



Cultural Insurance Services International - Claim Form

- ▶ **Policy Name and/or Policy Number:** Hollins University, Policy # STB009987102
- ▶ **Participant ID Number** (from the front of your insurance card):

Mailing Address: 1 High Ridge Park, Stamford, CT 06905 | **E-mail:** Claimhelp@culturalinsurance.com | **Fax:** (203) 399-5596
For claim submission questions, call (203) 399-5130, or e-mail Claimhelp@culturalinsurance.com

Instructions:

- Complete and sign the medical claim form, indicating whether the Doctor/Hospital has been paid.
- Attach **itemized bills** for all amounts being claimed. *We recommend that you either make photocopies of the originals for yourself, or keep the originals and submit the photocopies to CISI in case anything gets lost in the mail.
- When reimbursement of an expense is approved, it will be made to the provider of the service unless the bill is noted as having been paid by you.
- Payment will be mailed in U.S. dollars unless otherwise requested.
- If the payment is to you, it will be mailed to your U.S. address unless otherwise requested.
- **Submit claim by mail, e-mail, or by fax.**

Name of the Insured: _____ Date of Birth: _____
 (month/day/year)

U.S. Address _____
 street address apt/unit # city state zip code

Address Abroad: _____

E-mail Address: _____ Phone Number: _____

Date, Time and Place of Injury/Sickness/Accident _____

Description of Injury/Sickness/Accident _____

**IF SICKNESS Onset Date of Symptoms _____ Date of Doctor/Hospital Visit _____

Have you had this illness before? YES NO If yes, when was the last occurrence and/or doctor/hospital visit? _____

Have these doctor/hospital bills been paid by you? YES NO

If no, do you authorize payment to the provider of service for medical services claimed? YES NO

CONSENT TO RELEASE MEDICAL INFORMATION

I hereby authorize any insurance company, Hospital or Doctor to release all of my medical information to CISI that may have a bearing on benefits payable under this plan. I certify that the information furnished by me in support of this claim is true and correct.

WARNING: It is a crime to knowingly provide false, incomplete or misleading information to an Insurance Company for the purpose of defrauding the Company. Penalties include imprisonment, fines and denial of insurance benefits.

Name (please print) _____

Signature _____ Date _____

Section II—Team Assist Plan (TAP)

The Team Assist Plan is designed by CISI in conjunction with the Assistance Company to provide travelers with a worldwide, 24-hour emergency telephone assistance service. Multilingual help and advice may be furnished for the Insured Person in the event of any emergency during the term of coverage. The Team Assist Plan complements the insurance benefits provided by the Medical Plan.

If you require Team Assist assistance, your ID number is: **01-AA-CIS-01133**. In the U.S., call (800) 872-1414, outside the U.S. call 1-609-986-1234 (collect calls accepted) or e-mail medservices@assistamerica.com.

Emergency Medical Transportation Services

The Team Assist Plan provides services and pays expenses up to the amount shown in the Schedule of Benefits for:

- Emergency Medical Evacuation
- Return of Mortal Remains

All services must be arranged through the Assistance Provider.

Emergency Medical Evacuation

The Company shall pay benefits for Covered Expenses incurred up to the maximum stated in the Schedule of Benefits, if any Injury or covered Sickness commencing during the Period of Coverage results in the Medically Necessary Emergency Medical Evacuation of the Insured Person. The decision for an Emergency Medical Evacuation must be ordered by the Assistance Company in consultation with the Insured Person's local attending Doctor.

Emergency Medical Evacuation means: a) the Insured Person's medical condition warrants immediate transportation from the place where the Insured

Person is located (due to inadequate medical facilities) to the nearest adequate medical facility where medical treatment can be obtained; or b) after being treated at a local medical facility, the Insured Person's medical condition warrants transportation with a qualified medical attendant to his/her Home Country to obtain further medical treatment or to recover; or c) both a) and b) above. Covered Expenses are expenses, up to the maximum stated in the Schedule of Benefits, Emergency Medical Evacuation, for transportation, medical services and medical supplies necessarily incurred in connection with Emergency Medical Evacuation of the Insured Person. All transportation arrangements must be by the most direct and economical route.

Return of Mortal Remains or Cremation

The Company will pay the reasonable Covered Expenses incurred up to the maximum as stated in the Schedule of Benefits, Return of Mortal Remains, to return the Insured Person's remains to his/her then current Home Country, if he or she dies. Covered Expenses include, but are not limited to, expenses for embalming, cremation, a minimally necessary container appropriate for transportation, shipping costs and the necessary government authorizations. All Covered Expenses in connection with a Return of Mortal Remains must be pre-approved and arranged by an Assistance Company representative appointed by the Company.

The TAP offers these services

Medical assistance

Medical Referral Referrals will be provided for Doctors, hospitals, clinics or any other medical service provider requested by the Insured. Service is available 24 hours a day, worldwide.

Medical Monitoring In the event the Insured Person is admitted to a U.S. or foreign hospital, the AP will coordinate communication between the Insured Person's own Doctor and the attending medical doctor or doctors. The AP will monitor the Insured Person's progress and update the family or the insurance company accordingly.

Prescription Drug Replacement/Shipment Assistance will be provided in replacing lost, misplaced, or forgotten medication by locating a supplier of the same medication or by arranging for shipment of the medication as soon as possible.

Emergency Message Transmittal The AP will forward an emergency message to and from a family member, friend or medical provider.

Coverage Verification/Payment Assistance for Medical Expenses The AP will provide verification of the Insured Person's medical insurance coverage when necessary to gain admittance to foreign hospitals, and if requested, and approved by the Insured Person's insurance company, or with adequate credit guarantees as determined by the Insured, provide a guarantee of payment to the treating facility.

Travel assistance

Obtaining Emergency Cash The AP will advise how to obtain or to send emergency funds world-wide.

Traveler Check Replacement Assistance The AP will assist in obtaining replacements for lost or stolen traveler checks from any company, i.e., Visa, Master Card, Cooks, American Express, etc., worldwide.

Lost/Delayed Luggage Tracing The AP will assist the Insured Person whose baggage is lost, stolen or delayed while traveling on a common carrier. The AP will advise the Insured Person of the proper reporting procedures and will

help travelers maintain contact with the appropriate companies or authorities to help resolve the problem

Replacement of Lost or Stolen Airline Ticket One telephone call to the provided 800 number will activate the AP's staff in obtaining a replacement ticket.

Technical assistance

Credit Card/Passport/Important Document Replacement The AP will assist in the replacement of any lost or stolen important document such as a credit card, passport, visa, medical record, etc. and have the documents delivered or picked up at the nearest embassy or consulate.

Locating Legal Services The AP will help the Insured Person contact a local attorney or the appropriate consular officer when an Insured Person is arrested or detained, is in an automobile accident, or otherwise needs legal help. The AP will maintain communications with the Insured Person, family, and business associates until legal counsel has been retained by or for the Insured Person.

Assistance in Posting Bond/Bail The AP will arrange for the bail bondsman to contact the Insured Person or to visit at the jail if incarcerated.

Worldwide Inoculation Information Information will be provided if requested by an Insured Person for all required inoculations relative to the area of the world being visited as well as any other pertinent medical information.

Section III-Security Evacuation (Comprehensive)

Coverage (up to the amount shown in the Schedule of Benefits, Security Evacuation) is provided for security evacuations for specific Occurrences. To view the covered Occurrences and to download a detailed PDF of this brochure, please go to the following web page:

http://www.culturalinsurance.com/cisi_forms.asp.