



CONTRACT RENEWAL LETTER

Date: May 3, 2021
Contract #: UCPJMU5503
Service: International & Study Abroad Insurance Coverage
Renewal Period: 5/9/2021 to 5/8/2022
Renewal #: 2 of 9 One-Year
Issued By: James Madison University
LeeAnne Beatty Smith, Buyer Senior Ph: 540-568-7523
Fx: 540-568-7935
Contractor: Cultural Insurance Services International (CISI)
Attn: Margot Popowycz
1 High Ridge Park
Stamford, CT 06905 Ph: (800) 834-3362
Contract Administrator: Jonathan Kratz, International Programs

Description of Renewal Notice:

In accordance with the renewal provision of the original contract all terms, conditions, and specifications of the original contract remain the same during the contract renewal period, along with any modifications that have been incorporated up until this point. The monthly policy rates are below and the 2021-2022 summary pages are attached to this renewal.

- International Student Scholar Policy (Policy Term: June 30, 2021 to June 29, 2022):

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 and Two or More Dependent Children	\$309.43
Insured & Family	\$338.10

- Study/Intern/Volunteer/Exchange Abroad Program Participants and JMU Faculty/Staff Abroad and University Business Policy (Policy Term: June 30, 2021 to June 29, 2022):

Covered Party	Monthly Policy Rates
Insured Only	\$44.00
Spouse/Domestic Partner Only	\$87.00
One Dependent Child Only	\$151.55
Two or More Dependent Children Only	\$173.00
Family Only	\$216.00

Return one executed renewal notice to my attention within ten days.

By:

Name (print)

$$5 \mid 3 \mid 21$$

Date Signed _____

By:

Name (print)

5/3/21

Date Signed _____



Policy #: GLM N04965796

Underwritten by

ACE American Insurance Company,
a member of the Chubb Group of Companies

Proposal Specification Summary

Name of Sponsoring Organization: James Madison University

Address: Int'l Student & Scholar Services, Madison Hall 2039
Second Floor, 100 E. Grace Street, MSC5731
Harrisonburg, VA 22807

Telephone: (540) 568-5978 or (540) 568-7004 Fax: (540) 568-8080

Email: Jonathan Kratz (kratzjx@jmu.edu) or Jackie Ciccone (cicconjb@jmu.edu)

Group to be Insured: International Students and Scholars

Estimated Number of Participants Per Year: 560 Dependents: 0-5

Effective Date of Policy: 6 (Month) 30 (Day) 21 (Year) to
6 (Month) 29 (Day) 22 (Year)

Schedule of Benefits

<input checked="" type="checkbox"/> Student Medical Expenses (Accident/Sickness)	\$ <u>200,000 @ 100%</u>
<input checked="" type="checkbox"/> Dependent Medical Expenses (Accident/Sickness)	\$ <u>100,000 @ 100%</u>
<input checked="" type="checkbox"/> Deductible	\$ <u>0</u>
<input checked="" type="checkbox"/> Emergency Room Deductible (<u>Illness Only</u> if not admitted)	\$ <u>500</u>
<input checked="" type="checkbox"/> Accidental Death & Dismemberment	\$ <u>15,000 (\$1M aggregate)</u>
<input checked="" type="checkbox"/> Emergency Medical Evacuation/Repatriation	\$ <u>250,000</u>
<input checked="" type="checkbox"/> Return of Mortal Remains	\$ <u>100,000</u>
<input checked="" type="checkbox"/> Team Assist Package	<u>Included</u>
<input checked="" type="checkbox"/> Emergency Medical Reunion Benefit (after 6 days, \$200/day hotel/meals)	\$ <u>5,000</u>
<input checked="" type="checkbox"/> Return Ticket Benefit	\$ <u>1,500</u>

Premium Schedule

Terms: Premium paid upon University enrollment.

Age Rated: Yes _____ No x _____

<u>Insured Only</u>	<u>Insured and Spouse</u>	<u>Insured and One Dependent Child</u>	<u>Insured Spouse and One Dependent Child</u>	<u>Insured and Two or More Dependent Children</u>	<u>Insured and Family</u>
\$ 105.45	\$ 295.25	\$ 237.25	\$ 280.75	\$ 309.43	\$338.10

Remarks:

- 1) Physiotherapy limit - up to \$2,500 (combined inpatient/outpatient limit).
- 2) Specified Therapies and Spinal Manipulation - maximum of \$50/visit; maximum of 10 visits; \$500 overall maximum.
- 3) Ground Ambulance -100% of Usual, Customary and Reasonable charges.
- 4) Nervous/mental - covered as any other sickness.
- 5) Home country coverage.
- 6) Maternity coverage.
- 7) Expenses resulting from alcohol and drugs - covered.
- 8) Suicide and Self-inflicted Injuries - covered (except for AD&D).
- 9) Accidental Dental - covered as any accident or sickness.
- 10) Emergency (or Palliative) Dental - emergency pain relief treatment to natural teeth covered up to \$250 per tooth.
- 11) Pre-Existing Conditions - 6 month look-back/covered after 6 months.
- 12) Rock climbing on a wall - covered starting on June 30, 2019.
- 13) Interscholastic/Intercollegiate Athletics - covered up to \$25,000 per each Covered Accident or Sickness per Policy Year.
- 14) Intramural/Club/Pick-up Athletics - covered as any other Accident/Sickness up to the Policy Maximum.

Date 5/3/21 Accepted by 
(Signature for Sponsoring Organization)

Complete then scan and e-mail to the Administrator:

Margot Popowycz
Sr. Account Executive
Cultural Insurance Services Int'l
1 High Ridge Park
Stamford, CT 06905
Phone: 1-203-589-5567
mpopowycz@mycisi.com

Policy #: GLM N04965802

Underwritten by

***ACE American Insurance Company,
a member of the Chubb Group of Companies***

Proposal Specification Summary **[Option #2]**

Name of Sponsoring Organization: James Madison University

Address: Center for Global Engagement (CGE)

Madison Hall, Second Floor, 100 East Grace Street, MSC 5731

Town Harrisonburg State VA Zip Code 22807

Telephone (540) 568-5509 Fax (540) 568-3310

EMail Taryn Roberts (robertte@jmu.edu), Agnes Choi (choiek@jmu.edu)

Group to be Insured: Study/Intern/Volunteer/Exchange Abroad Program
Participants and JMU Faculty/Staff Abroad on University Business

Estimated Number of Participants Per Year: 1,300 Dependents: 0-5

Effective Date of Policy: 6 (Month) 30 (Day) 21 (Year) to

6 (Month) 29 (Day) 22 (Year)

Schedule of Benefits

<u>x</u> Medical Expense (Accident/Sickness)	<u>\$ 250,000</u>
<u>x</u> - Deductible per Injury/Illness	<u>\$ -0-</u>
<u>x</u> Accidental Death & Dismemberment	<u>\$ 15,000 (\$1M agg. limit)</u>
<u>x</u> Emergency Medical Evacuation	<u>\$ 250,000</u>
<u>x</u> Repatriation/Return of Mortal Remains or	
<u>x</u> Cremation	<u>\$ 100,000</u>
<u>x</u> Security Evacuation (Comprehensive)	<u>\$ 100,000 (no agg. limit)</u>
<u>x</u> Team Assist Package	<u>Included</u>
<u>x</u> Emergency Family Reunion Benefit (\$200/day hotel/meals)	<u>\$ 5,000 (after 6 days)</u>
<u>x</u> Return Ticket Benefit	<u>\$ 1,500</u>
<u>x</u> Trip Delay Benefit (after 12 hours, triggers (a) through (m))	<u>\$1,400 (up to \$200/day)</u>

Premium Schedule

Term: Paid at beginning of program


Age Rated: Yes _____ No X

	<u>Insured</u> <u>Only</u>	<u>Spouse/Domestic</u> <u>Partner Only</u>	<u>One</u> <u>Dependent</u> <u>Child</u> <u>Only</u>	<u>Two or</u> <u>More</u> <u>Dependent</u> <u>Children</u> <u>Only</u>	<u>Family</u> <u>Only</u>
<u>Monthly</u> <u>Rates</u>					
All					
Ages	\$44.00	\$87.00	\$151.55	\$173.00	\$216.00

Remarks:

- 1) Nervous/mental coverage – up to \$5,000 (outpatient), up to 30 days (inpatient).
- 2) 30-day extension of benefits for conditions first treated while covered overseas.
- 3) Expenses resulting from alcohol and drugs covered.
- 4) Pre-existing conditions (6 month look-back) covered up to \$ 5,000 limit.
- 5) Secondary pre-existing condition coverage from \$5,001 to \$250,000 limit (Home Country excluded).
- 6) Maternity covered.
- 7) Suicide and Self-inflicted Injuries covered (except for AD&D).
- 8) Charges for physiotherapy, if recommended by a Doctor for the treatment of a specific Disablement and administered by a licensed physiotherapist.
- 9) Chiropractic Care and Therapeutic Services shall be limited to a total of \$50 per visit, with a maximum of 10 visits per injury or Sickness. The overall maximum coverage per injury or Sickness is \$500.

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

Date 03/21 Accepted By 
(Signature for Sponsoring Organization)

Complete, scan, e-mail to the Administrator: Margot Popowycz, Senior Account Executive
Cultural Insurance Services Int'l (CISI)
1 High Ridge Park
Stamford, CT 06905
Phone: 1-203-589-5567

Cuba Travel Certification

For U.S. residents, certain travel restrictions remain in effect and have changed as of November 8, 2017. Tourist travel to Cuba is prohibited under U.S. law for U.S. citizens and others under U.S. jurisdiction.

Travel is permitted for U.S. residents meeting the requirements of General Licenses published by OFAC. Details can be found in CACR 31 C.F.R. § 515.560(a) on these requirements and in the FAQ's published by OFAC link below:

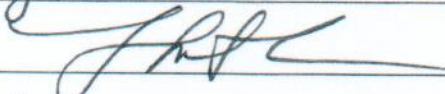
https://www.treasury.gov/resource-center/sanctions/Programs/Documents/cuba_faqs_new.pdf

James Madison University ("Policyholder") confirms its understanding of the Cuba travel regulations and hereby certifies that it has processes in place that will ensure that each of its travelers (e.g., employees; students) traveling on Policyholder sponsored trips during the term of the Chubb policy of insurance (policy number: **GLM N04965802**) are in full compliance with all such regulations in connection with all such trips and will retain appropriate documentation to that effect which will be made reasonably available upon request.

The person executing this Certification warrants and represents that he or she has the power and authority to execute this Certification on behalf of Policyholder.

Name: LecAnne Beatty Smith

Title: Buyer Senior

Signature: 

Date: 5/3/21