

Child Family Health International

Student Travel Insurance • GPT 5564171



The following is a brief description of the Student Travel Insurance Plan. The benefits described are subject to certain limitations and exclusions as described in the certificate of insurance. For specific definitions of terms used below as well as further details and information about this Plan, please see the certificate of insurance.

Eligibility

All full-time students and employees on a recognized international trip or other student or employee travel approved by the Policyholder outside the Insured's country of Primary Residence. Coverage applies while participating in an international trip or other student or employee travel approved by the Policyholder outside the Insured's country of Primary Residence including travel directly to and from the trip location and home, and side trips taken in relation to the program. Such side trips will only be covered up to fourteen days in duration and must occur directly before, after or during the program. Coverage for an Insured shall not exceed 365 days.

Benefits	Maximum Benefit Amount
Pre-Departure Trip Cancellation Benefit	Up to 100% of Trip Cost to a maximum of \$1,500
Post-Departure Trip Interruption Benefit	Up to 100% of Trip Cost to a maximum of \$1,500
Travel Delay Benefit Waiting period of five (5) hours or more	\$2,000 (Subject to \$250 per day)
Baggage and Personal Effects Benefit Per Item Limit Deductible	\$2,000 maximum \$300 per item \$0 per occurrence
Baggage Delay Benefit Per Day Limit Waiting period of twelve (12) hours or more	\$200 maximum \$100 per item
Emergency Evacuation and Repatriation Benefit	\$500,000
Transportation Expenses to the place of hospitalization for one person chosen by the Insured	\$7,000 one round-trip ticket maximum
Visiting Person's Lodging and meals	\$300 per day for a maximum of 10 days
Return of Remains Benefit	The Maximum Covered Amount shown in the Emergency Evacuation and Repatriation Benefit
Return of Child Benefit (per Child)	The Maximum Covered Amount shown in the Medical Expense Benefit
Return of Baggage following Evacuation or Return of Remains	The Maximum Covered Amount shown in the Medical Expense Benefit

Security Evacuation Benefit	\$100,000
Accidental Death Benefit	\$25,000
Accidental Dismemberment Benefit Covered Loss of:	Percentage of Maximum Amount:
Both Hands or Both Feet	100%
One Hand and One Foot	100%
One Hand or One Foot plus the loss of Sight of One Eye	100%
Sight of Both Eyes	100%
Speech and Hearing	100%
Speech or Hearing	50%
One Hand; One Foot; or Sight of One Eye	50%
One Hand; One Foot; or Sight of One Eye	25%
Hearing in One Ear	25%
Plegia Benefit Plegia of:	Percentage of Maximum Amount
Quadriplegia (total paralysis of all four Limbs)	100%
Paraplegia (total paralysis of both lower Limbs)	75%
Hemiplegia (total paralysis of upper and lower Limbs on one side of the body)	50%
Uniplegia (total paralysis of one Limb)	25%
Exposure and Disappearance Benefit	\$25,000
Out of Country Travel Medical Expense Benefit	\$500,000 Maximum Covered Amount per Insured
Daily Hospital Room and Board	The Average Semi-Private Room Rate per Day
Emergency Dental	\$1,000
Emergency Dental (Sudden Relief of Pain)	\$500
Mental or Nervous Disorders – Inpatient	\$20,000
Mental or Nervous Disorders - Outpatient	\$10,000
Newborn Nursery Care	Maximum Covered Amount shown in the Medical Expense Benefit
Home Country Extension Benefit	\$10,000 (This Benefit is Excess)

Hospital Admission/Medical Expense Guarantee	\$10,000
Pre-Existing Conditions	The Maximum Covered Amount shown in the Medical Expense Benefit
On Call International Travel Assist Contact Information	
Contact 24 hours a day for: <ul style="list-style-type: none"> • Emergency Medical and Repatriation • Book a doctor's appointment • General travel assistance questions 	Toll-free from U.S. or Canada: 1-833-808-0251 Call collect from anywhere in the world: +1-978-651-9219 e-mail: mail@oncallinternational.com SMS Text: +1-844-302-5131
Health Special Risk Important Claim Reporting Information	
Health Special Risk, Inc. You must submit a completed claim form for any benefits to be paid.	Claim forms can be obtained by: Call: 866-409-5734 E-mail: GallagherZurich@hsri.com Refer to Plan Number GPT 5564171 EDI Payor ID# 22384

Important

This is a brief description of the coverage provided through the business travel Accidental Death & Dismemberment plan. If any conflict should arise between the contents of this handout and the master policy or if any point is not covered herein, the terms of the master policy shall govern in all cases.

Zurich

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The terms and conditions of the Plan described in this brief summary are governed by the individual Plan document that contains the complete terms. In the event of any discrepancy between the information in this brief summary and the Plan document, the Plan document shall govern.

Insurance coverages underwritten by member companies of Zurich in North America, including Zurich American Insurance Company. Certain coverages not available in all states. Some coverages may be written on a nonadmitted basis through licensed surplus lines brokers.

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Name of School
GPT 000000

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