



MedEvac200™
Program Procedure Guide

This Program Procedure Guide is attached to and part of the Participation Agreement between the Participating Organization and USI Travel Insurance Services (TIS). As the Participating Organization, you are authorized to offer the MedEvac 200™ Program subject to the rates, benefits, limitations, rules and procedural instructions in the Participation Agreement and this Program Procedure Guide, which may be revised from time to time by written notice to Participating Organization by TIS.

Name of Program Offered:	MedEvac200™
Insurance Company:	Crum & Forster SPC for and on behalf of ITI SP
International Policy Number:	#CC004706
Program Effective Date:	April 28, 2024 – April 27, 2025

A. Schedules of Coverages. The plan pays up to the following maximum benefit limits per person:

International Benefits	Maximum
Emergency Medical Evacuation & Return of Mortal Remains	\$200,000
Accident/Sickness Medical	\$5,000
Dental - Sudden Onset of Pain	\$500
Accidental Death & Dismemberment	\$5000
Natural Disaster	\$250 per day, 5 day maximum
Political Evacuation & Repatriation	\$10,000
24-Hour Worldwide Assistance	Included

B. Certificate of Insurance. The Certificate of Insurance and Schedule of Benefits provides the full disclosure of all insurance policy benefits, provisions, exclusions, definitions and services provided under the Program.

C. Premium Rates. The Premium Rate(s) for the benefits shown above in A. for each trip participant shall be as follows:

Trip Length	International Trip Rate
1 - 48 days	\$1.43/day
49-180 days	\$2.22/day

D. Program Maximum Length. The MedEvac200™ Program is not available for trips longer than 180 days.

E. Summary of Coverage. TIS will provide you with an electronic format of the Summary of Coverage or printed Summary of Coverages for all trip participants being offered this Program. Trip participants should keep the Summary of Coverage as a resource for determining benefit coverages, reporting claims and obtaining emergency assistance during the trip.

F. Administration Requirements. Two weeks prior to each trip departure, Participating Organization shall:

1. Complete a roster (provided by TIS) of all trip participants. Coverage is mandatory for all trip participants.
2. Send the roster with departure and return dates and the premium payment to Travel Insurance Services by email to group@travelinsure.com.

Prior to departure, Participating Organization shall provide appropriate Summary of Coverage including dates of coverage, the AXA Assistance Flyer, and ID Card to each trip participant.

G. Premium Refunds. All premiums are fully earned, and no premium will be refunded for any cancellation submitted to TIS after the trip departure date.

Compensation Disclosure Statement. *Unless otherwise specifically negotiated with the Participating Organization and agreed upon, TIS' professional fees are based on commission calculated as a percentage of the premium collected by the insurer and are paid by the insurer. TIS may also receive from insurers and insurance intermediary's additional compensation (monetary and non-monetary), which is contingent on volume, profitability or other factors pursuant to agreements TIS may have related to all or part of the business placed with those insurers or through those intermediaries. Such agreements may be in effect with one or more of the insurers with whom insurance is placed or with the insurance intermediary. TIS will be pleased to discuss further details of any contingent compensation agreements related to Participating Organization's insurance upon request.*

How To File an **EMERGENCY** Claim While on Your Trip

World Wide Assistance Services are provided by AXA Assistance USA.

1. Call AXA.
 - a. Within the US and Canada, call 888-647-3105.
 - b. Internationally, call 630-766-7731 (collect).
2. Tell them you are covered under **policy #CC004706 MedEvac 200**
3. Once filed, you must continue to work with AXA throughout your Emergency or Repatriation claim or it may affect the payment of the claim.
4. Mail completed claim form to
Global Claims Administrators
3195 Linwood Rd, Suite 201
Cincinnati, OH 45208.
5. For claims status, call: 800-513-2981 toll free in the US.

How to Send Claims Paperwork to Claims Department

1. Complete the claims form within 90 days of treatment. Make sure it is signed and dated.
2. Please list **MedEvac 200** as the group and **CC004706** as the policy number.
3. Mail claim form to
Global Claims Administrators
3195 Linwood Rd, Suite 201
Cincinnati, OH 45208.
4. For claims status, call: 800-513-2981 toll free in the US.

Program Contact List. *TIS primary contact for this Program is listed below.*

Julie Boyd, Group Travel Account Manager
group@travelinsure.com
610.537.1801 / Fax: 610.537.9834