

# SHORT TERM TRAVEL INSURANCE

**Adventist Colleges Abroad, Inc.**  
("the Policyholder")

**National Union Fire Insurance Company of Pittsburgh, Pa.**  
("the Company")

Policy #: GLB 0009138421-D



## Who Is Eligible?

Class	Description of Class
I	All registered students of a participating member college in the USA whose name is on file and for whom premium has been paid, travelling to countries outside of the USA except Spain, not in any other class.
II	All registered students of a participating member college in the USA whose name is on file and for whom premium has been paid, travelling to Spain, not in any other class.
III	All registered ACA Certificate program students from the USA, while travelling to countries outside the USA, whose name is on file and for whom premium has been paid, not in any other class. Certificate program not to exceed 90 days.
IV	All registered ACA chaperones from the USA while accompanying registered students travelling to countries outside the USA, whose name is on file and for whom premium has been paid, not in any other class.

## What Trips Are Covered?

### Class(es) I, II, III & IV:

24 Hour while enrolled as a full-time student, while outside of the student's home country including but not limited to attending classes and participating in scheduled and sponsored activities of the Policyholder. Coverage expires the earlier of the day the education trip ends or the expiration of the policy. Coverage may include time between semesters and personal deviations up to 7 days. Enrollment in coverage cannot exceed 52 weeks.

"Trip" means a trip taken by an Insured which begins when the Insured leaves their residence in their Home Country for the purpose of going directly on the Trip to the Host Country and is deemed to end when the Insured returns from the Trip outside their Home Country directly to their residence in their Home Country. However, with respect to the Medical Expense Benefit only, Trip will include any period of time the Insured is in his or her Home Country for a visit or break in a Trip not to exceed 30 days), provided that the Insured returns to the Host Country immediately following such break. "Trip" does not include any Trip that extends for more than 364 days.

## Benefit Schedule

### Class I, II, III & IV:

Benefit	Maximum Amount
<b>Baggage and Personal Effects Benefit]</b>	
Personal Effects Replacement Maximum	\$500
Checked Baggage Delivery Charge Maximum	\$100
Lost Checked Baggage/Personal Effects Maximum	\$500
Per Article Maximum	\$250
Combined Maximum Limit	\$500
<b>Security Evacuation Benefit</b>	\$100,000
<b>Trip Cancellation/Interruption/Delay Benefit]</b>	
Trip Cancellation Maximum	\$2,000
Trip Interruption Maximum	\$2,000
Trip Delay Maximums	
Per Day	\$500
Per Covered Trip	\$5,000
Aggregate Limit per policy term	\$100,000
<b>Return Airfare Ticket Benefit</b>	\$2,500
<b>Chaperone Replacement Benefit</b>	\$2,000 per incident
<b>Quarantine Benefit</b>	
<b>Daily Quarantine Benefit</b>	
Per Day Quarantine Benefit	\$250
Trip Quarantine Maximum	\$2,500
<b>Covered Trip Quarantine Benefit</b>	\$2,500
<b>Severe Infectious Disease Evacuation Benefit</b>	\$5,000
<b>Severe Infectious Disease Testing Benefit</b>	\$100
Limitations per Insured per Covered Trip	\$10,000
Aggregate Limit per policy term	\$250,000

Principal Sum Benefits	Maximum Amount
<b>Principal Sum</b>	\$10,000
<b>Aggregate Limit per accident</b>	\$250,000
<b>Accidental Death Benefit</b>	100% Principal Sum

<b>Accidental Dismemberment and Paralysis Benefit</b>	Percentage of Principal Sum
For Loss of or Paralysis	
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%
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%
Paralysis	100%
Quadriplegia	75%
Paraplegia	50%
Hemiplegia	25%
Uniplegia	25%
<b>Coma Benefit</b>	1% of Principal Sum monthly
<b>Severe Burn Benefit</b>	Maximum Percentage of Principal Sum
Specified Body Area	
Face and Neck and Head	99%
Hand and Forearm Below Elbow Joint (Right)	22.5%
Hand and Forearm Below Elbow Joint (Left)	22.5%
Upper Arm Below Shoulder Joint to Elbow Joint (Right)	13.5%
Upper Arm Below Shoulder Joint to Elbow Joint (Left)	13.5%
Torso Below Neck to Shoulder Joints and Hip Joints (Front)	36%
Torso Below Neck to Shoulder Joints and Hip Joints (Back)	36%
Thigh Below Hip Joint to Knee Joint (Right)	9%
Thigh Below Hip Joint to Knee Joint (Left)	9%
Foot and Lower Leg Below Knee Joint (Right)	27%
Foot and Lower Leg Below Knee Joint (Left)	27%
<b>Medical Expense Benefit</b>	Class I \$50,000 Class II \$500,000
Percentage Payable	100% of Covered Medical Services
Plan Deductible	None
Home Country Maximum	\$20,000
Medical Expense Guarantee Charge Expense Maximum	\$25,000
Medical Expense Limitation(s)	*See Below
<b>Routine Prescription Drug Benefit</b>	\$1,000 per month
Percentage Payable	100%
Deductible per Covered Trip	None
<b>Prescription Replacement Benefit</b>	\$5,000 per Covered Trip
<b>Emergency Hotel Convalescence Benefit</b>	\$500 per day
Maximum Number of Days	10
<b>Repatriation of Remains Benefit</b>	\$500,000
<b>Attendor Benefit</b>	
Airfare Ticket Maximum	\$2,500
Allotment for lodging and meals	\$500
<b>Bedside Benefit</b>	
Airfare Ticket Maximum	\$2,500
Allotment for lodging and meals	\$500
<b>Emergency Reunion Benefit</b>	
Airfare Ticket Maximum	\$2,500
Allotment for lodging and meals	\$750
<b>Emergency Evacuation with Family Travel Benefit</b>	\$500,000

Family Travel	
Chosen Person Allotments for lodging and meals	\$500
Spouse and Child Allotments for lodging and meals	\$500
<b>Medical Repatriation Benefit</b>	<b>\$50,000</b>

**\*Medical Expense Limitation(s)**

- Hospital charges for room and board in excess of the Hospital's average daily charge for semi-private room and board accommodation are not covered.
- Charges for emergency palliative dental treatment to natural teeth to relieve dental pain is covered up to a maximum of \$500.

## Travel Assistance Services

Please note: the policyholder has a service agreement with International SOS:

All charges incurred must be medically necessary and authorized in advance by the Insuring Company or its agent, ISOS. Questions regarding Medical payments should be directed to Intl.SOS at:

Philadelphia +1.215.942.8226

London +44.20.8762.8008

Singapore +65.6338.7800

Sydney +61.2.9372.2468

Any travel assistance services such as medical or security evacuation or repatriation must be authorized by the assistance services provider, Intl.SOS.

The underwriting risks, financial and contractual obligations, and support functions associated with insurance products issued by National Union Fire Insurance Company of Pittsburgh, Pa., are its responsibility. National Union Fire Insurance Company of Pittsburgh, Pa. currently authorized to conduct insurance business in all states and the District of Columbia. NAIC No. 19445. Travel assistance services are provided by International SOS.

This is only a brief description of the insurance coverage(s) available under Policy Series S30897NUFIC. The policy contains reductions, limitations, exclusions and termination provisions. Full details of the coverage are contained in the policy. If there are any conflicts between this document and the Policy, the Policy shall govern in all cases.

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