

ACCIDENT INSURANCE PLAN WITH REPATRIATION, MEDICAL EVACUATION, & ACCIDENTAL DEATH & DISMEMBERMENT BENEFITS FOR FOREIGN SCHOLARS and STUDENTS VISITING THE UNITED STATES WHO ARE SPONSORED BY UNIVERSITY OF CALIFORNIA



A-G Administrators, LLC
Berwyn, PA 19312

CA Insurance License: 0B36194 Important Notice

This brochure is a brief summary of the insurance plan as specified in the Policy (Form BA-50000P-USF-CA), issued to and on file with the University. This brochure is subject to the terms and conditions of the Policy, which contains all benefits, limitations and exclusions as underwritten by United States Fire Insurance Company. In the event of a discrepancy, the Policy will prevail.

The coverage is for Accidents Only. Benefits described are not payable for loss due to Sickness. The coverage provided pays benefits for specific losses from Accidents only.

This Insurance Plan is underwritten and offered by the United States Fire Insurance Company; Eatontown, New Jersey.

United States Fire Insurance Company

Plan Number US1396360 Effective: May 14, 2021

AH-712

EIGIBILITY FOR COVERAGE

All International students, exchange visitors, visiting faculty members, scholars or other persons with a current passport or Student visa who are temporarily residing outside their Home Country while actively engaged in educational activities or educational research related activities of the Policyholder, and any eligible Dependents.

PERIOD OF INSURANCE

A. Effective Date of Insurance – Provided the required premium is paid, your insurance will become effective on the later of:

- The Plan Effective Date;
- 12:01a.m. Standard Time on the date you indicated on the Enrollment Form;
- 12:01a.m. Standard Time on the Effective Date required by the Member School; or 12:01a.m. Standard Time on the date the Enrollment Form and premium are received by the Plan Administrator.

B. Termination of Insurance – Your Insurance will terminate the earlier of:

- 12:01a.m. Standard Time on the date for which your premium has not been paid when due subject to any grace period.
- 12:01a.m. Standard Time on the date you cease to be eligible for this insurance;
- 12:01a.m. Standard Time on the date you depart your Country Assignment for your Home Country; or 12:01a.m. Standard Time on the date The Plan is terminated.
- Termination:
- Insurance for a Covered Person will end on the earliest of:
 1. The date he is no longer in an Eligible Class.
 2. The date he reports for active duty in any Armed Forces, according to the referenced date shown in the Application. We will refund, upon receipt of proof of service, any premium paid, calculated from the date active duty begins until the earlier of:
 - a. The date the premium is fully earned; or
 - b. The Expiration Date of this Policy.
- This does not include Reserve or National Guard duty for training;
- 3. The end of the period for which the last premium contribution is made; or

4. The date this Policy is terminated.

DEFINITIONS – For Complete list of Definitions, please see your Certificate of Insurance.

“**Accident**” means a sudden, unforeseeable external event which causes Injury to one or more Covered Persons.

“**Covered Person**” means a person eligible for coverage as identified in the Application for whom proper premium payment has been made, and who is therefore insured under this Policy.

“**Dependent**” means the Insured's unmarried child who:

- (1) Has his principal residence with the Insured;
- (2) Chiefly relies on the Insured for support and maintenance; and
- (3) Is within the following age groups (unless otherwise shown in the Application): (a) Under 19 years of age;
- (b) 19 but less than 25 years of age and enrolled in a School as a full time student; or
- (c) 19 or more years of age, and primarily supported by the Insured and incapable of self-sustaining employment by reason of mental or physical handicap.

Child can include stepchild, foster child, legally adopted child, a child of adoptive parents pending adoption proceedings, and natural child.

“**Injury**” means bodily harm of which an Accident is the proximate cause. All injuries to the same Covered Person sustained in one accident, including all related conditions and recurring symptoms of the Injuries will be considered one Injury.

REPATRIATION BENEFIT -- \$25,000 MAXIMUM BENEFIT

If a Covered Person should die from a covered Accident or Injury, benefits will be paid for the usual and customary expenses incurred for the preparation and transportation of his body to his place of residence in his Home Country and state, if he dies as a result of a proximate cause from a Covered Accident outside of His home state or more than 100 miles from His place of residence, not to exceed a maximum benefit of \$25,000. All expenses must be approved by The Plan Administrator before the body is prepared for transportation.

ACCIDENTAL DEATH, & DISMEMBERMENT.

If as a result of a covered Injury, the Covered Person sustains any one of the losses shown below within one year from the date of the covered Accident, benefits will be payable as follows:

Loss of:

Life	\$10,000
Both Hands	\$10,000
Both Feet	\$10,000
Entire Sight of Both Eyes	\$10,000
One Hand and One Foot	\$10,000
One Hand and Entire Sight of One Eye	\$10,000
One Foot and Entire Sight of One Eye	\$10,000
One Hand	\$ 5,000
One Foot	\$ 5,000
Entire Sight of One Eye	\$ 5,000
Thumb and Index Finger of the same hand	\$ 2,500

If the Covered Person sustains more than one Loss as a result of one Covered Accident, benefits will be payable only for the largest amount to which such Person is entitled.

Loss of a hand or foot means complete Severance through or above the wrist or ankle joint. Loss of sight means total, permanent loss of sight of the eye. The loss of sight must be irrecoverable by natural, surgical or artificial means. Loss of a thumb and index finger means complete severance through or above the metacarpophalangeal joints between the fingers and the hand. “**Severance**” means the complete separation and dismemberment of the part from the body.

MEDICAL EVACUATION BENEFIT -- \$50,000 MAXIMUM BENEFIT

We will pay the Eligible Expenses for emergency medical evacuation required by the Covered Person; while he is outside his home country following a covered Injury if:

1. The Covered Person suffers a Covered Loss which was a proximate cause from a Covered Accident that occurs while traveling from his or her principal residence.
2. The Covered Person's Attending Physician or the Covered Person's local attending Physician and the authorized Travel Assistance Company certifies an emergency need to send the Covered Person, under medical supervision, to a different medical facility if it is determined that adequate medical treatment is not locally available.

Benefits will be provided for:

- 1) Usual, Reasonable and Customary charges for medical services required for evacuation to the nearest adequate medical facility; and
- 2) Usual, Reasonable and Customary charges for escort services, if the Covered Person is disabled and on the written recommendation of a Physician; and
- 3) ambulance service to the nearest airport and air ambulance upon departure; and
- 4) special transportation costs to return the Covered Person to his Home Country, a stretcher, oxygen or other special medical arrangements are covered if the Insured's Physician states in writing that such services are medically necessary; and
- 5) expenses above the cost of a return airfare ticket held by the Covered Person, or in the absence of a ticket, the cost of an economy airfare ticket.

EXCLUSIONS

This Policy does not cover any loss directly resulting in whole or part from, any of the following even if the immediate cause of the loss is an Accidental bodily Injury, unless otherwise covered under this Policy by Additional Benefits:

1. Suicide, self-destruction, attempted self-destruction or intentional self-inflicted Injury while sane or insane.
2. War or any act of war, declared or undeclared.
3. An Accident which occurs while the Covered Person is on Active Duty in any Armed Forces, National Guard, military, naval or air service or organized reserve corps:
4. Any Injury requiring treatment which arises out of, or in the course of fighting, brawling, assault or battery.
5. Sickness, disease, bodily or mental infirmity or medical or surgical treatment thereof, bacterial or viral infection, regardless of how contracted. This does not include bacterial infection that is the natural foreseeable result of an Accidental external bodily injury or accidental food poisoning.
6. Disease or disorder of the body or mind.
7. Mental or nervous disorders.
8. Asphyxiation from voluntarily or involuntarily inhaling gas and not the result of the Covered Person's job.
9. Voluntarily taking any drug or narcotic unless the drug or narcotic is prescribed by a Physician and not taken in the dosage or for the purpose as prescribed by the Covered Person's Physician.
10. Intoxication or being under the influence of any drug or narcotic.
11. Injury caused by, contributed to or resulting from the Covered Person's use of alcohol, illegal drugs or medicines that are not taken in the dosage or for the purpose as prescribed by the Covered Person's Physician.
12. Driving under the influence of a controlled substance unless administered on the advice of a Physician.
13. Driving while Intoxicated. Intoxicated will have the meaning determined by the laws in the jurisdiction of the geographical area where the loss occurs.
14. Violation or in violation or attempt to violate any duly-enacted law or regulation, or commission or attempt to commit an assault or felony, or that occurs while engaged in an illegal occupation.
15. Conditions that are not caused by a Covered Accident.
16. Covered Expenses for which the Covered Person would not be responsible in the absence of this Policy.
17. Any treatment, service or supply not specifically covered by this Policy.
18. Loss resulting from participation in any activity not specifically covered by this Policy.
19. Charges which Are in excess of Usual, Reasonable and Customary charges.
20. Expenses incurred for an Accident after the Benefit Period shown in the Schedule of Benefits;
21. Regular health check ups.
22. Services or treatment rendered by a Physician, Nurse, or any other person who is employed or retained by the Policyholder.
23. Services or treatment rendered by an Immediate Family member of the Covered Person;
24. Injuries paid under Workers' Compensation, Employers liability laws or similar occupational benefits or while engaging in activity for monetary gain from sources other than the Policyholder.
25. Treatment in any Veterans Administration or Federal Hospital, except if there is a legal obligation to pay.
26. Travel or activity outside the United States.
27. Participation in any motorized race or speed contest.
28. Aggravation or re-injury of a prior injury that the Covered Person suffered prior to his or her coverage Effective Date, unless We receive a written medical release from the Covered Person's Physician.
29. Heart attack, stroke or other circulatory disease or disorder, whether or not known or diagnosed, unless the immediate cause of Loss is external trauma.
30. Treatment of a hernia whether or not caused by a Covered Accident.
31. Treatment of a detached retina unless caused by an Injury suffered from a Covered Accident.
32. Damage or loss of dentures or bridges or damage to existing orthodontic equipment, except as specifically provided in this Policy.
33. Expense incurred for treatment of temporomandibular joint (TMJ) disorders involving the installation of crowns, pontics, bridges or abutments, or the installation, maintenance or removal of orthodontic or occlusal appliances or equilibration therapy; or craniomandibular joint dysfunction and associated myofascial pain, except as specifically provided in this Policy.
34. Dental care or treatment other than care of sound, natural teeth and gums required on account of Injury resulting from an Accident while the Covered Person is covered under this Policy, and rendered within 6 months of the Accident..
35. Eyeglasses, contact lenses, hearing aids, braces, appliances, or examinations or prescriptions therefore.
36. Any Accident where the Covered Person is the operator of a motor vehicle and does not possess a current and valid motor vehicle operator's license.
37. Travel in or upon:
 - a. A snowmobile;
 - b. A water jet ski;
 - c. Any two or three wheeled motor vehicle, other than a motorcycle registered for on-road travel;
 - d. Any off-road motorized vehicle not requiring licensing as a motor vehicle; when used for recreation competition.
38. Travel or flight in or on any vehicle for aerial navigation, including boarding or alighting from:
 - a. While riding as a passenger in any Aircraft not intended or licensed for the transportation of passengers; or
 - b. While being used for any test or experimental purpose; or

- c. While piloting, operation, learning to operate or serving as a member of the crew thereof; or
- d. While traveling in any such Aircraft or device which is owned or leased by or on behalf of the Policyholder of any subsidiary or affiliate of the Policyholder, or by the Covered Person or any member of his household.
- e. A space craft or any craft designed for navigation above or beyond the earth's atmosphere; or
- f. an ultralight hang-gliding, parachuting, or bungi-cord jumping

Except as a fare paying passenger on a regularly scheduled commercial airline or as a passenger in a non-scheduled, private aircraft used for business or pleasure purposes.

- 39. The repair or replacement of existing artificial limbs, orthopedic braces or orthotic devices.
- 40. Rest cures or custodial care (Custodial care is care that does not require the regular services of trained medical or health professionals and that is designed primarily to assist in activities of daily living. Custodial care includes, but is not limited to, help in walking, getting in and out of bed, bathing, dressing, preparation and feeding of special diets and supervision of medications which are ordinarily self-administered. .
- 41. Prescription medicines unless specifically provided for under this Policy.
- 42. Elective or Cosmetic surgery, except for reconstructive surgery on an injured part of the body.
- 43. Massage Therapy. Physical Therapy or Acupuncture/Acupressure Services, unless otherwise specifically allowed for in the Schedule of Benefits.
- 44. Services rendered for detection and correction by manual or mechanical means (including x-rays incidental thereto of structural imbalance, distortion or subluxation in the human body for purposes of removing nerve interference where such interference is the result of or related to distortion, misalignment or subluxation of or in the vertebral column.

CLAIMS

Please forward all claims to A-G Administrators LLC Attn: Claims Department P.O. Box 21013 Eagan, MN 55121

PAYMENT OF CLAIMS

Benefits will be paid to the claimant, to the designated beneficiary, or to the estate.

ENROLLMENT PROCEDURE

- 1) Complete the attached enrollment form.
- 2) Make your check payable to A-G Administrators LLC
- 3) Mail completed enrollment form and check to A-G Administrators LLC
- 4) Renewals are the responsibility of the applicant.

COST PER PARTICIPANT AND DEPENDENT(S)

The cost of coverage under this Insurance Plan is \$100.00 per Annual participant for the Insured and \$100.00 per Annual any eligible Dependents.

PRORATION OF COST

There will be no proration of plan costs.

NOTICE

THIS NOTICE IS TO ADVISE YOU THAT SHOULD YOU HAVE ANY QUESTIONS OR COMPLAINTS REGARDING THIS COVERAGE, YOU MAY CONTACT UNITED STATES FIRE INSURANCE COMPANY AT 5 CHRISTOPHER WAY EATONTOWN, NEW JERSEY 07724 or CALL (732) 676- 9800.

ALSO AVAILABLE IS THE CONSUMER SERVICES DIVISION OF THE CALIFORNIA DEPARTMENT OF INSURANCE, WHICH MAY BE CONTACTED AS FOLLOWS: CALIFORNIA DEPARTMENT OF INSURANCE CONSUMER SERVICES DIVISION; 300 SPRING STREET, SOUTH TOWER LOS ANGELES, CALIFORNIA 90013 or call 1-800-927-HELP or 1-800-927-4357.

THE DEPARTMENT OF INSURANCE SHOULD BE CONTACTED ONLY AFTER DISCUSSIONS WITH THE INSURANCE COMPANY OR ITS REPRESENTATIVES HAVE FAILED TO PRODUCE A SATISFACTORY RESOLUTION TO THE PROBLEM.

UNITED STATES FIRE INSURANCE COMPANY
 Administrative Offices: 5 Christopher Way • Eatontown, NJ 07724

Blanket Accident-Only

Enrollment Form

Applicant (Full Legal Name) _____
 (First, MI, Last)

Address _____
 Street City State Zip Code

Home Phone Number _____ Cell Phone: _____ E-Mail Address: _____

DOB: _____ Social Security Number/ ITIN Number: _____

Gender: Male Female Name of Beneficiary _____ Relationship to Insured _____
 (estate unless designated)

Spouse's Name : _____ Gender: Male Female Spouse's DOB: _____
 (If Spouse Coverage is Requested)(Includes Domestic Partner Civil Union Partner)

List all eligible children for whom you are proposing coverage (from Youngest to Oldest):

Name (First, MI, Last)	Gender	Date of Birth

Plan of Benefits

<u>Plan</u>	<u>Benefits</u>	<u>Premium</u>
Repatriation, Medical Evacuation & Accidental Death & Dismemberment	Repatriation \$25,000 Maximum Benefit Medical Evacuation \$50,000 Maximum Benefit Accidental Death & Dismemberment \$10,000	\$100.00 Annually Per Student \$100.00 Annually per Spouse or Dependent

Total Premium Due to Company \$ _____ Requested Effective Date: _____

Make check or money order payable to A-G Administrators LLC and mail to A-G Administrators LLC PO Box 824936 Lock Box # 824936 Philadelphia, PA 19182-4936- U.S. CURRENCY ONLY.

CERTIFICATION: To the best of my knowledge and belief, the answers to the questions on this Enrollment are true and complete. They are offered to United States Fire Insurance Company as the basis for any insurance issued.

I have read the completed enrollment form and I realize any false statement or misrepresentation may result in loss of coverage under the Certificate. I understand and agree that if this enrollment is accepted by the Company, coverage will begin on the Requested Effective Date, subject to the payment of the required premium.

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

Required Disclosure under California Insurance Code § 10270.3: Please note that all benefits payable under this Policy/Certificate may be subject to reduction, to the extent provided in this Certificate, to the extent that you are entitled to benefits, whether on an indemnity basis or on a provision-of-service basis, for hospital, medical, dental or surgical expenses under any other valid and collectible individual, group, or blanket insurance policy or contract, hospital or medical service program, or group practice prepayment plan, except for automobile medical payments insurance.

Applicant Signature _____ Date: _____ Department _____ Dept. Phone: _____

International Student/ Scholar Advisor _____