



COMMONWEALTH OF VIRGINIA
STANDARD CONTRACT

Contract No. UCPJM5503

This contract entered into this 9th day of May 2019, by Cultural Insurance Services International hereinafter called the "Contractor" and Commonwealth of Virginia, James Madison University called the "Purchasing Agency".

WITNESSETH that the Contractor and the Purchasing Agency, in consideration of the mutual covenants, promises and agreements herein contained, agree as follows:

SCOPE OF CONTRACT: The Contractor shall provide the services to the Purchasing Agency as set forth in the Contract Documents.

PERIOD OF PERFORMANCE: From May 9, 2019 through May 8, 2020 with nine (9) one-year renewal options.

The contract documents shall consist of:

- (1) This signed form;
- (2) The following portions of the Request for Proposal #MLO-1005 dated March 19, 2018:
 - (a) The Statement of Needs;
 - (b) The General Terms and Conditions;
 - (c) The Special Terms and Conditions together with any negotiated modifications of those Special Conditions;
 - (d) Addendum No. One, dated April 10, 2018;
 - (e) Addendum No. Two, dated April 20, 2018.
- (3) The Contractor's Proposal dated May 1, 2018 and the following negotiated modification to the Proposal, all of which documents are incorporated herein.
 - (a) Negotiations Summary, dated April 29, 2019.

IN WITNESS WHEREOF, the parties have caused this Contract to be duly executed intending to be bound thereby.

CONTRACTOR:

By: Margot Popszyca
(Signature)
Margot Popszyca
(Printed Name)

Title: Senior Account Executive

PURCHASING AGENCY:

By: LeeAnne Beatty Smith
(Signature)
LeeAnne Beatty Smith
(Printed Name)

Title: Buyer Senior, JMU



**RFP # MLO-1005, International Student/Scholar & Study Abroad Participant
Health Insurance
Negotiation Summary for Cultural Insurance Services International
April 29, 2019**

1. Contractor agrees that this Negotiation Summary modifies the Contractor's initial response to RFP# MLO-1005.
2. International Student/Scholar (*international students/scholars sponsored by JMU for an F or J visa*) Policy:

a. Policy Coverage:

Student Medical Expenses (Injury/Illness)	\$200,000 per covered injury/illness @100%
Dependent Medical Expenses (Injury/Illness)	\$100,000 per covered injury/illness @100%
Deductible	\$0
Emergency Room Deductible	\$500
Accidental Death & Dismemberment	\$15,000
Emergency Medical Evacuation/Repatriation	\$250,000
Return of Mortal Remains	\$100,000
Team Assist Package	Included
Emergency Medical Reunion Benefit	\$5,000
Return Ticket Benefit	\$1,500
Mental Illness	covered as any other medical illness
Coverage for Rock Wall Climbing	
Interscholastic/Intercollege Athletic Coverage	\$25,000 (capped per policy year)
Intramural/Club/Pick-Up Athletics	covered as any other injury/illness

b. Policy Rates:

Covered Party	Monthly Policy Rates
Insured Only	\$105.45
Insured & Spouse	\$295.25
Insured & One Dependent Child	\$237.25
Insured, Spouse, & One Dependent Child	\$280.75
Insured & 2 or More Dependent Children	\$309.43
Insured & Family	\$338.10

- c. Policy Term: June 30, 2019 to June 29, 2020
- d. The coverage start date for an international student/scholar shall determine the policy rate. For example, a student/scholar enrolling in the policy on June 29, 2020 shall have the above rates apply for up to 12 months of coverage even though the student/scholar's coverage will extend beyond the expiration of the policy term.
- e. International Students/Scholars that leave the JMU sponsored program early shall have all full remaining months of coverage refunded if there have been non claims paid for the insured.



**RFP # MLO-1005, International Student/Scholar & Study Abroad Participant
Health Insurance
Negotiation Summary for Cultural Insurance Services International
April 29, 2019**

- f. International Students/Scholars that were enrolled in the JMU sponsored program but never arrive shall have a full refund.
3. Study Abroad Participant Policy:
- a. Policy Coverage

Student Medical Expenses (Injury/Illness)	\$250,000 per covered injury/illness @100%
Dependent Medical Expenses (Injury/Illness)	\$250,000 per covered injury/illness @100%
Deductible	\$0
Accidental Death & Dismemberment	\$15,000
Emergency Medical Evacuation/Repatriation	\$250,000
Return of Mortal Remains	\$100,000
Security Evacuation (Comprehensive)	\$100,000 (no agg. Limit)
Team Assist Package	Included
Emergency Medical Reunion Benefit	\$5,000
Return Ticket Benefit	\$1,500

- b. Policy Rates:

Covered Party	Monthly Policy Rates
Insured Only	\$43.00
Spouse/Domestic Partner	\$86.00
One Dependent Child	\$150.55
2 or More Children	\$172.00
Family	\$215.00

- c. Policy Term: June 30, 2019 to June 29, 2020
- d. The coverage start date for a study abroad participant shall determine the policy rate. For example, a participant enrolling in the policy on June 29, 2020 shall have the above rates apply for up to 12 months of coverage even though the participant's coverage will extend beyond the expiration of the policy term.
- e. Study Abroad Participants that leave the JMU sponsored program early shall have all full remaining months of coverage refunded if there have been non claims paid for the insured.
- f. Study Abroad Participants that were enrolled in the JMU sponsored program but never departed shall have a full refund.



**RFP # MLO-1005, International Student/Scholar & Study Abroad Participant
Health Insurance
Negotiation Summary for Cultural Insurance Services International
April 29, 2019**

4. The following clause is hereby incorporated into the contract:

ADDITIONAL GOODS AND SERVICES: The University may acquire other goods or services that the supplier provides than those specifically solicited. The University reserves the right, subject to mutual agreement, for the Contractor to provide additional goods and/or services under the same pricing, terms, and conditions and to make modifications or enhancements to the existing goods and services. Such additional goods and services may include other products, components, accessories, subsystems, or related services that are newly introduced during the term of this Agreement. Such additional goods and services will be provided to the University at favored nations pricing, terms, and conditions.

5. There shall be no miscellaneous fees invoiced to the University that have not been identified herein.

No matter how
far you travel...

We're there...



EMERGENCY

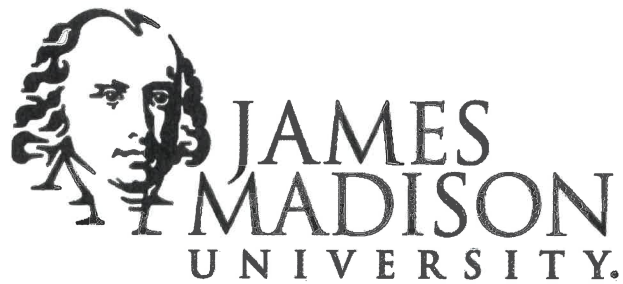


MEDICAL



SECURITY

CISI
Cultural Insurance
Services International

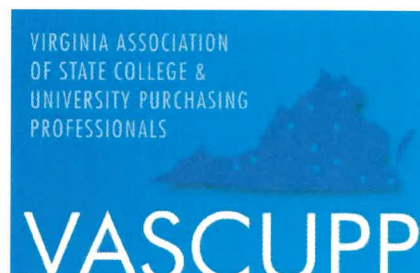


Request for Proposal

RFP# MLO-1005

**International Student/Scholar and Study
Abroad Participant Health Insurance**

March 19, 2018



REQUEST FOR PROPOSAL

RFP# MLO-1005

Issue Date: March 19, 2018

Title: International Student/Scholar and Study Abroad Participant Health Insurance

Issuing Agency: Commonwealth of Virginia
James Madison University
Procurement Services MSC 5720
752 Ott Street, Wine Price Building
First Floor, Suite 1023
Harrisonburg, VA 22807

Period of Contract: From Date of Award Through One Year (Renewable)

Sealed Proposals Will Be Received Until 2:00 PM on April 12, 2018 for Furnishing The Services Described Herein.

SEALED PROPOSALS MAY BE MAILED, EXPRESS MAILED, OR HAND DELIVERED DIRECTLY TO THE ISSUING AGENCY SHOWN ABOVE.

All Inquiries For Information And Clarification Should Be Directed To: Matasha Owens, Buyer Senior, MPA, VCO, CUPO, Procurement Services, owensml@jmu.edu; 540-568-3137; (Fax) 540-568-7935 not later than five business days before the proposal closing date.

NOTE: THE SIGNED PROPOSAL AND ALL ATTACHMENTS SHALL BE RETURNED.

In compliance with this Request for Proposal and to all the conditions imposed herein, the undersigned offers and agrees to furnish the goods/services in accordance with the attached signed proposal or as mutually agreed upon by subsequent negotiation.

Name and Address of Firm: (CISI)
Cultural Insurance Services Int'l
1 High Ridge Park
Stamford, CT 06905

By: Margot Papowicz
(Signature in Ink)

Name: Margot Papowicz
(Please Print)

Date: May 1, 2018

Title: Senior Account Executive

Web Address: www.mycisi.com

Phone: 203-399-5136

Email: mpopowicz@mycisi.com

Fax #: 203-399-5229

ACKNOWLEDGE RECEIPT OF ADDENDUM: #1 mp #2 mp #3 _____ #4 _____ #5 _____ (please initial)

SMALL, WOMAN OR MINORITY OWNED BUSINESS:

☐ YES; ☐ NO; *IF YES* ⇒ ☐ SMALL; ☐ WOMAN; ☐ MINORITY **IF MINORITY:** ☐ AA; ☐ HA; ☐ AsA; ☐ NW; ☐ Micro

Note: This public body does not discriminate against faith-based organizations in accordance with the *Code of Virginia*, § 2.2-4343.1 or against an offeror because of race, religion, color, sex, national origin, age, disability, or any other basis prohibited by state law relating to discrimination in employment.

REQUEST FOR PROPOSAL

RFP # MLO-1005

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I. PURPOSE

The purpose of this Request for Proposal (RFP) is to solicit sealed proposals from qualified sources to enter into a contract to provide International Student/Scholar and Study Abroad Participant Health Insurance for James Madison University (JMU), an agency of the Commonwealth of Virginia. Initial contract shall be for one (1) year with an option to renew for nine (9) additional one-year periods.

II. BACKGROUND

James Madison University (JMU) is a comprehensive public institution in Harrisonburg, Virginia with an enrollment of approximately 22,000 students and more than 3,000 faculty and staff. There are over 600 individual departments on campus that support seven academic divisions. The University offers over 120 majors, minors, and concentrations. Further information about the University may be found at the following website: <http://www.jmu.edu>.

A. INTERNATIONAL STUDENTS/SCHOLARS

Cultural Insurance Services International (CISI) currently provides insurance to both JMU's international students and scholars. In the 2017/2018 school year, the International Students and Scholars Plan covered approximately 340 students and scholars with the following benefits:

Student Medical Expenses (Accident/Sickness)	\$500,000 @ 100%
Dependent Medical Expenses (Accident/Sickness)	\$100,000 @ 100%
Deductible	\$0
Emergency Room Deductible (Illness only if not admitted)	\$500
Accidental Death and Dismemberment	\$15,000
Emergency Medical Evacuation/Repatriation	\$250,000
Return of Mortal Remains	\$100,000
Team Assist Package	Included
Emergency Medical Reunion Benefit (after 6 days, \$200/day hotel/meals)	\$5,000
Return Ticket Benefit	\$1,500

B. STUDY ABROAD PARTICIPANTS

Cultural Insurance Services International (CISI) currently provides insurance to JMU's study abroad participants. In the 2017/2018 school year, the Study Abroad Plan covered 1,700 students, with the following benefits:

Medical Expenses (Accident/Sickness)	\$250,000
Deductible per Injury/Illness	\$0
Accidental Death and Dismemberment	\$15,000
Emergency Medical Evacuation	\$250,000
Repatriation/Return of Mortal Remains or Cremation	\$100,000
Security Evacuation (Comprehensive)	\$100,000 (no agg. Limit)
Team Assist Package	Included
Emergency Family Reunion Benefit (\$200/day hotel/meals)	\$5,000 (after 6 days)
Return Ticket Benefit	\$1,500

III. SMALL, WOMAN-OWNED AND MINORITY PARTICIPATION

It is the policy of the Commonwealth of Virginia to contribute to the establishment, preservation, and strengthening of small businesses and businesses owned by women and minorities, and to encourage their participation in State procurement activities. The Commonwealth encourages contractors to provide for the participation of small businesses and businesses owned by women and minorities through partnerships, joint ventures, subcontracts, and other contractual opportunities. Attachment B contains information on reporting spend data with subcontractors.

IV. STATEMENT OF NEEDS

James Madison University (JMU) seeks a Contractor who is an established industry leader in providing insurance and claims services to institutions of higher education in the international and study abroad health care market.

A. INTERNATIONAL STUDENT/SCHOLAR HEALTH INSURANCE

The Contractor shall be responsible for the following:

- A health insurance plan for accidents and illnesses combined for international students/scholars enrolled at James Madison University. The required level of insurance is as follows:
 - Student: \$100,000
 - Dependents: \$50,000
- An Open Enrollment Period in effect for international university students from the first day of the annual policy period (August 1) through September 15th of the same year, totaling a forty-six (46) day period. During the Open Enrollment Period, any claim submitted by a JMU international student or scholar for injury or sickness shall be accepted as long as the student or scholar enrolls in the Contractor's insurance plan by September 15th of the same policy year. Additionally, premiums and benefits for such international students shall be calculated based on the August 1 effective date.
- Permitting international students to enroll at any time after the Open Enrollment Period with the premium rates prorated.
- Providing the same premium rates regardless of age or sex. No evidence of insurability shall be required by the Contractor. Only primary insurance shall be considered.
- An Identification Card and a Certificate/Policy Booklet to all international students enrolled in the insurance program within sixty (60) days of enrolling.
- Considering any international student or scholar who is sponsored by JMU for an F or J visa to be eligible for health insurance benefits. International students in internships or currently on Optional Practical Training continue to be sponsored by JMU and must be eligible for coverage under this plan. All short-term scholars, adjunct faculty, and visiting researchers in J status are sponsored by JMU and must be eligible for coverage under this plan.

- Insurance rates prorated from the initial enrollment date on a monthly basis to the expiration date of the policy, which shall be midnight on the thirty-first (31) day of July of each year.
- Monthly claims reports submitted to the JMU Center for Global Engagement showing enrollment data and expenses broken down by identified categories. Reports shall also include information regarding claims which were denied.
- Submitting to the University's Office of Risk Management and Office of Procurement Services any adjustments in premiums and/or changes in policy language along with appropriate supporting documentation by the first day of February of each renewal year.
- Ensuring the insurance policy is filed and approved in the Commonwealth of Virginia and meet all applicable federal and Virginia insurance regulations. No trust or association plan issued in another state will be allowed.
- Ensuring the insurance policy must meet the minimum requirements established by regulation for J-1 visitors. See 22 C.F.R. §62.14.

Describe in detail your firm's approach to each of the following items. Failure to provide responses to the items below may result in rejection of the proposal.

1. Describe in detail proposed health insurance plan for international students/scholars. Specify any associated costs in *Section X. Pricing Schedule*. Detail all policy specifications.
2. Describe in detail the firm's written procedure for timely and accurate processing of claims by the insurer.
3. Specify contact information for a designated representative(s) to assist with all claims processing, associated claims, payment problems, forms preparation, and information requests.
4. State a responsive toll-free phone number available to international students, parents of students, or James Madison University International Student Services staff.
5. Provide contact information for three (3) current clients of similar size for whom you provide international student/scholar health insurance. Include implementation date and number of students/scholars served.
6. Describe in detail the firm's enrollment process.
7. Describe in detail the firm's cancellation policy.
8. Provide sample claims reports that shall be provided to the University monthly and contain enrollment data and expenses broken down by identified categories. Reports should also include information regarding claims which were denied.
9. Provide an easy to read visual (*i.e. brochure/chart*) for students on what is and is not covered, including but not limited to doctor visits, dental, and mental health.

10. Provide sample brochures, applications, and other materials, including advertisements, used to market health insurance plans.
11. Provide any other additional information that would be beneficial in the context of this Request for Proposal.

B. STUDY ABROAD PARTICIPANT HEALTH INSURANCE

The Contractor shall be responsible for the following:

- A health insurance plan for accidents and illnesses combined for study abroad students, faculty, and staff enrolled at James Madison University. The required level of insurance is as follows:
 - Student: \$100,000
 - Faculty: \$100,000
 - Staff: \$100,000
- Allowing study abroad students, faculty and staff to enroll at any time during the year on a monthly basis.
- Providing the same premium rates regardless of age or sex. No evidence of insurability shall be required by the Contractor. Only primary insurance shall be considered.
- An Identification Card and a Certificate/Policy Booklet to all study abroad participants enrolled in the insurance program within sixty (60) days of enrolling.
- Monthly claims reports submitted to the JMU Center for Global Engagement showing enrollment data and expense, broken down by identified categories. Reports should also include information regarding claims which were denied.
- Submitting to the University's Office of Risk Management and Office of Procurement Services any adjustments in premiums and/or changes in policy language along with appropriate supporting documentation by the first day of February of each renewal year.
- Ensuring the insurance policy is filed and approved in the Commonwealth of Virginia and meet all applicable federal and Virginia insurance regulations. No trust or association plan issued in another state will be allowed.

Describe in detail your firm's approach to each of the following items. Failure to provide responses to the items below may result in rejection of the proposal.

1. Describe in detail proposed health insurance plan for study aboard participants. Specify any associated costs in *Section X. Pricing Schedule*. Detail all policy specifications.
2. Describe in detail the firm's written procedure for timely and accurate processing of claims by the insurer.

3. Specify contact information for a designated representative(s) to assist with all claims processing, associated claims, payment problems, forms preparation, and information requests.
4. State a responsive worldwide toll-free phone number available to study abroad students, faculty, and staff as well as parents of students, family of the faculty/staff, or James Madison University Study Abroad Services staff.
5. Provide contact information for three (3) current clients of similar size for whom you provide study abroad participant health insurance. Include implementation date and number of students/scholars served.
6. Describe in detail the firm's enrollment process.
7. Describe in detail the firm's cancellation policy.
8. Provide sample claims reports that shall be provided to the University monthly and contain enrollment data and expenses broken down by identified categories. Reports should also include information regarding claims which were denied.
9. Provide an easy to read visual (*i.e. brochure/chart*) for study aboard participants on what is and is not covered, including but not limited to doctor visits, dental, and mental health.
10. Provide sample brochures, applications, and other materials, including advertisements, used to market health insurance plans.
11. Provide any other additional information that would be beneficial in the context of this Request for Proposal.

V. PROPOSAL PREPARATION AND SUBMISSION

A. GENERAL INSTRUCTIONS

To ensure timely and adequate consideration of your proposal, offerors are to limit all contact, whether verbal or written, pertaining to this RFP to the James Madison University Procurement Office for the duration of this Proposal process. Failure to do so may jeopardize further consideration of Offeror's proposal.

1. RFP Response: In order to be considered for selection, the **Offeror shall submit a complete response to this RFP**; and shall submit to the issuing Purchasing Agency:
 - a. **One (1) original and four (4) copies** of the entire proposal, INCLUDING ALL ATTACHMENTS. Any proprietary information should be clearly marked in accordance with 3.f. below.
 - b. **One (1) electronic copy in WORD format or searchable PDF (CD or flash drive)** of the entire proposal, INCLUDING ALL ATTACHMENTS. Any proprietary information should be clearly marked in accordance with 3.f. below.
 - c. Should the proposal contain **proprietary information**, provide **one (1) redacted hard copy** of the proposal and all attachments with **proprietary portions removed or blacked out**. This copy should be clearly marked "*Redacted Copy*" on the front cover.

The classification of an entire proposal document, line item prices, and/or total proposal prices as proprietary or trade secrets is not acceptable. JMU shall not be responsible for the Contractor's failure to exclude proprietary information from this redacted copy.

No other distribution of the proposal shall be made by the Offeror.

2. The version of the solicitation issued by JMU Procurement Services, as amended by an addenda, is the mandatory controlling version of the document. Any modification of, or additions to, the solicitation by the Offeror shall not modify the official version of the solicitation issued by JMU Procurement services unless accepted in writing by the University. Such modifications or additions to the solicitation by the Offeror may be cause for rejection of the proposal; however, JMU reserves the right to decide, on a case-by-case basis in its sole discretion, whether to reject such a proposal. If the modification or additions are not identified until after the award of the contract, the controlling version of the solicitation document shall still be the official state form issued by Procurement Services.
3. Proposal Preparation
 - a. Proposals shall be signed by an authorized representative of the Offeror. All information requested should be submitted. Failure to submit all information requested may result in the purchasing agency requiring prompt submissions of missing information and/or giving a lowered evaluation of the proposal. Proposals which are substantially incomplete or lack key information may be rejected by the purchasing agency. Mandatory requirements are those required by law or regulation or are such that they cannot be waived and are not subject to negotiation.
 - b. Proposals shall be prepared simply and economically, providing a straightforward, concise description of capabilities to satisfy the requirements of the RFP. Emphasis should be placed on completeness and clarity of content.
 - c. Proposals should be organized in the order in which the requirements are presented in the RFP. All pages of the proposal should be numbered. Each paragraph in the proposal should reference the paragraph number of the corresponding section of the RFP. It is also helpful to cite the paragraph number, sub letter, and repeat the text of the requirement as it appears in the RFP. If a response covers more than one page, the paragraph number and sub letter should be repeated at the top of the next page. The proposal should contain a table of contents which cross references the RFP requirements. Information which the offeror desires to present that does not fall within any of the requirements of the RFP should be inserted at the appropriate place or be attached at the end of the proposal and designated as additional material. Proposals that are not organized in this manner risk elimination from consideration if the evaluators are unable to find where the RFP requirements are specifically addressed.
 - d. As used in this RFP, the terms "must", "shall", "should" and "may" identify the criticality of requirements. "Must" and "shall" identify requirements whose absence will have a major negative impact on the suitability of the proposed solution. Items labeled as "should" or "may" are highly desirable, although their absence will not have a large impact and would be useful, but are not necessary. Depending on the overall response to the RFP, some individual "must" and "shall" items may not be fully satisfied, but it is the intent to satisfy most, if not all, "must" and "shall" requirements. The inability of an offeror to satisfy a "must" or "shall" requirement does not

automatically remove that offeror from consideration; however, it may seriously affect the overall rating of the offeror's proposal.

- e. Each copy of the proposal should be bound or contained in a single volume where practical. All documentation submitted with the proposal should be contained in that single volume.
 - f. Ownership of all data, materials and documentation originated and prepared for the State pursuant to the RFP shall belong exclusively to the State and be subject to public inspection in accordance with the Virginia Freedom of Information Act. Trade secrets or proprietary information submitted by the offeror shall not be subject to public disclosure under the Virginia Freedom of Information Act; however, the offeror must invoke the protection of Section 2.2-4342F of the Code of Virginia, in writing, either before or at the time the data is submitted. The written notice must specifically identify the data or materials to be protected and state the reasons why protection is necessary. The proprietary or trade secret materials submitted must be identified by some distinct method such as highlighting or underlining and must indicate only the specific words, figures, or paragraphs that constitute trade secret or proprietary information. The classification of an entire proposal document, line item prices and/or total proposal prices as proprietary or trade secrets is not acceptable and will result in rejection and return of the proposal.
4. Oral Presentation: Offerors who submit a proposal in response to this RFP may be required to give an oral presentation of their proposal to James Madison University. This provides an opportunity for the Offeror to clarify or elaborate on the proposal. This is a fact-finding and explanation session only and does not include negotiation. James Madison University will schedule the time and location of these presentations. Oral presentations are an option of the University and may or may not be conducted. Therefore, proposals should be complete.

B. SPECIFIC PROPOSAL INSTRUCTIONS

Proposals should be as thorough and detailed as possible so that James Madison University may properly evaluate your capabilities to provide the required services. Offerors are required to submit the following items as a complete proposal:

- 1. Return RFP cover sheet and all addenda acknowledgements, if any, signed and filled out as required.
- 2. Specify A.M. Best Company rating (or equivalent).
- 3. Offeror Data Sheet, included as *Attachment A* to this RFP.
- 4. Small Business Subcontracting Plan, included as *Attachment B* to this RFP. Offeror shall provide a Small Business Subcontracting plan which summarizes the planned utilization of Department of Small Business and Supplier Diversity (SBSD)-certified small businesses which include businesses owned by women and minorities, when they have received Department of Small Business and Supplier Diversity (SBSD) small business certification, under the contract to be awarded as a result of this solicitation. This is a requirement for all prime contracts in excess of \$100,000 unless no subcontracting opportunities exist.

5. Identify the amount of sales your company had during the last twelve months with each VASCUPP Member Institution. A list of VASCUPP Members can be found at: www.VASCUPP.org.
6. Proposed Cost. See *Section X. Pricing Schedule* of this Request for Proposal.

VI. EVALUATION AND AWARD CRITERIA

A. EVALUATION CRITERIA

Proposals shall be evaluated by James Madison University using the following criteria:

1. Quality of products/services offered and suitability for intended purposes
2. Qualifications and experience of Offeror in providing the goods/services
3. Specific plans or methodology to be used to perform the services
4. Participation of Small, Women-Owned, & Minority (SWaM) Businesses
5. Cost

Allocation of points for evaluation criteria will be published to the eVA solicitation posting prior to the closing date and time.

B. AWARD TO MULTIPLE OFFERORS

Selection shall be made of two or more offerors deemed to be fully qualified and best suited among those submitting proposals on the basis of the evaluation factors included in the Request for Proposals, including price, if so stated in the Request for Proposals. Negotiations shall be conducted with the offerors so selected. Price shall be considered, but need not be the sole determining factor. After negotiations have been conducted with each offeror so selected, the agency shall select the offeror which, in its opinion, has made the best proposal, and shall award the contract to that offeror. The Commonwealth reserves the right to make multiple awards as a result of this solicitation. The Commonwealth may cancel this Request for Proposals or reject proposals at any time prior to an award, and is not required to furnish a statement of the reasons why a particular proposal was not deemed to be the most advantageous. Should the Commonwealth determine in writing and in its sole discretion that only one offeror is fully qualified, or that one offeror is clearly more highly qualified than the others under consideration, a contract may be negotiated and awarded to that offeror. The award document will be a contract incorporating by reference all the requirements, terms and conditions of the solicitation and the contractor's proposal as negotiated.

VII. GENERAL TERMS AND CONDITIONS

- A. **PURCHASING MANUAL**: This solicitation is subject to the provisions of the Commonwealth of Virginia's Purchasing Manual for Institutions of Higher Education and Their Vendors and any revisions thereto, which are hereby incorporated into this contract in their entirety. A copy of the manual is available for review at the purchasing office. In addition, the manual may be accessed electronically at <http://www.jmu.edu/procurement> or a copy can be obtained by calling Procurement Services at (540) 568-3145.

- B. APPLICABLE LAWS AND COURTS: This solicitation and any resulting contract shall be governed in all respects by the laws of the Commonwealth of Virginia and any litigation with respect thereto shall be brought in the courts of the Commonwealth. The Contractor shall comply with applicable federal, state and local laws and regulations.
- C. ANTI-DISCRIMINATION: By submitting their proposals, offerors certify to the Commonwealth that they will conform to the provisions of the Federal Civil Rights Act of 1964, as amended, as well as the Virginia Fair Employment Contracting Act of 1975, as amended, where applicable, the Virginians With Disabilities Act, the Americans With Disabilities Act and §10 of the Rules Governing Procurement, Chapter 2, Exhibit J, Attachment 1 (available for review at <http://www.jmu.edu/procurement>). If the award is made to a faith-based organization, the organization shall not discriminate against any recipient of goods, services, or disbursements made pursuant to the contract on the basis of the recipient's religion, religious belief, refusal to participate in a religious practice, or on the basis of race, age, color, gender or national origin and shall be subject to the same rules as other organizations that contract with public bodies to account for the use of the funds provided; however, if the faith-based organization segregates public funds into separate accounts, only the accounts and programs funded with public funds shall be subject to audit by the public body. (*§6 of the Rules Governing Procurement*).

In every contract over \$10,000 the provisions in 1. and 2. below apply:

1. During the performance of this contract, the contractor agrees as follows:

- a. The contractor will not discriminate against any employee or applicant for employment because of race, religion, color, sex, national origin, age, disability, or any other basis prohibited by state law relating to discrimination in employment, except where there is a bona fide occupational qualification reasonably necessary to the normal operation of the contractor. The contractor agrees to post in conspicuous places, available to employees and applicants for employment, notices setting forth the provisions of this nondiscrimination clause.
- b. The contractor, in all solicitations or advertisements for employees placed by or on behalf of the contractor, will state that such contractor is an equal opportunity employer.
- c. Notices, advertisements, and solicitations placed in accordance with federal law, rule, or regulation shall be deemed sufficient for the purpose of meeting these requirements.

2. The contractor will include the provisions of 1. Above in every subcontract or purchase order over \$10,000, so that the provisions will be binding upon each subcontractor or vendor.

- D. ETHICS IN PUBLIC CONTRACTING: By submitting their proposals, offerors certify that their proposals are made without collusion or fraud and that they have not offered or received any kickbacks or inducements from any other offeror, supplier, manufacturer or subcontractor in connection with their proposal, and that they have not conferred on any public employee having official responsibility for this procurement transaction any payment, loan, subscription, advance, deposit of money, services or anything of more than nominal value, present or promised, unless consideration of substantially equal or greater value was exchanged.

- E. IMMIGRATION REFORM AND CONTROL ACT OF 1986: By entering into a written contract with the Commonwealth of Virginia, the Contractor certifies that the Contractor does not, and shall not during the performance of the contract for goods and services in the Commonwealth, knowingly employ an unauthorized alien as defined in the federal Immigration Reform and Control Act of 1986.
- F. DEBARMENT STATUS: By submitting their proposals, offerors certify that they are not currently debarred by the Commonwealth of Virginia from submitting proposals on contracts for the type of goods and/or services covered by this solicitation, nor are they an agent of any person or entity that is currently so debarred.
- G. ANTITRUST: By entering into a contract, the contractor conveys, sells, assigns, and transfers to the Commonwealth of Virginia all rights, title and interest in and to all causes of action it may now have or hereafter acquire under the antitrust laws of the United States and the Commonwealth of Virginia, relating to the particular goods or services purchased or acquired by the Commonwealth of Virginia under said contract.
- H. MANDATORY USE OF STATE FORM AND TERMS AND CONDITIONS RFPs: Failure to submit a proposal on the official state form provided for that purpose may be a cause for rejection of the proposal. Modification of or additions to the General Terms and Conditions of the solicitation may be cause for rejection of the proposal; however, the Commonwealth reserves the right to decide, on a case by case basis, in its sole discretion, whether to reject such a proposal.
- I. CLARIFICATION OF TERMS: If any prospective offeror has questions about the specifications or other solicitation documents, the prospective offeror should contact the buyer whose name appears on the face of the solicitation no later than five working days before the due date. Any revisions to the solicitation will be made only by addendum issued by the buyer.
- J. PAYMENT:
1. To Prime Contractor:
 - a. Invoices for items ordered, delivered and accepted shall be submitted by the contractor directly to the payment address shown on the purchase order/contract. All invoices shall show the state contract number and/or purchase order number; social security number (for individual contractors) or the federal employer identification number (for proprietorships, partnerships, and corporations).
 - b. Any payment terms requiring payment in less than 30 days will be regarded as requiring payment 30 days after invoice or delivery, whichever occurs last. This shall not affect offers of discounts for payment in less than 30 days, however.
 - c. All goods or services provided under this contract or purchase order, that are to be paid for with public funds, shall be billed by the contractor at the contract price, regardless of which public agency is being billed.
 - d. The following shall be deemed to be the date of payment: the date of postmark in all cases where payment is made by mail, or the date of offset when offset proceedings have been instituted as authorized under the Virginia Debt Collection Act.

- e. **Unreasonable Charges.** Under certain emergency procurements and for most time and material purchases, final job costs cannot be accurately determined at the time orders are placed. In such cases, contractors should be put on notice that final payment in full is contingent on a determination of reasonableness with respect to all invoiced charges. Charges which appear to be unreasonable will be researched and challenged, and that portion of the invoice held in abeyance until a settlement can be reached. Upon determining that invoiced charges are not reasonable, the Commonwealth shall promptly notify the contractor, in writing, as to those charges which it considers unreasonable and the basis for the determination. A contractor may not institute legal action unless a settlement cannot be reached within thirty (30) days of notification. The provisions of this section do not relieve an agency of its prompt payment obligations with respect to those charges which are not in dispute (*Rules Governing Procurement, Chapter 2, Exhibit J, Attachment 1 § 53; available for review at <http://www.jmu.edu/procurement>*).

2. To Subcontractors:

- a. A contractor awarded a contract under this solicitation is hereby obligated:
 - (1) To pay the subcontractor(s) within seven (7) days of the contractor's receipt of payment from the Commonwealth for the proportionate share of the payment received for work performed by the subcontractor(s) under the contract; or
 - (2) To notify the agency and the subcontractors, in writing, of the contractor's intention to withhold payment and the reason.
- b. The contractor is obligated to pay the subcontractor(s) interest at the rate of one percent per month (unless otherwise provided under the terms of the contract) on all amounts owed by the contractor that remain unpaid seven (7) days following receipt of payment from the Commonwealth, except for amounts withheld as stated in (2) above. The date of mailing of any payment by U. S. Mail is deemed to be payment to the addressee. These provisions apply to each sub-tier contractor performing under the primary contract. A contractor's obligation to pay an interest charge to a subcontractor may not be construed to be an obligation of the Commonwealth.
- c. Each prime contractor who wins an award in which provision of a SWAM procurement plan is a payment, evidence and certification of compliance (subject only to insubstantial shortfalls and to shortfalls arising from subcontractor default) with the SWAM procurement plan. Final payment under the contract in question may be withheld until such certification is delivered and, if necessary, confirmed by the agency or institution, or other appropriate penalties may be assessed in lieu of withholding such payment.
- d. The Commonwealth of Virginia encourages contractors and subcontractors to accept electronic and credit card payments.

- K. **PRECEDENCE OF TERMS:** Paragraphs A through J of these General Terms and Conditions and the Commonwealth of Virginia Purchasing Manual for Institutions of Higher Education and their Vendors, shall apply in all instances. In the event there is a conflict between any of the other General Terms and Conditions and any Special Terms and Conditions in this solicitation, the Special Terms and Conditions shall apply.

- L. QUALIFICATIONS OF OFFERORS: The Commonwealth may make such reasonable investigations as deemed proper and necessary to determine the ability of the offeror to perform the services/furnish the goods and the offeror shall furnish to the Commonwealth all such information and data for this purpose as may be requested. The Commonwealth reserves the right to inspect offeror's physical facilities prior to award to satisfy questions regarding the offeror's capabilities. The Commonwealth further reserves the right to reject any proposal if the evidence submitted by, or investigations of, such offeror fails to satisfy the Commonwealth that such offeror is properly qualified to carry out the obligations of the contract and to provide the services and/or furnish the goods contemplated therein.
- M. TESTING AND INSPECTION: The Commonwealth reserves the right to conduct any test/inspection it may deem advisable to assure goods and services conform to the specifications.
- N. ASSIGNMENT OF CONTRACT: A contract shall not be assignable by the contractor in whole or in part without the written consent of the Commonwealth.
- O. CHANGES TO THE CONTRACT: Changes can be made to the contract in any of the following ways:
1. The parties may agree in writing to modify the scope of the contract. An increase or decrease in the price of the contract resulting from such modification shall be agreed to by the parties as a part of their written agreement to modify the scope of the contract.
 2. The Purchasing Agency may order changes within the general scope of the contract at any time by written notice to the contractor. Changes within the scope of the contract include, but are not limited to, things such as services to be performed, the method of packing or shipment, and the place of delivery or installation. The contractor shall comply with the notice upon receipt. The contractor shall be compensated for any additional costs incurred as the result of such order and shall give the Purchasing Agency a credit for any savings. Said compensation shall be determined by one of the following methods:
 - a. By mutual agreement between the parties in writing; or
 - b. By agreeing upon a unit price or using a unit price set forth in the contract, if the work to be done can be expressed in units, and the contractor accounts for the number of units of work performed, subject to the Purchasing Agency's right to audit the contractor's records and/or to determine the correct number of units independently; or
 - c. By ordering the contractor to proceed with the work and keep a record of all costs incurred and savings realized. A markup for overhead and profit may be allowed if provided by the contract. The same markup shall be used for determining a decrease in price as the result of savings realized. The contractor shall present the Purchasing Agency with all vouchers and records of expenses incurred and savings realized. The Purchasing Agency shall have the right to audit the records of the contractor as it deems necessary to determine costs or savings. Any claim for an adjustment in price under this provision must be asserted by written notice to the Purchasing Agency within thirty (30) days from the date of receipt of the written order from the Purchasing Agency. If the parties fail to agree on an amount of adjustment, the question of an increase or decrease in the contract price or time for performance shall be resolved in accordance with the procedures for resolving disputes provided by the Disputes Clause of this contract or, if there is none, in accordance with the disputes provisions of the

Commonwealth of Virginia Purchasing Manual for Institutions of Higher Education and their Vendors. Neither the existence of a claim nor a dispute resolution process, litigation or any other provision of this contract shall excuse the contractor from promptly complying with the changes ordered by the Purchasing Agency or with the performance of the contract generally.

- P. DEFAULT: In case of failure to deliver goods or services in accordance with the contract terms and conditions, the Commonwealth, after due oral or written notice, may procure them from other sources and hold the contractor responsible for any resulting additional purchase and administrative costs. This remedy shall be in addition to any other remedies which the Commonwealth may have.
- Q. INSURANCE: By signing and submitting a proposal under this solicitation, the offeror certifies that if awarded the contract, it will have the following insurance coverage at the time the contract is awarded. For construction contracts, if any subcontractors are involved, the subcontractor will have workers' compensation insurance in accordance with § 25 of the Rules Governing Procurement – Chapter 2, Exhibit J, Attachment 1, and 65.2-800 et. Seq. of the Code of Virginia (available for review at <http://www.jmu.edu/procurement>) The offeror further certifies that the contractor and any subcontractors will maintain these insurance coverage during the entire term of the contract and that all insurance coverage will be provided by insurance companies authorized to sell insurance in Virginia by the Virginia State Corporation Commission.

MINIMUM INSURANCE COVERAGES AND LIMITS REQUIRED FOR MOST CONTRACTS:

1. Workers' Compensation: Statutory requirements and benefits. Coverage is compulsory for employers of three or more employees, to include the employer. Contractors who fail to notify the Commonwealth of increases in the number of employees that change their workers' compensation requirement under the Code of Virginia during the course of the contract shall be in noncompliance with the contract.
 2. Employer's Liability: \$100,000
 3. Commercial General Liability: \$1,000,000 per occurrence and \$2,000,000 in the aggregate. Commercial General Liability is to include bodily injury and property damage, personal injury and advertising injury, products and completed operations coverage. The Commonwealth of Virginia must be named as an additional insured and so endorsed on the policy.
 4. Automobile Liability: \$1,000,000 combined single limit. *(Required only if a motor vehicle not owned by the Commonwealth is to be used in the contract. Contractor must assure that the required coverage is maintained by the Contractor (or third party owner of such motor vehicle).)*
 5. Insurance/Risk Management: \$1,000,000 per occurrence; \$3,000,000 aggregate
- R. ANNOUNCEMENT OF AWARD: Upon the award or the announcement of the decision to award a contract over \$50,000, as a result of this solicitation, the purchasing agency will publicly post such notice on the DGS/DPS eVA web site (www.eva.virginia.gov) for a minimum of 10 days.
- S. DRUG-FREE WORKPLACE: During the performance of this contract, the contractor agrees to (i) provide a drug-free workplace for the contractor's employees; (ii) post in conspicuous

places, available to employees and applicants for employment, a statement notifying employees that the unlawful manufacture, sale, distribution, dispensation, possession, or use of a controlled substance or marijuana is prohibited in the contractor's workplace and specifying the actions that will be taken against employees for violations of such prohibition; (iii) state in all solicitations or advertisements for employees placed by or on behalf of the contractor that the contractor maintains a drug-free workplace; and (iv) include the provisions of the foregoing clauses in every subcontract or purchase order of over \$10,000, so that the provisions will be binding upon each subcontractor or vendor.

For the purposes of this section, "drug-free workplace" means a site for the performance of work done in connection with a specific contract awarded to a contractor, the employees of whom are prohibited from engaging in the unlawful manufacture, sale, distribution, dispensation, possession or use of any controlled substance or marijuana during the performance of the contract.

- T. NONDISCRIMINATION OF CONTRACTORS: An offeror, or contractor shall not be discriminated against in the solicitation or award of this contract because of race, religion, color, sex, national origin, age, disability, faith-based organizational status, any other basis prohibited by state law relating to discrimination in employment or because the offeror employs ex-offenders unless the state agency, department or institution has made a written determination that employing ex-offenders on the specific contract is not in its best interest. If the award of this contract is made to a faith-based organization and an individual, who applies for or receives goods, services, or disbursements provided pursuant to this contract objects to the religious character of the faith-based organization from which the individual receives or would receive the goods, services, or disbursements, the public body shall offer the individual, within a reasonable period of time after the date of his objection, access to equivalent goods, services, or disbursements from an alternative provider.
- U. eVA BUSINESS TO GOVERNMENT VENDOR REGISTRATION, CONTRACTS, AND ORDERS: The eVA Internet electronic procurement solution, website portal www.eVA.virginia.gov, streamlines and automates government purchasing activities in the Commonwealth. The eVA portal is the gateway for vendors to conduct business with state agencies and public bodies. All vendors desiring to provide goods and/or services to the Commonwealth shall participate in the eVA Internet eprocurement solution by completing the free eVA Vendor Registration. All offerors must register in eVA and pay the Vendor Transaction Fees specified below; failure to register will result in the proposal being rejected. Vendor transaction fees are determined by the date the original purchase order is issued and the current fees are as follows:

Vendor transaction fees are determined by the date the original purchase order is issued and the current fees are as follows:

1. For orders issued July 1, 2014 and after, the Vendor Transaction Fee is:
 - a. Department of Small Business and Supplier Diversity (SBSD) certified Small Businesses: 1% capped at \$500 per order.
 - b. Businesses that are not Department of Small Business and Supplier Diversity (SBSD) certified Small Businesses: 1% capped at \$1,500 per order.
2. For orders issued prior to July 1, 2014 the vendor transaction fees can be found at www.eVA.virginia.gov.

3. The specified vendor transaction fee will be invoiced by the Commonwealth of Virginia Department of General Services approximately 60 days after the corresponding purchase order is issued and payable 30 days after the invoice date. Any adjustments (increases/decreases) will be handled through purchase order changes.
- V. AVAILABILITY OF FUNDS: It is understood and agreed between the parties herein that the Commonwealth of Virginia shall be bound hereunder only to the extent of the funds available or which may hereafter become available for the purpose of this agreement.
 - W. PRICING CURRENCY: Unless stated otherwise in the solicitation, offerors shall state offered prices in U.S. dollars.
 - X. E-VERIFY REQUIREMENT OF ANY CONTRACTOR: Any employer with more than an average of 50 employees for the previous 12 months entering into a contract in excess of \$50,000 with James Madison University to perform work or provide services pursuant to such contract shall register and participate in the E-Verify program to verify information and work authorization of its newly hired employees performing work pursuant to any awarded contract.

VIII. SPECIAL TERMS AND CONDITIONS

- A. AUDIT: The Contractor hereby agrees to retain all books, records, systems, and other documents relative to this contract for five (5) years after final payment, or until audited by the Commonwealth of Virginia, whichever is sooner. The Commonwealth of Virginia, its authorized agents, and/or State auditors shall have full access to and the right to examine any of said materials during said period.
- B. CANCELLATION OF CONTRACT: James Madison University reserves the right to cancel and terminate any resulting contract, in part or in whole, without penalty, upon 60 days written notice to the contractor. In the event the initial contract period is for more than 12 months, the resulting contract may be terminated by either party, without penalty, after the initial 12 months of the contract period upon 60 days written notice to the other party. Any contract cancellation notice shall not relieve the contractor of the obligation to deliver and/or perform on all outstanding orders issued prior to the effective date of cancellation.
- C. IDENTIFICATION OF PROPOSAL ENVELOPE: The signed proposal should be returned in a separate envelope or package, sealed and identified as follows:

From:	<hr/>		
	Name of Offeror	Due Date	Time
	<hr/>		
	Street or Box No.	RFP #	
	<hr/>		
	City, State, Zip Code	RFP Title	
	<hr/>		
	Name of Purchasing Officer: <hr/>		

The envelope should be addressed as directed on the title page of the solicitation.

The Offeror takes the risk that if the envelope is not marked as described above, it may be inadvertently opened and the information compromised, which may cause the proposal to be disqualified. Proposals may be hand-delivered to the designated location in the office issuing the solicitation. No other correspondence or other proposals should be placed in the envelope.

- D. LATE PROPOSALS: To be considered for selection, proposals must be received by the issuing office by the designated date and hour. The official time used in the receipt of proposals is that time on the automatic time stamp machine in the issuing office. Proposals received in the issuing office after the date and hour designated are automatically non responsive and will not be considered. The University is not responsible for delays in the delivery of mail by the U.S. Postal Service, private couriers, or the intra university mail system. It is the sole responsibility of the Offeror to ensure that its proposal reaches the issuing office by the designated date and hour.
- E. UNDERSTANDING OF REQUIREMENTS: It is the responsibility of each offeror to inquire about and clarify any requirements of this solicitation that is not understood. The University will not be bound by oral explanations as to the meaning of specifications or language contained in this solicitation. Therefore, all inquiries deemed to be substantive in nature must be in writing and submitted to the responsible buyer in the Procurement Services Office. Offerors must ensure that written inquiries reach the buyer at least five (5) days prior to the time set for receipt of offerors proposals. A copy of all queries and the respective response will be provided in the form of an addendum to all offerors who have indicated an interest in responding to this solicitation. Your signature on your Offer certifies that you fully understand all facets of this solicitation. These questions may be sent by Fax to 540/ 568-7936 or 540/568-7935.
- F. RENEWAL OF CONTRACT: This contract may be renewed by the Commonwealth for a period of nine (9) successive one year periods under the terms and conditions of the original contract. Written notice of the Commonwealth's intention to renew shall be given approximately 90 days prior to the expiration date of each contract period. Rates shall be held for the first year. Increases in premiums for subsequent years must be disclosed and agreed by the Commonwealth using the CPI-W section of the Consumer Price Index of the United States Bureau of Labor Statistics for the latest twelve months for which statistics are available as a guide.
- G. SUBMISSION OF INVOICES: All invoices shall be submitted within sixty days of contract term expiration for the initial contract period as well as for each subsequent contract renewal period. Any invoices submitted after the sixty day period will not be processed for payment.
- H. OPERATING VEHICLES ON JAMES MADISON UNIVERSITY CAMPUS: Operating vehicles on sidewalks, plazas, and areas heavily used by pedestrians is prohibited. In the unlikely event a driver should find it necessary to drive on James Madison University sidewalks, plazas, and areas heavily used by pedestrians, the driver must yield to pedestrians. For a complete list of parking regulations, please go to www.jmu.edu/parking; or to acquire a service representative parking permit, contact Parking Services at 540.568.3300. The safety of our students, faculty and staff is of paramount importance to us. Accordingly, violators may be charged.
- I. COOPERATIVE PURCHASING / USE OF AGREEMENT BY THIRD PARTIES: It is the intent of this solicitation and resulting contract(s) to allow for cooperative procurement. Accordingly, any public body, (to include government/state agencies, political subdivisions, etc.), cooperative purchasing organizations, public or private health or educational institutions or any University related foundation and affiliated corporations may access any resulting contract if authorized by the Contractor.

Participation in this cooperative procurement is strictly voluntary. If authorized by the Contractor(s), the resultant contract(s) will be extended to the entities indicated above to purchase goods and services in accordance with contract terms. As a separate contractual relationship, the participating entity will place its own orders directly with the Contractor(s)

and shall fully and independently administer its use of the contract(s) to include contractual disputes, invoicing and payments without direct administration from the University. No modification of this contract or execution of a separate agreement is required to participate; however, the participating entity and the Contractor may modify the terms and conditions of this contract to accommodate specific governing laws, regulations, policies, and business goals required by the participating entity. Any such modification will apply solely between the participating entity and the Contractor.

The Contractor will notify the University in writing of any such entities accessing this contract. The Contractor will provide semi-annual usage reports for all entities accessing the contract. The University shall not be held liable for any costs or damages incurred by any other participating entity as a result of any authorization by the Contractor to extend the contract. It is understood and agreed that the University is not responsible for the acts or omissions of any entity and will not be considered in default of the contract no matter the circumstances.

Use of this contract(s) does not preclude any participating entity from using other contracts or competitive processes as needed.

J. SMALL BUSINESS SUBCONTRACTING AND EVIDENCE OF COMPLIANCE:

1. It is the goal of the Commonwealth that 42% of its purchases are made from small businesses. This includes discretionary spending in prime contracts and subcontracts. All potential offerors are required to submit a Small Business Subcontracting Plan. Unless the offeror is registered as a Department of Small Business and Supplier Diversity (SBSD)-certified small business and where it is practicable for any portion of the awarded contract to be subcontracted to other suppliers, the contractor is encouraged to offer such subcontracting opportunities to SBSD-certified small businesses. This shall not exclude SBSD-certified women-owned and minority-owned businesses when they have received SBSD small business certification. No offeror or subcontractor shall be considered a Small Business, a Women-Owned Business or a Minority-Owned Business unless certified as such by the Department of Small Business and Supplier Diversity (SBSD) by the due date for receipt of proposals. If small business subcontractors are used, the prime contractor agrees to report the use of small business subcontractors by providing the purchasing office at a minimum the following information: name of small business with the SBSD certification number or FEIN, phone number, total dollar amount subcontracted, category type (small, women-owned, or minority-owned), and type of product/service provided. **This information shall be submitted to: JMU Office of Procurement Services, Attn: SWAM Subcontracting Compliance, MSC 5720, Harrisonburg, VA 22807.**
2. Each prime contractor who wins an award in which provision of a small business subcontracting plan is a condition of the award, shall deliver to the contracting agency or institution with every request for payment, evidence of compliance (subject only to insubstantial shortfalls and to shortfalls arising from subcontractor default) with the small business subcontracting plan. **This information shall be submitted to: JMU Office of Procurement Services, SWAM Subcontracting Compliance, MSC 5720, Harrisonburg, VA 22807.** When such business has been subcontracted to these firms and upon completion of the contract, the contractor agrees to furnish the purchasing office at a minimum the following information: name of firm with the Department of Small Business and Supplier Diversity (SBSD) certification number or FEIN number, phone number, total dollar amount subcontracted, category type (small, women-owned, or minority-owned), and type of product or service provided. Payment(s) may be withheld until compliance with the plan is received and confirmed by the agency or institution. The agency or

institution reserves the right to pursue other appropriate remedies to include, but not be limited to, termination for default.

3. Each prime contractor who wins an award valued over \$200,000 shall deliver to the contracting agency or institution with every request for payment, information on use of subcontractors that are not Department of Small Business and Supplier Diversity (SBSD)-certified small businesses. When such business has been subcontracted to these firms and upon completion of the contract, the contractor agrees to furnish the purchasing office at a minimum the following information: name of firm, phone number, FEIN number, total dollar amount subcontracted, and type of product or service provided. **This information shall be submitted to: JMU Office of Procurement Services, Attn: SWAM Subcontracting Compliance, MSC 5720, Harrisonburg, VA 22807.**
- K. AUTHORIZATION TO CONDUCT BUSINESS IN THE COMMONWEALTH: A contractor organized as a stock or nonstock corporation, limited liability company, business trust, or limited partnership or registered as a registered limited liability partnership shall be authorized to transact business in the Commonwealth as a domestic or foreign business entity if so required by Title 13.1 or Title 50 of the Code of Virginia or as otherwise required by law. Any business entity described above that enters into a contract with a public body shall not allow its existence to lapse or its certificate of authority or registration to transact business in the Commonwealth, if so required under Title 13.1 or Title 50, to be revoked or cancelled at any time during the term of the contract. A public body may void any contract with a business entity if the business entity fails to remain in compliance with the provisions of this section.
- L. PUBLIC POSTING OF COOPERATIVE CONTRACTS: James Madison University maintains a web-based contracts database with a public gateway access. Any resulting cooperative contract/s to this solicitation will be posted to the publicly accessible website. Contents identified as proprietary information will not be made public.
- M. CRIMINAL BACKGROUND CHECKS OF PERSONNEL ASSIGNED BY CONTRACTOR TO PERFORM WORK ON JMU PROPERTY: The Contractor shall obtain criminal background checks on all of their contracted employees who will be assigned to perform services on James Madison University property. The results of the background checks will be directed solely to the Contractor. The Contractor bears responsibility for confirming to the University contract administrator that the background checks have been completed prior to work being performed by their employees or subcontractors. The Contractor shall only assign to work on the University campus those individuals whom it deems qualified and permissible based on the results of completed background checks. Notwithstanding any other provision herein, and to ensure the safety of students, faculty, staff and facilities, James Madison University reserves the right to approve or disapprove any contract employee that will work on JMU property. Disapproval by the University will solely apply to JMU property and should have no bearing on the Contractor's employment of an individual outside of James Madison University.
- N. INDEMNIFICATION: Contractor agrees to indemnify, defend and hold harmless the Commonwealth of Virginia, its officers, agents, and employees from any claims, damages and actions of any kind or nature, whether at law or in equity, arising from or caused by the use of any materials, goods, or equipment of any kind or nature furnished by the contractor/any services of any kind or nature furnished by the contractor, provided that such liability is not attributable to the sole negligence of the using agency or to failure of the using agency to use the materials, goods, or equipment in the manner already and permanently described by the contractor on the materials, goods or equipment delivered.

- O. PRIME CONTRACTOR RESPONSIBILITIES: The contractor shall be responsible for completely supervising and directing the work under this contract and all subcontractors that he may utilize, using his best skill and attention. Subcontractors who perform work under this contract shall be responsible to the prime contractor. The contractor agrees that he is as fully responsible for the acts and omissions of his subcontractors and of persons employed by them as he is for the acts and omissions of his own employees.
- P. SUBCONTRACTS: No portion of the work shall be subcontracted without prior written consent of the purchasing agency. In the event that the contractor desires to subcontract some part of the work specified herein, the contractor shall furnish the purchasing agency the names, qualifications and experience of their proposed subcontractors. The contractor shall, however, remain fully liable and responsible for the work to be done by its subcontractor(s) and shall assure compliance with all requirements of the contract.
- Q. CONFIDENTIALITY OF PERSONALLY IDENTIFIABLE INFORMATION: The Contractor assures that information and data obtained as to personal facts and circumstances related to faculty, staff, students, and affiliates will be collected and held confidential, during and following the term of this agreement, and will not be divulged without the individual's and the agency's written consent and only in accordance with federal law or the Code of Virginia. Contractors who utilize, access, or store personally identifiable information as part of the performance of a contract are required to safeguard this information and immediately notify the agency of any breach or suspected breach in the security of such information. Contractors shall allow the agency to both participate in the investigation of incidents and exercise control over decisions regarding external reporting. Contractors and their employees working on this project may be required to sign a confidentiality statement.

IX. METHOD OF PAYMENT

The contractor will be paid on the basis of invoices submitted in accordance with the solicitation and any negotiations. James Madison University recognizes the importance of expediting the payment process for our vendors and suppliers. We are asking our vendors and suppliers to enroll in the Wells Fargo Bank single use Commercial Card Number process or electronic deposit (ACH) to your bank account so that future payments are made electronically. Contractors signed up for the Wells Fargo Bank single use Commercial Card Number process will receive the benefit of being paid in Net 15 days. Additional information is available online at:

<http://www.jmu.edu/financeoffice/accounting-operations-disbursements/cash-investments/vendor-payment-methods.shtml>

X. PRICING SCHEDULE

The offeror shall provide pricing for all available enrollment categories to include the following:

A. INTERNATIONAL STUDENT/SCHOLAR:

1. Student/Scholar
2. Student/Scholar plus Spouse
3. Student/Scholar plus Child
4. Student/Scholar plus Family

5. Student/Scholar plus Children

B. STUDY ABROAD PARTICIPANT:

1. Participant Only
2. Participant plus Life Partner
3. Participant plus Child
4. Participant plus Children
5. Participant plus Family

XI. ATTACHMENTS

Attachment A: Offeror Data Sheet

Attachment B: Small, Women, and Minority-owned Business (SWaM) Utilization Plan

Attachment C: Standard Contract Sample

Attachment D: International Students and Scholars Brochure for 2017-2018 (*separate document*)

Attachment E: Study Abroad Participants Brochure for 2017-2018 (*separate document*)

Attachment F: International Students and Scholars Data for 2014-2017 (*separate document*)

Attachment G: Study Abroad Participants Data for 2014-2017 (*separate document*)

ATTACHMENT A

OFFEROR DATA SHEET

TO BE COMPLETED BY OFFEROR

1. QUALIFICATIONS OF OFFEROR: Offerors must have the capability and capacity in all respects to fully satisfy the contractual requirements.
2. YEARS IN BUSINESS: Indicate the length of time you have been in business providing these types of goods and services.

Years 21 Months 6

3. REFERENCES: Indicate below a listing of at least five (5) organizations, either commercial or governmental/educational, that your agency is servicing. Include the name and address of the person the purchasing agency has your permission to contact.

CLIENT	LENGTH OF SERVICE	ADDRESS	CONTACT PERSON/PHONE #
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See attached Reference list.

4. List full names and addresses of Offeror and any branch offices which may be responsible for administering the contract.

Not applicable.

3. RELATIONSHIP WITH THE COMMONWEALTH OF VIRGINIA: Is any member of the firm an employee of the Commonwealth of Virginia who has a personal interest in this contract pursuant to the [CODE OF VIRGINIA](#), SECTION 2.2-3100 – 3131?

[] YES [X] NO

IF YES, EXPLAIN: _____

ATTACHMENT B

Small, Women and Minority-owned Businesses (SWaM) Utilization Plan

Offeror Name: Cultural Insurance Services Int'l Preparer Name: Margot Papawycz
(CISI)

Date: 5/1/2018

Is your firm a **Small Business Enterprise** certified by the Department of Small Business and Supplier Diversity (SBSD)? Yes _____ No X

If yes, certification number: _____ Certification date: _____

Is your firm a **Woman-owned Business Enterprise** certified by the Department of Small Business and Supplier Diversity (SBSD)? Yes _____ No X

If yes, certification number: _____ Certification date: _____

Is your firm a **Minority-Owned Business Enterprise** certified by the Department of Small Business and Supplier Diversity (SBSD)? Yes _____ No X

If yes, certification number: _____ Certification date: _____

Is your firm a **Micro Business** certified by the Department of Small Business and Supplier Diversity (SBSD)? Yes _____ No X

If yes, certification number: _____ Certification date: _____

Instructions: *Populate the table below to show your firm's plans for utilization of small, women-owned and minority-owned business enterprises in the performance of the contract. Describe plans to utilize SWaMs businesses as part of joint ventures, partnerships, subcontractors, suppliers, etc.*

Small Business: "Small business " means a business, independently owned or operated by one or more persons who are citizens of the United States or non-citizens who are in full compliance with United States immigration law, which, together with affiliates, has 250 or fewer employees, or average annual gross receipts of \$10 million or less averaged over the previous three years.

Woman-Owned Business Enterprise: A business concern which is at least 51 percent owned by one or more women who are U.S. citizens or legal resident aliens, or in the case of a corporation, partnership or limited liability company or other entity, at least 51 percent of the equity ownership interest in which is owned by one or more women, and whose management and daily business operations are controlled by one or more of such individuals. **For purposes of the SWAM Program, all certified women-owned businesses are also a small business enterprise.**

Minority-Owned Business Enterprise: A business concern which is at least 51 percent owned by one or more minorities or in the case of a corporation, partnership or limited liability company or other entity, at least 51 percent of the equity ownership interest in which is owned by one or more minorities and whose management and daily business operations are controlled by one or more of such individuals. **For purposes of the SWAM Program, all certified minority-owned businesses are also a small business enterprise.**

Micro Business is a certified Small Business under the SWaM Program and has no more than twenty-five (25) employees **AND** no more than \$3 million in average annual revenue over the three-year period prior to their certification.

All small, women, and minority owned businesses must be certified by the Commonwealth of Virginia Department of Small Business and Supplier Diversity (SBSD) to be counted in the SWAM program. Certification applications are available through SBSD at 800-223-0671 in Virginia, 804-786-6585 outside Virginia, or online at <http://www.sbsd.virginia.gov/> (Customer Service).

RETURN OF THIS PAGE IS REQUIRED

ATTACHMENT B (CNT'D)

Small, Women and Minority-owned Businesses (SWaM) Utilization Plan

Int'l Student / Scholar and Study Abroad Participant

Procurement Name and Number:

Date Form Completed: 5/1/2018

Health Insurance - RFP # MLO-1005

Listing of Sub-Contractors, to include, Small, Woman Owned and Minority Owned Businesses for this Proposal and Subsequent Contract

Offeror / Proposer:

Cultural Insurance Services

1 High Ridge Park, Stamford, CT

Margot Roseberry

Firm International (CISI)

Address

Contact Person/No.

06905

Sub-Contractor's Name and Address	Contact Person & Phone Number	SBSD Certification Number	Services or Materials Provided	Total Subcontractor Contract Amount (to include change orders)	Total Dollars Paid Subcontractor to date (to be submitted with request for payment from JMU)
Not applicable.	—	—	—	—	—

(Form shall be submitted with proposal and if awarded, again with submission of each request for payment)

RETURN OF THIS PAGE IS REQUIRED

ATTACHMENT C



COMMONWEALTH OF VIRGINIA
STANDARD CONTRACT

Contract No. _____

This contract entered into this _____ day of _____, 20____, by _____ hereinafter called the "Contractor" and Commonwealth of Virginia, James Madison University called the "Purchasing Agency".

WITNESSETH that the Contractor and the Purchasing Agency, in consideration of the mutual covenants, promises and agreements herein contained, agree as follows:

SCOPE OF CONTRACT: The Contractor shall provide the services to the Purchasing Agency as set forth in the Contract Documents.

PERIOD OF PERFORMANCE: From _____ through _____

The contract documents shall consist of:

- (1) This signed form;
- (2) The following portions of the Request for Proposals dated _____:
- (a) The Statement of Needs,
 - (b) The General Terms and Conditions,
 - (c) The Special Terms and Conditions together with any negotiated modifications of those Special Conditions;
 - (d) List each addendum that may be issued
- (3) The Contractor's Proposal dated _____ and the following negotiated modification to the Proposal, all of which documents are incorporated herein.
- (a) Negotiations summary dated _____.

IN WITNESS WHEREOF, the parties have caused this Contract to be duly executed intending to be bound thereby.

CONTRACTOR:

PURCHASING AGENCY:

By: _____
(Signature)

By: _____
(Signature)

(Printed Name)

(Printed Name)

Title: _____

Title: _____



April 10, 2018

ADDENDUM NO. ONE

TO ALL OFFERORS:

REFERENCE: Request for Proposal No: **RFP# MLO-1005**
Dated: **March 19, 2018**
Commodity: **International Student/Scholar and Study Abroad
Participant Health Insurance**
RFP Closing On: **April 26, 2018 at 2:00 p.m. (Eastern)**
~~**April 12, 2018 at 2:00 p.m. (Eastern)**~~

Please note the clarifications and/or changes made on this proposal program:

1. **The closing date and time has been extended to April 26, 2018 at 2:00 p.m.**

Signify receipt of this addendum by initialing "*Addendum #1*" on the signature page of your proposal.

Sincerely,

Matasha Owens, MPA, VCO, CUPO
Buyer Senior



April 20, 2018

ADDENDUM NO. TWO

TO ALL OFFERORS:

REFERENCE: Request for Proposal No: **RFP# MLO-1005**
Dated: **March 19, 2018**
Commodity: **International Student/Scholar and Study Abroad
Participant Health Insurance**
RFP Closing On: **May 3, 2018 at 2:00 p.m. (Eastern)**
~~April 26, 2018 at 2:00 p.m. (Eastern)~~

Please note the clarifications and/or changes made on this proposal program:

1. **The closing date and time has been extended to May 3, 2018 at 2:00 p.m.**
2. **The following is hereby removed from page 3 and 4 of the RFP:**

“No trust or association plan issued in another state will be allowed.”

3. **QUESTION:** Reference pages 3 & 4 of the RFP – “Ensuring the insurance policy is filed and approved in the Commonwealth of Virginia and meet all applicable federal and Virginia insurance regulations. No trust or association plan issued in another state will be applied.”

Would a program underwritten through Lloyds of London and conforming to all state statutes be considered under this RFP? Plan manager and claims department are located in the U.S.

ANSWER: **The University will consider all proposed programs/plans.**

4. **QUESTION:** Are the international students and scholars from abroad staying in the United States all year?

ANSWER: **International students/scholars could be in the United States for a short period of time (i.e. a few weeks) or multiple years to finish their program of study.**

5. **QUESTION:** What countries do the study abroad program members travel to? Please provide a list of most frequently visited countries.

ANSWER: **Approximately 50 total countries. Top seven in order: Italy, UK, Spain, Belgium, Costa Rica, France, and Ireland.**

6. **QUESTION:** What is the outbound study abroad travel data? This can be a list of travelers and travel dates from the prior year. Please provide a break out of student, faculty, and staff travel.

ANSWER: **The University has approximately 1,200 students study abroad with the majority on faculty-led short term programs (3 – 6 weeks). The University has approximately 200 on semester faculty-led programs. The University does not have a break out of student and faculty/staff travel at this time.**



7. QUESTION: What are the monthly premium rates for the inbound international students for previous years?

ANSWER: **2017-18: Participant Only: \$116.65; Student/Spouse: \$326.62; Student/Child: \$262.47; Student/Family: \$374.01; Student/Children: \$505.39**

2016-17: Participant Only: \$107.31; Student/Spouse: \$300.46; Student/Child: \$241.45; Student/Family: \$344.05; Student/Children: \$464.91

2015-16: Participant Only: \$102.55; Student/Spouse: \$287.14; Student/Child: \$230.75; Student/Family: \$328.80; Student/Children: \$444.30

2014-15: Participant Only: \$102.55; Student/Spouse: \$233.55; Student/Child: \$178.25; Student/Family: \$267.40; Student/Children: \$343.20

8. QUESTION: What are the monthly premium rates for the outbound study abroad participants for previous years?

ANSWER: **2017-18: Participant Only: \$44.25; Life Partner Only: \$88.50; Child Only: \$154.90; Children Only: \$177.00; Family Only: \$221.20**

2016-17: Participant Only: \$42.41; Life Partner Only: \$84.82; Child Only: \$148.44; Children Only: \$169.64; Family Only: \$212.00

2015-16: Participant Only: \$41.58; Life Partner Only: \$83.16; Child Only: \$145.53; Children Only: \$166.32; Family Only: \$207.89

2014-15: Participant Only: \$41.58; Life Partner Only: \$83.16; Child Only: \$145.53; Children Only: \$166.32; Family Only: \$207.89

9. QUESTION: Are there any fees included in the premium amounts submitted?

ANSWER: **The University does not charge additional fees with the premium amounts.**

10. QUESTION: Please confirm the insurance limits listed in the RFP:

a. Inbound International Students – Current Medical Expense is \$250,000. Please confirm the RFP is requesting to lower this to \$100,000 for students/scholars.

b. Outbound Study Abroad – Current Medical Expense is \$250,000. Please confirm the RFP is requesting to lower this to \$100,000 for student/faculty/staff.

ANSWER: **The University is not requesting lower insurance coverage limits. The \$100,000 figures listed in the RFP are the minimum insurance coverage the University is willing to consider. The University is satisfied with the current insurance coverage and benefits for both inbound and outbound.**

11. QUESTION: Is the inbound international student program voluntary or is it hard waiver? If voluntary, please confirm students can enroll at any time, not just open enrollment, and a qualifying event is not required.



ANSWER: All JMU international students will be enrolled in the health insurance policy unless they request a waiver and provide documents of similar coverage. As stated on page 2 of the RFP, Contractors shall be responsible for permitting international students to enroll at any time after the Open Enrollment Period.

12. **QUESTION:** Of the roughly 1,500 – 1,700 study abroad students/faculty/staff traveling annually:

- a. How many are on semester programs vs short term programs?
- b. How many are faculty/staff vs students?
- c. What is the number of international travel days per year (total or per student average)?
- d. Please provide estimated or actual total number of travelers and total travel days if that data is available.

ANSWER:

- a. **Approximately 20-25% are on semester programs. The remainder are on short-term programs.**
- b. **Approximately 5-10% are faculty/staff.**
- c. **Per insured student travel is approximately 3 weeks.**
- d. **Approximately 1,400 travelers. Total travel days is approximately 29,400.**

13. **QUESTION:** Regarding international students/scholars:

- a. What is the number of days spent in the U.S. per student per year?
- b. How many insured dependents are there typically per year?

ANSWER:

- a. **The number of days varies per student.**
- b. **Approximately 3 – 10 dependents for international student/scholars.**

14. **QUESTION:** The claims were low in 2014 and experienced a large increase in 2016. Do you know what changed during that year (i.e. destination, length)?

ANSWER: The University cannot disclose this information due to personal health information confidentiality requirements.

15. **QUESTION:** We see 45% of the sales are for ages 0-21 and 55% of the sales are for ages 25-40, but older age options are available. Do chaperones attend these trips? If so, what age brackets would they fall under?

ANSWER: The majority of insured individuals are students. Faculty and staff travel with students in most cases and would fall in a wide range of age brackets.



16. QUESTION: It appears sales are over \$100k annually. Is there any growth opportunities or should the sales be about the same?

ANSWER: **Study abroad has seen slow and incremental growth. JMU expects numbers to continue to increase over the next years at a slow rate.**

17. QUESTION: Does JMU want the same plan design and rates for both international student/scholar and study abroad participant health insurance coverage?

ANSWER: **Yes. The University prefers a similar plan design to what is currently offered to international students/scholars and study abroad participants.**

18. QUESTION: What were the plan/benefit changes for the past 3 years?

ANSWER: **The University does not know any significant changes in plan benefits.**

19. QUESTION: Regarding the study abroad plan, is that only for International Students studying abroad? Would any of the domestic students who are studying abroad be able to purchase this plan?

ANSWER: **Each of JMU's study abroad students are enrolled in coverage by the University.**

20. QUESTION: Who would be considered "faculty" under the study abroad plan? What age group?

ANSWER: **Faculty study abroad leaders, faculty traveling to represent at an international conference, international education administrators, and other possible involvements. Age groups range from young professional through closer to retirement.**

21. QUESTION: Who would be considered "staff" under the study abroad plan? What age group?

ANSWER: **See answer to question #19 listed above.**

22. QUESTION: With respect to study abroad, how long would the average amount of coverage be? How many months?

ANSWER: **Approximately 3 weeks.**

23. QUESTION: Please clarify "rates shall be held for the first year."

ANSWER: **There will be no increase in rates the first year of the contract. Increases in rates will only occur at contract renewal.**

24. QUESTION: Does the "check amount" column on Attachment F represent the amount of claims paid?

ANSWER: **The University's assumption is yes.**

25. QUESTION: Regarding Attachment F, what are the years that correspond with the high dollar claimants?

ANSWER: **Attachment F provides dates for the corresponding dollar claims.**

26. QUESTION: Regarding Attachment F, what is the "as of" date of the claim list referring to?



ANSWER: **The date the data was obtained.**

27. QUESTION: Please advise what percentage commission JMU's current provider is receiving.

ANSWER: **The University does not have information regarding commission received.**

28. QUESTION: The inbound participant numbers are also down this year. Do you expect those numbers to be close to the prior year? If not, what is the reason for the drop in the enrollment?

ANSWER: **JMU anticipates similar numbers of international students enrolled in the plan for next year. The University received more waivers this year than previous years.**

29. QUESTION: We realize the data provided is not a full year. Do you expect the JMU study abroad premium for the 2017-18 plan year to be close to the same levels as prior years?

ANSWER: **Yes.**

30. QUESTION: Regarding study abroad, the brochure lists an exclusion for mental health, if not listed in the schedule of benefits. There is no listing for mental health in the schedule of benefits, but the High Dollar Claim reports shows benefits were paid. Can you provide the benefit limits for mental health services?

ANSWER: **The University does not have this information at this time.**

31. QUESTION: Please provide a copy of the actual policies currently issued by Ace.

ANSWER: **The University does not have this information at this time.**

32. QUESTION: Regarding study abroad, does JMU submit rosters for each program or is this policy written on a blanket basis? If rosters are submitted, how are they submitted to the current provider?

ANSWER: **The University enrolls each student and they receive an individualized card under JMU's group policy. Rates are the same for each student.**

33. QUESTION: How many Optional Practical Training (OPT) students do you have? Does JMU have separate rates for OPT?

ANSWER: **For Fall 2017, JMU had 51 students on active OPT. Very few of JMU's OPT students use the health insurance plan. The rate is the same. Offers should also provide a detailed plan for offering insurance coverage to OPT students.**

34. QUESTION: The brochure for the international student and scholar plan (inbound) states that the benefit maximum per insured student is \$500,000 at 100%. Will the school consider a plan with lower coinsurance for out-of-network claims? An example may be a plan with 100% coinsurance within the PPO, 70% coverage outside the PPO.

ANSWER: **JMU desires to continue providing similar health insurance coverage to what is currently offered to international students and scholars; however, the University will consider all proposed plans/policies.**



35. QUESTION: Regarding the international student and scholar plan, is it possible to receive the incurred/submitted claim amount? From the claims data, we are only able to see the check amount the current carrier paid.

ANSWER: **The University does not have this information at this time.**

36. QUESTION: The plans history/data provided with the RFP goes back to 2014. Please provide any benefit changes that have occurred over these policy years for both international student and scholar plan (inbound) and study abroad plan (outbound).

ANSWER: **The University does not know any significant changes in plan benefits.**

37. QUESTION: Are other VASCUPP universities or colleges participating in the program? If yes, please indicate which schools and what capacity they are participating in the program.

ANSWER: **Yes. Radford University and Virginia Military Institute have utilized JMU's contract in previous years for both international student/scholar and study abroad participant health insurance.**

38. QUESTION: How long has the University been working with the incumbent? Is the current carrier eligible to bid again?

ANSWER: **The term for the previous contract was June 21, 2013 to June 20, 2014 with four (4) one-year renewal options. Yes, the current carrier is eligible to submit a proposal. There are no restrictions on any offerors who may be interested in submitting a proposal to the University.**

39. QUESTION: Are there any areas of improvement or additional services not being provided under the contract desired by the University?

ANSWER: **No. The University is satisfied with the insurance coverage and benefits currently offered to both international students/scholars and study abroad participants.**

40. QUESTION: Please describe any plan design changes over the last 15 years.

ANSWER: **The University does not have the requested information at this time.**

41. QUESTION: What is the current onsite student communication activity being provided by current vendor? Can you please provide the number of group meetings?

ANSWER: **No group meetings are offered for both inbound and outbound. JMU's Center for Global Engagement enrolls students and communicates with students about directions for claims.**

42. QUESTION: What are the onsite communications meeting expectations to educate the student population? Can you provide the number of locations and days/dates for these meetings?

ANSWER: **There are no onsite meeting expectations of the awarded firm. JMU's Center for Global Engagement handles all communication to students.**



Signify receipt of this addendum by initialing "*Addendum #2*" on the signature page of your proposal.

Sincerely,

Matasha Owens, MPA, VCO, CUPO
Buyer Senior

The Responses that follow apply to both the JMU (Inbound Plan) and the JMU-SA (Outbound Plan) – Detailed Proposals & Pricing are found as indicated in the RFP Response.

2. Describe in detail the firm's written procedure for timely and accurate processing of inbound and outbound claims by the insurer.

Claims are date stamped upon receipt. Standardized HCFA and UB-04 forms are scanned to our claims system where they are data entered and entered to a queue to be processed. Claims are presented electronically in the order they were received. Non-standard forms and international claims are filed by the date they are received. Twice per week, inventory is taken of claims in house, categorized by the date received. Claims Operations Manager provides workflow to the Benefit Analysts at these times. Claims older than 7 business days are to be addressed with immediacy.

3. Specify contact information for a designated representative(s) to assist with all claims processing, associated claims, payment problems, forms preparation, and information requests.

CISI Claims Team is made up of Benefit Analysts, Customer Support Representatives and Claims Assistants that are trained on all policies, claim payments procedures and CISI processes. We provide one phone number and one email address with confidence that you will get the support you need. Claimhelp@mycisi.com and 203-399-5130 (or toll free 1-800-303-8120) is monitored daily by the Customer Support Supervisor to ensure that highest quality of support.

4. State a responsive toll-free phone number available to international students, parents of students, or James Madison University International Student Services staff.

Customer Support position at Cultural Insurance Services International is to provide appropriate and accurate information to clients and participants in a courteous and friendly manner. Providing outstanding customer service and going above and beyond is what our staff is encouraged to strive for.

In order maintain this level of service and ensure high quality standards for the Customer Support Representatives, phone monitoring occurs weekly

The following categories are assessed during monitoring; greeting, politeness, professionalism, ability to navigate effectively through system, providing accurate, clear and concise information.

6. Describe in detail the firm's enrollment process.

All clients have access to the myCISI Sponsor Portal. By accessing the 'Add Enrollments' section of this platform, clients are able to upload a listing of students or enroll students on an ad hoc basis. Mandatory information for enrollment includes; first and last name, date of birth, dates of travel, country and city of destination. Once you enter your travelers, you can close your invoice and email the participants an ID card and policy brochure. You will also have the option of sending a Consulate letter if necessary for purposes of obtaining a visa. All CISI Welcome Emails include instructions for your students to register and access the myCISI Participant Portal and our myCISI app.

7. Describe in detail the firm's cancellation policy.

Cancellations can be submitted to enrollments@mycisi.com. Our Client Services Associate, will review the request and process the cancellation for you. If the student's coverage did not start yet, you will be issued a credit. If the student's coverage had already began but did not incur any claims, you will be issued a credit for the unused coverage dates of the trip. If the student's coverage already began and they did incur claims, no credit is issued. Credits can be refunded to you or applied to outstanding invoices.

CISI Sales with VASCUPP Member Institutions in the Past Year:

April 2, 2017 to March 31, 2018

James Madison University	\$ 891,157.94
Old Dominion University	\$ 12,823.10
Radford University	\$ 25,919.65
Virginia Commonwealth University	\$ 4,343.00
University of Virginia	\$ 166,561.30
Virginia Military Institutue	\$ 29,402.42
Virginia Tech	\$ 169,430.78
College of William & Mary	\$ 88,004.46

**International Student and Scholar
Health Insurance Plan for
James Madison University**

JMU (Inbound Plan) 2018-19 Benefit Summary

Benefit Summary	2018-19 JMU Inbound Plan
Maximum Medical Expense Limits (per Accident or Sickness):	Up to \$500,000-Student @100% Up to \$100,000-Dependent @ 100%
Deductible (per Accident or Sickness)	\$0
ER Deductible (Illness Only when not subsequently admitted)	\$500
Accidental Death and Dismemberment	Up to \$15,000
Maternity	Covered as any other sickness
Ground Ambulance	100% of UCR
Chiropractic Care and Therapeutic Services	Up to \$500 (\$50/visit, 10 visits)
Physiotherapy	Up to \$2,500 (combined inpatient/outpatient limit) if recommended by a Doctor for the treatment of a specific Disablement and administered by a licensed physiotherapist
Mental and Nervous (per Lifetime):	Covered as any other sickness
Emergency Dental	Up to \$250 per tooth (max of \$500)
Accidental Dental	Up to policy limit
Pre-Existing Conditions	6 month look-back/covered after 6 months
Home Country Coverage (Incidental Trips to the Home Country)	Included
Alcohol/Drug Related Injuries/Illnesses	Included
Suicide/Self-Inflicted Injuries	Included
Emergency Medical Evacuation	Up to \$250,000
Return of Mortal Remains/Cremation	Up to \$100,000
Emergency Medical Reunion	\$5,000 (up to \$200/day)
Return Ticket	\$1,500
Team Assist 24/7 Medical/Travel/Technical Assistance	Included

Monthly Rates:	2018-19 JMU Inbound Plan
Participant Only	\$116.65
Participant and Spouse	\$326.62
Participant and Child	\$262.47
Participant and Children	\$505.39
Participant and Family	\$374.01

CHUBB GROUP U.S. PRIVACY NOTICE

FACTS	WHAT DOES THE CHUBB GROUP DO WITH YOUR PERSONAL INFORMATION?		
Why?	Insurance companies choose how they share your personal information. Federal and state law gives consumers the right to limit some but not all sharing. Federal and state law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.		
What?	<p>The types of personal information we collect and share depend on the product or service you have with us. This information can include:</p> <ul style="list-style-type: none"> ▪ Social Security number and payment history ▪ insurance claim history and medical information ▪ account transactions and credit scores <p>When you are no longer our customer, we continue to share information about you as described in this notice.</p>		
How?	All insurance companies need to share customers' personal information to run their everyday business. In the section below, we list the reasons insurance companies can share their customers' personal information; the reasons the Chubb Group chooses to share; and whether you can limit this sharing.		
Reasons we can share your personal information		Does Chubb share?	Can you limit this sharing?
For our everyday business purposes – such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus		Yes	No
For our marketing purposes – to offer our products and services to you		Yes	No
For joint marketing with other financial companies		Yes	No
For our affiliates' everyday business purposes – information about your transactions and experiences		Yes	No
For our affiliates' everyday business purposes – information about your creditworthiness		No	We don't share
For our affiliates to market to you		No	We don't share
For nonaffiliates to market to you		No	We don't share
Questions?	Call 1-800-258-2930 or go to https://www2.Chubb.com/us-en/privacy.aspx		

Who is providing this notice?	
The Chubb Group. A list of these companies is located at the end of this document.	
What we do	
How does Chubb Group protect my personal information?	<p>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.</p> <p>We restrict access to personal information to our employees, affiliates' employees, or others who need to know that information to service the account or to conduct our normal business operations.</p>
How does Chubb Group collect my personal information?	<p>We collect your personal information, for example, when you</p> <ul style="list-style-type: none"> ▪ apply for insurance or pay insurance premiums ▪ file an insurance claim or provide account information ▪ give us your contact information <p>We also collect your personal information from others, such as credit bureaus, affiliates, or other companies.</p>
Why can't I limit all sharing?	<p>Federal law gives you the right to limit only</p> <ul style="list-style-type: none"> ▪ sharing for affiliates' everyday business purposes – information about your creditworthiness ▪ affiliates from using your information to market to you ▪ sharing for nonaffiliates to market to you <p>State laws and individual companies may give you additional rights to limit sharing. See below for more on your rights under state law.</p>
Definitions	
Affiliates	<p>Companies related by common ownership or control. They can be financial and nonfinancial companies.</p> <ul style="list-style-type: none"> ▪ Our affiliates include those with a Chubb name and financial companies, such as Westchester Fire Insurance Company and Great Northern Insurance Company.
Nonaffiliates	<p>Companies not related by common ownership or control. They can be financial and nonfinancial companies.</p> <ul style="list-style-type: none"> ▪ Chubb does not share with nonaffiliates so they can market to you.
Joint Marketing	<p>A formal agreement between nonaffiliated financial companies that together market financial products or services to you.</p> <ul style="list-style-type: none"> ▪ Our joint marketing partners include categories of companies such as banks.

Other important information

For Insurance Customers in AZ, CA, CT, GA, IL, MA, ME, MN, MT, NV, NC, NJ, OH, OR, and VA only:

Under state law, under certain circumstances, you have the right see the personal information about you that we have on file. To see your information, write Chubb Group Attention: Privacy Inquiries, 202 Hall's Mill Road, P.O. Box 1600, Whitehouse Station, NJ 08889-1600. Chubb may charge a reasonable fee to cover the costs of providing this information. If you think any of the information is not accurate, you may write us. We will let you know what actions we take. If you do not agree with our actions, you may send us a statement. If you want a full description of privacy rights that we will protect in accordance with the law in your home state, please contact us and we will provide it. We may disclose information to certain third parties, such as law enforcement officers, without your permission.

For Nevada residents only: We may contact our existing customers by telephone to offer additional insurance products that we believe may be of interest to you. Under state law, you have the right to opt out of these calls by adding your name to our internal do-not-call list. To opt out of these calls, or for more information about your opt out rights, please contact our customer service department. You can reach us by calling 1-800-258-2930, emailing us at privacyinquiries@Chubb.com, or writing to Chubb Group, Attention: Privacy Inquiries, 202 Hall's Mill Road, P.O. Box 1600, Whitehouse Station, NJ 08889-1600. You are being provided this notice under Nevada state law. In addition to contacting Chubb, Nevada residents can contact the Nevada Attorney General for more information about your opt out rights by calling 775-684-1100, emailing bcpinfo@ag.state.nv.us, or by writing to: Office of the Attorney General, Nevada Department of Justice, Bureau of Consumer Protection: 100 North Carson Street, Carson City, NV 89701.

For Vermont residents only: Under state law, we will not share information about your creditworthiness within our corporate family except with your authorization or consent, but we may share information about our transactions or experiences with you within our corporate family without your consent.

Chubb Group Companies Providing This Notice

This notice is being provided by the following Chubb Group companies to their customers located in the United States: ACE American Insurance Company, ACE Capital Title Reinsurance Company, ACE Fire Underwriters Insurance Company, ACE Insurance Company of the Midwest, ACE Life Insurance Company, ACE Property and Casualty Insurance Company, Agri General Insurance Company, Atlantic Employers Insurance Company, Bankers Standard Fire and Marine Company, Bankers Standard Insurance Company, Century Indemnity Company, Chubb Custom Insurance Company, Chubb Indemnity Insurance Company, Chubb Insurance Company of New Jersey, Chubb Lloyds Insurance Company of Texas, Chubb National Insurance Company, Executive Risk Indemnity Inc., Executive Risk Specialty Insurance Company, Federal Insurance Company, Great Northern Insurance Company, Illinois Union Insurance Company, Indemnity Insurance Company of North America, Insurance Company of North America, Pacific Employers Insurance Company, Pacific Indemnity Company, Penn Millers Insurance Company, Texas Pacific Indemnity Company, Vigilant Insurance Company, Westchester Fire Insurance Company and Westchester Surplus Lines Insurance Company.

ACE Group of Companies

Notice of HIPAA Privacy Practices for Protected Health Information

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This notice is effective as of September 23, 2013.

The ACE Group of Companies, as affiliated covered and hybrid entities, (the "Company") is required by law to take reasonable steps to ensure the privacy of your personally identifiable health information, and to inform you about:

- The Company's uses and disclosures of Protected Health Information ("PHI")
- Your privacy rights with respect to your PHI;
- The Company's duties with respect to your PHI;
- Your right to file a complaint with the Company and to the Secretary of the U.S. Department of Health and Human Services ("HHS"); and
- The person or office to contact for further information regarding the Company's privacy practices.

PHI includes all individually identifiable health information transmitted or maintained by the Company, regardless of form (e.g. oral, written, electronic).

A federal law, the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), regulates PHI use and disclosure by the Company. You may find these rules at *45 Code of Federal Regulations* Parts 160 and 164. This notice attempts to summarize the regulations.

The regulations will supersede any discrepancy between the information in this notice and the regulations.

I. Notice of PHI Uses and Disclosures

A. Required Uses and Disclosures

Upon your request, the Company is required to give you access to certain PHI in order to inspect and copy it.

Use and disclosure of your PHI may be required by the Secretary of Health and Human Services to investigate or determine the Company's compliance with the privacy regulations.

B. Uses and Disclosures to Carry Out Treatment, Payment, and Health Care Operations

The Company and its business associates will use PHI without your consent, authorization or opportunity to agree or object to carry out treatment, payment and health care operations. The Company also may also disclose PHI to a plan sponsor for purposes related to treatment, payment and health care operations and as otherwise permitted under HIPAA to the extent the plan documents restrict the use and disclosure of PHI as required by HIPAA.

Treatment is the provision, coordination or management of health care and related services.

It also includes but is not limited to consultations and referrals between one or more of your providers. For example, the Company may disclose to a treating orthodontist the name of your treating dentist so that the orthodontist may ask for your dental X-rays from the treating dentist.

Payment includes, but is not limited to, actions to make coverage determinations and payment (including establishing employee contributions, claims management, obtaining payment under a contract of reinsurance, utilization review and pre-authorizations). For example, the Company may tell a doctor whether you are eligible for coverage or what percentage of the bill will be paid by the Company.

Health care operations include, but are not limited to, underwriting, premium rating and other insurance activities relating to creating or reviewing insurance contracts. It also includes disease management, case management, conducting or arranging for medical review, legal services and auditing functions including fraud and abuse compliance programs, business planning and development, business management and general administrative activities. For example, the Company may use information about your claims to refer you to a disease management

program, project future benefit costs or audit the accuracy of its claims processing functions. The Company will not use or disclose PHI that is genetic information for underwriting purposes.

The Company also may contact you to provide appointment reminders or information about treatment alternatives or health-related benefits and services that may be of interest to you.

C. Uses and Disclosures that Require Your Written Authorization

The Company will not use or disclose your PHI for the following purposes without your specific, written authorization:

- Use and disclosure of psychotherapy notes, except for your treatment, Company training programs, or to defend Company against litigation filed by you.
- Use and disclosure for marketing purposes, except for face to face communications with you.
- Use and disclosure that constitute the sale of your PHI. The Company does not sell the PHI of its customers.

Except as otherwise indicated in this notice, uses and disclosures of PHI will be made only with your written authorization subject to your right to revoke such authorization. You may revoke an authorization by submitting a written revocation to the Company at any time. If you revoke your authorization, the Company will no longer use or disclose your PHI under the authorization. However, any use or disclosure made in reliance of your authorization before its revocation will not be affected.

D. Uses and Disclosures Requiring Authorizations or Opportunity to Agree or Disagree Prior to the Use or Release

If you authorize in writing the Company to use or disclose your own PHI, the Company may proceed with such use or disclosure without meeting any other requirements and the use or disclosure shall be consistent with the authorization.

Disclosure of your PHI to family members, other relatives or your close personal friends is allowed if:

- The information is directly relevant to the family or friend's involvement with your care or payment for that care; and
- You have either agreed to the disclosure or have been given an opportunity to object and have not objected.

E. Uses and Disclosures for which Consent, Authorization or Opportunity to Object is Not Required

Use and disclosure of your PHI is allowed without your authorization or request under the following circumstances:

- (1) When required by law.
- (2) When permitted for purposes of public health activities, including when necessary to report product defects and to permit product recalls and to conduct post-market surveillance. PHI may also be used or disclosed if you have been exposed to a communicable disease or are at risk of spreading a disease or condition, if authorized by law.
- (3) When authorized by law to report information about abuse, neglect or domestic violence. In such case, the Company will promptly inform you that such a disclosure has been or will be made unless that notice would cause a risk of serious harm. For the purpose of reporting child abuse or neglect, it is not necessary to inform the minor that such a disclosure has been or will be made. Disclosure may generally be made to the minor's parents or other representatives although there may be circumstances under federal or state law where the parents or other representatives may not be given access to the minor's PHI.
- (4) The Company may disclose your PHI to a public health oversight agency for oversight activities authorized by law. This includes uses or disclosures in civil, administrative or criminal investigations; inspections; licensure or disciplinary actions (for example, to investigate complaints against providers); and other activities necessary for appropriate oversight of government benefit programs (for example, to investigate Medicare or Medicaid fraud).
- (5) The Company may disclose your PHI when required for judicial or administrative proceedings. For example, your PHI may be disclosed in response to a subpoena or discovery request provided certain conditions are met. One of those conditions is that satisfactory assurances must be given to the Company that the requesting party has made a good faith attempt to provide written notice to you, and the notice provided sufficient information about the proceeding to permit you to raise an objection and no objections were raised or were resolved in favor of disclosure by the court or tribunal.

- (6) When required for law enforcement purposes (for example, to report certain types of wounds).
- (7) For law enforcement purposes, including for the purpose of identifying or locating a suspect, fugitive, material witness or missing person. Also, when disclosing information about an individual who is or is suspected to a victim of a crime but only if the individual agrees to the disclosure or the covered entity is unable to obtain the individual's agreement because of emergency circumstances. Furthermore, the law enforcement official must represent that the information is not intended to be used against the individual, the immediate law enforcement activity would be materially and adversely affected by waiting to obtain the individual's agreement and disclosure is in the best interest of the individual as determined by the exercise of the Company's best judgment.
- (8) When required to be given to a coroner or medical examiner for the purpose of identifying a deceased person, determining a cause of death or other duties as authorized by law. Also, disclosure is permitted to funeral directors, consistent with applicable law, as necessary to carry out their duties with respect to the decedent.
- (9) The Company may use or disclose PHI for government-approved research, subject to conditions.
- (10) When consistent with applicable law and standards of ethical conduct if the Company, in good faith, believes the use of disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public and the disclosure is to a person reasonably able to prevent or lessen the threat, including the target of the threat.
- (11) For certain government functions such as related to military service or national security.
- (12) When authorized by and to the extent necessary to comply with workers' compensation or other similar programs established by law.
- (13) That is "incident to" an otherwise permitted use or disclosure of PHI by the Company.

II. Rights of Individuals

A. Right to Request Restrictions on Use and Disclosure of PHI

You may request the Company to restrict its use and disclosure of your PHI to carry out treatment, payment or health care operations, or to restrict its use and disclosure to family members, relatives, friends or other persons identified by you who are involved in your care or payment for your care. However, the Company may not be required to agree to your request, unless you have paid out of pocket in full for services, depending on the specific facts.

The Company will accommodate reasonable requests to receive communications of PHI by alternative means or alternative locations, such as a location other than your home. The Company will accommodate this request if you state in writing that you would be in danger from receiving communications through the normal means.

You or your personal representative will be required to complete a form to request restrictions on uses and disclosures of your PHI.

Such requests should be made to: ACE US Customer Services, 436 Walnut Street, Philadelphia, PA 19106, 1-800-352-4462.

B. Right to Inspect and Copy PHI

You have a right to inspect and obtain a copy of your PHI contained in a "designated record set," for as long as the Company maintains the PHI.

"Protected Health Information" (PHI) includes all individually identifiable health information transmitted or maintained by the Company, regardless of form.

"Designated Record Set" includes the medical records and billing records about individuals maintained by or for a covered health care provider; enrollment, payment, billing, claims adjudication and case or medical management record systems maintained by or for a health plan; or other information used in whole or in part by or for the covered entity to make decisions about individuals. Information used for quality control or peer review analyses and not used to make decisions about individuals is not in the designated record set.

The requested information will be provided within 30 days if the information is maintained on site or within 60 days if the information is maintained offsite. A single 30-day extension is allowed if the Company is unable to comply with the deadline.

You or your personal representative will be required to complete a form to request access to the PHI in your designated record set. Requests for access to PHI should be made to: ACE US Customer Services, 436 Walnut Street, Philadelphia, PA 19106, 1-800-352-4462.

If access is denied, you or your personal representative will be provided with a written denial setting forth the basis for the denial, a description of how you may exercise those review rights and a description of how you may complain to the Secretary of Health and Human Services.

C. Right to Amend PHI

You have the right to request the Company to amend your PHI or a record about you in a designated record set for as long as the PHI is maintained in the designated record set.

The Company has 60 days after the request to act on the request. A single 30-day extension is allowed if the Company is unable to comply with the deadline. If the request is denied in whole or part, the Company must provide you with a written denial that explains the basis for the denial. You or your personal representative may then submit a written statement disagreeing with the denial and have that statement included with any future disclosures of your PHI.

Requests for amendment of PHI in a designated record set should be made to: ACE US Customer Services, 436 Walnut Street, Philadelphia, PA 19106, 1-800-352-4462.

You or your personal representative(s) will be required to complete a form to request amendment of the PHI in your designated record set.

D. Right to Receive an Accounting of PHI Uses and Disclosures

Upon your request, the Company will provide you with an accounting of disclosures by the Company of your PHI during the six (6) years prior to the date of your request. However, such accounting need not include PHI disclosures made: (1) to carry out treatment, payment or health care operations; (2) to individuals about their own PHI; (3) prior to the compliance date; or (4) based upon your own written authorization.

If the accounting cannot be provided within 60 days, an additional 30 days is allowed if the individual is given a written statement of the reasons for the delay and the date by which the accounting will be provided.

If you request more than one accounting within a 12-month period, the Company will charge a reasonable, cost-based fee for each subsequent accounting.

E. Right to Obtain a Paper Copy of This Notice Upon Request (Even if you have consented to receive this notice electronically)

To obtain a paper copy of this notice contact: ACE US Customer Services, 436 Walnut Street, Philadelphia, PA 19106, 1-800-352-4462.

F. Note About Personal Representatives

You may exercise your rights through a personal representative. Your personal representative will be required to produce evidence of his/her authority to act on your behalf before that person will be given access to your PHI or allowed to take any action for you. Proof of such authority may take one of the following forms:

- A power of attorney for health care purposes, notarized by a notary public;
- A court order of appointment of the person as the conservator or guardian of the individual; or
- An individual who is the parent of a minor child.

The Company retains discretion to deny access to your PHI to a personal representative to provide protection to those vulnerable people who depend on others to exercise their rights under these rules and who may be subject to abuse or neglect. This also applies to personal representatives of minors.

III. The Company's Duties

The Company is required by law to maintain the privacy of PHI and to provide individuals (participants and beneficiaries) with notice of its legal duties and privacy practices and to notify affected individuals of a breach of unsecured PHI. The Company is required to abide by the terms of this notice.

The Company reserves the right to change its privacy practices and to apply the changes to any PHI received or maintained by the Company prior to that date. If a privacy practice is changed, a revised version of this notice will be provided to all past and present participants and beneficiaries for whom the Company still maintains PHI. This notice and any revised version of this notice will be posted on the Company's internal website or mailed.

Any revised version of this notice will be distributed within 60 days of the effective date of any material change to the uses or disclosures, the individual's rights, the duties of the Company or other privacy practices stated in this notice.

A. "Minimum Necessary" Standard

When using or disclosing PHI, or when requesting PHI from another covered entity, the Company will make reasonable efforts not to use, disclose or request more than the minimum amount of PHI necessary to accomplish the intended purpose of the use, disclosure or request, taking into consideration practical and technological limitations.

However, the minimum necessary standard will not apply in the following situations:

- Disclosures to or requests by a health care provider for treatment;
- Uses or disclosures made to the individual;
- Disclosures made to the Secretary of HHS;
- Uses or disclosures that are required by law; and
- Uses or disclosures that are required for the Company's compliance with legal regulations.

This notice does not apply to information that has been "de-identified." *De-identified information* is information that does not identify an individual and with respect to which there is no reasonable basis to believe that the information can be used to identify an individual is not individually identifiable health information.

In addition, the Company may use or disclose "summary health information" to a plan sponsor for obtaining premium bids or modifying, amending or terminating the Company, which summarizes the claims history, claims expenses or type of claims experienced by individuals for whom the Company Sponsor has provided health benefits under the Company; and from which identifying information has been deleted in accordance with HIPAA.

IV. Your Right to File a Complaint with the Company or the HHS Secretary

If you believe that your privacy rights have been violated, you may complain to the Company in care of: ACE US Customer Services, 436 Walnut Street, Philadelphia, PA 19106, 1-800-352-4462.

You may file a complaint with the Secretary of the U.S. Department of Health and Human Services, Hubert H. Humphrey Building, 200 Independence Avenue S.W., Washington, D.C. 20201.

The Company will not retaliate against you for filing a complaint.

V. Contact Information

If you have any questions regarding this notice or the subjects addressed in it, you may contact: ACE US Customer Services, 436 Walnut Street, Philadelphia, PA 19106, 1-800-352-4462.

VI. ACE Group of Companies Legal Entities

The ACE Group of Companies include the following: ACE American Insurance Company, ACE Property and Casualty Insurance Company, Illinois Union Insurance Company, ACE Fire Underwriters Insurance Company, Combined Insurance Company of America, Combined Life Insurance Company of New York. These companies are covered entities whose business activities include both covered and non-covered functions under HIPAA (i.e., hybrid entities) and are legally separate covered entities that are under common ownership or control (i.e., affiliated covered entity).

**NOTICE OF
PROTECTION PROVIDED BY
VIRGINIA LIFE, ACCIDENT AND SICKNESS
INSURANCE GUARANTY ASSOCIATION**

This notice provides a **brief summary** of the Virginia Life, Accident and Sickness Insurance Guaranty Association ("the Association") and the protection it provides for policyholders. This safety net was created under Virginia law, which determines who and what is covered and the amounts of coverage.

The Association was established to provide protection in the unlikely event that a life, annuity or health insurance company licensed in the Commonwealth of Virginia becomes financially unable to meet its obligations and is taken over by its Insurance Department. If this should happen, the Association will typically arrange to continue coverage and pay claims, in accordance with Virginia law, with funding from assessments paid by other life and health insurance companies licensed in the Commonwealth of Virginia.

The basic protections provided by the Association are:

- Life Insurance
 - \$300,000 in death benefits
 - \$100,000 in cash surrender or withdrawal values
- Health Insurance
 - \$500,000 in hospital, medical and surgical insurance benefits
 - \$300,000 in disability income insurance benefits
 - \$300,000 in long-term care insurance benefits
 - \$100,000 in other types of health insurance benefits
- Annuities
 - \$250,000 in withdrawal and cash values

The maximum amount of protection for each individual, regardless of the number of policies or contracts, is \$350,000, except for hospital, medical and surgical insurance benefits, for which the limit is increased to \$500,000.

Note: Certain policies and contracts may not be covered or fully covered. For example, coverage does not extend to any portion(s) of a policy or contract that the insurer does not guarantee, such as certain investment additions to the account value of a variable life insurance policy or a variable annuity contract. There are also various residency requirements and other limitations under Virginia law.

To learn more about the above protections, please visit the Association's website at www.valifega.org or contact:

VIRGINIA LIFE, ACCIDENT AND SICKNESS INSURANCE GUARANTY ASSOCIATION
c/o APM Management Services, Inc.
8001 Franklin Farms Drive, Suite 235
Henrico, VA 23229
804-282-2240

STATE CORPORATION COMMISSION

Bureau of Insurance

P. O. Box 1157

Richmond, VA 23218

804-371-9741

Toll Free Virginia only: 1-800-552-7945

<http://www.scc.virginia.gov/division/boi/index.htm>

Insurance companies and agents are not allowed by Virginia law to use the existence of the Association or its coverage to encourage you to purchase any form of insurance. When selecting an insurance company, you should not rely on Association coverage. If there is any inconsistency between this notice and Virginia law, then Virginia law will control.

CHUBB

ACE American Insurance Company
(A Stock Company)
Philadelphia, PA 19106

Participating Organization Application

- I. Application is hereby made for a plan of blanket travel Accident and Sickness insurance based on the following statements and representations:

1. Identification of Policyholder:

Name of Policyholder: Trustee of the Educational Travel Insurance Trust
Address of Policyholder: Delaware
Policy Number: GLM N04965796

2. Identification of Participating Organization:

Name of Participating Organization: James Madison University
Address of Participating Organization: MSC 5731
Harrisonburg, VA 22807

3. Classification of Eligible Persons:

Class 1 All students, faculty, staff, and guests who are enrolled as program participants of the Participating Organization and who are temporarily pursuing educational activities outside of their Home Country and inside the United States.

*Dependents of Class 1 are eligible for coverage under this Policy.

4. Participating Organization Riders and/or Endorsements:

The following Riders and/or Endorsements, if any, are attached to and made part of the Participating Organization's coverage under the Policy as of the Participating Organization Effective Date. Each Rider and/or Endorsement is subject to all provisions, limitations and exclusions of the Policy that are not specifically modified by the Rider and/or Endorsement.

FORM NO.	DESCRIPTION
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AH-10051a	Participating Organization Endorsement
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5. Participating Organization Coverage:

Covered Activities:

The covered Injury or Sickness must take place while:

1. traveling or staying outside of the Insured Person's Home Country or Permanent Residence; and
2. participating in a program sponsored or coordinated by the Participating Organization; and
3. engaging in educational or research activities authorized by the Participating Organization.

Benefits: Medical Expense Benefits

Emergency Medical Evacuation Benefit
Repatriation of Remains Benefit

Additional Benefits:

Emergency Medical Reunion Benefit
Home Country Benefit
Trip Interruption Benefit
Accidental Death and Dismemberment Benefits

6. Premiums: Monthly rates

Insured only	\$116.65
Insured & spouse	\$326.62
Insured & one dependent child	\$262.47
Insured & spouse & one dependent child	\$310.59
Insured & spouse & 2 or more dependent child	\$374.01
Insured & 2 or more dependent children	\$505.39

Such Premiums are due and payable in the following manner: The Applicant agrees to pay, in advance, the required Premium for these coverages.

7. Participating Organization's Policy Term: June 30, 2017 to June 29, 2018

- II. The undersigned Participating Organization hereby elects the blanket travel Accident and Sickness Insurance Benefits provided by ACE American Insurance Company as outlined on this Participating Organization Application. It is agreed that this Application for Insurance Benefits replaces any prior application made for the same coverage.

WARNING: 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 AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

Signed for the Participating Organization

Title

Date

Signed by Licensed Resident Agent
(Where Required by Law)

CHUBB

ACE American Insurance Company
(A Stock Company)
Philadelphia, PA 19106

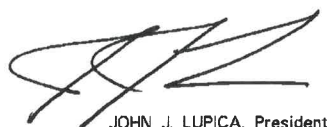
Blanket Accident and Sickness Policy

POLICYHOLDER:	Trustee of the Educational Travel Insurance Trust on behalf of the Participating Organization
PARTICIPATING ORGANIZATION:	James Madison University
POLICY NUMBER:	GLM N04965796
POLICY EFFECTIVE DATE:	June 30, 2017
POLICY TERM:	June 30, 2017 to June 29, 2018
STATE OF DELIVERY:	Delaware

This Policy takes effect at 12:01 a.m. at the Participating Organization's address on the Policy Effective Date shown above. It will remain in effect for the duration of the Policy Term shown above if the premium is paid according to the agreed terms. This Policy terminates at 11:59 p.m. at the Participating Organization's address on the last day of the Policy Term.

This Policy is governed by the laws of the state in which it is delivered.

Signed for ACE AMERICAN INSURANCE COMPANY at Philadelphia, Pennsylvania



JOHN J. LUPICA, President



REBECCA L. COLLINS, Secretary

IMPORTANT NOTICE

This policy provides travel insurance benefits for individuals traveling outside of their home country. This policy does not constitute comprehensive health insurance coverage (often referred to as "major medical coverage") and does not satisfy a person's individual obligation to secure the requirement of minimum essential coverage under the Affordable Care Act (ACA).

For more information about the ACA, please refer to www.HealthCare.gov.

Please read the policy carefully.

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SCHEDULE OF BENEFITS

PREMIUM DUE DATE: Monthly, in arrears on the first of each month.

CLASSES OF ELIGIBLE PERSONS:

A person may be insured only under one Class of Eligible Persons even though he or she may be eligible under more than one class. Also, a person may not be insured as a Dependent and an Insured at the same time.

Class 1: All students, faculty, staff, and guests who are enrolled as program participants of the Participating Organization and who are temporarily pursuing educational activities outside of their Home Country and inside the United States.

Dependents of Class 1 Insureds are eligible for Coverage under this Policy.

COVERED ACTIVITIES:

The covered Injury or Sickness must take place while:

1. traveling or staying outside of the Insured Person's Home Country or Permanent Residence; and
2. participating in a program sponsored or coordinated by the Participating Organization; and
3. engaging in educational or research activities authorized by the Participating Organization.

Exposure & Disappearance

Coverage includes exposure to the elements after the forced landing, stranding, sinking, or wrecking of a vehicle in which the Insured Person was traveling and drowning.

An Insured Person is presumed dead if:

1. he or she is in a vehicle that disappears, sinks, or is stranded or wrecked on a trip covered by this Policy; and
2. the body is not found within one year of the Covered Accident.

BENEFITS

Medical Expense Benefits

Total Maximum per Covered Accident or Sickness, per Insured Person:

Class 1:	\$500,000
Spouse of Class 1:	\$100,000
Child(ren) of Class 1:	\$100,000

Maximum for Palliative Dental Treatment

For Alleviation of Pain: \$250 per tooth, up to \$500

Maximum for Physiotherapy Services: \$2,500

Maximum for Chiropractic Services and
Therapeutic Services:

\$50 per visit, up to \$500

Maximum Number of Visits: 10

Deductible: \$0 per Covered Accident or Sickness

Deductible for Emergency Room Visits
as a result of a Covered Sickness*:

\$500

*The Emergency Room Deductible will be waived if the Insured Person is admitted to the Hospital as an inpatient.

Coinsurance Rate: 100% of the Reasonable and Customary Charges

Incurral Period: 30 days after the date of the covered Injury or
commencement of Sickness

Maximum Benefit Period: the earlier of 364 days from the date of a covered
Injury or Sickness, or the date the Insured Person
returns to his or her Home Country or Permanent
Residence (except as provided in the Home Country
Benefit and the Extension of Benefits).

Emergency Medical Evacuation Benefit

Benefit Maximum: \$250,000

Repatriation of Remains Benefit

Benefit Maximum: \$100,000

Emergency Medical Reunion Benefit

Aggregate Benefit Maximum: \$5,000

Daily Benefit Maximum for
Lodging and Meals: \$200

Home Country Benefit

Benefit Maximum: Up to the Medical Expense Benefit maximum

Trip Interruption Benefit

Benefit Maximum: \$1,500

Accidental Death and Dismemberment Benefit

Class 1 Principal Sum: \$15,000

Spouse of Class 1: \$15,000

Child(ren) of Class 1: \$15,000

Aggregate Limit:

Benefit Maximum: \$1,000,000

We will not pay more than the Benefit Maximum for all Accidental Death & Dismemberment losses per Covered Accident. If, in the absence of this provision, We would pay more than the Benefit Maximum for all losses from one Covered Accident, then the benefits payable to each person with a valid claim will be reduced proportionately, so the total amount We will pay is the Benefit Maximum.

INITIAL PREMIUM RATES:

Monthly rates

Insured only	\$116.65
Insured & spouse	\$326.62
Insured & one dependent child	\$262.47
Insured & spouse & one dependent child	\$310.59
Insured & spouse & 2 or more dependent child	\$374.01
Insured & 2 or more dependent children	\$505.39

DEFINITIONS

Please note, certain words used in this document have specific meanings. These terms will be capitalized throughout the document. The definition of any word, if not defined in the text where it is used, may be found either in this Definitions section or in the *Schedule of Benefits*.

“Coinsurance” means the percentage amount of eligible Covered Expenses, after the Deductible, which are the responsibilities of the Insured Person and must be paid by the Insured Person. The Coinsurance amount is stated in the *Schedule of Benefits*, under each stated benefit.

“Covered Accident” means an event, independent of Sickness or self-inflicted means, which is the direct cause of bodily Injury to an Insured Person.

“Covered Expenses” means expenses which are for Medically Necessary services, supplies, care, or treatment due to Sickness or Injury, prescribed, performed or ordered by a Doctor, and Reasonable and Customary charges incurred while insured under this Policy, and that do not exceed the maximum limits shown in the *Schedule of Benefits*, under each stated benefit.

“Deductible” means the amount of eligible Covered Expenses which are the responsibility of each Insured Person and must be paid by each Insured Person before benefits under the Policy are payable by Us. The Deductible amount is stated in the *Schedule of Benefits*, under each stated benefit.

“Dependent” means an Insured Person’s lawful spouse or an Insured’s unmarried child, from the moment of birth to age 19, 25 if a full-time student, who is chiefly dependent on the Insured for support. A child, for eligibility purposes, includes an Insured’s natural child; adopted child, beginning with any waiting period pending finalization of the child’s adoption; or a stepchild who resides with the Insured or depends on the Insured for financial support. A Dependent may also include any person related to the Insured by blood or marriage and for whom the Insured is allowed a deduction under the Internal Revenue Code.

Insurance will continue for any Dependent child who reaches the age limit and continues to meet the following conditions: 1) the child is handicapped, 2) is not capable of self-support and 3) depends mainly on the Insured for support and maintenance. The Insured must send Us satisfactory proof that the child meets these conditions, when requested. We will not ask for proof more than once a year.

“Dependent” also means an Insured Person’s Domestic Partner. “Domestic Partner” means a person of the same or opposite sex of the Insured Person who:

- 1) shares the Insured Person’s primary residence;
- 2) is financially interdependent with the Insured Person in each of the following ways;
 - a. by holding one or more credit or bank accounts, including a checking account, as joint owners;
 - b. by owning or leasing their permanent residence as joint tenants;
 - c. by naming, or being named by the other as a beneficiary of life insurance or under a will;
 - d. by each agreeing in writing to assume financial responsibility for the welfare of the other.
- 3) has signed a Domestic Partner declaration with Insured Person, if recognized by the laws of the state in which he or she resides with the Insured Person;

- 4) has not signed a Domestic Partner declaration with any other person within the last 12 months.
- 5) is 18 years of age or older;
- 6) is not currently married to another person;
- 7) is not in a position as a blood relative that would prohibit marriage.

“Doctor” as used in this Policy means a doctor of medicine or a doctor of osteopathy licensed to render medical services or perform surgery in accordance with the laws of the jurisdiction where such professional services are performed.

“Elective Surgery” or “Elective Treatment” means surgery or medical treatment which is not necessitated by a pathological or traumatic change in the function or structure in any part of the body first occurring after the Insured Person’s effective date of coverage. Elective Surgery includes, but is not limited to, circumcision, tubal ligation, vasectomy, breast reduction, sexual reassignment surgery, and submucous resection and/or other surgical correction for deviated nasal septum, other than for necessary treatment of covered purulent sinusitis. Elective Surgery does not apply to cosmetic surgery required to correct Injuries suffered in a Covered Accident. Elective Treatment includes, but is not limited to, treatment for acne, nonmalignant warts and moles, weight reduction, infertility, and learning disabilities.

“Eligible Benefits” means benefits payable by Us to reimburse expenses that are for Medically Necessary services, supplies, care, or treatment due to Sickness or Injury, prescribed, performed or ordered by a Doctor, and Reasonable and Customary charges incurred while insured under this Policy; and which do not exceed the maximum limits shown in the *Schedule of Benefits* under each stated benefit.

“Emergency” means a medical condition manifesting itself by acute signs or symptoms which could reasonably result in placing the Insured Person’s life or limb in danger if medical attention is not provided within 24 hours.

“Family Member” means an Insured Person’s spouse, Domestic Partner, child, brother, sister, parent, grandparent, or immediate in-law.

“Home Country” means the country where an Insured Person has his or her true, fixed and permanent home and principal establishment or the United States. Coverage under this Policy is extended to U.S. citizens traveling to U.S. Territories.

“Hospital” as used in this Policy means, except as may otherwise be provided, a Hospital (other than an institution for the aged, chronically ill or convalescent, resting or nursing homes) operated pursuant to law for the care and treatment of sick or Injured persons with organized facilities for diagnosis and surgery and having 24-hour nursing service and medical supervision.

“Injury” wherever used in this Policy means bodily Injury caused solely and directly by violent, accidental, external, and visible means occurring while this Policy is in force and resulting directly and independently of all other causes in a loss covered by this Policy.

“Insured Person(s)” means a person eligible for coverage under the Policy as defined in “Eligible Persons” who has applied for coverage and is named on the application if any and for whom We have accepted premium. This may be the Primary Insured Person or Dependent(s).

“Medically Necessary” or “Medical Necessity” means services and supplies received while insured that are determined by Us to be: 1) appropriate and necessary for the symptoms, diagnosis, or direct care and treatment of the Insured Person’s medical conditions; 2) within the

standards the organized medical community deems good medical practice for the Insured Person's condition; 3) not primarily for the convenience of the Insured Person, the Insured Person's Doctor or another service provider or person; 4) not experimental/investigational or unproven, as recognized by the organized medical community, or which are used for any type of research program or protocol; and 5) not excessive in scope, duration, or intensity to provide safe, adequate, and appropriate treatment.

"Mental and Nervous Disorder" means a Sickness that is a mental, emotional or behavioral disorder.

"Permanent Residence" means the country where an Insured Person has his or her true, fixed and permanent home and principal establishment, and to which he or she has the intention of returning.

"Preexisting Condition" means an illness, disease, or other condition of the Insured Person that in the 6-month period before the Insured Person's coverage became effective under the Policy:

1. first manifested itself, worsened, became acute, or exhibited symptoms that would have caused a person to seek diagnosis, care, or treatment; or
2. required taking prescribed drugs or medicines, unless the condition for which the prescribed drug or medicine is taken remains controlled without any change in the required prescription; or
3. was treated by a Doctor or treatment had been recommended by a Doctor.

"Reasonable and Customary" means the maximum amount that We determine is Reasonable and Customary for Covered Expenses the Insured Person receives, up to but not to exceed charges actually billed. Our determination considers: 1) amounts charged by other service providers for the same or similar service in the locality where received, considering the nature and severity of the bodily Injury or Sickness in connection with which such services and supplies are received; 2) any usual medical circumstances requiring additional time, skill or experience; and 3) other factors We determine are relevant, including but not limited to, a resource based relative value scale.

"Relative" means spouse, Domestic Partner, parent, sibling, child, grandparent, grandchild, step-parent, step-child, step-sibling, in-laws (parent, son, daughter, brother and sister), aunt, uncle, niece, nephew, legal guardian, ward, or cousin of the Insured Person.

"Sickness" wherever used in this Policy means illness or disease of any kind contracted and commencing after the Effective Date of this Policy and covered by this Policy.

"U.S. Territories" means lands that are directly overseen by the United States Federal Government. A list of these territories would include the United States Virgin Islands, Guam, American Samoa, Northern Mariana Islands, and Puerto Rico.

"We", "Our", "Us" means the insurance company underwriting this insurance.

ELIGIBILITY FOR INSURANCE

Each person in the Class of Eligible Persons shown in the *Schedule of Benefits* is eligible to be insured on the Policy Effective Date, or the day he or she becomes eligible, if later. We maintain the right to investigate eligibility status and attendance records to verify eligibility requirements are met. If We discover the eligibility requirements are not met, Our only obligation is to refund any premium paid for that person.

An Insured's Dependent is eligible on the date:

1. the Insured is eligible, if the Insured has Dependents on that date; or
2. the date the person becomes a Dependent, if later.

In no event will a Dependent be eligible if the Insured is not eligible.

EFFECTIVE DATE OF INSURANCE

An Eligible Person will be insured on the latest of:

1. the Policy Effective Date;
2. the date he or she is eligible; or
3. the date requested by the Participating Organization provided the required premium is paid.

TERM OF COVERAGE

This coverage will begin on the actual start of the trip. It will end on the date the Insured Person returns to his or her Home Country or Permanent Residence (except as provided in the Home Country Benefit and the Home Country Extension Benefit, if included).

TERMINATION DATE OF INSURANCE

An Insured Person's coverage will end on the earliest of the date:

1. the Policy terminates;
2. the Insured Person is no longer eligible;
3. of the last day of the Term of Coverage, requested by the Participating Organization, applicable to the Insured Person; or
4. the period ends for which premium is paid.

A Dependent's coverage will end on the earliest of the date:

1. he or she is no longer a Dependent;
2. the Insured's coverage ends; or
3. the period ends for which premium is paid.

Termination of the Policy will not affect Trip coverage, if premium for the Trip is paid prior to the actual start of the Trip.

DESCRIPTION OF BENEFITS

The following Provisions explain the Eligible Benefits available under the Policy. Please see the *Schedule of Benefits* for the applicability of these Eligible Benefits on a class level.

Medical Expense Benefits

We will pay Medical Expense Benefits for Covered Expenses that result directly, and from no other cause, from a covered Injury or Sickness. These benefits are subject to the Deductible, Co-insurance Rate, Maximum Benefit Period, Benefit Maximum, and other terms or limits shown in the *Schedule of Benefits*.

Medical Expense Benefits are only payable:

1. for Reasonable and Customary charges incurred after the Deductible, if any, has been met;
2. for those Medically Necessary Covered Expenses that the Insured Person incurs;
3. for charges incurred for services rendered to the Insured Person while traveling outside of his or her Home Country or Permanent Residence; and
4. provided the first charge is incurred within the Incurral Period shown in the Schedule of Benefits.

No benefits will be paid for any expenses incurred that are in excess of Reasonable and Customary charges.

Covered Medical Expenses

1. Charges made by a Hospital for room and board, floor nursing and other services inclusive of charges for professional services and with the exception of personal services of a non-medical nature; provided, however, that expenses do not exceed the Hospital's average charge for semiprivate room and board accommodation.
2. Charges made for intensive care or coronary care charges and nursing services.
3. Charges made for diagnosis, treatment and surgery by a Doctor.
4. Charges made for an operating room.
5. Charges made for outpatient treatment, same as any other treatment covered on an inpatient basis. This includes ambulatory surgical centers, Doctors' outpatient visits/examinations, clinic care, and surgical opinion consultations.
6. Charges made for the cost and administration of anesthetics.
7. 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.
8. Dressings, drugs, and medicines that can only be obtained upon a written prescription of a Doctor or surgeon.
9. Charges made for artificial limbs, eyes, larynx, and orthotic appliances, but not for replacement of such items.
10. Local transportation to or from the nearest Hospital or to and from the nearest Hospital with facilities for required treatment. Such transportation shall be by licensed ground ambulance only.
11. Charges for physiotherapy, if recommended by a Doctor for the treatment of a specific Injury or Sickness and administered by a licensed physiotherapist.
12. Mental and Nervous Disorders. We will not be liable for more than one inpatient or outpatient occurrence per Policy Term under the Policy with respect to any one Insured Person.

13. Chiropractic Services and Therapeutic Services: up to the maximum per visit, excluding x-ray and evaluation charges, and the aggregate maximum per Injury or Sickness including x-ray and evaluation charges.
14. Accidental dental charges for Emergency dental repair or replacement to natural teeth damaged as a result of a covered Injury including expenses incurred for services or medications prescribed, performed or ordered by a dentist.
15. Palliative dental charges for Emergency pain relief treatment to natural teeth including expenses incurred for services or medications prescribed, performed or ordered by a dentist.
16. Pregnancy, childbirth or miscarriage.
17. Rehabilitative braces or appliances prescribed by a Doctor. It must be durable medical equipment that 1) is primarily and customarily used to serve a medical purpose; 2) can withstand repeated use; and 3) generally is not useful to a person in the absence of Injury. No benefits will be paid for rental charges in excess of the purchase price.
18. Physical Medicine/Chiropractic/Acupuncture Expenses on an inpatient or outpatient basis (as shown in the Schedule of Benefits). Expenses include treatment and office visits connected with such treatment when prescribed by a Doctor, including diathermy, ultrasonic, whirlpool, or heat treatments, adjustments, manipulation, massage or any form of physical therapy

Emergency Medical Evacuation Benefit

We will pay Emergency Medical Evacuation Benefits as shown in the *Schedule of Benefits* for Covered Expenses incurred for the medical evacuation of an Insured Person. Benefits are payable up to the Benefit Maximum shown in the *Schedule of Benefits* if the Insured Person:

1. suffers a Medical Emergency during the course of the Trip;
2. requires Emergency Medical Evacuation; and
3. is traveling outside of his or her Home Country or country of Permanent Residence.

Covered Expenses:

1. Medical Transport: expenses for transportation under medical supervision to a different hospital, treatment facility or to the Insured Person's Home Country or Permanent Residence for Medically Necessary treatment in the event of the Insured Person's Medical Emergency and upon the request of the Doctor designated by Our assistance provider in consultation with the local attending Doctor.
2. Dispatch of a Doctor or Specialist: the Doctor's or specialist's travel expenses and the medical services provided on location, if, based on the information available, an Insured Person's condition cannot be adequately assessed to evaluate the need for transport or evacuation and a doctor or specialist is dispatched by Our service provider to the Insured Person's location to make the assessment.
3. Return of Dependent Child(ren): expenses to return each Dependent child who is under age 18 to his or her principal residence if a) the Insured Person is age 18 or older; and b) the Insured Person is the only person traveling with the minor Dependent child(ren); and c) the Insured Person suffers a Medical Emergency and must be confined in a Hospital.
4. Escort Services: expenses for an Immediate Family Member or companion who is traveling with the Insured Person to join the Insured Person during the Insured Person's emergency medical evacuation to a different hospital, treatment facility or the Insured Person's Home Country or Permanent Residence.

Benefits for these Covered Expenses will not be payable unless:

1. the Doctor ordering the Emergency Medical Evacuation certifies the severity of the Insured Person's Medical Emergency requires an Emergency Medical Evacuation;
2. all transportation arrangements made for the Emergency Medical Evacuation are by the most direct and economical conveyance and route possible;
3. the charges incurred are Medically Necessary and do not exceed the charges for similar transportation, treatment, services or supplies in the locality where the expense is incurred; and
4. do not include charges that would not have been made if there were no insurance.

Benefits will not be payable unless We (or Our authorized assistance provider) authorize in writing, or by an authorized electronic or telephonic means, all expenses in advance, and services are rendered by Our assistance provider.

Repatriation of Remains Benefit

We will pay Repatriation of Remains Benefits as shown in the *Schedule of Benefits* for preparation and return of an Insured Person's body to his or her home if he or she dies a while traveling outside of his or her Home Country or Permanent Residence. Covered expenses include:

1. expenses for embalming or cremation;
2. the least costly coffin or receptacle adequate for transporting the remains;
3. transporting the remains, including necessary costs for government authorizations.;
4. Escort Services: expenses for an Immediate Family Member or companion who is traveling with the Insured Person to join the Insured Person's body during the repatriation to the Insured Person's place of residence.

All transportation arrangements must be made by the most direct and economical route and conveyance possible and may not exceed the Usual and Customary Charges for similar transportation in the locality where the expense is incurred. Benefits will not be payable unless We (or Our authorized assistance provider) authorize in writing, or by an authorized electronic or telephonic means, all expenses in advance, and services are rendered by Our assistance provider.

Emergency Medical Reunion Benefit

In the event an Insured Person has been confined in a Hospital for more than six consecutive days due to a covered Injury or Sickness, We will reimburse the expenses incurred for travel and lodging for one individual selected by the Insured Person, from the Insured Person's Home Country to the location where the Insured Person is hospitalized. This benefit is limited to the Benefit Maximum shown in the *Schedule of Benefits*. Covered Expenses include an economy round-trip airline ticket and other travel related expenses not to exceed the Aggregate Benefit Maximum and the Daily Benefit Maximum shown in the *Schedule of Benefits*.

Home Country Benefit

We will pay the benefit shown in the *Schedule of Benefits* when during a scheduled trip outside of the Home Country, the Insured Person returns to his or her Home Country or Permanent Residence for incidental visits provided the primary reason for the Insured Person's return to the Home Country or Permanent Residence is not to obtain medical treatment for an Injury or Sickness that occurred while traveling.

Home Country Benefit payments are subject to any applicable Benefit Maximum shown in the *Schedule of Benefits*. This coverage will end on the earlier of the date the Insured Person's would otherwise end or the end of the Policy Term.

Trip Interruption Benefit

We will reimburse the cost of a round-trip economy air and/or ground transportation ticket of the Insured Person's trip, if his or her trip is interrupted as the result of:

1. the death of a Family Member; or
2. the unforeseen injury or sickness of the Insured Person or a Family Member. The injury or sickness must be so disabling as to reasonably cause a trip to be interrupted.

The total benefits payable under the Trip Interruption Benefit will not exceed the maximum stated in the *Schedule of Benefits*

Accidental Death and Dismemberment Benefits

If Injury to the Insured Person results, within 365 days of the date of a Covered Accident, in any one of the losses shown below, We will pay the Benefit Amount shown for that loss. The Principal Sum is shown in the *Schedule of Benefits*. If multiple losses occur, only one Benefit Amount, the largest, will be paid for all losses due to the same Covered Accident.

Schedule of Covered Losses

Covered Loss	Benefit Amount
Life.....	100% of the Principal Sum
Two or more Members.....	100% of the Principal Sum
Speech and Hearing in Both Ears	100% of the Principal Sum
One Member.....	50% of the Principal Sum
Speech or Hearing in Both Ears.....	50% of the Principal Sum
Hearing in One Ear	25% of the Principal Sum
Thumb and Index Finger of the Same Hand.....	25% of the Principal Sum

"Member" means Loss of Hand or Foot and Loss of Sight. "Loss of Hand or Foot" means complete Severance through or above the wrist or ankle joint. "Loss of Sight" means the total, permanent Loss of Sight of one eye. "Loss of Speech" means total and permanent loss of audible communication that is irrecoverable by natural, surgical or artificial means. "Loss of Hearing" means total and permanent Loss of Hearing in an ear that is irrecoverable and cannot be corrected by any means. "Loss of a Thumb and Index Finger of the Same Hand" means complete Severance through or above the metacarpophalangeal joints of the same hand (the joints between the fingers and the hand). "Severance" means the complete separation and dismemberment of the part from the body.

EXCLUSIONS AND LIMITATIONS

We will not pay Accidental Death and Dismemberment Benefits for any loss or Injury that is caused by or results from:

1. intentionally self-inflicted injury; suicide or attempted suicide. (Applicable to Accidental Death and Dismemberment benefits only)
2. Disease of any kind.
3. Bacterial infections except pyogenic infections which occur from an accidental cut or wound.
4. Neuroses, psychoneuroses, psychopathies, psychoses or mental or emotional diseases or disorders of any type.
5. 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.
6. War or any act of war, whether declared or not
7. 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.

In addition, We will not pay Medical Expense Benefits for any loss, treatment, or services resulting from, or contributed to by:

1. Charges for treatment which is not Medically Necessary.
2. Charges for treatment which exceed Reasonable and Customary charges.
3. Charges incurred for surgery or treatments which are experimental/investigational, or for research purposes.
4. Services, supplies or treatment, including any period of Hospital confinement, which were not recommended, approved and certified as Medically Necessary and reasonable by a Doctor.
5. War or any act of war, whether declared or not
6. Injury sustained while participating in professional athletics.
7. 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 an Injury or Sickness established by a prior call or attendance of a Doctor.
8. Treatment of the temporomandibular joint.
9. Vocational, speech, recreational or music therapy.
10. Services or supplies performed or provided by a Relative of the Insured Person, or anyone who lives with the Insured Person.
11. The refusal of a Doctor or Hospital to make all medical reports and records available to Us which will cause an otherwise valid claim to be denied.
12. Cosmetic or plastic surgery, except as the result of a covered Injury; for the purposes of this Policy, treatment of a deviated nasal septum shall be considered a cosmetic condition.
13. Elective Surgery or Elective Treatment which can be postponed until the Insured Person returns to his/her Home Country or Permanent Residence, where the objective of the trip is to seek medical advice, treatment or surgery.
14. Treatment and the provision of false teeth or dentures, normal hearing tests and the provision of hearing aids.
15. Eye refractions or eye examinations for the purpose of prescribing corrective lenses for eye glasses or for the fitting thereof, unless caused by an Injury incurred while insured hereunder.

16. Treatment while confined primarily to receive custodial care, educational or rehabilitative care, or nursing services.
17. Congenital abnormalities and conditions arising out of or resulting therefrom.
18. The cost of the Insured Person's unused airline ticket(s) for transportation back to the Insured Person's Home Country or Permanent Residence, where an Emergency Medical Evacuation or Repatriation of Remains benefit is provided.
19. Expenses as a result of or in connection with the commission of a felony offense.
20. 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; parasailing. (except as provided by the Policy)
21. Treatment paid for or furnished under any mandatory government program or facility set up for treatment without cost to any individual.
22. Injury or Sickness covered by Workers' Compensation, Employers' Liability laws, or similar occupational benefits
23. Injuries for which benefits are payable under any no-fault automobile insurance policy.
24. Routine dental treatment.
25. Drugs, treatments or procedures that either promote or prevent conception, or prevent childbirth, including but not limited to: artificial insemination, treatment for infertility or impotency, sterilization or reversal thereof, or abortion.
26. Treatment for human organ tissue transplants and related treatment.
27. Weak, strained or flat feet, corns, calluses, or toenails.
28. Diagnosis and treatment of acne.
29. 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.
30. Dental care, except as the result of Injury to natural teeth caused by a Covered Accident, unless otherwise covered under this Policy
31. Expenses incurred within the Insured Person's Home Country or country of Permanent Residence, unless otherwise covered under this Policy
32. Mental or Nervous Disorders or rest cures, unless otherwise covered under this Policy.
33. Pre-existing Conditions.

Pre-existing Condition Limitation

We will not pay benefits for a Pre-existing Condition unless the Covered Person:

1. has not received treatment, care, diagnosis, or advice, or symptoms were not manifested for 6 consecutive months while covered by the Policy; or
2. has been covered by the Policy for more than 6 consecutive months; or
3. was previously covered for such Pre-existing Condition under Creditable Coverage and such Creditable Coverage was continuous to a date less than 63 days prior to the effective date of coverage under the Policy.

The exclusion does not apply to pregnancy, and coverage provided to newborn and adopted children.

"Creditable Coverage" means: (1) a self-funded employer group health plan under ERISA; (2) a group or individual health insurance coverage; (3) Part A or Part B. of Medicare; (4) Medicaid; (5) CHAMPUS; (6) the Indian Health Service or of a tribal organization; (7) a state health benefits risk pool; (8) a health plan offered under the federal employees health benefits program (FEHBP); (9) a public health plan; or (10) a health benefit plan.

This insurance does not apply to the extent that trade or economic sanctions or other laws or regulations prohibit Us from providing insurance, including, but not limited to, the payment of claims.

CLAIM PROVISIONS

Notice Of Claim: A claimant must give Us or Our authorized representative written (or authorized electronic or telephonic) notice of claim within 90 days after any loss covered by the Policy occurs. If notice cannot be given within that time, it must be given as soon as reasonably possible. This notice should identify the Insured Person and the Policy Number.

Claim Forms: Upon receiving written notice of claim, We will send claim forms to the claimant within 15 days. If We do not furnish such claim forms, the claimant will satisfy the requirements of written proof of loss by sending the written (or authorized electronic or telephonic) proof as shown below. The proof must describe the occurrence, extent and nature of the loss.

Proof Of Loss: Written (or authorized electronic or telephonic) proof of loss must be sent to the agent authorized to receive it. Written (or authorized electronic or telephonic) proof must be given within 90 days after the date of loss. If it cannot be provided within that time, it should be sent as soon as reasonably possible. In no event, except in the absence of legal capacity, should proof of loss be sent later than one year from the time proof is otherwise required.

Claimant Cooperation Provision: Failure of a claimant to cooperate with Us in the administration of a claim may result in the termination of a claim. Such cooperation includes, but is not limited to, providing any information or documents needed to determine whether benefits are payable or the actual benefit amount due.

Time Payment Of Claims: Any benefits due will be paid when We receive written (or authorized electronic or telephonic) proof of loss.

Payment Of Claims: If the Insured Person dies, any death benefits or other benefits unpaid at the time of the Insured Person's death will be paid to the beneficiary Our records indicate the Insured Person designated for these plan benefits.

If there is no named beneficiary or surviving beneficiary on record with Us or Our authorized agent, We pay benefits in equal shares to the first surviving class of the following: 1) spouse; 2) children; 3) parents; 4) brothers and sisters. If there are no survivors in any of these classes, We will pay the Insured Person's estate.

All other benefits will be paid to the Insured Person. If the Insured Person is: (1) a minor; or (2) in Our opinion unable to give a valid release because of incompetence, We may pay any amount due to a parent, guardian, or other person actually supporting him or her. Any payment made in good faith will end Our liability to the extent of the payment.

If a Covered Loss is suffered by an Insured who resides outside of the United States, its territories and possessions and in a Country where the Company is not permitted to provide insurance without a License, the Company will pay benefits under the Policy to the Policyholder, who:

1. will hold such payment in trust for the sole use and benefit of the insured person or his or her beneficiary or other person to whom such benefits are payable ("Payee"); and
2. will remit such payment to the Payee in accordance with applicable law.

Any such payment the Company makes to the Policyholder is a full discharge of the Company's liability for the claim for which payment is made.

"Country" includes any political jurisdiction that independently regulates the licensing of insurance companies.

"License" or "Licensed" means with respect to any Country, authorized or otherwise permitted in accordance with applicable law to conduct the business of accident and sickness insurance in such Country.

Beneficiary: The Insured Person may designate a beneficiary for Accidental Death Benefits, if any. The Insured Person has the right to change the beneficiary at any time by written (or electronic and telephonic) notice. If the Insured Person is a minor, his or her parent or guardian may exercise this right for him or her. The change will be effective when We or Our authorized agent receives it. When received, the effective date is the date the notice was signed. We are not liable for any payments made before the change was received. We cannot attest to the validity of a change.

Assignment: We may pay benefits directly to any Hospital or person rendering covered services, unless the Insured Person requests otherwise in writing no later than the time he or she submits written proof of loss. Any payment made in good faith will end Our liability to the extent of the payment.

Physical Examinations And Autopsy: We have the right to have a Doctor of Our choice examine the Insured Person as often as is reasonably necessary. This section applies when a claim is pending or while benefits are being paid. We also have the right to request an autopsy in the case of death, unless the law forbids it. We will pay the cost of the examination or autopsy.

Legal Actions: No lawsuit or action in equity can be brought to recover on this Policy: (1) before 60 days following the date proof of loss was given to Us; or (2) after 3 years following the date proof of loss is required.

Right of Subrogation: To the extent the Company pays for a loss suffered by an Insured Person, the Company will take over the rights and remedies the Insured Person had relating to the loss. This is known as subrogation. The Insured Person must help the Company to preserve its rights against those responsible for the loss. This may involve signing any papers and taking any other steps the Company may reasonably require. If the Company takes over an Insured Person's rights, the Insured Person must sign an appropriate subrogation form supplied by the Company.

ADMINISTRATIVE PROVISIONS

Premiums: The premiums for this Policy will be based on the rates currently in force, the plan and amount of insurance in effect.

Changes In Premium Rates: We may change the premium rates from time to time with at least 31 days advanced written, or authorized electronic or telephonic notice. We reserve the right to change rates at any time if any of the following events take place.

1. The terms of the Policy change.
2. A division, subsidiary, affiliated organization, or eligible class is added to or deleted from the Policy.
3. Any federal or state law or regulation is amended to the extent it affects Our benefit obligation.
4. There is a change in the market factors or factors bearing on the risk assumed.

If an increase or decrease in rates takes place on a date that is not a Premium Due Date, a pro rata adjustment will apply from the date of the change to the next Premium Due Date.

Payment of Premium: The first Premium is due on the Policy Effective Date. If any premium is not paid when due, the Policy will be canceled as of the Premium Due Date, except as provided in the Policy Grace Period section.

Policy Grace Period: A Policy Grace Period of 31 days will be granted for the payment of the required premiums. The Policy will remain in force during the Policy Grace Period. If the required premiums are not paid during the Policy Grace Period, insurance will end on the last Premium Due Date on which required premiums were paid. The Participating Organization will be liable to Us for any unpaid premium for the time the Policy was in force.

GENERAL PROVISIONS

Entire Contract; Changes: The Policy (including any endorsements or amendments), the signed application of the Participating Organization, and any individual applications of Insured Persons, are the entire contract. Any statements made by the Participating Organization or Insured Persons will be treated as representations and not warranties. No such statement shall void the insurance, reduce the benefits, or be used in defense of a claim for loss incurred unless it is contained in a written application.

To be valid, any change or waiver must be in writing (or authorized electronic or telephonic communication). It must be signed by Our president or secretary and be attached to the Policy. No agent has authority to change or waive any part of the Policy.

Policy Effective Date And Termination Date: The Policy begins on the Policy Effective Date shown on page 1 of the Policy. We may terminate this Policy by giving 31 days advance notice in writing (or authorized electronic or telephonic means) to the Participating Organization. The Participating Organization may terminate this Policy on any Premium Due Date by giving 31 days advance written (or authorized electronic or telephonic) notice to Us. This Policy terminates automatically on the earlier of: 1) the last day of the Policy Term; or 2) the Premium Due Date if Premiums are not paid when due. Termination takes effect at 11:59 p.m. at the Participating Organization's address on the last day of the Policy Term.

Clerical Error: If a clerical error is made, it will not affect the insurance of any Insured Person. No error will continue the insurance of an Insured Person beyond the date it should end under the Policy terms.

Examination Of Records And Audit: We shall be permitted to examine and audit the Participating Organization's books and records at any time during the term of the Policy and within 2 years after the final termination date of the Policy as they relate to the premiums or subject matter of this insurance.

Certificates Of Insurance: Where it is required by law, or upon the request of the Participating Organization, We will make available certificates outlining the insurance coverage and to whom benefits are payable under the Policy.

Conformity With State Laws: On the effective date of this Policy, any provision that is in conflict with the laws in the state where it is issued is amended to conform to the minimum requirements of such laws.

Not In Lieu Of Workers' Compensation: This Policy is not a workers' compensation policy. It does not provide workers' compensation benefits.

Chubb. Insured.SM

Participating Organization Endorsement

This Endorsement form is made a part of the Policy to which it is attached as of the Effective Date shown in the Policy's Master Application. This form is subject to all of the terms, limitations and exclusions of the Policy except as they are changed by it.

I. This definition is added to the Definitions section of the Policy:

Participating Organization – means any individual, firm, corporation or other organization which meets these tests:

1. it elects coverage or elects to offer coverage under the Policy by completing a Participating Organization Application; and
 2. its Application has been accepted by Us; and
 3. it pays any required premium when due;
- while coverage through the Participating Organization is available under the Policy.

II. This section is added to the Policy:

PARTICIPATING ORGANIZATION EFFECTIVE AND TERMINATION DATES

A. **EFFECTIVE DATE.** A Participating Organization's coverage under the Policy begins on the later of:

1. the Participating Organization Effective Date shown in the Participating Organization Application on the first day of the Policy Term at the address of the Participating Organization shown in the Participating Organization Application; or
2. the Policy Effective Date shown in the Master Application.

B. **TERMINATION DATE.** We may terminate the Participating Organization's coverage under the Policy by giving 31 days advance notice in writing to the Participating Organization. Either We or the Participating Organization may terminate the Participating Organization's coverage under the Policy on any premium due date by giving 31 days advance written notice to the other party. The Participating Organization's coverage under the Policy may also, at any time, be terminated by the mutual written consent of Us and the Participating Organization.

A Participating Organization's coverage terminates automatically on the first of these dates:

1. the Participating Organization Termination Date shown on the Participating Organization Application; or
2. the premium due date if any required premiums are not paid when due; or
3. the date the Policy terminates.

III. This language applies to each Amendment form attached to the Policy:

Any Amendment form applies only to accidents that occur on or after the later of:

1. the effective date of each such form; or
2. the effective date of the Participating Organization's coverage under the Policy.

Each such form applies to a Participating Organization's coverage only if the Participating Organization has elected the coverage described in the form as shown in the Participating Organization Application.

Signed for ACE American Insurance Company in Philadelphia, Pennsylvania.



JOHN J. LUPICA, President



REBECCA L. COLLINS, Secretary

**Study Abroad Participant
Health Insurance Plan for
James Madison University**

JMU-SA (Outbound Plan)
2018-19 Benefit Summary

Benefit Summary	2018-19 JMU Outbound Plan
Medical Expense Limits (per Accident or Sickness):	Up to \$250,000-Student/Faculty/Staff
Deductible (per Accident or Sickness)	\$0
Accidental Death and Dismemberment	Up to \$15,000
Maternity	Covered as any other sickness
Extension of Benefits	30 days
Chiropractic Care and Therapeutic Services	Up to \$500 (\$50/visit, 10 visits)
Physiotherapy	if recommended by a Doctor for the treatment of a specific Disablingment and administered by a licensed physiotherapist
Mental and Nervous (per Lifetime):	Outpatient: up to \$5,000 Inpatient: up to 30 days
Accidental Dental	Up to policy limit
Pre-Existing Conditions	Covered as Primary up to \$5,000, covered as Secondary from \$5,001 to \$250,000 (Home Country excluded)
Alcohol/Drug Related Injuries/Illnesses	Covered
Suicide/Self-Inflicted Injuries	Covered except for AD&D
Emergency Medical Evacuation	Up to \$250,000
Return of Mortal Remains/Cremation	Up to \$100,000
Emergency Medical Reunion	\$5,000 (up to \$200/day)
Return Ticket	\$1,500
Team Assist 24/7 Medical/Travel/Technical Assistance	Included
Security Evacuation (Comprehensive)	Up to \$100,000
Drum Cussac-RiskMonitor Subscriptions - Pushed Security Intelligence Alerts (worldwide or selected countries and risk levels).	Up to 5 subscriptions for JMU-SA included at no cost to JMU-SA for 2018-19 policy year.

Monthly Rates:	2018-19 JMU Outbound Plan
Participant Only	\$44.25
Participant and Spouse/Life Partner	\$132.75
Participant and Child	\$199.15
Participant and Children	\$221.25
Participant and Family	\$265.45

CHUBB GROUP U.S. PRIVACY NOTICE

FACTS	WHAT DOES THE CHUBB GROUP DO WITH YOUR PERSONAL INFORMATION?		
Why?	Insurance companies choose how they share your personal information. Federal and state law gives consumers the right to limit some but not all sharing. Federal and state law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.		
What?	<p>The types of personal information we collect and share depend on the product or service you have with us. This information can include:</p> <ul style="list-style-type: none"> ▪ Social Security number and payment history ▪ insurance claim history and medical information ▪ account transactions and credit scores <p>When you are no longer our customer, we continue to share information about you as described in this notice.</p>		
How?	All insurance companies need to share customers' personal information to run their everyday business. In the section below, we list the reasons insurance companies can share their customers' personal information; the reasons the Chubb Group chooses to share; and whether you can limit this sharing.		
Reasons we can share your personal information		Does Chubb share?	Can you limit this sharing?
For our everyday business purposes – such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus		Yes	No
For our marketing purposes – to offer our products and services to you		Yes	No
For joint marketing with other financial companies		Yes	No
For our affiliates' everyday business purposes – information about your transactions and experiences		Yes	No
For our affiliates' everyday business purposes – information about your creditworthiness		No	We don't share
For our affiliates to market to you		No	We don't share
For nonaffiliates to market to you		No	We don't share
Questions?	Call 1-800-258-2930 or go to https://www2.Chubb.com/us-en/privacy.aspx		

Who is providing this notice?	
The Chubb Group. A list of these companies is located at the end of this document.	
What we do	
How does Chubb Group protect my personal information?	<p>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.</p> <p>We restrict access to personal information to our employees, affiliates' employees, or others who need to know that information to service the account or to conduct our normal business operations.</p>
How does Chubb Group collect my personal information?	<p>We collect your personal information, for example, when you</p> <ul style="list-style-type: none"> ▪ apply for insurance or pay insurance premiums ▪ file an insurance claim or provide account information ▪ give us your contact information <p>We also collect your personal information from others, such as credit bureaus, affiliates, or other companies.</p>
Why can't I limit all sharing?	<p>Federal law gives you the right to limit only</p> <ul style="list-style-type: none"> ▪ sharing for affiliates' everyday business purposes – information about your creditworthiness ▪ affiliates from using your information to market to you ▪ sharing for nonaffiliates to market to you <p>State laws and individual companies may give you additional rights to limit sharing. See below for more on your rights under state law.</p>
Definitions	
Affiliates	<p>Companies related by common ownership or control. They can be financial and nonfinancial companies.</p> <ul style="list-style-type: none"> ▪ Our affiliates include those with a Chubb name and financial companies, such as Westchester Fire Insurance Company and Great Northern Insurance Company.
Nonaffiliates	<p>Companies not related by common ownership or control. They can be financial and nonfinancial companies.</p> <ul style="list-style-type: none"> ▪ Chubb does not share with nonaffiliates so they can market to you.
Joint Marketing	<p>A formal agreement between nonaffiliated financial companies that together market financial products or services to you.</p> <ul style="list-style-type: none"> ▪ Our joint marketing partners include categories of companies such as banks.

Other important information

For Insurance Customers in AZ, CA, CT, GA, IL, MA, ME, MN, MT, NV, NC, NJ, OH, OR, and VA only:

Under state law, under certain circumstances, you have the right see the personal information about you that we have on file. To see your information, write Chubb Group Attention: Privacy Inquiries, 202 Hall's Mill Road, P.O. Box 1600, Whitehouse Station, NJ 08889-1600. Chubb may charge a reasonable fee to cover the costs of providing this information. If you think any of the information is not accurate, you may write us. We will let you know what actions we take. If you do not agree with our actions, you may send us a statement. If you want a full description of privacy rights that we will protect in accordance with the law in your home state, please contact us and we will provide it. We may disclose information to certain third parties, such as law enforcement officers, without your permission.

For Nevada residents only: We may contact our existing customers by telephone to offer additional insurance products that we believe may be of interest to you. Under state law, you have the right to opt out of these calls by adding your name to our internal do-not-call list. To opt out of these calls, or for more information about your opt out rights, please contact our customer service department. You can reach us by calling 1-800-258-2930, emailing us at privacyinquiries@Chubb.com, or writing to Chubb Group, Attention: Privacy Inquiries, 202 Hall's Mill Road, P.O. Box 1600, Whitehouse Station, NJ 08889-1600. You are being provided this notice under Nevada state law. In addition to contacting Chubb, Nevada residents can contact the Nevada Attorney General for more information about your opt out rights by calling 775-684-1100, emailing bcpinfo@ag.state.nv.us, or by writing to: Office of the Attorney General, Nevada Department of Justice, Bureau of Consumer Protection: 100 North Carson Street, Carson City, NV 89701.

For Vermont residents only: Under state law, we will not share information about your creditworthiness within our corporate family except with your authorization or consent, but we may share information about our transactions or experiences with you within our corporate family without your consent.

Chubb Group Companies Providing This Notice

This notice is being provided by the following Chubb Group companies to their customers located in the United States: ACE American Insurance Company, ACE Capital Title Reinsurance Company, ACE Fire Underwriters Insurance Company, ACE Insurance Company of the Midwest, ACE Life Insurance Company, ACE Property and Casualty Insurance Company, Agri General Insurance Company, Atlantic Employers Insurance Company, Bankers Standard Fire and Marine Company, Bankers Standard Insurance Company, Century Indemnity Company, Chubb Custom Insurance Company, Chubb Indemnity Insurance Company, Chubb Insurance Company of New Jersey, Chubb Lloyds Insurance Company of Texas, Chubb National Insurance Company, Executive Risk Indemnity Inc., Executive Risk Specialty Insurance Company, Federal Insurance Company, Great Northern Insurance Company, Illinois Union Insurance Company, Indemnity Insurance Company of North America, Insurance Company of North America, Pacific Employers Insurance Company, Pacific Indemnity Company, Penn Millers Insurance Company, Texas Pacific Indemnity Company, Vigilant Insurance Company, Westchester Fire Insurance Company and Westchester Surplus Lines Insurance Company.

ACE Group of Companies

Notice of HIPAA Privacy Practices for Protected Health Information

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This notice is effective as of September 23, 2013.

The ACE Group of Companies, as affiliated covered and hybrid entities, (the "Company") is required by law to take reasonable steps to ensure the privacy of your personally identifiable health information, and to inform you about:

- The Company's uses and disclosures of Protected Health Information ("PHI")
- Your privacy rights with respect to your PHI;
- The Company's duties with respect to your PHI;
- Your right to file a complaint with the Company and to the Secretary of the U.S. Department of Health and Human Services ("HHS"); and
- The person or office to contact for further information regarding the Company's privacy practices.

PHI includes all individually identifiable health information transmitted or maintained by the Company, regardless of form (e.g. oral, written, electronic).

A federal law, the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), regulates PHI use and disclosure by the Company. You may find these rules at 45 *Code of Federal Regulations* Parts 160 and 164. This notice attempts to summarize the regulations.

The regulations will supersede any discrepancy between the information in this notice and the regulations.

I. Notice of PHI Uses and Disclosures

A. Required Uses and Disclosures

Upon your request, the Company is required to give you access to certain PHI in order to inspect and copy it.

Use and disclosure of your PHI may be required by the Secretary of Health and Human Services to investigate or determine the Company's compliance with the privacy regulations.

B. Uses and Disclosures to Carry Out Treatment, Payment, and Health Care Operations

The Company and its business associates will use PHI without your consent, authorization or opportunity to agree or object to carry out treatment, payment and health care operations. The Company also may also disclose PHI to a plan sponsor for purposes related to treatment, payment and health care operations and as otherwise permitted under HIPAA to the extent the plan documents restrict the use and disclosure of PHI as required by HIPAA.

Treatment is the provision, coordination or management of health care and related services.

It also includes but is not limited to consultations and referrals between one or more of your providers. For example, the Company may disclose to a treating orthodontist the name of your treating dentist so that the orthodontist may ask for your dental X-rays from the treating dentist.

Payment includes, but is not limited to, actions to make coverage determinations and payment (including establishing employee contributions, claims management, obtaining payment under a contract of reinsurance, utilization review and pre-authorizations). For example, the Company may tell a doctor whether you are eligible for coverage or what percentage of the bill will be paid by the Company.

Health care operations include, but are not limited to, underwriting, premium rating and other insurance activities relating to creating or reviewing insurance contracts. It also includes disease management, case management, conducting or arranging for medical review, legal services and auditing functions including fraud and abuse compliance programs, business planning and development, business management and general administrative activities. For example, the Company may use information about your claims to refer you to a disease management

program, project future benefit costs or audit the accuracy of its claims processing functions. The Company will not use or disclose PHI that is genetic information for underwriting purposes.

The Company also may contact you to provide appointment reminders or information about treatment alternatives or health-related benefits and services that may be of interest to you.

C. Uses and Disclosures that Require Your Written Authorization

The Company will not use or disclose your PHI for the following purposes without your specific, written authorization:

- Use and disclosure of psychotherapy notes, except for your treatment, Company training programs, or to defend Company against litigation filed by you.
- Use and disclosure for marketing purposes, except for face to face communications with you.
- Use and disclosure that constitute the sale of your PHI. The Company does not sell the PHI of its customers.

Except as otherwise indicated in this notice, uses and disclosures of PHI will be made only with your written authorization subject to your right to revoke such authorization. You may revoke an authorization by submitting a written revocation to the Company at any time. If you revoke your authorization, the Company will no longer use or disclose your PHI under the authorization. However, any use or disclosure made in reliance of your authorization before its revocation will not be affected.

D. Uses and Disclosures Requiring Authorizations or Opportunity to Agree or Disagree Prior to the Use or Release

If you authorize in writing the Company to use or disclose your own PHI, the Company may proceed with such use or disclosure without meeting any other requirements and the use or disclosure shall be consistent with the authorization.

Disclosure of your PHI to family members, other relatives or your close personal friends is allowed if:

- The information is directly relevant to the family or friend's involvement with your care or payment for that care; and
- You have either agreed to the disclosure or have been given an opportunity to object and have not objected.

E. Uses and Disclosures for which Consent, Authorization or Opportunity to Object is Not Required

Use and disclosure of your PHI is allowed without your authorization or request under the following circumstances:

- (1) When required by law.
- (2) When permitted for purposes of public health activities, including when necessary to report product defects and to permit product recalls and to conduct post-market surveillance. PHI may also be used or disclosed if you have been exposed to a communicable disease or are at risk of spreading a disease or condition, if authorized by law.
- (3) When authorized by law to report information about abuse, neglect or domestic violence. In such case, the Company will promptly inform you that such a disclosure has been or will be made unless that notice would cause a risk of serious harm. For the purpose of reporting child abuse or neglect, it is not necessary to inform the minor that such a disclosure has been or will be made. Disclosure may generally be made to the minor's parents or other representatives although there may be circumstances under federal or state law where the parents or other representatives may not be given access to the minor's PHI.
- (4) The Company may disclose your PHI to a public health oversight agency for oversight activities authorized by law. This includes uses or disclosures in civil, administrative or criminal investigations; inspections; licensure or disciplinary actions (for example, to investigate complaints against providers); and other activities necessary for appropriate oversight of government benefit programs (for example, to investigate Medicare or Medicaid fraud).
- (5) The Company may disclose your PHI when required for judicial or administrative proceedings. For example, your PHI may be disclosed in response to a subpoena or discovery request provided certain conditions are met. One of those conditions is that satisfactory assurances must be given to the Company that the requesting party has made a good faith attempt to provide written notice to you, and the notice provided sufficient information about the proceeding to permit you to raise an objection and no objections were raised or were resolved in favor of disclosure by the court or tribunal.

- (6) When required for law enforcement purposes (for example, to report certain types of wounds).
- (7) For law enforcement purposes, including for the purpose of identifying or locating a suspect, fugitive, material witness or missing person. Also, when disclosing information about an individual who is or is suspected to a victim of a crime but only if the individual agrees to the disclosure or the covered entity is unable to obtain the individual's agreement because of emergency circumstances. Furthermore, the law enforcement official must represent that the information is not intended to be used against the individual, the immediate law enforcement activity would be materially and adversely affected by waiting to obtain the individual's agreement and disclosure is in the best interest of the individual as determined by the exercise of the Company's best judgment.
- (8) When required to be given to a coroner or medical examiner for the purpose of identifying a deceased person, determining a cause of death or other duties as authorized by law. Also, disclosure is permitted to funeral directors, consistent with applicable law, as necessary to carry out their duties with respect to the decedent.
- (9) The Company may use or disclose PHI for government-approved research, subject to conditions.
- (10) When consistent with applicable law and standards of ethical conduct if the Company, in good faith, believes the use of disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public and the disclosure is to a person reasonably able to prevent or lessen the threat, including the target of the threat.
- (11) For certain government functions such as related to military service or national security.
- (12) When authorized by and to the extent necessary to comply with workers' compensation or other similar programs established by law.
- (13) That is "incident to" an otherwise permitted use or disclosure of PHI by the Company.

II. Rights of Individuals

A. Right to Request Restrictions on Use and Disclosure of PHI

You may request the Company to restrict its use and disclosure of your PHI to carry out treatment, payment or health care operations, or to restrict its use and disclosure to family members, relatives, friends or other persons identified by you who are involved in your care or payment for your care. However, the Company may not be required to agree to your request, unless you have paid out of pocket in full for services, depending on the specific facts.

The Company will accommodate reasonable requests to receive communications of PHI by alternative means or alternative locations, such as a location other than your home. The Company will accommodate this request if you state in writing that you would be in danger from receiving communications through the normal means.

You or your personal representative will be required to complete a form to request restrictions on uses and disclosures of your PHI.

Such requests should be made to: ACE US Customer Services, 436 Walnut Street, Philadelphia, PA 19106, 1-800-352-4462.

B. Right to Inspect and Copy PHI

You have a right to inspect and obtain a copy of your PHI contained in a "designated record set," for as long as the Company maintains the PHI.

"*Protected Health Information*" (PHI) includes all individually identifiable health information transmitted or maintained by the Company, regardless of form.

"*Designated Record Set*" includes the medical records and billing records about individuals maintained by or for a covered health care provider; enrollment, payment, billing, claims adjudication and case or medical management record systems maintained by or for a health plan; or other information used in whole or in part by or for the covered entity to make decisions about individuals. Information used for quality control or peer review analyses and not used to make decisions about individuals is not in the designated record set.

The requested information will be provided within 30 days if the information is maintained on site or within 60 days if the information is maintained offsite. A single 30-day extension is allowed if the Company is unable to comply with the deadline.

You or your personal representative will be required to complete a form to request access to the PHI in your designated record set. Requests for access to PHI should be made to: ACE US Customer Services, 436 Walnut Street, Philadelphia, PA 19106, 1-800-352-4462.

If access is denied, you or your personal representative will be provided with a written denial setting forth the basis for the denial, a description of how you may exercise those review rights and a description of how you may complain to the Secretary of Health and Human Services.

C. Right to Amend PHI

You have the right to request the Company to amend your PHI or a record about you in a designated record set for as long as the PHI is maintained in the designated record set.

The Company has 60 days after the request to act on the request. A single 30-day extension is allowed if the Company is unable to comply with the deadline. If the request is denied in whole or part, the Company must provide you with a written denial that explains the basis for the denial. You or your personal representative may then submit a written statement disagreeing with the denial and have that statement included with any future disclosures of your PHI.

Requests for amendment of PHI in a designated record set should be made to: ACE US Customer Services, 436 Walnut Street, Philadelphia, PA 19106, 1-800-352-4462.

You or your personal representative(s) will be required to complete a form to request amendment of the PHI in your designated record set.

D. Right to Receive an Accounting of PHI Uses and Disclosures

Upon your request, the Company will provide you with an accounting of disclosures by the Company of your PHI during the six (6) years prior to the date of your request. However, such accounting need not include PHI disclosures made: (1) to carry out treatment, payment or health care operations; (2) to individuals about their own PHI; (3) prior to the compliance date; or (4) based upon your own written authorization.

If the accounting cannot be provided within 60 days, an additional 30 days is allowed if the individual is given a written statement of the reasons for the delay and the date by which the accounting will be provided.

If you request more than one accounting within a 12-month period, the Company will charge a reasonable, cost-based fee for each subsequent accounting.

E. Right to Obtain a Paper Copy of This Notice Upon Request (Even if you have consented to receive this notice electronically)

To obtain a paper copy of this notice contact: ACE US Customer Services, 436 Walnut Street, Philadelphia, PA 19106, 1-800-352-4462.

F. Note About Personal Representatives

You may exercise your rights through a personal representative. Your personal representative will be required to produce evidence of his/her authority to act on your behalf before that person will be given access to your PHI or allowed to take any action for you. Proof of such authority may take one of the following forms:

- A power of attorney for health care purposes, notarized by a notary public;
- A court order of appointment of the person as the conservator or guardian of the individual; or
- An individual who is the parent of a minor child.

The Company retains discretion to deny access to your PHI to a personal representative to provide protection to those vulnerable people who depend on others to exercise their rights under these rules and who may be subject to abuse or neglect. This also applies to personal representatives of minors.

III. The Company's Duties

The Company is required by law to maintain the privacy of PHI and to provide individuals (participants and beneficiaries) with notice of its legal duties and privacy practices and to notify affected individuals of a breach of unsecured PHI. The Company is required to abide by the terms of this notice.

The Company reserves the right to change its privacy practices and to apply the changes to any PHI received or maintained by the Company prior to that date. If a privacy practice is changed, a revised version of this notice will be provided to all past and present participants and beneficiaries for whom the Company still maintains PHI. This notice and any revised version of this notice will be posted on the Company's internal website or mailed.

Any revised version of this notice will be distributed within 60 days of the effective date of any material change to the uses or disclosures, the individual's rights, the duties of the Company or other privacy practices stated in this notice.

A. "Minimum Necessary" Standard

When using or disclosing PHI, or when requesting PHI from another covered entity, the Company will make reasonable efforts not to use, disclose or request more than the minimum amount of PHI necessary to accomplish the intended purpose of the use, disclosure or request, taking into consideration practical and technological limitations.

However, the minimum necessary standard will not apply in the following situations:

- Disclosures to or requests by a health care provider for treatment;
- Uses or disclosures made to the individual;
- Disclosures made to the Secretary of HHS;
- Uses or disclosures that are required by law; and
- Uses or disclosures that are required for the Company's compliance with legal regulations.

This notice does not apply to information that has been "de-identified." *De-identified information* is information that does not identify an individual and with respect to which there is no reasonable basis to believe that the information can be used to identify an individual is not individually identifiable health information.

In addition, the Company may use or disclose "summary health information" to a plan sponsor for obtaining premium bids or modifying, amending or terminating the Company, which summarizes the claims history, claims expenses or type of claims experienced by individuals for whom the Company Sponsor has provided health benefits under the Company; and from which identifying information has been deleted in accordance with HIPAA.

IV. Your Right to File a Complaint with the Company or the HHS Secretary

If you believe that your privacy rights have been violated, you may complain to the Company in care of: ACE US Customer Services, 436 Walnut Street, Philadelphia, PA 19106, 1-800-352-4462.

You may file a complaint with the Secretary of the U.S. Department of Health and Human Services, Hubert H. Humphrey Building, 200 Independence Avenue S.W., Washington, D.C. 20201.

The Company will not retaliate against you for filing a complaint.

V. Contact Information

If you have any questions regarding this notice or the subjects addressed in it, you may contact: ACE US Customer Services, 436 Walnut Street, Philadelphia, PA 19106, 1-800-352-4462.

VI. ACE Group of Companies Legal Entities

The ACE Group of Companies include the following: ACE American Insurance Company, ACE Property and Casualty Insurance Company, Illinois Union Insurance Company, ACE Fire Underwriters Insurance Company, Combined Insurance Company of America, Combined Life Insurance Company of New York. These companies are covered entities whose business activities include both covered and non-covered functions under HIPAA (i.e., hybrid entities) and are legally separate covered entities that are under common ownership or control (i.e., affiliated covered entity).

**NOTICE OF
PROTECTION PROVIDED BY
VIRGINIA LIFE, ACCIDENT AND SICKNESS
INSURANCE GUARANTY ASSOCIATION**

This notice provides a **brief summary** of the Virginia Life, Accident and Sickness Insurance Guaranty Association ("the Association") and the protection it provides for policyholders. This safety net was created under Virginia law, which determines who and what is covered and the amounts of coverage.

The Association was established to provide protection in the unlikely event that a life, annuity or health insurance company licensed in the Commonwealth of Virginia becomes financially unable to meet its obligations and is taken over by its Insurance Department. If this should happen, the Association will typically arrange to continue coverage and pay claims, in accordance with Virginia law, with funding from assessments paid by other life and health insurance companies licensed in the Commonwealth of Virginia.

The basic protections provided by the Association are:

- Life Insurance
 - \$300,000 in death benefits
 - \$100,000 in cash surrender or withdrawal values
- Health Insurance
 - \$500,000 in hospital, medical and surgical insurance benefits
 - \$300,000 in disability income insurance benefits
 - \$300,000 in long-term care insurance benefits
 - \$100,000 in other types of health insurance benefits
- Annuities
 - \$250,000 in withdrawal and cash values

The maximum amount of protection for each individual, regardless of the number of policies or contracts, is \$350,000, except for hospital, medical and surgical insurance benefits, for which the limit is increased to \$500,000.

Note: Certain policies and contracts may not be covered or fully covered. For example, coverage does not extend to any portion(s) of a policy or contract that the insurer does not guarantee, such as certain investment additions to the account value of a variable life insurance policy or a variable annuity contract. There are also various residency requirements and other limitations under Virginia law.

To learn more about the above protections, please visit the Association's website at www.valifega.org or contact:

VIRGINIA LIFE, ACCIDENT AND SICKNESS INSURANCE GUARANTY ASSOCIATION
c/o APM Management Services, Inc.
8001 Franklin Farms Drive, Suite 235
Henrico, VA 23229
804-282-2240

STATE CORPORATION COMMISSION

Bureau of Insurance

P. O. Box 1157

Richmond, VA 23218

804-371-9741

Toll Free Virginia only: 1-800-552-7945

<http://www.scc.virginia.gov/division/boi/index.htm>

Insurance companies and agents are not allowed by Virginia law to use the existence of the Association or its coverage to encourage you to purchase any form of insurance. When selecting an insurance company, you should not rely on Association coverage. If there is any inconsistency between this notice and Virginia law, then Virginia law will control.

CHUBB

ACE American Insurance Company
(A Stock Company)
Philadelphia, PA 19106

Participating Organization Application

- I. Application is hereby made for a plan of blanket travel Accident and Sickness insurance based on the following statements and representations:

1. Identification of Policyholder:

Name of Policyholder: Trustee of the Educational Travel Insurance Trust
Address of Policyholder: Delaware
Policy Number: GLM N04965802

2. Identification of Participating Organization:

Name of Participating Organization: James Madison University
Address of Participating Organization: MSC 5731
Harrisonburg, VA 22807

3. Classification of Eligible Persons:

Class 1 All students and accompanying faculty and staff who are enrolled as program participants of the Participating Organization and who are temporarily pursuing educational activities outside of the United States and their Home Country

*Dependents of Class(es) 1 are eligible for coverage under this Policy.

4. Participating Organization Riders and/or Endorsements:

The following Riders and/or Endorsements, if any, are attached to and made part of the Participating Organization's coverage under the Policy as of the Participating Organization Effective Date. Each Rider and/or Endorsement is subject to all provisions, limitations and exclusions of the Policy that are not specifically modified by the Rider and/or Endorsement.

FORM NO.	DESCRIPTION
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AH-10051a	Participating Organization Endorsement
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5. Participating Organization Coverage:

Covered Activities:

The covered Injury or Sickness must take place while:

1. traveling or staying outside of the Insured Person's Home Country or Permanent Residence; and
2. participating in a program sponsored or coordinated by the Participating Organization; and
3. engaging in educational or research activities authorized by the Participating Organization.

Benefits: Medical Expense Benefits

Emergency Medical Evacuation Benefit
Repatriation of Remains Benefit

Additional Benefits:

Emergency Medical Reunion Benefit
Extension of Benefits
Home Country Benefit
Return Ticket Benefit
Security Evacuation Expense Benefit
Accidental Death and Dismemberment Benefits

6. Premiums: Monthly rates

Class 1:	\$44.25 per participant
Spouse/Domestic Partner:	\$88.50 per participant
One Child:	\$154.90 per participant
2 or more Children:	\$177.00
Family:	\$221.20

Such Premiums are due and payable in the following manner: The Applicant agrees to pay, in advance, the required Premium for these coverages.

7. Participating Organization's Policy Term: June 30, 2017 to June 29, 2018

- II. The undersigned Participating Organization hereby elects the blanket travel Accident and Sickness Insurance Benefits provided by ACE American Insurance Company as outlined on this Participating Organization Application. It is agreed that this Application for Insurance Benefits replaces any prior application made for the same coverage.

WARNING: 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 AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

Signed for the Participating Organization

Title

Date

Signed by Licensed Resident Agent
(Where Required by Law)

CHUBB

ACE American Insurance Company
(A Stock Company)
Philadelphia, PA 19106


Blanket Accident and Sickness Policy

POLICYHOLDER:	Trustee of the Educational Travel Insurance Trust on behalf of the Participating Organization
PARTICIPATING ORGANIZATION:	James Madison University
POLICY NUMBER:	GLM N04965802
POLICY EFFECTIVE DATE:	June 30, 2017
POLICY TERM:	June 30, 2017 to June 29, 2018
STATE OF DELIVERY:	Delaware

This Policy takes effect at 12:01 a.m. at the Participating Organization's address on the Policy Effective Date shown above. It will remain in effect for the duration of the Policy Term shown above if the premium is paid according to the agreed terms. This Policy terminates at 11:59 p.m. at the Participating Organization's address on the last day of the Policy Term.

This Policy is governed by the laws of the state in which it is delivered.

Signed for ACE AMERICAN INSURANCE COMPANY at Philadelphia, Pennsylvania



JOHN J. LUPICA, President



REBECCA L. COLLINS, Secretary

IMPORTANT NOTICE

This policy provides travel insurance benefits for individuals traveling outside of their home country. This policy does not constitute comprehensive health insurance coverage (often referred to as "major medical coverage") and does not satisfy a person's individual obligation to secure the requirement of minimum essential coverage under the Affordable Care Act (ACA).

For more information about the ACA, please refer to www.HealthCare.gov.

Please read the policy carefully.

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SCHEDULE OF BENEFITS

PREMIUM DUE DATE: Monthly, in arrears on the first of each month.

CLASSES OF ELIGIBLE PERSONS:

A person may be insured only under one Class of Eligible Persons even though he or she may be eligible under more than one class. Also, a person may not be insured as a Dependent and an Insured at the same time.

Class 1: All students and accompanying faculty and staff who are enrolled as program participants of the Participating Organization and who are temporarily pursuing educational activities outside of the United States and their Home Country

Dependents of Class(es) 1 Insureds are eligible for Coverage under this Policy.

COVERED ACTIVITIES:

The covered Injury or Sickness must take place while:

1. traveling or staying outside of the Insured Person's Home Country or Permanent Residence; and
2. participating in a program sponsored or coordinated by the Participating Organization; and
3. engaging in educational or research activities authorized by the Participating Organization.

Exposure & Disappearance

Coverage includes exposure to the elements after the forced landing, stranding, sinking, or wrecking of a vehicle in which the Insured Person was traveling and drowning.

An Insured Person is presumed dead if:

1. he or she is in a vehicle that disappears, sinks, or is stranded or wrecked on a trip covered by this Policy; and
2. the body is not found within one year of the Covered Accident.

BENEFITS

Medical Expense Benefits

Total Maximum per Covered Accident or Sickness, per Insured Person:

Class 1:	\$250,000
Spouse of Class 1:	\$250,000
Child(ren) of Class 1:	\$250,000

Maximum for Pre-existing Conditions: Up to \$5,000 paid on a primary basis, any remaining costs are payable secondary to any other plan up the Medical Expense Benefit maximum

Pre-existing Condition Limitation 6 consecutive months

Maximum for Mental and Nervous Disorders:

Inpatient Treatment:	30 days per Policy Term
Outpatient Treatment:	\$5,000 per Policy Term

Maximum for Chiropractic Services and Therapeutic Services:

Maximum Number of Visits:	\$50 per visit, up to \$500 10
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Deductible: \$0 per Covered Accident or Sickness

Coinsurance Rate: 100% of the Reasonable and Customary Charges

Incurral Period: 30 days after the date of the covered Injury or commencement of Sickness

Maximum Benefit Period: the earlier of 364 days from the date of a covered Injury or Sickness, or the date the Insured Person returns to his or her Home Country or Permanent Residence (except as provided in the Home Country Benefit and the Extension of Benefits).

Emergency Medical Evacuation Benefit

Benefit Maximum: \$250,000

Repatriation of Remains Benefit

Benefit Maximum: \$100,000

Emergency Medical Reunion Benefit

Aggregate Benefit Maximum:	\$5,000
Daily Benefit Maximum for Lodging and Meals:	\$200

Extension of Benefits (for conditions starting while covered outside of Home Country)

Benefit Period:	30 days
Benefit Maximum:	Up to the Medical Expense Benefit maximum

Return Ticket Benefit

Benefit Maximum:	\$1,500
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Security Evacuation Expense Benefit

Benefit Maximum:	\$100,000
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Accidental Death and Dismemberment Benefit

Class 1 Principal Sum:	\$15,000
Spouse of Class 1:	\$15,000
Child(ren) of Class 1:	\$15,000

Aggregate Limit:

Benefit Maximum:	\$1,000,000
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We will not pay more than the Benefit Maximum for all Accidental Death & Dismemberment losses per Covered Accident. If, in the absence of this provision, We would pay more than the Benefit Maximum for all losses from one Covered Accident, then the benefits payable to each person with a valid claim will be reduced proportionately, so the total amount We will pay is the Benefit Maximum.

INITIAL PREMIUM RATES:

Monthly Rates

Class 1:	\$44.25 per participant
Spouse/Domestic Partner:	\$88.50 per participant
One Child:	\$154.90 per participant
2 or more Children:	\$177.00
Family:	\$221.20

DEFINITIONS

Please note, certain words used in this document have specific meanings. These terms will be capitalized throughout the document. The definition of any word, if not defined in the text where it is used, may be found either in this Definitions section or in the *Schedule of Benefits*.

“Coinsurance” means the percentage amount of eligible Covered Expenses, after the Deductible, which are the responsibilities of the Insured Person and must be paid by the Insured Person. The Coinsurance amount is stated in the *Schedule of Benefits*, under each stated benefit.

“Covered Accident” means an event, independent of Sickness or self-inflicted means, which is the direct cause of bodily Injury to an Insured Person.

“Covered Expenses” means expenses which are for Medically Necessary services, supplies, care, or treatment due to Sickness or Injury, prescribed, performed or ordered by a Doctor, and Reasonable and Customary charges incurred while insured under this Policy, and that do not exceed the maximum limits shown in the *Schedule of Benefits*, under each stated benefit.

“Deductible” means the amount of eligible Covered Expenses which are the responsibility of each Insured Person and must be paid by each Insured Person before benefits under the Policy are payable by Us. The Deductible amount is stated in the *Schedule of Benefits*, under each stated benefit.

“Dependent” means an Insured Person’s lawful spouse or an Insured’s unmarried child, from the moment of birth to age 19, 25 if a full-time student, who is chiefly dependent on the Insured for support. A child, for eligibility purposes, includes an Insured’s natural child; adopted child, beginning with any waiting period pending finalization of the child’s adoption; or a stepchild who resides with the Insured or depends on the Insured for financial support. A Dependent may also include any person related to the Insured by blood or marriage and for whom the Insured is allowed a deduction under the Internal Revenue Code.

Insurance will continue for any Dependent child who reaches the age limit and continues to meet the following conditions: 1) the child is handicapped, 2) is not capable of self-support and 3) depends mainly on the Insured for support and maintenance. The Insured must send Us satisfactory proof that the child meets these conditions, when requested. We will not ask for proof more than once a year.

“Dependent” also means an Insured Person’s Domestic Partner. “Domestic Partner” means a person of the same or opposite sex of the Insured Person who:

- 1) shares the Insured Person’s primary residence;
- 2) is financially interdependent with the Insured Person in each of the following ways;
 - a. by holding one or more credit or bank accounts, including a checking account, as joint owners;
 - b. by owning or leasing their permanent residence as joint tenants;
 - c. by naming, or being named by the other as a beneficiary of life insurance or under a will;
 - d. by each agreeing in writing to assume financial responsibility for the welfare of the other.
- 3) has signed a Domestic Partner declaration with Insured Person, if recognized by the laws of the state in which he or she resides with the Insured Person;

- 4) has not signed a Domestic Partner declaration with any other person within the last 12 months.
- 5) is 18 years of age or older;
- 6) is not currently married to another person;
- 7) is not in a position as a blood relative that would prohibit marriage.

“Doctor” as used in this Policy means a doctor of medicine or a doctor of osteopathy licensed to render medical services or perform surgery in accordance with the laws of the jurisdiction where such professional services are performed.

“Elective Surgery” or “Elective Treatment” means surgery or medical treatment which is not necessitated by a pathological or traumatic change in the function or structure in any part of the body first occurring after the Insured Person’s effective date of coverage. Elective Surgery includes, but is not limited to, circumcision, tubal ligation, vasectomy, breast reduction, sexual reassignment surgery, and submucous resection and/or other surgical correction for deviated nasal septum, other than for necessary treatment of covered purulent sinusitis. Elective Surgery does not apply to cosmetic surgery required to correct Injuries suffered in a Covered Accident. Elective Treatment includes, but is not limited to, treatment for acne, nonmalignant warts and moles, weight reduction, infertility, and learning disabilities.

“Eligible Benefits” means benefits payable by Us to reimburse expenses that are for Medically Necessary services, supplies, care, or treatment due to Sickness or Injury, prescribed, performed or ordered by a Doctor, and Reasonable and Customary charges incurred while insured under this Policy; and which do not exceed the maximum limits shown in the *Schedule of Benefits* under each stated benefit.

“Emergency” means a medical condition manifesting itself by acute signs or symptoms which could reasonably result in placing the Insured Person’s life or limb in danger if medical attention is not provided within 24 hours.

“Family Member” means an Insured Person’s spouse, Domestic Partner, child, brother, sister, parent, grandparent or immediate in-law.

“Home Country” means the country where an Insured Person has his or her true, fixed and permanent home and principal establishment or the United States. Coverage under this Policy is extended to U.S. citizens traveling to U.S. Territories.

“Hospital” as used in this Policy means, except as may otherwise be provided, a Hospital (other than an institution for the aged, chronically ill or convalescent, resting or nursing homes) operated pursuant to law for the care and treatment of sick or Injured persons with organized facilities for diagnosis and surgery and having 24-hour nursing service and medical supervision.

“Injury” wherever used in this Policy means bodily Injury caused solely and directly by violent, accidental, external, and visible means occurring while this Policy is in force and resulting directly and independently of all other causes in a loss covered by this Policy.

“Insured Person(s)” means a person eligible for coverage under the Policy as defined in “Eligible Persons” who has applied for coverage and is named on the application if any and for whom We have accepted premium. This may be the Primary Insured Person or Dependent(s).

“Medically Necessary” or “Medical Necessity” means services and supplies received while insured that are determined by Us to be: 1) appropriate and necessary for the symptoms, diagnosis, or direct care and treatment of the Insured Person’s medical conditions; 2) within the

standards the organized medical community deems good medical practice for the Insured Person's condition; 3) not primarily for the convenience of the Insured Person, the Insured Person's Doctor or another service provider or person; 4) not experimental/investigational or unproven, as recognized by the organized medical community, or which are used for any type of research program or protocol; and 5) not excessive in scope, duration, or intensity to provide safe, adequate, and appropriate treatment.

"Mental and Nervous Disorder" means a Sickness that is a mental, emotional or behavioral disorder.

"Permanent Residence" means the country where an Insured Person has his or her true, fixed and permanent home and principal establishment, and to which he or she has the intention of returning.

"Preexisting Condition" means an illness, disease, or other condition of the Insured Person that in the period shown in the *Schedule of Benefits* before the Insured Person's coverage became effective under the Policy:

1. first manifested itself, worsened, became acute, or exhibited symptoms that would have caused a person to seek diagnosis, care, or treatment; or
2. required taking prescribed drugs or medicines, unless the condition for which the prescribed drug or medicine is taken remains controlled without any change in the required prescription; or
3. was treated by a Doctor or treatment had been recommended by a Doctor.

"Reasonable and Customary" means the maximum amount that We determine is Reasonable and Customary for Covered Expenses the Insured Person receives, up to but not to exceed charges actually billed. Our determination considers: 1) amounts charged by other service providers for the same or similar service in the locality where received, considering the nature and severity of the bodily Injury or Sickness in connection with which such services and supplies are received; 2) any usual medical circumstances requiring additional time, skill or experience; and 3) other factors We determine are relevant, including but not limited to, a resource based relative value scale.

"Relative" means spouse, Domestic Partner, parent, sibling, child, grandparent, grandchild, step-parent, step-child, step-sibling, in-laws (parent, son, daughter, brother and sister), aunt, uncle, niece, nephew, legal guardian, ward, or cousin of the Insured Person.

"Sickness" wherever used in this Policy means illness or disease of any kind contracted and commencing after the Effective Date of this Policy and covered by this Policy.

"U.S. Territories" means lands that are directly overseen by the United States Federal Government. A list of these territories would include the United States Virgin Islands, Guam, American Samoa, Northern Mariana Islands, and Puerto Rico.

"We", "Our", "Us" means the insurance company underwriting this insurance.

ELIGIBILITY FOR INSURANCE

Each person in the Class of Eligible Persons shown in the *Schedule of Benefits* is eligible to be insured on the Policy Effective Date, or the day he or she becomes eligible, if later. We maintain the right to investigate eligibility status and attendance records to verify eligibility requirements are met. If We discover the eligibility requirements are not met, Our only obligation is to refund any premium paid for that person.

An Insured's Dependent is eligible on the date:

1. the Insured is eligible, if the Insured has Dependents on that date; or
2. the date the person becomes a Dependent, if later.

In no event will a Dependent be eligible if the Insured is not eligible.

EFFECTIVE DATE OF INSURANCE

An Eligible Person will be insured on the latest of:

1. the Policy Effective Date;
2. the date he or she is eligible; or
3. the date requested by the Participating Organization provided the required premium is paid.

TERM OF COVERAGE

This coverage will begin on the actual start of the trip. It will end on the date the Insured Person returns to his or her Home Country or Permanent Residence (except as provided in the Home Country Benefit and the Home Country Extension Benefit, if included).

TERMINATION DATE OF INSURANCE

An Insured Person's coverage will end on the earliest of the date:

1. the Policy terminates;
2. the Insured Person is no longer eligible;
3. of the last day of the Term of Coverage, requested by the Participating Organization, applicable to the Insured Person; or
4. the period ends for which premium is paid.

A Dependent's coverage will end on the earliest of the date:

1. he or she is no longer a Dependent;
2. the Insured's coverage ends; or
3. the period ends for which premium is paid.

Termination of the Policy will not affect Trip coverage, if premium for the Trip is paid prior to the actual start of the Trip.

SCOPE OF COVERAGE
(Applicable to Pre-existing Conditions Only)

Limited Primary Excess Benefits

We will pay the first \$5,000 of Covered Accident Medical Expenses shown in the *Schedule of Benefits*:

1. after the Insured satisfies any Deductible; and
2. based on Our pro rata share.

“Pro rata” means the portion of the total benefits payable under this Policy, in the absence of other insurance, relative to the total benefits payable under all valid and collectible Health Care Plans. In no event will the total benefits payable exceed 100% of the incurred expense.

No further benefits will be paid until an Insured has incurred an additional \$500 of Covered Expenses. We will then only pay benefits in excess of all other valid and collectible Health Care Plan benefits. This means that we will only pay if such other benefits are used up regardless of any Coordination of Benefits provision of any other plan.

“Health Care Plan” means a policy or other benefit or service arrangement for medical or dental care or treatment under: 1) group or blanket coverage, whether on an insured or self-funded basis; 2) hospital or medical service organizations on a group basis; 3) Health Maintenance Organizations on a group basis; 4) group labor-management plans; 5) employee benefit organization plans; 6) association plans on a group or franchise basis; or 7) any other group employee welfare benefit plan as defined in the Employee Retirement Income Security Act of 1974, as amended.

DESCRIPTION OF BENEFITS

The following Provisions explain the Eligible Benefits available under the Policy. Please see the *Schedule of Benefits* for the applicability of these Eligible Benefits on a class level.

Medical Expense Benefits

We will pay Medical Expense Benefits for Covered Expenses that result directly, and from no other cause, from a covered Injury or Sickness. These benefits are subject to the Deductible, Co-insurance Rate, Maximum Benefit Period, Benefit Maximum, and other terms or limits shown in the *Schedule of Benefits*.

Medical Expense Benefits are only payable:

1. for Reasonable and Customary charges incurred after the Deductible, if any, has been met;
2. for those Medically Necessary Covered Expenses that the Insured Person incurs;
3. for charges incurred for services rendered to the Insured Person while traveling outside of his or her Home Country or Permanent Residence; and
4. provided the first charge is incurred within the Incurral Period shown in the Schedule of Benefits.

No benefits will be paid for any expenses incurred that are in excess of Reasonable and Customary charges.

Covered Medical Expenses

1. Charges made by a Hospital for room and board, floor nursing and other services inclusive of charges for professional services and with the exception of personal services of a non-medical nature; provided, however, that expenses do not exceed the Hospital's average charge for semiprivate room and board accommodation.
2. Charges made for intensive care or coronary care charges and nursing services.
3. Charges made for diagnosis, treatment and surgery by a Doctor.
4. Charges made for an operating room.
5. Charges made for outpatient treatment, same as any other treatment covered on an inpatient basis. This includes ambulatory surgical centers, Doctors' outpatient visits/examinations, clinic care, and surgical opinion consultations.
6. Charges made for the cost and administration of anesthetics.
7. 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.
8. Dressings, drugs, and medicines that can only be obtained upon a written prescription of a Doctor or surgeon.
9. Charges made for artificial limbs, eyes, larynx, and orthotic appliances, but not for replacement of such items.
10. Local transportation to or from the nearest Hospital or to and from the nearest Hospital with facilities for required treatment. Such transportation shall be by licensed ground ambulance only.
11. Charges for physiotherapy, if recommended by a Doctor for the treatment of a specific Injury or Sickness and administered by a licensed physiotherapist.
12. Mental and Nervous Disorders. We will not be liable for more than one inpatient or outpatient occurrence per Policy Term under the Policy with respect to any one Insured Person.

13. Chiropractic Services and Therapeutic Services: up to the maximum per visit, excluding x-ray and evaluation charges, and the aggregate maximum per Injury or Sickness including x-ray and evaluation charges.
14. Pregnancy, childbirth or miscarriage.

Emergency Medical Evacuation Benefit

We will pay Emergency Medical Evacuation Benefits as shown in the *Schedule of Benefits* for Covered Expenses incurred for the medical evacuation of an Insured Person. Benefits are payable up to the Benefit Maximum shown in the *Schedule of Benefits* if the Insured Person:

1. suffers a Medical Emergency during the course of the Trip;
2. requires Emergency Medical Evacuation; and
3. is traveling outside of his or her Home Country or country of Permanent Residence.

Covered Expenses:

1. Medical Transport: expenses for transportation under medical supervision to a different hospital, treatment facility or to the Insured Person's Home Country or Permanent Residence for Medically Necessary treatment in the event of the Insured Person's Medical Emergency and upon the request of the Doctor designated by Our assistance provider in consultation with the local attending Doctor.
2. Dispatch of a Doctor or Specialist: the Doctor's or specialist's travel expenses and the medical services provided on location, if, based on the information available, an Insured Person's condition cannot be adequately assessed to evaluate the need for transport or evacuation and a doctor or specialist is dispatched by Our service provider to the Insured Person's location to make the assessment.
3. Return of Dependent Child(ren): expenses to return each Dependent child who is under age 18 to his or her principal residence if a) the Insured Person is age 18 or older; and b) the Insured Person is the only person traveling with the minor Dependent child(ren); and c) the Insured Person suffers a Medical Emergency and must be confined in a Hospital.
4. Escort Services: expenses for an Immediate Family Member or companion who is traveling with the Insured Person to join the Insured Person during the Insured Person's emergency medical evacuation to a different hospital, treatment facility or the Insured Person's Home Country or Permanent Residence.

Benefits for these Covered Expenses will not be payable unless:

1. the Doctor ordering the Emergency Medical Evacuation certifies the severity of the Insured Person's Medical Emergency requires an Emergency Medical Evacuation;
2. all transportation arrangements made for the Emergency Medical Evacuation are by the most direct and economical conveyance and route possible;
3. the charges incurred are Medically Necessary and do not exceed the charges for similar transportation, treatment, services or supplies in the locality where the expense is incurred; and
4. do not include charges that would not have been made if there were no insurance.

Benefits will not be payable unless We (or Our authorized assistance provider) authorize in writing, or by an authorized electronic or telephonic means, all expenses in advance, and services are rendered by Our assistance provider.

Repatriation of Remains Benefit

We will pay Repatriation of Remains Benefits as shown in the *Schedule of Benefits* for preparation and return of an Insured Person's body to his or her home if he or she dies a while traveling outside of his or her Home Country or Permanent Residence. Covered expenses include:

1. expenses for embalming or cremation;
2. the least costly coffin or receptacle adequate for transporting the remains;
3. transporting the remains, including necessary costs for government authorizations.;
4. Escort Services: expenses for an Immediate Family Member or companion who is traveling with the Insured Person to join the Insured Person's body during the repatriation to the Insured Person's place of residence.

All transportation arrangements must be made by the most direct and economical route and conveyance possible and may not exceed the Usual and Customary Charges for similar transportation in the locality where the expense is incurred. Benefits will not be payable unless We (or Our authorized assistance provider) authorize in writing, or by an authorized electronic or telephonic means, all expenses in advance, and services are rendered by Our assistance provider.

Emergency Medical Reunion Benefit

In the event an Insured Person has been confined in a Hospital for more than six consecutive days due to a covered Injury or Sickness, We will reimburse the expenses incurred for travel and lodging for one individual selected by the Insured Person, from the Insured Person's Home Country to the location where the Insured Person is hospitalized.

This benefit is limited to the Benefit Maximum shown in the *Schedule of Benefits*. Covered Expenses include an economy round-trip airline ticket and other travel related expenses not to exceed the Aggregate Benefit Maximum and the Daily Benefit Maximum shown in the *Schedule of Benefits*.

Extension of Benefits

Medical Expense Benefits are automatically extended for the period shown in the *Schedule of Benefits* after the Insured Person's coverage ends for conditions first diagnosed or treated during the overseas study abroad program. Benefits will end at 12:00 am on the 31st day following termination of this Insurance.

Return Ticket Benefit

We will reimburse the cost of a round trip ticket of an Insured Person's trip, up to the Benefit Maximum shown in the *Schedule of Benefits*, if his or her trip is interrupted as the result of any one of the following events:

1. the death of a Family Member; or
2. the unforeseen Injury or Sickness of the Insured Person's Family Member,

provided at least 30 days remain in the Insured Person's Term of Coverage at the time he or she notifies Us of the event.

The Insured Person must return to the educational program within 30 days of arrival in the Home Country or Permanent Residence. Prior notification must be provided to Our Assistance Provider and flight arrangements must be made through Our administrator.

Security Evacuation Expense Benefit

We will pay Security Evacuation Expense Benefits to the Insured Person, if:

1. an Occurrence takes place during the Covered Activity described in the Policy and his or her Term of Coverage; and
2. while he or she is traveling outside of his or her Home Country or country of Permanent Residence.

Benefits will be subject to the Benefit Maximum shown in the *Schedule of Benefits*.

Benefits will be paid for:

1. the Insured Person's Transportation and Related Costs to the Nearest Place of Safety, necessary to ensure his or her safety and well-being as determined by the Designated Security Consultant. Security Evacuation Benefits are payable only once for any one Occurrence.
2. the Insured Person's Transportation and Related Costs within 14 days of the Security Evacuation to either of the following locations as chosen by the Insured Person :
 - a. back to the country in which the Insured Person is traveling during the Covered Activity while covered by the Policy; or
 - b. the Insured Person's Home Country or country of Permanent Residence; or
 - c. where the educational institution that sponsored the Insured Person's Trip is located.
3. consulting services by a Designated Security Consultant for seeking information on a Missing Person or kidnapping cases, if the Insured Person is considered kidnapped or a Missing Person by local or international authorities.

Benefits will not be payable unless We (or Our authorized assistance provider) authorize in writing, or by an authorized electronic or telephonic means, all expenses in advance, and services are rendered by Our assistance provider. Our assistance provider is not responsible for the availability of Transport services. Where a Security Evacuation becomes impractical due to hostile or dangerous conditions, a Designated Security Consultant will endeavor to maintain contact with the Insured Person until a Security Evacuation occurs.

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

Changes in Terms and Conditions - The terms and conditions may be changed at any time to reflect conditions that, in Our opinion, constitute a change in the Policyholder's Security Evacuation exposure. We will give at least 31 days advance written notice (or authorized electronic or telephonic means) to the Policyholder of any change in the terms and conditions.

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

"Designated Security Consultant" means an employee of a security firm under contract with Us or Our assistance provider who is experienced in security and measures necessary to ensure the safety of the Insured Person(s) in his or her care.

"Evacuation Advisory" means a formal recommendation issued by the Appropriate Authorities that the Insured Person or citizens of his or her Home Country or Permanent Residence or citizens of the Host Country leave the Host Country.

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

"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 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 in which the Insured Person's Trip occurs 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 assumed 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 involving an Insured Person:

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 Permanent Residence or citizens of the Host Country should leave the Host Country;
3. Natural Disaster within seven days of an event;
4. deliberate physical harm of the Insured Person confirmed by documentation or physical evidence or a threat against the Insured Person's health and safety as confirmed by documentation and/or physical evidence;
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 seven days of his or her being found.

"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 could result in grave physical harm or death to the Insured Person.

"Transport" or "Transportation" means the most efficient and available method of conveyance. Where practical, economy fare will be utilized. If possible, the Insured Person's common carrier tickets will be used.

Additional Exclusions - We will not pay Security Evacuation Expense Benefits for expenses and fees:

1. payable under any other provision of the Policy.
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 the Insured Person, acting alone or in collusion with other persons.
4. arising from or attributable to an alleged:
 - a. violation of the laws of country in which the Insured Person is traveling while covered under the Policy; or
 - b. violation of the laws of the Insured Person's Home Country or Permanent Residence.
5. due to the Insured Person's failure to maintain and possess duly authorized and issued required travel documents and visas.
6. for repatriation of remains expenses.
7. for common or endemic or epidemic diseases or global pandemic disease as defined by the World Health Organization.
8. for medical services.
9. for monies payable in the form of a ransom, if a Missing Person case evolves into a kidnapping.
10. arising from or attributable, in whole or in part, to:
 - a. a debt, insolvency, commercial failure, the repossession of any property by any title holder or lien holder or any other financial cause;
 - b. non-compliance by the Insured Person with regard to any obligation specified in a contract or license.
11. due to military or political issues if the Insured Person's Security Evacuation request is made more than 30 days after the Appropriate Authority(ies) Advisory was issued.

Accidental Death and Dismemberment Benefits

If Injury to the Insured Person results, within 365 days of the date of a Covered Accident, in any one of the losses shown below, We will pay the Benefit Amount shown for that loss. The Principal Sum is shown in the *Schedule of Benefits*. If multiple losses occur, only one Benefit Amount, the largest, will be paid for all losses due to the same Covered Accident.

Schedule of Covered Losses

Covered Loss	Benefit Amount
Life.....	100% of the Principal Sum
Two or more Members.....	100% of the Principal Sum
Speech and Hearing in Both Ears	100% of the Principal Sum
One Member.....	50% of the Principal Sum
Speech or Hearing in Both Ears.....	50% of the Principal Sum
Hearing in One Ear	25% of the Principal Sum
Thumb and Index Finger of the Same Hand.....	25% of the Principal Sum

"Member" means Loss of Hand or Foot and Loss of Sight. "Loss of Hand or Foot" means complete Severance through or above the wrist or ankle joint. "Loss of Sight" means the total, permanent Loss of Sight of one eye. "Loss of Speech" means total and permanent loss of audible communication that is irrecoverable by natural, surgical or artificial means. "Loss of

Hearing" means total and permanent Loss of Hearing in an ear that is irrecoverable and cannot be corrected by any means. "Loss of a Thumb and Index Finger of the Same Hand" means complete Severance through or above the metacarpophalangeal joints of the same hand (the joints between the fingers and the hand). "Severance" means the complete separation and dismemberment of the part from the body.

EXCLUSIONS AND LIMITATIONS

We will not pay Accidental Death and Dismemberment Benefits for any loss or Injury that is caused by or results from:

1. intentionally self-inflicted injury; suicide or attempted suicide. (Applicable to Accidental Death and Dismemberment benefits only)
2. Disease of any kind.
3. Bacterial infections except pyogenic infections which occur from an accidental cut or wound.
4. Neuroses, psychoneuroses, psychopathies, psychoses or mental or emotional diseases or disorders of any type.
5. 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.
6. War or any act of war, whether declared or not
7. 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.

In addition, We will not pay Medical Expense Benefits for any loss, treatment, or services resulting from, or contributed to by:

1. Charges for treatment which is not Medically Necessary.
2. Charges for treatment which exceed Reasonable and Customary charges.
3. Charges incurred for surgery or treatments which are experimental/investigational, or for research purposes.
4. Services, supplies or treatment, including any period of Hospital confinement, which were not recommended, approved and certified as Medically Necessary and reasonable by a Doctor.
5. War or any act of war, whether declared or not
6. Injury sustained while participating in professional athletics.
7. 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 an Injury or Sickness established by a prior call or attendance of a Doctor.
8. Treatment of the temporomandibular joint.
9. Vocational, speech, recreational or music therapy.
10. Services or supplies performed or provided by a Relative of the Insured Person, or anyone who lives with the Insured Person.
11. The refusal of a Doctor or Hospital to make all medical reports and records available to Us which will cause an otherwise valid claim to be denied.
12. Cosmetic or plastic surgery, except as the result of a covered Injury; for the purposes of this Policy, treatment of a deviated nasal septum shall be considered a cosmetic condition.

13. Elective Surgery or Elective Treatment which can be postponed until the Insured Person returns to his/her Home Country or Permanent Residence, where the objective of the trip is to seek medical advice, treatment or surgery.
14. Treatment and the provision of false teeth or dentures, normal hearing tests and the provision of hearing aids.
15. Eye refractions or eye examinations for the purpose of prescribing corrective lenses for eye glasses or for the fitting thereof, unless caused by an Injury incurred while insured hereunder.
16. Treatment while confined primarily to receive custodial care, educational or rehabilitative care, or nursing services.
17. Congenital abnormalities and conditions arising out of or resulting therefrom.
18. The cost of the Insured Person's unused airline ticket(s) for transportation back to the Insured Person's Home Country or Permanent Residence, where an Emergency Medical Evacuation or Repatriation of Remains benefit is provided.
19. Expenses as a result of or in connection with the commission of a felony offense.
20. 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; parasailing. (except as provided by the Policy)
21. Treatment paid for or furnished under any mandatory government program or facility set up for treatment without cost to any individual.
22. Injury or Sickness covered by Workers' Compensation, Employers' Liability laws, or similar occupational benefits
23. Injuries for which benefits are payable under any no-fault automobile insurance policy.
24. Routine dental treatment.
25. Drugs, treatments or procedures that either promote or prevent conception, or prevent childbirth, including but not limited to: artificial insemination, treatment for infertility or impotency, sterilization or reversal thereof, or abortion.
26. Treatment for human organ tissue transplants and related treatment.
27. Weak, strained or flat feet, corns, calluses, or toenails.
28. Diagnosis and treatment of acne.
29. 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.
30. Dental care, except as the result of Injury to natural teeth caused by a Covered Accident, unless otherwise covered under this Policy
31. Expenses incurred within the Insured Person's Home Country or country of Permanent Residence, unless otherwise covered under this Policy
32. Mental or Nervous Disorders or rest cures, unless otherwise covered under this Policy.

This insurance does not apply to the extent that trade or economic sanctions or other laws or regulations prohibit Us from providing insurance, including, but not limited to, the payment of claims.

CLAIM PROVISIONS

Notice Of Claim: A claimant must give Us or Our authorized representative written (or authorized electronic or telephonic) notice of claim within 90 days after any loss covered by the Policy occurs. If notice cannot be given within that time, it must be given as soon as reasonably possible. This notice should identify the Insured Person and the Policy Number.

Claim Forms: Upon receiving written notice of claim, We will send claim forms to the claimant within 15 days. If We do not furnish such claim forms, the claimant will satisfy the requirements of written proof of loss by sending the written (or authorized electronic or telephonic) proof as shown below. The proof must describe the occurrence, extent and nature of the loss.

Proof Of Loss: Written (or authorized electronic or telephonic) proof of loss must be sent to the agent authorized to receive it. Written (or authorized electronic or telephonic) proof must be given within 90 days after the date of loss. If it cannot be provided within that time, it should be sent as soon as reasonably possible. In no event, except in the absence of legal capacity, should proof of loss be sent later than one year from the time proof is otherwise required.

Claimant Cooperation Provision: Failure of a claimant to cooperate with Us in the administration of a claim may result in the termination of a claim. Such cooperation includes, but is not limited to, providing any information or documents needed to determine whether benefits are payable or the actual benefit amount due.

Time Payment Of Claims: Any benefits due will be paid when We receive written (or authorized electronic or telephonic) proof of loss.

Payment Of Claims: If the Insured Person dies, any death benefits or other benefits unpaid at the time of the Insured Person's death will be paid to the beneficiary Our records indicate the Insured Person designated for these plan benefits.

If there is no named beneficiary or surviving beneficiary on record with Us or Our authorized agent, We pay benefits in equal shares to the first surviving class of the following: 1) spouse; 2) children; 3) parents; 4) brothers and sisters. If there are no survivors in any of these classes, We will pay the Insured Person's estate.

All other benefits will be paid to the Insured Person. If the Insured Person is: (1) a minor; or (2) in Our opinion unable to give a valid release because of incompetence, We may pay any amount due to a parent, guardian, or other person actually supporting him or her. Any payment made in good faith will end Our liability to the extent of the payment.

If a Covered Loss is suffered by an Insured who resides outside of the United States, its territories and possessions and in a Country where the Company is not permitted to provide insurance without a License, the Company will pay benefits under the Policy to the Policyholder, who:

1. will hold such payment in trust for the sole use and benefit of the insured person or his or her beneficiary or other person to whom such benefits are payable ("Payee"); and
2. will remit such payment to the Payee in accordance with applicable law.

Any such payment the Company makes to the Policyholder is a full discharge of the Company's liability for the claim for which payment is made.

"Country" includes any political jurisdiction that independently regulates the licensing of insurance companies.

"License" or "Licensed" means with respect to any Country, authorized or otherwise permitted in accordance with applicable law to conduct the business of accident and sickness insurance in such Country.

Beneficiary: The Insured Person may designate a beneficiary for Accidental Death Benefits, if any. The Insured Person has the right to change the beneficiary at any time by written (or electronic and telephonic) notice. If the Insured Person is a minor, his or her parent or guardian may exercise this right for him or her. The change will be effective when We or Our authorized agent receives it. When received, the effective date is the date the notice was signed. We are not liable for any payments made before the change was received. We cannot attest to the validity of a change.

Assignment: We may pay benefits directly to any Hospital or person rendering covered services, unless the Insured Person requests otherwise in writing no later than the time he or she submits written proof of loss. Any payment made in good faith will end Our liability to the extent of the payment.

Physical Examinations And Autopsy: We have the right to have a Doctor of Our choice examine the Insured Person as often as is reasonably necessary. This section applies when a claim is pending or while benefits are being paid. We also have the right to request an autopsy in the case of death, unless the law forbids it. We will pay the cost of the examination or autopsy.

Legal Actions: No lawsuit or action in equity can be brought to recover on this Policy: (1) before 60 days following the date proof of loss was given to Us; or (2) after 3 years following the date proof of loss is required.

Right of Subrogation: To the extent the Company pays for a loss suffered by an Insured Person, the Company will take over the rights and remedies the Insured Person had relating to the loss. This is known as subrogation. The Insured Person must help the Company to preserve its rights against those responsible for the loss. This may involve signing any papers and taking any other steps the Company may reasonably require. If the Company takes over an Insured Person's rights, the Insured Person must sign an appropriate subrogation form supplied by the Company.

ADMINISTRATIVE PROVISIONS

Premiums: The premiums for this Policy will be based on the rates currently in force, the plan and amount of insurance in effect.

Changes In Premium Rates: We may change the premium rates from time to time with at least 31 days advanced written, or authorized electronic or telephonic notice. We reserve the right to change rates at any time if any of the following events take place.

1. The terms of the Policy change.
2. A division, subsidiary, affiliated organization, or eligible class is added to or deleted from the Policy.
3. Any federal or state law or regulation is amended to the extent it affects Our benefit obligation.
4. There is a change in the market factors or factors bearing on the risk assumed.

If an increase or decrease in rates takes place on a date that is not a Premium Due Date, a pro rata adjustment will apply from the date of the change to the next Premium Due Date.

Payment of Premium: The first Premium is due on the Policy Effective Date. If any premium is not paid when due, the Policy will be canceled as of the Premium Due Date, except as provided in the Policy Grace Period section.

Policy Grace Period: A Policy Grace Period of 31 days will be granted for the payment of the required premiums. The Policy will remain in force during the Policy Grace Period. If the required premiums are not paid during the Policy Grace Period, insurance will end on the last Premium Due Date on which required premiums were paid. The Participating Organization will be liable to Us for any unpaid premium for the time the Policy was in force.

GENERAL PROVISIONS

Entire Contract; Changes: The Policy (including any endorsements or amendments), the signed application of the Participating Organization, and any individual applications of Insured Persons, are the entire contract. Any statements made by the Participating Organization or Insured Persons will be treated as representations and not warranties. No such statement shall void the insurance, reduce the benefits, or be used in defense of a claim for loss incurred unless it is contained in a written application.

To be valid, any change or waiver must be in writing (or authorized electronic or telephonic communication). It must be signed by Our president or secretary and be attached to the Policy. No agent has authority to change or waive any part of the Policy.

Policy Effective Date And Termination Date: The Policy begins on the Policy Effective Date shown on page 1 of the Policy. We may terminate this Policy by giving 31 days advance notice in writing (or authorized electronic or telephonic means) to the Participating Organization. The Participating Organization may terminate this Policy on any Premium Due Date by giving 31 days advance written (or authorized electronic or telephonic) notice to Us. This Policy terminates automatically on the earlier of: 1) the last day of the Policy Term; or 2) the Premium Due Date if Premiums are not paid when due. Termination takes effect at 11:59 p.m. at the Participating Organization's address on the last day of the Policy Term.

Clerical Error: If a clerical error is made, it will not affect the insurance of any Insured Person. No error will continue the insurance of an Insured Person beyond the date it should end under the Policy terms.

Examination Of Records And Audit: We shall be permitted to examine and audit the Participating Organization's books and records at any time during the term of the Policy and within 2 years after the final termination date of the Policy as they relate to the premiums or subject matter of this insurance.

Certificates Of Insurance: Where it is required by law, or upon the request of the Participating Organization, We will make available certificates outlining the insurance coverage and to whom benefits are payable under the Policy.

Conformity With State Laws: On the effective date of this Policy, any provision that is in conflict with the laws in the state where it is issued is amended to conform to the minimum requirements of such laws.

Not In Lieu Of Workers' Compensation: This Policy is not a workers' compensation policy. It does not provide workers' compensation benefits.

Chubb. Insured.SM

Participating Organization Endorsement

This Endorsement form is made a part of the Policy to which it is attached as of the Effective Date shown in the Policy's Master Application. This form is subject to all of the terms, limitations and exclusions of the Policy except as they are changed by it.

- I. This definition is added to the Definitions section of the Policy:

Participating Organization – means any individual, firm, corporation or other organization which meets these tests:

1. it elects coverage or elects to offer coverage under the Policy by completing a Participating Organization Application; and
 2. its Application has been accepted by Us; and
 3. it pays any required premium when due;
- while coverage through the Participating Organization is available under the Policy.

- II. This section is added to the Policy:

PARTICIPATING ORGANIZATION EFFECTIVE AND TERMINATION DATES

- A. **EFFECTIVE DATE.** A Participating Organization's coverage under the Policy begins on the later of:

1. the Participating Organization Effective Date shown in the Participating Organization Application on the first day of the Policy Term at the address of the Participating Organization shown in the Participating Organization Application; or
2. the Policy Effective Date shown in the Master Application.

- B. **TERMINATION DATE.** We may terminate the Participating Organization's coverage under the Policy by giving 31 days advance notice in writing to the Participating Organization. Either We or the Participating Organization may terminate the Participating Organization's coverage under the Policy on any premium due date by giving 31 days advance written notice to the other party. The Participating Organization's coverage under the Policy may also, at any time, be terminated by the mutual written consent of Us and the Participating Organization.

A Participating Organization's coverage terminates automatically on the first of these dates:

1. the Participating Organization Termination Date shown on the Participating Organization Application; or
2. the premium due date if any required premiums are not paid when due; or
3. the date the Policy terminates.

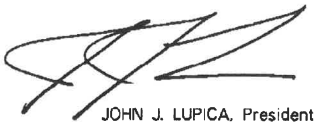
- III. This language applies to each Amendment form attached to the Policy:

Any Amendment form applies only to accidents that occur on or after the later of:

1. the effective date of each such form; or
2. the effective date of the Participating Organization's coverage under the Policy.

Each such form applies to a Participating Organization's coverage only if the Participating Organization has elected the coverage described in the form as shown in the Participating Organization Application.

Signed for ACE American Insurance Company in Philadelphia, Pennsylvania.



JOHN J. LUPICA, President



REBECCA L. COLLINS, Secretary

**CISI References for the James Madison University
Inbound/Outbound International Travel Insurance Program RFP**

Company name	City University of New York (CUNY System)
Contact person	Kurt Klein, Health & Safety Manager
Telephone number	646-664-2864
E-mail address	kurt.klein@mail.cuny.edu
Project description	Comprehensive Outbound Travel, Health and Security Insurance
Length of business relationship	Over 5 years
Other relevant information	Covering multi-campus int'l education programs for CUNY System participants/students/faculty/staff.

Company name	University of Wisconsin System
Contact person	Dave Pulda, Director, Office of Risk Management
Telephone number	608-263-4381
E-mail address	dpulda@uwsa.edu
Project description	Comprehensive Outbound Travel, Health and Security Insurance
Length of business relationship	Over 10 years
Other relevant information	Covering multi-campus int'l education programs for UWI System participants/students/faculty/staff.

Company name	Florida State University (FSU)
Contact person	Michele E. Ceci, Assoc. Dir. & COO, FSU International Programs (IP)
Telephone number	850-644-3272
E-mail address	mceci@admin.fsu.edu
Project description	Comprehensive Outbound Travel, Health and Security Insurance
Length of business relationship	Over 10 years
Other relevant information	Covering FSU Overseas Study Center participants, faculty-led programs and IP Office staff on overseas business.

Company name	Institute of International Education (IIE)
Contact person	Valda Hayden, Assistant Director, Administrative Services
Telephone number	212-984-5511
E-mail address	vhayden@iie.org
Project description	Comprehensive <u>Inbound</u> and <u>Outbound</u> Travel, Health and Security Insurance for IIE grantees
Length of business relationship	Over 5 years
Other relevant information	Large and diverse multi-office/contact organization. We are covering IIE's inbound and outbound grantees on private and USAID grant programs.

**CISI References for the James Madison University
Inbound/Outbound International Travel Insurance Program RFP**

Company name	University of Portland (UP)
Contact person	Dr. Eduardo Contreras Jr., Director of Studies Abroad
Telephone number	503-943-8266
E-mail address	contrera@up.edu
Project description	Comprehensive Outbound Travel, Health and Security Insurance
Length of business relationship	Over 10 years
Other relevant information	Covering int'l education programs for UP participants/students/faculty/staff.

Company name	University Studies Abroad Consortium (USAC)
Contact person	Dr. Carmelo Urza, Founder and Director
Telephone number	775-784-6569
E-mail address	curza@unr.edu
Project description	Comprehensive Outbound Travel and Health Insurance
Length of business relationship	Over 10 years
Other relevant information	Covering USAC's overseas participants & U.S. staff travelling on overseas business.

Company name	University of Minnesota (UMN)
Contact person	Kevin Dostal-Dauer, Dir. of Int'l Health& Safety
Telephone number	612-625-5107
E-mail address	dauer001@umn.edu
Project description	Comprehensive Outbound Travel, Health and Security Insurance
Length of business relationship	Over 10 years
Other relevant information	Covering multi-campus int'l education programs for UMN System participants/students/faculty/staff.



Rating Search:

Search



[Advanced Search](#)

ACE American Group

A.M. Best #: 018344

View additional news, reports
and products for this company.

This company is a data record that A.M. Best utilizes to represent the **A.M. Best Consolidated** financials for the Property/Casualty business of [050160 INA Corporation](#).

[002257 ACE American Insurance Company](#) has been assigned as the **AMB Group Lead** for this consolidation and should be used to access name, address, or other contact information for this A.M. Best Consolidated Group.

Best's Credit Ratings

AMB Rating Unit

Note: This data record represents an **AMB Rating Unit** and the following Best's Credit Ratings are based on the consolidated financials assigned to this record.

AMB #	Company Name	Best's FSR	Best's ICR
002257	ACE American Insurance Company	A++	aa+
091291	ACE American Insurance Company (BHB)	A++	aa+
002109	ACE Fire Underwriters Insurance Company	A++	aa+
004854	ACE Insurance Company of the Midwest	A++	aa+
001996	ACE Property &	A++	aa+

Best's Credit Rating Analyst

Rating Issued by: A.M. Best Rating Services, Inc.

Senior Financial Analyst: Darian Ryan

Director: Jennifer Marshall, CPCU, ARM

Disclosure Information

Disclosure Information Form

Note: refer to the rating unit members for each company's Rating Disclosure Form

Press Release

[A.M. Best Affirms Credit Ratings of Chubb Limited and Its Subsidiaries](#)

October 05, 2017



AIFSINC-01

CBRANNON

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/09/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Smith Brothers Insurance, LLC. 68 National Drive Glastonbury, CT 06033	CONTACT NAME: Christine E. Brannon PHONE (A/C, No, Ext): (860) 430-3222 FAX (A/C, No): E-MAIL ADDRESS: cbrannon@smithbrothersusa.com														
INSURED Cultural Insurance Services International, Inc. (CISI) 1 High Ridge Park Stamford, CT 06905	<table><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A : Lexington Insurance Company</td><td>19437</td></tr><tr><td>INSURER B : Sentinel Insurance Company</td><td>11000</td></tr><tr><td>INSURER C : Hartford Ins Group - DBC</td><td>00914</td></tr><tr><td>INSURER D : Landmark American Ins Co</td><td>33138</td></tr><tr><td>INSURER E : Indian Harbor Insurance Co</td><td>36940</td></tr><tr><td>INSURER F :</td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Lexington Insurance Company	19437	INSURER B : Sentinel Insurance Company	11000	INSURER C : Hartford Ins Group - DBC	00914	INSURER D : Landmark American Ins Co	33138	INSURER E : Indian Harbor Insurance Co	36940	INSURER F :	
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INSURER F :															

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS																							
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C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y / N <input checked="" type="checkbox"/> N / A			02WECN8046	10/26/2017	10/26/2018	<table><tr><td><input checked="" type="checkbox"/> PER STATUTE</td><td></td><td>OTH-ER</td></tr><tr><td>E.L. EACH ACCIDENT</td><td>\$</td><td>1,000,000</td></tr><tr><td>E.L. DISEASE - EA EMPLOYEE</td><td>\$</td><td>1,000,000</td></tr><tr><td>E.L. DISEASE - POLICY LIMIT</td><td>\$</td><td>1,000,000</td></tr></table>	<input checked="" type="checkbox"/> PER STATUTE		OTH-ER	E.L. EACH ACCIDENT	\$	1,000,000	E.L. DISEASE - EA EMPLOYEE	\$	1,000,000	E.L. DISEASE - POLICY LIMIT	\$	1,000,000											
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D	Excess Umbrella			LHA081065	10/26/2017	10/26/2018	Each Occurrence 25,000,000																							
E	Professional Liab			MPP001804912	02/17/2017	02/17/2018	Coverage Limit 5,000,000																							

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
If required by written contract, The Commonwealth of Virginia is an Additional Insured under the General Liability coverage, per policy forms.

CERTIFICATE HOLDER

CANCELLATION

James Madison University
800 South Main St
Harrisonburg, VA 22807

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

ENDORSEMENT # 011

This endorsement, effective 12:01 AM 10/26/2017

Forms a part of policy no.: 015375396

Issued to: AIFS, INC.

By: LEXINGTON INSURANCE COMPANY

ADDITIONAL INSURED - DESIGNATED PERSON OR ORGANIZATION

(Based on CG2026 04/13)

This endorsement modifies insurance provided by the following:

COMMERCIAL GENERAL LIABILITY POLICY

SCHEDULE

Name of Additional Insured Person(s) or Organization(s)

Any Municipality, School, School Board, or School Administrator, officially sponsoring or providing support for the execution and planning of an ACIS trip and both Faculty and Non-Faculty providing chaperone services, Group Leader Services, or planning and support services for an ACIS trip.

Information required to complete this Schedule, if not shown above, will be shown in the Declarations

A. Section II - Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

1. In the performance of your ongoing operations; or
2. In connection with your premises owned by or rented to you.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following is added to Section III - Limits Of Insurance:


If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or

2. Available under the applicable Limits of Insurance shown in the Declarations;
whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations

All other terms and conditions of the policy remain the same.

A handwritten signature in black ink, appearing to be "J.R. B.", written over a horizontal line.

Authorized Representative



World Class Coverage Plan

designed for

James Madison University

International Students and Scholars

2017-2018

Policy # GLM N04965796

Administered by Cultural Insurance Services International • 1 High Ridge Park • Stamford, CT 06905-1322
This plan is underwritten by ACE American Insurance Company

Policy terms and conditions are briefly outlined in this Description of Coverage. Complete provisions pertaining to this insurance are contained in the Master Policy on file with James Madison University under form number AH-15090. In the event of any conflict between this Description of Coverage and the Master Policy, the Policy will govern.

Schedule of Benefits	
Coverage and Services	Maximum Limits
• Accidental Death and Dismemberment Per Insured Person	\$15,000
• Medical expenses (per Covered Accident or Sickness):	
Benefit Maximum Per Insured Student	\$500,000 @ 100%
Benefit Maximum Per Insured Dependent	\$100,000 @ 100%
Deductible	zero
Deductible for Emergency Room visits as a result of a Covered Sickness**:	\$500
• Emergency Medical Reunion	\$5,000
	(incl. hotel/meals, max \$200/day)
• Home Country Coverage Limit	up to the Medical Maximum
• Trip Interruption	\$1,500
• Team Assist Plan (TAP): 24/7 medical, travel, technical assistance	
• Emergency Medical Evacuation	\$250,000
• Repatriation/Return of Mortal Remains	\$100,000
**The Emergency Room Deductible will be waived if the Insured Person is admitted to the Hospital as an inpatient or if the illness is life threatening. Life threatening means the illness will likely cause the death of the Insured Person.	

Benefit Provisions

Benefits are payable under the Policy for Covered Expenses incurred by an Insured Person for the items stated in the *Schedule of Benefits*. All students and accompanying faculty and staff who are enrolled as James Madison University – International Students and Scholars participants, and who are temporarily pursuing educational activities inside of the United States and traveling outside of their Home Country are eligible for coverage. Benefits shall be payable to either the Insured Person or the Service Provider for Covered Expenses incurred in the United States and outside their Home Country. The first such expense must be incurred by an Insured Person within 30 days after the date of the Covered Accident or commencement of the Sickness; and

- All expenses must be incurred by the Insured Person within 364 days from the date of the Covered Accident or commencement of the Sickness; and
- The Insured Person must remain continuously insured under the Policy for the duration of the treatment.

The charges enumerated herein shall in no event include any amount of such charges which are in excess of Reasonable and Customary charges. If the charge incurred is in excess of such average charge such excess amount shall not be recognized as a Covered Expense. All charges shall be deemed to be incurred on the date such services or supplies, which give rise to the expense or charge, are rendered or obtained.

Accidental Death and Dismemberment Benefit

Accidental Death Benefit. If Injury to the Insured Person results in death within 365 days of the date of the Covered Accident that caused the Injury, We will pay 100% of the Benefit Amount.

Accidental Dismemberment Benefit. If Injury to the Insured Person results, within 365 days of the date of the Covered Accident that caused the Injury, in any one of the Losses specified below, We will pay the percentage of the Benefit Amount shown below for that Loss:

For Loss of:	Percentage of Benefit Amount:
Both Hands or Both Feet	100%
Sight of Both Eyes	100%
One Hand and One Foot	100%
One Hand and the Sight of One Eye	100%
One Foot and the Sight of One Eye	100%
Speech and Hearing in Both Ears	100%
One Hand or One Foot	50%
The Sight of One Eye	50%
Speech or Hearing in Both Ears	50%
Hearing in One Ear	25%
Thumb and Index Finger of Same Hand	25%

"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. If more than one Loss is sustained by an Insured Person as a result of the same Covered Accident, only one amount, the largest, will be paid. Maximum aggregate benefit per occurrence is \$1,000,000.

Accident and Sickness Medical Expenses

We will pay Covered Expenses due to Accident or Sickness only, as per the limits stated in the *Schedule of Benefits*. Coverage is limited to Covered Expenses incurred subject to Exclusions. All bodily Injuries sustained in any one Covered Accident shall be considered one Disablement, all bodily disorders existing simultaneously which are due to the same or related causes shall be considered one Disablement. If a Disablement is due to causes which are the same or related to the cause of a prior Disablement (including complications arising there from), the Disablement shall be considered a continuation of the prior Disablement and not a separate Disablement.

Treatment of an Injury or Sickness must occur within 30 days of the Accident or onset of the Sickness.

When a Covered Injury or Sickness is incurred by the Insured Person We will pay Reasonable and Customary medical expenses as stated in the *Schedule of Benefits*. In no event shall Our maximum liability exceed the maximum stated in the *Schedule of Benefits* as to Covered Expenses during any one period of individual coverage.

Covered Accident and Sickness Medical Expenses

Only such expenses, incurred as the result of a covered Accident or Sickness, 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 inclusive of charges for professional service and with the exception of personal services of a non-medical nature; provided, however, that expenses do not exceed the Hospital's average charge for semiprivate room and board accommodation.
- Charges made for Intensive Care or Coronary Care charges and nursing services.
- Charges made for diagnosis, treatment and surgery by a Doctor.
- Charges made for an operating room.
- Charges made for outpatient treatment, same as any other treatment covered on an inpatient basis. This includes ambulatory surgical centers, Doctors' outpatient visits/examinations, clinic care, and surgical opinion consultations.
- 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.
- Dressings, drugs, and medicines that can only be obtained upon a written prescription of a Doctor 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. Such transportation shall be by licensed ground ambulance only.
- Expenses incurred for treatment of specified therapies, including acupuncture and physiotherapy are payable on an inpatient or outpatient basis up to a combined total of \$2,500. Physiotherapy means a physical or mechanical therapy, diathermy, ultrasonic, heat treatment in any form, manipulation or massage.
- Nervous or Mental Disorders are treated as any other condition.
- Chiropractic Care and Therapeutic Services shall be limited to a total of \$50 per visit, excluding x-ray and evaluation charges, with a maximum of 10 visits per injury or Sickness. The overall maximum coverage per injury or Sickness is \$500 which includes x-ray and evaluation charges.
- Rehabilitative braces or appliances prescribed by a Doctor. It must be durable medical equipment that 1) is primarily and customarily used to

serve a medical purpose; 2) can withstand repeated use; and 3) generally is not useful to a person in the absence of Injury. No benefits will be paid for rental charges in excess of the purchase price.

- Accidental dental charges for emergency dental repair or replacement to natural teeth damaged as a result of a covered Injury including expenses incurred for services or medications prescribed, performed or ordered by dentist.
- With respect to Palliative Dental, an eligible Dental condition shall mean emergency pain relief treatment to natural teeth up to \$500 (\$250 maximum per tooth).
- Pregnancy, childbirth or miscarriage.
- Charges due to a Pre-Existing Condition are treated as any other medical condition after the first 6 months of coverage.

Preferred Provider Network (Within the U.S.A. only)

This Policy utilizes the First Health Preferred Provider hospital and Doctor network for the purpose of delivering quality health care at a preferred fee. You are not required to use the PPO network, but can receive information on participating providers by visiting: www.myfirsthealth.com to find an in-network health care provider.

Emergency Medical Reunion Benefit

When an Insured Person is hospitalized for more than 6 consecutive days, We will reimburse for round trip economy-class transportation for one individual selected by the Insured Person, from the Insured Person's current Home Country to the location where the Insured Person is hospitalized. The benefits reimbursable will include:

- The cost of a round trip economy airfare and their hotel and meals up to the maximum stated in the *Schedule of Benefits*, Emergency Medical Reunion.

Home Country Benefit

We will pay the benefit shown in the *Schedule of Benefits* when during a scheduled trip outside of the Home Country, the Insured Person returns to his or her Home Country or Permanent Residence for incidental visits provided the primary reason for the Insured Person's return to the Home Country or Permanent Residence is not to obtain medical treatment for an Injury or Sickness that occurred while traveling.

Home Country Benefit payments are subject to any applicable Benefit Maximum shown in the *Schedule of Benefits*. This coverage will end on the earlier of the date the Insured Person's would otherwise end or the end of the Policy Term.

Trip Interruption Benefit

We will reimburse the cost of a round-trip economy air and/or ground transportation ticket of the Insured Person's trip, if his or her trip is interrupted as the result of:

- the death of a family member; or
- the unforeseen Injury or Sickness of the Insured Person or a Family Member. The Injury or Sickness must be so disabling as to reasonably cause a trip to be interrupted.

The total benefits payable under the Trip Interruption Benefit will not exceed the maximum stated in the *Schedule of Benefits*.

Exclusions and Limitations

For benefits listed under Accidental Death and Dismemberment, this insurance does not cover:

- Disease of any kind.
- Bacterial infections except pyogenic infections which occur from an accidental cut or wound.
- Neuroses, psychoneuroses, psychopathies, psychoses or mental or emotional diseases or disorders of any type.
- Intentionally self-inflicted Injury; suicide or attempted suicide (Applicable to Accidental Death and Dismemberment benefits only).
- War or any act of war, whether declared or not.

- Injury sustained while riding as a pilot, student pilot, operator, or crew member, in or on, boarding or alighting from, any type of aircraft.
- Injury occasioned or occurring while committing or attempting to commit a felony, or to which the contributing cause was the Insured Person being engaged in an illegal occupation.

In addition, this Insurance does not cover Medical Expense Benefits for:

- Charges for a Pre-Existing Condition incurred during the first 6 months of coverage.
- Charges for treatment which is not Medically Necessary.
- 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 Doctor.
- War or any act of war, whether declared or not.
- 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 an Injury or Sickness established by a prior call or attendance of a Doctor.
- 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.
- The refusal of a Doctor or Hospital to make all medical reports and records available to Us which will cause an otherwise valid claim to be denied.
- Cosmetic or plastic surgery, except as the result of a covered Injury; for the purposes of this Policy, treatment of a deviated nasal septum shall be considered a cosmetic condition.
- Elective Surgery or Elective Treatment which can be postponed until the Insured Person returns to his/her Home Country or Permanent Residence, where the objective of the trip is to seek medical advice, treatment or surgery.
- Treatment and the provision of false teeth or dentures, normal hearing 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 an Injury incurred while insured hereunder.
- Treatment while confined primarily to receive custodial care, educational or rehabilitative care, or nursing services.
- Congenital abnormalities and conditions arising out of or resulting therefrom.
- The cost of the Insured Person's unused airline ticket(s) for transportation back to the Insured Person's Home Country or Permanent Residence, where an Emergency Medical Evacuation or Repatriation of Remains benefit is provided.
- Expenses as a result of 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; parasailing. (except as provided by the Policy)
- Treatment paid for or furnished under any mandatory government program or facility set up for treatment without cost to any individual.
- Injury or Sickness covered by Workers' Compensation, Employers' Liability laws, or similar occupational benefits.
- Injuries for which benefits are payable under any no-fault automobile insurance policy.
- Routine dental treatment.
- Drugs, treatments or procedures that either promote or prevent conception, or prevent childbirth, including but not limited to: artificial

insemination, treatment for infertility or impotency, sterilization or reversal thereof, or abortion.

- Treatment for human organ tissue transplants and related treatment.
- Weak, strained or flat feet, corns, calluses, or toenails.
- Diagnosis and treatment of acne.
- 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.
- Dental care, except as the result of Injury to natural teeth caused by a Covered Accident, unless otherwise covered under this Policy.

This insurance does not apply to the extent that trade or economic sanctions or other laws or regulations prohibit Us from providing insurance, including, but not limited to, the payment of claims.

Definitions

Coinurance means the percentage amount of eligible Covered Expenses, after the Deductible, which are the responsibilities of the Insured Person and must be paid by the Insured Person. The Coinsurance amount is stated in the *Schedule of Benefits*, under each stated benefit.

Company shall be ACE American Insurance Company.

Covered Accident means an event, independent of Sickness or self-inflicted means, which is the direct cause of bodily Injury to an Insured Person.

Covered Expenses means expenses which are for Medically Necessary services, supplies, care, or treatment due to Sickness or Injury, prescribed, performed or ordered by a Doctor, and Reasonable and Customary charges incurred while insured under this Policy, and that do not exceed the maximum limits shown in the *Schedule of Benefits*, under each stated benefit.

Deductible means the amount of eligible Covered Expenses which are the responsibility of each Insured Person and must be paid by each Insured Person before benefits under the Policy are payable by Us. The Deductible amount is stated in the *Schedule of Benefits*, under each stated benefit.

Dependent means an Insured Person's lawful spouse or an Insured's unmarried child, from the moment of birth to age 19, 25 if a full-time student, who is chiefly dependent on the Insured for support. A child, for eligibility purposes, includes an Insured's natural child; adopted child, beginning with any waiting period pending finalization of the child's adoption; or a stepchild who resides with the Insured or depends on the Insured for financial support. A Dependent may also include any person related to the Insured by blood or marriage and for whom the Insured is allowed a deduction under the Internal Revenue Code.

Insurance will continue for any Dependent child who reaches the age limit and continues to meet the following conditions: 1) the child is handicapped, 2) is not capable of self-support and 3) depends mainly on the Insured for support and maintenance. The Insured must send Us satisfactory proof that the child meets these conditions, when requested. We will not ask for proof more than once a year.

"Dependent" also means an Insured Person's Domestic Partner. "Domestic Partner" means a person of the same or opposite sex of the Insured Person who: 1) shares the Insured Person's primary residence; 2) is financially interdependent with the Insured Person in each of the following ways; a) by holding one or more credit or bank accounts, including a checking account, as joint owners; b) by owning or leasing their permanent residence as joint tenants; c) by naming, or being named by the other as a beneficiary of life insurance or under a will; d) by each agreeing in writing to assume financial responsibility for the welfare of the other. 3) has signed a Domestic Partner declaration with Insured Person, if recognized by the laws of the state in which he or she resides with the Insured Person; 4) has not signed a Domestic Partner declaration with any other person within the last 12 months; 5) is 18 years of age or older; 6) is not currently married to another person; 7) is not in a position as a blood relative that would prohibit marriage.

Doctor as used in this Policy means a doctor of medicine or a doctor of osteopathy licensed to render medical services or perform surgery in accordance with the laws of the jurisdiction where such professional services are performed.

Effective Date means the date the Insured Person's coverage under the Policy begins. An Eligible Person will be insured on the latest of: 1) the Policy Effective Date; 2) the date he or she is eligible; or 3) the date requested by the Participating Organization provided the required premium is paid.

Elective Surgery or Elective Treatment means surgery or medical treatment which is not necessitated by a pathological or traumatic change in the function or structure in any part of the body first occurring after the Insured Person's effective date of coverage. Elective Surgery includes, but is not limited to, circumcision, tubal ligation, vasectomy, breast reduction, sexual reassignment surgery, and submucous resection and/or other surgical correction for deviated nasal septum, other than for necessary treatment of covered purulent sinusitis. Elective Surgery does not apply to cosmetic surgery required to correct Injuries suffered in a Covered Accident. Elective Treatment includes, but is not limited to, treatment for acne, nonmalignant warts and moles, weight reduction, infertility, and learning disabilities.

Eligible Benefits means benefits payable by Us to reimburse expenses that are for Medically Necessary services, supplies, care, or treatment due to Sickness or Injury, prescribed, performed or ordered by a Doctor, and Reasonable and Customary charges incurred while insured under this Policy; and which do not exceed the maximum limits shown in the *Schedule of Benefits* under each stated benefit.

Emergency means a medical condition manifesting itself by acute signs or symptoms which could reasonably result in placing the Insured Person's life or limb in danger if medical attention is not provided within 24 hours.

Family Member means an Insured Person's spouse, domestic partner, child, brother, sister, parent, grandparent, or immediate in-law.

Home Country means the country where an Insured Person has his or her true, fixed and permanent home and principal establishment or the United States.

Hospital as used in this Policy means, except as may otherwise be provided, a Hospital (other than an institution for the aged, chronically ill or convalescent, resting or nursing homes) operated pursuant to law for the care and treatment of sick or Injured persons with organized facilities for diagnosis and surgery and having 24-hour nursing service and medical supervision.

Injury wherever used in this Policy means bodily Injury caused solely and directly by violent, accidental, external, and visible means occurring while this Policy is in force and resulting directly and independently of all other causes in a loss covered by this Policy.

Insured Person(s) means a person eligible for coverage under the Policy as defined in "Eligible Persons" who has applied for coverage and is named on the application if any and for whom We have accepted premium. This may be the Primary Insured Person or Dependent(s), if eligible for coverage under the policy and the required premium is paid.

Medically Necessary or Medical Necessity means services and supplies received while insured that are determined by Us to be: 1) appropriate and necessary for the symptoms, diagnosis, or direct care and treatment of the Insured Person's medical conditions; 2) within the standards the organized medical community deems good medical practice for the

Insured Person's condition; 3) not primarily for the convenience of the Insured Person, the Insured Person's Doctor or another service provider or person; 4) not experimental/investigational or unproven, as recognized by the organized medical community, or which are used for any type of research program or protocol; and 5) not excessive in scope, duration, or intensity to provide safe, adequate, and appropriate treatment.

Mental and Nervous Disorder means a Sickness that is a mental, emotional or behavioral disorder.

Permanent Residence means the country where an Insured Person has his or her true, fixed and permanent home and principal establishment, and to which he or she has the intention of returning.

Pre-Existing Condition means an illness, disease, or other condition of the Insured Person within 180 days prior to the Insured Person's coverage became effective under the Policy: 1) first manifested itself, worsened, became acute, or exhibited symptoms that would have caused a person to seek diagnosis, care, or treatment; or 2) required taking prescribed drugs or medicines, unless the condition for which the prescribed drug or medicine is taken remains controlled without any change in the required prescription; or 3) was treated by a Doctor or treatment had been recommended by a Doctor.

Reasonable and Customary means the maximum amount that We determine is Reasonable and Customary for Covered Expenses the Insured Person receives, up to but not to exceed charges actually billed. Our determination considers: 1) amounts charged by other service providers for the same or similar service in the locality where received, considering the nature and severity of the bodily Injury or Sickness in connection with which such services and supplies are received; 2) any usual medical circumstances requiring additional time, skill or experience; and 3) other factors We determine are relevant, including but not limited to, a resource based relative value scale.

Relative means spouse, Domestic Partner, parent, sibling, child, grandparent, grandchild, step-parent, step-child, step-sibling, in-laws (parent, son, daughter, brother and sister), aunt, uncle, niece, nephew, legal guardian, ward, or cousin of the Insured Person.

Sickness wherever used in this Policy means illness or disease of any kind contracted and commencing after the Effective Date of this Policy and covered by this Policy.

Termination of Insurance means the Insured Person's coverage will end on the earliest of the following date: 1) the Policy terminates; 2) the Insured Person is no longer eligible; 3) of the last day of the Term of Coverage, requested by the Participating Organization, applicable to the Insured Person; or 4) the period ends for which premium is paid.

Termination of the Policy will not affect Trip coverage, if premium for the Trip is paid prior to the actual start of the Trip.

We, Our, Us means the insurance company underwriting this insurance.

IMPORTANT NOTICE

This policy provides travel insurance benefits for individuals traveling outside of their home country. This policy does not constitute comprehensive health insurance coverage (often referred to as "major medical coverage") and does not satisfy a person's individual obligation to secure the requirement of minimum essential coverage under the Affordable Care Act (ACA).

For more information about the ACA, please refer to www.HealthCare.gov

This information provides 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 the policy issued in the state in which the policy was delivered under form number AH-15090. 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.

Team Assist Plan (TAP)

The Team Assist Plan is designed by CISI in conjunction with the Assistance Company to provide travelers with a worldwide, 24-hour emergency telephone assistance service. Multilingual help and advice may be furnished for the Insured Person in the event of any emergency during the term of coverage. The Team Assist Plan complements the insurance benefits provided by the Accident and Sickness policy.

If you require Team Assist assistance, your ID number is your policy number. In the U.S., call (855)327-1411, worldwide call (01-312) 935-1703 (collect calls accepted) or e-mail medassist-usa@axa-assistance.us.

Emergency Medical Transportation Services

The Team Assist Plan provides services and pays expenses up to the amount shown in the *Schedule of Benefits* for:

- Emergency Medical Evacuation
- Repatriation/Return of Mortal Remains

All services must be arranged through the Assistance Provider.

Emergency Medical Evacuation Benefit

The Company shall pay benefits for Covered Expenses incurred up to the maximum stated in the *Schedule of Benefits*, if any Injury or Covered Sickness commencing during the Period of Coverage results in the Medically Necessary Emergency Medical Evacuation of the Insured Person. The decision for an Emergency Medical Evacuation must be ordered by the Assistance Company in consultation with the Insured Person's local attending Doctor.

Emergency Medical Evacuation means: a) the Insured Person's medical condition warrants immediate transportation from the place where the Insured Person is located (due to inadequate medical facilities) to the nearest adequate medical facility where medical treatment can be obtained; or b) after being treated at a local medical facility, the Insured Person's medical condition warrants transportation with a qualified medical attendant to his/her Home Country or Permanent Residence to obtain further medical treatment or to recover; or c) both a) and b) above.

Covered Expenses are expenses, up to the maximum stated in the *Schedule of Benefits*, Emergency Medical Evacuation, for transportation, medical services and medical supplies necessarily incurred in connection with Emergency Medical Evacuation of the Insured Person. All transportation arrangements must be by the most direct and economical route.

Repatriation/Return of Mortal Remains or Cremation Benefit

The Company will pay the reasonable Covered Expenses incurred up to the maximum as stated in the *Schedule of Benefits*, Repatriation/Return of Mortal Remains, to return the Insured Person's remains to his/her then current Home Country or Permanent Residence, if he or she dies. Covered Expenses include, but are not limited to, expenses for embalming, cremation, a minimally necessary container appropriate for transportation, shipping costs and the necessary government authorizations. All Covered Expenses in connection with a Return of Mortal Remains must be pre-approved and arranged by an Assistance Company representative appointed by the Company.

The TAP offers these services:

(These services are not insured benefits)

Medical Assistance

Medical Referral Referrals will be provided for doctors, hospitals, clinics or any other medical service provider requested by the Insured. Service is available 24 hours a day, worldwide.

Medical Monitoring In the event the Insured is admitted to a foreign hospital, the AP will coordinate communication between the Insured's own doctor and the attending medical doctor or doctors. The AP will monitor the Insured's progress and update the family or the insurance company accordingly. **Prescription Drug Replacement/Shipment** Assistance will be provided in replacing lost, misplaced, or forgotten medication by locating a supplier of the same medication or by arranging for shipment of the medication as soon as possible.

Emergency Message Transmittal The AP will forward an emergency message to and from a family member, friend or medical provider.

Coverage Verification/Payment Assistance for Medical Expenses The AP will provide verification of the Insured's medical insurance coverage when necessary to gain admittance to foreign hospitals, and if requested, and approved by the Insured's insurance company, or with adequate credit guarantees as determined by the Insured, provide a guarantee of payment to the treating facility.

Travel Assistance

Obtaining Emergency Cash The AP will advise how to obtain or to send emergency funds world-wide.

Traveler Check Replacement Assistance The AP will assist in obtaining replacements for lost or stolen traveler checks from any company, i.e., Visa, Master Card, Cooks, American Express, etc., worldwide.

Lost/Delayed Luggage Tracing The AP will assist the Insured whose baggage is lost, stolen or delayed while traveling on a common carrier. The AP will advise the Insured of the proper reporting procedures and will help travelers maintain contact with the appropriate companies or authorities to help resolve the problem.

Replacement of Lost or Stolen Airline Ticket One telephone call to the provided 800 number will activate the AP's staff in obtaining a replacement ticket.

Technical Assistance

Credit Card/Passport/Important Document Replacement The AP will assist in the replacement of any lost or stolen important document such as a credit card, passport, visa, medical record, etc. and have the documents delivered or picked up at the nearest embassy or consulate.

Locating Legal Services The AP will help the Insured contact a local attorney or the appropriate consular officer when an Insured is arrested or detained, is in an automobile accident, or otherwise needs legal help. The AP will maintain communications with the Insured, family, and business associates until legal counsel has been retained by or for the Insured.

Assistance in Posting Bond/Bail The AP will arrange for the bail bondsman to contact the Insured or to visit at the jail if incarcerated.

Worldwide Inoculation Information Information will be provided if requested by an Insured for all required inoculations relative to the area of the world being visited as well as any other pertinent medical information.

Cultural Insurance Services International (CISI)

1 High Ridge Park | Stamford, CT 06905
Phone: 203-399-5130 | **Fax:** 203-399-5596
claimhelp@mycisi.com • www.culturalinsurance.com



Cultural Insurance Services International – Claim Form

- ▶ **Program Name:** James Madison University – International Students & Scholars
- ▶ **Policy Number:** GLM N04965796
- ▶ **Participant ID Number** (from the front of your insurance card):

Mailing Address: 1 High Ridge Park, Stamford, CT 06905 | **E-mail:** claimhelp@mycisi.com | **Fax:** (203) 399-5596
For claim submission questions, call (203) 399-5130, or e-mail claimhelp@mycisi.com

Instructions:

1. Fully complete and sign the medical claim form for each occurrence, indicating whether the Doctor/Hospital has been paid.
2. Attach **itemized bills** for all amounts being claimed. *We recommend you provide us with a copy and keep the originals for yourself.
3. Approved reimbursements will be paid to the provider of the service unless otherwise indicated.
4. Submit claim form and attachments via mail, e-mail, or by fax (*provided above*).

▶ NAME AND CONTACT INFORMATION OF THE INSURED

Name of the Insured: _____ Date of Birth: ____/____/____
(month/day/year)

*Please indicate which is your home address: ☐ U.S. Address ☐ Address Abroad

U.S. Address: _____
street address apt/unit # city state zip code

Address Abroad: _____

E-mail Address: _____ Phone Number: _____

▶ IF IN AN ACCIDENT

Date of Accident: ____/____/____ Place of Accident: _____ Date of Doctor/Hospital Visit: ____/____/____

Description/Details of Injury (*attach additional notes if necessary*): _____

▶ IF SICKNESS/ILLNESS

Description of Sickness/Illness (*attach additional notes if necessary*): _____

*Onset Date of Symptoms: ____/____/____ *Date of Doctor/Hospital Visit: ____/____/____

Have you had this Sickness/Illness before? ☐ YES ☐ NO If yes, when was the last occurrence and/or doctor/hospital visit? _____

▶ REIMBURSEMENT

Have these doctor/hospital bills been paid by you? ☐ YES ☐ NO

If no, do you authorize payment to the provider of service for medical services claimed? ☐ YES ☐ NO

If yes, any eligible reimbursements will be made in U.S. currency (USD) via check. If you would like your eligible reimbursement in another currency via wire transfer, please contact CISI at 203-399-5130 or claimhelp@mycisi.com for instructions.

Please note if you are submitting a claim for prescription medication, you must submit the prescription receipt. This will include your name, the name of the prescribing physician, name of the medication, dosage, date and amount billed. Cash register receipts will not be considered for reimbursement.

▶ FOR CLAIMS RELATED TO THE TRIP INTERRUPTION BENEFIT

*Please note: In order to claim monies back related to the Trip Interruption Benefit, you **MUST** submit the following:

1. Flight Itinerary including your name, travel dates and departure and arrival locations
2. Letter stating reason for curtailing travel (if due to a medical condition, the letter must be from the treating physician)

Please provide us with the relevant details of your incident below or the details and value of your loss. You may attach an additional page if necessary:

▶ CONSENT TO RELEASE MEDICAL INFORMATION

I hereby authorize any insurance company, Hospital or Physician or other person who has attended or examined me, including those in my home country to furnish to Cultural Insurance Services International or any of their duly appointed representatives, any and all information with respect to any sickness/illness or injury, medical history, consultation, prescriptions or treatment, and copies of all hospital or medical reports. A photo static copy of this authorization shall be considered as effective and valid as the original.

I certify that the information furnished by me in support of this claim is true and correct.

Warning: It is a crime to knowingly provide false, incomplete or misleading information to an Insurance Company for the purpose of defrauding the Company. Penalties include imprisonment, fines and denial of insurance benefits.

Name (please print): _____

Signature: _____ Date: _____



World Class Coverage Plan

designed for

James Madison University

Study Abroad Participants

2017-2018

Policy # GLM N04965802

Administered by Cultural Insurance Services International • 1 High Ridge Park • Stamford, CT 06905-1322
This plan is underwritten by ACE American Insurance Company

Policy terms and conditions are briefly outlined in this Description of Coverage. Complete provisions pertaining to this insurance are contained in the Master Policy on file with James Madison University under form number AH-15090. In the event of any conflict between this Description of Coverage and the Master Policy, the Policy will govern.

Schedule of Benefits	
Coverage and Services	Maximum Limits
• Accidental Death and Dismemberment Per Insured Person	\$15,000
• Medical expenses (per Covered Accident or Sickness):	
Deductible	zero
Benefit Maximum	\$250,000 at 100%
• Extension of Benefits	30 days
• Emergency Medical Reunion	\$5,000
(incl. hotel/meals, max \$200/day)	
• Return Ticket	\$1,500
• Team Assist Plan (TAP): 24/7 medical, travel, technical assistance	
• Emergency Medical Evacuation	\$250,000
• Repatriation/Return of Mortal Remains	\$100,000
• Security Evacuation (Comprehensive)	\$100,000

Benefit Provisions

Benefits are payable under the Policy for Covered Expenses incurred by an Insured Person for the items stated in the *Schedule of Benefits*. All students and accompanying faculty and staff who are enrolled as James Madison University Study Abroad participants, and who are temporarily pursuing educational activities outside of the United States and their Home Country are eligible for coverage. Benefits shall be payable to either the Insured Person or the Service Provider for Covered Expenses incurred Worldwide, except in the United States or their Home Country. The first such expense must be incurred by an Insured Person within 30 days after the date of the Covered Accident or commencement of the Sickness; and

- All expenses must be incurred by the Insured Person within 364 days from the date of the Covered Accident or commencement of the Sickness; and
- The Insured Person must remain continuously insured under the Policy for the duration of the treatment.

The charges enumerated herein shall in no event include any amount of such charges which are in excess of Reasonable and Customary charges. If the charge incurred is in excess of such average charge such excess amount shall not be recognized as a Covered Expense. All charges shall be deemed to be incurred on the date such services or supplies, which give rise to the expense or charge, are rendered or obtained.

Accidental Death and Dismemberment Benefit

Accidental Death Benefit. If Injury to the Insured Person results in death within 365 days of the date of the Covered Accident that caused the Injury, We will pay 100% of the Benefit Amount.

Accidental Dismemberment Benefit. If Injury to the Insured Person results, within 365 days of the date of the Covered Accident that caused the Injury, in any one of the Losses specified below, We will pay the percentage of the Benefit Amount shown below for that Loss:

For Loss of:	Percentage of Benefit Amount:
Both Hands or Both Feet	100%
Sight of Both Eyes	100%
One Hand and One Foot	100%
One Hand and the Sight of One Eye	100%
One Foot and the Sight of One Eye	100%
Speech and Hearing in Both Ears	100%
One Hand or One Foot	50%
The Sight of One Eye	50%
Speech or Hearing in Both Ears	50%
Hearing in One Ear	25%
Thumb and Index Finger of Same Hand	25%

"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. If more than one Loss is sustained by an Insured Person as a result of the

same Covered Accident, only one amount, the largest, will be paid. Maximum aggregate benefit per occurrence is \$1,000,000.

Accident and Sickness Medical Expenses

We will pay Covered Expenses due to Accident or Sickness only, as per the limits stated in the *Schedule of Benefits*. Coverage is limited to Covered Expenses incurred subject to Exclusions. All bodily Injuries sustained in any one Covered Accident shall be considered one Disablement, all bodily disorders existing simultaneously which are due to the same or related causes shall be considered one Disablement. If a Disablement is due to causes which are the same or related to the cause of a prior Disablement (including complications arising there from), the Disablement shall be considered a continuation of the prior Disablement and not a separate Disablement.

Treatment of an Injury or Sickness must occur within 30 days of the Accident or onset of the Sickness.

When a Covered Injury or Sickness is incurred by the Insured Person We will pay Reasonable and Customary medical expenses as stated in the *Schedule of Benefits*. In no event shall Our maximum liability exceed the maximum stated in the *Schedule of Benefits* as to Covered Expenses during any one period of individual coverage.

Covered Accident and Sickness Medical Expenses

Only such expenses, incurred as the result of a covered Accident or Sickness, 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 inclusive of charges for professional service and with the exception of personal services of a non-medical nature; provided, however, that expenses do not exceed the Hospital's average charge for semiprivate room and board accommodation.
- Charges made for Intensive Care or Coronary Care charges and nursing services.
- Charges made for diagnosis, treatment and surgery by a Doctor.
- Charges made for an operating room.
- Charges made for outpatient treatment, same as any other treatment covered on an inpatient basis. This includes ambulatory surgical centers, Doctors' outpatient visits/examinations, clinic care, and surgical opinion consultations.
- 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.
- Dressings, drugs, and medicines that can only be obtained upon a written prescription of a Doctor 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. Such transportation shall be by licensed ground ambulance only.
- Charges for physiotherapy, if recommended by a Doctor for the treatment of a specific Disablement and administered by a licensed physiotherapist.
- Nervous or Mental Disorders are payable a) up to \$5,000 for outpatient treatment; or b) up to 30 days on an inpatient basis. We shall not be liable for more than one such inpatient or outpatient occurrence under the Policy with respect to any one Insured Person.
- Chiropractic Care and Therapeutic Services shall be limited to a total of \$50 per visit, excluding x-ray and evaluation charges, with a maximum of 10 visits per Injury or Sickness. The overall maximum coverage per Injury or Sickness is \$500 which includes x-ray and evaluation charges.
- Pregnancy, childbirth or miscarriage.

- Charges due to a Pre-Existing Condition are covered up to \$5,000 on a primary basis. Any remaining costs are payable secondary to any other insurance plan, up to the Medical Expense maximum.

Extension of Benefits

Medical benefits are automatically extended 30 days after expiration of Insurance for conditions first diagnosed or treated during or related to your overseas study program with James Madison University. Benefits will cease at 12:00 a.m. on the 31st day following Termination of Insurance.

Emergency Medical Reunion Benefit

When an Insured Person is hospitalized for more than 6 consecutive days, We will reimburse for round trip economy-class transportation for one individual selected by the Insured Person, from the Insured Person's current Home Country to the location where the Insured Person is hospitalized. The benefits reimbursable will include:

- The cost of a round trip economy airfare and their hotel and meals up to the maximum stated in the *Schedule of Benefits*, Emergency Medical Reunion.

Return Ticket Benefit

We will reimburse the cost of a round trip ticket of an Insured Person's trip, up to the Benefit Maximum shown in the *Schedule of Benefits*, if his or her trip is interrupted as the result of any one of the following events:

1. the death of a Family Member; or
2. the unforeseen Injury or Sickness of the Insured Person's Family Member,

provided at least 30 days remain in the Insured Person's Term of Coverage at the time he or she notifies Us of the event.

The Insured Person must return to the educational program within 30 days of arrival in the Home Country or Permanent Residence.

Exclusions and Limitations

For benefits listed under Accidental Death and Dismemberment, this Insurance does not cover:

- Disease of any kind.
- Bacterial infections except pyogenic infections which occur from an accidental cut or wound.
- Neuroses, psychoneuroses, psychopathies, psychoses or mental or emotional diseases or disorders of any type.
- Intentionally self-inflicted Injury; suicide or attempted suicide (Applicable to Accidental Death and Dismemberment benefits only).
- War or any act of war, whether declared or not.
- Injury sustained while riding as a pilot, student pilot, operator, or crew member, in or on, boarding or alighting from, any type of aircraft.
- Injury occasioned or occurring while committing or attempting to commit a felony, or to which the contributing cause was the Insured Person being engaged in an illegal occupation.

In addition, this Insurance does not cover Medical Expense Benefits for:

- Charges for treatment which is not Medically Necessary.
- 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 Doctor.
- War or any act of war, whether declared or not.
- 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 an Injury or Sickness established by a prior call or attendance of a Doctor.
- 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.
- The refusal of a Doctor or Hospital to make all medical reports and records available to Us which will cause an otherwise valid claim to be denied.
- Cosmetic or plastic surgery, except as the result of a covered Injury; for the purposes of this Policy, treatment of a deviated nasal septum shall be considered a cosmetic condition.
- Elective Surgery or Elective Treatment which can be postponed until the Insured Person returns to his/her Home Country or Permanent Residence, where the objective of the trip is to seek medical advice, treatment or surgery.
- Treatment and the provision of false teeth or dentures, normal hearing 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 an Injury incurred while insured hereunder.
- Treatment while confined primarily to receive custodial care, educational or rehabilitative care, or nursing services.
- Congenital abnormalities and conditions arising out of or resulting therefrom.
- The cost of the Insured Person's unused airline ticket(s) for transportation back to the Insured Person's Home Country or Permanent Residence, where an Emergency Medical Evacuation or Repatriation of Remains benefit is provided.
- Expenses as a result of 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; parasailing. (except as provided by the Policy)
- Treatment paid for or furnished under any mandatory government program or facility set up for treatment without cost to any individual.
- Injury or Sickness covered by Workers' Compensation, Employers' Liability laws, or similar occupational benefits.
- Injuries for which benefits are payable under any no-fault automobile insurance policy.
- Routine dental treatment.
- Drugs, treatments or procedures that either promote or prevent conception, or prevent childbirth, including but not limited to: artificial insemination, treatment for infertility or impotency, sterilization or reversal thereof, or abortion.
- Treatment for human organ tissue transplants and related treatment.
- Weak, strained or flat feet, corns, calluses, or toenails.
- Diagnosis and treatment of acne.
- 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.
- Dental care, except as the result of Injury to natural teeth caused by a Covered Accident, unless otherwise covered under this Policy.
- Expenses incurred within the Insured Person's Home Country or country of Permanent Residence, unless otherwise covered under this Policy.
- Mental or Nervous Disorders or rest cures, unless otherwise covered under this Policy.

This insurance does not apply to the extent that trade or economic sanctions or other laws or regulations prohibit Us from providing insurance, including, but not limited to, the payment of claims.

Subrogation

To the extent the Company pays for a loss suffered by an Insured Person, the Company will take over the rights and remedies the Insured Person had relating to the loss. This is known as subrogation. The Insured Person must help the Company to preserve its rights against those responsible for the loss. This may involve signing any papers and taking any other steps the Company may reasonably require. If the Company takes over an Insured Person's rights, the Insured Person must sign an appropriate subrogation form supplied by the Company.

Definitions

Coinsurance means the percentage amount of eligible Covered Expenses, after the Deductible, which are the responsibilities of the Insured Person and must be paid by the Insured Person. The Coinsurance amount is stated in the *Schedule of Benefits*, under each stated benefit.

Company shall be ACE American Insurance Company.

Covered Accident means an event, independent of Sickness or self-inflicted means, which is the direct cause of bodily Injury to an Insured Person.

Covered Expenses means expenses which are for Medically Necessary services, supplies, care, or treatment due to Sickness or Injury, prescribed, performed or ordered by a Doctor, and Reasonable and Customary charges incurred while insured under this Policy, and that do not exceed the maximum limits shown in the *Schedule of Benefits*, under each stated benefit.

Deductible means the amount of eligible Covered Expenses which are the responsibility of each Insured Person and must be paid by each Insured Person before benefits under the Policy are payable by Us. The Deductible amount is stated in the *Schedule of Benefits*, under each stated benefit.

Dependent means an Insured Person's lawful spouse or an Insured's unmarried child, from the moment of birth to age 19, 25 if a full-time student, who is chiefly dependent on the Insured for support. A child, for eligibility purposes, includes an Insured's natural child; adopted child, beginning with any waiting period pending finalization of the child's adoption; or a stepchild who resides with the Insured or depends on the Insured for financial support. A Dependent may also include any person related to the Insured by blood or marriage and for whom the Insured is allowed a deduction under the Internal Revenue Code.

Insurance will continue for any Dependent child who reaches the age limit and continues to meet the following conditions: 1) the child is handicapped, 2) is not capable of self-support and 3) depends mainly on the Insured for support and maintenance. The Insured must send Us satisfactory proof that the child meets these conditions, when requested. We will not ask for proof more than once a year.

"Dependent" also means an Insured Person's Domestic Partner. "Domestic Partner" means a person of the same or opposite sex of the Insured Person who: 1) shares the Insured Person's primary residence; 2) is financially interdependent with the Insured Person in each of the following ways; a) by holding one or more credit or bank accounts, including a checking account, as joint owners; b) by owning or leasing their permanent residence as joint tenants; c) by naming, or being named by the other as a beneficiary of life insurance or under a will; d) by each agreeing in writing to assume financial responsibility for the welfare of the other. 3) has signed a Domestic Partner declaration with Insured Person, if recognized by the laws of the state in which he or she resides with the Insured Person; 4) has not signed a Domestic Partner declaration with any other person within the last 12 months; 5) is 18 years of age or older; 6) is not currently married to another person; 7) is not in a position as a blood relative that would prohibit marriage.

Doctor as used in this Policy means a doctor of medicine or a doctor of osteopathy licensed to render medical services or perform surgery in accordance with the laws of the jurisdiction where such professional services are performed.

Effective Date means the date the Insured Person's coverage under the Policy begins. An Eligible Person will be insured on the latest of: 1) the Policy Effective Date; 2) the date he or she is eligible; or 3) the date requested by the Participating Organization provided the required premium is paid.

Elective Surgery or Elective Treatment means surgery or medical treatment which is not necessitated by a pathological or traumatic change in the function or structure in any part of the body first occurring after the Insured Person's effective date of coverage. Elective Surgery includes, but is not limited to, circumcision, tubal ligation, vasectomy, breast reduction, sexual reassignment surgery, and submucous resection and/or other surgical correction for deviated nasal septum, other than for necessary treatment of covered purulent sinusitis. Elective Surgery does not apply to cosmetic surgery required to correct Injuries suffered in a Covered Accident. Elective Treatment includes, but is not limited to, treatment for acne, nonmalignant warts and moles, weight reduction, infertility, and learning disabilities.

Eligible Benefits means benefits payable by Us to reimburse expenses that are for Medically Necessary services, supplies, care, or treatment due to Sickness or Injury, prescribed, performed or ordered by a Doctor, and Reasonable and Customary charges incurred while insured under this Policy; and which do not exceed the maximum limits shown in the *Schedule of Benefits* under each stated benefit.

Emergency means a medical condition manifesting itself by acute signs or symptoms which could reasonably result in placing the Insured Person's life or limb in danger if medical attention is not provided within 24 hours.

Family Member means an Insured Person's spouse, domestic partner, child, brother, sister, parent, grandparent, or immediate in-law.

Home Country means the country where an Insured Person has his or her true, fixed and permanent home and principal establishment or the United States.

Hospital as used in this Policy means, except as may otherwise be provided, a Hospital (other than an institution for the aged, chronically ill or convalescent, resting or nursing homes) operated pursuant to law for the care and treatment of sick or Injured persons with organized facilities for diagnosis and surgery and having 24-hour nursing service and medical supervision.

Injury wherever used in this Policy means bodily Injury caused solely and directly by violent, accidental, external, and visible means occurring while this Policy is in force and resulting directly and independently of all other causes in a loss covered by this Policy.

Insured Person(s) means a person eligible for coverage under the Policy as defined in "Eligible Persons" who has applied for coverage and is named on the application if any and for whom We have accepted premium. This may be the Primary Insured Person or Dependent(s), if eligible for coverage under the policy and the required premium is paid.

Medically Necessary or Medical Necessity means services and supplies received while insured that are determined by Us to be: 1) appropriate and necessary for the symptoms, diagnosis, or direct care and treatment of the Insured Person's medical conditions; 2) within the standards the organized medical community deems good medical practice for the Insured Person's condition; 3) not primarily for the convenience of the Insured Person, the Insured Person's Doctor or another service provider or person; 4) not experimental/investigational or unproven, as recognized by the organized medical community, or which are used for any type of research program or protocol; and 5) not excessive in scope, duration, or intensity to provide safe, adequate, and appropriate treatment.

Mental and Nervous Disorder means a Sickness that is a mental, emotional or behavioral disorder.

Permanent Residence means the country where an Insured Person has his or her true, fixed and permanent home and principal establishment, and to which he or she has the intention of returning.

Pre-Existing Condition means an illness, disease, or other condition of the Insured Person within 180 days prior to the Insured Person's coverage became effective under the Policy: 1) first manifested itself, worsened, became acute, or exhibited symptoms that would have caused a person to seek diagnosis, care, or treatment; or 2) required taking prescribed drugs or medicines, unless the condition for which the prescribed drug or medicine is taken remains controlled without any change in the required prescription; or 3) was treated by a Doctor or treatment had been recommended by a Doctor.

Reasonable and Customary means the maximum amount that We determine is Reasonable and Customary for Covered Expenses the Insured Person receives, up to but not to exceed charges actually billed. Our determination considers: 1) amounts charged by other service providers for the same or similar service in the locality where received, considering the nature and severity of the bodily Injury or Sickness in connection with which such services and supplies are received; 2) any usual medical circumstances requiring additional time, skill or experience; and 3) other factors We determine are relevant, including but not limited to, a resource based relative value scale.

Relative means spouse, Domestic Partner, parent, sibling, child, grandparent, grandchild, step-parent, step-child, step-sibling, in-laws (parent, son, daughter, brother and sister), aunt, uncle, niece, nephew, legal guardian, ward, or cousin of the Insured Person.

Sickness wherever used in this Policy means illness or disease of any kind contracted and commencing after the Effective Date of this Policy and covered by this Policy.

Termination of Insurance means the Insured Person's coverage will end on the earliest of the following date: 1) the Policy terminates; 2) the Insured Person is no longer eligible; 3) of the last day of the Term of Coverage, requested by the Participating Organization, applicable to the Insured Person; or 4) the period ends for which premium is paid.

Termination of the Policy will not affect Trip coverage, if premium for the Trip is paid prior to the actual start of the Trip.

We, Our, Us means the insurance company underwriting this insurance.

IMPORTANT NOTICE

This policy provides travel insurance benefits for individuals traveling outside of their home country. This policy does not constitute comprehensive health insurance coverage (often referred to as "major medical coverage") and does not satisfy a person's individual obligation to secure the requirement of minimum essential coverage under the Affordable Care Act (ACA).

For more information about the ACA, please refer to www.HealthCare.gov

This information provides 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 the policy issued in the state in which the policy was delivered under form number AH-15090. 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.

Team Assist Plan (TAP)

The Team Assist Plan is designed by CISI in conjunction with the Assistance Company to provide travelers with a worldwide, 24-hour emergency telephone assistance service. Multilingual help and advice may be furnished for the Insured Person in the event of any emergency during the term of coverage. The Team Assist Plan complements the insurance benefits provided by the Accident and Sickness policy.

If you require Team Assist assistance, your ID number is your policy number. In the U.S., call (855)327-1411, worldwide call (01-312) 935-1703 (collect calls accepted) or e-mail medassist-usa@axa-assistance.us.

Emergency Medical Transportation Services

The Team Assist Plan provides services and pays expenses up to the amount shown in the *Schedule of Benefits* for:

- Emergency Medical Evacuation
- Repatriation/Return of Mortal Remains

All services must be arranged through the Assistance Provider.

Emergency Medical Evacuation Benefit

The Company shall pay benefits for Covered Expenses incurred up to the maximum stated in the *Schedule of Benefits*, if any Injury or Covered Sickness commencing during the Period of Coverage results in the Medically Necessary Emergency Medical Evacuation of the Insured Person. The decision for an Emergency Medical Evacuation must be ordered by the Assistance Company in consultation with the Insured Person's local attending Doctor.

Emergency Medical Evacuation means: a) the Insured Person's medical condition warrants immediate transportation from the place where the Insured Person is located (due to inadequate medical facilities) to the nearest adequate medical facility where medical treatment can be obtained; or b) after being treated at a local medical facility, the Insured Person's medical condition warrants transportation with a qualified medical attendant to his/her Home Country or Permanent Residence to obtain further medical treatment or to recover; or c) both a) and b) above.

Covered Expenses are expenses, up to the maximum stated in the *Schedule of Benefits*, Emergency Medical Evacuation, for transportation, medical services and medical supplies necessarily incurred in connection with Emergency Medical Evacuation of the Insured Person. All transportation arrangements must be by the most direct and economical route.

Repatriation/Return of Mortal Remains or Cremation Benefit

The Company will pay the reasonable Covered Expenses incurred up to the maximum as stated in the *Schedule of Benefits*, Repatriation/Return of Mortal Remains, to return the Insured Person's remains to his/her then current Home Country or Permanent Residence, if he or she dies. Covered Expenses include, but are not limited to, expenses for embalming, cremation, a minimally necessary container appropriate for transportation, shipping costs and the necessary government authorizations. All Covered Expenses in connection with a Return of Mortal Remains must be pre-approved and arranged by an Assistance Company representative appointed by the Company.

The TAP offers these services:

(These services are not insured benefits)

Medical Assistance

Medical Referral Referrals will be provided for doctors, hospitals, clinics or any other medical service provider requested by the Insured. Service is available 24 hours a day, worldwide.

Medical Monitoring In the event the Insured is admitted to a foreign hospital, the AP will coordinate communication between the Insured's own doctor and the attending medical doctor or doctors. The AP will monitor the Insured's progress and update the family or the insurance company accordingly.

Prescription Drug Replacement/Shipment Assistance will be provided in replacing lost, misplaced, or forgotten medication by locating a supplier of the same medication or by arranging for shipment of the medication as soon as possible.

Emergency Message Transmittal The AP will forward an emergency message to and from a family member, friend or medical provider.

Coverage Verification/Payment Assistance for Medical Expenses The AP will provide verification of the Insured's medical insurance coverage when necessary to gain admittance to foreign hospitals, and if requested, and approved by the Insured's insurance company, or with adequate credit guarantees as determined by the Insured, provide a guarantee of payment to the treating facility.

Travel Assistance

Obtaining Emergency Cash The AP will advise how to obtain or to send emergency funds world-wide.

Traveler Check Replacement Assistance The AP will assist in obtaining replacements for lost or stolen traveler checks from any company, i.e., Visa, Master Card, Cooks, American Express, etc., worldwide.

Lost/Delayed Luggage Tracing The AP will assist the Insured whose baggage is lost, stolen or delayed while traveling on a common carrier. The AP will advise the Insured of the proper reporting procedures and will help travelers maintain contact with the appropriate companies or authorities to help resolve the problem.

Replacement of Lost or Stolen Airline Ticket One telephone call to the provided 800 number will activate the AP's staff in obtaining a replacement ticket.

Technical Assistance

Credit Card/Passport/Important Document Replacement The AP will assist in the replacement of any lost or stolen important document such as a credit card, passport, visa, medical record, etc. and have the documents delivered or picked up at the nearest embassy or consulate.

Locating Legal Services The AP will help the Insured contact a local attorney or the appropriate consular officer when an Insured is arrested or detained, is in an automobile accident, or otherwise needs legal help. The AP will maintain communications with the Insured, family, and business associates until legal counsel has been retained by or for the Insured.

Assistance in Posting Bond/Bail The AP will arrange for the bail bondsman to contact the Insured or to visit at the jail if incarcerated.

Worldwide Inoculation Information Information will be provided if requested by an Insured for all required inoculations relative to the area of the world being visited as well as any other pertinent medical information.

Security Evacuation (Comprehensive)

Coverage (up to the amount shown in the Schedule of Benefits, Security Evacuation) is provided for security evacuations for specific Occurrences. To view the covered Occurrences and to download a detailed PDF of this brochure, please go to the following web page:

http://www.culturalinsurance.com/cisi_forms.asp

Cultural Insurance Services International (CISI)

1 High Ridge Park | Stamford, CT 06905

Phone: 203-399-5130 | Fax: 203-399-5596

claimhelp@mycisi.com • www.culturalinsurance.com



Cultural Insurance Services International – Claim Form

- ▶ **Program Name:** James Madison University - Study Abroad
- ▶ **Policy Number:** GLM N04965802
- ▶ **Participant ID Number** (from the front of your insurance card):

Mailing Address: 1 High Ridge Park, Stamford, CT 06905 | **E-mail:** claimhelp@mycisi.com | **Fax:** (203) 399-5596
For claim submission questions, call (203) 399-5130, or e-mail claimhelp@mycisi.com

Instructions:

1. Fully complete and sign the medical claim form for each occurrence, indicating whether the Doctor/Hospital has been paid.
2. Attach **itemized bills** for all amounts being claimed. *We recommend you provide us with a copy and keep the originals for yourself.
3. Approved reimbursements will be paid to the provider of the service unless otherwise indicated.
4. Submit claim form and attachments via mail, e-mail, or by fax (*provided above*).

▶ NAME AND CONTACT INFORMATION OF THE INSURED

Name of the Insured: _____ Date of Birth: ____/____/____
(month/day/year)

*Please indicate which is your home address: ☐ U.S. Address ☐ Address Abroad

U.S. Address: _____
street address apt/unit # city state zip code

Address Abroad: _____

E-mail Address: _____ Phone Number: _____

▶ IF IN AN ACCIDENT

Date of Accident: ____/____/____ Place of Accident: _____ Date of Doctor/Hospital Visit: ____/____/____

Description/Details of Injury (*attach additional notes if necessary*): _____

▶ IF SICKNESS/ILLNESS

Description of Sickness/Illness (*attach additional notes if necessary*): _____

*Onset Date of Symptoms: ____/____/____ *Date of Doctor/Hospital Visit: ____/____/____

Have you had this Sickness/Illness before? ☐ YES ☐ NO If yes, when was the last occurrence and/or doctor/hospital visit? _____

▶ REIMBURSEMENT

Have these doctor/hospital bills been paid by you? ☐ YES ☐ NO

If no, do you authorize payment to the provider of service for medical services claimed? ☐ YES ☐ NO

If yes, any eligible reimbursements will be made in U.S. currency (USD) via check. If you would like your eligible reimbursement in another currency via wire transfer, please contact CISI at 203-399-5130 or claimhelp@mycisi.com for instructions.

Please note if you are submitting a claim for prescription medication, you must submit the prescription receipt. This will include your name, the name of the prescribing physician, name of the medication, dosage, date and amount billed. Cash register receipts will not be considered for reimbursement.

▶ FOR CLAIMS RELATED TO THE RETURN TICKET BENEFIT

*Please note: In order to claim monies back related to the Return Ticket Benefit, you **MUST** submit the following:

1. Flight Itinerary including your name, travel dates and departure and arrival locations
2. Letter stating reason for curtailing travel (if due to a medical condition, the letter must be from the treating physician)

Please provide us with the relevant details of your incident below or the details and value of your loss. You may attach an additional page if necessary:

▶ CONSENT TO RELEASE MEDICAL INFORMATION

I hereby authorize any insurance company, Hospital or Physician or other person who has attended or examined me, including those in my home country to furnish to Cultural Insurance Services International or any of their duly appointed representatives, any and all information with respect to any sickness/illness or injury, medical history, consultation, prescriptions or treatment, and copies of all hospital or medical reports. A photo static copy of this authorization shall be considered as effective and valid as the original.

I certify that the information furnished by me in support of this claim is true and correct.

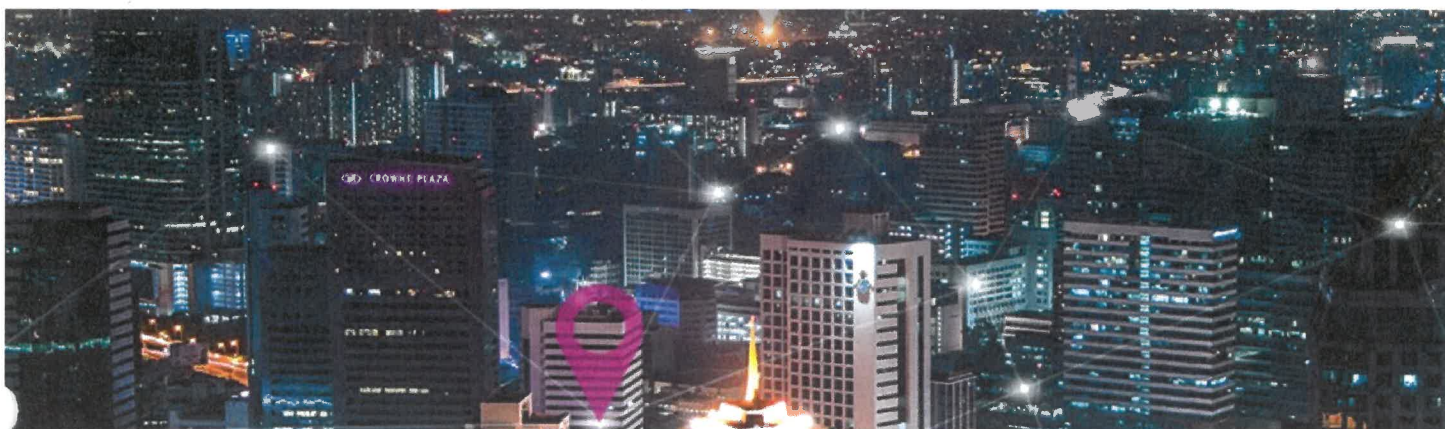
Warning: It is a crime to knowingly provide false, incomplete or misleading information to an Insurance Company for the purpose of defrauding the Company. Penalties include imprisonment, fines and denial of insurance benefits.

Name (please print): _____

Signature: _____ Date: _____

User Reference Guide

RiskMonitor



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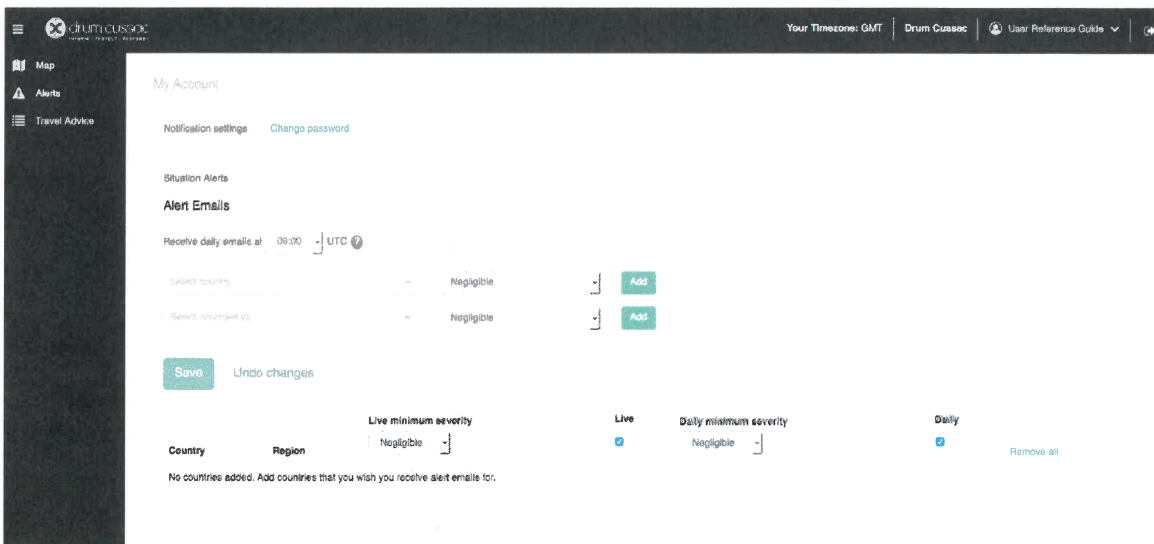
Introduction

This guide should be used as a reference for the RiskMonitor platform. This guide will give users key information about:

- The purpose of the area within the platform
- The main features the section has
- Tips on how best to use the area

My Account

The **My Account** section is the user's central area for their personal settings within the platform. This can be accessed via the top navigation area under the *user's name*. When selecting the user's name, the **My Account** section will appear. Once selected, the user will be taken to a similar screen as shown below:



Within this section a user has the ability to configure and amend the following areas:

Situation Alerts - Live

Users will have the ability to configure what real-time situation alerts they want to receive via the **Notification Settings** tab. The Live situation alerts will be sent to a user as soon as Drum Cussac publishes them. Alerts will be sent from the following email address: riskmonitor@drum-cussac.com

Within this tab a user can configure alerts via the following:

- Ability to select one or multiple countries
- Ability to select one or multiple regions
- Ability to select the minimum severity for the selected region(s) or country(s)

Once a user is happy with their selection they can add it to the table via the **Add** button. This will then add the configuration to the data table below.

Within the data table, a user has the ability to amend the configuration that they have added. A User can either:

- Amend the minimum severity at country level
- Amend the minimum severity for all countries that are added to the data table
- Ability to stop receiving the alert for a country
- Ability to remove the country from the data table

An Example Configuration would be:

- **Countries selected:** Italy, Spain, Germany and France
- **Severity selected:** Low
- **Outcome:** The User will receive all situation alerts to only the above countries that have a risk rating of Low and above

Situation Alerts - Daily

Alternatively users can receive alerts on a daily basis. The timing of when the Daily alerts are sent to the user is configurable by them. The Daily alert will consist of the last 24 hours worth of alerts for the country(s) that have been selected.

A user can select a time from the *Receive daily emails at* dropdown menu. All times are listed in UTC (Universal Time Coordinated). To identify what the user's local time is against the UTC time, an "Information" icon is visible and when the user hovers over this it will display the local time.

Once a user has then setup which countries/regions they wish to receive and added to them to the data table, a user will have the ability to select the **Daily** tick box. In selecting this, the user will receive alerts at the time they have selected.

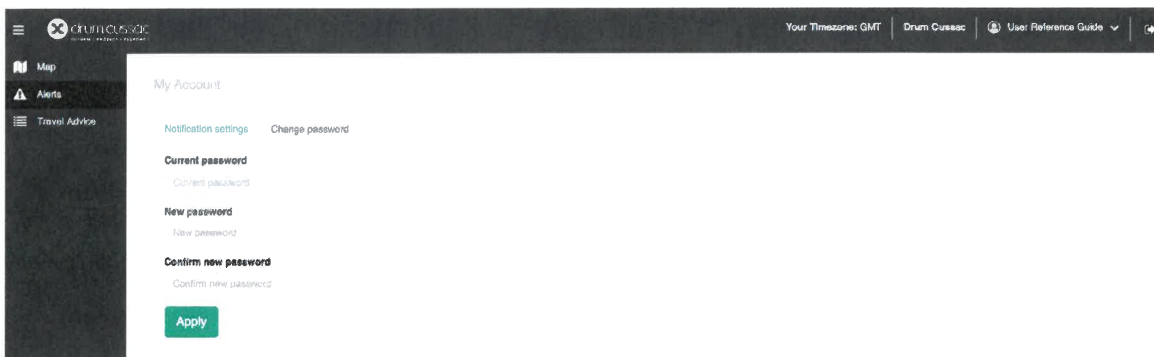
An Example Configuration would be:

- **Countries selected:** Nigeria, Ghana, Ivory Coast and Niger
- **Severity selected:** Moderate
- **Daily Timing:** 12:00 UTC
- **Outcome:** The User will receive a Daily alert at the selected time and will display all alerts published for the above countries that are classed as Moderate and above.

Change Password

The second tab under the **My Account** section is **Change Password**. Within this section a user can amend their password by entering their current password and then adding in their new one twice. The password criteria is the following:

- Minimum of 8 characters
- No more than 2 repeating characters
- Must contain 1 uppercase, lowercase character
- Must contain either a number or a special character



Map

The **Map** allows a user to visually see what incidents are happening around the world in a single location:



Within the **Map** a user can view the following information at Global Level:

- Active situation alerts published by Drum Cussac
- Ability to apply filters

A user can view further details on Alerts and Countries by selecting them on the map.

Alerts

Alerts are displayed on the map via the “flame” icon and are coloured based on their severity rating. A cluster of alerts will display on a map as a circle with a number inside it. If a user then zooms into that location the cluster will split to display the alert location:

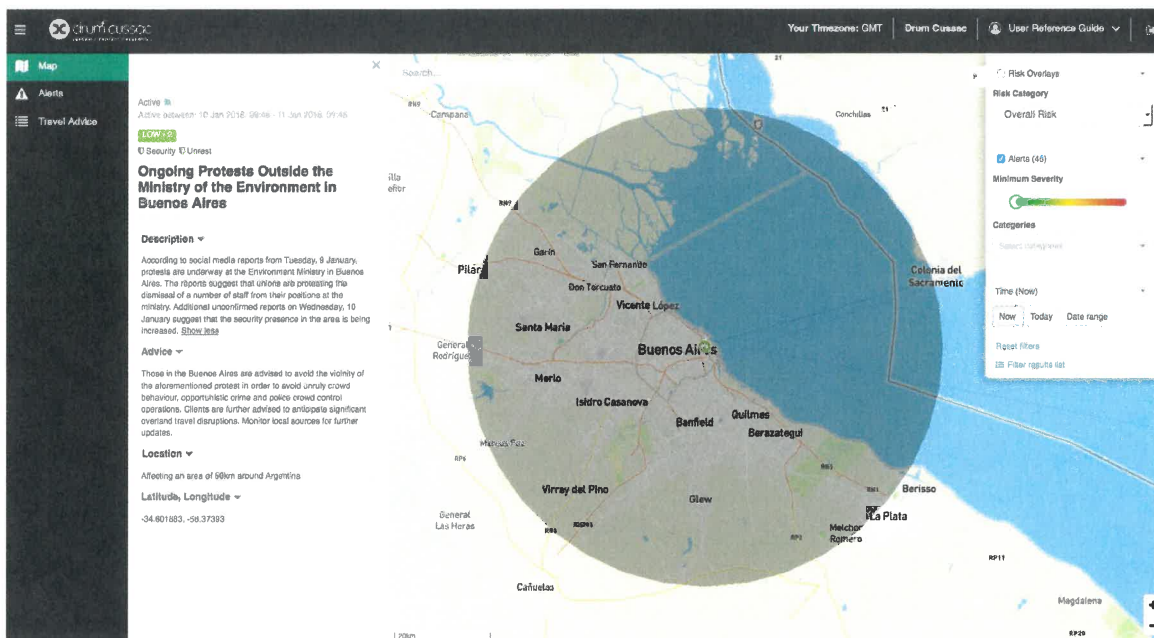


A user has a few ways of viewing information about an alert on the Map. If a user wants to get a preview of what an alert is then they have the ability to hover on the alert icon and view a quick summary:



To then view further information on the alert a user can select the **View alert summary** link. In doing this the map will then zoom into the location of the alert, and display the following:

- Alert Status
- Alert Severity
- Alert Category(s)
- Alert Title
- Alert Description
- Alert Advice
- Alert Location information
- Alert Radius



If a user then selects the Alert title, this will then take them to the **Alerts** section of the platform.

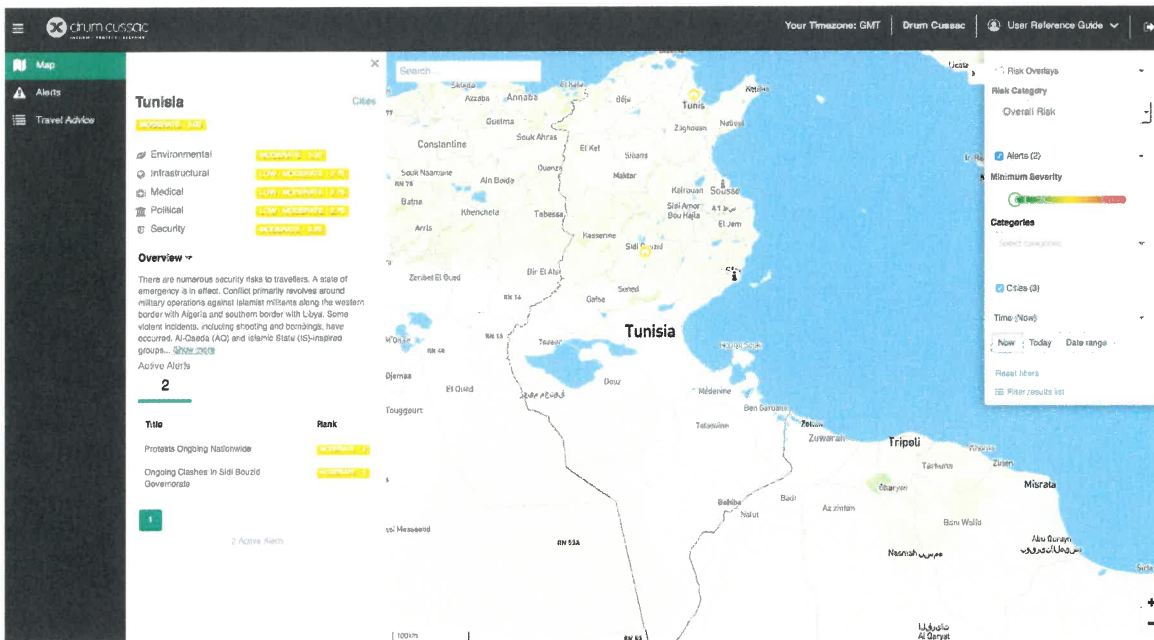
Country

When a user clicks on a country within the map, they will be presented with the *Country Summary* on the left hand side of the map and the map will zoom into the borders of that country. Within the *Country Summary* a user can view the following information:

- Country Risk Ratings
- Country Overview
- A list of active alerts

The map will also display the alert locations along with an *Information icon* which represents the Cities that Drum Cussac has Travel Advice for.

A user can then view the country's full profile by selecting the country name. This will then take the user to the **Travel Advice** section of the platform:



Filters

A user has the ability to apply a set of filters to the map. The filters are located on the right hand side of the map and can be hidden by selecting the arrow icon (located at the top left of the filter bar).

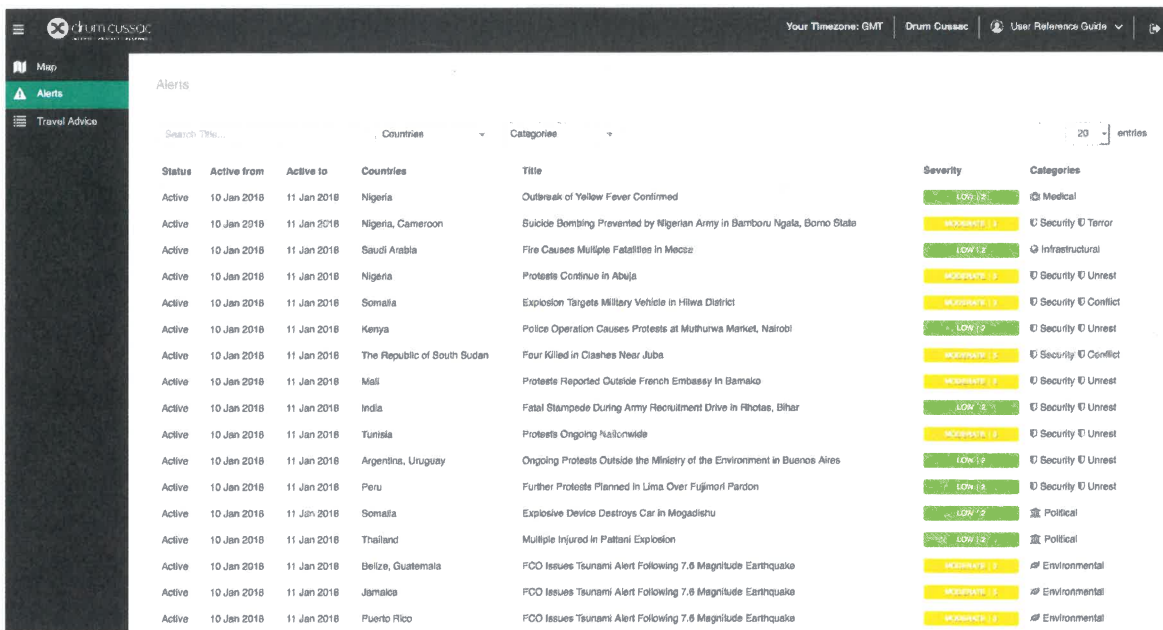
The filters are split into the following:

- Turn Risk Ratings On/Off
- Turn Alerts On/Off
- Ability to filter alerts on the map via Severity and/or Categories
- Ability to view alerts against a selected timeframe

Alerts

The **Alerts** section of the system is the central repository for all alerts that have been published by Drum Cussac. The **Alerts** section will display the latest alert at the top of the page and allows user to view the following information in the data table:

- Alert Status
- Active To – From dates
- Countries the alert affects
- Alert Title
- Assigned Alert Severity
- Assigned Alert Categories



Status	Active from	Active to	Countries	Title	Severity	Categories
Active	10 Jan 2018	11 Jan 2018	Nigeria	Outbreak of Yellow Fever Confirmed	LOW (2)	Medical
Active	10 Jan 2018	11 Jan 2018	Nigeria, Cameroon	Suicide Bombing Prevented by Nigerian Army in Bambaru Ngala, Borno State	MEDIUM (3)	Security, Terror
Active	10 Jan 2018	11 Jan 2018	Saudi Arabia	Fire Causes Multiple Fatalities In Mecca	LOW (2)	Infrastructural
Active	10 Jan 2018	11 Jan 2018	Nigeria	Protests Continue In Abuja	MEDIUM (3)	Security, Unrest
Active	10 Jan 2018	11 Jan 2018	Somalia	Explosion Targets Military Vehicle In Hilwa District	MEDIUM (3)	Security, Conflict
Active	10 Jan 2018	11 Jan 2018	Kenya	Police Operation Causes Protests At Muthurwa Market, Nairobi	LOW (2)	Security, Unrest
Active	10 Jan 2018	11 Jan 2018	The Republic of South Sudan	Four Killed In Clashes Near Juba	MEDIUM (3)	Security, Conflict
Active	10 Jan 2018	11 Jan 2018	Mali	Protests Reported Outside French Embassy In Bamako	MEDIUM (3)	Security, Unrest
Active	10 Jan 2018	11 Jan 2018	India	Fatal Stampede During Army Recruitment Drive In Rhodas, Bihar	LOW (2)	Security, Unrest
Active	10 Jan 2018	11 Jan 2018	Tunisia	Protests Ongoing Nationwide	MEDIUM (3)	Security, Unrest
Active	10 Jan 2018	11 Jan 2018	Argentina, Uruguay	Ongoing Protests Outside the Ministry of the Environment in Buenos Aires	LOW (2)	Security, Unrest
Active	10 Jan 2018	11 Jan 2018	Peru	Further Protests Planned In Lima Over Fujimori Pardon	LOW (2)	Security, Unrest
Active	10 Jan 2018	11 Jan 2018	Somalia	Explosive Device Destroys Car In Mogadishu	LOW (2)	Political
Active	10 Jan 2018	11 Jan 2018	Thailand	Multiple Injured In Pattani Explosion	LOW (2)	Political
Active	10 Jan 2018	11 Jan 2018	Belize, Guatemala	FOO Issues Tsunami Alert Following 7.6 Magnitude Earthquake	MEDIUM (3)	Environmental
Active	10 Jan 2018	11 Jan 2018	Jamaica	FOO Issues Tsunami Alert Following 7.6 Magnitude Earthquake	MEDIUM (3)	Environmental
Active	10 Jan 2018	11 Jan 2018	Puerto Rico	FOO Issues Tsunami Alert Following 7.6 Magnitude Earthquake	MEDIUM (3)	Environmental

A user also has the ability to filter on the alerts page to narrow down their search results. Filtering can be found at the top of the page and allows the user to filter by the following:

- Search by title
- Filter by Countries (A user has the ability to select one or more)
- Filter by Categories (A user has the ability to select one or more)

If an alert is selected, a user is then taken to the alert details. In a similar manner to the map a user can view all of the key information about the alert:

[Your Timezone: GMT](#)
[Drum Cressac](#)
[User Reference Guide](#)

[Map](#)
[Alerts](#)
[Travel Advice](#)

Alert

[Back to Alerts](#)

Active

Active between 10 Jan 2018, 14:25 - 11 Jan 2018, 14:25

Low

Medical

Outbreak of Yellow Fever Confirmed

Description

Local media sources on Wednesday, 10 January report that an outbreak of yellow fever has been confirmed by the Nigeria Centre for Disease Control (NCDC). A total of 45 deaths have been recorded, with a case fatality rate of 27.3% for confirmed cases. The outbreak began in Ifeodun, Kwara State, but cases have been confirmed in Kwara, Kogi, Kano, Zamfara, Kebbi and Nasarawa, with cases suspected in a further 16 states. Yellow fever is a mosquito-borne virus. Initial symptoms include fever, headaches, vomiting, muscle pain, and loss of appetite. More serious secondary symptoms include jaundice, kidney failure, and bleeding.

Advice

If any of these symptoms occur, travellers should seek medical assistance immediately. Travellers are advised to take extra precautions in protecting themselves against mosquito bites, particularly in rural areas. Recommended precautions include wearing long, loose-fitting clothes, using effective mosquito repellents containing DEET, and sleeping under mosquito nets treated with insecticides. Clinics are advised to monitor local media sources to remain abreast of outbreak-related developments.

Countries

Nigeria

Location

Affecting an area of 50km around Ilorin

Latitude, Longitude

8.838402, 4.9072247

Last modified at: 10 Jan 2018, 14:25

Travel Advice

The **Travel Advice** section is designed to offer travellers key information about the destinations they are planning to travel to. The Travel Advice section is split into five areas:

- Overviews
- Country Fact Box
- Country Travel Risk Advice
- City Overview(s)
- Emergency Contacts

Once a user selects the **Travel Advice** tab, they will be presented with a data table displaying countries in A-Z order. From this table users can search for countries by name or region. The table will then display the name of the country along with a quick view of its current risk rating overview.

Drum Cussac risk ratings are from 1 (Negligible) to 5 (Extreme) and have 0.25 increments:

The screenshot shows the 'Travel Advice' section of the RiskMonitor application. It features a sidebar with navigation options: Map, Alerts, and Travel Advice (selected). The main area displays a table of countries with columns for Country, Region, Overall Risk, Security, Environmental, Infrastructural, Medical, and Political. Each cell contains a risk rating (e.g., LOW, MODERATE, HIGH, EXTREME) and a numerical value (e.g., 1.00, 2.00, 3.00, 4.00, 5.00). The table is sorted alphabetically by country name.

Country	Region	Overall Risk	Security	Environmental	Infrastructural	Medical	Political
Afghanistan	Asia	EXTREME (5.00)	EXTREME (5.00)	HIGH (4.00)	EXTREME (5.00)	LOW (4.00)	EXTREME (5.00)
Albania	Europe	LOW-MODERATE (2.25)	LOW-MODERATE (2.75)	MODERATE (3.00)	MODERATE (3.00)	LOW-MODERATE (2.00)	LOW-MODERATE (2.00)
Algeria	Middle East and North Africa	MODERATE-HIGH (3.75)	MODERATE-HIGH (3.25)	MODERATE (3.00)	MODERATE (3.00)	MODERATE (3.00)	HIGH (4.00)
Andorra	Europe	NEGLECTABLE (1.25)	NEGLECTABLE (1.75)	LOW (2.00)	LOW (2.00)	NEGLECTABLE-LOW (1.75)	NEGLECTABLE (1.25)
Angola	Sub-Saharan Africa	MODERATE (3.00)	MODERATE (3.00)	MODERATE-HIGH (3.50)	HIGH (4.00)	MODERATE-HIGH (3.50)	MODERATE-HIGH (3.50)
Antigua and Barbuda	North America	LOW (2.00)	LOW (2.00)	LOW-MODERATE (2.50)	LOW (2.00)	LOW (2.00)	LOW (2.00)
Argentina	South America	LOW (2.00)	LOW (2.00)	LOW-MODERATE (2.50)	LOW (2.00)	LOW (2.00)	LOW-MODERATE (2.50)
Armenia	Asia	MODERATE (3.00)	MODERATE (3.00)	LOW-MODERATE (2.75)	MODERATE (3.00)	MODERATE (3.00)	MODERATE (3.00)
Aruba	North America	NEGLECTABLE (1.25)	NEGLECTABLE-LOW (1.75)	LOW (2.00)	NEGLECTABLE (1.25)	NEGLECTABLE-LOW (1.75)	NEGLECTABLE (1.25)
Australia	Oceania	LOW (2.00)	NEGLECTABLE-LOW (1.75)	LOW (2.00)	NEGLECTABLE-LOW (1.75)	NEGLECTABLE-LOW (1.75)	NEGLECTABLE-LOW (1.75)
Austria	Europe	LOW (2.00)	LOW (2.00)	LOW (2.00)	LOW (2.00)	MODERATE-LOW (2.50)	LOW (2.00)
Azerbaijan	Asia	LOW-MODERATE (2.75)	MODERATE (3.00)	LOW-MODERATE (2.50)	MODERATE (3.00)	LOW-MODERATE (2.75)	MODERATE (3.00)
Bahrain	Middle East and North Africa	MODERATE (3.00)	MODERATE (3.00)	LOW (2.00)	LOW (2.00)	LOW (2.00)	LOW (2.00)
Bangladesh	Asia	MODERATE-HIGH (3.75)	MODERATE-HIGH (3.25)	MODERATE-HIGH (3.50)	MODERATE-HIGH (3.50)	HIGH (4.00)	MODERATE-HIGH (3.75)
Barbados	North America	LOW (2.00)	LOW (2.00)	NEGLECTABLE-LOW (1.75)	LOW (2.00)	LOW-MODERATE (2.50)	LOW (2.00)
Belarus	Europe	LOW-MODERATE (2.50)	LOW (2.00)	LOW-MODERATE (2.50)	LOW-MODERATE (2.50)	LOW (2.00)	LOW-MODERATE (2.50)
Belgium	Europe	LOW (2.00)	LOW (2.00)	NEGLECTABLE-LOW (1.75)	NEGLECTABLE (1.25)	NEGLECTABLE (1.25)	LOW (2.00)
Belize	North America	LOW-MODERATE (2.50)	LOW-MODERATE (2.50)	LOW-MODERATE (2.50)	LOW (2.00)	LOW-MODERATE (2.50)	LOW-MODERATE (2.50)

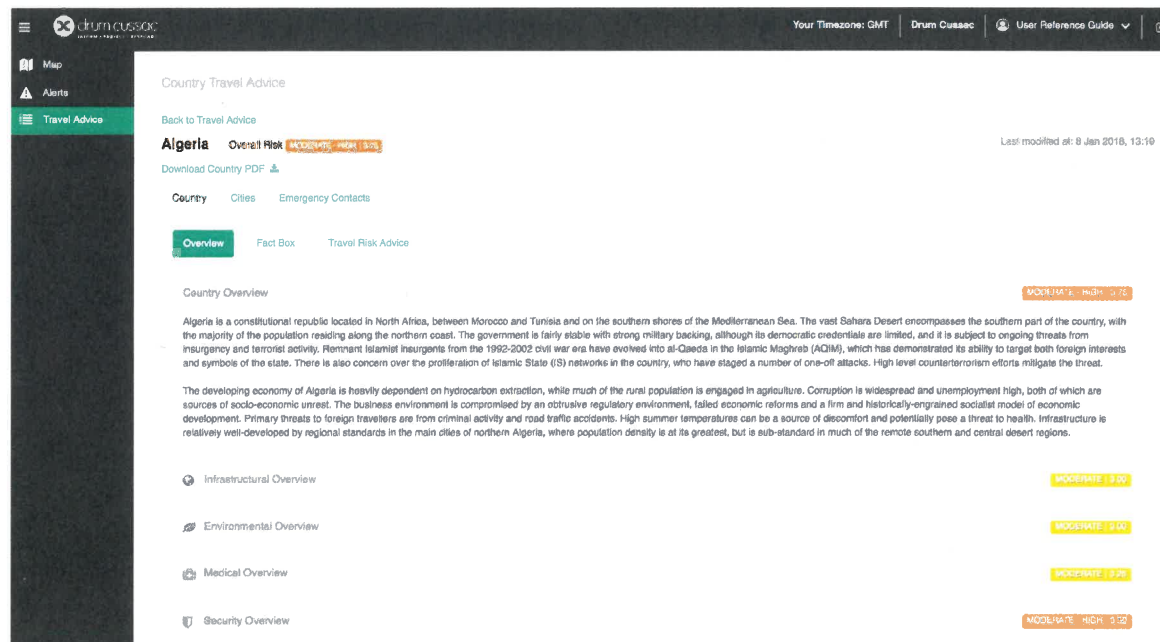
Overviews

Upon selecting a country from the list a user will then be taken to the Overview section of the selected country. The Overview section displays overviews and risk ratings about the following areas:

- Country Overview
- Security Overview
- Environmental overview

- Infrastructural Overview
- Political Overview
- Medical Overviews

By default the overviews will be closed and to open and view the information, a user will click on the heading. Once clicked the data will appear below.

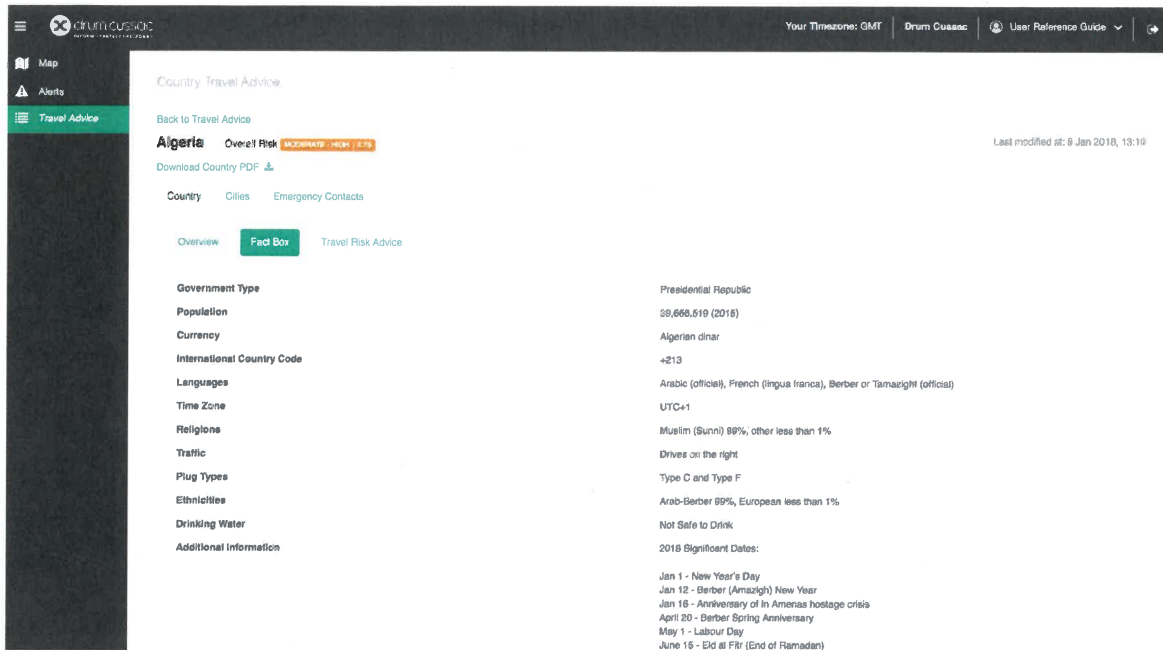


A user will have the ability to download this information via a PDF. The PDF will include all sections of the country profile including the overview, fact box, travel advice and emergency contacts. PDF is also available at City level.

Country Fact Box

The **Fact Box** section is designed to offer traveller short sharp information about the country they are travelling to, and offers them information such as:

- Currency
- Languages
- Time Zone
- What side of the road to drive on
- Is the drinking water safe
- Plug types
- Significant Holidays
- International Country Code
- Population
- Government Type
- Ethnicities
- Religions



Country Travel Risk Advice

The **Travel Risk Advice** section offers travellers key information throughout the stages of their trip. In the same manner as the Overview section by default only the headings appears and to view the information a user should click on one of the headings.

The Travel Risk Advice offers information about the following stages of a traveller's journey:

- Vaccinations and Key Health Risks
- Pre-departure
- On Arrival
- In Transit
- At Your Hotel
- In the Street

The screenshot shows the 'Country Travel Advice' page for Algeria. The header includes the Drum Cussac logo, navigation links (Map, Alerts, Travel Advice), and user information (Your Timezone: GMT, Drum Cussac, User Reference Guide). The main content area is titled 'Country Travel Advice' and includes a 'Back to Travel Advice' link. The 'Algeria' section shows an 'Overall Risk' of 'MODERATE' (3.0) and a 'Download Country PDF' link. Below this are tabs for 'Country', 'Cities', and 'Emergency Contacts'. The 'Travel Risk Advice' tab is selected, showing 'Overview', 'Fact Box', and 'Travel Risk Advice' sub-tabs. The 'Vaccinations and Key Health Risks' section provides information on required and recommended vaccines for travelers to Algeria, including Hepatitis A, Typhoid, Hepatitis B, Malaria, Rabies, and Yellow Fever. It also lists 'Pre-departure', 'On Arrival', 'In Transit', and 'At Your Hotel' sections.

City Overview

As well as country travel advice, Drum Cussac also provides travel advice at a City level to a few cities within the selected country.

Each City that is listed by Drum Cussac will be viewable within the City data table and displays the same headings as the Country list.

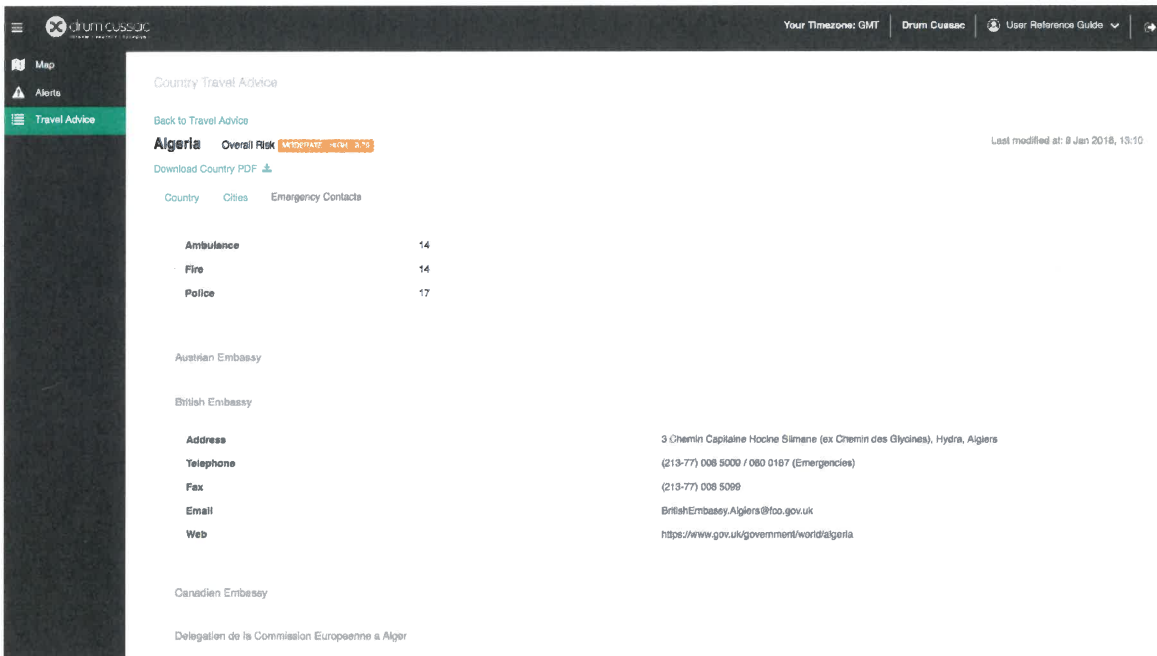
Once selected each City provides a City Overview and risk ratings for the city and core categories. Each City also offers a **Fact Box** and **Travel Risk Advice** – which are displayed in the same manner as the country:

The screenshot shows the 'City Travel Advice' page for Algiers, Algeria. The header is similar to the country page. The main content area is titled 'City Travel Advice' and includes a 'Back to Algeria' link. The 'Algiers, Algeria' section shows an 'Overall Risk' of 'MODERATE' (3.0) and a 'Download City PDF' link. Below this are tabs for 'Overview', 'Fact Box', and 'Travel Risk Advice'. The 'Overview' tab is selected, showing a detailed text overview of the city's risks, including criminal activity, civil unrest, and the threat of a high-profile terrorist attack. At the bottom, there are risk ratings for various categories: Security (MODERATE 3.0), Environmental (LOW MODERATE 2.0), Infrastructural (MODERATE 3.0), Political (MODERATE 3.0), and Medical (MODERATE 3.0).

Emergency Contact

As well as Travel Advice, each country offers the user key contact information if they are in need of assistance whilst travelling.

Each country will have the **Emergency Services** numbers listed along with a selection of Embassies:



The screenshot shows the RiskMonitor web application interface. The top navigation bar includes the Drum Cussac logo, a menu icon, and links for 'Your Timezone: GMT', 'Drum Cussac', and 'User Reference Guide'. The left sidebar contains navigation options: 'Map', 'Alerts', and 'Travel Advice' (which is highlighted). The main content area is titled 'Country Travel Advice' and shows the 'Algeria' page. The 'Overall Risk' is displayed as 'MEDIUM' with a red 'X' icon. Below this, there is a 'Download Country PDF' link. The 'Emergency Contacts' section lists the following information:

Country	City	Emergency Contacts
Ambulance		14
Fire		14
Police		17

Below the emergency contacts, there are sections for the 'Austrian Embassy', 'British Embassy', 'Canadian Embassy', and 'Delegation de la Commission Europeenne a Alger'. The 'British Embassy' section provides the following details:

Address	Telephone	Fax	Email	Web
3 Chemin Capitale Hocine Slimane (ex Chemin des Glycines), Hydra, Algiers	(213-77) 006 5000 / 060 0167 (Emergencies)	(213-77) 006 5099	BritishEmbassy.Algiers@fco.gov.uk	https://www.gov.uk/government/world/algeria

Are your students safe?

Introducing our new mobile app: Check-In Feature

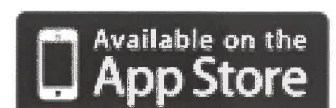
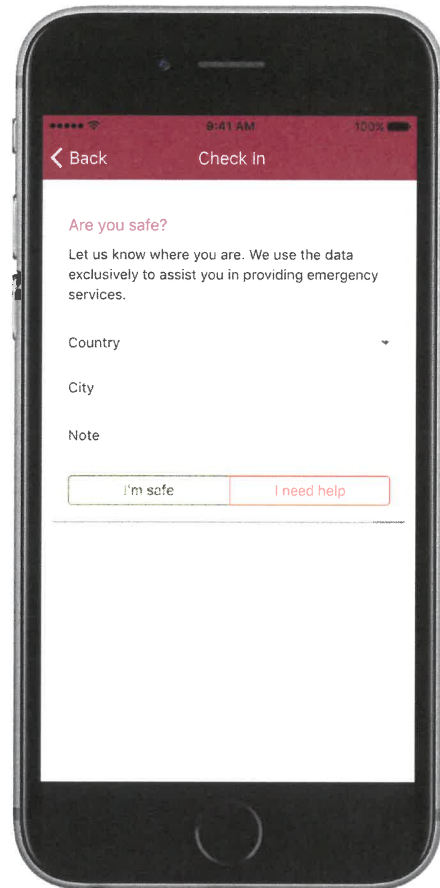


How does it work?

When the unexpected happens, insureds are able to check in via their mobile app. Once the insured has checked in, the university/program is able to pull an emergency roster, through the client portal, which provides the insured's check-in time and location.

In the event that the insured needs immediate assistance, they will be directed to contact our 24/7 assistance team.

For any questions,
please contact your Account Executive.



No matter how far you travel...
We're there.



Market Leader in Study
Abroad Insurance!

CISI Provides

- MEDICAL INSURANCE
- EMERGENCY MEDICAL EVACUATION
- SECURITY EVACUATION
- EMERGENCY MEDICAL REUNION
- TRIP INTERRUPTION & TRIP DELAY COVERAGE
- KIDNAP AND EXTORTION COVERAGE
- HEALTH & SAFETY RESOURCES
- MOBILE APP

Why Choose Us?

- Customer Focused, Experienced and Knowledgeable Staff
- Personal Security Advice and Response Services
- 24/7 Toll-Free Worldwide Assistance
- No Exclusion for Act of Terrorism
- Payment Guarantees to Foreign Medical Providers and Foreign Currency Claim Payments
- 24-hour Multilingual Emergency Assistance Service
- Easy Online Enrollment
- Customized, Web-based Client Portal

CISI is a leading provider of Insurance Coverage for:

U.S. Students Studying Abroad ♦ International Students & Scholars ♦ U.S. Visitors ♦ Individuals & Groups

Contact us today for a free quote!

800.303.8120

www.mycisi.com



EMERGENCY



MEDICAL



SECURITY



Cultural Insurance Services International (CISI) is the leading provider of study abroad and international student insurance coverage. CISI is proud to offer the following convenient services for our participants worldwide:

Trip Cancellation & Interruption Protection for Academic Travel

The Academic Explorer insurance program protects the financial investment for educational travel both domestically and abroad. Ideal for Higher Ed, the program provides protection for individual students, faculty and staff.

Plan Types:

- ◆ Trip Cancellation only
- ◆ Trip Interruption only
- ◆ Trip Cancellation and Interruption combined

Personal Property and Liability Coverage

This plan provides Personal Liability and Personal Property coverage, Identity Theft and ATM Assault & Robbery protection for cultural exchange participants while outside the U.S.

Protect your personal items such as:

- ◆ Computers
- ◆ Cell phones
- ◆ Tablets
- ◆ Clothing and more!



myCISI Mobile App

The myCISI mobile app is free for our insureds and provides instant access to many features:

- ◆ Email/View travel insurance documents
- ◆ Onscreen display of ID card
- ◆ Offline document availability
- ◆ View country specific travel alerts and warnings
- ◆ Learn more about the region you are traveling to
- ◆ Personal security assistance information
- ◆ Search medical providers worldwide
- ◆ Emergency contact information

My Itinerary

Via our participant portal, students are able to update their travel itinerary with specific dates and locations that they will be traveling to. This is a great Risk Management tool that allows us to have pinpoint accuracy of their location should any type of crisis happen anywhere in the world.



Trip Cancellation & Interruption Protection for Academic Travel



The Academic Explorer insurance program, underwritten by Nationwide Mutual Insurance Company, protects the financial investment for educational travel both domestically and abroad. Ideal for K-12 and Higher Ed, the program provides protection for individual student travel or group travel, two or more, including students, faculty and chaperones.

Three Plan Types:

- Trip Cancellation only
- Trip Interruption only
- Trip Cancellation and Interruption combined

*Cancel For Any Reason and Interruption For Any Reason available on an optional basis**

Other Program Benefits On Select Plans Include:

- | | |
|---------------------|------------------------|
| ▪ Baggage Delay | ▪ Emergency Evacuation |
| ▪ Lost Baggage | ▪ AD&D |
| ▪ Trip Delay | ▪ Travel Assistance |
| ▪ Emergency Medical | |

Covered Reasons For Trip Cancellation & Interruption:

- Illness or Injury
- Weather Events
- Common Carrier Strikes
- Natural Disasters
- Terrorism
- Default/Bankruptcy of Travel Supplier
- State Department Travel Warnings
- CDC Travel Warnings

To learn more about this program contact:

InsureMyTrip for Education

877-266-0741 • www.culturalinsurance.com/marketplace

**Coverage not available in all states.*



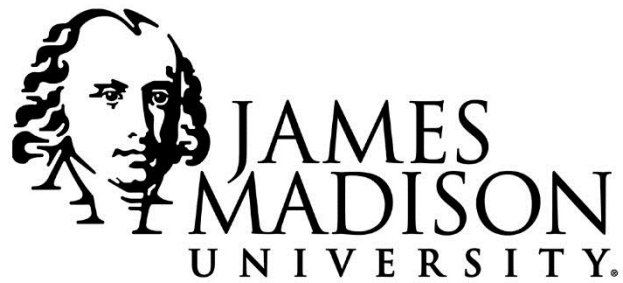
EMERGENCY



MEDICAL



SECURITY

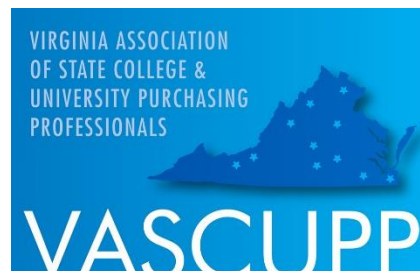


Request for Proposal

RFP# MLO-1005

**International Student/Scholar and Study
Abroad Participant Health Insurance**

March 19, 2018



REQUEST FOR PROPOSAL

RFP# MLO-1005

Issue Date: March 19, 2018

Title: International Student/Scholar and Study Abroad Participant Health Insurance

Issuing Agency: Commonwealth of Virginia
James Madison University
Procurement Services MSC 5720
752 Ott Street, Wine Price Building
First Floor, Suite 1023
Harrisonburg, VA 22807

Period of Contract: From Date of Award Through One Year (Renewable)

Sealed Proposals Will Be Received Until 2:00 PM on April 12, 2018 for Furnishing The Services Described Herein.

SEALED PROPOSALS MAY BE MAILED, EXPRESS MAILED, OR HAND DELIVERED DIRECTLY TO THE ISSUING AGENCY SHOWN ABOVE.

All Inquiries For Information And Clarification Should Be Directed To: Matasha Owens, Buyer Senior, MPA, VCO, CUPO, Procurement Services, owensml@jmu.edu; 540-568-3137; (Fax) 540-568-7935 not later than five business days before the proposal closing date.

NOTE: THE SIGNED PROPOSAL AND ALL ATTACHMENTS SHALL BE RETURNED.

In compliance with this Request for Proposal and to all the conditions imposed herein, the undersigned offers and agrees to furnish the goods/services in accordance with the attached signed proposal or as mutually agreed upon by subsequent negotiation.

Name and Address of Firm:

By: _____
(Signature in Ink)

Name: _____
(Please Print)

Date: _____

Title: _____

Web Address: _____

Phone: _____

Email: _____

Fax #: _____

ACKNOWLEDGE RECEIPT OF ADDENDUM: #1_____ #2_____ #3_____ #4_____ #5_____ (please initial)

SMALL, WOMAN OR MINORITY OWNED BUSINESS:

☐ YES; ☐ NO; *IF YES* ⇒ ☐ SMALL; ☐ WOMAN; ☐ MINORITY *IF MINORITY:* ☐ AA; ☐ HA; ☐ AsA; ☐ NW; ☐ Micro

Note: This public body does not discriminate against faith-based organizations in accordance with the Code of Virginia, § 2.2-4343.1 or against an offeror because of race, religion, color, sex, national origin, age, disability, or any other basis prohibited by state law relating to discrimination in employment.

REQUEST FOR PROPOSAL

RFP # MLO-1005

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I. PURPOSE

The purpose of this Request for Proposal (RFP) is to solicit sealed proposals from qualified sources to enter into a contract to provide International Student/Scholar and Study Abroad Participant Health Insurance for James Madison University (JMU), an agency of the Commonwealth of Virginia. Initial contract shall be for one (1) year with an option to renew for nine (9) additional one-year periods.

II. BACKGROUND

James Madison University (JMU) is a comprehensive public institution in Harrisonburg, Virginia with an enrollment of approximately 22,000 students and more than 3,000 faculty and staff. There are over 600 individual departments on campus that support seven academic divisions. The University offers over 120 majors, minors, and concentrations. Further information about the University may be found at the following website: <http://www.jmu.edu>.

A. INTERNATIONAL STUDENTS/SCHOLARS

Cultural Insurance Services International (CISI) currently provides insurance to both JMU's international students and scholars. In the 2017/2018 school year, the International Students and Scholars Plan covered approximately 340 students and scholars with the following benefits:

Student Medical Expenses (Accident/Sickness)	\$500,000 @ 100%
Dependent Medical Expenses (Accident/Sickness)	\$100,000 @ 100%
Deductible	\$0
Emergency Room Deductible (Illness only if not admitted)	\$500
Accidental Death and Dismemberment	\$15,000
Emergency Medical Evacuation/Repatriation	\$250,000
Return of Mortal Remains	\$100,000
Team Assist Package	Included
Emergency Medical Reunion Benefit (after 6 days, \$200/day hotel/meals)	\$5,000
Return Ticket Benefit	\$1,500

B. STUDY ABROAD PARTICIPANTS

Cultural Insurance Services International (CISI) currently provides insurance to JMU's study abroad participants. In the 2017/2018 school year, the Study Abroad Plan covered 1,700 students, with the following benefits:

Medical Expenses (Accident/Sickness)	\$250,000
Deductible per Injury/Illness	\$0
Accidental Death and Dismemberment	\$15,000
Emergency Medical Evacuation	\$250,000
Repatriation/Return of Mortal Remains or Cremation	\$100,000
Security Evacuation (Comprehensive)	\$100,000 (no agg. Limit)
Team Assist Package	Included
Emergency Family Reunion Benefit (\$200/day hotel/meals)	\$5,000 (after 6 days)
Return Ticket Benefit	\$1,500

III. SMALL, WOMAN-OWNED AND MINORITY PARTICIPATION

It is the policy of the Commonwealth of Virginia to contribute to the establishment, preservation, and strengthening of small businesses and businesses owned by women and minorities, and to encourage their participation in State procurement activities. The Commonwealth encourages contractors to provide for the participation of small businesses and businesses owned by women and minorities through partnerships, joint ventures, subcontracts, and other contractual opportunities. Attachment B contains information on reporting spend data with subcontractors.

IV. STATEMENT OF NEEDS

James Madison University (JMU) seeks a Contractor who is an established industry leader in providing insurance and claims services to institutions of higher education in the international and study abroad health care market.

A. INTERNATIONAL STUDENT/SCHOLAR HEALTH INSURANCE

The Contractor shall be responsible for the following:

- A health insurance plan for accidents and illnesses combined for international students/scholars enrolled at James Madison University. The required level of insurance is as follows:
 - Student: \$100,000
 - Dependents: \$50,000
- An Open Enrollment Period in effect for international university students from the first day of the annual policy period (August 1) through September 15th of the same year, totaling a forty-six (46) day period. During the Open Enrollment Period, any claim submitted by a JMU international student or scholar for injury or sickness shall be accepted as long as the student or scholar enrolls in the Contractor's insurance plan by September 15th of the same policy year. Additionally, premiums and benefits for such international students shall be calculated based on the August 1 effective date.
- Permitting international students to enroll at any time after the Open Enrollment Period with the premium rates prorated.
- Providing the same premium rates regardless of age or sex. No evidence of insurability shall be required by the Contractor. Only primary insurance shall be considered.
- An Identification Card and a Certificate/Policy Booklet to all international students enrolled in the insurance program within sixty (60) days of enrolling.
- Considering any international student or scholar who is sponsored by JMU for an F or J visa to be eligible for health insurance benefits. International students in internships or currently on Optional Practical Training continue to be sponsored by JMU and must be eligible for coverage under this plan. All short-term scholars, adjunct faculty, and visiting researchers in J status are sponsored by JMU and must be eligible for coverage under this plan.

- Insurance rates prorated from the initial enrollment date on a monthly basis to the expiration date of the policy, which shall be midnight on the thirty-first (31) day of July of each year.
- Monthly claims reports submitted to the JMU Center for Global Engagement showing enrollment data and expenses broken down by identified categories. Reports shall also include information regarding claims which were denied.
- Submitting to the University's Office of Risk Management and Office of Procurement Services any adjustments in premiums and/or changes in policy language along with appropriate supporting documentation by the first day of February of each renewal year.
- Ensuring the insurance policy is filed and approved in the Commonwealth of Virginia and meet all applicable federal and Virginia insurance regulations. No trust or association plan issued in another state will be allowed.
- Ensuring the insurance policy must meet the minimum requirements established by regulation for J-1 visitors. See 22 C.F.R. §62.14.

Describe in detail your firm's approach to each of the following items. Failure to provide responses to the items below may result in rejection of the proposal.

1. Describe in detail proposed health insurance plan for international students/scholars. Specify any associated costs in *Section X. Pricing Schedule*. Detail all policy specifications.
2. Describe in detail the firm's written procedure for timely and accurate processing of claims by the insurer.
3. Specify contact information for a designated representative(s) to assist with all claims processing, associated claims, payment problems, forms preparation, and information requests.
4. State a responsive toll-free phone number available to international students, parents of students, or James Madison University International Student Services staff.
5. Provide contact information for three (3) current clients of similar size for whom you provide international student/scholar health insurance. Include implementation date and number of students/scholars served.
6. Describe in detail the firm's enrollment process.
7. Describe in detail the firm's cancellation policy.
8. Provide sample claims reports that shall be provided to the University monthly and contain enrollment data and expenses broken down by identified categories. Reports should also include information regarding claims which were denied.
9. Provide an easy to read visual (*i.e. brochure/chart*) for students on what is and is not covered, including but not limited to doctor visits, dental, and mental health.

10. Provide sample brochures, applications, and other materials, including advertisements, used to market health insurance plans.
11. Provide any other additional information that would be beneficial in the context of this Request for Proposal.

B. STUDY ABROAD PARTICIPANT HEALTH INSURANCE

The Contractor shall be responsible for the following:

- A health insurance plan for accidents and illnesses combined for study abroad students, faculty, and staff enrolled at James Madison University. The required level of insurance is as follows:
 - Student: \$100,000
 - Faculty: \$100,000
 - Staff: \$100,000
- Allowing study abroad students, faculty and staff to enroll at any time during the year on a monthly basis.
- Providing the same premium rates regardless of age or sex. No evidence of insurability shall be required by the Contractor. Only primary insurance shall be considered.
- An Identification Card and a Certificate/Policy Booklet to all study abroad participants enrolled in the insurance program within sixty (60) days of enrolling.
- Monthly claims reports submitted to the JMU Center for Global Engagement showing enrollment data and expense, broken down by identified categories. Reports should also include information regarding claims which were denied.
- Submitting to the University's Office of Risk Management and Office of Procurement Services any adjustments in premiums and/or changes in policy language along with appropriate supporting documentation by the first day of February of each renewal year.
- Ensuring the insurance policy is filed and approved in the Commonwealth of Virginia and meet all applicable federal and Virginia insurance regulations. No trust or association plan issued in another state will be allowed.

Describe in detail your firm's approach to each of the following items. Failure to provide responses to the items below may result in rejection of the proposal.

1. Describe in detail proposed health insurance plan for study abroad participants. Specify any associated costs in *Section X. Pricing Schedule*. Detail all policy specifications.
2. Describe in detail the firm's written procedure for timely and accurate processing of claims by the insurer.

3. Specify contact information for a designated representative(s) to assist with all claims processing, associated claims, payment problems, forms preparation, and information requests.
4. State a responsive worldwide toll-free phone number available to study abroad students, faculty, and staff as well as parents of students, family of the faculty/staff, or James Madison University Study Abroad Services staff.
5. Provide contact information for three (3) current clients of similar size for whom you provide study abroad participant health insurance. Include implementation date and number of students/scholars served.
6. Describe in detail the firm's enrollment process.
7. Describe in detail the firm's cancellation policy.
8. Provide sample claims reports that shall be provided to the University monthly and contain enrollment data and expenses broken down by identified categories. Reports should also include information regarding claims which were denied.
9. Provide an easy to read visual (*i.e. brochure/chart*) for study abroad participants on what is and is not covered, including but not limited to doctor visits, dental, and mental health.
10. Provide sample brochures, applications, and other materials, including advertisements, used to market health insurance plans.
11. Provide any other additional information that would be beneficial in the context of this Request for Proposal.

V. PROPOSAL PREPARATION AND SUBMISSION

A. GENERAL INSTRUCTIONS

To ensure timely and adequate consideration of your proposal, offerors are to limit all contact, whether verbal or written, pertaining to this RFP to the James Madison University Procurement Office for the duration of this Proposal process. Failure to do so may jeopardize further consideration of Offeror's proposal.

1. RFP Response: In order to be considered for selection, the **Offeror shall submit a complete response to this RFP**; and shall submit to the issuing Purchasing Agency:
 - a. **One (1) original and four (4) copies** of the entire proposal, INCLUDING ALL ATTACHMENTS. Any proprietary information should be clearly marked in accordance with 3.f. below.
 - b. **One (1) electronic copy in WORD format or searchable PDF (CD or flash drive)** of the entire proposal, INCLUDING ALL ATTACHMENTS. Any proprietary information should be clearly marked in accordance with 3.f. below.
 - c. Should the proposal contain **proprietary information**, provide **one (1) redacted hard copy** of the proposal and all attachments with **proprietary portions removed or blacked out**. This copy should be clearly marked "*Redacted Copy*" on the front cover.

The classification of an entire proposal document, line item prices, and/or total proposal prices as proprietary or trade secrets is not acceptable. JMU shall not be responsible for the Contractor's failure to exclude proprietary information from this redacted copy.

No other distribution of the proposal shall be made by the Offeror.

2. The version of the solicitation issued by JMU Procurement Services, as amended by an addenda, is the mandatory controlling version of the document. Any modification of, or additions to, the solicitation by the Offeror shall not modify the official version of the solicitation issued by JMU Procurement services unless accepted in writing by the University. Such modifications or additions to the solicitation by the Offeror may be cause for rejection of the proposal; however, JMU reserves the right to decide, on a case-by-case basis in its sole discretion, whether to reject such a proposal. If the modification or additions are not identified until after the award of the contract, the controlling version of the solicitation document shall still be the official state form issued by Procurement Services.
3. Proposal Preparation
 - a. Proposals shall be signed by an authorized representative of the Offeror. All information requested should be submitted. Failure to submit all information requested may result in the purchasing agency requiring prompt submissions of missing information and/or giving a lowered evaluation of the proposal. Proposals which are substantially incomplete or lack key information may be rejected by the purchasing agency. Mandatory requirements are those required by law or regulation or are such that they cannot be waived and are not subject to negotiation.
 - b. Proposals shall be prepared simply and economically, providing a straightforward, concise description of capabilities to satisfy the requirements of the RFP. Emphasis should be placed on completeness and clarity of content.
 - c. Proposals should be organized in the order in which the requirements are presented in the RFP. All pages of the proposal should be numbered. Each paragraph in the proposal should reference the paragraph number of the corresponding section of the RFP. It is also helpful to cite the paragraph number, sub letter, and repeat the text of the requirement as it appears in the RFP. If a response covers more than one page, the paragraph number and sub letter should be repeated at the top of the next page. The proposal should contain a table of contents which cross references the RFP requirements. Information which the offeror desires to present that does not fall within any of the requirements of the RFP should be inserted at the appropriate place or be attached at the end of the proposal and designated as additional material. Proposals that are not organized in this manner risk elimination from consideration if the evaluators are unable to find where the RFP requirements are specifically addressed.
 - d. As used in this RFP, the terms "must", "shall", "should" and "may" identify the criticality of requirements. "Must" and "shall" identify requirements whose absence will have a major negative impact on the suitability of the proposed solution. Items labeled as "should" or "may" are highly desirable, although their absence will not have a large impact and would be useful, but are not necessary. Depending on the overall response to the RFP, some individual "must" and "shall" items may not be fully satisfied, but it is the intent to satisfy most, if not all, "must" and "shall" requirements. The inability of an offeror to satisfy a "must" or "shall" requirement does not

automatically remove that offeror from consideration; however, it may seriously affect the overall rating of the offeror's proposal.

- e. Each copy of the proposal should be bound or contained in a single volume where practical. All documentation submitted with the proposal should be contained in that single volume.
 - f. Ownership of all data, materials and documentation originated and prepared for the State pursuant to the RFP shall belong exclusively to the State and be subject to public inspection in accordance with the Virginia Freedom of Information Act. Trade secrets or proprietary information submitted by the offeror shall not be subject to public disclosure under the Virginia Freedom of Information Act; however, the offeror must invoke the protection of Section 2.2-4342F of the Code of Virginia, in writing, either before or at the time the data is submitted. The written notice must specifically identify the data or materials to be protected and state the reasons why protection is necessary. The proprietary or trade secret materials submitted must be identified by some distinct method such as highlighting or underlining and must indicate only the specific words, figures, or paragraphs that constitute trade secret or proprietary information. The classification of an entire proposal document, line item prices and/or total proposal prices as proprietary or trade secrets is not acceptable and will result in rejection and return of the proposal.
4. Oral Presentation: Offerors who submit a proposal in response to this RFP may be required to give an oral presentation of their proposal to James Madison University. This provides an opportunity for the Offeror to clarify or elaborate on the proposal. This is a fact-finding and explanation session only and does not include negotiation. James Madison University will schedule the time and location of these presentations. Oral presentations are an option of the University and may or may not be conducted. Therefore, proposals should be complete.

B. SPECIFIC PROPOSAL INSTRUCTIONS

Proposals should be as thorough and detailed as possible so that James Madison University may properly evaluate your capabilities to provide the required services. Offerors are required to submit the following items as a complete proposal:

1. Return RFP cover sheet and all addenda acknowledgements, if any, signed and filled out as required.
2. Specify A.M. Best Company rating (or equivalent).
3. Offeror Data Sheet, included as *Attachment A* to this RFP.
4. Small Business Subcontracting Plan, included as *Attachment B* to this RFP. Offeror shall provide a Small Business Subcontracting plan which summarizes the planned utilization of Department of Small Business and Supplier Diversity (SBSD)-certified small businesses which include businesses owned by women and minorities, when they have received Department of Small Business and Supplier Diversity (SBSD) small business certification, under the contract to be awarded as a result of this solicitation. This is a requirement for all prime contracts in excess of \$100,000 unless no subcontracting opportunities exist.

5. Identify the amount of sales your company had during the last twelve months with each VASCUPP Member Institution. A list of VASCUPP Members can be found at: www.VASCUPP.org.
6. Proposed Cost. See *Section X. Pricing Schedule* of this Request for Proposal.

VI. EVALUATION AND AWARD CRITERIA

A. EVALUATION CRITERIA

Proposals shall be evaluated by James Madison University using the following criteria:

1. Quality of products/services offered and suitability for intended purposes
2. Qualifications and experience of Offeror in providing the goods/services
3. Specific plans or methodology to be used to perform the services
4. Participation of Small, Women-Owned, & Minority (SWaM) Businesses
5. Cost

Allocation of points for evaluation criteria will be published to the eVA solicitation posting prior to the closing date and time.

B. AWARD TO MULTIPLE OFFERORS

Selection shall be made of two or more offerors deemed to be fully qualified and best suited among those submitting proposals on the basis of the evaluation factors included in the Request for Proposals, including price, if so stated in the Request for Proposals. Negotiations shall be conducted with the offerors so selected. Price shall be considered, but need not be the sole determining factor. After negotiations have been conducted with each offeror so selected, the agency shall select the offeror which, in its opinion, has made the best proposal, and shall award the contract to that offeror. The Commonwealth reserves the right to make multiple awards as a result of this solicitation. The Commonwealth may cancel this Request for Proposals or reject proposals at any time prior to an award, and is not required to furnish a statement of the reasons why a particular proposal was not deemed to be the most advantageous. Should the Commonwealth determine in writing and in its sole discretion that only one offeror is fully qualified, or that one offeror is clearly more highly qualified than the others under consideration, a contract may be negotiated and awarded to that offeror. The award document will be a contract incorporating by reference all the requirements, terms and conditions of the solicitation and the contractor's proposal as negotiated.

VII. GENERAL TERMS AND CONDITIONS

- A. **PURCHASING MANUAL**: This solicitation is subject to the provisions of the Commonwealth of Virginia's Purchasing Manual for Institutions of Higher Education and Their Vendors and any revisions thereto, which are hereby incorporated into this contract in their entirety. A copy of the manual is available for review at the purchasing office. In addition, the manual may be accessed electronically at <http://www.jmu.edu/procurement> or a copy can be obtained by calling Procurement Services at (540) 568-3145.

- B. APPLICABLE LAWS AND COURTS: This solicitation and any resulting contract shall be governed in all respects by the laws of the Commonwealth of Virginia and any litigation with respect thereto shall be brought in the courts of the Commonwealth. The Contractor shall comply with applicable federal, state and local laws and regulations.
- C. ANTI-DISCRIMINATION: By submitting their proposals, offerors certify to the Commonwealth that they will conform to the provisions of the Federal Civil Rights Act of 1964, as amended, as well as the Virginia Fair Employment Contracting Act of 1975, as amended, where applicable, the Virginians With Disabilities Act, the Americans With Disabilities Act and §10 of the Rules Governing Procurement, Chapter 2, Exhibit J, Attachment 1 (available for review at <http://www.jmu.edu/procurement>). If the award is made to a faith-based organization, the organization shall not discriminate against any recipient of goods, services, or disbursements made pursuant to the contract on the basis of the recipient's religion, religious belief, refusal to participate in a religious practice, or on the basis of race, age, color, gender or national origin and shall be subject to the same rules as other organizations that contract with public bodies to account for the use of the funds provided; however, if the faith-based organization segregates public funds into separate accounts, only the accounts and programs funded with public funds shall be subject to audit by the public body. (*§6 of the Rules Governing Procurement*).

In every contract over \$10,000 the provisions in 1. and 2. below apply:

1. During the performance of this contract, the contractor agrees as follows:
 - a. The contractor will not discriminate against any employee or applicant for employment because of race, religion, color, sex, national origin, age, disability, or any other basis prohibited by state law relating to discrimination in employment, except where there is a bona fide occupational qualification reasonably necessary to the normal operation of the contractor. The contractor agrees to post in conspicuous places, available to employees and applicants for employment, notices setting forth the provisions of this nondiscrimination clause.
 - b. The contractor, in all solicitations or advertisements for employees placed by or on behalf of the contractor, will state that such contractor is an equal opportunity employer.
 - c. Notices, advertisements, and solicitations placed in accordance with federal law, rule, or regulation shall be deemed sufficient for the purpose of meeting these requirements.
 2. The contractor will include the provisions of 1. Above in every subcontract or purchase order over \$10,000, so that the provisions will be binding upon each subcontractor or vendor.
- D. ETHICS IN PUBLIC CONTRACTING: By submitting their proposals, offerors certify that their proposals are made without collusion or fraud and that they have not offered or received any kickbacks or inducements from any other offeror, supplier, manufacturer or subcontractor in connection with their proposal, and that they have not conferred on any public employee having official responsibility for this procurement transaction any payment, loan, subscription, advance, deposit of money, services or anything of more than nominal value, present or promised, unless consideration of substantially equal or greater value was exchanged.

- E. IMMIGRATION REFORM AND CONTROL ACT OF 1986: By entering into a written contract with the Commonwealth of Virginia, the Contractor certifies that the Contractor does not, and shall not during the performance of the contract for goods and services in the Commonwealth, knowingly employ an unauthorized alien as defined in the federal Immigration Reform and Control Act of 1986.
- F. DEBARMENT STATUS: By submitting their proposals, offerors certify that they are not currently debarred by the Commonwealth of Virginia from submitting proposals on contracts for the type of goods and/or services covered by this solicitation, nor are they an agent of any person or entity that is currently so debarred.
- G. ANTITRUST: By entering into a contract, the contractor conveys, sells, assigns, and transfers to the Commonwealth of Virginia all rights, title and interest in and to all causes of action it may now have or hereafter acquire under the antitrust laws of the United States and the Commonwealth of Virginia, relating to the particular goods or services purchased or acquired by the Commonwealth of Virginia under said contract.
- H. MANDATORY USE OF STATE FORM AND TERMS AND CONDITIONS RFPs: Failure to submit a proposal on the official state form provided for that purpose may be a cause for rejection of the proposal. Modification of or additions to the General Terms and Conditions of the solicitation may be cause for rejection of the proposal; however, the Commonwealth reserves the right to decide, on a case by case basis, in its sole discretion, whether to reject such a proposal.
- I. CLARIFICATION OF TERMS: If any prospective offeror has questions about the specifications or other solicitation documents, the prospective offeror should contact the buyer whose name appears on the face of the solicitation no later than five working days before the due date. Any revisions to the solicitation will be made only by addendum issued by the buyer.
- J. PAYMENT:
 - 1. To Prime Contractor:
 - a. Invoices for items ordered, delivered and accepted shall be submitted by the contractor directly to the payment address shown on the purchase order/contract. All invoices shall show the state contract number and/or purchase order number; social security number (for individual contractors) or the federal employer identification number (for proprietorships, partnerships, and corporations).
 - b. Any payment terms requiring payment in less than 30 days will be regarded as requiring payment 30 days after invoice or delivery, whichever occurs last. This shall not affect offers of discounts for payment in less than 30 days, however.
 - c. All goods or services provided under this contract or purchase order, that are to be paid for with public funds, shall be billed by the contractor at the contract price, regardless of which public agency is being billed.
 - d. The following shall be deemed to be the date of payment: the date of postmark in all cases where payment is made by mail, or the date of offset when offset proceedings have been instituted as authorized under the Virginia Debt Collection Act.

- e. Unreasonable Charges. Under certain emergency procurements and for most time and material purchases, final job costs cannot be accurately determined at the time orders are placed. In such cases, contractors should be put on notice that final payment in full is contingent on a determination of reasonableness with respect to all invoiced charges. Charges which appear to be unreasonable will be researched and challenged, and that portion of the invoice held in abeyance until a settlement can be reached. Upon determining that invoiced charges are not reasonable, the Commonwealth shall promptly notify the contractor, in writing, as to those charges which it considers unreasonable and the basis for the determination. A contractor may not institute legal action unless a settlement cannot be reached within thirty (30) days of notification. The provisions of this section do not relieve an agency of its prompt payment obligations with respect to those charges which are not in dispute (*Rules Governing Procurement, Chapter 2, Exhibit J, Attachment 1 § 53; available for review at <http://www.jmu.edu/procurement>*).

2. To Subcontractors:

- a. A contractor awarded a contract under this solicitation is hereby obligated:
 - (1) To pay the subcontractor(s) within seven (7) days of the contractor's receipt of payment from the Commonwealth for the proportionate share of the payment received for work performed by the subcontractor(s) under the contract; or
 - (2) To notify the agency and the subcontractors, in writing, of the contractor's intention to withhold payment and the reason.
- b. The contractor is obligated to pay the subcontractor(s) interest at the rate of one percent per month (unless otherwise provided under the terms of the contract) on all amounts owed by the contractor that remain unpaid seven (7) days following receipt of payment from the Commonwealth, except for amounts withheld as stated in (2) above. The date of mailing of any payment by U. S. Mail is deemed to be payment to the addressee. These provisions apply to each sub-tier contractor performing under the primary contract. A contractor's obligation to pay an interest charge to a subcontractor may not be construed to be an obligation of the Commonwealth.
- c. Each prime contractor who wins an award in which provision of a SWAM procurement plan is a payment, evidence and certification of compliance (subject only to insubstantial shortfalls and to shortfalls arising from subcontractor default) with the SWAM procurement plan. Final payment under the contract in question may be withheld until such certification is delivered and, if necessary, confirmed by the agency or institution, or other appropriate penalties may be assessed in lieu of withholding such payment.
- d. The Commonwealth of Virginia encourages contractors and subcontractors to accept electronic and credit card payments.

- K. PRECEDENCE OF TERMS: Paragraphs A through J of these General Terms and Conditions and the Commonwealth of Virginia Purchasing Manual for Institutions of Higher Education and their Vendors, shall apply in all instances. In the event there is a conflict between any of the other General Terms and Conditions and any Special Terms and Conditions in this solicitation, the Special Terms and Conditions shall apply.

- L. QUALIFICATIONS OF OFFERORS: The Commonwealth may make such reasonable investigations as deemed proper and necessary to determine the ability of the offeror to perform the services/furnish the goods and the offeror shall furnish to the Commonwealth all such information and data for this purpose as may be requested. The Commonwealth reserves the right to inspect offeror's physical facilities prior to award to satisfy questions regarding the offeror's capabilities. The Commonwealth further reserves the right to reject any proposal if the evidence submitted by, or investigations of, such offeror fails to satisfy the Commonwealth that such offeror is properly qualified to carry out the obligations of the contract and to provide the services and/or furnish the goods contemplated therein.
- M. TESTING AND INSPECTION: The Commonwealth reserves the right to conduct any test/inspection it may deem advisable to assure goods and services conform to the specifications.
- N. ASSIGNMENT OF CONTRACT: A contract shall not be assignable by the contractor in whole or in part without the written consent of the Commonwealth.
- O. CHANGES TO THE CONTRACT: Changes can be made to the contract in any of the following ways:
1. The parties may agree in writing to modify the scope of the contract. An increase or decrease in the price of the contract resulting from such modification shall be agreed to by the parties as a part of their written agreement to modify the scope of the contract.
 2. The Purchasing Agency may order changes within the general scope of the contract at any time by written notice to the contractor. Changes within the scope of the contract include, but are not limited to, things such as services to be performed, the method of packing or shipment, and the place of delivery or installation. The contractor shall comply with the notice upon receipt. The contractor shall be compensated for any additional costs incurred as the result of such order and shall give the Purchasing Agency a credit for any savings. Said compensation shall be determined by one of the following methods:
 - a. By mutual agreement between the parties in writing; or
 - b. By agreeing upon a unit price or using a unit price set forth in the contract, if the work to be done can be expressed in units, and the contractor accounts for the number of units of work performed, subject to the Purchasing Agency's right to audit the contractor's records and/or to determine the correct number of units independently; or
 - c. By ordering the contractor to proceed with the work and keep a record of all costs incurred and savings realized. A markup for overhead and profit may be allowed if provided by the contract. The same markup shall be used for determining a decrease in price as the result of savings realized. The contractor shall present the Purchasing Agency with all vouchers and records of expenses incurred and savings realized. The Purchasing Agency shall have the right to audit the records of the contractor as it deems necessary to determine costs or savings. Any claim for an adjustment in price under this provision must be asserted by written notice to the Purchasing Agency within thirty (30) days from the date of receipt of the written order from the Purchasing Agency. If the parties fail to agree on an amount of adjustment, the question of an increase or decrease in the contract price or time for performance shall be resolved in accordance with the procedures for resolving disputes provided by the Disputes Clause of this contract or, if there is none, in accordance with the disputes provisions of the

Commonwealth of Virginia Purchasing Manual for Institutions of Higher Education and their Vendors. Neither the existence of a claim nor a dispute resolution process, litigation or any other provision of this contract shall excuse the contractor from promptly complying with the changes ordered by the Purchasing Agency or with the performance of the contract generally.

- P. DEFAULT: In case of failure to deliver goods or services in accordance with the contract terms and conditions, the Commonwealth, after due oral or written notice, may procure them from other sources and hold the contractor responsible for any resulting additional purchase and administrative costs. This remedy shall be in addition to any other remedies which the Commonwealth may have.
- Q. INSURANCE: By signing and submitting a proposal under this solicitation, the offeror certifies that if awarded the contract, it will have the following insurance coverage at the time the contract is awarded. For construction contracts, if any subcontractors are involved, the subcontractor will have workers' compensation insurance in accordance with § 25 of the Rules Governing Procurement – Chapter 2, Exhibit J, Attachment 1, and 65.2-800 et. Seq. of the Code of Virginia (available for review at <http://www.jmu.edu/procurement>) The offeror further certifies that the contractor and any subcontractors will maintain these insurance coverage during the entire term of the contract and that all insurance coverage will be provided by insurance companies authorized to sell insurance in Virginia by the Virginia State Corporation Commission.

MINIMUM INSURANCE COVERAGES AND LIMITS REQUIRED FOR MOST CONTRACTS:

1. Workers' Compensation: Statutory requirements and benefits. Coverage is compulsory for employers of three or more employees, to include the employer. Contractors who fail to notify the Commonwealth of increases in the number of employees that change their workers' compensation requirement under the Code of Virginia during the course of the contract shall be in noncompliance with the contract.
 2. Employer's Liability: \$100,000
 3. Commercial General Liability: \$1,000,000 per occurrence and \$2,000,000 in the aggregate. Commercial General Liability is to include bodily injury and property damage, personal injury and advertising injury, products and completed operations coverage. The Commonwealth of Virginia must be named as an additional insured and so endorsed on the policy.
 4. Automobile Liability: \$1,000,000 combined single limit. *(Required only if a motor vehicle not owned by the Commonwealth is to be used in the contract. Contractor must assure that the required coverage is maintained by the Contractor (or third party owner of such motor vehicle.)*
 5. Insurance/Risk Management: \$1,000,000 per occurrence; \$3,000,000 aggregate
- R. ANNOUNCEMENT OF AWARD: Upon the award or the announcement of the decision to award a contract over \$50,000, as a result of this solicitation, the purchasing agency will publicly post such notice on the DGS/DPS eVA web site (www.eva.virginia.gov) for a minimum of 10 days.
- S. DRUG-FREE WORKPLACE: During the performance of this contract, the contractor agrees to (i) provide a drug-free workplace for the contractor's employees; (ii) post in conspicuous

places, available to employees and applicants for employment, a statement notifying employees that the unlawful manufacture, sale, distribution, dispensation, possession, or use of a controlled substance or marijuana is prohibited in the contractor's workplace and specifying the actions that will be taken against employees for violations of such prohibition; (iii) state in all solicitations or advertisements for employees placed by or on behalf of the contractor that the contractor maintains a drug-free workplace; and (iv) include the provisions of the foregoing clauses in every subcontract or purchase order of over \$10,000, so that the provisions will be binding upon each subcontractor or vendor.

For the purposes of this section, "drug-free workplace" means a site for the performance of work done in connection with a specific contract awarded to a contractor, the employees of whom are prohibited from engaging in the unlawful manufacture, sale, distribution, dispensation, possession or use of any controlled substance or marijuana during the performance of the contract.

T. NONDISCRIMINATION OF CONTRACTORS: An offeror, or contractor shall not be discriminated against in the solicitation or award of this contract because of race, religion, color, sex, national origin, age, disability, faith-based organizational status, any other basis prohibited by state law relating to discrimination in employment or because the offeror employs ex-offenders unless the state agency, department or institution has made a written determination that employing ex-offenders on the specific contract is not in its best interest. If the award of this contract is made to a faith-based organization and an individual, who applies for or receives goods, services, or disbursements provided pursuant to this contract objects to the religious character of the faith-based organization from which the individual receives or would receive the goods, services, or disbursements, the public body shall offer the individual, within a reasonable period of time after the date of his objection, access to equivalent goods, services, or disbursements from an alternative provider.

U. eVA BUSINESS TO GOVERNMENT VENDOR REGISTRATION, CONTRACTS, AND ORDERS: The eVA Internet electronic procurement solution, website portal www.eVA.virginia.gov, streamlines and automates government purchasing activities in the Commonwealth. The eVA portal is the gateway for vendors to conduct business with state agencies and public bodies. All vendors desiring to provide goods and/or services to the Commonwealth shall participate in the eVA Internet procurement solution by completing the free eVA Vendor Registration. All offerors must register in eVA and pay the Vendor Transaction Fees specified below; failure to register will result in the proposal being rejected. Vendor transaction fees are determined by the date the original purchase order is issued and the current fees are as follows:

Vendor transaction fees are determined by the date the original purchase order is issued and the current fees are as follows:

1. For orders issued July 1, 2014 and after, the Vendor Transaction Fee is:
 - a. Department of Small Business and Supplier Diversity (SBSD) certified Small Businesses: 1% capped at \$500 per order.
 - b. Businesses that are not Department of Small Business and Supplier Diversity (SBSD) certified Small Businesses: 1% capped at \$1,500 per order.
2. For orders issued prior to July 1, 2014 the vendor transaction fees can be found at www.eVA.virginia.gov.

3. The specified vendor transaction fee will be invoiced by the Commonwealth of Virginia Department of General Services approximately 60 days after the corresponding purchase order is issued and payable 30 days after the invoice date. Any adjustments (increases/decreases) will be handled through purchase order changes.
- V. AVAILABILITY OF FUNDS: It is understood and agreed between the parties herein that the Commonwealth of Virginia shall be bound hereunder only to the extent of the funds available or which may hereafter become available for the purpose of this agreement.
- W. PRICING CURRENCY: Unless stated otherwise in the solicitation, offerors shall state offered prices in U.S. dollars.
- X. E-VERIFY REQUIREMENT OF ANY CONTRACTOR: Any employer with more than an average of 50 employees for the previous 12 months entering into a contract in excess of \$50,000 with James Madison University to perform work or provide services pursuant to such contract shall register and participate in the E-Verify program to verify information and work authorization of its newly hired employees performing work pursuant to any awarded contract.

VIII. SPECIAL TERMS AND CONDITIONS

- A. AUDIT: The Contractor hereby agrees to retain all books, records, systems, and other documents relative to this contract for five (5) years after final payment, or until audited by the Commonwealth of Virginia, whichever is sooner. The Commonwealth of Virginia, its authorized agents, and/or State auditors shall have full access to and the right to examine any of said materials during said period.
- B. CANCELLATION OF CONTRACT: James Madison University reserves the right to cancel and terminate any resulting contract, in part or in whole, without penalty, upon 60 days written notice to the contractor. In the event the initial contract period is for more than 12 months, the resulting contract may be terminated by either party, without penalty, after the initial 12 months of the contract period upon 60 days written notice to the other party. Any contract cancellation notice shall not relieve the contractor of the obligation to deliver and/or perform on all outstanding orders issued prior to the effective date of cancellation.
- C. IDENTIFICATION OF PROPOSAL ENVELOPE: The signed proposal should be returned in a separate envelope or package, sealed and identified as follows:

From: _____

Name of Offeror	Due Date	Time
Street or Box No.	RFP #	
City, State, Zip Code	RFP Title	
Name of Purchasing Officer:		

The envelope should be addressed as directed on the title page of the solicitation.

The Offeror takes the risk that if the envelope is not marked as described above, it may be inadvertently opened and the information compromised, which may cause the proposal to be disqualified. Proposals may be hand-delivered to the designated location in the office issuing the solicitation. No other correspondence or other proposals should be placed in the envelope.

- D. **LATE PROPOSALS:** To be considered for selection, proposals must be received by the issuing office by the designated date and hour. The official time used in the receipt of proposals is that time on the automatic time stamp machine in the issuing office. Proposals received in the issuing office after the date and hour designated are automatically non responsive and will not be considered. The University is not responsible for delays in the delivery of mail by the U.S. Postal Service, private couriers, or the intra university mail system. It is the sole responsibility of the Offeror to ensure that its proposal reaches the issuing office by the designated date and hour.
- E. **UNDERSTANDING OF REQUIREMENTS:** It is the responsibility of each offeror to inquire about and clarify any requirements of this solicitation that is not understood. The University will not be bound by oral explanations as to the meaning of specifications or language contained in this solicitation. Therefore, all inquiries deemed to be substantive in nature must be in writing and submitted to the responsible buyer in the Procurement Services Office. Offerors must ensure that written inquiries reach the buyer at least five (5) days prior to the time set for receipt of offerors proposals. A copy of all queries and the respective response will be provided in the form of an addendum to all offerors who have indicated an interest in responding to this solicitation. Your signature on your Offer certifies that you fully understand all facets of this solicitation. These questions may be sent by Fax to 540/ 568-7936 or 540/568-7935.
- F. **RENEWAL OF CONTRACT:** This contract may be renewed by the Commonwealth for a period of nine (9) successive one year periods under the terms and conditions of the original contract. Written notice of the Commonwealth's intention to renew shall be given approximately 90 days prior to the expiration date of each contract period. Rates shall be held for the first year. Increases in premiums for subsequent years must be disclosed and agreed by the Commonwealth using the CPI-W section of the Consumer Price Index of the United States Bureau of Labor Statistics for the latest twelve months for which statistics are available as a guide.
- G. **SUBMISSION OF INVOICES:** All invoices shall be submitted within sixty days of contract term expiration for the initial contract period as well as for each subsequent contract renewal period. Any invoices submitted after the sixty day period will not be processed for payment.
- H. **OPERATING VEHICLES ON JAMES MADISON UNIVERSITY CAMPUS:** Operating vehicles on sidewalks, plazas, and areas heavily used by pedestrians is prohibited. In the unlikely event a driver should find it necessary to drive on James Madison University sidewalks, plazas, and areas heavily used by pedestrians, the driver must yield to pedestrians. For a complete list of parking regulations, please go to www.jmu.edu/parking; or to acquire a service representative parking permit, contact Parking Services at 540.568.3300. The safety of our students, faculty and staff is of paramount importance to us. Accordingly, violators may be charged.
- I. **COOPERATIVE PURCHASING / USE OF AGREEMENT BY THIRD PARTIES:** It is the intent of this solicitation and resulting contract(s) to allow for cooperative procurement. Accordingly, any public body, (to include government/state agencies, political subdivisions, etc.), cooperative purchasing organizations, public or private health or educational institutions or any University related foundation and affiliated corporations may access any resulting contract if authorized by the Contractor.

Participation in this cooperative procurement is strictly voluntary. If authorized by the Contractor(s), the resultant contract(s) will be extended to the entities indicated above to purchase goods and services in accordance with contract terms. As a separate contractual relationship, the participating entity will place its own orders directly with the Contractor(s)

and shall fully and independently administer its use of the contract(s) to include contractual disputes, invoicing and payments without direct administration from the University. No modification of this contract or execution of a separate agreement is required to participate; however, the participating entity and the Contractor may modify the terms and conditions of this contract to accommodate specific governing laws, regulations, policies, and business goals required by the participating entity. Any such modification will apply solely between the participating entity and the Contractor.

The Contractor will notify the University in writing of any such entities accessing this contract. The Contractor will provide semi-annual usage reports for all entities accessing the contract. The University shall not be held liable for any costs or damages incurred by any other participating entity as a result of any authorization by the Contractor to extend the contract. It is understood and agreed that the University is not responsible for the acts or omissions of any entity and will not be considered in default of the contract no matter the circumstances.

Use of this contract(s) does not preclude any participating entity from using other contracts or competitive processes as needed.

J. SMALL BUSINESS SUBCONTRACTING AND EVIDENCE OF COMPLIANCE:

1. It is the goal of the Commonwealth that 42% of its purchases are made from small businesses. This includes discretionary spending in prime contracts and subcontracts. All potential offerors are required to submit a Small Business Subcontracting Plan. Unless the offeror is registered as a Department of Small Business and Supplier Diversity (SBSD)-certified small business and where it is practicable for any portion of the awarded contract to be subcontracted to other suppliers, the contractor is encouraged to offer such subcontracting opportunities to SBSD-certified small businesses. This shall not exclude SBSD-certified women-owned and minority-owned businesses when they have received SBSD small business certification. No offeror or subcontractor shall be considered a Small Business, a Women-Owned Business or a Minority-Owned Business unless certified as such by the Department of Small Business and Supplier Diversity (SBSD) by the due date for receipt of proposals. If small business subcontractors are used, the prime contractor agrees to report the use of small business subcontractors by providing the purchasing office at a minimum the following information: name of small business with the SBSD certification number or FEIN, phone number, total dollar amount subcontracted, category type (small, women-owned, or minority-owned), and type of product/service provided. **This information shall be submitted to: JMU Office of Procurement Services, Attn: SWAM Subcontracting Compliance, MSC 5720, Harrisonburg, VA 22807.**
2. Each prime contractor who wins an award in which provision of a small business subcontracting plan is a condition of the award, shall deliver to the contracting agency or institution with every request for payment, evidence of compliance (subject only to insubstantial shortfalls and to shortfalls arising from subcontractor default) with the small business subcontracting plan. **This information shall be submitted to: JMU Office of Procurement Services, SWAM Subcontracting Compliance, MSC 5720, Harrisonburg, VA 22807.** When such business has been subcontracted to these firms and upon completion of the contract, the contractor agrees to furnish the purchasing office at a minimum the following information: name of firm with the Department of Small Business and Supplier Diversity (SBSD) certification number or FEIN number, phone number, total dollar amount subcontracted, category type (small, women-owned, or minority-owned), and type of product or service provided. Payment(s) may be withheld until compliance with the plan is received and confirmed by the agency or institution. The agency or

institution reserves the right to pursue other appropriate remedies to include, but not be limited to, termination for default.

3. Each prime contractor who wins an award valued over \$200,000 shall deliver to the contracting agency or institution with every request for payment, information on use of subcontractors that are not Department of Small Business and Supplier Diversity (SBSD)-certified small businesses. When such business has been subcontracted to these firms and upon completion of the contract, the contractor agrees to furnish the purchasing office at a minimum the following information: name of firm, phone number, FEIN number, total dollar amount subcontracted, and type of product or service provided. **This information shall be submitted to: JMU Office of Procurement Services, Attn: SWAM Subcontracting Compliance, MSC 5720, Harrisonburg, VA 22807.**
- K. AUTHORIZATION TO CONDUCT BUSINESS IN THE COMMONWEALTH: A contractor organized as a stock or nonstock corporation, limited liability company, business trust, or limited partnership or registered as a registered limited liability partnership shall be authorized to transact business in the Commonwealth as a domestic or foreign business entity if so required by Title 13.1 or Title 50 of the Code of Virginia or as otherwise required by law. Any business entity described above that enters into a contract with a public body shall not allow its existence to lapse or its certificate of authority or registration to transact business in the Commonwealth, if so required under Title 13.1 or Title 50, to be revoked or cancelled at any time during the term of the contract. A public body may void any contract with a business entity if the business entity fails to remain in compliance with the provisions of this section.
- L. PUBLIC POSTING OF COOPERATIVE CONTRACTS: James Madison University maintains a web-based contracts database with a public gateway access. Any resulting cooperative contract/s to this solicitation will be posted to the publicly accessible website. Contents identified as proprietary information will not be made public.
- M. CRIMINAL BACKGROUND CHECKS OF PERSONNEL ASSIGNED BY CONTRACTOR TO PERFORM WORK ON JMU PROPERTY: The Contractor shall obtain criminal background checks on all of their contracted employees who will be assigned to perform services on James Madison University property. The results of the background checks will be directed solely to the Contractor. The Contractor bears responsibility for confirming to the University contract administrator that the background checks have been completed prior to work being performed by their employees or subcontractors. The Contractor shall only assign to work on the University campus those individuals whom it deems qualified and permissible based on the results of completed background checks. Notwithstanding any other provision herein, and to ensure the safety of students, faculty, staff and facilities, James Madison University reserves the right to approve or disapprove any contract employee that will work on JMU property. Disapproval by the University will solely apply to JMU property and should have no bearing on the Contractor's employment of an individual outside of James Madison University.
- N. INDEMNIFICATION: Contractor agrees to indemnify, defend and hold harmless the Commonwealth of Virginia, its officers, agents, and employees from any claims, damages and actions of any kind or nature, whether at law or in equity, arising from or caused by the use of any materials, goods, or equipment of any kind or nature furnished by the contractor/any services of any kind or nature furnished by the contractor, provided that such liability is not attributable to the sole negligence of the using agency or to failure of the using agency to use the materials, goods, or equipment in the manner already and permanently described by the contractor on the materials, goods or equipment delivered.

- O. PRIME CONTRACTOR RESPONSIBILITIES: The contractor shall be responsible for completely supervising and directing the work under this contract and all subcontractors that he may utilize, using his best skill and attention. Subcontractors who perform work under this contract shall be responsible to the prime contractor. The contractor agrees that he is as fully responsible for the acts and omissions of his subcontractors and of persons employed by them as he is for the acts and omissions of his own employees.
- P. SUBCONTRACTS: No portion of the work shall be subcontracted without prior written consent of the purchasing agency. In the event that the contractor desires to subcontract some part of the work specified herein, the contractor shall furnish the purchasing agency the names, qualifications and experience of their proposed subcontractors. The contractor shall, however, remain fully liable and responsible for the work to be done by its subcontractor(s) and shall assure compliance with all requirements of the contract.
- Q. CONFIDENTIALITY OF PERSONALLY IDENTIFIABLE INFORMATION: The Contractor assures that information and data obtained as to personal facts and circumstances related to faculty, staff, students, and affiliates will be collected and held confidential, during and following the term of this agreement, and will not be divulged without the individual's and the agency's written consent and only in accordance with federal law or the Code of Virginia. Contractors who utilize, access, or store personally identifiable information as part of the performance of a contract are required to safeguard this information and immediately notify the agency of any breach or suspected breach in the security of such information. Contractors shall allow the agency to both participate in the investigation of incidents and exercise control over decisions regarding external reporting. Contractors and their employees working on this project may be required to sign a confidentiality statement.

IX. METHOD OF PAYMENT

The contractor will be paid on the basis of invoices submitted in accordance with the solicitation and any negotiations. James Madison University recognizes the importance of expediting the payment process for our vendors and suppliers. We are asking our vendors and suppliers to enroll in the Wells Fargo Bank single use Commercial Card Number process or electronic deposit (ACH) to your bank account so that future payments are made electronically. Contractors signed up for the Wells Fargo Bank single use Commercial Card Number process will receive the benefit of being paid in Net 15 days. Additional information is available online at:

<http://www.jmu.edu/financeoffice/accounting-operations-disbursements/cash-investments/vendor-payment-methods.shtml>

X. PRICING SCHEDULE

The offeror shall provide pricing for all available enrollment categories to include the following:

A. INTERNATIONAL STUDENT/SCHOLAR:

1. Student/Scholar
2. Student/Scholar plus Spouse
3. Student/Scholar plus Child
4. Student/Scholar plus Family

5. Student/Scholar plus Children
- B. STUDY ABROAD PARTICIPANT:
1. Participant Only
 2. Participant plus Life Partner
 3. Participant plus Child
 4. Participant plus Children
 5. Participant plus Family

XI. ATTACHMENTS

Attachment A: Offeror Data Sheet

Attachment B: Small, Women, and Minority-owned Business (SWaM) Utilization Plan

Attachment C: Standard Contract Sample

Attachment D: International Students and Scholars Brochure for 2017-2018 (*separate document*)

Attachment E: Study Abroad Participants Brochure for 2017-2018 (*separate document*)

Attachment F: International Students and Scholars Data for 2014-2017 (*separate document*)

Attachment G: Study Abroad Participants Data for 2014-2017 (*separate document*)

ATTACHMENT A

OFFEROR DATA SHEET

TO BE COMPLETED BY OFFEROR

1. **QUALIFICATIONS OF OFFEROR:** Offerors must have the capability and capacity in all respects to fully satisfy the contractual requirements.
2. **YEARS IN BUSINESS:** Indicate the length of time you have been in business providing these types of goods and services.

Years _____ Months _____

3. **REFERENCES:** Indicate below a listing of at least five (5) organizations, either commercial or governmental/educational, that your agency is servicing. Include the name and address of the person the purchasing agency has your permission to contact.

CLIENT	LENGTH OF SERVICE	ADDRESS	CONTACT PERSON/PHONE #
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4. List full names and addresses of Offeror and any branch offices which may be responsible for administering the contract.

3. **RELATIONSHIP WITH THE COMMONWEALTH OF VIRGINIA:** Is any member of the firm an employee of the Commonwealth of Virginia who has a personal interest in this contract pursuant to the [CODE OF VIRGINIA](#), SECTION 2.2-3100 – 3131?

[] YES [] NO

IF YES, EXPLAIN: _____

ATTACHMENT B

Small, Women and Minority-owned Businesses (SWaM) Utilization Plan

Offeror Name: _____ **Preparer Name:** _____

Date: _____

Is your firm a **Small Business Enterprise** certified by the Department of Small Business and Supplier Diversity (SBSD)? Yes _____ No _____

If yes, certification number: _____ Certification date: _____

Is your firm a **Woman-owned Business Enterprise** certified by the Department of Small Business and Supplier Diversity (SBSD)? Yes _____ No _____

If yes, certification number: _____ Certification date: _____

Is your firm a **Minority-Owned Business Enterprise** certified by the Department of Small Business and Supplier Diversity (SBSD)? Yes _____ No _____

If yes, certification number: _____ Certification date: _____

Is your firm a **Micro Business** certified by the Department of Small Business and Supplier Diversity (SBSD)? Yes _____ No _____

If yes, certification number: _____ Certification date: _____

Instructions: *Populate the table below to show your firm's plans for utilization of small, women-owned and minority-owned business enterprises in the performance of the contract. Describe plans to utilize SWaMs businesses as part of joint ventures, partnerships, subcontractors, suppliers, etc.*

Small Business: "Small business " means a business, independently owned or operated by one or more persons who are citizens of the United States or non-citizens who are in full compliance with United States immigration law, which, together with affiliates, has 250 or fewer employees, or average annual gross receipts of \$10 million or less averaged over the previous three years.

Woman-Owned Business Enterprise: A business concern which is at least 51 percent owned by one or more women who are U.S. citizens or legal resident aliens, or in the case of a corporation, partnership or limited liability company or other entity, at least 51 percent of the equity ownership interest in which is owned by one or more women, and whose management and daily business operations are controlled by one or more of such individuals. **For purposes of the SWaM Program, all certified women-owned businesses are also a small business enterprise.**

Minority-Owned Business Enterprise: A business concern which is at least 51 percent owned by one or more minorities or in the case of a corporation, partnership or limited liability company or other entity, at least 51 percent of the equity ownership interest in which is owned by one or more minorities and whose management and daily business operations are controlled by one or more of such individuals. **For purposes of the SWaM Program, all certified minority-owned businesses are also a small business enterprise.**

Micro Business is a certified Small Business under the SWaM Program and has no more than twenty-five (25) employees **AND** no more than \$3 million in average annual revenue over the three-year period prior to their certification.

All small, women, and minority owned businesses must be certified by the Commonwealth of Virginia Department of Small Business and Supplier Diversity (SBSD) to be counted in the SWaM program. Certification applications are available through SBSD at 800-223-0671 in Virginia, 804-786-6585 outside Virginia, or online at <http://www.sbsd.virginia.gov/> (Customer Service).

RETURN OF THIS PAGE IS REQUIRED

ATTACHMENT B (CNT'D)
Small, Women and Minority-owned Businesses (SWaM) Utilization Plan

Procurement Name and Number: _____

Date Form Completed: _____

Listing of Sub-Contractors, to include, Small, Woman Owned and Minority Owned Businesses
for this Proposal and Subsequent Contract

Offeror / Proposer:

Firm

Address

Contact Person/No.

Sub-Contractor's Name and Address	Contact Person & Phone Number	SBSD Certification Number	Services or Materials Provided	Total Subcontractor Contract Amount (to include change orders)	Total Dollars Paid Subcontractor to date (to be submitted with request for payment from JMU)

(Form shall be submitted with proposal and if awarded, again with submission of each request for payment)

RETURN OF THIS PAGE IS REQUIRED

ATTACHMENT C



**COMMONWEALTH OF VIRGINIA
STANDARD CONTRACT**

Contract No. _____

This contract entered into this _____ day of _____, 20____, by _____ hereinafter called the "Contractor" and Commonwealth of Virginia, James Madison University called the "Purchasing Agency".

WITNESSETH that the Contractor and the Purchasing Agency, in consideration of the mutual covenants, promises and agreements herein contained, agree as follows:

SCOPE OF CONTRACT: The Contractor shall provide the services to the Purchasing Agency as set forth in the Contract Documents.

PERIOD OF PERFORMANCE: From _____ through _____

The contract documents shall consist of:

- (1) This signed form;
- (2) The following portions of the Request for Proposals dated _____:
 - (a) The Statement of Needs,
 - (b) The General Terms and Conditions,
 - (c) The Special Terms and Conditions together with any negotiated modifications of those Special Conditions;
 - (d) List each addendum that may be issued
- (3) The Contractor's Proposal dated _____ and the following negotiated modification to the Proposal, all of which documents are incorporated herein.
 - (a) Negotiations summary dated _____.

IN WITNESS WHEREOF, the parties have caused this Contract to be duly executed intending to be bound thereby.

CONTRACTOR:

PURCHASING AGENCY:

By: _____
(Signature)

By: _____
(Signature)

(Printed Name)

(Printed Name)

Title: _____

Title: _____



World Class Coverage Plan

designed for

James Madison University

International Students and Scholars

2017-2018

Policy # GLM N04965796

Administered by Cultural Insurance Services International • 1 High Ridge Park • Stamford, CT 06905-1322
This plan is underwritten by ACE American Insurance Company

Policy terms and conditions are briefly outlined in this Description of Coverage. Complete provisions pertaining to this insurance are contained in the Master Policy on file with James Madison University under form number AH-15090. In the event of any conflict between this Description of Coverage and the Master Policy, the Policy will govern.

Schedule of Benefits	
Coverage and Services	Maximum Limits
• Accidental Death and Dismemberment Per Insured Person	\$15,000
• Medical expenses (per Covered Accident or Sickness):	
Benefit Maximum Per Insured Student	\$500,000 @ 100%
Benefit Maximum Per Insured Dependent	\$100,000 @ 100%
Deductible	zero
Deductible for Emergency Room visits as a result of a Covered Sickness**:	\$500
• Emergency Medical Reunion	\$5,000
	(incl. hotel/meals, max \$200/day)
• Home Country Coverage Limit	up to the Medical Maximum
• Trip Interruption	\$1,500
• Team Assist Plan (TAP): 24/7 medical, travel, technical assistance	
• Emergency Medical Evacuation	\$250,000
• Repatriation/Return of Mortal Remains	\$100,000
**The Emergency Room Deductible will be waived if the Insured Person is admitted to the Hospital as an inpatient or if the illness is life threatening. Life threatening means the illness will likely cause the death of the Insured Person.	

Benefit Provisions

Benefits are payable under the Policy for Covered Expenses incurred by an Insured Person for the items stated in the *Schedule of Benefits*. All students and accompanying faculty and staff who are enrolled as James Madison University – International Students and Scholars participants, and who are temporarily pursuing educational activities inside of the United States and traveling outside of their Home Country are eligible for coverage. Benefits shall be payable to either the Insured Person or the Service Provider for Covered Expenses incurred in the United States and outside their Home Country. The first such expense must be incurred by an Insured Person within 30 days after the date of the Covered Accident or commencement of the Sickness; and

- All expenses must be incurred by the Insured Person within 364 days from the date of the Covered Accident or commencement of the Sickness; and
- The Insured Person must remain continuously insured under the Policy for the duration of the treatment.

The charges enumerated herein shall in no event include any amount of such charges which are in excess of Reasonable and Customary charges. If the charge incurred is in excess of such average charge such excess amount shall not be recognized as a Covered Expense. All charges shall be deemed to be incurred on the date such services or supplies, which give rise to the expense or charge, are rendered or obtained.

Accidental Death and Dismemberment Benefit

Accidental Death Benefit. If Injury to the Insured Person results in death within 365 days of the date of the Covered Accident that caused the Injury, We will pay 100% of the Benefit Amount.

Accidental Dismemberment Benefit. If Injury to the Insured Person results, within 365 days of the date of the Covered Accident that caused the Injury, in any one of the Losses specified below, We will pay the percentage of the Benefit Amount shown below for that Loss:

For Loss of:	Percentage of Benefit Amount:
Both Hands or Both Feet	100%
Sight of Both Eyes	100%
One Hand and One Foot	100%
One Hand and the Sight of One Eye	100%
One Foot and the Sight of One Eye	100%
Speech and Hearing in Both Ears	100%
One Hand or One Foot	50%
The Sight of One Eye	50%
Speech or Hearing in Both Ears	50%
Hearing in One Ear	25%
Thumb and Index Finger of Same Hand	25%

"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. If more than one Loss is sustained by an Insured Person as a result of the same Covered Accident, only one amount, the largest, will be paid. Maximum aggregate benefit per occurrence is \$1,000,000.

Accident and Sickness Medical Expenses

We will pay Covered Expenses due to Accident or Sickness only, as per the limits stated in the *Schedule of Benefits*. Coverage is limited to Covered Expenses incurred subject to Exclusions. All bodily Injuries sustained in any one Covered Accident shall be considered one Disablement, all bodily disorders existing simultaneously which are due to the same or related causes shall be considered one Disablement. If a Disablement is due to causes which are the same or related to the cause of a prior Disablement (including complications arising there from), the Disablement shall be considered a continuation of the prior Disablement and not a separate Disablement.

Treatment of an Injury or Sickness must occur within 30 days of the Accident or onset of the Sickness.

When a Covered Injury or Sickness is incurred by the Insured Person We will pay Reasonable and Customary Medical expenses as stated in the *Schedule of Benefits*. In no event shall Our maximum liability exceed the maximum stated in the *Schedule of Benefits* as to Covered Expenses during any one period of individual coverage.

Covered Accident and Sickness Medical Expenses

Only such expenses, incurred as the result of a covered Accident or Sickness, 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 inclusive of charges for professional service and with the exception of personal services of a non-medical nature; provided, however, that expenses do not exceed the Hospital's average charge for semiprivate room and board accommodation.
- Charges made for Intensive Care or Coronary Care charges and nursing services.
- Charges made for diagnosis, treatment and surgery by a Doctor.
- Charges made for an operating room.
- Charges made for outpatient treatment, same as any other treatment covered on an inpatient basis. This includes ambulatory surgical centers, Doctors' outpatient visits/examinations, clinic care, and surgical opinion consultations.
- 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.
- Dressings, drugs, and medicines that can only be obtained upon a written prescription of a Doctor 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. Such transportation shall be by licensed ground ambulance only.
- Expenses incurred for treatment of specified therapies, including acupuncture and physiotherapy are payable on an inpatient or outpatient basis up to a combined total of \$2,500. Physiotherapy means a physical or mechanical therapy, diathermy, ultrasonic, heat treatment in any form, manipulation or massage.
- Nervous or Mental Disorders are treated as any other condition.
- Chiropractic Care and Therapeutic Services shall be limited to a total of \$50 per visit, excluding x-ray and evaluation charges, with a maximum of 10 visits per injury or Sickness. The overall maximum coverage per injury or Sickness is \$500 which includes x-ray and evaluation charges.
- Rehabilitative braces or appliances prescribed by a Doctor. It must be durable medical equipment that 1) is primarily and customarily used to

serve a medical purpose; 2) can withstand repeated use; and 3) generally is not useful to a person in the absence of Injury. No benefits will be paid for rental charges in excess of the purchase price.

- Accidental dental charges for emergency dental repair or replacement to natural teeth damaged as a result of a covered Injury including expenses incurred for services or medications prescribed, performed or ordered by dentist.
- With respect to Palliative Dental, an eligible Dental condition shall mean emergency pain relief treatment to natural teeth up to \$500 (\$250 maximum per tooth).
- Pregnancy, childbirth or miscarriage.
- Charges due to a Pre-Existing Condition are treated as any other medical condition after the first 6 months of coverage.

Preferred Provider Network (Within the U.S.A. only)

This Policy utilizes the First Health Preferred Provider hospital and Doctor network for the purpose of delivering quality health care at a preferred fee. You are not required to use the PPO network, but can receive information on participating providers by visiting: www.myfirsthealth.com to find an in-network health care provider.

Emergency Medical Reunion Benefit

When an Insured Person is hospitalized for more than 6 consecutive days, We will reimburse for round trip economy-class transportation for one individual selected by the Insured Person, from the Insured Person's current Home Country to the location where the Insured Person is hospitalized. The benefits reimbursable will include:

- The cost of a round trip economy airfare and their hotel and meals up to the maximum stated in the *Schedule of Benefits*, Emergency Medical Reunion.

Home Country Benefit

We will pay the benefit shown in the *Schedule of Benefits* when during a scheduled trip outside of the Home Country, the Insured Person returns to his or her Home Country or Permanent Residence for incidental visits provided the primary reason for the Insured Person's return to the Home Country or Permanent Residence is not to obtain medical treatment for an Injury or Sickness that occurred while traveling.

Home Country Benefit payments are subject to any applicable Benefit Maximum shown in the *Schedule of Benefits*. This coverage will end on the earlier of the date the Insured Person's would otherwise end or the end of the Policy Term.

Trip Interruption Benefit

We will reimburse the cost of a round-trip economy air and/or ground transportation ticket of the Insured Person's trip, if his or her trip is interrupted as the result of:

- the death of a family member; or
- the unforeseen Injury or Sickness of the Insured Person or a Family Member. The Injury or Sickness must be so disabling as to reasonably cause a trip to be interrupted.

The total benefits payable under the Trip Interruption Benefit will not exceed the maximum stated in the *Schedule of Benefits*.

Exclusions and Limitations

For benefits listed under Accidental Death and Dismemberment, this insurance does not cover:

- Disease of any kind.
- Bacterial infections except pyogenic infections which occur from an accidental cut or wound.
- Neuroses, psychoneuroses, psychopathies, psychoses or mental or emotional diseases or disorders of any type.
- Intentionally self-inflicted Injury; suicide or attempted suicide (Applicable to Accidental Death and Dismemberment benefits only).
- War or any act of war, whether declared or not.

- Injury sustained while riding as a pilot, student pilot, operator, or crew member, in or on, boarding or alighting from, any type of aircraft.
- Injury occasioned or occurring while committing or attempting to commit a felony, or to which the contributing cause was the Insured Person being engaged in an illegal occupation.

In addition, this Insurance does not cover Medical Expense Benefits for:

- Charges for a Pre-Existing Condition incurred during the first 6 months of coverage.
- Charges for treatment which is not Medically Necessary.
- 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 Doctor.
- War or any act of war, whether declared or not.
- 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 an Injury or Sickness established by a prior call or attendance of a Doctor.
- 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.
- The refusal of a Doctor or Hospital to make all medical reports and records available to Us which will cause an otherwise valid claim to be denied.
- Cosmetic or plastic surgery, except as the result of a covered Injury; for the purposes of this Policy, treatment of a deviated nasal septum shall be considered a cosmetic condition.
- Elective Surgery or Elective Treatment which can be postponed until the Insured Person returns to his/her Home Country or Permanent Residence, where the objective of the trip is to seek medical advice, treatment or surgery.
- Treatment and the provision of false teeth or dentures, normal hearing 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 an Injury incurred while insured hereunder.
- Treatment while confined primarily to receive custodial care, educational or rehabilitative care, or nursing services.
- Congenital abnormalities and conditions arising out of or resulting therefrom.
- The cost of the Insured Person's unused airline ticket(s) for transportation back to the Insured Person's Home Country or Permanent Residence, where an Emergency Medical Evacuation or Repatriation of Remains benefit is provided.
- Expenses as a result of 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; parasailing. (except as provided by the Policy)
- Treatment paid for or furnished under any mandatory government program or facility set up for treatment without cost to any individual.
- Injury or Sickness covered by Workers' Compensation, Employers' Liability laws, or similar occupational benefits.
- Injuries for which benefits are payable under any no-fault automobile insurance policy.
- Routine dental treatment.
- Drugs, treatments or procedures that either promote or prevent conception, or prevent childbirth, including but not limited to: artificial

insemination, treatment for infertility or impotency, sterilization or reversal thereof, or abortion.

- Treatment for human organ tissue transplants and related treatment.
- Weak, strained or flat feet, corns, calluses, or toenails.
- Diagnosis and treatment of acne.
- 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.
- Dental care, except as the result of Injury to natural teeth caused by a Covered Accident, unless otherwise covered under this Policy.

This insurance does not apply to the extent that trade or economic sanctions or other laws or regulations prohibit Us from providing insurance, including, but not limited to, the payment of claims.

Definitions

Coinurance means the percentage amount of eligible Covered Expenses, after the Deductible, which are the responsibilities of the Insured Person and must be paid by the Insured Person. The Coinurance amount is stated in the *Schedule of Benefits*, under each stated benefit.

Company shall be ACE American Insurance Company.

Covered Accident means an event, independent of Sickness or self-inflicted means, which is the direct cause of bodily Injury to an Insured Person.

Covered Expenses means expenses which are for Medically Necessary services, supplies, care, or treatment due to Sickness or Injury, prescribed, performed or ordered by a Doctor, and Reasonable and Customary charges incurred while insured under this Policy, and that do not exceed the maximum limits shown in the *Schedule of Benefits*, under each stated benefit.

Deductible means the amount of eligible Covered Expenses which are the responsibility of each Insured Person and must be paid by each Insured Person before benefits under the Policy are payable by Us. The Deductible amount is stated in the *Schedule of Benefits*, under each stated benefit.

Dependent means an Insured Person's lawful spouse or an Insured's unmarried child, from the moment of birth to age 19, 25 if a full-time student, who is chiefly dependent on the Insured for support. A child, for eligibility purposes, includes an Insured's natural child; adopted child, beginning with any waiting period pending finalization of the child's adoption; or a stepchild who resides with the Insured or depends on the Insured for financial support. A Dependent may also include any person related to the Insured by blood or marriage and for whom the Insured is allowed a deduction under the Internal Revenue Code.

Insurance will continue for any Dependent child who reaches the age limit and continues to meet the following conditions: 1) the child is handicapped, 2) is not capable of self-support and 3) depends mainly on the Insured for support and maintenance. The Insured must send Us satisfactory proof that the child meets these conditions, when requested. We will not ask for proof more than once a year.

"Dependent" also means an Insured Person's Domestic Partner. "Domestic Partner" means a person of the same or opposite sex of the Insured Person who: 1) shares the Insured Person's primary residence; 2) is financially interdependent with the Insured Person in each of the following ways; a) by holding one or more credit or bank accounts, including a checking account, as joint owners; b) by owning or leasing their permanent residence as joint tenants; c) by naming, or being named by the other as a beneficiary of life insurance or under a will; d) by each agreeing in writing to assume financial responsibility for the welfare of the other. 3) has signed a Domestic Partner declaration with Insured Person, if recognized by the laws of the state in which he or she resides with the Insured Person; 4) has not signed a Domestic Partner declaration with any other person within the last 12 months; 5) is 18 years of age or older; 6) is not currently married to another person; 7) is not in a position as a blood relative that would prohibit marriage.

Doctor as used in this Policy means a doctor of medicine or a doctor of osteopathy licensed to render medical services or perform surgery in accordance with the laws of the jurisdiction where such professional services are performed.

Effective Date means the date the Insured Person's coverage under the Policy begins. An Eligible Person will be insured on the latest of: 1) the Policy Effective Date; 2) the date he or she is eligible; or 3) the date requested by the Participating Organization provided the required premium is paid.

Elective Surgery or Elective Treatment means surgery or medical treatment which is not necessitated by a pathological or traumatic change in the function or structure in any part of the body first occurring after the Insured Person's effective date of coverage. Elective Surgery includes, but is not limited to, circumcision, tubal ligation, vasectomy, breast reduction, sexual reassignment surgery, and submucous resection and/or other surgical correction for deviated nasal septum, other than for necessary treatment of covered purulent sinusitis. Elective Surgery does not apply to cosmetic surgery required to correct Injuries suffered in a Covered Accident. Elective Treatment includes, but is not limited to, treatment for acne, nonmalignant warts and moles, weight reduction, infertility, and learning disabilities.

Eligible Benefits means benefits payable by Us to reimburse expenses that are for Medically Necessary services, supplies, care, or treatment due to Sickness or Injury, prescribed, performed or ordered by a Doctor, and Reasonable and Customary charges incurred while insured under this Policy; and which do not exceed the maximum limits shown in the *Schedule of Benefits* under each stated benefit.

Emergency means a medical condition manifesting itself by acute signs or symptoms which could reasonably result in placing the Insured Person's life or limb in danger if medical attention is not provided within 24 hours.

Family Member means an Insured Person's spouse, domestic partner, child, brother, sister, parent, grandparent, or immediate in-law.

Home Country means the country where an Insured Person has his or her true, fixed and permanent home and principal establishment or the United States.

Hospital as used in this Policy means, except as may otherwise be provided, a Hospital (other than an institution for the aged, chronically ill or convalescent, resting or nursing homes) operated pursuant to law for the care and treatment of sick or Injured persons with organized facilities for diagnosis and surgery and having 24-hour nursing service and medical supervision.

Injury wherever used in this Policy means bodily Injury caused solely and directly by violent, accidental, external, and visible means occurring while this Policy is in force and resulting directly and independently of all other causes in a loss covered by this Policy.

Insured Person(s) means a person eligible for coverage under the Policy as defined in "Eligible Persons" who has applied for coverage and is named on the application if any and for whom We have accepted premium. This may be the Primary Insured Person or Dependent(s), if eligible for coverage under the policy and the required premium is paid.

Medically Necessary or Medical Necessity means services and supplies received while insured that are determined by Us to be: 1) appropriate and necessary for the symptoms, diagnosis, or direct care and treatment of the Insured Person's medical conditions; 2) within the standards the organized medical community deems good medical practice for the

Insured Person's condition; 3) not primarily for the convenience of the Insured Person, the Insured Person's Doctor or another service provider or person; 4) not experimental/investigational or unproven, as recognized by the organized medical community, or which are used for any type of research program or protocol; and 5) not excessive in scope, duration, or intensity to provide safe, adequate, and appropriate treatment.

Mental and Nervous Disorder means a Sickness that is a mental, emotional or behavioral disorder.

Permanent Residence means the country where an Insured Person has his or her true, fixed and permanent home and principal establishment, and to which he or she has the intention of returning.

Pre-Existing Condition means an illness, disease, or other condition of the Insured Person within 180 days prior to the Insured Person's coverage became effective under the Policy: 1) first manifested itself, worsened, became acute, or exhibited symptoms that would have caused a person to seek diagnosis, care, or treatment; or 2) required taking prescribed drugs or medicines, unless the condition for which the prescribed drug or medicine is taken remains controlled without any change in the required prescription; or 3) was treated by a Doctor or treatment had been recommended by a Doctor.

Reasonable and Customary means the maximum amount that We determine is Reasonable and Customary for Covered Expenses the Insured Person receives, up to but not to exceed charges actually billed. Our determination considers: 1) amounts charged by other service providers for the same or similar service in the locality where received, considering the nature and severity of the bodily Injury or Sickness in connection with which such services and supplies are received; 2) any usual medical circumstances requiring additional time, skill or experience; and 3) other factors We determine are relevant, including but not limited to, a resource based relative value scale.

Relative means spouse, Domestic Partner, parent, sibling, child, grandparent, grandchild, step-parent, step-child, step-sibling, in-laws (parent, son, daughter, brother and sister), aunt, uncle, niece, nephew, legal guardian, ward, or cousin of the Insured Person.

Sickness wherever used in this Policy means illness or disease of any kind contracted and commencing after the Effective Date of this Policy and covered by this Policy.

Termination of Insurance means the Insured Person's coverage will end on the earliest of the following date: 1) the Policy terminates; 2) the Insured Person is no longer eligible; 3) of the last day of the Term of Coverage, requested by the Participating Organization, applicable to the Insured Person; or 4) the period ends for which premium is paid.

Termination of the Policy will not affect Trip coverage, if premium for the Trip is paid prior to the actual start of the Trip.

We, Our, Us means the insurance company underwriting this insurance.

IMPORTANT NOTICE

This policy provides travel insurance benefits for individuals traveling outside of their home country. This policy does not constitute comprehensive health insurance coverage (often referred to as "major medical coverage") and does not satisfy a person's individual obligation to secure the requirement of minimum essential coverage under the Affordable Care Act (ACA).

For more information about the ACA, please refer to www.HealthCare.gov

This information provides 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 the policy issued in the state in which the policy was delivered under form number AH-15090. 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.

Team Assist Plan (TAP)

The Team Assist Plan is designed by CISI in conjunction with the Assistance Company to provide travelers with a worldwide, 24-hour emergency telephone assistance service. Multilingual help and advice may be furnished for the Insured Person in the event of any emergency during the term of coverage. The Team Assist Plan complements the insurance benefits provided by the Accident and Sickness policy.

If you require Team Assist assistance, your ID number is your policy number. In the U.S., call (855)327-1411, worldwide call (01-312) 935-1703 (collect calls accepted) or e-mail medassist-usa@axa-assistance.us.

Emergency Medical Transportation Services

The Team Assist Plan provides services and pays expenses up to the amount shown in the *Schedule of Benefits* for:

- Emergency Medical Evacuation
- Repatriation/Return of Mortal Remains

All services must be arranged through the Assistance Provider.

Emergency Medical Evacuation Benefit

The Company shall pay benefits for Covered Expenses incurred up to the maximum stated in the *Schedule of Benefits*, if any Injury or Covered Sickness commencing during the Period of Coverage results in the Medically Necessary Emergency Medical Evacuation of the Insured Person. The decision for an Emergency Medical Evacuation must be ordered by the Assistance Company in consultation with the Insured Person's local attending Doctor.

Emergency Medical Evacuation means: a) the Insured Person's medical condition warrants immediate transportation from the place where the Insured Person is located (due to inadequate medical facilities) to the nearest adequate medical facility where medical treatment can be obtained; or b) after being treated at a local medical facility, the Insured Person's medical condition warrants transportation with a qualified medical attendant to his/her Home Country or Permanent Residence to obtain further medical treatment or to recover; or c) both a) and b) above.

Covered Expenses are expenses, up to the maximum stated in the *Schedule of Benefits*, Emergency Medical Evacuation, for transportation, medical services and medical supplies necessarily incurred in connection with Emergency Medical Evacuation of the Insured Person. All transportation arrangements must be by the most direct and economical route.

Repatriation/Return of Mortal Remains or Cremation Benefit

The Company will pay the reasonable Covered Expenses incurred up to the maximum as stated in the *Schedule of Benefits*, Repatriation/Return of Mortal Remains, to return the Insured Person's remains to his/her then current Home Country or Permanent Residence, if he or she dies. Covered Expenses include, but are not limited to, expenses for embalming, cremation, a minimally necessary container appropriate for transportation, shipping costs and the necessary government authorizations. All Covered Expenses in connection with a Return of Mortal Remains must be pre-approved and arranged by an Assistance Company representative appointed by the Company.

The TAP offers these services:

(These services are not insured benefits)

Medical Assistance

Medical Referral Referrals will be provided for doctors, hospitals, clinics or any other medical service provider requested by the Insured. Service is available 24 hours a day, worldwide.

Medical Monitoring In the event the Insured is admitted to a foreign hospital, the AP will coordinate communication between the Insured's own doctor and the attending medical doctor or doctors. The AP will monitor the Insured's progress and update the family or the insurance company accordingly. **Prescription Drug Replacement/Shipment** Assistance will be provided in replacing lost, misplaced, or forgotten medication by locating a supplier of the same medication or by arranging for shipment of the medication as soon as possible.

Emergency Message Transmittal The AP will forward an emergency message to and from a family member, friend or medical provider.

Coverage Verification/Payment Assistance for Medical Expenses The AP will provide verification of the Insured's medical insurance coverage when necessary to gain admittance to foreign hospitals, and if requested, and approved by the Insured's insurance company, or with adequate credit guarantees as determined by the Insured, provide a guarantee of payment to the treating facility.

Travel Assistance

Obtaining Emergency Cash The AP will advise how to obtain or to send emergency funds world-wide.

Traveler Check Replacement Assistance The AP will assist in obtaining replacements for lost or stolen traveler checks from any company, i.e., Visa, Master Card, Cooks, American Express, etc., worldwide.

Lost/Delayed Luggage Tracing The AP will assist the Insured whose baggage is lost, stolen or delayed while traveling on a common carrier. The AP will advise the Insured of the proper reporting procedures and will help travelers maintain contact with the appropriate companies or authorities to help resolve the problem.

Replacement of Lost or Stolen Airline Ticket One telephone call to the provided 800 number will activate the AP's staff in obtaining a replacement ticket.

Technical Assistance

Credit Card/Passport/Important Document Replacement The AP will assist in the replacement of any lost or stolen important document such as a credit card, passport, visa, medical record, etc. and have the documents delivered or picked up at the nearest embassy or consulate.

Locating Legal Services The AP will help the Insured contact a local attorney or the appropriate consular officer when an Insured is arrested or detained, is in an automobile accident, or otherwise needs legal help. The AP will maintain communications with the Insured, family, and business associates until legal counsel has been retained by or for the Insured.

Assistance in Posting Bond/Bail The AP will arrange for the bail bondsman to contact the Insured or to visit at the jail if incarcerated.

Worldwide Inoculation Information Information will be provided if requested by an Insured for all required inoculations relative to the area of the world being visited as well as any other pertinent medical information.

Cultural Insurance Services International (CISI)

1 High Ridge Park | Stamford, CT 06905

Phone: 203-399-5130 | Fax: 203-399-5596

claimhelp@mycisi.com • www.culturalinsurance.com

Cultural Insurance Services International – Claim Form

- ▶ **Program Name:** James Madison University – International Students & Scholars
- ▶ **Policy Number:** GLM N04965796
- ▶ **Participant ID Number** (from the front of your insurance card):

Mailing Address: 1 High Ridge Park, Stamford, CT 06905 | **E-mail:** claimhelp@mycisi.com | **Fax:** (203) 399-5596
For claim submission questions, call (203) 399-5130, or e-mail claimhelp@mycisi.com

Instructions:

1. Fully complete and sign the medical claim form for each occurrence, indicating whether the Doctor/Hospital has been paid.
2. Attach **itemized bills** for all amounts being claimed. *We recommend you provide us with a copy and keep the originals for yourself.
3. Approved reimbursements will be paid to the provider of the service unless otherwise indicated.
4. Submit claim form and attachments via mail, e-mail, or by fax (*provided above*).

▶ NAME AND CONTACT INFORMATION OF THE INSURED

Name of the Insured: _____ Date of Birth: ____/____/____
(month/day/year)

*Please indicate which is your home address: ☐ U.S. Address ☐ Address Abroad

U.S. Address: _____
street address apt/unit # city state zip code

Address Abroad: _____

E-mail Address: _____ Phone Number: _____

▶ IF IN AN ACCIDENT

Date of Accident: ____/____/____ Place of Accident: _____ Date of Doctor/Hospital Visit: ____/____/____

Description/Details of Injury (*attach additional notes if necessary*): _____

▶ IF SICKNESS/ILLNESS

Description of Sickness/Illness (*attach additional notes if necessary*): _____

*Onset Date of Symptoms: ____/____/____ *Date of Doctor/Hospital Visit: ____/____/____

Have you had this Sickness/Illness before? ☐ YES ☐ NO If yes, when was the last occurrence and/or doctor/hospital visit? _____

▶ REIMBURSEMENT

Have these doctor/hospital bills been paid by you? ☐ YES ☐ NO

If no, do you authorize payment to the provider of service for medical services claimed? ☐ YES ☐ NO

If yes, any eligible reimbursements will be made in U.S. currency (USD) via check. If you would like your eligible reimbursement in another currency via wire transfer, please contact CISI at 203-399-5130 or claimhelp@mycisi.com for instructions.

Please note if you are submitting a claim for prescription medication, you must submit the prescription receipt. This will include your name, the name of the prescribing physician, name of the medication, dosage, date and amount billed. Cash register receipts will not be considered for reimbursement.

▶ FOR CLAIMS RELATED TO THE TRIP INTERRUPTION BENEFIT

*Please note: In order to claim monies back related to the Trip Interruption Benefit, you **MUST** submit the following:

1. Flight Itinerary including your name, travel dates and departure and arrival locations
2. Letter stating reason for curtailing travel (if due to a medical condition, the letter must be from the treating physician)

Please provide us with the relevant details of your incident below or the details and value of your loss. You may attach an additional page if necessary:

▶ CONSENT TO RELEASE MEDICAL INFORMATION

I hereby authorize any insurance company, Hospital or Physician or other person who has attended or examined me, including those in my home country to furnish to Cultural Insurance Services International or any of their duly appointed representatives, any and all information with respect to any sickness/illness or injury, medical history, consultation, prescriptions or treatment, and copies of all hospital or medical reports. A photo static copy of this authorization shall be considered as effective and valid as the original.

I certify that the information furnished by me in support of this claim is true and correct.

Warning: It is a crime to knowingly provide false, incomplete or misleading information to an Insurance Company for the purpose of defrauding the Company. Penalties include imprisonment, fines and denial of insurance benefits.

Name (please print): _____

Signature: _____ Date: _____



World Class Coverage Plan

designed for

James Madison University

Study Abroad Participants

2017-2018

Policy # GLM N04965802

Administered by Cultural Insurance Services International • 1 High Ridge Park • Stamford, CT 06905-1322
This plan is underwritten by ACE American Insurance Company

Policy terms and conditions are briefly outlined in this Description of Coverage. Complete provisions pertaining to this insurance are contained in the Master Policy on file with James Madison University under form number AH-15090. In the event of any conflict between this Description of Coverage and the Master Policy, the Policy will govern.

Schedule of Benefits	
Coverage and Services	Maximum Limits
• Accidental Death and Dismemberment Per Insured Person	\$15,000
• Medical expenses (per Covered Accident or Sickness):	
Deductible	zero
Benefit Maximum	\$250,000 at 100%
• Extension of Benefits	30 days
• Emergency Medical Reunion	\$5,000 (incl. hotel/meals, max \$200/day)
• Return Ticket	\$1,500
• Team Assist Plan (TAP): 24/7 medical, travel, technical assistance	
• Emergency Medical Evacuation	\$250,000
• Repatriation/Return of Mortal Remains	\$100,000
• Security Evacuation (Comprehensive)	\$100,000

Benefit Provisions

Benefits are payable under the Policy for Covered Expenses incurred by an Insured Person for the items stated in the *Schedule of Benefits*. All students and accompanying faculty and staff who are enrolled as James Madison University Study Abroad participants, and who are temporarily pursuing educational activities outside of the United States and their Home Country are eligible for coverage. Benefits shall be payable to either the Insured Person or the Service Provider for Covered Expenses incurred Worldwide, except in the United States or their Home Country. The first such expense must be incurred by an Insured Person within 30 days after the date of the Covered Accident or commencement of the Sickness; and

- All expenses must be incurred by the Insured Person within 364 days from the date of the Covered Accident or commencement of the Sickness; and
- The Insured Person must remain continuously insured under the Policy for the duration of the treatment.

The charges enumerated herein shall in no event include any amount of such charges which are in excess of Reasonable and Customary charges. If the charge incurred is in excess of such average charge such excess amount shall not be recognized as a Covered Expense. All charges shall be deemed to be incurred on the date such services or supplies, which give rise to the expense or charge, are rendered or obtained.

Accidental Death and Dismemberment Benefit

Accidental Death Benefit. If Injury to the Insured Person results in death within 365 days of the date of the Covered Accident that caused the Injury, We will pay 100% of the Benefit Amount.

Accidental Dismemberment Benefit. If Injury to the Insured Person results, within 365 days of the date of the Covered Accident that caused the Injury, in any one of the Losses specified below, We will pay the percentage of the Benefit Amount shown below for that Loss:

For Loss of:	Percentage of Benefit Amount:
Both Hands or Both Feet	100%
Sight of Both Eyes	100%
One Hand and One Foot	100%
One Hand and the Sight of One Eye	100%
One Foot and the Sight of One Eye	100%
Speech and Hearing in Both Ears	100%
One Hand or One Foot	50%
The Sight of One Eye	50%
Speech or Hearing in Both Ears	50%
Hearing in One Ear	25%
Thumb and Index Finger of Same Hand	25%

"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. If more than one Loss is sustained by an Insured Person as a result of the

same Covered Accident, only one amount, the largest, will be paid. Maximum aggregate benefit per occurrence is \$1,000,000.

Accident and Sickness Medical Expenses

We will pay Covered Expenses due to Accident or Sickness only, as per the limits stated in the *Schedule of Benefits*. Coverage is limited to Covered Expenses incurred subject to Exclusions. All bodily Injuries sustained in any one Covered Accident shall be considered one Disablement, all bodily disorders existing simultaneously which are due to the same or related causes shall be considered one Disablement. If a Disablement is due to causes which are the same or related to the cause of a prior Disablement (including complications arising there from), the Disablement shall be considered a continuation of the prior Disablement and not a separate Disablement.

Treatment of an Injury or Sickness must occur within 30 days of the Accident or onset of the Sickness.

When a Covered Injury or Sickness is incurred by the Insured Person We will pay Reasonable and Customary medical expenses as stated in the *Schedule of Benefits*. In no event shall Our maximum liability exceed the maximum stated in the *Schedule of Benefits* as to Covered Expenses during any one period of individual coverage.

Covered Accident and Sickness Medical Expenses

Only such expenses, incurred as the result of a covered Accident or Sickness, 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 inclusive of charges for professional service and with the exception of personal services of a non-medical nature; provided, however, that expenses do not exceed the Hospital's average charge for semiprivate room and board accommodation.
- Charges made for Intensive Care or Coronary Care charges and nursing services.
- Charges made for diagnosis, treatment and surgery by a Doctor.
- Charges made for an operating room.
- Charges made for outpatient treatment, same as any other treatment covered on an inpatient basis. This includes ambulatory surgical centers, Doctors' outpatient visits/examinations, clinic care, and surgical opinion consultations.
- 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.
- Dressings, drugs, and medicines that can only be obtained upon a written prescription of a Doctor 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. Such transportation shall be by licensed ground ambulance only.
- Charges for physiotherapy, if recommended by a Doctor for the treatment of a specific Disablement and administered by a licensed physiotherapist.
- Nervous or Mental Disorders are payable a) up to \$5,000 for outpatient treatment; or b) up to 30 days on an inpatient basis. We shall not be liable for more than one such inpatient or outpatient occurrence under the Policy with respect to any one Insured Person.
- Chiropractic Care and Therapeutic Services shall be limited to a total of \$50 per visit, excluding x-ray and evaluation charges, with a maximum of 10 visits per Injury or Sickness. The overall maximum coverage per Injury or Sickness is \$500 which includes x-ray and evaluation charges.
- Pregnancy, childbirth or miscarriage.

- Charges due to a Pre-Existing Condition are covered up to \$5,000 on a primary basis. Any remaining costs are payable secondary to any other insurance plan, up to the Medical Expense maximum.

Extension of Benefits

Medical benefits are automatically extended 30 days after expiration of Insurance for conditions first diagnosed or treated during or related to your overseas study program with James Madison University. Benefits will cease at 12:00 a.m. on the 31st day following Termination of Insurance.

Emergency Medical Reunion Benefit

When an Insured Person is hospitalized for more than 6 consecutive days, We will reimburse for round trip economy-class transportation for one individual selected by the Insured Person, from the Insured Person's current Home Country to the location where the Insured Person is hospitalized. The benefits reimbursable will include:

- The cost of a round trip economy airfare and their hotel and meals up to the maximum stated in the *Schedule of Benefits*, Emergency Medical Reunion.

Return Ticket Benefit

We will reimburse the cost of a round trip ticket of an Insured Person's trip, up to the Benefit Maximum shown in the *Schedule of Benefits*, if his or her trip is interrupted as the result of any one of the following events:

1. the death of a Family Member; or
2. the unforeseen Injury or Sickness of the Insured Person's Family Member,

provided at least 30 days remain in the Insured Person's Term of Coverage at the time he or she notifies Us of the event.

The Insured Person must return to the educational program within 30 days of arrival in the Home Country or Permanent Residence.

Exclusions and Limitations

For benefits listed under Accidental Death and Dismemberment, this insurance does not cover:

- Disease of any kind.
- Bacterial infections except pyogenic infections which occur from an accidental cut or wound.
- Neuroses, psychoneuroses, psychopathies, psychoses or mental or emotional diseases or disorders of any type.
- Intentionally self-inflicted Injury; suicide or attempted suicide (Applicable to Accidental Death and Dismemberment benefits only).
- War or any act of war, whether declared or not.
- Injury sustained while riding as a pilot, student pilot, operator, or crew member, in or on, boarding or alighting from, any type of aircraft.
- Injury occasioned or occurring while committing or attempting to commit a felony, or to which the contributing cause was the Insured Person being engaged in an illegal occupation.

In addition, this Insurance does not cover Medical Expense Benefits for:

- Charges for treatment which is not Medically Necessary.
- 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 Doctor.
- War or any act of war, whether declared or not.
- 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 an Injury or Sickness established by a prior call or attendance of a Doctor.
- 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.
- The refusal of a Doctor or Hospital to make all medical reports and records available to Us which will cause an otherwise valid claim to be denied.
- Cosmetic or plastic surgery, except as the result of a covered Injury; for the purposes of this Policy, treatment of a deviated nasal septum shall be considered a cosmetic condition.
- Elective Surgery or Elective Treatment which can be postponed until the Insured Person returns to his/her Home Country or Permanent Residence, where the objective of the trip is to seek medical advice, treatment or surgery.
- Treatment and the provision of false teeth or dentures, normal hearing 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 an Injury incurred while insured hereunder.
- Treatment while confined primarily to receive custodial care, educational or rehabilitative care, or nursing services.
- Congenital abnormalities and conditions arising out of or resulting therefrom.
- The cost of the Insured Person's unused airline ticket(s) for transportation back to the Insured Person's Home Country or Permanent Residence, where an Emergency Medical Evacuation or Repatriation of Remains benefit is provided.
- Expenses as a result of 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; parasailing. (except as provided by the Policy)
- Treatment paid for or furnished under any mandatory government program or facility set up for treatment without cost to any individual.
- Injury or Sickness covered by Workers' Compensation, Employers' Liability laws, or similar occupational benefits.
- Injuries for which benefits are payable under any no-fault automobile insurance policy.
- Routine dental treatment.
- Drugs, treatments or procedures that either promote or prevent conception, or prevent childbirth, including but not limited to: artificial insemination, treatment for infertility or impotency, sterilization or reversal thereof, or abortion.
- Treatment for human organ tissue transplants and related treatment.
- Weak, strained or flat feet, corns, calluses, or toenails.
- Diagnosis and treatment of acne.
- 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.
- Dental care, except as the result of Injury to natural teeth caused by a Covered Accident, unless otherwise covered under this Policy.
- Expenses incurred within the Insured Person's Home Country or country of Permanent Residence, unless otherwise covered under this Policy.
- Mental or Nervous Disorders or rest cures, unless otherwise covered under this Policy.

This insurance does not apply to the extent that trade or economic sanctions or other laws or regulations prohibit Us from providing insurance, including, but not limited to, the payment of claims.

Subrogation

To the extent the Company pays for a loss suffered by an Insured Person, the Company will take over the rights and remedies the Insured Person had relating to the loss. This is known as subrogation. The Insured Person must help the Company to preserve its rights against those responsible for the loss. This may involve signing any papers and taking any other steps the Company may reasonably require. If the Company takes over an Insured Person's rights, the Insured Person must sign an appropriate subrogation form supplied by the Company.

Definitions

Coinurance means the percentage amount of eligible Covered Expenses, after the Deductible, which are the responsibilities of the Insured Person and must be paid by the Insured Person. The Coinurance amount is stated in the *Schedule of Benefits*, under each stated benefit.

Company shall be ACE American Insurance Company.

Covered Accident means an event, independent of Sickness or self-inflicted means, which is the direct cause of bodily Injury to an Insured Person.

Covered Expenses means expenses which are for Medically Necessary services, supplies, care, or treatment due to Sickness or Injury, prescribed, performed or ordered by a Doctor, and Reasonable and Customary charges incurred while insured under this Policy, and that do not exceed the maximum limits shown in the *Schedule of Benefits*, under each stated benefit.

Deductible means the amount of eligible Covered Expenses which are the responsibility of each Insured Person and must be paid by each Insured Person before benefits under the Policy are payable by Us. The Deductible amount is stated in the *Schedule of Benefits*, under each stated benefit.

Dependent means an Insured Person's lawful spouse or an Insured's unmarried child, from the moment of birth to age 19, 25 if a full-time student, who is chiefly dependent on the Insured for support. A child, for eligibility purposes, includes an Insured's natural child; adopted child, beginning with any waiting period pending finalization of the child's adoption; or a stepchild who resides with the Insured or depends on the Insured for financial support. A Dependent may also include any person related to the Insured by blood or marriage and for whom the Insured is allowed a deduction under the Internal Revenue Code.

Insurance will continue for any Dependent child who reaches the age limit and continues to meet the following conditions: 1) the child is handicapped, 2) is not capable of self-support and 3) depends mainly on the Insured for support and maintenance. The Insured must send Us satisfactory proof that the child meets these conditions, when requested. We will not ask for proof more than once a year.

"Dependent" also means an Insured Person's Domestic Partner. "Domestic Partner" means a person of the same or opposite sex of the Insured Person who: 1) shares the Insured Person's primary residence; 2) is financially interdependent with the Insured Person in each of the following ways; a) by holding one or more credit or bank accounts, including a checking account, as joint owners; b) by owning or leasing their permanent residence as joint tenants; c) by naming, or being named by the other as a beneficiary of life insurance or under a will; d) by each agreeing in writing to assume financial responsibility for the welfare of the other. 3) has signed a Domestic Partner declaration with Insured Person, if recognized by the laws of the state in which he or she resides with the Insured Person; 4) has not signed a Domestic Partner declaration with any other person within the last 12 months; 5) is 18 years of age or older; 6) is not currently married to another person; 7) is not in a position as a blood relative that would prohibit marriage.

Doctor as used in this Policy means a doctor of medicine or a doctor of osteopathy licensed to render medical services or perform surgery in accordance with the laws of the jurisdiction where such professional services are performed.

Effective Date means the date the Insured Person's coverage under the Policy begins. An Eligible Person will be insured on the latest of: 1) the Policy Effective Date; 2) the date he or she is eligible; or 3) the date requested by the Participating Organization provided the required premium is paid.

Elective Surgery or Elective Treatment means surgery or medical treatment which is not necessitated by a pathological or traumatic change in the function or structure in any part of the body first occurring after the Insured Person's effective date of coverage. Elective Surgery includes, but is not limited to, circumcision, tubal ligation, vasectomy, breast reduction, sexual reassignment surgery, and submucous resection and/or other surgical correction for deviated nasal septum, other than for necessary treatment of covered purulent sinusitis. Elective Surgery does not apply to cosmetic surgery required to correct Injuries suffered in a Covered Accident. Elective Treatment includes, but is not limited to, treatment for acne, nonmalignant warts and moles, weight reduction, infertility, and learning disabilities.

Eligible Benefits means benefits payable by Us to reimburse expenses that are for Medically Necessary services, supplies, care, or treatment due to Sickness or Injury, prescribed, performed or ordered by a Doctor, and Reasonable and Customary charges incurred while insured under this Policy; and which do not exceed the maximum limits shown in the *Schedule of Benefits* under each stated benefit.

Emergency means a medical condition manifesting itself by acute signs or symptoms which could reasonably result in placing the Insured Person's life or limb in danger if medical attention is not provided within 24 hours.

Family Member means an Insured Person's spouse, domestic partner, child, brother, sister, parent, grandparent, or immediate in-law.

Home Country means the country where an Insured Person has his or her true, fixed and permanent home and principal establishment or the United States.

Hospital as used in this Policy means, except as may otherwise be provided, a Hospital (other than an institution for the aged, chronically ill or convalescent, resting or nursing homes) operated pursuant to law for the care and treatment of sick or Injured persons with organized facilities for diagnosis and surgery and having 24-hour nursing service and medical supervision.

Injury wherever used in this Policy means bodily Injury caused solely and directly by violent, accidental, external, and visible means occurring while this Policy is in force and resulting directly and independently of all other causes in a loss covered by this Policy.

Insured Person(s) means a person eligible for coverage under the Policy as defined in "Eligible Persons" who has applied for coverage and is named on the application if any and for whom We have accepted premium. This may be the Primary Insured Person or Dependent(s), if eligible for coverage under the policy and the required premium is paid.

Medically Necessary or Medical Necessity means services and supplies received while insured that are determined by Us to be: 1) appropriate and necessary for the symptoms, diagnosis, or direct care and treatment of the Insured Person's medical conditions; 2) within the standards the organized medical community deems good medical practice for the Insured Person's condition; 3) not primarily for the convenience of the Insured Person, the Insured Person's Doctor or another service provider or person; 4) not experimental/investigational or unproven, as recognized by the organized medical community, or which are used for any type of research program or protocol; and 5) not excessive in scope, duration, or intensity to provide safe, adequate, and appropriate treatment.

Mental and Nervous Disorder means a Sickness that is a mental, emotional or behavioral disorder.

Permanent Residence means the country where an Insured Person has his or her true, fixed and permanent home and principal establishment, and to which he or she has the intention of returning.

Pre-Existing Condition means an illness, disease, or other condition of the Insured Person within 180 days prior to the Insured Person's coverage became effective under the Policy: 1) first manifested itself, worsened, became acute, or exhibited symptoms that would have caused a person to seek diagnosis, care, or treatment; or 2) required taking prescribed drugs or medicines, unless the condition for which the prescribed drug or medicine is taken remains controlled without any change in the required prescription; or 3) was treated by a Doctor or treatment had been recommended by a Doctor.

Reasonable and Customary means the maximum amount that We determine is Reasonable and Customary for Covered Expenses the Insured Person receives, up to but not to exceed charges actually billed. Our determination considers: 1) amounts charged by other service providers for the same or similar service in the locality where received, considering the nature and severity of the bodily Injury or Sickness in connection with which such services and supplies are received; 2) any usual medical circumstances requiring additional time, skill or experience; and 3) other factors We determine are relevant, including but not limited to, a resource based relative value scale.

Relative means spouse, Domestic Partner, parent, sibling, child, grandparent, grandchild, step-parent, step-child, step-sibling, in-laws (parent, son, daughter, brother and sister), aunt, uncle, niece, nephew, legal guardian, ward, or cousin of the Insured Person.

Sickness wherever used in this Policy means illness or disease of any kind contracted and commencing after the Effective Date of this Policy and covered by this Policy.

Termination of Insurance means the Insured Person's coverage will end on the earliest of the following date: 1) the Policy terminates; 2) the Insured Person is no longer eligible; 3) of the last day of the Term of Coverage, requested by the Participating Organization, applicable to the Insured Person; or 4) the period ends for which premium is paid.

Termination of the Policy will not affect Trip coverage, if premium for the Trip is paid prior to the actual start of the Trip.

We, Our, Us means the insurance company underwriting this insurance.

IMPORTANT NOTICE

This policy provides travel insurance benefits for individuals traveling outside of their home country. This policy does not constitute comprehensive health insurance coverage (often referred to as "major medical coverage") and does not satisfy a person's individual obligation to secure the requirement of minimum essential coverage under the Affordable Care Act (ACA).

For more information about the ACA, please refer to www.HealthCare.gov

This information provides 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 the policy issued in the state in which the policy was delivered under form number AH-15090. 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.

Team Assist Plan (TAP)

The Team Assist Plan is designed by CISI in conjunction with the Assistance Company to provide travelers with a worldwide, 24-hour emergency telephone assistance service. Multilingual help and advice may be furnished for the Insured Person in the event of any emergency during the term of coverage. The Team Assist Plan complements the insurance benefits provided by the Accident and Sickness policy.

If you require Team Assist assistance, your ID number is your policy number. In the U.S., call (855)327-1411, worldwide call (01-312) 935-1703 (collect calls accepted) or e-mail medassist-usa@axa-assistance.us.

Emergency Medical Transportation Services

The Team Assist Plan provides services and pays expenses up to the amount shown in the *Schedule of Benefits* for:

- Emergency Medical Evacuation
- Repatriation/Return of Mortal Remains

All services must be arranged through the Assistance Provider.

Emergency Medical Evacuation Benefit

The Company shall pay benefits for Covered Expenses incurred up to the maximum stated in the *Schedule of Benefits*, if any Injury or Covered Sickness commencing during the Period of Coverage results in the Medically Necessary Emergency Medical Evacuation of the Insured Person. The decision for an Emergency Medical Evacuation must be ordered by the Assistance Company in consultation with the Insured Person's local attending Doctor.

Emergency Medical Evacuation means: a) the Insured Person's medical condition warrants immediate transportation from the place where the Insured Person is located (due to inadequate medical facilities) to the nearest adequate medical facility where medical treatment can be obtained; or b) after being treated at a local medical facility, the Insured Person's medical condition warrants transportation with a qualified medical attendant to his/her Home Country or Permanent Residence to obtain further medical treatment or to recover; or c) both a) and b) above.

Covered Expenses are expenses, up to the maximum stated in the *Schedule of Benefits*, Emergency Medical Evacuation, for transportation, medical services and medical supplies necessarily incurred in connection with Emergency Medical Evacuation of the Insured Person. All transportation arrangements must be by the most direct and economical route.

Repatriation/Return of Mortal Remains or Cremation Benefit

The Company will pay the reasonable Covered Expenses incurred up to the maximum as stated in the *Schedule of Benefits*, Repatriation/Return of Mortal Remains, to return the Insured Person's remains to his/her then current Home Country or Permanent Residence, if he or she dies. Covered Expenses include, but are not limited to, expenses for embalming, cremation, a minimally necessary container appropriate for transportation, shipping costs and the necessary government authorizations. All Covered Expenses in connection with a Return of Mortal Remains must be pre-approved and arranged by an Assistance Company representative appointed by the Company.

The TAP offers these services:

(These services are not insured benefits)

Medical Assistance

Medical Referral Referrals will be provided for doctors, hospitals, clinics or any other medical service provider requested by the Insured. Service is available 24 hours a day, worldwide.

Medical Monitoring In the event the Insured is admitted to a foreign hospital, the AP will coordinate communication between the Insured's own doctor and the attending medical doctor or doctors. The AP will monitor the Insured's progress and update the family or the insurance company accordingly.

Prescription Drug Replacement/Shipment Assistance will be provided in replacing lost, misplaced, or forgotten medication by locating a supplier of the same medication or by arranging for shipment of the medication as soon as possible.

Emergency Message Transmittal The AP will forward an emergency message to and from a family member, friend or medical provider.

Coverage Verification/Payment Assistance for Medical Expenses The AP will provide verification of the Insured's medical insurance coverage when necessary to gain admittance to foreign hospitals, and if requested, and approved by the Insured's insurance company, or with adequate credit guarantees as determined by the Insured, provide a guarantee of payment to the treating facility.

Travel Assistance

Obtaining Emergency Cash The AP will advise how to obtain or to send emergency funds world-wide.

Traveler Check Replacement Assistance The AP will assist in obtaining replacements for lost or stolen traveler checks from any company, i.e., Visa, Master Card, Cooks, American Express, etc., worldwide.

Lost/Delayed Luggage Tracing The AP will assist the Insured whose baggage is lost, stolen or delayed while traveling on a common carrier. The AP will advise the Insured of the proper reporting procedures and will help travelers maintain contact with the appropriate companies or authorities to help resolve the problem.

Replacement of Lost or Stolen Airline Ticket One telephone call to the provided 800 number will activate the AP's staff in obtaining a replacement ticket.

Technical Assistance

Credit Card/Passport/Important Document Replacement The AP will assist in the replacement of any lost or stolen important document such as a credit card, passport, visa, medical record, etc. and have the documents delivered or picked up at the nearest embassy or consulate.

Locating Legal Services The AP will help the Insured contact a local attorney or the appropriate consular officer when an Insured is arrested or detained, is in an automobile accident, or otherwise needs legal help. The AP will maintain communications with the Insured, family, and business associates until legal counsel has been retained by or for the Insured.

Assistance in Posting Bond/Bail The AP will arrange for the bail bondsman to contact the Insured or to visit at the jail if incarcerated.

Worldwide Inoculation Information Information will be provided if requested by an Insured for all required inoculations relative to the area of the world being visited as well as any other pertinent medical information.

Security Evacuation (Comprehensive)

Coverage (up to the amount shown in the Schedule of Benefits, Security Evacuation) is provided for security evacuations for specific Occurrences. To view the covered Occurrences and to download a detailed PDF of this brochure, please go to the following web page:

http://www.culturalinsurance.com/cisi_forms.asp

Cultural Insurance Services International (CISI)

1 High Ridge Park | Stamford, CT 06905

Phone: 203-399-5130 | Fax: 203-399-5596

claimhelp@mycisi.com • www.culturalinsurance.com

Cultural Insurance Services International – Claim Form

- ▶ **Program Name:** James Madison University - Study Abroad
- ▶ **Policy Number:** GLM N04965802
- ▶ **Participant ID Number** (from the front of your insurance card):

Mailing Address: 1 High Ridge Park, Stamford, CT 06905 | **E-mail:** claimhelp@mycisi.com | **Fax:** (203) 399-5596
For claim submission questions, call (203) 399-5130, or e-mail claimhelp@mycisi.com

Instructions:

1. Fully complete and sign the medical claim form for each occurrence, indicating whether the Doctor/Hospital has been paid.
2. Attach **itemized bills** for all amounts being claimed. *We recommend you provide us with a copy and keep the originals for yourself.
3. Approved reimbursements will be paid to the provider of the service unless otherwise indicated.
4. Submit claim form and attachments via mail, e-mail, or by fax (*provided above*).

▶ NAME AND CONTACT INFORMATION OF THE INSURED

Name of the Insured: _____ Date of Birth: ____/____/____
(month/day/year)

*Please indicate which is your home address: ☐ U.S. Address ☐ Address Abroad

U.S. Address: _____
street address apt/unit # city state zip code

Address Abroad: _____

E-mail Address: _____ Phone Number: _____

▶ IF IN AN ACCIDENT

Date of Accident: ____/____/____ Place of Accident: _____ Date of Doctor/Hospital Visit: ____/____/____

Description/Details of Injury (*attach additional notes if necessary*): _____

▶ IF SICKNESS/ILLNESS

Description of Sickness/Illness (*attach additional notes if necessary*): _____

*Onset Date of Symptoms: ____/____/____ *Date of Doctor/Hospital Visit: ____/____/____

Have you had this Sickness/Illness before? ☐ YES ☐ NO If yes, when was the last occurrence and/or doctor/hospital visit? _____

▶ REIMBURSEMENT

Have these doctor/hospital bills been paid by you? ☐ YES ☐ NO

If no, do you authorize payment to the provider of service for medical services claimed? ☐ YES ☐ NO

If yes, any eligible reimbursements will be made in U.S. currency (USD) via check. If you would like your eligible reimbursement in another currency via wire transfer, please contact CISI at 203-399-5130 or claimhelp@mycisi.com for instructions.

Please note if you are submitting a claim for prescription medication, you must submit the prescription receipt. This will include your name, the name of the prescribing physician, name of the medication, dosage, date and amount billed. Cash register receipts will not be considered for reimbursement.

▶ FOR CLAIMS RELATED TO THE RETURN TICKET BENEFIT

*Please note: In order to claim monies back related to the Return Ticket Benefit, you **MUST** submit the following:

1. Flight Itinerary including your name, travel dates and departure and arrival locations
2. Letter stating reason for curtailing travel (if due to a medical condition, the letter must be from the treating physician)

Please provide us with the relevant details of your incident below or the details and value of your loss. You may attach an additional page if necessary:

▶ CONSENT TO RELEASE MEDICAL INFORMATION

I hereby authorize any insurance company, Hospital or Physician or other person who has attended or examined me, including those in my home country to furnish to Cultural Insurance Services International or any of their duly appointed representatives, any and all information with respect to any sickness/illness or injury, medical history, consultation, prescriptions or treatment, and copies of all hospital or medical reports. A photo static copy of this authorization shall be considered as effective and valid as the original.

I certify that the information furnished by me in support of this claim is true and correct.

Warning: It is a crime to knowingly provide false, incomplete or misleading information to an Insurance Company for the purpose of defrauding the Company. Penalties include imprisonment, fines and denial of insurance benefits.

Name (please print): _____

Signature: _____ Date: _____



April 10, 2018

ADDENDUM NO. ONE

TO ALL OFFERORS:

REFERENCE: Request for Proposal No: **RFP# MLO-1005**
Dated: **March 19, 2018**
Commodity: **International Student/Scholar and Study Abroad
Participant Health Insurance**
RFP Closing On: **April 26, 2018 at 2:00 p.m. (Eastern)**
~~**April 12, 2018 at 2:00 p.m. (Eastern)**~~

Please note the clarifications and/or changes made on this proposal program:

1. The closing date and time has been extended to **April 26, 2018 at 2:00 p.m.**

Signify receipt of this addendum by initialing “*Addendum #1*” on the signature page of your proposal.

Sincerely,

Matasha Owens, MPA, VCO, CUPO
Buyer Senior



April 20, 2018

ADDENDUM NO. TWO

TO ALL OFFERORS:

REFERENCE: Request for Proposal No: **RFP# MLO-1005**
Dated: **March 19, 2018**
Commodity: **International Student/Scholar and Study Abroad
Participant Health Insurance**
RFP Closing On: **May 3, 2018 at 2:00 p.m. (Eastern)**
~~**April 26, 2018 at 2:00 p.m. (Eastern)**~~

Please note the clarifications and/or changes made on this proposal program:

1. **The closing date and time has been extended to May 3, 2018 at 2:00 p.m.**

2. **The following is hereby removed from page 3 and 4 of the RFP:**

“No trust or association plan issued in another state will be allowed.”

3. **QUESTION:** Reference pages 3 & 4 of the RFP – “Ensuring the insurance policy is filed and approved in the Commonwealth of Virginia and meet all applicable federal and Virginia insurance regulations. No trust or association plan issued in another state will be applied.”

Would a program underwritten through Lloyds of London and conforming to all state statutes be considered under this RFP? Plan manager and claims department are located in the U.S.

ANSWER: **The University will consider all proposed programs/plans.**

4. **QUESTION:** Are the international students and scholars from abroad staying in the United States all year?

ANSWER: **International students/scholars could be in the United States for a short period of time (i.e. a few weeks) or multiple years to finish their program of study.**

5. **QUESTION:** What countries do the study abroad program members travel to? Please provide a list of most frequently visited countries.

ANSWER: **Approximately 50 total countries. Top seven in order: Italy, UK, Spain, Belgium, Costa Rica, France, and Ireland.**

6. **QUESTION:** What is the outbound study abroad travel data? This can be a list of travelers and travel dates from the prior year. Please provide a break out of student, faculty, and staff travel.

ANSWER: **The University has approximately 1,200 students study abroad with the majority on faculty-led short term programs (3 – 6 weeks). The University has approximately 200 on semester faculty-led programs. The University does not have a break out of student and faculty/staff travel at this time.**



7. QUESTION: What are the monthly premium rates for the inbound international students for previous years?

ANSWER: **2017-18: Participant Only: \$116.65; Student/Spouse: \$326.62; Student/Child: \$262.47; Student/Family: \$374.01; Student/Children: \$505.39**

2016-17: Participant Only: \$107.31; Student/Spouse: \$300.46; Student/Child: \$241.45; Student/Family: \$344.05; Student/Children: \$464.91

2015-16: Participant Only: \$102.55; Student/Spouse: \$287.14; Student/Child: \$230.75; Student/Family: \$328.80; Student/Children: \$444.30

2014-15: Participant Only: \$102.55; Student/Spouse: \$233.55; Student/Child: \$178.25; Student/Family: \$267.40; Student/Children: \$343.20

8. QUESTION: What are the monthly premium rates for the outbound study abroad participants for previous years?

ANSWER: **2017-18: Participant Only: \$44.25; Life Partner Only: \$88.50; Child Only: \$154.90; Children Only: \$177.00; Family Only: \$221.20**

2016-17: Participant Only: \$42.41; Life Partner Only: \$84.82; Child Only: \$148.44; Children Only: \$169.64; Family Only: \$212.00

2015-16: Participant Only: \$41.58; Life Partner Only: \$83.16; Child Only: \$145.53; Children Only: \$166.32; Family Only: \$207.89

2014-15: Participant Only: \$41.58; Life Partner Only: \$83.16; Child Only: \$145.53; Children Only: \$166.32; Family Only: \$207.89

9. QUESTION: Are there any fees included in the premium amounts submitted?

ANSWER: **The University does not charge additional fees with the premium amounts.**

10. QUESTION: Please confirm the insurance limits listed in the RFP:

- a. Inbound International Students – Current Medical Expense is \$250,000. Please confirm the RFP is requesting to lower this to \$100,000 for students/scholars.
- b. Outbound Study Abroad – Current Medical Expense is \$250,000. Please confirm the RFP is requesting to lower this to \$100,000 for student/faculty/staff.

ANSWER: **The University is not requesting lower insurance coverage limits. The \$100,000 figures listed in the RFP are the minimum insurance coverage the University is willing to consider. The University is satisfied with the current insurance coverage and benefits for both inbound and outbound.**

11. QUESTION: Is the inbound international student program voluntary or is it hard waiver? If voluntary, please confirm students can enroll at any time, not just open enrollment, and a qualifying event is not required.



ANSWER: All JMU international students will be enrolled in the health insurance policy unless they request a waiver and provide documents of similar coverage. As stated on page 2 of the RFP, Contractors shall be responsible for permitting international students to enroll at any time after the Open Enrollment Period.

12. **QUESTION:** Of the roughly 1,500 – 1,700 study abroad students/faculty/staff traveling annually:
- a. How many are on semester programs vs short term programs?
 - b. How many are faculty/staff vs students?
 - c. What is the number of international travel days per year (total or per student average)?
 - d. Please provide estimated or actual total number of travelers and total travel days if that data is available.

ANSWER:

- a. **Approximately 20-25% are on semester programs. The remainder are on short-term programs.**
- b. **Approximately 5-10% are faculty/staff.**
- c. **Per insured student travel is approximately 3 weeks.**
- d. **Approximately 1,400 travelers. Total travel days is approximately 29,400.**

13. **QUESTION:** Regarding international students/scholars:
- a. What is the number of days spent in the U.S. per student per year?
 - b. How many insured dependents are there typically per year?

ANSWER:

- a. **The number of days varies per student.**
- b. **Approximately 3 – 10 dependents for international student/scholars.**

14. **QUESTION:** The claims were low in 2014 and experienced a large increase in 2016. Do you know what changed during that year (i.e. destination, length)?

ANSWER: The University cannot disclose this information due to personal health information confidentiality requirements.

15. **QUESTION:** We see 45% of the sales are for ages 0-21 and 55% of the sales are for ages 25-40, but older age options are available. Do chaperones attend these trips? If so, what age brackets would they fall under?

ANSWER: The majority of insured individuals are students. Faculty and staff travel with students in most cases and would fall in a wide range of age brackets.



16. QUESTION: It appears sales are over \$100k annually. Is there any growth opportunities or should the sales be about the same?
- ANSWER: **Study abroad has seen slow and incremental growth. JMU expects numbers to continue to increase over the next years at a slow rate.**
17. QUESTION: Does JMU want the same plan design and rates for both international student/scholar and study abroad participant health insurance coverage?
- ANSWER: **Yes. The University prefers a similar plan design to what is currently offered to international students/scholars and study abroad participants.**
18. QUESTION: What were the plan/benefit changes for the past 3 years?
- ANSWER: **The University does not know any significant changes in plan benefits.**
19. QUESTION: Regarding the study abroad plan, is that only for International Students studying abroad? Would any of the domestic students who are studying abroad be able to purchase this plan?
- ANSWER: **Each of JMU's study abroad students are enrolled in coverage by the University.**
20. QUESTION: Who would be considered "faculty" under the study abroad plan? What age group?
- ANSWER: **Faculty study abroad leaders, faculty traveling to represent at an international conference, international education administrators, and other possible involvements. Age groups range from young professional through closer to retirement.**
21. QUESTION: Who would be considered "staff" under the study abroad plan? What age group?
- ANSWER: **See answer to question #19 listed above.**
22. QUESTION: With respect to study abroad, how long would the average amount of coverage be? How many months?
- ANSWER: **Approximately 3 weeks.**
23. QUESTION: Please clarify "rates shall be held for the first year."
- ANSWER: **There will be no increase in rates the first year of the contract. Increases in rates will only occur at contract renewal.**
24. QUESTION: Does the "check amount" column on Attachment F represent the amount of claims paid?
- ANSWER: **The University's assumption is yes.**
25. QUESTION: Regarding Attachment F, what are the years that correspond with the high dollar claimants?
- ANSWER: **Attachment F provides dates for the corresponding dollar claims.**
26. QUESTION: Regarding Attachment F, what is the "as of" date of the claim list referring to?



ANSWER: **The date the data was obtained.**

27. **QUESTION:** Please advise what percentage commission JMU's current provider is receiving.

ANSWER: **The University does not have information regarding commission received.**

28. **QUESTION:** The inbound participant numbers are also down this year. Do you expect those numbers to be close to the prior year? If not, what is the reason for the drop in the enrollment?

ANSWER: **JMU anticipates similar numbers of international students enrolled in the plan for next year. The University received more waivers this year than previous years.**

29. **QUESTION:** We realize the data provided is not a full year. Do you expect the JMU study abroad premium for the 2017-18 plan year to be close to the same levels as prior years?

ANSWER: **Yes.**

30. **QUESTION:** Regarding study abroad, the brochure lists an exclusion for mental health, if not listed in the schedule of benefits. There is no listing for mental health in the schedule of benefits, but the High Dollar Claim reports shows benefits were paid. Can you provide the benefit limits for mental health services?

ANSWER: **The University does not have this information at this time.**

31. **QUESTION:** Please provide a copy of the actual policies currently issued by Ace.

ANSWER: **The University does not have this information at this time.**

32. **QUESTION:** Regarding study abroad, does JMU submit rosters for each program or is this policy written on a blanket basis? If rosters are submitted, how are they submitted to the current provider?

ANSWER: **The University enrolls each student and they receive an individualized card under JMU's group policy. Rates are the same for each student.**

33. **QUESTION:** How many Optional Practical Training (OPT) students do you have? Does JMU have separate rates for OPT?

ANSWER: **For Fall 2017, JMU had 51 students on active OPT. Very few of JMU's OPT students use the health insurance plan. The rate is the same. Offers should also provide a detailed plan for offering insurance coverage to OPT students.**

34. **QUESTION:** The brochure for the international student and scholar plan (inbound) states that the benefit maximum per insured student is \$500,000 at 100%. Will the school consider a plan with lower coinsurance for out-of-network claims? An example may be a plan with 100% coinsurance within the PPO, 70% coverage outside the PPO.

ANSWER: **JMU desires to continue providing similar health insurance coverage to what is currently offered to international students and scholars; however, the University will consider all proposed plans/policies.**



35. QUESTION: Regarding the international student and scholar plan, is it possible to receive the incurred/submitted claim amount? From the claims data, we are only able to see the check amount the current carrier paid.

ANSWER: **The University does not have this information at this time.**

36. QUESTION: The plans history/data provided with the RFP goes back to 2014. Please provide any benefit changes that have occurred over these policy years for both international student and scholar plan (inbound) and study abroad plan (outbound).

ANSWER: **The University does not know any significant changes in plan benefits.**

37. QUESTION: Are other VASCUPP universities or colleges participating in the program? If yes, please indicate which schools and what capacity they are participating in the program.

ANSWER: **Yes. Radford University and Virginia Military Institute have utilized JMU's contract in previous years for both international student/scholar and study abroad participant health insurance.**

38. QUESTION: How long has the University been working with the incumbent? Is the current carrier eligible to bid again?

ANSWER: **The term for the previous contract was June 21, 2013 to June 20, 2014 with four (4) one-year renewal options. Yes, the current carrier is eligible to submit a proposal. There are no restrictions on any offerors who may be interested in submitting a proposal to the University.**

39. QUESTION: Are there any areas of improvement or additional services not being provided under the contract desired by the University?

ANSWER: **No. The University is satisfied with the insurance coverage and benefits currently offered to both international students/scholars and study abroad participants.**

40. QUESTION: Please describe any plan design changes over the last 15 years.

ANSWER: **The University does not have the requested information at this time.**

41. QUESTION: What is the current onsite student communication activity being provided by current vendor? Can you please provide the number of group meetings?

ANSWER: **No group meetings are offered for both inbound and outbound. JMU's Center for Global Engagement enrolls students and communicates with students about directions for claims.**

42. QUESTION: What are the onsite communications meeting expectations to educate the student population? Can you provide the number of locations and days/dates for these meetings?

ANSWER: **There are no onsite meeting expectations of the awarded firm. JMU's Center for Global Engagement handles all communication to students.**



Signify receipt of this addendum by initialing “*Addendum #2*” on the signature page of your proposal.

Sincerely,

Matasha Owens, MPA, VCO, CUPO
Buyer Senior