**EXCLUSIONS (#1 - #3 apply to AD&D only)**

Benefits will not be paid for:

1) a Covered Person's loss which is caused by or results from his own:
    a. Intentionally self-inflicted Injury, suicide or any attempt thereat (in Missouri this applies only while sane);
    b. Voluntary self-administration of any drug or chemical substance not prescribed by, and taken according to the directions of, a Doctor (Accidental ingestion of a poisonous substance is not excluded);
    c. Commission or attempt to commit a felony;
    d. Participation in a riot or insurrection.
2) a Covered Person's loss which is caused by or results from:
    a. declared or undeclared war or act of war;
    b. an act of terrorism;
    c. an Injury sustained while in the service of the Armed Forces of any country.
3) An Injury that is caused by flight in an aircraft, except as a fare-paying passenger.
4) Charges which:
    a. The Covered Person would not have to pay if he did not have insurance; or
    b. are in excess of usual and customary charges.

**CLAIMS**

Please forward all claims to A-G Administrators, Inc. P.O. Box 979 Valley Forge, PA. 19482

**PAYMENT OF CLAIMS**

Benefits will be paid to the claimant, to the designated beneficiary, or to the estate.

**ENROLLMENT PROCEDURE**

1) Complete the attached enrollment form.
2) Make your check payable to A-G Administrators, Inc.
3) Mail completed enrollment form and check to A-G Administrators, Inc.
4) Renewals are the responsibility of the applicant.

**COST PER PARTICIPANT AND DEPENDENT(S)**

The cost of coverage under this Insurance Plan is $60.00 per participant for the Insured and $60.00 per any eligible Dependents.

**REFUNDS**

All premium received by the Plan Administrator will be considered fully earned and non-refundable.

**PRORATION OF COST**

There will be no proration of plan costs.

# REPATRIATION, MEDICAL EVACUATION, & ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE PLAN FOR FOREIGN SCHOLARS and STUDENTS VISITING THE UNITED STATES WHO ARE SPONSORED BY THE UNIVERSITY OF CALIFORNIA

***Administered by*:**

**A-G Administrators, Inc.**
**P.O. Box 979**
**Valley Forge, PA. 19482**

**CA Insurance License: 0B36194**

**Important Notice**

This brochure is a summary of the insurance plan as specified in the Policy (Form GAC26932), issued to and on file with the University. This brochure is subject to the terms and conditions of the Policy, which contains all benefits, limitations and exclusions as underwritten by United States Fire Insurance Company. In the event of a discrepancy, the Policy will prevail.

This Insurance Plan is underwritten and offered by the United States Fire Insurance Company; Eatontown, New Jersey.

United States Fire Insurance Company
Plan Number: US160969 Effective 9/1/2013

## ELIGIBILITY FOR COVERAGE

All International students, exchange visitors, visiting faculty members, scholars or other persons with a current passport or Student visa who are temporarily residing outside their Home Country while actively engaged in educational activities or educational research related activities of the Policyholder, and any eligible Dependents.

## PERIOD OF INSURANCE

A. Effective Date of Insurance – Provided the required premium is paid, your insurance will become effective on the later of:

- The Plan Effective Date;
- 12:01a.m. Standard Time on the date you indicated on the Enrollment Form;
- 12:01a.m. Standard Time on the Effective Date required by the Member School; or 12:01a.m. Standard Time on the date the Enrollment Form and premium are received by the Plan Administrator.

B. Termination of Insurance – Your Insurance will terminate the earlier of:

- 12:01a.m. Standard Time on the date for which your premium has been paid;
- 12:01a.m. Standard Time on the date you cease to be eligible for this insurance;
- 12:01a.m. Standard Time on the date you depart your Country Assignment for your Home Country; or 12:01a.m. Standard Time on the date The Plan is terminated.

## DEFINITIONS

"***Accident***" means a sudden, unforeseeable external event which:

1) causes Injury to one or more Covered Persons; and
2) occurs while coverage is in effect for the Covered Person.

"***Covered Person***" means the Insured and any eligible Dependents, as defined, for whom an Enrollment Form is received and the proper premium payment has been made, and who is therefore covered under the Policy.

"***Dependent***" means:

1) the lawful spouse of the Insured:
2) the Insured's unmarried child who chiefly relies on the Insured for support and maintenance and is within the following age groups:
    - under 19 years of age;
    - 19 but less than 25 years of age and is enrolled in a school as a full-time student; or
    - 19 or more years of age, primarily supported by the Insured and incapable of self-sustaining employment by reason of mental or physical handicap. Proof of the child's condition and dependence must be submitted to us within 31 days after the date the child ceases to qualify as a Dependent. During the next two years we may, from time to time, require proof of continuation of such condition and dependence. After that, we may require proof no more than once a year. Child includes stepchildren, foster children, legally adopted children, children of adoptive parents pending adoption proceedings, and natural children.

"***Injury***" means bodily harm which results, directly and independently of all other causes, from a covered Accident. All Injuries sustained in one Accident, including all related conditions and recurring symptoms of the Injuries will be considered one Injury.

## REPATRIATION BENEFIT -- $10,000 MAXIMUM BENEFIT

If a Covered Person should die from a covered Injury or covered Sickness, benefits will be paid for the usual and customary expenses incurred for the preparation and transportation of your body to your Home Country, not to exceed a maximum benefit of $10,000. All expenses must be approved by The Plan Administrator before the body is prepared for transportation.

## ACCIDENTAL DEATH, DISMEMBERMENT, OR LOSS OF SIGHT BENEFITS

If as a result of a covered Injury, the Covered Person sustains any one of the losses shown below within one year from the date of the covered Accident, benefits will be payable as follows:

| Loss of: | |
|---|---|
| Life | $10,000 |
| Both Hands | $10,000 |
| Both Feet | $10,000 |
| Entire Sight of Both Eyes | $10,000 |
| One Hand and One Foot | $10,000 |
| One Hand and Entire Sight of One Eye | $10,000 |
| One Foot and Entire Sight of One Eye | $10,000 |
| One Hand | $ 5,000 |
| One Foot | $ 5,000 |
| Entire Sight of One Eye | $ 5,000 |
| Thumb and Index Finger of the same hand | $ 2,500 |

If the Covered Person sustains more than one Loss as a result of one Covered Accident, benefits will be payable only for the largest amount to which such Person is entitled. Loss of a hand or foot means complete Severance through or above the wrist or ankle joint. Loss of sight means total, permanent loss of sight of the eye. The loss of sight must be irrecoverable by natural, surgical or artificial means. Loss of a thumb and index finger means complete severance through or above the metacarpophalangeal joints between the fingers and the hand. "***Severance***" means the complete separation and dismemberment of the part from the body.

## MEDICAL EVACUATION BENEFIT -- $10,000 MAXIMUM BENEFIT

If an emergency evacuation is required due to a covered Injury or a covered Sickness, and a Doctor determines that adequate medical care cannot be performed locally while the Covered Person is outside of his Home Country, benefits will be paid for the Usual and customary expenses incurred, not to exceed the maximum benefit amount of $10,000. Benefits will be provided for:

1) medical services required for evacuation to the nearest adequate medical facility; and
2) escort services, if the Covered Person is disabled and on the recommendation of a Doctor; and
3) ambulance service to the nearest airport and air ambulance upon departure; and
4) air transportation costs to return the Covered Person to his Home Country, a stretcher, oxygen or other special medical arrangements are covered if the Insured's Doctor states in writing that such services are medically necessary; and
5) expenses above the cost of a return airfare ticket held by the Covered Person, or in the absence of a ticket, the cost of an economy airfare ticket.

**REPATRIATION ENROLLMENT FORM** **The Policyholder of this Insurance Plan is The University of California**

PLEASE PRINT – ANSWER ALL QUESTIONS

**Last Name** (Surname) _____ **First Name** (Given Name) _____

**USA Street Address** _____ **City, State, Zip Code** _____

**Phone #:**_____ **E-mail Address** (if you would like to receive confirmation of insurance) _____

**Male ____ Female ____** **Date of Birth -- Month: _____ Day: _____ Year: _____**

**I want my insurance to start on: Month: _____ Day: _____ Year: _____**

**Passport #**_____ **Home Country**_____

**Beneficiary (for Accidental Death Benefit)** _____ **Relationship to Insured**_____

**Name of Dependents to be insured:**

**Spouse** _____ **Age _____ F ____ M ____**

**Child** _____ **Age _____ F ____ M ____**

**Child** _____ **Age _____ F ____ M ____**

**Child** _____ **Age _____ F ____ M ____**

**These rates are valid for coverage which has an effective date on or after September 1, 2013. There are no refunds or prorated terms.**

**Eligible Person and Dependents:**
**$60.00 per Student**
**$60.00 per Spouse or Dependent**

**Total Cost Enclosed: _____**

**Payment provides coverage for up to one year and only while in the United States of America.**

**Applicant Signature: _____ Date: _____Department: _____Dept. Phone #: _____**

**Name of Department Administrative Assistant or International Student/ Scholar Advisor: _____**

**US160969** **Make check or money order payable to A-G Administrators, Inc. and deliver with this form to your Department Administrative Assistant or International Student/Scholar Office, or mail to A-G Administrators, Inc. P.O. Box 979 Valley Forge, PA. 19482 - U.S. CURRENCY ONLY.**