any flight which requires a special permit or waiver from the authority having jurisdiction over civil aviation, even though granted;
15. Sickness of any kind;
16. While riding or driving in any kind of competition;
17. Pregnancy, childbirth, miscarriage or abortion;

For benefits listed in Section II, Schedule of Benefits, Accident Medical, Sickness Medical, Emergency Medical Reunion, this Insurance does not cover: Pre-Existing conditions, defined in this Policy. This exclusion does not apply to Emergency Evacuation/Repatriation

- Charges for treatment which is not Medically Necessary;
- Injury or Illness claim which is not presented to the Company for payment within 6 months of receiving treatment;
- 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 Physician;
- 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 Physician unless otherwise covered under this Policy;
- Treatment of the Temporomandibular joint;
- Vocational, speech, recreational or music therapy;
- Services or supplies performed or provided by a Relative of the Insured Person, or anyone who lives with the Insured Person;
- Travel arrangements that were neither coordinated by nor approved by the Assistance Company in advance;
- Cosmetic or plastic Surgery, except as the result of a covered Accident; for the purposes of this Policy, treatment of a deviated nasal septum shall be considered a cosmetic condition;

- Elective Surgery which can be postponed until the Insured Person returns to his/her Home County, 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 Accidental bodily Injury incurred while insured hereunder;
- Congenital abnormalities and conditions arising out of or resulting there from;
- Treatment in connection with alcoholism and drug addiction, or use of any drug or narcotic agent;
- 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 and parasailing;
- Treatment paid for or furnished under any other individual or group policy or other service or medical pre-payment plan arranged through the employer to the extent so furnished or paid, or under any mandatory government program or facility set up for Treatment without cost to any individual;
- Expenses incurred while the Insured Person is in their Home Country, unless otherwise covered under this Policy;
- Treatment for human organ tissue transplants or bone marrow transplants and their related Treatment;
- Dental care, except as the result of Injury to natural teeth caused by Accident;
- 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;
- Charges provided at no cost to the Insured Person;
- 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 [but not for the Treatment of drug addiction];
- Injury sustained while participating in Amateur or Interscholastic Athletics;
- Expenses which are non-medical in nature;
- Expenses as a result or in connection with intentionally self-inflicted Injury or Illness;
- Treatment of venereal disease;
- 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;
- Expenses incurred during a Hospital Emergency visit which is not of an Emergency nature;
- Covered Expenses incurred for which the Trip to the Host Country was undertaken to seek medical Treatment for a condition;
- Covered Expenses incurred during a Trip after the Insured Person's Physician has limited or restricted travel;
- Sex change operations, or for Treatment of sexual dysfunction or sexual inadequacy;
- Weight reduction programs or the surgical Treatment of obesity;

Baggage and Personal Effects

The Company will reimburse the Insured Person, up to the amount stated in Section II, Schedule of Benefits, Baggage and Personal Effects, for theft or damage to baggage and personal effects, checked with a Common Carrier] provided the Insured Person has taken all reasonable measures to protect, save and/or recover his/her property at all times. The baggage and personal effects must be owned by and accompany the Insured Person at all times. There will be a per article limit of \$100; \$250 for cameras. The Company will pay the lesser of the following:

1. The actual cash value (cost less proper deduction for depreciation at the time of loss, theft or damage);
2. The cost to repair or replace the article with material of a like kind and quality; or
3. \$100 per article.

For Baggage Loss, this Insurance does not cover:

1. Aircraft, automobiles, automobile equipment, motors, motorcycles, bicycles (except bicycles when checked as baggage with a common carrier,) boats or other conveyances or their accessories;
2. Animals;
3. Artificial teeth or limbs, hearing aids;
4. Sunglasses, contact lenses or eyeglasses;
5. Documents of any kind, including but not limited to documents, bills, currency, deeds, evidences of debt, letters of credit, stamps, credit cards, money, notes, securities, transportation or other tickets; household furnishings

Premium Rates

These rates are valid until December 31, 2018

Age Range	Monthly Premium
18-25	\$50
26-35	\$65
36-45	\$87
46-55	\$131
56-65	\$199
66-69	\$343
each child	\$40

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



For office use only:
Participant ID

U.S. VISITORS ENROLLMENT FORM

Name _____ Female Male

Home Country Contact Information:

Street Address _____ City _____
 Province _____ Country _____ Postal Code _____
 Home Phone (_____) _____ E-mail Address _____

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 _____	____/____/____	\$ _____	+
Spouse _____	<small>mm dd yy</small>	\$ _____	+
Child _____	____/____/____	\$ _____	+
Child _____	<small>mm dd yy</small>	\$ _____	+
	____/____/____		
	<small>mm dd yy</small>		
		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



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