



ISIC – TRAVEL INSURANCE BASIC PLAN - DESCRIPTION OF COVERAGE

Emergency travel assistance services are provided by AXA Assistance USA, Inc. If you need assistance, you can call toll free 24 hours a day, 365 days a year at one of these telephone numbers:

Within the USA Toll Free: (855) 327-1408 Outside the USA Collect: (630) 694-9755
 Or via email: ustravel@axa-assistance.us

AVAILABILITY OF SERVICES

You are eligible for assistance and transportation services at any time after you purchase this plan. The services become available when you actually start your trip. Emergency Medical & Travel Assistance end at the earliest of: midnight on the day the program expires; when you reach your return destination; or when you complete your trip.

Assistance Services	
Emergency Medical Evacuation & Repatriation	Travel Assistance
Medical Transport	Telephone Interpretation Service
Dispatch of a Physician or Specialist	General Travel Assistance & Information
Transportation of a Family Member	Pre-Trip & Cultural Information
Escort Services	Emergency Cash & Bail Assistance
Repatriation of Remains	International Claims Assistance
Medical Assistance Services	Lost Luggage Assistance
Medical & Dental Referrals	Lost Document Assistance
Medical Case Management & Monitoring	Urgent Message Relay
Coordinate Hospital Admission & Discharge	Legal Referrals
Vaccination Recommendations & Precautions	
Prescriptions Replacement	

There may be times when circumstances beyond AXA Assistance USA's control hinder its endeavors to provide services. AXA Assistance USA will, however, make all reasonable efforts to provide such services and help you resolve the emergency situation.

AXA Assistance USA will not provide any services when the U.S. or other applicable trade or economic sanctions, laws or regulations prohibit AXA Assistance USA from providing such services, including, but not limited to, the payment of any claims. Accordingly, no services will be provided in connection with travel to Cuba and such services may be limited and/or delayed, or prohibited, in other countries.

Your Travel Insurance Coverage

Your coverage is effective upon enrollment and purchase of the International Student Identification Card. Coverage is underwritten by American Modern Home Insurance Company under plan number AMT253052013.

Schedule of Benefits – Basic Plan	
We will provide the coverage described in this policy and listed below.	
Benefits	Limits
Trip Delay	Minimum 24 Hours Delay \$100 per Day, Maximum of \$250
Emergency Accident and Emergency Sickness Medical Expense	\$25,000, No Deductible Emergency Dental Only: \$500
Emergency Medical Evacuation and Medically Necessary Repatriation	\$250,000
Repatriation of Remains	\$50,000
Accidental Death and Dismemberment	Principal Sum: \$1,000
Accidental Death and Dismemberment – Common Carrier (Air Only)	Principal Sum: \$5,000
Baggage Delay	Minimum 12 Hours Delay \$100 per Day, Maximum of \$100



ISIC – TRAVEL INSURANCE BASIC PLAN - DESCRIPTION OF COVERAGE

This is a brief Description of Coverage. This is not the entire Policy. Please visit <http://www.myisic.com/> to obtain your Policy. Coverage is underwritten by American Modern Home Insurance Company, herein referred to as We, Us, and Our. Your Policy will govern the final interpretation of any provision or claim. It is important that You read Your Policy carefully. Please refer to the ISIC Plan #AMT253052013.

EXCESS INSURANCE LIMITATION

The insurance provided by this Policy (except for Accidental Death and Dismemberment and Accidental Death and Dismemberment – Common Carrier (Air Only)) shall be in excess of all other valid and collectible insurance or indemnity. If at the time of the occurrence of any Loss there is other valid and collectible insurance or indemnity in place, We shall be liable only for the excess of the amount of Loss, over the amount of such other insurance or indemnity, and applicable Deductible.

WHEN AND WHERE COVERAGE IS IN EFFECT

Effective Date and Policy Term: Your Policy begins upon issuance of Your International Student Identification Card and remains in effect for the stated term shown on the Card.

When Your Travel Coverage Begins:

- (a) For Trip Delay: Coverage is in force while en route to and from the Covered Trip.
- (b) For all other coverage: Coverage begins at the later of the point and time of Your departure on the Scheduled Departure Date; or Your actual departure for Your Covered Trip.

In the event the Scheduled Departure Date and/or the Scheduled Return Date are delayed, or the point and time of departure and/or point and time of return are changed because of circumstances over which You have no control, Your coverage shall be automatically adjusted.

When Your Travel Coverage Ends:

Your coverage will end at 11:59 P.M. local time on the date which is the earliest of the following:

- (a) the Scheduled Return Date as stated on the travel tickets;
- (b) the date You return to Your origination point if prior to the Scheduled Return Date;
- (c) the date You leave or change Your Covered Trip (unless due to an Unforeseen Event and unavoidable circumstances covered by the Policy); or
- (d) the date You cancel Your Covered Trip.

"Covered Trip" includes a period of travel away from home to a destination outside Your city of residence; and at least 100 miles from Your primary place of residence with and the trip has defined Departure and Return dates.

COVERAGES

The Schedule of Benefits lists the coverages described below:

TRIP DELAY

We will pay You for Additional Expenses on a one-time basis, up to the maximum shown in the Schedule of Benefits, if You are delayed en route to or from the Covered Trip for 24 or more hours due a defined Hazard.

Hazard means:

- (a) Any delay of a Common Carrier (including Inclement Weather);
- (b) Any delay by a traffic Accident en route to a departure, in which You are directly or not directly involved; or
- (c) Any delay due to lost or stolen passports, travel documents or money; quarantine; hijacking; unannounced Strike; Natural Disaster; civil commotion or riot.

Additional Expenses include: (a) any prepaid, unused, non-refundable land, air, or water accommodations; (b) any reasonable Additional Expenses incurred; (c) an economy fare from the point where You ended Your Covered Trip to a destination where You can resume Your Covered Trip; or (d) a one-way economy fare to return You to Your originally scheduled return destination.



EMERGENCY ACCIDENT AND EMERGENCY SICKNESS MEDICAL EXPENSE

We will pay Reasonable and Customary Charges up to the maximum limit shown on the Schedule of Benefits if You incur necessary Covered Expenses while on your Covered Trip and as a result of an Accidental Injury or Emergency Sickness which first manifests itself during the Covered Trip.

Covered Expenses are Medically Necessary services and supplies which are recommended by the attending Physician. They include but are not limited to: (a) the services of a Physician; (b) charges for Hospital confinement and use of operating rooms; (c) Hospital or ambulatory medical-surgical center services (this may also include expenses for a cruise ship cabin or hotel room, not already included in the cost of Your Covered Trip, if recommended as a substitute for a Hospital room for recovery from a Sickness); (d) charges for anesthetics (including administration); (e) x-ray examinations or treatments, and laboratory tests; (f) ambulance service; (g) drugs, medicines, prosthetics and therapeutic services and supplies; and (h) emergency dental treatment for the relief of pain.

We will pay benefits, up to \$500, for emergency dental treatment for Accidental Injury to sound natural teeth. We will not pay benefits in excess of the Reasonable and Customary Charges. We will not cover any expenses incurred by another party at no cost to You or already included within the cost of the Covered Trip. We will advance payment to a Hospital, up to the maximum shown on the Schedule of Benefits, if needed to secure Your admission to a Hospital because of Accidental Injury or Emergency Sickness.

EMERGENCY MEDICAL EVACUATION & MEDICALLY NECESSARY REPATRIATION

We will pay, subject to the limitations set out herein, for Covered Emergency Medical Evacuation expenses reasonably incurred if You suffer an Accidental Injury or Emergency Sickness that warrants Your Emergency Medical Evacuation while You are on a Covered Trip. Benefits payable are subject to the Maximum Benefit per Insured shown on the Schedule of Benefits for all Emergency Medical Evacuations due to all injuries from the same Accident or all Emergency Sickness from the same or related causes.

A legally licensed Physician, in coordination with the Assistance Company, must order the Emergency Medical Evacuation and must certify that the severity of Your Accidental Injury or Emergency Sickness warrants Your Emergency Medical Evacuation to the closest adequate medical facility. The Assistance Company or We must review and approve the necessity of the Emergency Medical Evacuation based on the inadequacy of local medical facilities. The Emergency Medical Evacuation must be coordinated through the most direct and economical conveyance and route possible, such as air or land ambulance, or commercial airline carrier.

Covered Emergency Medical Evacuation expenses are those for Medically Necessary Transportation, including Reasonable and Customary medical services and supplies incurred in connection with Your Emergency Medical Evacuation. Expenses for Transportation must be: (a) recommended by the attending Physician; and (b) required by the standard regulations of the conveyance transporting You; and (c) reviewed and pre-approved by the Assistance Company.

We will also pay Reasonable and Customary expenses, for escort expenses required by You, if You are disabled during a Covered Trip and an escort is recommended in writing by an attending Physician and such expenses are pre-approved by the Assistance Company.

If You are hospitalized for more than 7 days following a Covered Emergency Medical Evacuation, We will pay, subject to the limitations set out herein, for expenses to bring 1 person chosen by You to and from the Hospital or other medical facility where You are confined if You are alone, but not to exceed the cost of 1 round-trip economy airfare ticket.

In addition to the above Covered Expenses, if We have previously evacuated You to a medical facility, We will pay Your airfare costs from that facility to Your primary residence, within 1 year from Your original Scheduled Return Date, less refunds from Your unused Transportation tickets. Airfare costs will be economy, or first class if Your original tickets are first class. This benefit is available only if it is not provided under another coverage in the Policy.

REPATRIATION OF REMAINS

We will pay the reasonable Covered Expenses incurred to return Your body to Your primary residence if You die during the Covered Trip. No payment will exceed the maximum shown on the Schedule of Benefits.

Covered Expenses include: The collection of the body of the deceased; the transfer of the body to a professional funeral home; embalming and preparation of the body or cremation if so desired; standard shipping casket; any required



ISIC – TRAVEL INSURANCE BASIC PLAN - DESCRIPTION OF COVERAGE

consular proceedings; the transfer of the casket to the airport and boarding of the casket onto the plane; any required permits and corresponding airfare; and the transfer of the deceased to its final destination. All Covered Expenses must be approved in advance by the Assistance Company.

ACCIDENTAL DEATH AND DISMEMBERMENT

We will pay the percentage of the Principal Sum shown in the Table of Losses when You, as a result of an Accidental Injury occurring during the Covered Trip, sustain a loss shown in the Table below. The loss must occur within 180 days after the date of the Accident causing the loss. The Principal Sum is shown on the Schedule of Benefits.

If more than one loss is sustained as the result of an Accident, the amount payable shall be the largest amount of a sustained loss shown in the Table of Losses.

TABLE OF LOSSES

Loss of:	Percentage of Principal Sum:
Life, both hands or both feet, sight of both eyes, one hand and one foot, either hand or foot and sight of one eye, and/or speech and hearing in both ears.	100%
Either hand or foot, sight of one eye, speech, and/or hearing in both ears.	50%

"Loss" with regard to:

hand or foot, means actual complete severance through and above the wrist or ankle joints; eye means an entire and irrecoverable loss of sight; or speech or hearing means entire and irrecoverable loss of speech or hearing of both ears. No benefit is payable for loss resulting from or due to stroke, cerebral vascular, or cardiovascular Accident or event; myocardial infarction (heart attack); coronary thrombosis, or aneurysm.

Exposure: We will pay benefits for covered Losses which result if You are unavoidably exposed to the elements due to an Accident. The loss must occur within 180 days after the event which caused the exposure.

Disappearance: We will pay benefits for loss of life if Your body cannot be located one year after Your disappearance due to an Accident.

ACCIDENTAL DEATH AND DISMEMBERMENT - COMMON CARRIER (AIR ONLY)

We will pay benefits for Accidental Injuries resulting in a Loss as described in the Table of Losses below, that occurs while You are riding as a passenger in or on, boarding or alighting from, any air conveyance operated under a license for the Transportation of passengers for hire during the Covered Trip. The Loss must occur within 180 days after the date of the Accident causing the Loss. The Principal Sum is shown on the Schedule of Benefits.

If more than 1 Loss is sustained as the result of an Accident, the amount payable shall be the largest amount shown in the Table of Losses.

TABLE OF LOSSES

Loss of:	Percentage of Principal Sum:
Life, Both hands or both feet, sight of both eyes, one hand and one foot, either hand or foot and sight of one eye, speech and hearing in both ears	100%
Either hand or foot, sight of one eye, speech, and/or hearing in both ears	50%
Thumb and index finger of same hand	25%

"Loss" with regard to:

hand or foot, means actual complete severance through and above the wrist or ankle joints; eye means an entire and irrecoverable Loss of sight; speech or hearing means entire and irrecoverable Loss of speech or hearing of both ears; and thumb and index finger means actual severance through or above the joint that meets the finger at the palm.

BAGGAGE DELAY (Outward Journey Only)

We will pay You for the expense of replacing necessary personal effects, up to the maximum shown on the Schedule of Benefits, if Your Checked Baggage is delayed or misdirected by a Common Carrier for more than 12 hours, while on a Covered Trip, except for return travel to Your primary residence. You must be a ticketed passenger on a Common Carrier.



ISIC – TRAVEL INSURANCE BASIC PLAN - DESCRIPTION OF COVERAGE

All claims must be verified by the Common Carrier who must certify the delay or misdirection and receipts for the purchase or replacement of necessary personal effects must accompany any claim.

HOW TO PRESENT A CLAIM

Trip Interruption: Call your travel supplier to report your trip interruption and avoid non-covered expenses due to late reporting. If you are prevented from taking your trip due to sickness or injury, you should obtain medical care immediately. We require a certification by the treating physician at the time of sickness or injury that medically imposed restrictions prevented your participation in the trip.

Trip Delay: Obtain any specific dated documentation, which provides proof of the reason for delay (airline or cruise line forms, medical statements, etc). Submit this documentation along with your trip itinerary and all receipts from additional expenses incurred.

Medical Expenses: Obtain receipts from the providers of service, etc., stating the amount paid and listing the diagnosis and treatment; submit these first to other medical plans. Provide a copy of their final disposition of your claim.

Baggage: Obtain a statement from the common carrier that your baggage was delayed or a police report showing your baggage was stolen along with copies of receipts for your purchases.

Report your claim to AXA Assistance USA at one of these telephone numbers:

Within the USA:	Toll Free - (855)327-1408
Outside the USA:	Collect - (630)694-9755
Or by Email at:	ustravel@axa-assistance.us
Claim Submission Email:	travelclaims@axa-assistance.us
Claims Address:	AXA Assistance USA – ISIC Claims PO Box 260337 Miami FL 33126

All benefits will be paid in United States Dollars.

EXCLUSIONS

Pre-Existing Conditions: We do not cover any Loss caused by or resulting from Pre-Existing Conditions, which are defined as any Accidental Injury, Sickness or condition of You or Your Family Member booked to travel with You for which medical advice, diagnosis, care or treatment was recommended or received within the 60 day period ending on the Effective Date. Sicknesses or conditions are not considered pre-existing if the Sickness or condition for which prescribed drugs or medicine is taken remains controlled without any change in the required prescription.

Some of the other Exclusions which apply to all benefits under this plan include the following:

1. Commission or the attempt to commit a criminal act by You or Your Family Member, whether insured or not;
2. Dental treatment except as a result of an Accidental Injury to sound natural teeth;
3. Expenses incurred as a result of being under the influence of drugs or intoxicants, unless prescribed by a Physician;
4. Mental or emotional disorders, unless hospitalized;
5. Any non-emergency treatment or surgery, routine physical examinations, hearing aids, eye glasses or contact lenses;
6. Participating in bodily contact sports; skydiving; mountaineering where ropes or guides are normally used; hang gliding; parachuting; any race by horse, motor vehicle, or motorcycle; bungee cord jumping; spelunking or caving; or rock climbing; or helicopter skiing or extreme skiing;
7. Participation in any military maneuver or training exercise, police service, or any loss while You are in the service of the armed forces of any country;
8. Participation as a professional athlete; participation in non-professional, organized amateur or interscholastic athletics or sports competitions or events;
9. Piloting or learning to pilot or acting as a member of the crew of any aircraft;
10. Pregnancy and childbirth (except for Complications of Pregnancy) except if hospitalized;
11. Services not shown as covered;



ISIC – TRAVEL INSURANCE BASIC PLAN - DESCRIPTION OF COVERAGE

12. Cosmetic surgery except for: reconstructive surgery incidental to or following surgery for trauma, or infection or other covered disease of the part of the body reconstructed, or to treat a congenital malformation of a child;
13. Suicide, attempted suicide or any intentionally self-inflicted injury while sane or insane (in Colorado and Missouri, sane only) committed by You or Your Family Member, whether or not insured;
14. Traveling for the purpose of securing medical treatment;
15. War, invasion, acts of foreign enemies, hostilities between nations (whether declared or not), civil war; or Your participation in any military maneuver or training exercise;
16. Your participation in civil disorder, riot or a felony;
17. Accidental Injury or Sickness when traveling against the advice of a Physician;
18. Care or treatment which is not Medically Necessary;
19. Services not shown as covered; and expenses not approved by the Assistance Company in advance;
20. Care or treatment for which compensation is payable under Worker's Compensation Law, any Occupational Disease law; the 4800 Time Benefit plan or similar legislation; or
21. Directly or indirectly, the actual, alleged or threatened discharge, dispersal, seepage, migration, escape, release or exposure to any hazardous biological, chemical, nuclear radioactive material, gas, matter or contamination.

For Baggage Delay, We will not provide benefits for any loss or damage to: Animals, automobiles and automobile equipment; trailers; motors; motorcycles; boats or other vehicles or conveyances; aircraft; bicycles (except when checked as Baggage with a Common Carrier); eye glasses, sunglasses, contact lenses, artificial teeth and dental bridges, hearing aids, or prosthetic limbs; keys, money, stamps, and securities and documents; tickets; art objects and musical instruments; consumables including medicines, perfumes, cosmetics, and perishables; professional or occupational equipment or property, whether or not electronic Business Equipment; or property illegally acquired, kept, stored or transported.

Any loss caused by or resulting from the following is excluded: Wear and tear or gradual deterioration; breakage of brittle or fragile articles; insects or vermin; inherent vice or damage while the article is actually being worked upon or processed; confiscation or expropriation by order of any government; radioactive contamination; war or any act of war whether declared or not; property shipped as freight or shipped prior to the Scheduled Departure Date; delay or loss of market value; indirect or consequential loss or damage of any kind; theft or pilferage while left unattended in any vehicle if the vehicle is not property secured; electrical current including electric arcing that damages or destroys electrical devices or appliances; mysterious disappearance; confiscation or expropriation by order of any government.

PRIVACY NOTICE AND NOTICE OF INFORMATION PRACTICES

The companies of the American Modern Insurance Group ("American Modern") respect you and your right to privacy. We value your trust. So, we want you to know our policies and procedures that protect the privacy of your Nonpublic Personal Information (NPI). We also want you to know your rights regarding NPI that we receive about you. Thirdly, we want you to know how we gather NPI about you and how we protect its privacy.

In the course of doing business, we receive NPI related to insurance products and services we provide. These products and services are primarily for personal, family and household purposes. We currently do not share your NPI with any third parties not affiliated with American Modern except as required or permitted by law. We have no intention of doing so without proper authorization from you.

The terms of this Notice apply to individuals who inquire about or obtain insurance from one of the American Modern companies. We will send current policyholders a copy of our most recent Privacy Notice and Notice of Information Practices. We will do so at least annually. We will also send you a Notice if we make changes affecting your rights under our privacy policy. We reserve the right to modify or supplement our privacy policy at any time in accordance with applicable law. This Notice applies to current and former customers of American Modern. This Notice does not in any way affect your insurance coverage. You can find this Notice online on our Web site at www.amig.com.

FRAUD WARNING NOTICE

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

