



CONTRACT MODIFICATION

Date: January 19, 2023
Contract #: UCPJMU5503
Service: International & Study Abroad Insurance Coverage
Modification #: One
Issued By: James Madison University Ph: 540-568-5113
 Dana Simmers, Buyer Senior 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 Modification Notice:

Adding the following to Policy # GLM N04965802:

Schedule of Benefits:

Medical Expense (Accident/Sickness) – for Spain 90+ Days. Unlimited (only for Spain enrollment of 90 days or more)

Premium Schedule:

<u>Monthly Rates</u>	<u>Insured Only</u>	<u>Spouse/Domestic Partner Only</u>	<u>One Dependent Child Only</u>	<u>Two or More Dependent Children Only</u>	<u>Family Only</u>
Spain 90+ Days (rates/coverage effective 1/19/23)	\$46.20	\$91.35	\$159.13	\$181.65	\$226.80

Except as provided herein, all terms and conditions of Contract Number UCPJMU5503 as herefore changed, remain unchanged and in full force and effect.

Cultural Insurance Services International (CISI)

By: Margot Popowycz
 Margot Popowycz
 Name (print)

Senior Account Executive
 Title January 19, 2023
 Date Signed

James Madison University

By: Dana Simmers
 Dana Simmers, CUPO
 Name (print)

Buyer Senior
 Title 1-19-23
 Date Signed

Policy #: GLM N04965802

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: 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 Kathleen Sensabaugh (sensabkb@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) 22 (Year) to 6 (Month) 29 (Day) 23 (Year) *Spain 90+
Days limit and rates effective January 19, 2023

Schedule of Benefits

<u>x</u> Medical Expense (Accident/Sickness)	<u>\$250,000 or</u>
<u>x</u> Medical Expense (Accident/Sickness) — for Spain 90+ Days	<u>*Unlimited (only for Spain enrollments of 90 days or more)</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 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> Quarantine Benefit	<u>\$2,000 (up to 14 days)</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>Monthly Rates</u>	<u>Insured Only</u>	<u>Spouse/Domestic Partner Only</u>	<u>One Dependent Child Only</u>	<u>Two or More Dependent Children Only</u>	<u>Family Only</u>
All Ages	\$44.00	\$87.00	\$151.55	\$173.00	\$216.00
*Spain 90+ Days <small>(rates/coverage effective 1/19/23)</small>	\$46.20	\$91.35	\$159.13	\$181.65	\$226.80

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 1-19-23 Accepted By Dina Simmers
 (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
mpopowycz@mycisi.com

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: Dana Simmers

Title: Buyer Senior

Signature: Dana Simmers

Date: 1-19-23