



# SECURITY PASS'PORT

English edition



No  
deductible

## **WORLDWIDE EMERGENCY ASSISTANCE**

If you are in a Medical Emergency...  
...or in need of emergency return travel home,  
you **MUST** call AVI Assistance  
at +1 817 826 7090 (toll free number)  
from the USA or Canada  
or at + 33(0) 969 368 616 (collect calls accepted) from  
other countries

**Please refer to your Personal Insurance Card and  
Security Pass'port for details**

When calling the Emergency Center, please identify yourself under your policy number printed on your insurance card and explain the nature of your emergency.

**Failure to call the Emergency Center may lead to coverage denial or to partial coverage only.**

**Medical providers network/ Doctor visits /Guarantee of payment  
This service is available only in the USA.**

Please visit our website [www.avi-international.info](http://www.avi-international.info) to find our nearest participating medical provider.

### **YOUR INSURANCE PROFESSIONAL :**

Your policy, and the unique coverage it offers, has been conceived and designed specifically by AVI International, an insurance broker specializing in insurance programs for youth and student travel for over 30 years.

AVI International  
40-44 rue Washington - 75008 Paris - France  
Fax : + 33.1.42.80.41.57  
E-mail : [contact@avi-international.com](mailto:contact@avi-international.com)  
Web : <http://www.avi-international.com>

AVI International - Simplified Limited Liability Company or SAS with a capital of 100,000 € - Head Office: 40-44 rue Washington, 75008 PARIS, France, licensed in Paris as company N° 323 234 575, licensed to subscribe insurance contracts with ORIAS N° 07 000 002 ([www.orias.fr](http://www.orias.fr)). The name of the companies working with AVI International can be transmitted upon request. AVI International is ruled by the Autorité de Contrôle Prudential (ACP) 61 rue Taïbout 75436 Paris Cedex 09, France. In case of dispute, please send your complaint by simple mail to AVI International, and if it is not solved then to the ACP.

### **INSURANCE CARRIER :**

**AIG Europe Limited**



**General management for France: Tour CB2, 16 Place de l'Iris  
92400 Courbevoie - France**

Company with a capital of 197 118 478 €, Identification number in England and Wales: 01486260. Head office: The AIG Building, 58 Fenchurch Street, London EC3M 4AB, United Kingdom. Phone: +33 1.49.02.42.22 - Fax: +33 1.49.02.44.04. Mailing address: 92040 Paris La Défense Cedex - RCS Nanterre 752 862 540

AVI International chooses the best insurance and assistance companies to offer coverage for the included risks. If need be, it can be changed by AVI International, provided coverage remains unchanged. If such an event were to occur, the insured of the policy would be notified.

\* Free of charge from a local phone.

# Table of Contents

## Security Pass'port

### Worldwide Emergency Assistance

*(inside front cover)*

|   |       |
|---|-------|
| <b>Introduction</b> .....                                   | 2     |
| <b>Important Information</b> .....                          | 2-3   |
| <b>Definition of Terms</b> .....                            | 3     |
| <b>Person Insured</b> .....                                 | 3     |
| <b>Period of Insurance Coverage</b> .....                   | 3     |
| <b>Prescription</b> .....                                   | 4     |
| <b>Territory</b> .....                                      | 4     |
| <b>Accident</b> .....                                       | 4     |
| <b>Illness</b> .....  | 4     |
| <b>Pre-existing condition</b> .....                         | 4     |
| <b>Emergency dental care</b> .....                          | 5     |
| <b>Medical Providers Network / Guarantee of Payment</b> ... | 5     |
| <b>Medical/Accident Coverage</b> .....                      | 6     |
| <b>Emergency Dental Coverage</b> .....                      | 8     |
| <b>Medical/Accident Exclusions</b> .....                    | 9-12  |
| <b>Travel Insurance Coverage Summary</b> ....               | 10-11 |
| <b>Transportation Expenses</b> .....                        | 13    |
| <b>Transportation Exclusions</b> .....                      | 14    |
| <b>Accidental Death Abroad</b> .....                        | 14    |
| <b>Disability</b> .....                                     | 15    |
| <b>Emergency Return Transportation</b> .....                | 15    |
| <b>Baggage and Personal Effects Benefit</b> .....           | 16    |
| <b>Third Party Liability Coverage</b> .....                 | 17    |
| <b>Third Party Liability Exclusions</b> .....               | 18    |
| <b>Legal Expenses</b> .....                                 | 19    |
| <b>Assault Benefit</b> .....                                | 19    |
| <b>Disfigurement Compensation</b> .....                     | 19    |
| <b>Delay Coverage</b> .....                                 | 20    |
| <b>Force Majeure</b> .....                                  | 20    |

### Steps To File A Claim

*(inside back cover)*

## Security Pass'port

### Introduction

Your policy has been conceived by AVI International, an insurance broker/administrator specializing in travel insurance.

As a participant, you are covered by one of the most comprehensive youth **travel insurance** programs available today. The purpose of this booklet is to familiarize you with your insurance coverage in order to make your participation in the program an educational, enjoyable and worry-free experience.

This booklet is divided into sections which describe **the many types of insurance coverage included in your policy.**

Each section will be a summary of the limits of coverage provided in your policy, along with major exclusions.

Please refer to the center of the booklet (pages 10-11) for a quick summary of insurance coverage.

Follow the procedures outlined in the section, **"Steps To File A Claim"** to insure claims are processed quickly and smoothly.

### Important Information

#### General exclusions Cannot be covered

Consequences of catastrophic events: civil or foreign war, damage of a nuclear origin, earthquakes, volcanic eruptions or other cataclysms (except for medical evacuation).

**Insurance holder:** The insurance holder is your sponsoring organization. You are the beneficiary of the policy. Since the insurance holder is your sponsoring organization, it cannot be considered a third party under the terms of this contract. Should a dispute/lawsuit occur between you and your sponsoring organization, both in your home and/or your host country, no coverage would be provided under the third party liability or legal assistance benefits.

**I.D. card:** In addition to this booklet, you have received your AVI International insurance I.D. card. This card identifies you as an insured participant. Keep this card with you at all times. You may need it for doctors, hospitals and others who require proof of insurance before providing services.

**Emergency help:** If you need immediate help or require transportation to your country of residence, you **MUST** contact the Emergency Center. The Emergency Center is open 7 days a week, 24 hours a day. Please refer to the inside front page.

**Claims:** If a loss occurs, you must follow the instructions given in this booklet. **We recommend that you file your claim within 2 weeks of the loss**, using the claim form you have received. **It is your responsibility as an insured to do so.**

Additional claim forms are available from your exchange organization or at **[www.avi-international.info](http://www.avi-international.info)**.

---

In order to process your claim (see inside back cover), the insurance company may request information it deems necessary to honor your claim.

Whatever the benefit in filing a claim, you agree to release all information which the insurance company requires.

**Failure to observe obligations:** It is an obligation of the insured to let the Insurance Company, the Claims Office or the Emergency Center know of a loss as soon as the insured himself is made aware of that damage. **If this obligation is not fulfilled, the insured might be held liable if failure to observe this obligation has an influence on the settlement of the claim. In case of false or fraudulent statement, the policy shall be void.**

**Subrogation right of insurance companies:** The insurance companies underwriting this contract, in accordance with the terms of article L 121.12 of the insurance code, are subrogated to the amount of the costs or services which they provided to the insured if those costs or services are the result of another person's negligence.

**This means that the insurance companies retain the right to take legal actions against the party causing you the damage or injury, be it a friend or your host family. If you deny this right to the insurance carriers underwriting this contract, you deny yourself the right to compensation for the particular claim leading to the subrogation right. If the insurance companies have already paid providers fees on your behalf, these will have to be reimbursed by you to the insurance companies or their legal representative / counsel. This will have no effect on other coverage of the contract which will still be considered valid.**

## Definition of Terms



**Person insured:** Any participant in the program who has paid the insurance premium and **has been reported to AVI International.**

**Family member:** Refers to the insured's de jure or de facto spouse, sisters or brothers, mother or father.

**Start of coverage and Period of coverage:** When an application has been made and the premium has been paid for a specific plan of insurance, the period of coverage begins on the latest of the date and time:

- a) indicated as the effective date on the insurance card; or
- b) when the insured departs from his/her country of residence.

**End of coverage:** Coverage ends on the earliest of the date and time:

- a) if the insured is terminated from the program he is insured with
  - b) the insured returns to his country of residence; or
  - c) indicated as the termination date on the confirmation of coverage.
- Coverage will be automatically extended for up to 7 days and invoiced if the insured is hospitalized due to a covered illness or accident on or before the termination date. The coverage can be renewed in agreement with the Emergency Center physician.
-

**Prescription:** This policy is subject to a time limitation for claims processing and payment.

**You have 5 days to send your claim from** the date your property was lost/stolen/damaged.

**You have one year to send your claim from:**

- the date your illness was diagnosed,
- the date of your accident leading to injury/disability,
- the date your actions led to damage to another person/property.

**No reimbursement will be paid to you by the Insurance Company nor reimbursement to another party for damage after this one year period (12 months).**

As section «Failure to observe obligations» (see page 3) also applies, **we strongly recommend that you file your claim within 2 weeks of a damage occurrence.**

**Territory:** Worldwide, except in the participant's country of residence, unless specified otherwise in a specific coverage.

**Emergency:** The term "emergency" means a sudden, unforeseen sickness or injury occurring during the period of coverage, which requires immediate intervention by a physician or legally licensed dentist and cannot reasonably be delayed. An emergency is deemed to no longer exist when medical evidence indicates that you are able to continue your stay or return to your country of residence.

**Accident/Injury:** The terms "injury/accident" wherever used in this policy mean bodily injury caused solely and directly by accidental, external, and visible means occurring while this policy is in force and resulting directly and independently of all other causes in a loss covered by this policy.

**Illness:** The term "illness" wherever used in this policy shall mean unexpected sickness or disease of any kind contracted and commencing after the effective date of this policy which causes a "loss" covered by this policy.

**Waiting period:** If your initial subscription is purchased after arrival in the host country or your coverage extension is registered after the "termination date", the consequences of an illness contracted during the first 15 days are not covered.

Extensions should be done at least 5 days before the "termination date".

**Pre-existing condition:** Pre-existing conditions **are not covered** under the policy. A pre-existing condition means an illness, injury or medical condition, whether or not diagnosed by a physician:

- a) for which the insured exhibited signs or symptoms prior to the effective date; or
- b) for which the insured required or received medical consultation prior to the effective date; or
- c) which existed prior to the effective date.

This includes a medically recognized complication or recurrence of a

---

medical condition. Are considered as “treatment” the following: follow-up exams, investigation, prescription of medication, change of type or change of dosage of medication and in general all medical and laboratory exams, x-rays, etc. related to that condition.

**Physician:** a person other than the insured, who is legally qualified and licensed to practice medicine or perform surgery in the location where the services are performed, and is not related to the insured by blood or marriage. Exclusions include but are not limited to acupuncture, massage therapy, herbal therapy, etc.

**Emergency dental treatment:** Shall mean to alleviate pain related to an infection of the gum or tooth, and contracted and commencing after the effective date of the participant’s arrival in the host country and necessitating an emergency treatment to alleviate the pain (see page 8 for further details).

**Claims service:** Refers to the claims office indicated on the inside back cover.

**Emergency center:** This office is operated 7 days /week, 24 hours /day and employs a multi-lingual staff. They are there to assist in case of hospitalization or emergencies that may require return of the participant to his /her country of residence.

**Hospitalization:** Any hospitalization, surgery, in-patient investigation MUST be reported within 24 hours to the Emergency center for approval and payment procedures.

Failure to call the Emergency Center may lead to coverage denial or to partial coverage only.

**Disability:** For the purpose of this agreement, the term “disability” shall mean that following an accident, you do not recover permanent and total use of bodily functions.

**Deductible:** A deductible is an amount left to your own charge.

**Claim processing:** A separate claim form must be submitted for each illness or injury. Every time you file a claim, there is no limit to the number of invoices which can be included in that claim, as long as they are all sent in together and pertain to one illness or injury. This means that you should consolidate your bills, invoices and prescriptions for each illness or injury.

**Medical providers network:** This service is available only in the USA. To find a medical provider nearest you, you can access our website [www.avi-international.info](http://www.avi-international.info).

We strongly recommend you call the Emergency Center so it can arrange direct billing and confirm coverage with your medical provider (provided care is covered under our policy). Remember you should always have your insurance card with you when seeking medical care.

---

## A. Medical /Accident Coverage

**Deductible:** This coverage has been developed by AVI International, with no deductible on any type of coverage.

**Car accident:** Coverage under this policy is in excess of all or any existing coverage concurrently in force held by or available to the insured or any private or legislative plan of motor vehicle insurance providing hospital, medical or therapeutic coverage.

This means that the claim will have to be submitted first to the auto insurance company(ies) of all drivers or vehicles involved in the accident. To submit the claim for payment of the excess, the insured must provide a police report and written proof from the concerned auto insurance company that all benefits have been paid, no matter what coverage is used : medical care, uninsured motorist, etc. or that no coverage is available. Also, in filing a claim you agree to release all information which the insurance company requires. Only original invoices will be considered proof of rendered services.

**Work accident:** In case of accident at work, this coverage is secondary to the employer's work compensation.

**Sport accident:** In case of accident while practicing a sport in a club, this coverage is secondary to your club's insurance policy. In the case your club cannot provide accident insurance, coverage can be purchased from AVI International through your sponsoring organization at an extra charge.

### **Note : Claims and subrogation**

As stated previously, it is an obligation of the insured to let the Insurance Company, the Claims Office or the Emergency Center know of a loss as soon as the insured himself is made aware of that damage.

The subrogation right of insurance companies may apply (see definition p. 3).

### **1. Cost of care due to illness or accident**

For the cost of care, the insurance company will reimburse the following expenses up to the limit of the policy coverage as outlined on pages 10-11. **However, the guarantee of payment can be denied or limited for costs that are manifestly unreasonable or unusual.**

- Reasonable cost of medical care and treatment and hospitalization that is necessary to incur outside of the insured's country of residence. There is no daily maximum for in-patient medical care or hospitalization.

- If the Emergency Center believes that it is necessary and safe to do so, at any time, the Emergency Center may:

A. move the insured from one hospital to another, and/or

B. return the insured to his/her home in his/her country of residence or move the insured to the most suitable hospital in his/her country of residence

- Prescriptions and medical supplies as prescribed by a physician.

---



- Cost of treatment for psychological/psychiatric illness is reimbursed according to the length of your stay, up to the limit of coverage when prescribed by a physician (see pages 10-11).
- Chiropractic/physiotherapy treatments are covered only subsequent to the date the participant has been referred to treatment by a physician who is not himself a chiropractor/physiotherapist. Please refer to pages 10-11 for the summary of insurance coverage.
  - Local emergency transportation to a hospital via ambulance.
  - Services of a private nurse not related to you by blood or marriage.

## **2. Non emergency surgery/elective surgery**

Due to differences in medical cultures/procedures among the medical profession worldwide and to make this travel insurance plan easy to understand by the insured and easy to implement worldwide, the following has been decided :

Knee surgery is not covered. Only the cost of a round trip ticket will be paid for.

Surgery that is not **prescribed** by the attending physician AND which is not **performed** by the attending surgeon within 10 days of the accident or the diagnosis of the sickness or the diagnosis revision of the accident, is **not** considered an emergency and is **not** covered.

A second opinion will be sought if either party (insured or insurance company) is not in agreement with the initial diagnosis. If the surgery is necessary for the insured to carry out his/her normal activities but not a medical emergency, the insurance company retains the right to return the participant to the country of residence for surgical procedures and for all necessary rehabilitation procedures.

In such a case, the insurance company will be responsible for all related transportation costs, including the return flight to the host country upon the participant's recovery. The return flight should be used within 3 months **and** within the program.

**If the insured refuses to be evacuated when declared medically fit to travel, any continuing costs incurred after such refusal will be covered up to the cost of an economy flight ticket to the insured country of residence and the payment of above costs becomes the insured's sole responsibility.**

## **3. Driver's training program**

Students have medical insurance coverage only while driving an automobile in a professional or school supervised driver's training program within the guidelines of the policy.

**This medical insurance coverage applies only to the student.**

**Neither third party liability nor automobile collision coverage is provided.**

The medical insurance for the student will be in effect only if the student drives under the supervision of a professional driving education instructor within the context of the driver's education program. The student will also be insured during the state licensing exam under the direct supervision of state licensing personnel.

**Driving to and from the licensing facility is not considered a part of the actual training exam and is not covered.**

---

## **B. Emergency Dental Coverage**

### **1. Emergency dental treatment (see definition page 5)**

Coverage provided for the alleviation of pain related to an infection of the gum or tooth, and contracted and commencing after the effective date of the participant's arrival in the host country and necessitating an emergency treatment, depends on the length of your stay abroad per 12-month period (see p.10-11).

**Note : all dental claims MUST include an x-ray of the concerned tooth/gum. X-rays will be reimbursed at the customary cost charged in the area the dentist provided the dental care.**

The cost of initial emergency examination relating to the above to alleviate pain is covered. **However, subsequent treatments exceeding US\$ 100.00/ € 70,00 must be justified by a dental treatment plan/ estimate** for review and pre-approval by the Emergency Center.

**Please call the Emergency Center for details.**

**Exclusions:** No coverage is provided for claims submitted without the mandatory x-ray film. No coverage is provided for routine dental examination, pre-existing conditions including caries/cavities, restorative work, orthodontics, dental equipment, crown build up, crowns, reconstructive work or all other treatments unrelated to pain alleviation.

### **2. Dental care necessitated by an accident**

Coverage is provided according to the length of your stay (see p. 10-11) for services of a dentist or oral surgeon provided for the treatment of your sound natural teeth as the result of a direct accidental blow to the mouth.

In addition, special orthodontics coverage has been provided for dental treatment resulting from an accident. The benefit amount is US\$ 600.00/ € 420,00 per tooth for dental orthodontics whatever the stay duration.

Such treatment may be performed following your return home if a medical expert determines that treatment could not be performed immediately due to your condition or age. In such a case, AVI will be secondary to any Health Plan you may benefit from.

**Exclusions :** Broken or chipped teeth, loosened or lost fillings/amalgams while eating, chewing and biting, are not at any time considered an accident or a result of an accident under the terms of this policy.

---

## **Exclusions of the Medical Coverage of this travel insurance policy include but are not limited to the following:**

- Treatment due to a chronic illness diagnosed after the effective date of coverage is limited to 10 sessions or US\$ 500.00/ € 350,00.
- Any medical expenses incurred more than 12 months after the date of injury, or in the case of illness, after the date on which medical expenses were first incurred.
- Treatment or services provided by any convalescent or nursing home, rehabilitation centre or health spa.
- Treatment or services provided by any acupuncturist, massage therapist, herbalist, etc.
- Surgery, medical treatment which can be delayed in the opinion of the Doctor treating you until you return to your country of residence at the end of your program.
- Any costs incurred following your decision not to move hospital or return to your country of residence after the date when, in the opinion of the emergency center's doctor, you should do so.
- Any hospitalization, surgery and subsequent treatment, inpatient investigation NOT approved by the emergency center.
- Any chemotherapy session not pre-approved by the Emergency center.
- Preventive or routine medical, dental and eye examinations.
- Physical examination for sports.
- Vaccinations and immunizations (e.g. school required TB shots, x-rays) as well as their consequences.
- Medications not prescribed by a physician.
- Dental crowns and orthodontics (non-accident related), eye glasses, contact lenses and artificial limbs/prosthesis.
- Acne (unless treated with antibiotics).
- Medical treatment for primarily cosmetic reasons (e.g. removal of warts, scars, moles, etc.).
- Cost of treatment related to birth control, pregnancy, abortion, childbirth or illness related to pregnancy.
- Treatments related to epilepsy, malaria, hepatitis C, HIV, AIDS or sexually transmitted disease.
- Treatments related to eating disorders such as but not limited to anorexia, bulimia, etc...
- Use of sedatives.
- Use of illegal substances such as narcotics or assimilated drugs not prescribed by a physician.
- Alcohol intoxication and/or abuse.
- Medical care and/or evacuations for pre-existing conditions/illness (see definition p.4).
- Congenital illness such as but not limited to pilonidal cysts.
- Ingrown toenails, corns, warts...
- Chiropractic treatment, physical therapy, psychological or psychiatric counseling/evaluation if not previously referred by M.D.
- Cost of travel related to illness resulting from the above listed exclusions or dismissal from the program.

## PARTICIPANT TRAVEL INSURANCE C

### Coverage

#### A. Illness or Accidental Injury

##### Cost of Treatment

|                                       |                       |
|---------------------------------------|-----------------------|
| - treatment and care                  | OVER 6 MONTHS         |
| STAY DURATION                         | US\$ 550.00/ € 385,00 |
| - psychological / psychiatric illness | US\$ 400.00/ € 280,00 |
| - physiotherapy / chiropracty         |                       |

#### B. Dental

|  |                       |
|--|-----------------------|
| STAY DURATION                                      | OVER 6 MONTHS         |
| - emergency dental treatment                       | US\$ 800.00/ € 560,00 |
| - <b>dental treatment necessitated by accident</b> |                       |

#### C. Transportation Costs

- ambulance in connection with treatment
- medical evacuation to home country
- repatriation of remains
- family members traveling to the sickbed of a seriously ill participant, including the cost of lodging

#### D. Death Resulting From Accidental Injury

#### E. Disability Resulting from Accident

#### F. Emergency Return Transportation

- in case of an accidental death or life-threatening illness / accident of the mother/father , the de jure or de facto spouse or of a sibling, travel expenses to the home country (see details P.15)
- \*return ticket to host country

*[\*] This coverage is granted only to participants enrolled in an academic s*

#### G. Luggage

- personal effects including «theft prone» property ( jewelry, cameras, MP3, etc...)

#### H. Third Party Liability

- personal injury
- damage to property (coverage may vary according to type of damage)
- legal expenses

#### I. Assault

#### J. Disfigurement compensation

**NO DEDUCTIBLE, NO CO-PAY, ALL THE AB O**

## COVERAGE SUMMARY

### Maximum Compensation

|  |                       |   |
|--|-----------------------|---|
| <b>UNLIMITED</b>   |                       | <p>Note:</p> <p>* Certain limitations and exclusions apply to the coverage outlined here, refer to individual sections of the Security Pass'port for further details.</p> <p>** Any number of medical bills for an individual illness or accident may be submitted with each claim submission.</p> <p>*** All benefits have been quoted in US \$ and have been converted from € based on 1 US\$=0.70 €. These amounts may vary in accordance with fluctuations in the rates of exchange throughout the term of coverage.</p> <p>**** In the USA, if you use a medical provider participating in the network, you do not need to make a payment to the provider at the time service is rendered. Call the Emergency Center to be referred to the nearest provider.</p> |
| 3 TO 6 MONTHS  | 3 MONTHS              |   |
| US\$ 275.00/ € 192,50  | Not covered           |   |
| US\$ 200.00/ € 140,00  | US\$ 200.00/ € 140,00 |   |
| <b>UNLIMITED</b>   |                       |   |
| 3 TO 6 MONTHS  | 3 MONTHS              |   |
| US\$ 400.00/ € 280,00  | US\$ 200.00/ € 140,00 |   |
| <b>US\$ 600.00/ € 420,00 per tooth for dental orthodontics whatever the stay duration</b>  |                       |   |
| <b>UNLIMITED</b>   |                       |   |
| <b>UNLIMITED</b>   |                       |   |
| <b>UNLIMITED</b>   |                       |   |
| US\$ 2,000.00 (€ 1.400,00) / US\$ 4,000.00 (€ 2.800,00) maximum (1 person if hospitalized over 3 days) (2 persons if hospitalized over 7 days) |                       |   |
| US\$ 15,000.00/ € 10.500,00  |                       |   |
| US\$ 75,000.00/ € 52.500,00 maximum  |                       |   |
| <b>UNLIMITED</b>   |                       |   |
| <b>UNLIMITED</b>   |                       |   |
| <i>study program of at least 5 months</i>  |                       |   |
| US\$ 3,000.00/ € 2.100,00  | maximum               |   |
| US\$ 1,000.00/ € 700,00  | maximum               |   |
| US\$ 500.00/ € 350,00  | maximum per item      |   |
| US\$ 1,000,000.00/ € 750.000,00 maximum  |                       |   |
| US\$ 500,000.00/ € 385.000,00 maximum included in H  |                       |   |
| included in A & E above  |                       |   |
| US\$ 17,000.00/ € 11.900,00  | maximum               |   |

## ABOVE BENEFITS INCLUDED IN THE POLICY

*(continued from page 9)*

## **Exclusions and Limitations of the Accident Coverage**

The accident exclusions of this travel insurance policy include but are not limited to the following:

- Consequences of the above excluded illnesses which could lead to an accident.
  - Any hospitalization, surgery and subsequent treatment, in-patient investigation NOT approved by the emergency center.
  - Dental crowns and orthodontics (non-accident related), eye glasses, contact lenses and artificial limbs.
  - Injuries resulting from participation in team sports not supervised by high school, college or university coaches or community group coaches or authorities. Activities that are engaged in for recreational, entertainment, or fitness purposes are covered.
  - Sports competitions not organized, supervised or officially scheduled by your high school, college or university.
  - Injuries incurred as a driver of any motorized vehicle except while participating in a professional or school supervised automobile driver's training program (see p.7).
  - Competitions or trials in motor vehicles even with recreational vehicles.
  - Injuries incurred as a driver or passenger of a motorcycle or a recreational vehicle.
  - Plane accidents while a crew member (Passengers on the flight who are not part of the flight crew are covered for accidental injury).
  - Accidents or injuries resulting from participation in or training for high-risk or violent sports such as but not limited to: scuba diving, horse jumping, hang gliding, skiing or snow boarding outside maintained trails or slopes of ski resorts, mountaineering, hunting, use of firearms or air/spring powered guns, parachuting, ice hockey, boxing and martial arting, wave running, surfing, jet-skiing, bungee-cord jumping, etc.
  - Injuries resulting from initiation by the insured of a criminal/illegal act or act of violence.
  - Self-inflicted injuries.
  - Suicide or attempted suicide.
  - Cost of travel related to accidents resulting from the above listed exclusions.
  - Consequences of acts of war or terrorism.
-

## C. Transportation Expenses

**IMPORTANT** : You **MUST** secure **prior agreement** from the Emergency Center for such travel in order to receive compensation.

The Emergency Center is used to working with airlines and may be able to find a seat for a family member even when planes are fully booked. Any refund directly from the airline due to the emergency nature of the trip will be deducted from the claim payment or if no refund is granted by the transportation company, the original transportation ticket will have to be remitted to the insurance company or to the Emergency Center.

The insurance company will reimburse or pay directly the costs of:

- Medical evacuation to home country due to acute illness or accidental injury when the insured is deemed fit to fly. The means of transportation, necessity and schedule of evacuation will be decided exclusively on medical and technical grounds by the Emergency Center physician in order to avoid any dispute between medical authorities.

If the insured refuses to be evacuated when declared medically fit to travel, any continuing costs incurred after such refusal will be covered up to the cost of an economy flight ticket to the insured's country of residence and the payment of above costs becomes the insured's sole responsibility.

- AVI International has a right to offer medical evacuation back to the country of residence.
- Transportation due to an early or delayed return to your home country due to a treatment in the host country whenever your original return ticket cannot be used.
- Repatriation of remains to the country of residence for a covered illness or accident.
- Transportation of one (1) family member from the home country, if the insured's hospitalization is planned to last more than three (3) days. Maximum US\$ 2,000.00/ € 1.400,00 including cost of lodging.
- Transportation of two (2) family members from the home country, if insured's hospitalization is planned to last more than seven (7) days. Maximum US\$ 4,000.00/ € 2.800,00 including cost of lodging.
- Cost of lodging for those visiting insured while hospitalized.

Maximum - One person : US\$ 100.00/ € 70,00 per day up to 15 days,  
- Two persons : US\$ 150.00/ € 105,00 per day up to 15 days.

---

**Note : Claims and subrogation**

As stated previously, it is an obligation of the insured to let the Insurance Company, the Claims Office or the Emergency Center know of a loss as soon as the insured himself is made aware of that damage.

The subrogation right of the insurance companies may apply (see definition p.3).

## **Exclusions and Limitations of the Transportation Benefit**

The transportation exclusions of this travel insurance policy include but are not limited to the following:

**Participant:**

- Cost of travel related to all of the above exclusions and conditions listed in Medical and Accident Exclusions.
- Illnesses or injuries which can be treated in the host country.
- Dismissal from the program.

**Participant's parents:**

- Cost of travel and lodging related to all of the above exclusions and conditions.

## **D. Accidental Death Abroad**

Compensation for the accidental death of a participant will be paid to the participant's natural parents or to the parent who registered the participant to the stay or to the legal heirs.

**Exclusions :**

**Compensation as well as repatriation of remains will not be paid in case of the insured's death, if the cause of death was an excluded illness, an excluded accident or an act of war or terrorism.**

In case of death related to a covered illness, only repatriation of remains will be granted.

**Note: Claims and subrogation**

As stated previously, the right of subrogation of the insurance companies may apply (see definition p.3).

---



## E. Disability Resulting from an Accident

In case of a disability resulting from an accident, a medical expert will be appointed to determine the percentage of disability.

The disability will be rated as partial or total disability.

Partial Disability - 1% to 99%

Total Disability - 100%

Disability will be evaluated at the time of consolidation via a medical survey.

Only the physiological consequences of the accident are examined in the survey.

When a third party is responsible for the accident which led to your disability, the insurance company will advance disability payments to you.

If there is no party involved in the accident leading to your disability, compensation will be paid directly to you by the insurance company.

### Exclusions:

- Disability resulting from an illness.
- Disability resulting from an excluded accident.
- Disability resulting from an act of war or terrorism.

## F. Emergency Return Transportation to Participant's Home

As with all travel claims, **the participant MUST contact** the Emergency Center to make specific arrangements for the return home.

**Failure to call the Emergency Center may lead to coverage denial or to partial coverage only.**

If your original ticket cannot be used, the insurance company will reimburse or directly pay the cost of your return home due to an accidental death, life-threatening accident or life-threatening illness of the mother/father, the de jure or de facto spouse or of a sibling diagnosed after your arrival in the host country.

**The coverage below is granted only to participants enrolled in an academic study program of at least 5 months.**

In the case of an emergency return to your home, you will only be returned to the program if you have more than 30 days remaining prior to your original scheduled return, or if you must return to the host country to take an examination required for your future studies.

---

## G. Baggage & Personal Effects Benefit

Your personal belongings are insured up to US \$ 3,000.00/ € 2.100,00 while traveling to and from your program and during your homestay when they are damaged or lost solely due to theft, robbery, assault, traffic accident or transportation company mishandling.

**IMPORTANT:** When luggage/baggage damage or loss occurs due to transportation company's mishandling, the insurance company acts as a secondary insurance carrier. The primary coverage is provided by the transportation company.

**A claim must IMMEDIATELY be filed with the transportation company.** The amount not reimbursed by the transportation company may then be directed to AVI International.

**Note : If the transportation company denies your claim based on the fact that you did not file a claim or that the claim was not filed in time, we will also deny your claim since we are secondary to the transportation company.**

Always take special care to protect your valuable property by locking it in a safe place when not in use. If a loss occurs during your homestay, you will be reimbursed if your host family's homeowners insurance carries a deductible or if your belongings are not covered under that policy.

If you are en route or are staying at a campus dormitory or hotel, only fire or water damage is reimbursed, since the primary theft insurance is provided by the hotel or dormitory facility.

**In case of a robbery, you must report IMMEDIATELY the loss to the police, transportation company, hotel, etc, and provide a copy of this report to the AVI Claims Department along with your request for reimbursement.**

Only an official theft/loss or police report will be accepted by the insurance companies. **It is the participant's responsibility to submit a comprehensive police report.**

**This is mandatory in order to process your claim.**

In filing a claim for property, you must also provide a detailed description of the property along with its date of purchase and value. Bills, invoices or other proof of value are required.

**Stolen or damaged property will be valued allowing for wear and tear at the time of the loss.**

**Maximum compensation per item is US\$ 500.00/ € 350,00.**

The insurance covers property which belongs to you, or has been borrowed by you for your personal use. This coverage also includes "theft prone" property such as jewelry, watches, cameras, MP3, borrowed bicycles, etc. They are covered up to a maximum of US\$ 500.00/ € 350,00 per item and US\$ 1,000.00/ € 700,00 in total.

**IMPORTANT:** Original proof of value is requested to process your claim.

Property will be valued according to wear and tear.

---

Only in case of an assault or theft will I.D. cards, drivers license, passport be reimbursed.

**Property not covered:** Musical instruments, bicycles, weapons and hunting gear (even when borrowed), lost or abandoned property, glasses, contact lenses, artificial limbs/prosthesis, all means of payment (check, credit card, coins, currencies), stamps, manuscripts, concert tickets, legal/professional documents, all transportation tickets, keys, cellular phones, etc.

Also excluded are animals, motor-driven vehicles, boats, etc.

#### **EXCLUSIONS: No coverage is provided...**

- if jewels are lost in the course of sports or if they are not worn.
- if the theft occurs from unlocked premises.
- if property is left anytime in a convertible, a tent or in a trailer.
- if property is visible in the interior of any car.
- if property is left from 10 p.m. to 7 a.m. in any car.
- if the car was not broken into.
- for normal wear and tear or due to atmospheric influences.
- for damage due to moths and rodents
- for damage due to unsuitable packing.
- for property confiscated by any authority.
- for loss of I.D. cards, drivers license, passport or local transportation tickets.
- for damage caused by carried liquids.
- for damage caused by accidental fall
- due to negligence of the insured such as but not limited to bags left unattended in public areas (e.g. premises to which more than you have access).

## **H. Third Party Liability Coverage**

**IMPORTANT:** This contract does not cover the third party liability of your sponsoring organization in your host or home country. In no way can the insurers of this contract be considered co-insurers of your sponsoring organization or of your sponsoring organization's professional liability insurance underwriters.

**The insurance holder is your sponsoring organization; you are the beneficiary of the policy.** Since the insurance holder is your sponsoring organization, it cannot be considered a third party under the terms of this contract.

**Should a dispute/lawsuit occur between you and your sponsoring organization, both in your home and/or your host country, no coverage would be provided under the third party liability or legal assistance benefits.**

You may be held responsible for unintentional damage you cause to others or to others' property.

---

In case of an accidental injury to another person or damage to its property, you could be liable for the following types of expenses: medical costs, lost earnings, pain & suffering, direct property damage, etc... You are covered for these types of expenses if you are found to be liable for the damage or injury.

**Note :** In cases of damage over US \$ 500.00/ € 350,00 to your host family's home, this coverage is secondary to your host family's home owner/tenant insurance policy.

## **Exclusions of the Third Party Liability Coverage**

- Hunting or use of firearms or air / spring powered guns.
  - Liability in connection with the use of illegal substances such as narcotics or assimilated drugs not prescribed by a physician.
  - Alcohol intoxication and/or abuse.
  - Liability in connection with the initiation, by the insured of a criminal/illegal act or act of violence.
  - Liability in connection with the transmission of a contagious disease.
  - Liability in connection with HIV, AIDS or sexually transmitted disease.
  - Intentional acts.
  - Liability in connection with the use, ownership or operation of horses and animals in general, motor driven vehicles, boats, planes, farm vehicles or recreational vehicles and gardening equipment.
  - Liability during the course of full-time or part-time paid employment or in any child care capacity such as but not limited to baby-sitting, etc...
  - Liability in connection with activities such as but not limited to: scuba diving, horse jumping, hang gliding, skiing or snow boarding outside maintained trails or slopes of ski resorts, mountaineering, hunting, use of firearms or air/spring powered guns, parachuting, ice hockey, boxing and martial arting, sailing, wave running, surfing, bungee-cord jumping, archery, etc...
  - Punitive damages granted to the victim by a local jurisdiction.
-

## Legal Expenses

**IMPORTANT:** The insurance holder is your sponsoring organization. You are the beneficiary of the policy. Since the insurance holder is your sponsoring organization, it cannot be considered a third party under the terms of this contract.

**Should a dispute/lawsuit occur between you and your sponsoring organization, both in your home and /or your host country, no coverage would be provided under the third party liability or legal assistance benefits.**

The insurance covers necessary and reasonable attorney and litigation expenses incurred by you as a plaintiff or defendant in a litigation.

**Exclusions are the same as listed under the third party liability coverage. In addition, legal expenses pertaining to criminal prosecution are not covered.**

**IMPORTANT:** Only the insurance company may appoint a legal counsel. No coverage will be provided if this right is in any way violated.

## I. Assault Benefit

Assault is considered an accident. Therefore, an assault related claim will be compensated under the Medical/Accident coverage, as well as, if necessary, under the Disability coverage.

**Exclusions under the Medical/Accident coverage do apply.**

## J. Disfigurement Compensation

Unattractive scars are not considered a disability. They do not prevent you from working, eating, etc., but are a lasting result of an injury for which this policy provides compensation.

The amount of disfigurement compensation will be determined according to the rating of a medical expert appointed by the insurance company.

Disfigurement will be evaluated at the time of consolidation via a medical survey.

### Exclusions

#### Disfigurement due to:

- An excluded accident.
- Consequences of an illness.

### Subrogation

As stated previously the subrogation right of the insurance companies may apply (see definition p.3).

---

## K. Delay Coverage

A claim must IMMEDIATELY be filed with the transportation company.

**Personal delay** - if you are traveling by public means of transportation, **at departure to your host country**, and are delayed by more than 24 consecutive hours due to:

- Technical fault,
- Weather deterioration after check-in,

you are entitled to compensation for your extra costs according to the following schedule:

No compensation for the first 24 hours of delay. Thereafter you will receive US\$ 100.00/ € 70,00 for the next and each incremental 24 hours you are further delayed for a US\$ 600.00/ € 420,00 maximum compensation.

**Overbooking is not covered.**

**Original statements from the transportation company mentioning the delay length are requested to process the claim.**

**Baggage delay**- if your registered baggage **at departure to the host country** is delayed by more than 24 hours, you are entitled to compensation for your extra costs up to a US \$ 250.00 / € 175,00 maximum compensation. **Original delivery receipt mentioning date and time along with ORIGINAL receipts of clothes and toiletries are requested to process the claim.**

## L. Force Majeure

The insurance company is not responsible for non-performance or delays in the settlement of a claim which may be delayed due to war, riots, acts of terrorism, strikes or intervention by government authorities.

## Disputes

This contract is regulated by the French Insurance Commission. All disputes between the policy holder or the insured and the insurance companies must be brought to court in France.

---

## WHAT TO DO WHEN SEEKING FOR ASSISTANCE

### I – YOU HAVE NOT BEEN TO THE DOCTOR YET AND:

#### a) You need some help for medical emergency visit, hospitalization, early return or medical evacuation and you want to secure the coverage

Please refer to your assistance card and contact immediately the **AVI ASSISTANCE emergency center** to arrange the benefit you need and its coverage.

#### b) You need a simple guarantee of payment of medical expenses because you have already made a medical appointment

Please call the **AVI ASSISTANCE emergency center** to advise about the medical visit and the provider's references so that the emergency center can organize a direct billing. Do not forget to ask for your claim number allocated by the **AVI ASSISTANCE emergency center**.

The **AVI ASSISTANCE emergency center** is available 7 days a week and 24 hours a day :

- from the USA or Canada: **+1.817.826.7090 (toll-free from a local phone)**
- from other countries: **+33.(0) 9.69.36.86.16 (Price of a local call / Collect calls accepted)**

When calling, please indicate the insurance policy number and the subscription number (Id Membership) of the Insured as printed on the assistance card. Once coverage is checked, the emergency center will provide a file number. If coverage is confirmed, medical expenses will be directly paid by the emergency center to the medical provider up to the limitations included in the policy.

### II – YOU HAVE ALREADY BEEN TO THE DOCTOR AND

#### a) You paid the invoice from the doctor or hospital and you want to get reimbursed:

You must report any claim which may lead to the application of policy guarantees as soon as you are aware of it, otherwise coverage may be denied. Any claim must be sent to the claims office.

Please provide the following documents:

The duly completed claim form

The original medical bills

Payment receipts

Medical certificate

Bank account information for the possible reimbursement

#### b) You receive medical bills or statements of account for pending medical bills

Please send these documents to AVI International with the file number given by the **AVI ASSISTANCE emergency center**.

#### CLAIMS OFFICE ADDRESS :

##### If you are staying in the USA or Canada :

AVI CLAIMS /ARMSCO: PO Box 3514, San Rafael, CA 94912, USA  
Phone: 1.800.477.2767 (toll-free from the USA) or +1.415.459.2620  
E-Mail: [claims@davi-international.com](mailto:claims@davi-international.com)

##### If you are staying in any country other than the USA or Canada :

AVI International / 40-44 rue Washington – 75008 PARIS, France  
Phone: +33.1.44.63.51.85.  
E-Mail: [claims@davi-international.com](mailto:claims@davi-international.com)

#### Reminder:

In case of lack of claim report or late report, coverage will not be provided if the Insurer alleges that such delay caused prejudice to the company, unless it is proven that, as a result of unforeseeable circumstances or force majeure, reporting the claim within the time limitation was impossible (art. L 113-2 du Code des assurances).



# SECURITY PASS'PORT

English edition

