

River Plaza | 9 West Broad Street | Stamford, CT 06902-3788
Phone 203.399.5121 | Fax 203.399.5596 | www.cisi-bolduc.com | cisiwebadmin@culturalinsurance.com

World Class Rotary Youth Exchange Coverage Plan

*Policy written for Participating districts of
the Rotary Youth Exchange® program*

ENROLLMENT BROCHURE

This Program provides short term limited duration insurance. It is not a major medical or comprehensive medical policy.

Eligibility

All persons who participate in the Rotary International Youth Exchange Program are eligible for coverage.

Coverage

Coverage will begin upon the Covered Person's departure from his or her Home Country or Country of Residence. It will end on the date the Insured returns to his or her Home Country or Country of Residence or makes a Personal Deviation.

Application Help

Helpful hints when sending in applications:

- Please make sure to include plan premium, liability fee, and credit card fee (where applicable) in payment.
- To ensure timely and accurate processing of the application please type or print legibly. The applications available on-line under "Brochures and Applications" may be filled out on the computer using the PDF program. You can then print out your application and mail or fax it.
- Date of departure for exchange is required in order for insurance materials (i.e. insurance ID card) to be issued. If the date of departure is not available at the time the application is submitted, CISI-Bolduc will default the coverage start date to 01-August-2013.
- To receive a list of the insured's that have applied for CISI-Bolduc insurance from a particular district, please make a request by phone, fax, or e-mail (see above contact information).
- If submitting an application by fax or e-mail, please do not send original by mail. (To avoid duplication).
- Please allow 2-3 weeks for refund requests to be processed and executed. Refund may be subject to a \$15 administration fee. Please refer to refund policy on application for details.
- Banks fees for wire transfers should be added before transfer is conducted to be sure the correct, and full premium amount is received.
- Inbound participants paying the premium by credit card should make their card company aware that the charge from the U.S. will be posted to their account, to avoid rejection due to security reasons.
- Please be sure that credit card information (i.e. account number and expiration date) is written clearly and correctly. Notification of declined credit cards require immediate attention by the participant, the host family, or the district, to avoid an adjustment to the policy effective date.

ACE American Insurance Company, through CISI-BOLDUC has designed the following accident and sickness insurance plans for RYE Students:

Schedule of Benefits for Accident and Health Coverage underwritten by ACE American Insurance Company

MEDICAL EXPENSE BENEFITS

| | PLAN A | PLAN B |
|--|---|---|
| Maximum Lifetime Benefit per covered accident or sickness | \$1,000,000 | \$1,000,000 |
| Chiropractic Care Maximum | \$500 (up to 10 visits with a \$50 maximum per visit) | \$500 (up to 10 visits with a \$50 maximum per visit) |
| Emergency Dental Expenses Maximum | \$100 | \$400 |
| Out-Patient Mental and Nervous Expenses Maximum | \$1,000 | \$1,000 |
| In-Patient Mental and Nervous Expenses Maximum | \$25,000 | \$25,000 |
| Deductible | None | None |
| Accident & Sickness Benefit | | |
| Accident and Sickness for students traveling OUTSIDE of the United States | 80/20 | 100% |
| Deductible (per policy period) | \$100 | \$0 |
| Accident and Sickness for students traveling INTO the United States | 80/20 | 80% to \$1,000 out of pocket limit; plan pays 100% thereafter |
| Deductible (per policy period) | \$100 | \$100 |

***PLEASE NOTE THAT THIS PLAN ALLOWS UP TO \$500 FOR TREATMENT OF PRE-EXISTING CONDITIONS.**

EMERGENCY PRIOR TO MEDICAL

| | | |
|--|---|---|
| Accidental Death and Dismemberment Benefit | \$100,000 | \$100,000 |
| Covered Losses: | | |
| a. Life | Principal Sum | Principal Sum |
| b. Two or more members | Principal Sum | Principal Sum |
| c. One member | One-Half Principal Sum | One-Half Principal Sum |
| d. Thumb and Index Finger of the same hand | One-Quarter Principal Sum | One-Quarter Principal Sum |
| e. Quadriplegia | Principal Sum | Principal Sum |
| f. Paraplegia | One-Half Principal Sum | One-Half Principal Sum |
| g. Hemiplegia | One-Half Principal Sum | One-Half Principal Sum |
| Medical Evacuation Expense Benefit | \$100,000 | \$100,000 |
| Security Evacuation Expense Benefit | \$100,000 | \$100,000 |
| Repatriation of Remains Benefit | \$50,000 | \$50,000 |
| Transportation Expense Benefit | \$5,000 | \$5,000 |
| Family Reunion Benefit | \$5,000 | \$5,000 |
| | (\$75 daily maximum for lodging expenses) | (\$75 daily maximum for lodging expenses) |
| Trip Cancellation Benefit | \$3,000 | \$3,000 |
| Trip Interruption Benefit | \$3,000 | \$3,000 |
| Personal Property and Financial Instrument Reimbursement Benefit | | |
| Maximum for cash, currency, bullion, numismatic property & bank notes | \$100 | \$100 |
| Maximum for manuscripts, securities, bills, deeds, evidence of debt, letters of credit, notes other than bank notes, passports, railroad and other tickets or stamps | \$250 | \$250 |
| Maximum for theft of jewelry, watches, furs, fine arts/antiques, golfers equipment, cameras & computer hardware | \$1,000 | \$1,000 |
| Maximum for theft of stereo equipment | \$1,000 | \$1,000 |
| Deductible | \$250 per claim | \$250 per claim |

SPORTS COVERAGE

Both plans are extended to cover loss due to interscholastic and community football, hockey, soccer, rugby and lacrosse. **All other team sports are covered the same as any other Covered Accident under the basic policy coverages.**

| | | |
|-----------------|----------|----------|
| Maximum Benefit | \$25,000 | \$25,000 |
| Deductible | \$50 | \$50 |

This description is not a contract of insurance but is a brief summary. Complete provisions pertaining to this insurance are contained in the Master Policy on file with Rotary International. In the event of any conflict between this summary and the Master Policy, the Policy will govern

Disclaimer: Rotary International is not affiliated with CISI and does not endorse its products.

SCHEDULE OF BENEFITS FOR LIABILITY COVERAGE UNDERWRITTEN BY ACE AMERICAN INSURANCE COMPANY

Personal Liability

| | | | |
|---------------------------|-----------|-------------------------------|---------|
| Limit per Claim | \$500,000 | Additional Living Expense | |
| Deductible per Claim | \$250 | Limit per Coverage Period | \$5,000 |
| Medical Payments | | Unscheduled Personal Property | |
| Limit per Coverage Period | \$5,000 | with Replacement Cost | \$5,000 |

This description is not a contract of insurance but is a brief summary. Complete provisions pertaining to this insurance are contained in the Master Policy on file with Rotary International. In the event of any conflict between this summary and the Master Policy, the Policy will govern

Definitions:

Doctor means a licensed health care provider acting within the scope of his or her license and rendering care of treatment to a covered person that is appropriate for the conditions and locality. It will include a Covered Person or a member of the Covered Person's Immediate Family or household.

Deductible means the dollar amount of the Covered Expenses that must be incurred as an out-of-pocket expense by each Covered Person per Covered Accident or Sickness basis before Medical Expenses Benefits and/or other Additional Benefits paid on an expense incurred basis are payable under the policy.

Covered Accident means an accident that occurs while coverage is in force for a Covered Person and results directly and independently of all other causes in a loss or Injury covered by the Policy for which benefits are payable.

Covered Expenses means expenses actually incurred by or on behalf of a Covered person for treatment, services and supplies covered by the Policy. Coverage under the Participating Organization's Policy must remain continuously in force from the date of the Covered Accident or Sickness until the date treatment, services or supplies are received for them to be a Covered Expense. A Covered Expense is deemed to be incurred on the date such treatment, service or supply, that gave rise to the expense or the charge, was rendered or obtained.

Preexisting Conditions means an illness, disease, or other condition of the Covered Person that in the six-month period before the Covered Person's coverage became effective under the Policy:

1. First manifested itself, worsened, became acute, or exhibited symptoms that would have caused a person to seek diagnosis, care or treatment; or
2. Required taking prescribed drugs or medicines, unless the condition for which the prescribed drug or medicine is taken remains controlled without any change in the required prescription; or
3. Was treated by a Doctor or treatment had been recommended by a Doctor.

Exclusions and Limitations

The following is a brief list of the exclusions and limitations for the insurance plan. It is not a complete list. For complete information about what's not covered, refer to the website

www.culturalinsurance.com/rotary/rotary_forms.asp

We will not pay benefits for any loss or Injury that is caused by or results from:

- Intentionally self-inflicted injury; suicide or attempted suicide.
- War or any act of war, whether declared or not.
- Flight in, boarding or alighting from an aircraft, except as: a) a fare-paying passenger on a regularly scheduled commercial airline; b) a passenger in a non-scheduled, private aircraft used for pleasure purposes with no commercial intent during the flight. However, in Alaska, Injury sustained while the Covered Person is riding as a pilot,

student pilot, operator or crew member, in or on, boarding or alighting from, any type of aircraft.

- Commission of, or attempt to commit, a felony.
- The Covered Person being under the influence of drugs or intoxicants, unless taken under the advice of a Doctor.
- Practice or play in interscholastic or community football, hockey, soccer, rugby or lacrosse, except as specifically provided in the Policy.

In addition, We will not pay Medical Expense Benefits for any loss, treatment, or services resulting from, or contributed to by:

- Preventive medicines or vaccines.
- Routine physicals and care of any kind.
- Eyeglasses, contact lenses, hearing aids, examinations or prescriptions for them.
- Routine dental care and treatment, except as provided in the Policy.
- Cosmetic or plastic surgery, except as a result of Injury.
- Pregnancy, childbirth or miscarriage.
- Treatment by persons employed or retained by the Participating Organization, or by any Immediate Family Member or member of the Covered Person's household.
- Medical expenses for which the Covered Person would not be responsible to pay for in the absence of the Policy.
- Any condition for which the Covered Person is entitled to benefits under any Workers' Compensation Act or similar law.
- Expenses payable by any automobile insurance policy without regard to fault. (This exclusion does not apply in any state where prohibited).
- Bungee-cord jumping, parachuting, skydiving, parasailing, hang-gliding, mountain climbing (where ropes or guides are used), scuba diving (except if the Covered Person is certified in accordance to the laws of the country in which he or she is diving), racing by horse, motor vehicle or motorcycle.
- Pre-existing Conditions, except as specifically providing in the Policy, and if: 1) the Covered Person has not received treatment, care or advice for six consecutive months after being covered by the Policy (taking medication prescribed by a Doctor is considered as continuous treatment for a Pre-existing Condition); or 2) the loss begins after the Covered Person has been treatment fee (including medication free) and after the Covered Person has been covered by the Policy for six months.
- Surgical operations which were previously recommended by a Doctor or medical practitioner prior to the Covered Person's effective date of coverage.
- Any treatment, services or supplies received by the Covered Person that are incurred or received while he or she is in his or her Home Country.
- Medical expenses that are the result of injuries sustained while operating a motorized vehicle of any kind, including two, three and four wheeled vehicles. This includes, but is not limited to: automobiles, motorcycles and motorized dirt bikes of any kind, all-terrain vehicles,

snowmobiles and watercraft; however, there is coverage for front seat passengers or passengers of motorized means of transport including snowmobiles if used as means of transport in the state of Alaska. This exclusion shall be waived in relation to Amusement Park rides, lawn mowers or operating a golf cart while on a golf course. In addition, this exclusion shall be waived for students who are located in Bermuda with regard to travel on a small motorcycle or moped that is not more than 50cc in capacity. The student must have a valid license to ride the motorcycle or moped.

- Emergency sickness dental expenses incurred for:

Routine oral examinations;

Fluoride applications;

Prosthetics (new and repaired)

- Expenses for more than one dentist in excess of those that would have been incurred had all services been performed by one dentist;

- Expenses in excess of the lowest fee in cases where there are optional treatment techniques carrying different fees;
- Services primarily for cosmetic or aesthetic purposes;
- Orthodontics;
- Treatment already in progress or recommended by a dentist within six months of the Covered Person's effective date of coverage;
- Replacement of denture or orthodontic appliance due to loss or theft;
- Denture or bridgework replacement of teeth extracted prior to the Covered Person's effective date of coverage.

This insurance does not apply to the extent that trade or economic sanctions or other laws or regulations prohibit us from providing insurance, including, but not limited to, the payment of claims.



Cultural Insurance Services International

CISI-Bolduc

River Plaza

9 West Broad Street

Stamford, CT 06902-3788

phone 203-399-5121

fax 203-399-5596

www.cisi-bolduc.com

Rotary Youth Exchange Insurance Application

Underwritten by ACE American Insurance Company through CISI-Bolduc

Leaving soon....? Enroll on-line at www.cisi-bolduc.com and receive your insurance documents including ID card, Summary of Coverage, and Consulate Letter addressed to hosting country, via email almost instantaneously!

Acceptable forms of payment include: Visa, MasterCard, American Express, check or money order, and/or wire transfer. **A \$15 fee applies to credit card payments.** Canadian or Foreign checks in U.S. dollars will not be accepted. Checks must be made payable to: CISI-Bolduc and drawn off of a U.S. bank, in U.S. dollars. For wire transfer details, please contact the Rotary Administrator.

**FOR ASSISTANCE, PLEASE CONTACT Ted Cenatiempo –
RYE Administrator for CISI - Bolduc**
Phone 800.303.8120, ext. 5121 or 203.399.5121
Fax 203.399.5596
Email cisiwebadmin@culturalinsurance.com

**PAYMENTS & APPLICATIONS CAN BE SENT TO OUR SECURE
LOCK BOX AT THE FOLLOWING ADDRESS:**
Cultural Insurance Services International
24493 Network Place
Chicago, IL 60673-1244

The policy provides short term limited duration insurance. It is not a major medical or comprehensive medical policy.

Application and payment must be submitted together. Please complete the application below. Typed preferred or print clearly.

SECTION I: PERSONAL INFORMATION

Student Name _____
Street Address _____
City _____ State/Province _____ Postal Code _____
Home Country _____ Dist. # In Home Country _____
Telephone _____ Fax _____ Email _____
Date of Birth _____ / _____ / _____ *Students must be high school students ages 15–19 years.* Gender Male Female
DAY MONTH YEAR
Beneficiary _____ Relationship to Student _____

SECTION II: HOST COUNTRY INFORMATION

Host Country _____ Rotary Dist. # In Host Country _____
Host District Contact Name _____
Telephone _____ Email _____

SECTION III: CONTACT INFORMATION (WHERE INSURANCE MATERIALS WILL BE MAILED)

Check if same as Section I

Name _____
Street Address _____
City _____ State/Province _____ Postal Code _____
Telephone _____ Fax _____ Email _____

SECTION IV:

Date of departure from your home country:

If date is unknown, leave blank. Notify CISI-BOLDUC as soon as date is confirmed. _____ / _____ / _____
DAY MONTH YEAR

CISI-Bolduc will default coverage start date to 01-August-2013 unless otherwise notified.

I hereby apply for:

STEP (up to 1 month)

- Plan A and Personal Liability \$57 U.S. Dollars
 Plan B and Personal Liability \$69 U.S. Dollars

Coverage up to 3 months

- Plan A and Personal Liability \$155 U.S. Dollars
 Plan B and Personal Liability \$189 U.S. Dollars

Coverage of 4 months and beyond, but less than 365 days

For Rotary students traveling OUTSIDE of the United States

- Plan A and Personal Liability \$514 U.S. Dollars
 Plan B and Personal Liability \$761 U.S. Dollars

For Rotary students traveling INTO the United States

- Plan A and Personal Liability \$843 U.S. Dollars
 Plan B and Personal Liability \$886 U.S. Dollars

I understand that coverage for pre-existing conditions is limited to \$500. A pre-existing condition for which you received medical treatment, care or advice within six months before being covered by the policy. This does not apply if a) you have received no such treatment, care or advice for six months after being covered by the policy (Note: Taking medication prescribed by a physician is considered as continuous treatment for a pre-existing condition); or b) the loss begins after the student has been treatment free (including medication free) and after the student has been covered by this policy for six months.

I also understand coverage will not go into effect until my actual departure or participation in my Youth Exchange. I also understand that there are no provisions for refunds, upgrades or downgrades once my exchange begins.

To the best of my knowledge and belief, all information I have provided is true and complete. I understand my information is protected by privacy laws and will be released only in accordance with these laws. The only people who have access to this information are employees of the Insurance Company who service my policy or claim and other third parties authorized by the Insurance Company. Information may be disclosed to those who have an insurance-related regulatory or legal need for the information. In other situations, we will ask you for written authorization to disclose information about

Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Signature of Parent or Temporary Guardian _____

Signature of Student _____ Date _____ / _____ / _____
DAY MONTH YEAR

District Youth Exchange Chairman (Optional) _____ Date _____ / _____ / _____
DAY MONTH YEAR

SECTION V: PAYMENT INFORMATION (PLEASE INCLUDE PLAN PREMIUM, LIABILITY FEE, AND \$15 FEE FOR CREDIT CARD PAYMENTS.)

Check/money order enclosed Visa MasterCard American Express Wire transfer

Card Number _____ Expiration Date _____ / _____ / _____
DAY MONTH YEAR

Cardholder's name _____

Cardholder's signature _____

Billing address _____

City _____ State/Province _____ Postal Code _____

Only for students who begin their exchange from January 1, 2013 to December 31, 2013.

REFUND POLICY

Please read this information carefully before submitting this application.

A Full Refund will be issued only IF:

CISI-Bolduc receives a written request for cancellation from the district's Youth Exchange Officer **BEFORE** the policy takes effect (date of departure). A **\$15 administration fee will apply.**

A Partial Refund will be issued on Coverage Plans of 4 months and beyond, but less than 365 days only IF:

CISI-Bolduc receives a written request for cancellation from the district's Youth Exchange Officer **WITHIN** 30 days from the policy effective date (date of departure).

Please Note: A student originally covered on Plan A from 4 months and beyond, but less than 365 days will be downgraded to Plan A up to 3 month of coverage and will be charged the difference in premium (less a **\$15 administrative fee**).

A student originally covered on Plan B from 4 months and beyond, but less than 365 days will be downgraded to Plan B up to 3 months of coverage and will be charged the difference in premium (less as **\$15 administrative fee**).

THERE ARE NO REFUNDS FOR STUDENTS WHO HAVE BEEN ON EXCHANGE FOR MORE THAN 30 DAYS.

There are no refunds for STEP coverage, unless notified by the District before the insurance start date.

Do not use after 31-December-2013

CISI-Bolduc

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phone 203-399-5121

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