

California Schools

2017-2018 Study Abroad Insurance • Student, Faculty/Staff & Chaperones

Insurance Coverage Requirements and Eligibility

The CA Schools Study Abroad Insurance plan is designed for individuals while they are traveling outside of their Home Country pursuing educational activities. The plan offers:

- Worldwide coverage (subject to the terms and conditions of the Policy);
- Emergency evacuation benefits;
- Accidental death and dismemberment benefits; and,
- 24-hour travel assistance services provided for emergencies.

Eligible Class of Persons are students, faculty/staff and chaperones of the CA Schools. *Chaperones must be a student, teacher, or employee of the university.*

The Insured(s) are covered while engaged in international educational activities and when temporarily located outside the insured persons' country of permanent residence.

Coverage is required for all students, faculty/staff, and chaperones of the CA Schools participating in the Study Abroad program. Plan cost is not refundable unless the Trip is cancelled and the Company is notified prior to the effective date of coverage. If the Trip is interrupted or cancelled for any reason after the effective date of coverage, partial refunds are not available.

When coverage begins and ends

An Insured's coverage begins on the latest of: (1) the Policy Effective Date; (2) the Coverage Effective Date; or (3) the Participating Organization Effective Date; The Policy Effective Date is **October 30, 2017**.

Coverage Effective Date: Subject to the Policy provisions regarding the effective date of coverage for individuals, insurance will become effective as to each eligible person in consideration of the required premium payment on the following date: when the Insured leaves his or her residence or place of regular employment for the purpose of going on the Trip (whichever occurs last).

An Insured's coverage ends on the earliest of: (1) the date the Policy is terminated; (2) the premium due date if premiums are not paid when due; or (3) the date the Insured ceases to be a member of an Eligible Class.

Termination of coverage will not affect a claim for a covered loss that occurred while the Insured's coverage was in force under the Policy.

Premium refund/cancellation

Refund requests should be directed to Wells Fargo Student Insurance at **(800) 853-5899** or via email at studentinsurance@wellsfargo.com.

A refund of premium will be granted for the reasons listed below only. No other refunds will be granted.

1. Plan cost is not refundable unless the Trip is cancelled and the Company is notified prior to the effective date of coverage. If the Trip is interrupted or cancelled for any reason after the effective date of coverage, partial refunds are not available.

INSURANCE PAYMENTS WITH PERSONAL CHECK

(Note: personal checks are not always a payment option. Please check your school's enrollment form for available payment options.) If you make your insurance payment via personal check payable to Wells Fargo Student Insurance and we are unable to process the check (due to insufficient funds, closure of account, etc.), your insurance coverage will be terminated retroactive to the effective date of the enrolled term.

How much does it cost?

PLAN RATES	
	WEEKLY COST 10/30/17 - 10/29/18
Student, Faculty/Staff, or Chaperone (all ages) rate only	\$11.50

Rates include premium payable to National Union Fire Insurance Company of Pittsburgh, Pa., as well as administrative fees payable to Wells Fargo Student Insurance. Rates also include Emergency Evacuation and Repatriation and Worldwide Emergency Travel Assistance services provided through Travel Guard and its contracted companies.

Claim procedures

In the event of an Injury or Sickness, the Insured Individual should:

1. Consult a Doctor and follow his or her advice. Be prepared to pay at time of treatment.
2. Complete a claim form in full and sign it. To obtain a claim form please call **800-551-0824** or email AHCustomerService@aig.com. If you have questions on how to fill out your form, contact National Union Fire Insurance Company of Pittsburgh, PA.
3. The completed and signed claim form should be mailed within **20 days** from the date of Injury or from the date of the first medical treatment for a Sickness, or as soon as reasonably possible with complete claim documentation submitted within **90 days**. Retain a copy for your records and mail a copy to National Union Fire Insurance Company of Pittsburgh, Pa. at the address below.
4. Itemized medical bills (translated and converted into U.S. Dollars) must be attached to the claim form at the time of submission. Subsequent medical bills should be mailed promptly to the address below. No additional claim forms are needed as long as the Insured Person's name and identification number are included on the bill.
5. Direct all questions regarding benefits available under this Plan, claim procedures, status of a submitted claim or payment of a claim to National Union Fire Insurance Company of Pittsburgh, Pa. at the contact information below.

Remember that each Injury or Sickness is a separate condition and a separate claim form is required for each condition.

AIG

Personal Accident Claims Department
P.O. Box 25987
Shawnee Mission, KS 66225-5987
800-551-0824
e-mail: AHCustomerService@aig.com

Benefits

What does the plan offer?

NOTE: This is just a brief description of the benefits available under policy series C11860DBG. For information regarding the full Master Policy (which includes plan benefits, exclusions and limitations, and information about refund requests, how to file a claim, and other important information) please call **800-551-0824** or email AHCustomerService@aig.com. The Policy will contain reductions, limitations, exclusions and termination provisions. The full master policy is available upon request. If any discrepancy exists between this Benefit Summary and the Policy, the Master Policy will govern and control the payment of benefits in all cases.

If, while traveling outside of his or her country of permanent residence, during the course of any Trip of less than **365 days** an Insured Person suffers an Injury or contracts a Sickness that requires him or her to be treated by a Physician, the Company will pay, subject to the Supplemental Out of Country Medical Expense Limitations noted below, the Usual and Customary Charges incurred for Covered Medical Services received due to that Injury or Sickness up to \$250,000 per Insured Person for that Injury or Sickness. This benefit is payable for such charges incurred outside the Insured Person's country of permanent residence and within **52 weeks** after the date of the accident causing the Injury or the onset of the Sickness.

Maximum Supplemental Out-of-Country Accidental Medical & Sickness Expense (Primary):	\$250,000
Deductible per Injury or Sickness:	\$0
Co-Insurance:	100% Usual & Customary
Benefit Period:	52 weeks
BENEFIT	LIMITS
Aggregate Limit	\$250,000
Accidental Death & Dismemberment	\$10,000
Accidental Death & Dismemberment Aggregate Limit	\$250,000 Per Accident
Emergency Evacuation	\$200,000 Maximum
Repatriation of Remains	\$50,000
Dental Maximum	\$250 Per Tooth, Per Accident
Security Evacuation	\$100,000 Maximum

Security Evacuation Benefit

If, as a result of an Occurrence that takes place during an Insured Person's Period of Coverage and while traveling outside his or her Home Country, an Insured Person requires a Security Evacuation, we will pay benefits to Transport the Insured Person to the Nearest Place of Safety. The determination that an Insured Person requires a Security Evacuation must be made by a Designated Security Consultant and all arrangements must be made by Travel Guard. Benefits will be payable for eligible expenses up to a Maximum of \$100,000. Eligible expenses are for Transportation and Related Costs to the Nearest Place of Safety necessary to ensure the Insured Person's safety and well-being as determined by the Designated Security Consultant. Security Evacuation benefits are payable only once per Occurrence.

Benefits will also be payable for Transportation and Related Costs within 7 days of the Security Evacuation to either of these locations as chosen by the Insured Person: (1) back to the Host Country if return is safe and permitted; or (2) to the Insured Person's Home Country. This benefit is subject to the overall Maximum stated above.

Benefits will be payable for consulting services by Designated Security Consultant for seeking information on Missing Person or kidnapping cases if the Insured Person is deemed kidnapped or a Missing Person by local or international authorities. This benefit is subject to the overall Maximum stated above.

Travel Guard must make all arrangements and must authorize all expenses in advance of any benefits being payable. Travel Guard is not responsible for the availability of Transport services. Where a Security Evacuation becomes impractical because of hostile or dangerous conditions, a Designated Security Consultant will endeavor to maintain contact with the Insured Person until a Security Evacuation becomes viable.

Right of Recovery:

If, after a Security Evacuation is completed, it becomes clear that the Insured Person was an active participant in the events that led to an Occurrence, we have the right to recover all Transportation and Related Costs from the Insured Person.

Repatriation of Remains Benefit

Repatriation of mortal remains - If an Insured Person suffers loss of life due to Injury or Emergency Sickness while outside a 100 mile radius from his or her current place of primary residence, the Company will pay for covered expenses reasonably incurred to return his or her body to his or her current place of primary residence, up to a maximum of \$50,000.

Covered expenses include, but are not limited to, expenses for: (1) embalming or cremation; (2) the most economical coffins or receptacles adequate for transportation of the remains; and (3) transportation of the remains by the most direct and economical conveyance and route possible. Travel Guard must make all arrangements and must authorize all expenses in advance for this benefit to be payable. The Company reserves the right to determine the benefit payable, including any reductions, if it was not reasonably possible to contact Travel Guard in advance.

Emergency Evacuation Benefit

The Company will pay for Covered Emergency Evacuation Expenses reasonably incurred if the Insured Person suffers an Injury or Emergency Sickness that warrants his or her Emergency Evacuation while he or she is outside a 100 mile radius from his or her current place of primary residence, up to a maximum of \$200,000 for all Emergency Evacuations due to all Injuries from the same accident or all Emergency Sicknesses from the same or related causes.

Family Travel Benefit - Following an Emergency Evacuation for which an Emergency Evacuation benefit is payable under the Policy, the Company will pay for expenses reasonably incurred: 1. to bring one person chosen by the Insured Person to and from the hospital or other medical facility where the Insured Person is confined if the Insured Person is alone and if the place of confinement is outside a 100 mile radius from the Insured Person's place of primary residence; but not to exceed the cost of one round-trip economy airfare ticket. Travel Guard must make all arrangements and must authorize all expenses in advance for any benefits under this Benefit to be payable. The Company reserves the right to determine the benefit payable, including reductions, if it is not reasonably possible to contact Travel Guard in advance.

Benefits

Supplemental Out of Country Medical Expense Benefit

If, while traveling outside of his or her country of permanent residence, during the course of any Trip of less than **365 days** an Insured Person suffers an Injury or contracts a Sickness that requires him or her to be treated by a Physician, the Company will pay, subject to the Supplemental Out of Country Medical Expense Limitations noted below, the Usual and Customary Charges incurred for Covered Medical Services received due to that Injury or Sickness up to \$250,000 per Insured Person for that Injury or Sickness. This benefit is payable for such charges incurred outside the Insured Person's country of permanent residence and within 52 weeks after the date of the accident causing the Injury or the onset of the Sickness.

Covered Medical Service(s) - as used in this Benefit, means any of the following services, if the service is Medically Necessary: 1. Hospital semi-private room and board (or, when Medically Necessary, room and board in an intensive care or cardiac care unit); Hospital ancillary services (including, but not limited to, use of the operating room or emergency room); or use of an Ambulatory Medical Center; 2. services of a Physician or a registered nurse (R.N.); 3. ambulance service to or from a Hospital; 4. laboratory tests; 5. radiological procedures; 6. anesthetics and the administration of anesthetics; 7. blood, blood products and artificial blood products, and the transfusion thereof; physical therapy and occupational therapy; 8. rental of Durable Medical Equipment; 9. artificial limbs, artificial eyes or other prosthetic appliances; or 10. medicines or drugs administered by a Physician or that can be obtained only with a Physician's written prescription.

IMPORTANT NOTICE - This Supplemental Out of Country Medical Expense Benefit is intended to fill gaps in coverage that may exist under a separate employee welfare benefit plan that provides benefits for covered medical expenses. Eligible individuals must be covered under such a plan. This benefit does not satisfy the "minimum essential coverage" requirements under the Affordable Care Act.

Accidental Death & Dismemberment Benefits

If Injury results within **365 days** of the date of the accident that caused the Injury, in any one of the Losses specified below, We will pay the percentage of the Principal Sum shown below for that Loss:

Loss of Life	100%	Speech and Hearing in Both Ears	100%
Both Hands or Both Feet	100%	One Hand or One Foot	50%
Sight of Both Eyes	100%	Sight of One Eye	50%
One Hand and One Foot	100%	Speech or Hearing in Both Ears	50%
One Hand and the Sight of One Eye	100%	Hearing in One Ear	25%
One Foot and the Sight of One Eye	100%	Thumb and Index Finger of Same Hand	25%

The Principal Sum is \$10,000. "Loss" of a hand or foot means complete severance through or above the wrist or ankle joint. "Loss" of sight of an eye means total and irrecoverable loss of the entire sight in that eye. "Loss" of hearing in an ear means total and irrecoverable loss of the entire ability to hear in that ear. "Loss" of speech means total and irrecoverable loss of the entire ability to speak. "Loss" of thumb and index finger means complete severance through or above the metacarpophalangeal joint of both digits.

Travel Guard Service Description

All assistance services must be arranged and provided via Travel Guard Group, Inc. ("Travel Guard"), a wholly owned subsidiary of AIG. Expenses incurred from third-party vendors for assistance services not part of a filed insurance plan are the responsibility of the traveler.

Emergency Travel and Medical Assistance Services:

Return travel arrangements - In the event of hospitalization, arrangements will be made for unattended minors traveling with the client to be flown home.

Physician/hospital/dental/vision referrals - The customer will be provided with a list of physicians, dentists and optometrists in the area in which they are traveling.

Emergency prescription replacement - If medications are lost or stolen, we will assist the customer in obtaining new prescriptions and also in shipping to the customer at their current location.

In-patient and out-patient medical case management - If the customer is hospitalized, when traveling away from home, our medical advisors monitor the case from initial admission until discharge by maintaining close contact with the patient's attending physician, family doctor, and family. Our medical advisors also help determine if adequate care is available locally and if necessary, facilitate the evacuation of the customer to the nearest appropriate medical facility.

Qualified liaison for relaying medical information to family members - We will facilitate communications between the client and their family if the client is unable to do so.

Arrangements of visitor to bedside of hospitalized insured - Assistance with arrangements for relatives or visitors to travel to the client's bedside can be made through our 24-hour assistance center.

Eyeglasses and corrective lens replacement assistance - We will locate a service provider to replace eyeglasses or corrective lenses that may have been misplaced, stolen or damaged.

Direct billing to medical providers - We will coordinate with the medical provider to arrange direct billing, when available.

Shipment of medical records - We can provide assistance in shipping of needed medical records to the attending facility of the patient.

Medical equipment rental/replacement assistance - Travel Guard will locate a facility or provider that would have medical equipment available to the traveler and coordinate between the two parties.

Flight re-bookings - We are available 24/7 to help customers re-book flights in the event of a flight cancellation, delay or schedule change.

Hotel re-bookings - We can assist in re-booking current reservations in the event of a flight cancellation, delay or schedule change.

Rental vehicle booking - We are available 24/7 to assist the customer in booking car rentals domestically and internationally.

Emergency return travel arrangements - In the event of an emergency we are available to assist 24/7 with making hotel, flight and car rental arrangement assistance for the the customer in returning home.

Rental Vehicle Return - If a customer is traveling and has to abandon a rental due to an emergency, we will arrange for the vehicle's return to a location designated by the rental company.

Lost baggage search; stolen luggage replacement assistance - We can assist with the return of lost luggage by coordinating efforts with the commercial carrier. In the event that an item is lost while traveling, we will assist the customer in the search for the lost item. We will coordinate getting the luggage to their current destination or home.

Lost passport/travel documents assistance - We will assist in the replacement of lost or stolen travel documents, passports or visas.

ATM locator - We can locate the specific ATM locations worldwide that accept the caller's credit card or other card requirements.

Emergency cash transfer assistance - We will help members obtain cash advances in local or US currency for medical emergencies or other travel needs.

Travel information including visa/passport requirements - We can provide the customer with information such as passport/visa requirements and assist in expediting the procurement of these documents.

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Travel Guard Service Description, continued

Emergency telephone interpretation assistance - We provide emergency telephone translation services in all major languages and offer referrals to interpreter services.

Urgent message relay to family, friends or business associates - We will assist with contacting family or friends in the event of an emergency situation while the customer is traveling.

Inoculation information - We will provide the caller with inoculation recommendations that may be needed prior to traveling to their destination.

Embassy or Consulate Referral - Embassies and consulates are excellent sources for information and assistance to customers while traveling. We will provide the customer the address and phone number of the local embassy or consulate.

Currency conversion - We can provide foreign currency exchange rates throughout the world.

Up-to-the-minute information on local medical advisories, epidemics, required immunizations and available preventive measures - We will provide the most up-to-date information regarding medical advisories, epidemics, immunizations and preventative measures in the desired location.

Legal referrals/bail bond assistance - We will provide the customer with convenient legal referrals in their general area.

Worldwide public holiday information - We will provide customer with local worldwide public holiday information for the desired location.

Supplemental Out of Country

Medical Exclusions

In addition to the Exclusions in the General Exclusions, Supplemental Out of Country Medical Expense benefits are not payable for, and Usual and Customary Charges for Covered Medical Services do not include, any expense for or resulting from:

1. repair or replacement of existing artificial limbs, artificial eyes or other prosthetic appliances or rental of existing Durable Medical Equipment unless for the purpose of modifying the item because the Injury or Sickness has caused further impairment in the underlying bodily condition;
2. new, or repair or replacement of, dentures, bridges, dental implants, dental bands or braces or other dental appliances, crowns, caps, inlays or onlays, fillings or any other treatment of the teeth or gums, except for repair or replacement of sound natural teeth damaged or lost as a result of the Injury or Sickness not to exceed \$250 per tooth per accident;
3. new eye glasses or contact lenses or eye examinations related to the correction of vision or related to the fitting of glasses or contact lenses, unless the Injury or Sickness has caused impairment of sight; or repair or replacement of existing eyeglasses or contact lenses unless for the purpose of modifying the item because the Injury or Sickness has caused further impairment of sight;
4. new hearing aids or hearing examinations unless the Injury or Sickness has caused impairment of hearing; or repair or replacement of existing hearing aids unless for the purpose of modifying the item because the Injury or Sickness has caused further impairment of hearing;
5. rental of Durable Medical Equipment where the total rental expense exceeds the usual purchase expense for similar equipment in the locality where the expense is incurred (but if, in the Company's sole judgment, Supplemental Out of Country Medical Benefits for rental of Durable Medical Equipment are expected to exceed the usual purchase expense for similar equipment in the locality where the expense is incurred, the Company may, but is not required to, choose to consider such purchase expense as a Usual and Customary Covered Medical Expense in lieu of such rental expense);
6. personal comfort or convenience items, such as but not limited to Hospital telephone charges, television rental, or guest meals;
7. Pre-Existing Conditions;
8. any condition for which the Insured Person is entitled to benefits under any Workers' Compensation Act or similar law.

Security Evacuation Exclusions

No benefits are payable for charges, fees or expenses:

1. payable under any other provision of, or Benefit to, the Policy to which this Benefit is attached;
2. that are recoverable through the Insured Person's employer;
3. arising from or attributable to an actual fraudulent, dishonest or criminal act committed or attempted by an Insured Person, acting alone or in collusion with others;
4. arising from or attributable to an alleged: a. violation of the laws of the Host Country by an Insured Person; or b. violation of the laws of the Insured Person's Home Country; unless the Designated Security Consultant determines that such allegations were intentionally false, fraudulent and malicious and made solely to achieve a political, propaganda and/or coercive effect upon or at the expense of the Insured Person;
5. due to the Insured Person's failure to maintain and possess duly authorized and issued required travel documents and visas;
6. arising from an Occurrence which took place in an Excluded Country;
7. for repatriation of remains expenses;
8. for common or endemic or epidemic diseases or global pandemic disease as defined by the World Health Organization;
9. for medical services;
10. for monies payable in the form of a ransom if a Missing Person case evolves into a kidnapping;
11. for consulting services seeking information on Missing Person or kidnapping cases;
12. arising from or attributable, in whole or in part, to a debt, insolvency, commercial failure, the repossession of any property by any title holder or lien holder or any other financial cause;
13. arising from or attributable, in whole or in part to non-compliance by the Insured Person with regard to any obligation specified in a contract or license;
14. due to military or political issues if the Insured Person's Security Evacuation request is made more than 7 days after the Appropriate Authority(ies) Advisory was issued.
15. due to a storm (wind, rain, snow, sleet, hail, lightning, dust or sand), earthquake, flood, volcanic eruption, wildfire or other similar event that: a. is due to natural causes; and b. results in such severe and widespread damage that the area of damage is officially declared a disaster area by the government of the Host Country and the area is deemed to be uninhabitable or dangerous.

General Exclusions

1. suicide or any attempt at suicide or intentionally self-inflicted Injury or any attempt at intentionally self-inflicted Injury or auto-eroticism;
2. travel or flight in or on (including getting in or out of, or on or off of) any vehicle used for aerial navigation, whether as a Passenger, pilot, operator or crew member, unless specifically provided by the Policy;
3. declared or undeclared war, or any act of declared or undeclared war unless specifically provided by the Policy;
4. sickness, or disease, mental incapacity or bodily infirmity whether the loss results directly or indirectly from any of these;
5. infections of any kind regardless of how contracted, except bacterial infections that are directly caused by botulism, ptomaine poisoning or an accidental cut or wound independent and in the absence of any underlying sickness, disease or condition including but not limited to diabetes;
6. Full-time active duty in the armed forces, National Guard or organized reserve corps of any country or international authority. (Unearned premium for any period for which the Insured is not covered due to his or her active duty status will be refunded) (Loss caused while on short-term National Guard or reserve duty for regularly scheduled training purposes is not excluded;)
7. the Insured's commission of or attempt to commit a crime;
8. the medical or surgical treatment of sickness, disease, mental incapacity or bodily infirmity whether the loss results directly or indirectly from the treatment;
9. stroke or cerebrovascular accident or event; cardiovascular accident or event; myocardial infarction or heart attack; coronary thrombosis; aneurysm.

Glossary of Terms

Advisory: means a formal recommendation by the Appropriate Authorities that the Insured Person or citizens of his or her Home Country or citizens of the Host Country leave the Host Country.

Ambulatory Medical Center: means a licensed facility providing ambulatory surgical or medical treatment, other than a Hospital, clinic or Physician's office.

Appropriate Authority(ies): means the government authority(ies) in the Insured Person's Home Country or the government authority(ies) of the Host Country.

The Company: means National Union Fire Insurance Company of Pittsburgh, Pa.

Durable Medical Equipment: refers to equipment of a type that is designed primarily for use, and used primarily, by people who are injured (for example, a wheelchair or a hospital bed). It does not include items commonly used by people who are not injured, even if the items can be used in the treatment of injury or can be used for rehabilitation or improvement of health (for example, a stationary bicycle or a spa).

Designated Security Consultant: means an employee of a security firm under contract to Travel Guard or an Travel Guard designated service provider who is experienced in security and measures necessary to ensure the safety of the Insured Person(s) in his or her care.

Emergency Sickness: means an illness or disease, diagnosed by a Physician, which meets all of the following criteria: (1) there is present a severe or acute symptom requiring immediate care and the failure to obtain such care could reasonably result in serious deterioration of the Insured Person's condition or place his or her life in jeopardy; (2) the severe or acute symptom occurs suddenly and unexpectedly; and (3) the severe or acute symptom occurs while the Policy is in force as to the person suffering the symptom and under the circumstances described in a Hazard (a) applicable to that person and (b) to which this benefit applies. Any references to "Injury" in such a Hazard are deemed to be references to "Injury or Emergency Sickness."

Excluded Countries: means the following countries from which Security Evacuations are not available: Iraq, Afghanistan, Pakistan, Israel (West Bank and Gaza Strip), Iran, Somalia and Chechnya or any country subject to the administration and enforcement of U. S. economic embargoes and trade sanctions by the OFFICE OF FOREIGN ASSETS CONTROL (OFAC).

Home Country: means the country of citizenship of the Insured Person. If the Insured Person has dual citizenship, for the purposes of the Security Evacuation Benefit, his or her Home Country is the country of the passport he or she used to enter the Host Country.

Hospital: means a facility that: (1) is operated according to law for the care and treatment of injured people; (2) has organized facilities for diagnosis and surgery on its premises or in facilities available to it on a prearranged basis; (3) has 24 hour nursing service by registered nurses (R.N.); and (4) is supervised by one or more Physicians. A Hospital does not include: (1) a nursing, convalescent or geriatric unit of a Hospital when a patient is confined mainly to receive nursing care; (2) a facility that is, other than incidentally, a rest home, nursing home, convalescent home or home for the aged; nor does it include any ward, room, wing, or other section of the Hospital that is used for such purposes; or (3) any military or veterans Hospital or soldiers home or any Hospital contracted for or operated by any national government or government agency for the treatment of members or ex-members of the armed forces.

Host Country: means any country, other than an Excluded Country, in which an Insured Person is traveling while covered under the Policy.

Immediate Family Member: means a person who is related to the Insured Person in any of the following ways: spouse, brother in law, sister in law, son in law, daughter in law, mother in law, father in law, parent (includes stepparent), brother or sister (includes stepbrother or stepsister), or child (includes legally adopted or stepchild).

Imminent Physical Danger: means the Insured Person is subject to possible physical injury or sickness that could result in grave physical harm or death.

Injury: means bodily injury: (1) which is sustained as a direct result of an unintended, unanticipated accident that is external to the body and that occurs while the injured person's coverage under the Policy is in force; (2) which occurs under the circumstances described in a Hazard applicable to that person; and (3) which directly (independent of sickness, disease, mental incapacity, bodily infirmity or any other cause) causes a covered loss under a Benefit applicable to such Hazard.

Insured: means a person: (1) who is a member of an eligible class of persons as described in the Classification of Eligible Persons section of the Declarations section of the Policy; (2) for whom premium has been paid; and (3) while covered under the Policy.

Medical Emergency: means a condition caused by an Injury or Sickness which meets all of the following criteria: (1) there is present a severe or acute symptom requiring immediate care and the failure to obtain such care could reasonably result in serious deterioration of the Insured Person's condition or place his or her life in jeopardy; (2) the severe or acute symptom occurs suddenly and unexpectedly; and (3) the severe or acute symptom occurs while the Policy is in force as to the person.

Medically Necessary: refers to a Covered Medical Service that: (1) is essential for diagnosis, treatment or care of the Injury or Emergency Sickness for which it is prescribed or performed; (2) meets generally accepted standards of medical practice; and (3) is ordered by a Physician and performed under his or her care, supervision or order.

Missing Person: means an Insured Person who disappeared for an unknown reason and whose disappearance was reported to the Appropriate Authority(ies).

Natural Disaster: means a storm (wind, rain, snow, sleet, hail, lightning, dust or sand), earthquake, flood, volcanic eruption, wildfire or other similar event that: 1. is due to natural causes; and 2. results in such severe and widespread damage that the area of damage is officially declared a disaster area by the government of the Host Country and the area is deemed to be uninhabitable or dangerous.

Nearest Place of Safety: means a location determined by the Designated Security Consultant where: 1. the Insured Person can be presumed safe from the Occurrence that precipitated the Insured Person's Security Evacuation; and 2. the Insured Person has access to transportation; and 3. the Insured Person has the availability of temporary lodging, if needed.

Occurrence: means any of the following situations in which an Insured Person finds him or her self while covered by the Policy: 1. expulsion from a Host Country or being declared persona non-grata on the written authority of the recognized government of a Host Country; 2. political or military events involving a Host Country, if the Appropriate Authorities issue an Advisory stating that citizens of the Insured Person's Home Country or citizens of the Host Country should leave the Host Country; 3. Natural Disaster within 7 days of an event; 4. Verified Physical Attack or a Verified Threat of Physical Attack from a third party; 5. the Insured Person had been deemed kidnapped or a Missing Person by local or international authorities and, when found, his or her safety and/or well-being are in question within 7 days of his or her being found.

Participating Organization: means an organization: 1) which elects to offer coverage under the Policy by completing a Participation Organization Application that has been accepted by the Company; 2) which completes a participation agreement with the Policyholder; 3) which remits the required premium when due; if applicable, and 4) while coverage through the Participating Organization is available under this Policy.

Period of Coverage: means the period of time during which the Policy is in force with respect to the Insured Person.

Physician: means a licensed practitioner of the healing arts acting within the scope of his or her license who is not: 1) the Insured Person; 2) an Immediate Family Member; or 3) retained by the Participating Organization.

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Glossary of Terms, continued

Pre-Existing Condition: means a condition for which the Insured Person received any diagnosis, medical advice or treatment or had taken any prescription medicines during the 12 months immediately preceding the effective date of the Insured Person's coverage under the Policy unless the condition for which the prescribed medication is taken remains controlled without any change in the required prescription.

Related Costs: means food, lodging and, if necessary, physical protection for the Insured Person during the Transport to the Nearest Place of Safety.

Security Evacuation: means the extrication of an Insured Person from the Host Country due to an Occurrence which results in the Insured Person being placed in Imminent Physical Danger.

Sickness: means any disease, illness, or infection of an Insured Person that begins while coverage under the Benefit is in force as to the Insured Person.

Transport/Transportation: means the most efficient and available method of conveyance. In all cases, where practical, economy will be utilized. If possible, the Insured Person's common carrier tickets will be used.

Trip: means a trip taken by an Insured which begins when the Insured leaves his or her residence or place of regular employment for the purpose of going on the trip (whichever occurs last), and is deemed to end when the Insured

returns from the trip to his or her residence or place of regular employment (whichever occurs first). However, the trip is deemed to exclude any period of time during which the Insured is on an authorized leave of absence or vacation or travel to and from the Insured's place of regular employment. "Trip" does not include the Insured's trip to a location that extends for more than 365 days. Such a trip will be deemed to change the Insured's residence or place of regular employment to the new location.

Usual and Customary Charge(s): means a charge that: (1) is made for a Covered Medical Service; (2) does not exceed the usual level of charges for similar treatment, services or supplies in the locality where the expense is incurred (for a Hospital room and board charge, other than for a Medically Necessary stay in an intensive care unit or a cardiac care unit, does not exceed the Hospital's most common charge for semi-private room and board); and (3) does not include charges that would not have been made if no insurance existed.

Verified Physical Attack: means deliberate physical harm of the Insured Person confirmed by documentation or physical evidence.

Verified Threat of Physical Attack: means a threat against the Insured Person's health and safety as confirmed by documentation and/or physical evidence.



WELLS FARGO INSURANCE PRIVACY INFORMATION

We know that your privacy is important to you and we strive to protect the confidentiality of your personal information. We do not disclose any personal information about our plan participants, except as permitted or required by law (e.g., information you provide to us may be shared with your school to process your insurance transaction). To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings. You may obtain a detailed copy of our privacy policy through your school or by calling us at (800) 853-5899 or by visiting us at <https://studentinsurance.wellsfargo.com>.

Important Contacts

CLAIMS, ELIGIBILITY, AND COVERAGE QUESTIONS:	AIG Personal Accident Claims Department P.O. Box 25987 Shawnee Mission, KS 66225-5987 (800) 551-0824 e-mail: AHCustomerService@aig.com
EMERGENCY ASSISTANCE SERVICES:	Travel Guard 3300 Business Park Dr. Stevens Point, WI 54482 (877) 832-3523 (inside the U.S. and Canada) (715) 295-1194 (access an international operator, and ask them to place a collect call to the U.S.)
UNDERWRITING COMPANY:	National Union Fire Insurance Company of Pittsburgh, Pa., a Pennsylvania insurance company with its principal place of business at 175 Water Street, 18th Floor, New York, NY 10038. It is currently authorized to transact business in all states and the District of Columbia. NAIC No. 19445. Policy #GLB 9138309-B
PLAN BROKERED BY:	Wells Fargo Student Insurance (800) 853-5899 Mon-Fri, 8am-5pm PST Fax: (877) 612-7966 Email: studentinsurance@wellsfargo.com https://studentinsurance.wellsfargo.com

IMPORTANT NOTICE

This plan provides limited accident and sickness coverage only. It does not provide basic hospital, basic medical, or comprehensive/major medical coverage, and does not satisfy the "minimum essential coverage" requirements of the Patient Protection and Affordable Care Act.

This brochure provides only brief descriptions of the coverages available under Policy Series C11860DBG. The issued Policy will contain reductions, limitations, exclusions, definitions and termination provisions. Full details of the coverage are contained in the issued Policy. If there are any conflicts between this brochure and the issued Policy, the Policy shall govern in all cases.

The AIG companies value the trust our customers place in us. That is why protecting your personal information is of paramount importance to us. For more information please go to our website at www.aig.com.

This information is a brief description of the important features of the insurance plan. It is not a contract of insurance. The terms and conditions of coverage are set forth in policy issued in the state in which the policy is delivered. Complete details may be found in the policy on file at your school's office. The policy is subject to the laws of the state in which it was issued. Please keep this information as a reference. Travel assistance services are provided by AIG Travel, Inc., a member of American International Group, Inc. Travel Guard® is the marketing name for its portfolio of travel insurance solutions and travel related services.

American International Group, Inc. (AIG) is a leading global insurance organization. Founded in 1919, today we provide a wide range of property casualty insurance, life insurance, retirement products, mortgage insurance and other financial services to customers in more than 100 countries and jurisdictions. Our diverse offerings include products and services that help businesses and individuals protect their assets, manage risks and provide for retirement security. AIG common stock is listed on the New York Stock Exchange and the Tokyo Stock Exchange.

AIG is the marketing name for the worldwide property-casualty, life and retirement, and general insurance operations of American International Group, Inc. For additional information, please visit our website at www.aig.com. All products and services are written or provided by subsidiaries or affiliates of American International Group, Inc. Products or services may not be available in all countries, and coverage is subject to actual policy language. Non-insurance products and services may be provided by independent third parties. Certain property-casualty coverages may be provided by a surplus lines insurer. Surplus lines insurers do not generally participate in state guaranty funds, and insureds are therefore not protected by such funds.

National Union Fire Insurance Company of Pittsburgh, Pa.
California Schools Study Abroad Insurance

Policy # GLB 9138196-B

2017-2018 ENROLLMENT FORM

<input type="checkbox"/> NEW
<input type="checkbox"/> RENEWING
80
Wells Fargo Student Insurance Medical ID#

STUDENT/ FACULTY/ SCHOLAR NAME	LAST / SURNAME		
	FIRST NAME		MIDDLE INITIAL
NAME OF SCHOOL			
STUDENT I.D. #		DATE OF BIRTH (Month, Day, Year)	SOCIAL SECURITY # (U.S. Citizens and Permanent Residents only)
U.S. MAILING ADDRESS (Use school address if none)	STREET		APARTMENT #
CITY		STATE	ZIP
PHONE #		EMAIL ADDRESS (REQUIRED)	
Please check appropriate box: <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	Please check appropriate box: <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED/DOMESTIC PARTNER	Please check appropriate box: <input type="checkbox"/> STUDENT <input type="checkbox"/> FACULTY <input type="checkbox"/> SCHOLAR <input type="checkbox"/> OTHER: _____	
EMERGENCY CONTACT PERSON*	NAME		RELATIONSHIP
	EMAIL ADDRESS		

* Note: In order for us to discuss your health information with your emergency contact, you will need to fill out an "Authorization to Release Protected Health Information" form. Please contact Wells Fargo Student Insurance at 1-800-853-5899 to obtain this form.

PLAN COST - AVAILABLE 10/30/17 - 10/29/18

Country of travel:	Effective date: / /	Termination date: / /
Multiply the number of weeks by the weekly rate to equal your total cost:	Number of weeks:	x Cost per week: \$11.50
		= Total cost:
Rates include premium payable to National Union Fire Insurance Company of Pittsburgh, Pa., as well as administrative fees payable to Wells Fargo Student Insurance. Rates also include Medical Evacuation and Repatriation and Worldwide Emergency Travel Assistance benefits/services provided through Travel Guard and its contracted underwriting companies.		

PAYMENT METHOD (Remit in US Funds Only)

NOTE: If we are unable to process your payment (due to insufficient funds, closure of account, etc.), you and/or your dependents' insurance coverage will be terminated retroactive to the effective date of the enrolled term and you will be responsible for any claims that you've incurred.

<input type="checkbox"/> Check/Money Order – MAKE CHECKS PAYABLE TO: Wells Fargo Student Insurance	
<input type="checkbox"/> Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover	You may also purchase the insurance plan online at https://studentinsurance.wellsfargo.com
Credit Card Account Number:	Expires (month, year):
Cardholder's Name:	
(Enter/Print Cardholder's name exactly as it appears on card.)	

Mail or fax enrollment form and payment to:
 Wells Fargo Student Insurance, 10940 White Rock Road, 2nd Floor, Rancho Cordova, CA 95670 • Fax (877) 612-7966

READ THIS FORM CAREFULLY, COMPLETE, AND SIGN BELOW

NOTE: This is limited term coverage only. Coverage will end on the last date specified in the plan you select, unless you enroll to continue insurance for an additional term. Premiums are calculated based on the plan term and will not be pro-rated.

It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment or fine. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

I attest by signing below that I have reviewed the information provided on this application and to the best of my knowledge and belief, it is true and accurate with no omissions or misstatements and I have read and understand the Plan Brochure. My signature below certifies that I have read and understand the Student Health Insurance Plan brochure and agree to accept as applicable to me the terms and conditions stated therein.

SIGNATURE OF STUDENT _____	DATE _____
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